

Content from the Trust-Based Relational Intervention (TBRI®) Model of Caregiving (Purvis and Cross, 2013) Assembled by Samantha Farris, LMSW, IMH-E®, TBRI® Practitioner

## TBRI® Overview

**Connecting:** At the core of TBRI is connection. *All* children need to know they are precious, unique, and special, but a child from a hard place needs to know it more desperately: “It is powerful for children to know that they are loved and adored, even in the midst of their worst behaviors.” –Dr. Karyn Purvis.

### Connecting Principles include:

**Mindfulness Strategies:** Calm presence, Attunement & Self-Awareness, Flexibility, Creativity

**Engagement Strategies:** Healthy Touch, Valuing Eye Contact, Behavioral Matching, Playful Interaction

**Empowering:** Empowering principles promote attunement to children’s physical needs, which in turn build trust, security, and “felt safety.” The empowering principles set the stage for positive change by ensuring healthy conditions for children.

### Empowering Principles include:

**Ecological Strategies:** Creating a safe, predictable, structured environment, ensuring smooth transitions (giving 5, 2, 1 minute warnings, etc.), creating rituals, providing artifacts (meaningful items) to assist with transitions, sense of “felt safety” and regulation.

**Physiological Strategies:** Preparing the body – providing rich sensory diet, sensory breaks, healthy food and hydration every two hours and always accessible, physical activity, rhythmic activity, healthy touch.

**Correcting:** We always want to catch the behavior “low,” in which adults/caregivers/educators use the *least* amount of firmness, corrective effort, and verbal directive that is required to correct the behavior (Hester, Hendrickson, & Gable, 2009). The goal is to be **MORE** connected to the child after correcting the behavior than they were before – all behavior is communication and a reflection of an unmet need, and often for our children who have experienced relational trauma, such behaviors result from feeling disconnected, fearful, and deeply misunderstood. If increased consequences, time-outs, and traditional methods are not working to deter behavior from happening again, we have to try something different! The biggest threat to our children is being rejected, characterized by their behaviors, and adults failing to see

the real child within them. We must address behaviors in a way that disarms fear, promotes connection, and gives opportunity for corrective re-dos, motor memory, and success.

### Correcting Principles include:

**Proactive:** Creating a culture of safety, learning, and expectation – Teaching Life Value Terms (With Respect, Gentle and Kind, No Hurts, With Permission and Supervision) when children are regulated; Teaching Behavioral Scripts (Giving Choices, Compromises, & Re-dos) when children are regulated.

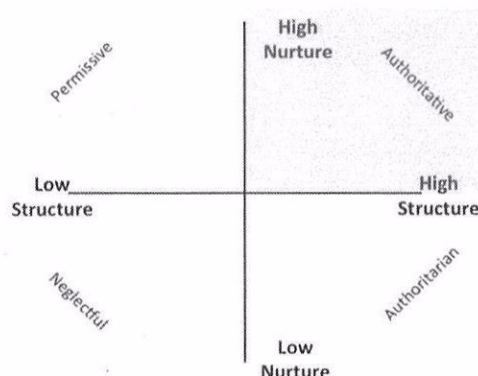
**Responsive:** Scripts above form a common language and utilize few words that children are able to better understand when escalating (few words = best; language processing compromised when children are escalating). We must address behaviors honoring their root, and following the **IDEAL Response®** and **Levels of Response®** attached.

Visit [child.tcu.edu](http://child.tcu.edu) for more therapeutic caregiving resources  
Read The Connected Child, by Dr. Karyn Purvis and Dr. David Cross

### **Correcting Principles: Proactive Strategies**

Commonly therapeutic caregiving modalities can be misinterpreted as being “permissive” or “enabling.” The above graphic depicts the differing caregiving styles, and TBRI is designed to promote high nurture and high structure, consistent with an *Authoritative* caregiving style: “If a child needs nurture and I give him structure, I harm his ability to trust me. Dr. Karyn Purvis said, “If a child needs structure and I give him nurture, I harm his ability to grow.”

The **Proactive Strategies** that fall under the **Correcting Principles** of TBRI are to be used when children are *calm, alert, and have their basic needs met*. Use of proactive strategies aims to lessen the need for responsive strategies. Teaching and utilizing these skills are most effective when wrapped in **play**, and children are able to learn and practice skills of behavioral regulation when they are regulated, so that with time and repetition, they are better able to access these skills when they start to become dysregulated. Skills that are to be practiced include: giving care, receiving care, negotiating needs, and being their autonomous selves (Cassidy, 2001).





**Choices:** For children whose histories have rendered them powerless, offering choices whenever possible (get creative!) helps to afford them a sense of control and power, mitigating such powerlessness. The parent still remains in charge, as is necessary for kids to feel safe, but finding opportunities for choice which are neither ‘right’ nor ‘wrong,’ are acceptable options for both the child and the parent, help to reestablish for them a sense of voice. It can be as simple as “would you like to have grapes or an orange for a snack?” or in a budding disagreement you may offer “you have two choices: you can either finish your text message now and then hand your phone to me, or you can hand me your phone now and have an extra two minutes tonight on your phone – which do you choose?” Sharing this power with the parent still in charge helps children to practice decision making skills and learn that safe adults will listen to them.

**Compromises:** Further instilling a sense of voice and choice for children is the invitation to ask for compromises. If stated options aren’t satisfactory, offering the child space to ask for a compromise can help prevent verbal or behavioral escalation. The adult may say, “sounds like you’re asking for a compromise!” Working through this together takes practice, essential social skills needs of negotiation! Words have power, and working to find a shared compromise can keep behaviors moving forward, establish trust and mutual respect, and mitigate powerlessness.

**Practicing Life Value Terms:** Life value terms are short phrases that teach relational skills and are practiced with scripts. They are concise and direct, which are easier to access for kids with language processing difficulties and when children are dysregulated. They can be practiced when regulated and within play such that they are more accessible when kids become dysregulated. They often are utilized with a playful tone of voice and quick cadence of speech so that the approach disarms the child’s initial fear response.

- “Are you askin’ or tellin’?”
- Stick together (Theraplay)
- No hurts (Theraplay)
- Use words
- Gentle and kind
- With permission & supervision
- Show Respect

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# Correcting Principles: Responsive Strategies

## The IDEAL Response®

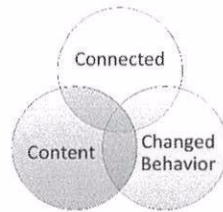
**I**—Respond immediately to the behavior (Hester, Hendrickson, & Gable, 2009) because research proves that learning is greatest when the response is in swift temporal proximity to the behavior.

**D**—Respond directly to the child through eye contact, giving them undivided attention, and bringing them nearer to you physically for teaching and guidance (Danforth, 2006) because research documents significant shifts in brain chemistry and activity during eye contact and proximity.

**E**—Respond in an efficient and measured manner. This is reflected in **Levels of Response®**, in which caregivers use the least amount of firmness, corrective effort, and verbal directive that is required to correct the behavior (Hester, Hendrickson, & Gable, 2009). This strategy also helps children gain trust, knowing adults will not overreact to their behaviors.

**A**—The response is action-based. Redirect the child to practice an appropriate behavior alternative. Physically lead them through a real-life “re-do” when possible. Once the “re-do” is successful (because they used the appropriate alternative behavior), praise the child (Heimlich & Ardoin, 2008; Hohnke & Sur, 1999; Reed, 1996).

**L**—Level the response at the behavior, not at the child. Never reject the child as a person, only respond to the behavior (Barber & Harmon, 2002; Mills & Rubin, 1998).



## Levels of Response®

**Level One: Playful Engagement**—A low-level challenge, for example mouthiness or verbal disrespect, may be met with playful engagement. For example in response to a child who demands “Give me that crayon!” the caregiver may respond playfully, “Are you askin’ or tellin’?” Then the caregiver guides the child to a behavioral re-do in which the child asks with respect for the crayon.

**Level Two: Structured Engagement**—With a slightly elevated challenge, such as when the child doesn’t respond appropriately to playful engagement, the caregiver may offer choices. For example, a six-year-old on the playground who demanded that her teacher pick her up and carry her in, was asked at Level One, if she was “askin’ or tellin’.” The youngster replied forcefully that she was telling, to which the teacher responded, ‘You have two choices, you may ask with respect or you may simply walk into the building yourself.’ At that level, the young girl asked with respect, and the teacher then carried her playfully into the building.



**Level Three: Calming Engagement**—When there is a risk of full escalation, the caregiver must be carefully attuned to this danger. At this level, caregivers are encouraged to give the child or youth a chance to do “time-in” and think about what they need while the adult is nearby. An alternative we have used in RTCs and homes with adolescents, is that in advance of difficult behaviors, the caregiver and youth may choose a “quiet place” to which the youth can ask to go when they need time to self-regulate. Typically after a few minutes the adolescent is able to return to the conversation, knowing what they need to say or do.

**Level Four: Protective Engagement**—At Level Four there is significant threat of violence or harm by the child, either to himself or to someone else. At this level, TBRI® encourages caregivers to contain the violence while remaining calm and reassuring. When the violence passes, the caregiver remains with the child or youth until the connection is re-affirmed and the youngster feels safe and secure again.