Trust-Based Relational Intervention (TBRI) for Adopted Children Receiving Therapy in an Outpatient Setting

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Nielsen, Lauren and Lusk, Faculty Advisor, Robert, "Trust-Based Relational Intervention (TBRI) for Adopted Children Receiving Therapy in an Outpatient Setting" (2014). John Wesley Powell Student Research Conference. 18.
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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 behaviourally 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 child
- 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 method for treating traumatized children on several levels

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

**INTRODUCTION**

**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**
- **Relational Frustration Questionnaire**
- **Attachment Subscale**

**RESULTS**

**Dependent t-tests**
- Caregivers’ pre-treatment stress levels were significantly higher than post-treatment stress levels.
- Caregivers’ pre-treatment attachment ratings were significantly lower than post-treatment ratings.
- Caregivers’ 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.

**REFERENCES**