



## Trust-Based Relational Intervention® (TBRI) A Summary of the Evidence

Trust-Based Relational Intervention (TBRI) is an attachment-based, trauma-informed, whole-child approach to meeting the needs of children and youth who have experienced early adversity, toxic stress, and/or relational trauma. The TBRI model was developed at TCU by Dr. Karyn Purvis and Dr. David Cross to address the effects of early adversity and relational trauma through three sets of practice principles: Connecting, Empowering, and Correcting.

This document summarizes the published research on TBRI. To read more about the evidence-informed principles and practices of TBRI or to learn more about the theoretical foundations of the model, click [here](#) or visit the KPICD website at <http://child.tcu.edu>.

### *Evidence-Based Practices*

Evidence-based practices integrate interventions grounded in scientific research into services with the goal of improving outcomes for children, youth, and families. Evidence-based clearinghouses such as the **Title IV-E Prevention Services Clearinghouse** developed in accordance with the **Family First Prevention Services Act (FFPSA)** and the **California Evidence-Based Clearinghouse (CEBC)** rate the scientific evidence of services and programs based on a sets of rigorous criteria, including published intervention studies that utilize a control/comparison group and pre-post assessment. Two TBRI intervention programs are rated by the FFPSA and the CEBC: TBRI Caregiver Training and TBRI 101. The research studies on which these ratings are based are summarized in *TBRI Intervention Research* (page 2).

*Please note:* [TBRI Caregiver Training](#) and [TBRI 101](#) are rated by the FFPSA as *Promising Practices* in the topic area of *Mental Health Prevention and Treatment*. Currently, TBRI is not rated for other FFPSA topic areas. However, studies are underway to evaluate the effectiveness of a TBRI in-home parent skills based program and an adapted TBRI program designed to prevent opioid abuse in justice-involved youth. For more information, see *Current Research* (page 6).



For questions related to the FFPSA rating, contact [KPICD.research@tcu.edu](mailto:KPICD.research@tcu.edu).

For information about training to become a TBRI Practitioner and deliver TBRI Caregiver Training, visit the KPICD website at <http://child.tcu.edu>.

## TBRI Intervention Research

*TBRI Intervention Research includes published studies in which a standardized TBRI intervention was tested under specific conditions and was found to improve outcomes for children and families.*

### TBRI Caregiver Training

**FFPSA Rating:** Promising Practice in the topic area of Mental Health Prevention and Treatment

**CEBC Rating:** Promising research evidence for Parent Training Programs with high relevance for child welfare

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.

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.

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### TBRI 101 (formerly known as TBRI Online)

**FFPSA Rating:** Promising Practice in the topic area of Mental Health Prevention and Treatment

**CEBC Rating:** Promising research evidence for Parent Training Programs with high relevance for child welfare

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 Caregiving Model Research

*TBRI Caregiving Model Research includes published studies in which the principles, practices, and strategies that comprise the TBRI model of care were integrated in various service settings and applied contexts with documented results.*

### 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.

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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.

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## 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.

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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 Residential Treatment

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.

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## TBRI in Congregate Care

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.

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## TBRI in the Deinstitutionalization of Rwanda

As part of Rwanda’s national program to end institutional care and transition to family-based care for children, lay social workers (local volunteers) were trained in TBRI to provide education, support, and training to caregivers who reunited or adopted children from institutional care. Semi-structured interviews were conducted with 10 lay social workers about Rwanda’s care reform and their experience using TBRI. A phenomenological approach was used to qualitatively analyze the interviews. **Analysis revealed five themes centered on the usefulness and universality of TBRI, the power of community in meeting the needs of children and youth, and the importance of connection in supporting children who have experienced institutional care**.

Hunsley, J., Razuri, E., Ninziza Kamanzi, D., Sullivan, H., Call, C., Styffe, E., & Hategekimana, C. (2021). Experiences of lay social workers trained in a trauma-informed intervention in the deinstitutionalization of Rwanda. *Journal of Children’s Services*. Advance online publication.

Rwanda established a program to end institutional care and transition children to family-based care. As part of their process in a rural area of the country, caregivers who reunited with or adopted a child from institutional care received training in TBRI. To evaluate the potential usefulness of this training, a mixed-methods, retrospective design was used to examine caregiver-perceived changes among their reunited/adopted children from pre-TBRI training to the present day. **Results revealed caregivers reported decreased trauma symptoms and challenging behaviors in their “adopted” children from before they were trained in TBRI to the time of data collection** (caregivers had an average of 5 years of TBRI programming by this time). **Caregivers also perceived TBRI to better equip them to care for their children and communities.** This study offers several important contributions to the literature on deinstitutionalization, including providing preliminary support for use of TBRI in developing quality family-based care.

Hunsley, J. L., Crawley, R.D., Styffe, E., West, A., Call, C., & Hategekimana, C. (in press). Effectiveness of a trauma-informed intervention in a deinstitutionalization program in rural Rwanda. *Child & Family Social Work*.

## TBRI Implementation Research

*TBRI Implementation Research includes published studies that explore the process of implementing TBRI and report on staff, organization, or systems-level impact.*

### TBRI in a Child Welfare Collaborative

An 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. (2021). Lessons from the field: Implementing a Trust-Based Relational Intervention (TBRI) pilot program in a child welfare system. *Journal of Public Child Welfare*, 15(3), 275-298.

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## Current Research

### TBRI as a Prevention Intervention for Opioid and Substance Use in Juvenile Justice Systems

The purpose of the Leveraging Safe Adults (LeSA) Project is to examine the effectiveness of TBRI in preventing opioid and other substance use among youth after release from secure residential facilities. The primary aim is to leverage existing relationships to more effectively support youth after returning home. Caregivers are trained to be “safe adults” for their youth, by building trust,

promoting authentic communication, setting boundaries, and establishing realistic expectations in order to proactively and effectively identify and address their youth's needs. Through their relationships with safe adults, youth learn and practice self-regulation, enabling them to more effectively refrain from substance use and other risky activities. The LeSA Project is part of the [National Institute of Health HEAL Initiative<sup>SM</sup>](#).

Knight, D. K., Yang, Y., Joseph, E. D., Tinius, E., Young, S., Shelley, L., Cross, D. R., & Knight, K. (in press). Preventing opioid use among justice-involved youth as they transition to adulthood: Leveraging safe adults (LeSA) protocol paper. *BMC Public Health*.

Knight, D. K., Yang, Y., Tinius, E., Young, S., Joseph, E. D., Shelley, L., & Knight, K. (2021). Preventing opioid use among justice-involved youth as they transition to adulthood: Leveraging safe adults (LeSA) project. *Technical Report*.

### **TBRI in a Collaborative of Mental Health Service Organizations**

The KPICD has recently concluded a two-year study of the implementation of TBRI across more than 20 organizations participating in a county-wide mental health collaborative. This implementation project provides a comprehensive look at the uptake and use of TBRI strategies in diverse service settings. Among the data currently under analysis are (1) surveys of staff attitudes towards trauma-informed care and perspectives on organizational functioning and (2) monthly structured interviews with organization representatives to track progress and identify factors that facilitate and hinder the implementation process.

Razuri, E., Crawley, R., & Knight, D. (2021). Mental Health Connection (MHC) of Tarrant County & Karyn Purvis Institute of Child Development at TCU: Trust-Based Relational Intervention® (TBRI) Pilot Project. *Final Report*.

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### **TBRI in Early Childhood Home Visiting**

The TBRI Early Childhood Home Visiting program is a 10 session in-home coaching program for caregivers with children from birth to age five. The KPICD is conducting a pilot study to test the program training and curriculum with home visiting professionals. Data collection is underway. Subsequent research will examine the effectiveness of TBRI Home Visiting at improving outcomes for young children and their families.