



Trust-Based Relational Intervention® (TBRI®)

A Summary of the Evidence

TBRI is an evidence-based, trauma-informed model of care for vulnerable children and youth with a theoretical foundation in attachment theory, developmental neuroscience, and developmental trauma. A brief summary of the evidence for TBRI can be found below. Please visit www.child.tcu.edu/research for more information.

TBRI Caregiver Training

[TBRI Caregiver Training](#)¹ and [TBRI 101](#)² are rated by the Prevention Services Clearinghouse, developed in accordance with the Family First Prevention Services Act (FFPSA), as *Promising Practices in Mental Health Prevention and Treatment*.

[TBRI Caregiver Training](#)³ and [TBRI Online Caregiver Training](#)⁴ (TBRI 101) are also rated by the *California Evidence-Based Clearinghouse for Child Welfare* (CEBC) as *Promising Research Evidence with High Relevance to Child Welfare for Parent Training Programs that Address Behavior Problems in Children & Adolescents*. The relevant research studies are summarized below.

Results from a randomized controlled, two-group, pre-post research study on the effectiveness of TBRI training with the adoptive parents of at-risk adopted children indicated that **children whose parents attended TBRI training exhibited significant decreases in behavioral problems and trauma symptoms and increases in prosocial behavior** as assessed by the Strengths and Difficulties Questionnaire and the Trauma Symptoms Checklist when compared to a matched-sample control group.

¹ <https://preventionservices.abtsites.com/programs/237/show>

² <https://preventionservices.abtsites.com/programs/241/show>

³ <https://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-caregiver-training/>

⁴ <https://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-online-caregiver-training/>



Purvis, K. B., Razuri, E. B., Howard, A. R., Call, C. D., DeLuna, J. H., Hall, J. S., Cross, D. R. (2015). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following trauma-informed parent training intervention. *Journal of Child and Adolescent Trauma*, 8(3), 201-210.

Results from a randomized controlled, two-group, pre-post study utilizing a self-paced, web-based version of TBRI Caregiver Training indicated that **children whose parents participated in online TBRI training exhibited significant decreases in behavioral problems and trauma symptoms** assessed by the Strengths and Difficulties Questionnaire and the Trauma Symptoms Checklist, while behavioral problems and trauma symptoms of children in a matched-sample control group did not change.

Razuri, E. B., Howard, A. R., Parris, S. R., Call, C. D., DeLuna, J. H., Hall, J. S., Purvis, K. B., & Cross, D. R. (2016). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following web-based trauma-informed parent training intervention. *Journal of Evidence-Informed Social Work*, 13(2), 165-179.

TBRI-Based Therapeutic Camp

The first studies on TBRI came from the *Hope Connection*: a day camp for at-risk adopted children founded by Dr. Karyn Purvis and Dr. David Cross. These studies provided early evidence for the intervention principles and practices that came to be known as TBRI. Key findings are summarized below.

Results from a one-group, pre-post study of day camp indicated that **at-risk adopted children exhibited reduced levels of salivary cortisol, reductions in child depression, and healthier attachment representations. Child depression was assessed with the Child Depression Inventory and attachment representations were assessed using Family Drawings.**

Purvis, K. B., & Cross, D. R. (2006). Improvements in salivary cortisol, depression, and representations of family relationships in at-risk adopted children utilizing a short-term therapeutic intervention. *Adoption Quarterly*, 10(1), 25-43.

Results from a one-group, pre-post study indicated that **children attending camp exhibited significant improvements in externalizing and internalizing behavioral problems and in attachment-related behaviors**, including decreases in thought problems, attention problems, aggressive behavior, and other problems as assessed by the Child Behavior Checklist; an increase in positive attachment behaviors and decrease in negative attachment behaviors on the Beechbrook Attachment Disorder Checklist; a decrease in attachment disturbance on

the Randolph Attachment Disorder Questionnaire; and an increase in positive scores and decrease in negative scores on Family Drawings.

Purvis, K. B., Cross, D. R., Federici, R., Johnson, D., & McKenzie, L. B. (2007). The Hope Connection: A therapeutic summer day camp for adopted and at-risk children with special socio-emotional needs. *Adoption & Fostering, 31*(4), 38-48.

See also: Purvis, K. B., McKenzie, L. B., Cross, D. R., & Razuri, E. B. (2013). A spontaneous emergence of attachment behavior in at-risk children and a correlation with sensory deficits. *Journal of Child and Adolescent Psychiatric Nursing, 26*, 165-172.

TBRI in Family Preservation

TBRI has been taught to caregivers in a number of service settings, including adoption preservation. In a quasi-experimental, one-group, pre-post study, TBRI training was provided as a complementary intervention to adoptive parents participating in outpatient preservation services. **Results demonstrated significant improvements in children's psychological functioning and parent's stress following intervention**, including improvements in children's global and psychological functioning as assessed by the Brief Psychiatric Rating Scale for Children and the Child's Global Assessment Scale and decreases in caregivers' stress levels as measured by the Parental Stress Scale. Notably, findings demonstrate that **caregiver and therapist investment in the TBRI model predicted outcomes for caregivers and children**, such that children whose caregivers were more invested in TBRI had a greater decrease in psychiatric problems. Further, caregivers rated as more invested in the TBRI model had a greater decrease in stress problems.

Howard, A. R., Parris, S. R., Nielsen, L. E., Lusk, R., Bush, K., Purvis, K. B., & Cross, D. R. (2014). Trust-Based Relational Intervention® (TBRI®) for adopted children receiving therapy in an outpatient setting. *Child Welfare, 93*(5), 47-64.

TBRI in Schools

In one of the first explorations of TBRI use in schools, **results describe an 18% decrease in incident reports and 23% decrease in office referrals for the top ten most frequently referred students following TBRI implementation** within an elementary school with an at-risk student population.

Purvis, K. B., Milton, H. S., Harlow, J. G., Parris, S. R., & Cross, D. R. (2015). The importance of addressing complex trauma in schools: Implementing Trust-Based Relational Intervention in an elementary school. *ENGAGE: An International Journal on Research and Practices in School Engagement, 1*(2), 40-51.

Data from a charter school in a residential facility for at-risk youth suggests even greater improvements in incident reports for student behavior. After the first year of TBRI implementation, school data showed a 33% decrease in referrals for physical aggression or fighting with peers. After a two-year period of TBRI implementation, school data showed a 68% decrease in office referrals for physical aggression, an 88% decrease in referrals for verbal aggression, and a 95% decrease in referrals for disruptive behavior. Overall, there were 902 such referrals in 2010-2011, but only 59 in 2012-2013, resulting in a **93.5% decrease in overall incident reports after the first two years of the implementation process.**

Parris, S. R., Dozier, M., Purvis, K. B., Whitney, C., Grisham, A., & Cross, D. R. (2015). Implementing Trust-Based Relational Intervention in a charter school at a residential facility for at-risk youth. *Contemporary School Psychology, 19*(3), 157-164.

See also: Stipp, B. (2019) A big part of education also: A mixed-methods evaluation of a social and emotional learning (SEL) course for pre-service teachers. *Emotional and Behavioural Difficulties, 24*(2), 204-218.

TBRI in Systems of Care

As use of TBRI has expanded to new service settings, it is evident that the intervention model has value not only for caregiving interactions, but also for shaping systems of care for vulnerable children and youth. As TBRI is used on a larger scale, it has become necessary to evaluate and share implementation principles and practices in organizations, communities, and systems. Existing reports of implementation are summarized below, with more publications (based on implementation projects underway or in development) anticipated in the near future.

TBRI implementation in residential treatment was first reported in the case of a 16-year-old youth who had a history of severe abuse and neglect before her adoption from an orphanage at age 12. The young woman, who had numerous psychiatric hospitalizations post-adoption and had failed to respond to traditional residential treatment modalities, showed dramatic **increases in pro-social and attachment behaviors and decreases in violent and self-injurious behavior** following an intensive TBRI intervention. In addition, the facility documented **a drop in restraints and seclusions for this youth, from an average of 6.3 restraints and 6 seclusions per month over the 10 months before TBRI to an average of 2.5 restraints and 2.2 seclusions in the 6 months following TBRI.** Although limited conclusions can be drawn from a case study, this study provided groundwork for applying TBRI in out-of-home caregiving systems by developing a trauma-informed milieu and involving caregivers and staff in the process.

Purvis, K.B., McKenzie, L.B., Razuri, E., Cross, D.R., & Buckwalter, K. (2014). A trust-based intervention for complex developmental trauma: A case study from a residential treatment center. *Child & Adolescent Social Work, 31*(4), 355-368.

In a case study of organizational changes in a group home providing transitional services for out-of-home children and youth, **improvements in behavioral incidents were documented over the two-year period during which TBRI was implemented across the organization.**

These improvements included a decrease in the frequency of reported containments and of incidents defined as “imminent risk and physical aggression” and an increase in frequency of “other incidents” such as minor client injury, disruptive behavior, and verbal aggression. These less serious staff-child interactions represent opportunities to teach self regulation in a low- risk setting and indicate that behavioral challenges were addressed before they could escalate.

Purvis, K. B., Cross, D. R., Jones, D. & Buff, G. (2012). Transforming cultures of care: A case study in organizational change. *Reclaiming Children and Youth, 21*(2), 12–20.

A recent exploratory study of the implementation of TBRI across several child welfare organizations participating in a collaborative project provides an account of the complexities of the implementation process. Results suggests that **staff across organizations showed more favorable attitudes regarding trauma-informed care after TBRI implementation.**

Specifically, scale scores on the Attitudes Regarding Trauma Informed Care (ARTIC-35 HS) significantly increased in *Response to Problem Behavior and Symptoms, Underlying Cause of Problem Behavior and Symptoms, and Total ARTIC Score.*

Crawley, R. D., Razuri, E. B., Lee, C., & Mercado, S. (2020). Lessons from the field: Implementing a Trust-Based Relational Intervention (TBRI) pilot program in a child welfare system. *Journal of Public Child Welfare.*