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TRUST-BASED RELATIONAL INTERVENTION (TBRI) FOR ADOPTED CHILDREN RECEIVING THERAPY IN AN OUTPATIENT SETTING

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INTRODUCTION

Our goal was to investigate whether Trust-Based Relational Intervention (TBRI), a new method for treating traumatized children, is effective at improving overall family functioning.

Young Children with Trauma Histories:

- Tend to have disrupted attachment styles
 - Thus, they have difficulty forming healthy relationships
- May develop short- or long-term physical health problems
- Constantly go into hypo- or hyper-arousal
- React in emotionally or behaviorally inappropriate ways
- Ultimately, die earlier than children who do not suffer any physical or emotional trauma as children

Current Trauma Treatment Practices

- Trauma-Focused Cognitive-Behavioral Therapy
 - Pro: Combines cognitive, behavioral, interpersonal, and family therapy to treat traumatized children on several levels
 - Con: It has not been compared to other treatment methods and has a very strict script for therapists to follow
- Parent-Child Interaction Therapy
 - Pro: Uses play therapy and discipline skills to improve the relationship between caregiver and adult
 - Con: Not suitable for parents who have limited contact with their children
- Child-Parent Psychotherapy
 - Pro: Uses attachment therapy and psychodynamic, developmental, social learning, and cognitive-behavioral theories to return children to normal developmental trajectories
 - Con: Complicated to teach therapists and incredibly expensive to implement

Trust-Based Relational Intervention (TBRI) Focuses on:

- Connecting Principles – In order to establish healthy relationships between adopted children and their new caregivers, secure attachment must be formed
 - Awareness – Focuses on observing the child and encouraging him or her to process his or her feelings in the safest way possible
 - Engagement – Focuses on actively listening to the child and using playful engagement to encourage trust and learning
- Empowering Principles – Focuses on addressing the physical and physiological needs of the child after initial attachment has been established
 - Ecology – Focuses on ensuring the child is in a safe environment
 - Physiology – Focuses on using safe touch so the child can learn proper adult-child interactions
- Correcting Principles – Aims to reduce the number of maladaptive behaviors displayed by the child and to correct them in a positive way when they do arise
 - Proactive strategies – Concentrate on the emotional regulation of the child to prevent maladaptive behaviors
 - Re-directive strategies – Used when maladaptive behaviors occur to bring the child back to a normal, self-regulatory state

CURRENT STUDY

Rationale

- Texas Christian University reached out to The Baby Fold in Normal, IL to implement their new intervention due to its newness and lack of implementation in therapy settings
- It could be a valuable treatment type because it packages multiple effective components into one

Hypothesis

- Caregivers will feel significantly less stressed and less frustrated post-TBRI implementation than pre-intervention
- Caregivers will feel significantly more attached to their child post-TBRI implementation than pre-intervention
- Receiving high levels of TBRI will be related to higher overall levels of family functioning

METHOD

Procedure

- A list of children whose cases were opened from July 2011 to July 2013 was compiled
- TBRI involvement scales were given to therapists who worked with the children to complete
- Separate TBRI total scores were compiled for each child
- Pre- and post-test data about family functioning were pulled from physical and electronic files and compiled into a single document, and difference scores for each measure were calculated
- The data were analyzed to determine significance

Participants

- 167 children receiving outpatient therapy at The Baby Fold (96 boys, 71 girls; 4 – 19 years)
- Cases opened from July 2011 to July 2013 only
 - This was the time frame that allowed for a minimum of 6 months of data available on the children and captured the entire range of time where some degree of TBRI had been implemented

Measures

- Level of TBRI
 - This was determined based off of a survey given to therapists at The Baby Fold and was designed by the experimenters
- Parental Stress Scale
- Parenting Relationship Questionnaire
 - Relational Frustration Subscale
 - Attachment Subscale

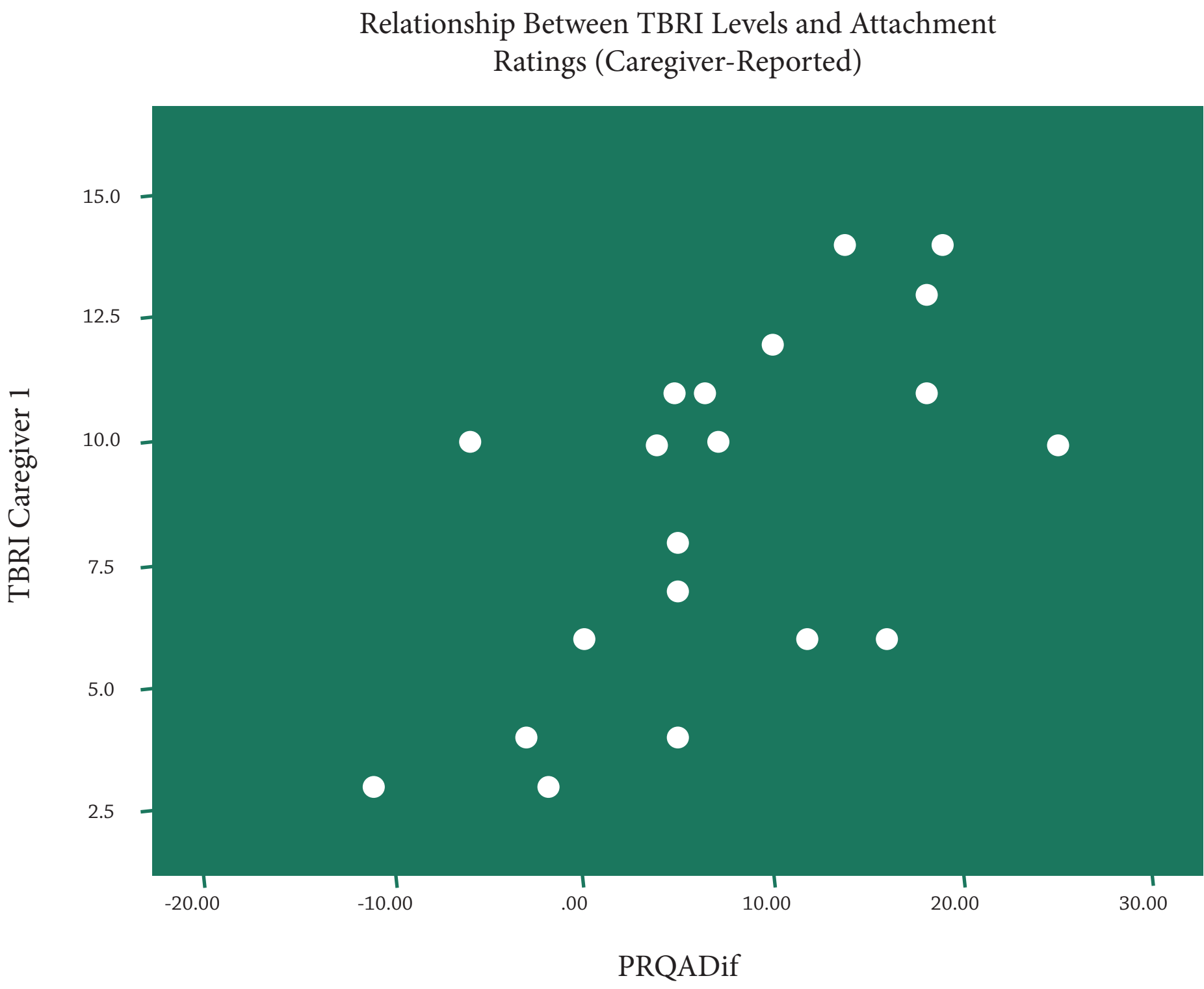
RESULTS

Dependent t-tests

- Caregiver’s pre-treatment stress levels were significantly higher than post-treatment stress levels.
- Caregiver’s pre-treatment attachment ratings were significantly lower than post-treatment ratings.
- Caregiver’s pre-treatment frustration levels were significantly higher than their post-treatment frustration levels.

Correlational Analyses

- There was a large, positive correlation between the caregiver-reported TBRI scales and the difference in self-reported attachment levels after treatment such that higher levels of TBRI were related to higher attachment ratings.



Correlations

Caregiver Stress (N=43)	Level of TBRI
	.153
Attachment (N=21)	.521*
Relational Frustration (N=21)	-.136

*Correlation is significant at the 0.05 level (2-tailed)

	Pre-treatment		Post-treatment		Dependent t-test statistics		
	M	SD	M	SD	t	n	p
Caregiver Stress Levels	47.77	13.14	44.81	12.42	2.334	46	0.024
Attachment	33.83	8.83	41.17	12.7	-3.662	23	0.001
Relational Frustration	69.38	13.02	63.13	12.12	2.824	23	0.01

CONCLUSION

Summary of Findings

- TBRI improved overall family functioning levels
- High levels of TBRI were correlated with high self-reported attachment levels

Practical Implications

- Results support the use of TBRI to improve attachment between caregivers and adopted children
- Results indicate TBRI is useful for improving family functioning in outpatient therapy settings

Need for Future Research

- Replicate study in more controlled settings to establish the efficacy of TBRI
- Use more cases in future studies to increase power and ability to generalize about TBRI’s effectiveness across a variety of settings

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