EMPOWERED TO CONNECT CONFERENCE

PRESENTED BY:

SHOW HOPE

This viewing guide is intended for use by participants at the Empowered to Connect Conference. The conference is a joint effort of Show Hope (showhope.org), the Karyn Purvis Institute of Child Development (child.tcu.edu), and Empowered to Connect (empoweredtoconnect.org). The conference honors the legacy of Dr. Karyn Purvis by focusing on Trust-Based Relational Intervention, thereby bringing practical and effective tools to adoptive and foster parents and the professionals who support them.

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12:00 TO 12:15 PM	BREAK
12:15 TO 1:15 PM	**A PARADIGM SHIFT** PART 2
1:15 TO 2:15 PM	LUNCH
2:15 TO 3:30 PM	**CONNECTING: ATTACHMENT IS DEVELOPMENTAL**
3:30 TO 4:30 PM	**CONNECTING: HEALING THROUGH RELATIONSHIPS**
4:30 TO 4:45 PM	BREAK
4:45 TO 5:55 PM	**WHAT ABOUT YOU?**
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1:15 TO 2:15 PM	LUNCH
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CONFERENCE SCHEDULE
CENTRAL AND PACIFIC TIME ZONES

DAY 1 – FRIDAY

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9:45 TO 11:00 AM	**A PARADIGM SHIFT** PART 1
11:00 TO 11:15 AM	BREAK
11:15 AM TO 12:15 PM	**A PARADIGM SHIFT** PART 2
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3:30 TO 3:45 PM	BREAK
3:45 TO 4:55 PM	**WHAT ABOUT YOU?**
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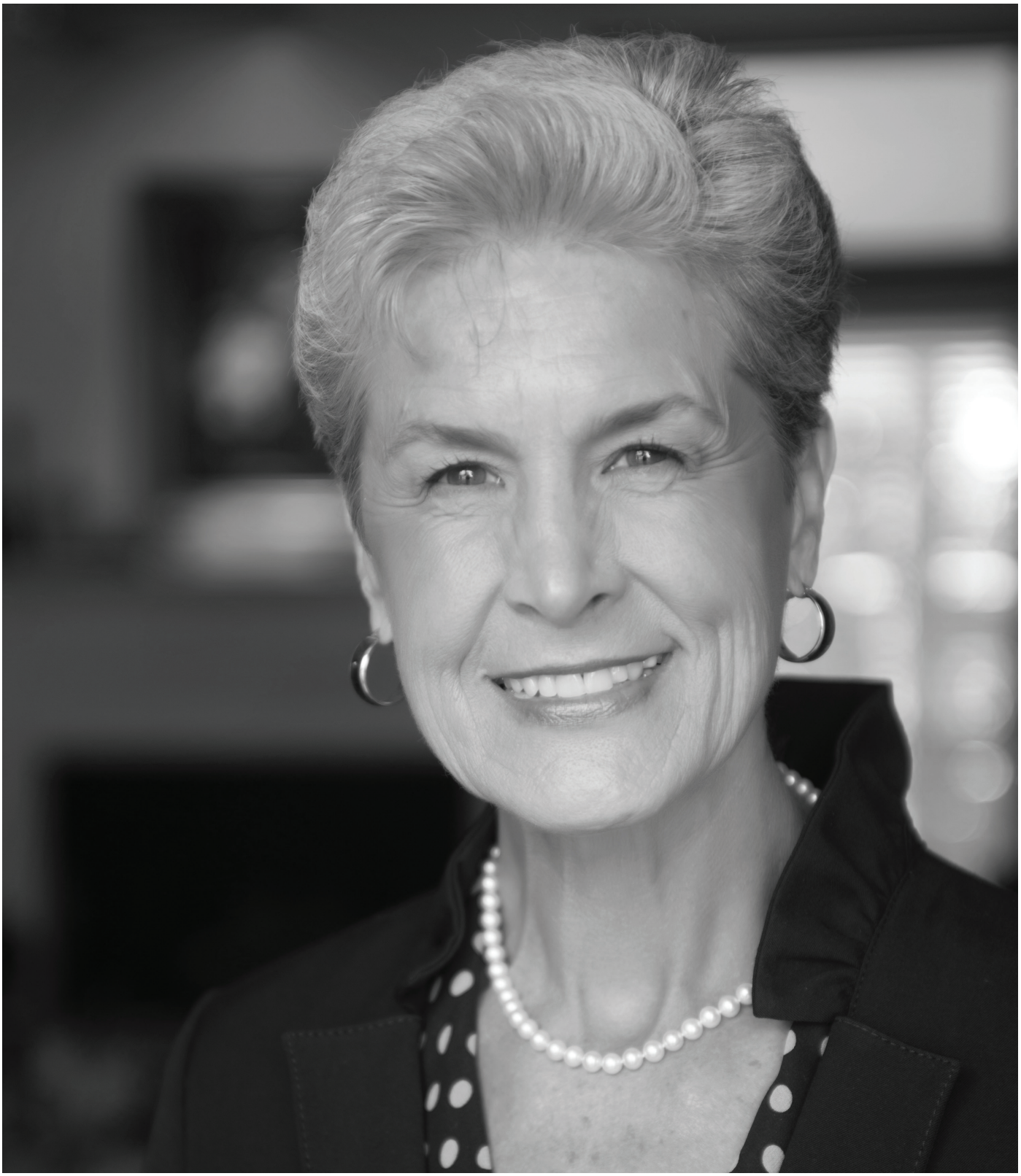


Our children were harmed in relationship, and they will be healed in nurturing relationship.

Dr. Karyn Purvis

IN MEMORIAM, DR. KARYN PURVIS

Two years ago, my mother was deeply committed to present at the Empowered to Connect Conference. The rest of us could see how she was rapidly declining, and it seemed impossible that she would be able to attend. She figured the conference would be her last, but she wanted desperately—just one more time—to equip and to encourage. Not for her own sake, but because she knew the hearts and futures of precious children depend upon the adults who love them. Only days before the conference she conceded she would not go, and only days after the conference she left this world.

Before she was "Dr. Karyn Purvis," co-creator of Trust Based Relational Intervention and co-founder of what is now known as the Karyn Purvis Institute of Child Development at TCU, she was simply "mom" to me and to my brothers, "gramma" to our kids, and "Ms. Karyn" to children in the church and neighborhood. She dropped out of college to become a pastor's wife and a mother, and for decades she had no more notoriety or recognition than anyone serving those roles. But the trials of those years and roles honed her native skills even as they blessed those of us she loved on.

Not many folks return to college in their fifties, but she did. She faced down both personal and academic trials because she wanted to be "an advocate for children." Even though that phrase had no form for many years, she knew her purpose—defined by and impassioned by her love of the Father. She spent only 10 years formally building that advocacy from a black-and-white print-out taped to the door of an academic hallway, to an international network of missionaries for the lives of children—but this housewife changed the world.

Until her body physically could not do it, she was committed to you and to the work that you do because, through you, God touches and changes lives as miraculously, though more painfully sometimes, as he did through his first-born Son.

For my part, I offer my gratitude and my blessings. May God be with you and sustain you as you love his children.

Sincerely,

Dwayne Purvis

FROM THE FOUNDERS OF SHOW HOPE

Friends,

We are grateful and excited that you are here. We understand how difficult it is to step away from the day-to-day routine of life to attend a conference. But here's the deal: we prayerfully believe that over the next two days you will gain insight, be encouraged, and, above all, experience hope for your journey with children from "hard places."

Some of you are just beginning the adoption or foster care journey or are new to advocating for children impacted by adoption and foster care. It is a privilege to have you with us. Accessing this information in the early stages builds an understanding about the difficult beginnings many of our children experience prior to entering our families and communities. This helps us as parents, educators, friends, and pastors create loving, healing environments in which our children can thrive.

Others of you arrive at this conference worn out from traveling life's deep valleys. Take a moment to look around. You are not alone. Having lived through the fear and isolation that often accompany seasons of loss and challenges, we want to encourage you with this simple truth: Jesus is alive and making all things new. Spring is coming.

And here's the other beautiful thing—Jesus invites us to be a part of this redemptive process. His love is relational, vulnerable, transformative, and empowering. And in exploring our own hurts and journeying toward personal healing, we're also invited to share Jesus' healing love in the lives of those around us—particularly our children.

And that's what it's really all about. The precious children in our lives, the gifts we are honored to care for—the reason we will keep pressing forward on this difficult and worthwhile journey.

—Mary Beth and Steven Curtis Chapman

"Let us know; let us press on to know the Lord; his going out is sure as the dawn; he will come to us as the showers, as the spring rains that water the earth." Hosea 6:3

ABOUT US

SHOW HOPE exists to care for orphans by engaging the Church and reducing barriers to adoption.

This movement began in 2003, when Mary Beth and Steven Curtis Chapman founded Show Hope after having their own eyes and hearts opened to the global orphan crisis. Since then, Show Hope has worked to holistically approach orphan care, helping children in four key areas: Adoption Aid, Care Centers, Pre+Post Adoption Support, and Student Initiatives.

Through Adoption Aid grants, Show Hope has helped more than 6,000 children from more than 60 countries, including the U.S., come to know the love of a family. More than 2,500 waiting children with acute medical and special needs have received loving care through Show Hope's Care Centers in China. Show Hope's partnership with the Karyn Purvis Institute of Child Development and Empowered to Connect has helped bring hope and healing to children around the world with encouraging, research-based teaching in Pre+Post Adoption Support. And Show Hope prepares for the future with our Student Initiatives by educating and empowering the next generation of leaders to effectively care for and make a difference in the lives of children who have been orphaned.

EMPOWERED TO CONNECT: Empowered to Connect was founded by Dr. Karyn Purvis, together with Michael and Amy Monroe, to provide online resources and parent training specifically designed for adoptive and foster parents. The ETC Parent Training relies heavily on the Trust-Based Relational Intervention® (TBRI®) model developed by Dr. Karyn Purvis and her colleagues at the Karyn Purvis Institute of Child Development. Participants are equipped with a holistic understanding of their child's developmental needs, as well as tools and strategies to effectively meet those needs, build trust, and help their child heal and grow. Visit empoweredtoconnect.org for helpful resources you can use today and a map showing the locations of Empowered to Connect Parent Trainers.

THE KARYN PURVIS INSTITUTE OF CHILD DEVELOPMENT AT TCU (KP ICD): The Karyn Purvis Institute of Child Development is a program in the College of Science & Engineering at TCU in Fort Worth, Texas. Their mission is research, education, and outreach that improve the lives of children who have experienced abuse, neglect, and/or trauma. The Purvis Institute conducts research to deepen understanding about the complex needs of these children and how to help them overcome social, behavioral, and emotional challenges. Through various outreach initiatives, the Purvis Institute trains professionals in their evidence-based therapeutic model, Trust-Based Relational Intervention.

The Karyn Purvis Institute of Child Development was created as an outgrowth of the Hope Connection, a research and intervention project developed in 1999 by Dr. David Cross and the late Dr. Karyn Purvis. The Hope Connection began as a summer camp for children who experienced early institutional care prior to adoption. The results proved so remarkable, they sparked a compelling scientific and personal journey for Drs. Purvis and Cross. By the end of the first week and into the second week of camp, they saw dramatic changes in attachment, social competency with peers, and language. These outcomes formed the empirical foundations for Trust-Based Relational Intervention, a model for children from "hard places."

SPEAKERS
+
CONTRIBUTORS

DAREN JONES

Daren Jones is a training specialist with the Karyn Purvis Institute of Child Development. Daren began his career as a behavior instructor at a therapeutic day treatment program serving children and youth who could no longer function in a traditional academic school setting. After serving as a behavior instructor, Daren decided to obtain a Master of Social Work from Spalding University in Louisville, Ky. Daren also obtained a Bachelor of Social Work from the University of Arkansas at Fayetteville. He has spent the past 13 years serving youth and families within residential and foster care settings as a direct-care worker, residential group home supervisor, and Licensed Child Care Administrator. Daren currently resides in Fort Worth, Texas, with his wife, Katie, and two children.

DR. CASEY CALL, PH.D.

Casey Call is the assistant director at the Karyn Purvis Institute of Child Development and a passionate advocate for vulnerable children and families. Her responsibilities include research, training, and outreach connected to Trust-Based Relational Intervention (TBRI). Casey also teaches, advises, and mentors TCU students in the Child Development undergraduate and graduate programs. Casey is a Licensed Professional Counselor Supervisor and is a registered Circle of Security® parent educator. She has also received training in Theraplay® Level One and in scoring the Strange Situation Protocol. Casey has earned advanced degrees in elementary education, counseling, and developmental psychology. She is passionate about bringing trauma-informed interventions into systems of care, especially educational systems. Casey is married to Brian, a lieutenant in the Fort Worth Fire Department. They have two children and reside in Fort Worth, Texas.

SARAH MERCADO

Sarah Mercado is a training specialist with the Karyn Purvis Institute of Child Development at TCU. As a training specialist, Sarah focuses on instructing care professionals in Trust-Based Relational Intervention as they work with children who have experienced trauma. Sarah earned her bachelor's degree from Sweet Briar College in Virginia. She began her career as a direct-care staff working with adolescent boys living in a residential treatment center (RTC). After serving in the RTC for several years, she shifted her focus to foster care, where she was regional director for a foster and adoption agency. Sarah spent 20 years serving youth and families within residential and foster care settings as a direct-care worker and trainer before beginning her work with the Purvis Institute in May 2016. Sarah lives near Austin, Texas, with her husband, AJ, and their two daughters.

DAN AND TERRI COLEY

Dan and Terri Coley are Show Hope founding board members who live in Franklin, Tenn. Dan also serves on staff at Show Hope as the senior director of programs. Terri serves on staff in Pre+Post Adoption Support. They have served as foster parents to more than 40 infants and birthmothers and have adopted children domestically and internationally. Their family is multi-racial and includes children with special needs. It is their hearts' desire for every child to have a family. Through personal experience, they have come to know the importance of understanding the challenges and needs of children from "hard places." Dan and Terri are committed to helping educate and prepare families for the adoption journey and empowering them with the tools to help children heal while maintaining healthy families. The Coleys have nine children and 10 grandchildren.

CINDY R. LEE

Cindy Lee, LCSW, LADC, specializes in providing counseling services for children, adolescents, and adults. Cindy is a Trust-Based Relational Intervention (TBRI) Practitioner, and serves as a mentor for other practitioners. Cindy also co-founded the HALO Project and currently works as the executive director. HALO is a 10-week intensive intervention program based on the principles of TBRI, for children in foster care and children who have been adopted. In collaboration with Dr. Karyn Purvis and Dr. David Cross, Cindy has published a series of children's books based upon the valuable lessons of TBRI, which are available through Amazon. Cindy resides in Edmond, Okla., with her husband, children, and pets.

WHAT IS TBRI?

CHILDREN FROM "HARD PLACES" NEED PARENTS AND CAREGIVERS WHO ARE INSIGHTFUL, PREPARED, EQUIPPED, AND COMMITTED FOR THE LONGTERM.

RECOGNIZING HOW PARENTS SOMETIMES GET IT WRONG

- Wait too long to seek help
- Withdraw and isolate themselves
- Believe that all of the family's problems reside with the child
- Fail to understand and embrace a parenting approach that focuses on the holistic needs of the child
- Look for a quick or easy "fix"

PARENTS MUST REMEMBER THAT THEY HAVE BEEN CALLED TO BE THE PRIMARY CHANGE AGENTS IN THE LIFE OF THEIR CHILD.

"ALL CHILDREN NEED TO KNOW THAT THEY'RE PRECIOUS AND UNIQUE AND SPECIAL. BUT, A CHILD WHO COMES FROM A HARD PLACE NEEDS TO KNOW IT MORE DESPERATELY."

—DR. KARYN PURVIS

REMEMBER

- "UN-LEARNING" some of what we already know can be as important as learning new ideas and strategies.
- To recognize that IT IS NEVER TOO LATE to start focusing in the right direction.
- YOUR PRIMARY MOTIVATION—the reason why you are doing what you are doing—must be a desire to love unconditionally.
- Being or becoming the "perfect parent" is not our goal. Our goal is to BE MORE FAITHFUL TO LOVE OUR CHILDREN in the way they need to be loved.
- TRUST-BASED RELATIONAL INTERVENTION (TBRI) HAS PROVEN EFFICACY with children of all ages, in all kinds of places, and with all behavioral and developmental profiles.

TRUST-BASED RELATIONAL INTERVENTION® (TBRI®) IS AN ATTACHMENT-BASED, TRAUMA-INFORMED INTERVENTION THAT IS DESIGNED TO MEET THE COMPLEX NEEDS OF VULNERABLE CHILDREN.

A PARADIGM SHIFT PARTS 1 AND 2

Much of the information in this presentation is available in the Healing Families video "Children from Hard Places and the Brain"—see ***child.tcu.edu.***

SEVEN RISK FACTORS

1. Difficult Pregnancy
2. Difficult Birth
3. Early Hospitalization
4. Abuse
5. Neglect
6. Trauma
7. System Effects

COMPLEX TRAUMA – THE EXPERIENCE OF MULTIPLE, CHRONIC, AND PROLONGED DEVELOPMENTALLY ADVERSE TRAUMATIC EVENTS, MOST OFTEN OF AN INTERPERSONAL NATURE.[1]

FIVE B'S OF STRESS AND TRAUMA

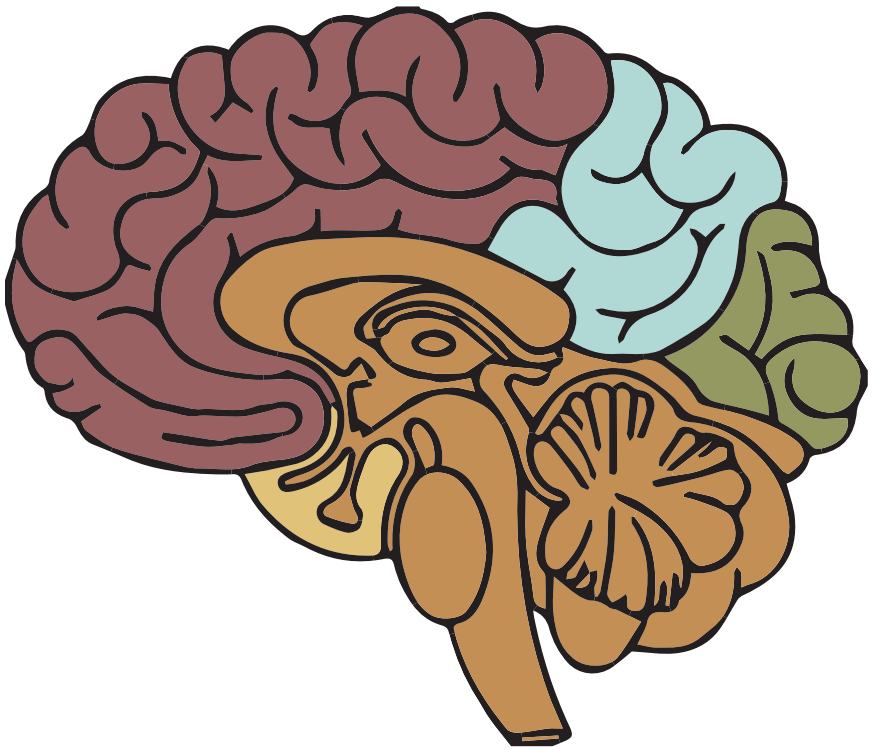
BRAIN
BELIEFS
BEHAVIORS
BODY
BIOLOGY

UPSTAIRS BRAIN, DOWNSTAIRS BRAIN

The human brain is like a two-story house: The downstairs brain is colored orange and yellow in this diagram, the upstairs brain is colored red, blue, and green in this diagram.

The **upstairs brain** is mostly *not* wired at birth, and it allows us to think, reason, learn, remember, and regulate our emotions. It takes time and experience for the upstairs brain to become hardwired.

When a child experiences trauma and other risk factors, it can skew the wiring and chemistry of the brain—the lower, more primitive part of the brain can over-develop from reacting to fear, while the more sophisticated upstairs brain remains underdeveloped.



The **downstairs brain** is mostly wired at birth, and allows the newborn to eat, sleep, drink, stay warm or cool, and eliminate. The newborn's reflexes and basic bodily functions are rooted here.

Repeated nurturing experiences can strengthen the upstairs brain, so that the upstairs brain can help regulate the downstairs brain, and there is balance between the two parts of the brain.

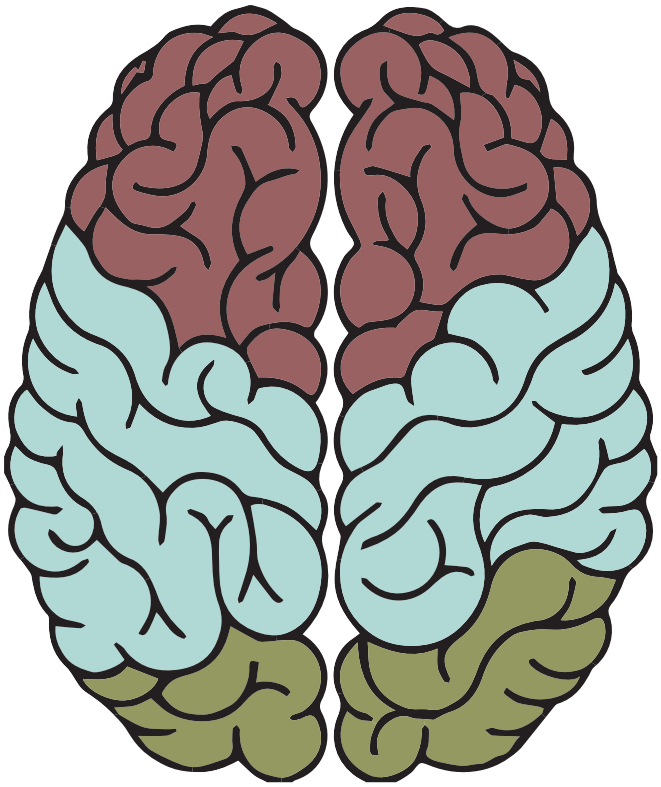
If a child spends too much time being afraid, the brain reorganizes itself around the survival response—fight, flight, or freeze—and the downstairs brain is running the show.

LEFT BRAIN, RIGHT BRAIN

The upstairs brain, which is mostly cortex, can be divided into two hemispheres; each hemisphere tends to specialize, as do the various regions: green for visual processing, blue for sensory and motor processing, and red for relationships, emotions, and the executive functions (e.g., planning).

The prefrontal cortex is especially vulnerable to traumatic experiences; it is important for emotion regulation, mindful awareness, and attachment.

Left hemisphere processing is logical, literal, linear, and linguistic.

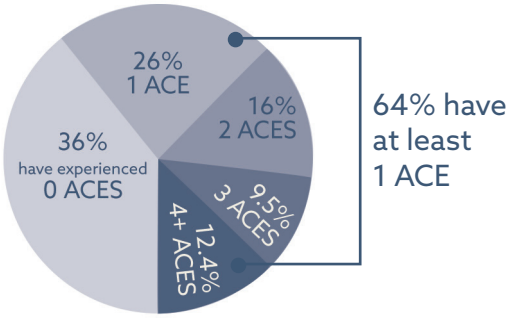


The right hemisphere is connected to our emotions, our sensations, the big picture, and more random aspects of what is going on in the world.

When children experience trauma, the left hemisphere is strong, but the right hemisphere is weak; children then struggle with emotions, sensations, and social situations.

ACEs

The Adverse Childhood Experiences (ACEs) studies provide an informative window on the developmental consequences of relational trauma. Over 17,000 participants were asked about their childhood experiences and various physical and mental health problems. ACEs include emotional abuse, physical abuse, substance abuse, mental illness, domestic violence, criminal behavior, and divorce or separation. There have been a number of scientific and medical publications based on the ACEs studies that demonstrate a strong correlation between ACEs and later health outcomes.[2]



The ACE questionnaire can be found at the end of the viewing guide or at **acestoohigh.com**.

HOW WIDESPREAD ARE ACEs?

The following estimates of the percentage of participants who experienced a specific ACE are revealed by the ACE study.

ABUSE

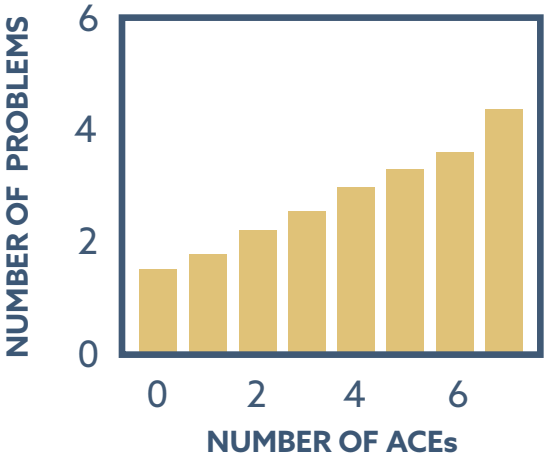
28.3%	Physical
20.7%	Sexual
10.6%	Emotional

NEGLECT

14.8%	Emotional
9.9%	Physical

HOUSEHOLD DYSFUNCTION

26.9%	Household Substance Abuse
23.3%	Parental Divorce
19.4%	Household Mental Illness
12.7%	Mother Treated Violently
4.7%	Incarcerated Household Member



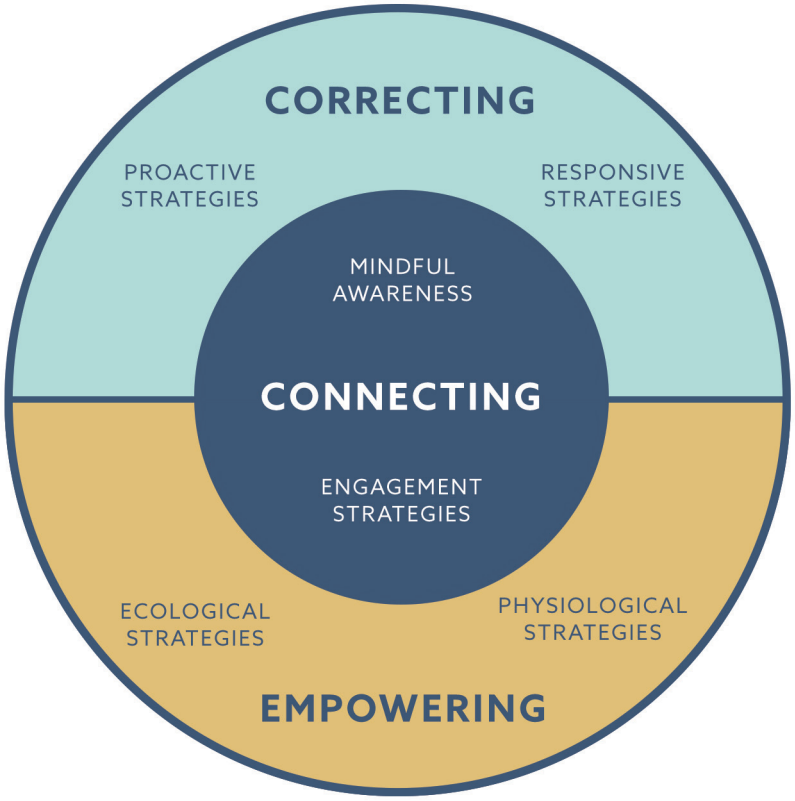
This graph depicts the expected number of co-morbid health problems (y-axis) for persons with different ACEs scores (x-axis). As you can see, those individuals who experienced a greater number of ACEs also experienced greater numbers of health problems.

TBRI IS:

- **WHOLE-CHILD**
- **ATTACHMENT-BASED**
- **TRAUMA-INFORMED**
- **EVIDENCE-BASED**
- **MULTI-SYSTEMIC**

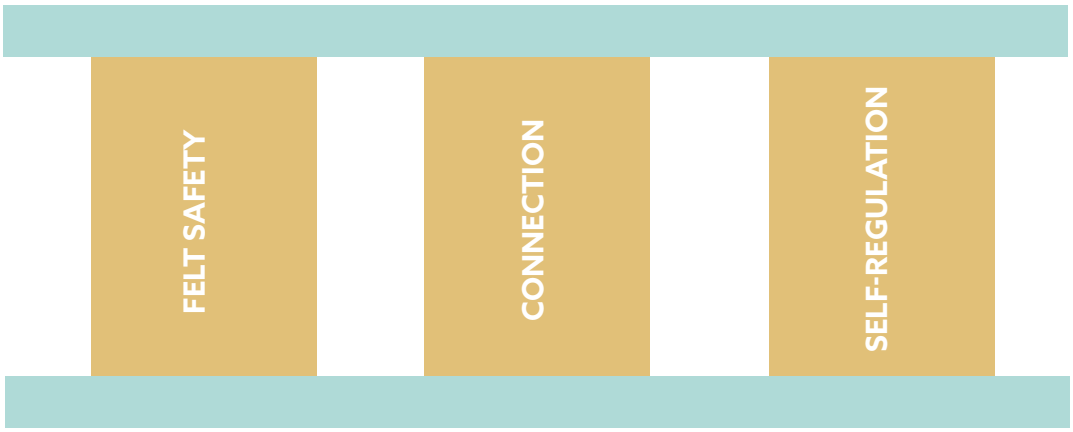
TRUST-BASED RELATIONAL INTERVENTION (TBRI)

TBRI is a set of principles and strategies that give parents and professionals the tools to bring healing and well-being to children and adolescents who come from "hard places."[3,14]



THREE PILLARS OF TRAUMA-INFORMED CARE

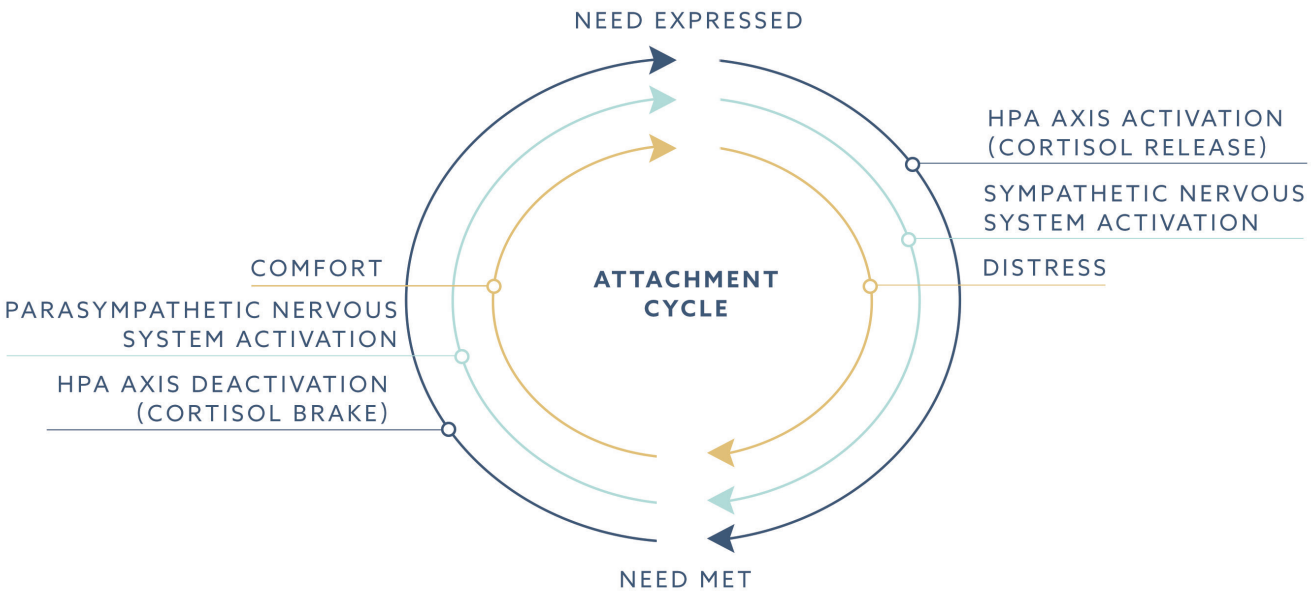
TBRI was designed to meet the most pressing needs of children and adolescents who come from "hard places"—their needs correspond to the Three Pillars of Trauma-Informed Care.[5]



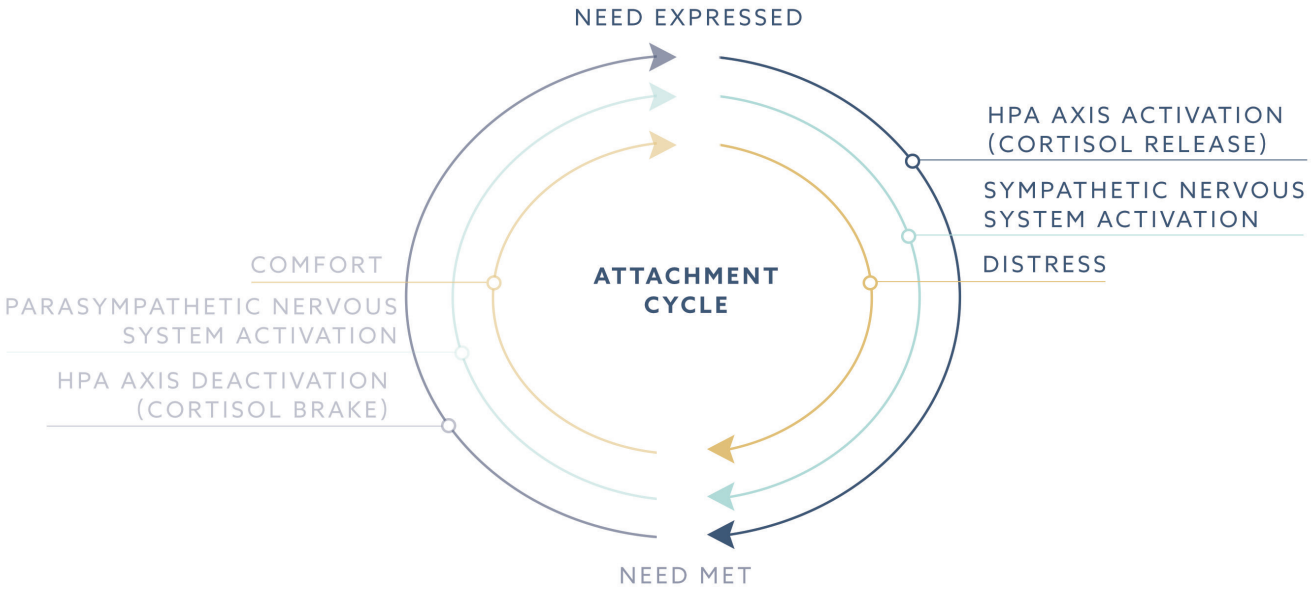
CONNECTING PARTS 1 AND 2

THE ATTACHMENT CYCLE

The attachment cycle shows how connection is crucial for both **felt-safety** and **self-regulation**. Parents are not only important for connection, but also for security and regulation.



The attachment cycle represents the behavioral, emotional, and psychological events that occur tens of thousands of times during a child's life. The repeated exercise of both sides of the attachment cycle leads to emotional, regulatory, and behavioral balance.



Disruptions in the attachment cycle occur when caregivers are unavailable, unresponsive, harsh, or abusive. These kinds of experiences program the child's brain so that the child is afraid, stressed, and hypervigilant—their "fight, flight, or freeze" response **(right side of the diagram)** is overdeveloped, whereas their regulatory response **(left side of the diagram)** is underdeveloped.

ATTACHMENT STYLE	HISTORY WITH CAREGIVER	INFANT'S STRATEGY WHEN UPSET
Secure	Caregiver consistently, warmly responds when infant is upset	Cries; infant knows that caregiver will soothe
Anxious-Avoidant	Caregiver does not respond in emotionally warm way when infant is upset	Infant has learned not to cry to get needs met
Anxious-Ambivalent	Caregiver inconsistently responds when infant is upset	Infant cries (and is difficult to soothe) in an effort to stay in caregiver's attention
Disorganized	Caregiver is frightening/ traumatic	Infant has no clear strategy when upset

BUILDING BLOCKS OF SECURE ATTACHMENT

- PARENTAL RESPONSIVENESS
- ACKNOWLEDGMENT WITH ACTIONS AND WORDS
- AFFECTIONATE AND FREQUENT PICK-UPS
- COMPETENT HOLDINGS
- SENSITIVITY TO SIGNALS

OUTCOMES OF SECURE ATTACHMENT

- SOCIABILITY WITH ADULTS
- PROSOCIAL WITH PEERS
- INTERACTIVE WITH PEERS
- PERSISTENCE AND ENTHUSIASM ON TASKS
- WILLINGNESS TO ASK FOR HELP

TRUST-BASED RELATIONAL INTERVENTION (TBRI) CONNECTING PRINCIPLES HELP PARENTS AND CAREGIVERS MEET ATTACHMENT AND REGULATION NEEDS.

More information about TBRI is available in the video "Attachment: Why It Matters"—see ***child.tcu.edu****.*

MINDFULNESS STRATEGIES

Bringing one's complete attention to the present moment.

SELF-AWARENESS

- Based upon how you were cared for as a child, identify the thoughts, beliefs, and behaviors you bring to relationships
- Realize how these thoughts, beliefs, and behaviors influence your relationships
- Identify personal triggers
- Practice regulating yourself during times of stress
    + Say a prayer
    + Take 10 deep breaths
    + Take a walk
    + Repeat the mantra, "It is my job to help you regulate."
    + Drink water
    + Apply your favorite essential oil or lotion
    + Chew gum
    + Squeeze a stress ball
- Stay calm and emotionally present during a child's distress. This allows you to:
    + Think flexibly
    + Creatively solve problems
    + Model compassion and calmness
    + Co-regulate with child

ATTUNEMENT

- Sensitive caregiving—being aware of the child's cues (jaw clenching, shallow breathing, etc.)
- Seeing the need beneath the child's behavior
- Meeting the need

ENGAGEMENT STRATEGIES

Nurture healthy connections and facilitate secure attachments

HEALTHY TOUCH

- Chin prompt
- Hand on shoulder
- High fives
- Fist bumps

EYE CONTACT

- "I love seeing your eyes!"
- "Are those eyes orange?"

VOICE QUALITY

- Tone
- Volume
- Cadence

BEHAVIOR MATCHING

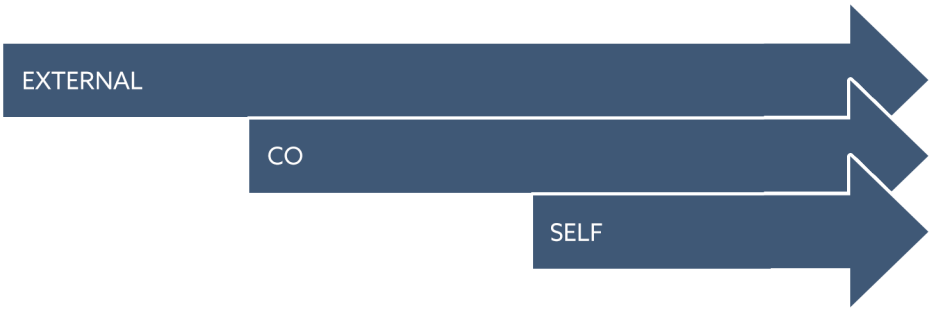
- Sitting the same way as child
- Choosing the same color toy, sticker, or crayon as child

PLAYFUL INTERACTIONS*

- Playing games
- Not being afraid to be silly
- Using imaginative play

**More information on this topic can be found in the Empowered to Connect Conference app.*

SELF-REGULATION



MENTORING SELF-REGULATION

TEACH CALMING TECHNIQUES	PURPOSEFULLY DISREGULATE	PRACTICE CALMING TECHNIQUES
• ENGINE PLATE • MAGIC MUSTACHE • BLOWING SOUP	• GAME • DANCE • ACTIVITY	• ENGINE PLATE • FLOOR PUSH-UP • WATER/SNACK

NURTURE GROUPS AND THE FOUR SKILLS

A core TBRI activity is the **Nurture Group**—Nurture Groups are designed to teach the **Four Skills of Close Relationships**.

NURTURE GROUP PRINCIPLES AND PRACTICES

- THREE RULES:[6] "Stick together, no hurts, have fun!"
- CORE ACTIVITIES: Feeding and Band-Aids®
- LIFE SKILL ACTIVITIES (e.g., role play)

THE FOUR SKILLS OF CLOSE RELATIONSHIPS[7]

- BE ABLE TO GIVE CARE
- BE ABLE TO RECEIVE CARE
- BE ABLE TO NEGOTIATE YOUR NEEDS (e.g., choices, compromises)
- BE CAPABLE OF AUTONOMY—"Autonomy within relationship, relationship within autonomy"

WHAT ABOUT YOU?

IT'S TEMPTING TO MAKE PARENTING ALL ABOUT OUR KIDS AND IGNORE OUR OWN NEEDS AND HISTORIES. BY MAKING SENSE OF YOUR PAST AND BEING REALISTIC ABOUT THE FUTURE, YOU ARE FREED TO BE FULLY PRESENT IN EACH AND EVERY MOMENT TO HELP YOUR CHILDREN HEAL.

A STEP BACK CAN SOMETIMES BE THE BEST STEP FORWARD.

"PAY ATTENTION TO WHAT YOU'RE PAYING ATTENTION TO."

—DR. CURT THOMPSON

WORKING THROUGH OUR OWN ISSUES BUILDS CONNECTION AND PROMOTES HEALING.

"YOU CANNOT LEAD A CHILD TO A PLACE OF HEALING IF YOU DO NOT KNOW THE WAY YOURSELF."

—DR. KARYN PURVIS

REMEMBER

- Conflict often happens at the intersection of two people's histories
- We have control over what we bring to the moment

OUR KIDS LEARN BY WATCHING US, NOT BY BEING TOLD WHAT TO DO.

- WE HAVE TO MODEL THE BEHAVIOR WE WANT TO SEE
- WE HAVE TO MODEL HEALTHY RELATIONSHIPS
- WE HAVE TO MODEL HEALING

EMPOWERING PARTS 1 AND 2

PHYSIOLOGICAL STRATEGIES

- MANAGING SLEEP
- MANAGING HYDRATION
- MANAGING BLOOD SUGAR
- REGULAR PHYSICAL ACTIVITY
- MEETING NUTRITIONAL NEEDS
- HEALTHY TOUCH
- SENSORY EXPERIENCES

ECOLOGICAL STRATEGIES

- REGULATION
- TRANSITIONS
- RITUALS
- ROUTINES
- ARTIFACTS

INTERNAL SENSES

VESTIBULAR SENSE

- Is controlled by fluid in the inner ear
- Tells the body where it is in relation to the earth
- Has connections all over the brain
- Rocking, dancing, spinning, riding bikes, rolling, swinging

PROPRIOCEPTIVE SENSE

- Registers the feeling of touching and being touched with deep pressure
- Helps the brain and body organize when they receive firm, gentle muscle pressure
- Is sensitive to the amount of pressure with which we are touched or held
- Lifting and carrying heavy loads, weighted blankets, pushing and pulling, chewing bubble gum, chair sit-ups and push-ups, monkey bars

TACTILE SENSE

- Nurturing touch has many benefits, starting in infancy
- Is fully functional at birth
- Bean pool, rice buckets, digging in dirt, stress balls, cooking, massage

More information about sensory processing is available in the Healing Families video "A Sensory World"—see ***child.tcu.edu****.*

FUNCTIONS OF SENSORY INPUT

- ALERT
- PROTECT
- SELECT
- ORGANIZE

INVESTIGATING IF AN ACTION IS A SENSORY REACTION OR A BEHAVIOR:

SENSORY	BEHAVIOR
Regardless of audience	Audience required
May continue once remedied	Will cease with met request
Child may not be able to verbalize desire or desire might change	Child has a specific desire
Likely lack of eye contact	May use eyes to convey emotion

NUTRITION

- Food is both a basic need and a social connection
- Oral fixations are primitive responses for calming and control
- Neglect or abuse can result in a lack of oral motor development
- Hoarding may be a security strategy
- Carbohydrate-rich foods are easier to swallow without choking
- Veggies tend to scatter in the mouth with less taste bud stimulation
- Hot foods have increased smell aversion or appeal
- Sucking and blowing calm the body at midline
- Vanilla and sweet foods tend to calm
- Peppermint and strong spices tend to alert
- Rhythmic chewing with gum or chew supports will tend to calm
- Omegas, Vitamin D, Vitamin B, and Magnesium are worth investigating with a physician or nutritionist

SLEEP

- Sleep is required for neurotransmitter support and body healing
- Lack of REM sleep can induce psychosis
- Peak for nightmares and sleep disturbances is 4 years old
- Growing pains at 8, 10, and 12 years old can cause night waking
- Avoid tight spinning before bed and exchange for rocking back and forth
- Explore lighting and noise in bedroom
- Investigate stuffed animals, extra pillows, weighted blankets, heavy quilts, and Lycra sheets while ensuring safety
- Therapy animals can be used for comfort, warmth, tactile calming, and proprioception

SENSORY STRATEGIES FOR CHURCH AND SCHOOL

- Offer frequent movement breaks (10-15 minutes per hour)
- Use proprioceptive exercises to calm
- Spinning and twirling will help alert
- Rhythmic movements and music will calm, while erratic movements and music will alert
- Midline postures will calm; extension patterns will alert
- Be aware of auditory stimulation and utilize headphones, hoodies, and corners of the room if needed
- Provide weighted items to calm
- Provide Lycra "capes" to calm and establish healthy boundaries
- Use visual boundary identifiers such as carpet squares, tape boxes, color dots, hula hoops, or stadium chairs
- Match children with consistent caregivers and volunteers
- Use peer companions when available and appropriate
- Teach compassion and appropriate level of expectation
- Provide places of safety to regroup
- Use visual schedules and set clear expectations
- Consider appropriate touch and tactile sensory input
- Ensure core stability for hand and breath regulations
- Because the right side of the brain controls emotion, engage the left side of the body in rhythmic, repetitive activity during emotional triggers

REMEMBER

- Always choose relationship over activity
- Your own regulation is your best calming tool
- Do not expect typical behavior from atypical development
- Extend compassion for inconsistency
- Teach through positive reinforcement rather than negative punishment
- Teach through example rather than shame
- Keep encouraging and keep trying

CORRECTING PARTS 1 AND 2

CONNECTED CHILDREN LEARN THEIR STRATEGIES FROM CONNECTED CAREGIVERS.

STRUCTURE OR NURTURE?

- TBRI has efficacy because of emphasis on structure/nurture balance
- The question is whether to lead with the structure "foot" or the nurture "foot"
- The alternate foot follows immediately or there is no progress

CONNECTED DISCIPLINE VS. DISTANCING DISCIPLINE

- Time-in vs. time-out
- Bringing the child closer vs. sending him/her away
- Resolution vs. consequence
- Problem solving vs. lecturing and preaching
- Advocacy stance vs. adversary stance
- Focus on the child's preciousness vs. focus on failure

PROACTIVE STRATEGIES

TBRI includes two sets of **Correcting (Shaping)** strategies—the **Proactive Strategies** and the **Responsive Strategies** (see p. 42). The Proactive Strategies include the **"Life Value Terms"** and **"Behavioral Scripts:"**

LIFE VALUE TERMS, THE *LANGUAGE* OF A TRAUMA-INFORMED CULTURE, INCLUDE:

- "GENTLE AND KIND"
- "USING YOUR WORDS"
- "WHO'S THE BOSS?"
- "WITH PERMISSION AND SUPERVISION"
- "WITH RESPECT"

BEHAVIORAL SCRIPTS, THE *ACTIONS* OF A TRAUMA-INFORMED CULTURE, INCLUDE:

- CHOICES ("You have two choices.")
- COMPROMISES ("Would you like a compromise?")
- BEHAVIORAL RE-DO'S ("Can you try that again with respect?")

RESPONSIVE STRATEGIES

The **Responsive Strategies** are guides for responding to children and adolescents, especially when their behavior is challenging. There are two strategies: **the IDEAL Response©** and **Levels of Response.**

THE IDEAL RESPONSE© IS A GENERAL-PURPOSE GUIDE FOR INTERACTING WITH OTHERS

- **I**MMEDIATE (3 seconds or less)
- **D**IRECT (Engagement Strategies)
- **E**FFICIENT (Levels of Response)
- **A**CTION-BASED (Behavioral Scripts)
- **L**EVELED AT THE BEHAVIOR and not the child

LEVELS OF RESPONSE complement the IDEAL Response© and provide a framework for matching adult responses to the child's or adolescent's behavioral and emotional challenge:

WHEN IT'S OVER...

OUTCOMES OF CONNECTING STRATEGIES	OUTCOMES OF DISTANCING STRATEGIES
Corrected behavior	Deferred behavior waiting to emerge later
Contentment in caregiver and child	Discontentment in caregiver and child
Connection between caregiver and child is deepened	Disconnection between caregiver and child is deepened

ADVOCATING FOR CHILDREN

WHY IS IT IMPORTANT TO ADVOCATE FOR CHILDREN EVERYWHERE?

WHY DO CHURCHES AND SCHOOLS NEED TO BECOME TRAUMA-INFORMED?

WHAT ARE SOME TOOLS SCHOOLS AND CHURCHES CAN USE TO CREATE AN ENVIRONMENT OF FELT SAFETY FOR CHILDREN?

HOW CAN WE APPROACH SCHOOLS AND CHURCHES?

WHAT ARE SOME STRATEGIES WE CAN TEACH KIDS TO HELP THEM BE SUCCESSFUL?

PRINCIPLES AND STRATEGIES FOR TRAUMA-INFORMED ENVIRONMENTS:[8]

- **Reframe behaviors as survival strategies instead of willful disobedience**
- **Respond to the underlying need of the behavior instead of the behavior itself**
- **Nurture relationships with children and between children**
    + Make eye contact using soft eyes
    + Encourage healthy, positive touch with handshakes, high fives, and fist bumps
    + Take an interest in children's lives
- **Create a predictable environment where children feel safe**
    + Avoid overstimulation with lighting, colors, and materials
    + Establish and practice routines
    + Post a schedule and provide warnings for changes and transitions
    + Give voice through choices, compromises, or "re-do's"
- **Address students' physiological needs**
    + Make water bottles and snacks accessible
    + Encourage physical movement
    + Understand sensory needs and provide tools to accommodate for these needs, such as noise-canceling headphones, soft background music, weighted items, and fidgets
- **Practice self-regulation skills**
    + Deep breathing
    + Stop and count to five
    + Magic mustache
- **Be proactive**
    + Teach skills and behaviors before they are needed
    + Help children identify their feelings and make plans for addressing them
- **Have fun!**

PANEL: WHERE DO I START?

HOW TO SET THE BAR

HISTORICAL BAR

- HISTORY OF NEGLECT, ABUSE, TRAUMA, INSTITUTIONAL CARE
- IN UTERO EXPOSURE TO DRUGS/ALCOHOL
- SENSORY PROCESSING ISSUES
- FEARFULNESS
- MULTIPLE PLACEMENTS

CURRENT BAR

- FOOD
- WATER
- FATIGUE
- SENSORY OVERLOAD
- SENSORY NEEDS
- TRANSITIONS

FIVE QUESTIONS TO ASK YOURSELF

- AM I CONNECTED?
- AM I EMPOWERING?
- AM I TEACHING PROACTIVELY?
- AM I CATCHING IT LOW (LEVEL 1)?
- DO I HAVE A PLAN FOR CALMING ENGAGEMENT?

STAY CALM (NO MATTER WHAT)
SEE THE NEED (BEHIND THE BEHAVIOR)
MEET THE NEED (FIND A WAY)
DON'T QUIT (IF NOT YOU, THEN WHO?)

GLOSSARY

ATTACHMENT CYCLE refers to the cycle of distress and comfort that infants and children experience thousands of times during their young lives (for example, when an infant is hungry and then is fed). The attachment cycle highlights all of the layers—biological and behavioral—that occur when children experience cycles of distress and comfort. For example, distress is accompanied by the release of epinephrine and the stress hormone cortisol, whereas parental comfort causes the child's body to apply a cortisol brake and release the neurotransmitter serotonin. The attachment cycle conveys how experience programs the child's brain, biology, and body so that he/she can self-regulate when stressed and is the foundation for secure parent-child attachment.

ATTACHMENT THEORY is perhaps the single most important body of research and theory available for parents and professionals who serve children. Attachment Theory tells us how children (and adults) differ in the security of their relationships, what kinds of parenting predict secure (and insecure) attachment, and why secure attachment is so important for the developing person. Attachment Theory is an important foundation for **TBRI** and other effective interventions for children who experience **Complex Trauma**. An excellent resource for information about attachment research, theory, and application is Robert Karen's book, "Becoming Attached: First Relationships and How They Shape Our Capacity to Love" (Oxford University Press, 1998).

COMPLEX TRAUMA is a new diagnosis intended to replace the old diagnosis of "Reactive Attachment Disorder," which is no longer considered valid by experts in relational trauma. "Complex Trauma" is said to be complex because of its complex origins, which most often occur in the context of an abusive or neglectful parent-child relationship and because of its complex symptoms, as can be seen in the "Five B's of Trauma." A good source of information about Complex Trauma is the website **www.nctsnet.org**. An excellent review of research and clinical experience about Complex Trauma is the book written by Bessel van der Kolk, "The Body Keeps the Score:
Brain, Mind, and Body in the Healing of Trauma" (Penguin, 2015).

TRUST-BASED RELATIONAL INTERVENTION (TBRI) is an intervention created by Dr. Karyn Purvis and Dr. David Cross for children who come from "hard places." Originally described in their best-selling book, "The Connected Child: Bring Hope and Healing to Your Adoptive Family" (McGraw-Hill, 2007), TBRI consists of three complementary sets of principles: Connecting, Correcting, and Empowering. TBRI is attachment-based, trauma-informed, evidence-based, and whole-child. You can learn more about TBRI and available resources by visiting the website of the Karyn Purvis Institute of Child Development, at **child.tcu.edu**.

What's Your ACE Score?

There are 10 types of childhood trauma measured in the ACE Study and each type of trauma counts as one. The most important thing to remember is that the ACE score is meant as a guideline. If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?

No ___ **If Yes, enter 1** ___

2. Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?

No ___ **If Yes, enter 1** ___

3. Did an adult or person at least five years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?

No ___ **If Yes, enter 1** ___

4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?

No ___ **If Yes, enter 1** ___

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No ___ **If Yes, enter 1** ___

6. Were your parents ever separated or divorced?

No ___ **If Yes, enter 1** ___

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often, kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No ___ **If Yes, enter 1** ___

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No ___ **If Yes, enter 1** ___

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No ___ **If Yes, enter 1** ___

10. Did a household member go to prison?

No ___ **If Yes, enter 1** ___

Now add up your "Yes" answers: _____ is your ACE Score.

This instrument and additional resources are available at **acestoohigh.com**.

RESILIENCE QUESTIONNAIRE

What's Your Resilience Score?

Research demonstrates that a healthy attachment cycle produces resilient children and adults. For more information about the questionnaire, visit acestoohigh.com/got-your-ace-score.

For each item, use the blank to write in the appropriate number according to the following scale:

+2	+1	0	-1	-2
Definitely true	**Probably true**	**Not sure**	**Probably not true**	**Definitely not true**

1. I believe that my mother loved me when I was little. How true? _____

2. I believe that my father loved me when I was little. How true? _____

3. When I was little, other people helped my mother and father take care of me, and they seemed to love me. How true? _____

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too. How true? _____

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried. How true? _____

6. When I was a child, neighbors or my friends' parents seemed to like me. How true? _____

7. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me. How true? _____

8. Someone in my family cared about how I was doing in school. How true? _____

9. My family, neighbors, and friends talked often about making our lives better. How true? _____

10. We had rules in our house and were expected to keep them. How true? _____

11. When I felt really bad, I could almost always find someone I trusted to talk to. How true? _____

12. As a youth, people noticed that I was capable and could get things done. How true? _____

13. I was independent and a go-getter. How true? _____

14. I believed that life is what you make it. How true? _____

How many of these 14 protective factors did I have as a child and youth? _____

(How many of the 14 were "Definitely True" or "Probably True"?) _____

Of these, how many are still true for me? _____

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KARYN PURVIS INSTITUTE of CHILD DEVELOPMENT
EST. 2005

SHOW HOPE

in:ciite EVENTS

FOCUS ON THE FAMILY