

TRUST-BASED RELATIONAL INTERVENTION® *CAREGIVER TRAINING*



TBRI® CONNECTING PRINCIPLES *PARTICIPANT WORKBOOK*





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TRUST-BASED RELATIONAL INTERVENTION®

CAREGIVER TRAINING

TBRI® CONNECTING PRINCIPLES

PARTICIPANT WORKBOOK

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A Guide to This Workbook

Welcome to the TCU Institute of Child Development's Trust-Based Relational Intervention® (TBRI®) Caregiver Training: Connecting Principles. This workbook will guide you through several topics:

- The Attachment Cycle
- Infant Attachment Classifications
- What Happens When Things Go Wrong in Attachment
- Adult Attachment Styles
- Applying Your Knowledge through
 - Mindful Engagement, Choices, Compromises, and Life Value Terms

Our aim is not only to help you understand the relationship histories of children from “hard places,” but also to give you tools to move forward and deepen and strengthen connections with them. As you go through training, you’ll notice that we’ve included several ways to help you learn. During most sections, your instructor will lead you in an activity, giving you an experiential component to your training. In the workbook, you’ll find places to write down examples of how principles apply to your own life and sections where you can make notes of your own. 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 are designed to encourage discussion among your training group. We hope you’ll share your thoughts, questions, and own stories about the topics you’re learning.

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

Best wishes to you as you embark on a journey into the wonderful, important world of attachment. Caring for children from hard places is a journey rather than a single step, and this training will provide you with information on relationships and tools to help begin the healing process. Our hope is that you find your knowledge deepened and your ‘toolbox’ filled.

Goals for this training:

- To gain knowledge and insight about what *secure* attachment looks like between children and caregivers.
- To learn helpful ways to help build a connection with children who come from hard places and did not have secure attachment.
- To understand the impact attachment history can have on children’s behavior.
- To gain insight and awareness about how our own attachment history influences the way we care for children.
- To learn appropriate proactive strategies to empower children with behavioral tools.

For children who were not securely attached to a loving caregiver the ability to trust another adult to meet their needs is very challenging. As we cultivate trusting relationships, and children discover that they are cared for and their 'voice' will be heard, the use of survival strategies begins to diminish. A primary gift of attachment is having 'voice'. Restoring fractured attachments often begins with restoring the child's voice.

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Introduction to the TBRI® Connecting Principles

Attachment is the most important dynamic system in development and for children from hard places, a healthy attachment is the most important component to bring healing. As you learned in the TBRI® Introduction and Overview training, although children from difficult backgrounds have suffered deep relational traumas, there is hope of healing for every child.

You'll remember from the Attachment Cycle that the brain is *plastic*, meaning it can change throughout the lifespan. This means that, with caring investment and mentoring from caregivers, children from hard places can learn to trust and connect with others in ways they didn't learn when they were younger.

Before we dive fully into the vast topic of attachment and connection, let's do a quick check-in. For each question below, take first a few minutes for personal reflection. Then, talk to the people at your table. Next, your table will be asked to share a few of your answers.

Check in on your current journey:

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?

Infant Attachment

John Bowlby first developed the concept of **attachment** and ultimately Attachment Theory, the idea that infants create a special bond with their caregiver. He recognized that, in ideal situations, infants use caregivers as a **secure base** from which to explore their physical and social worlds.

Infants need to feel safe and know that their caregiver will meet their needs.

Infants then use attachments with their caregivers as models for future relationships.

Caregiver Behavior and Infant Attachment Strategies

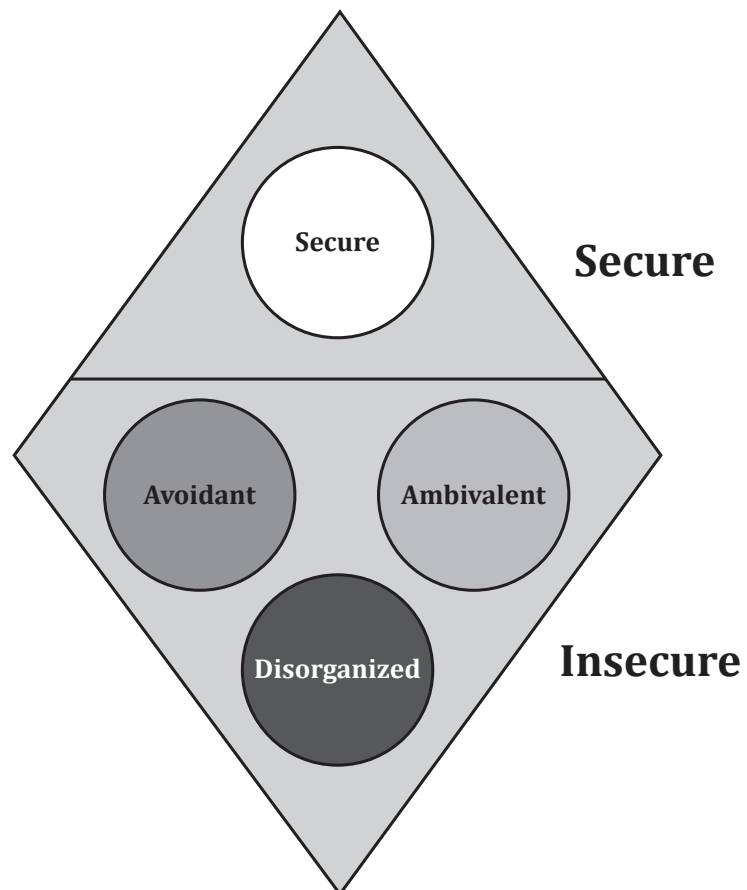
Attachment Style	History with Caregiver	Infant's Strategy when Upset
Secure	Caregiver consistently responds when infant is upset	Cry; infant knows that caregiver will soothe
Anxious-Avoidant	Caregiver does not respond when infant is upset	Infant has learned not to cry to get needs met
Anxious-Ambivalent	Caregiver inconsistently responds when infant is upset	Infant cries (and is difficult to soothe) in an effort to stay in caregiver's direct attention
Disorganized	Caregiver is frightening/traumatic	Infant has no clear strategy when upset

Secure Attachment

Children *Secure* in their attachments go on to:

- Have healthy *social functioning*
- Have fewer *behavioral problems* at school
- Be *competent leaders* within their peer group.

Look at the chart to the right. Underneath *Secure*, you'll notice that *Avoidant*, *Ambivalent*, and *Disorganized* attachment are all types of *Insecure* attachment.



Watch the video clips on the Strange Situation and different attachment styles. Carefully observe how the infants respond when they reunite with their mothers.

Secure Attachment - Questions for Reflection:

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

2. *How will this child approach future relationships with adults, peers, teachers, and colleagues?*

Avoidant Attachment

Avoidant Attachment - Apply What You See:

1. *In one study, parents watched and rated Avoidant infants as more desirable than Secure or Ambivalent infants. Why do you think that might be?*

2. *Given what you know about the attachment system, what might be going on biologically with the Avoidant infant when his mother leaves?*

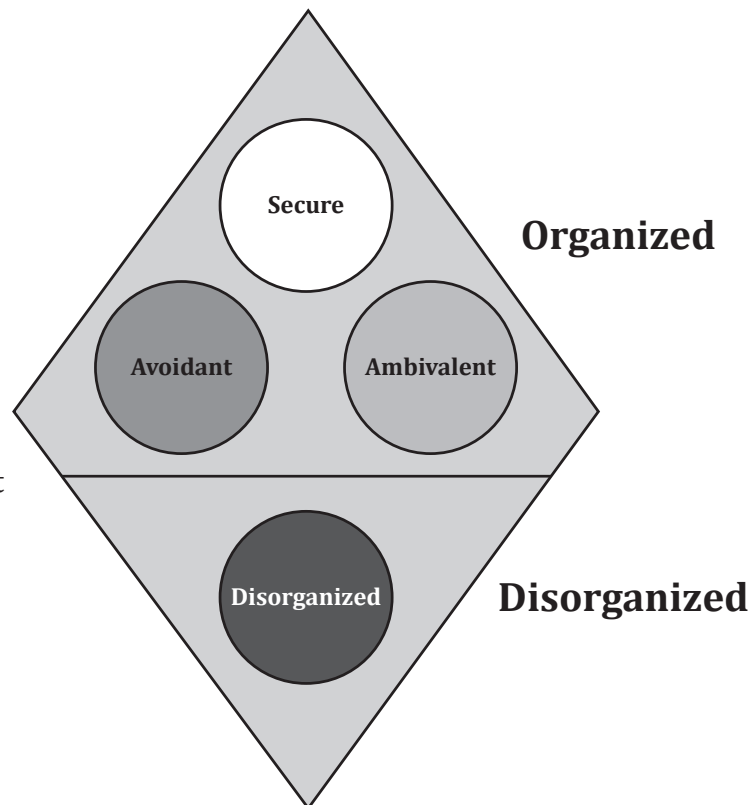
Ambivalent Attachment

Ambivalent Attachment

In Ambivalent Attachment:

- Infants go to their caregiver but then *resist* comfort.
- Infants become very upset when their caregiver leaves the room and are not easily *calmed* once the caregiver returns.
- Such behavior is the result of a history of confusing or *inconsistent* care.

The first three attachment classifications- *Secure*, *Avoidant*, and *Ambivalent*- are all *Organized* patterns of responding to a caregiver (see the chart to the right), but only *Secure* attachment is both *Organized* and *Secure*.



Disorganized Attachment

Disorganized Attachment Behaviors

Infants/Young Children

- Contradictory behaviors, such as clinging to caregiver with head averted
- Repetitive movements in presence of caregiver/upon return of caregiver
 - Flapping hands
 - Rocking
- Fearful behaviors in presence of caregiver/upon return of caregiver
 - Freezing or becoming still
 - Dazed expression
 - Backing into a corner
 - Moving away from caregiver suddenly
 - Unexplained fall by good walker

Adolescents

- Psychiatric behaviors
- Dissociative disorders
- Borderline personality disorder
- Contradictory behaviors in relationships
- Controlling behaviors towards parents/caregivers
- Seeing self and/or caregivers sequentially/simultaneously as persecutor, rescuer, and victim

Disorganized attachment behaviors in children and adolescents often seem disconcerting, frustrating, and scary. Remember, there is hope and healing for *every child*, and the path is a journey that caregivers must invest in to reap the benefits of mended relationships.

Later, we'll talk about tools that deepen connections and teach social skills when a child's relationship history isn't optimal.

Attachment - When Things Go Wrong

Self-Regulation Develops from Attachment

From birth, the *Secure* infant's caregiver helps her learn to regulate. For the first year of life, the caregiver has learned to read the infant's signals and respond appropriately. During the second year of life, children learn to do some things on their own- feed themselves a bit, slip on their own shoes- but they still need caregivers for many things, such as when they are very upset. This *give and take* continues and lessens as children grow and learn to navigate the world autonomously, and *Securely* attached children learn that caregivers will always be a 'secure base' to which they can return for safety.

However, when children come from places of fear, things turn out differently. Their voices have not been heard in a way that makes them confident their needs will be met. They use tools other than their own voices- anger, aggression, behavioral outbursts, and other seemingly bizarre behaviors- as a result of their histories. These are the common survival strategies of children who have lost their voices to neglect, abuse and trauma.

Children from "hard places", often with a *Disorganized* attachment styles, may display the following behaviors or characteristics:

- Aggression
 - Manipulation
 - Difficulty concentrating
 - Control
- Others:
 - _____
 - _____
 - _____

NOTES

Family Drawings

When children don't have the words to talk about their feelings, tools such as a child's artwork can provide clues into how a child feels about the safety of his environment.

Markers in Children's Family Drawings

<i>Marker</i>	<i>Description</i>
Parent-child distance, child or adult omitted from drawing, child drawn on back of page	Emotional distance
Missing hands/feet	Vulnerability/Powerlessness
Size distortion (e.g., child large, mother small)	Vulnerability, role reversal
Child drawn in box	Child feels unsafe, possible abuse
Unusual symbols, fantasy themes	Dissociation
Hollow eyes, floating heads/bodies	Dissociation
Scribbles, crossed out or erased/crossed out	Tension/Anger

Research with at-risk children shows that with intensive healing, clinical markers in drawings go away over time. As the child's drawings begin to look more age-appropriate, without the above clinical markers, it indicates that he feels safe in his environment with the people around him.

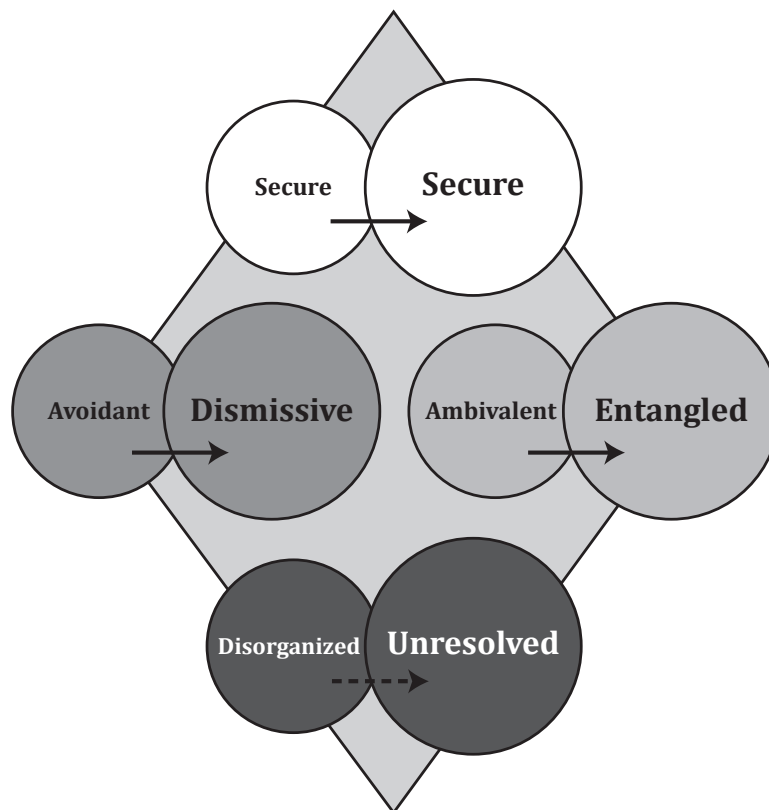
TBRI® Connecting Principles: Mindfulness Strategies

The TBRI® Connecting Principles nurture the spirits of children by helping them understand that they are safe with adults who care about them. Once children from hard places are in loving environments, they often *are* safe, but they don't necessarily *feel* safe. They don't have *felt-safety*. The Connecting Principles help caregivers relate in ways that speak to the hearts of children. As you learned in the TBRI® Introduction and Overview and reviewed earlier in this module, the Connecting Principles have two parts- one involving the caregiver and one involving the child. In this way, the Connecting Principles mirror a healthy relationship.

First, let's concentrate on the *Mindfulness Strategies*. These involve caregivers being aware of what they bring to interactions with children- their own thoughts, beliefs, and behaviors.

Adult Attachment

A caregiver's own attachment history heavily influences the type of care she gives to a child. Except in the event of life circumstance or therapeutic healing, the attachment style developed by 12 months of age is the attachment style carried throughout life, and this influences how adults approach all types of relationships- friendships, romantic relationships, and caregiver-child relationships. The *behavioral strategies* learned in infancy become *relational strategies* in adulthood.



The Secure infant » the Secure adult

- Able to give care
- Able to receive care
- Able to negotiate needs
- Able to be autonomous

The Avoidant infant » the Dismissive adult

- Closed off emotionally
- Not a 'huggy, touchy, or feely' person/physical affection does not come naturally
- Puts energy/interest into objects/things rather than people

The Ambivalent infant » the Entangled adult

- Intrusive with care and in relationships/gets close very quickly
- May be controlling
- May have anger or resentment toward own caregivers

Disorganization in infancy can lead to Unresolved Trauma as an adult

- May engage in mental 'checking out' behaviors/dissociation
- Behavioral disorders
- Emotional disorders
- Relationships are chaotic/confusing

Adult Attachment - Questions for Reflection:

1. *Have you thought about how your own childhood might be influencing the way you act around your children OR other relationships you have?*

2. *How does your own history influence the types of behaviors that 'push your buttons'? What are some examples?*

Becoming Earned Secure

- Be *honest* about the past
- Let the past go with *compassion*
- Remember, the journey to being Earned Secure may not be quick, but it will result in deeper connection with those you love

Mindfulness is bringing one's complete attention to the present moment.

Three ways I can be mindful about my own history are:

- 1.
- 2.
- 3.

Three ways I can be mindful with a child OR someone I regularly encounter this week are:

- 1.
- 2.
- 3.

Child-caregiver pairs who have a *Secure* attachment use the *Engagement Strategies* in different ways than child-caregiver pairs who have an *Insecure* attachment. Take a look:

Engagement Strategies in Organized Attachment

	Secure	Anxious-Avoidant	Anxious-Ambivalent
Touch	Infant may 'mold' to caregiver when being held	Caregiver may have a 'mechanical' quality when touching/interacting with infant	Touch may be intrusive/ on caregiver's terms and infant may defend against (e.g., turn away, squint)
Eye Contact	Sustained eye contact provides an increase of dopamine which aids in learning and connection	Eye contact may be missing from interaction/ focused on objects instead of each other	Caregiver may insist that child look at him/her or what caregiver is doing
Voice Quality	Caregiver has soothing melodic quality to voice when infant is upset	Interactions often contain little verbal interaction	Caregiver's voice may be shrill/whiny; not calm/soothing; may talk over infant
Behavior Matching	Caregiver is able to 'sense' infant's needs/ signals without verbal communication	Caregiver and child have difficulty matching as caregivers cues may be confusing	Caregiver may seem uncertain about how to soothe/interact with infant
Playful Interaction	Play seems natural, not forced; caregiver respects infant's lead and abilities	Caregiver and child often engage in parallel play- each playing independently	Play may be on caregiver's terms; caregiver may shake toys in infant's face or manipulate body (e.g., shake arms)

You may have noticed that the chart on the previous page only contains the three *Organized* attachment classifications: *Secure*, *Avoidant*, and *Ambivalent*.

Let's examine how the *Engagement Strategies* might operate in a child-caregiver pair with *Disorganized* attachment.

TBRI® Engagement Strategies in Disorganized Attachment

Touch in Disorganized attachment

- Physically harmful to child
- Child may witness physical harm to others

Eye Contact in Disorganized attachment

- Intimidating and fearful
- Caregiver may withhold eye contact as a form of punishment or use as a form of intimidation/control

Voice Quality in Disorganized attachment

- Caregiver may laugh when child is upset
- Frightening sounds (e.g., growls, animal-like noises) from caregiver at seemingly random times
- Caregiver's voice quality changes abruptly in mid-sentence (e.g., from soft to harsh, from inquisitive to crying)
- Caregiver uses baby voice to address child when inappropriate to do so (e.g., when an authoritative or comforting adult voice is needed)

Behavior Matching and Playful Interaction in Disorganized attachment

- Caregiver may engage in role reversal or boundary dissolution behaviors, for example:
 - Acting as a child
 - Eliciting parenting or comfort from child
 - Continuously asking child for help or structure with toys/task

Don't worry if one or even many of the *Engagement Strategies* seem challenging at first. Remember that your own history highly influences how you interact with children. Try starting with just one principle, then adding others gradually.

Applying your Knowledge – Choices, Compromises, Life Value Terms

When children come from chaotic and out of control backgrounds, they may yearn to control their environment. Giving children from difficult backgrounds appropriate levels of power over their own lives is a way to build connection and trust and allows them to feel empowered. Allowing children to practice making meaningful *choices* and negotiating their needs also provides them with invaluable skills to use in school, with friends, and throughout life. Choices and compromises using TBRI®'s Life Value Terms are actually a part of *Correcting Principles: Proactive Strategies* and their potential to help you strengthen the relationship with your own child is immense.

Think Back - Connect With What You've Learned:

How might your own history make it easier/more difficult for you to share power with your child? A child you might have in the future?

Choices

One of the *Proactive Strategies* from TBRI® *Correcting Principles* that will serve you well in building a deeper connection with your child is choices. Not only does giving choices help children feel empowered, but offering choices also models good decision making. In most situations, offer children two choices, both of which are positive, good decisions that both parties (caregiver and child) will be happy with.

Choices

- Sharing power builds *trust* and *connection*.
- Choices should be comprised of *options* that both people are *happy* with.

Two ways I can offer choices to a child are:

- 1.
- 2.

Compromises

Sometimes children will not want one of the choices offered. In these instances, they can ask for a compromise, or offer a different choice or compromise. This lets children know that caregivers understand that they have voice, too.

Compromises

- In compromises, sometimes the answer is yes and sometimes the answer is no.
- Caregiver investment in collaborative [give and take] communication with a child yields a more trusting relationship.

Life Value Terms

Life Value Terms are short phrases that teach social skills. Children from difficult backgrounds often have not learned the social skills necessary to navigate the complicated worlds of school, peers, and extracurricular activities. *Life Value Terms* honor relationships and give children the tools they need to master social situations.

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®)

Permission and supervision

Use your words

These should be taught and practiced during calm times so that children will remember them during 'crunch' times. Practice can be fun and playful- use puppets, stuffed animals, or yourselves to make up a skit about what a *Life Value Term* might look like in real life.

Life Value Terms - Think Critically:

What are the advantages to teaching Life Value Terms proactively rather than reactively?

Closing

Healthy relationships – healthy attachments – are the most important component to bringing deep healing to children. First, understanding where children have come from in terms of relationships helps caregivers to establish a starting point and have compassion for the behaviors and hearts of children. Every ‘misbehavior’ has an underlying need. Many times, that need is ‘voice’. If children were not given voice as infants (were not comforted when upset, were not soothed when scared, were not changed when wet, were not fed when hungry, etc.), they have found another way to get needs met – aggression, yelling, control, or other behaviors. When caregivers understand the needs behind behaviors, they will develop compassion and ultimately strengthen and deepen their connections with children.

The Connecting Principles – *Mindfulness Strategies* and *Engagement Strategies* provide simple ways to connect in a language that children understand. Connecting on a child’s level sends a message of safety and caring. Providing children with choices and the opportunity to compromise allows them to practice appropriate control over a given situation while adults remain in charge. Not only does this give voice, but it also helps children practice an important life skill: making decisions.

Trying to build a relationship while taking into consideration the difficult histories of the children you serve, and a caregiver's history, while teaching children important social skills is a delicate balance. It’s no wonder we call it a “marathon not a sprint”. As Dr. Karyn Purvis said, “This is not caregiving as usual.” We call this Investment Caregiving for good reason, though: the returns can be great: deep connection, meaningful healing for both adult and child, and successful outcomes that many caregivers thought might not be a reality for that 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

Trust-Based Parenting (video)

From the Karyn Purvis Institute of Child Development's Healing Family Series, this two-part video contains a wealth of information for parents of children from "hard places".

Attachment: Why It Matters (video)

Also from the Karyn Purvis Institute of Child Development's Healing Family Series, this video provides valuable information about attachment and its importance in the parent-child relationship.

The Attachment Dance (video)

Part of the lecture series given by Dr. Karyn Purvis from the Karyn Purvis Institute of Child Development at Texas Christian University, this DVD provides an in-depth perspective of attachment and how it affects development and parent-child interactions.

Playful Interaction (video)

This DVD is part of the Healing Families series developed by the Karyn Purvis Institute of Child Development at Texas Christian University. It provides an in-depth exploration of the values of play and how play can be used to facilitate attachment and brain development.

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/orphan-care-c47.aspx

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

Parenting From the Inside Out

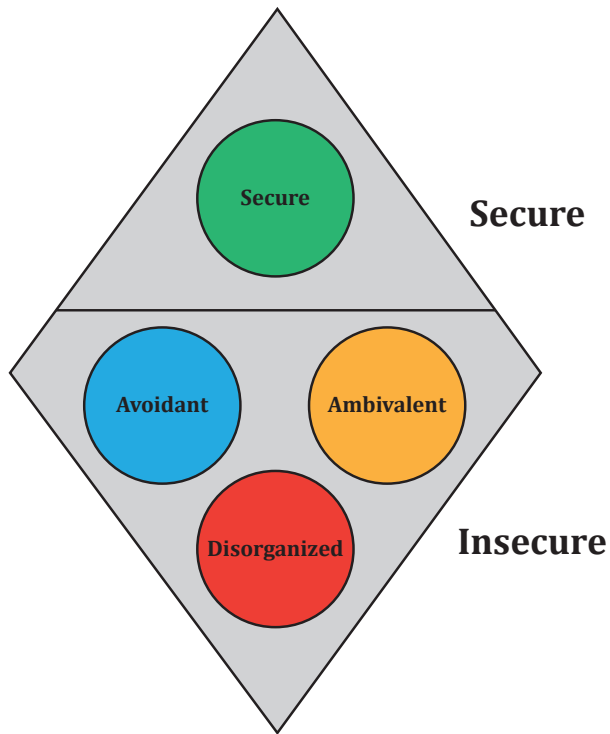
By Daniel Siegel

ISBN# 1585422959

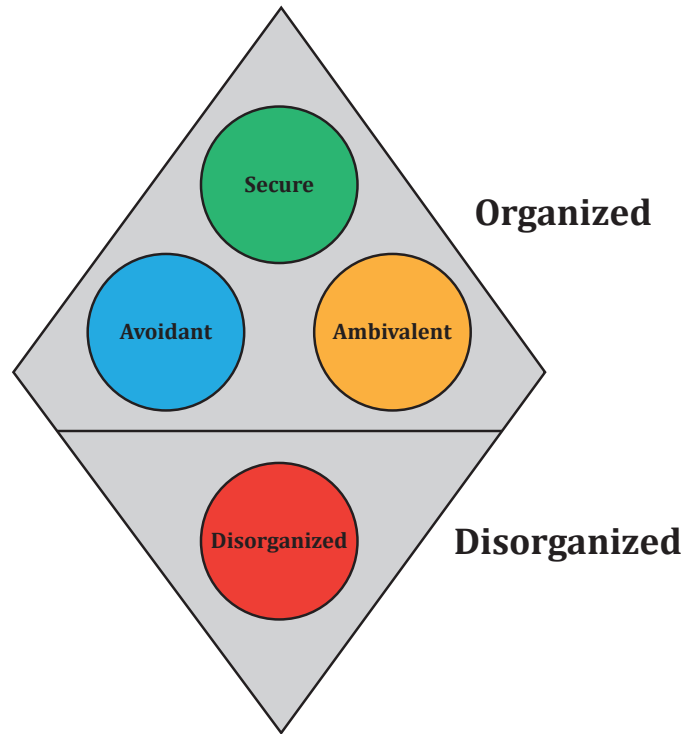
Provides parents with a base to explore their personal history and the effects of that history with regard to their parenting and attachment style.

Attachment Styles

Infant Attachment Styles (Secure/Insecure)



Infant Attachment Styles (Organized/Disorganized)



Infant » Adult Attachment Classifications

