



The Trust-Based Relational Intervention (TBRI) Counselor's Manual Project: A Descriptive Study

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Introduction

Trust-Based Relational Intervention (TBRI) is an attachment-based model of care for children and youth who have experienced relational trauma. TBRI has been used in a number of service settings, but there is a lack of research on TBRI in clinical and counseling services. The purpose of this pilot study is to evaluate behaviors and trauma symptoms among foster and adopted children whose families received clinical services using the TBRI Counselor's Manual. In prior research, children whose parents received TBRI training demonstrated decreases in behavioral problems and trauma symptoms (Purvis et al., 2015). TBRI has also been used as a complementary intervention alongside established clinical services aimed at reducing adopted children's psychiatric problems (Howard et al., 2014). However, a standardized curriculum has yet to be assessed.

Methods

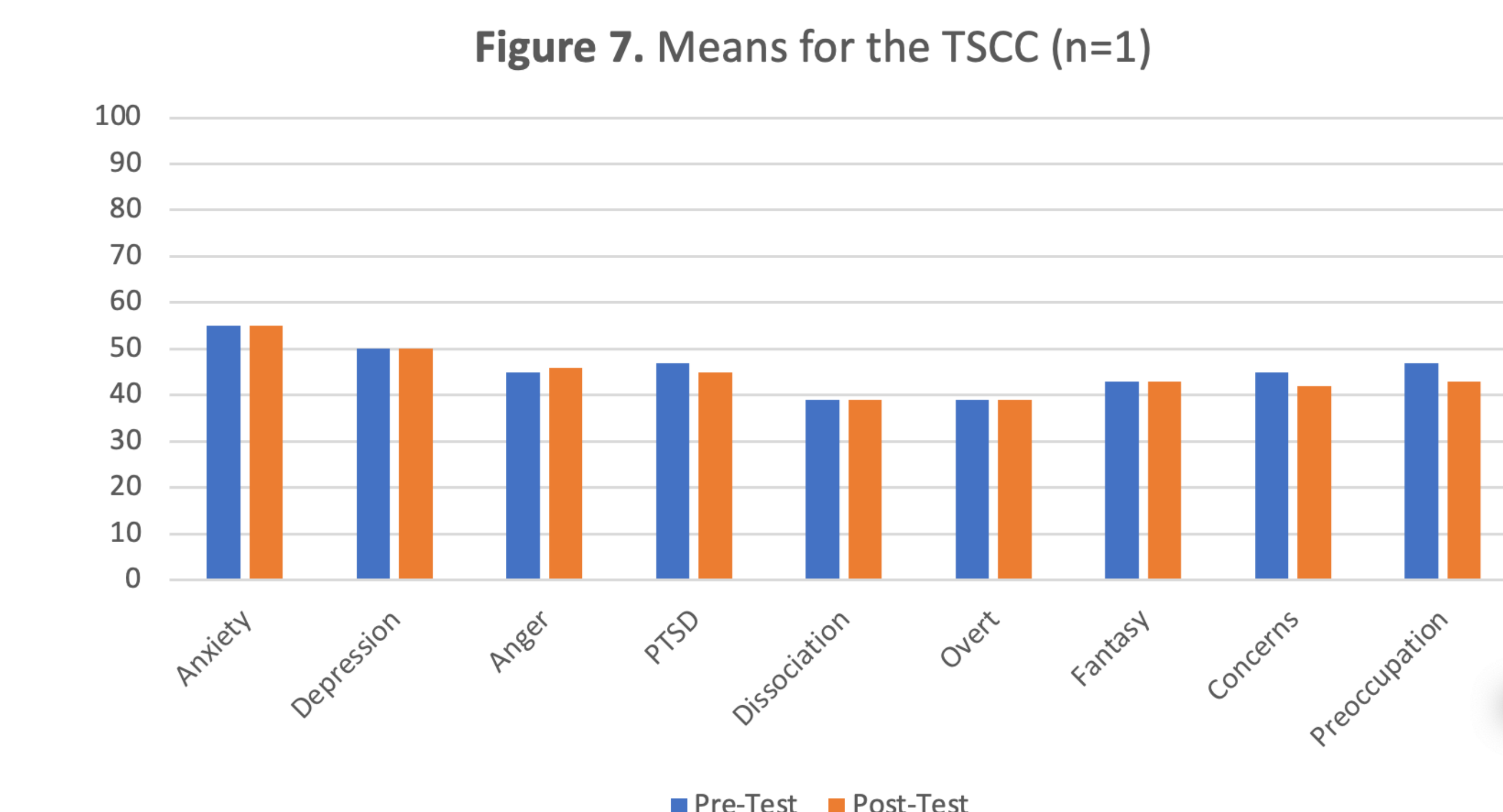
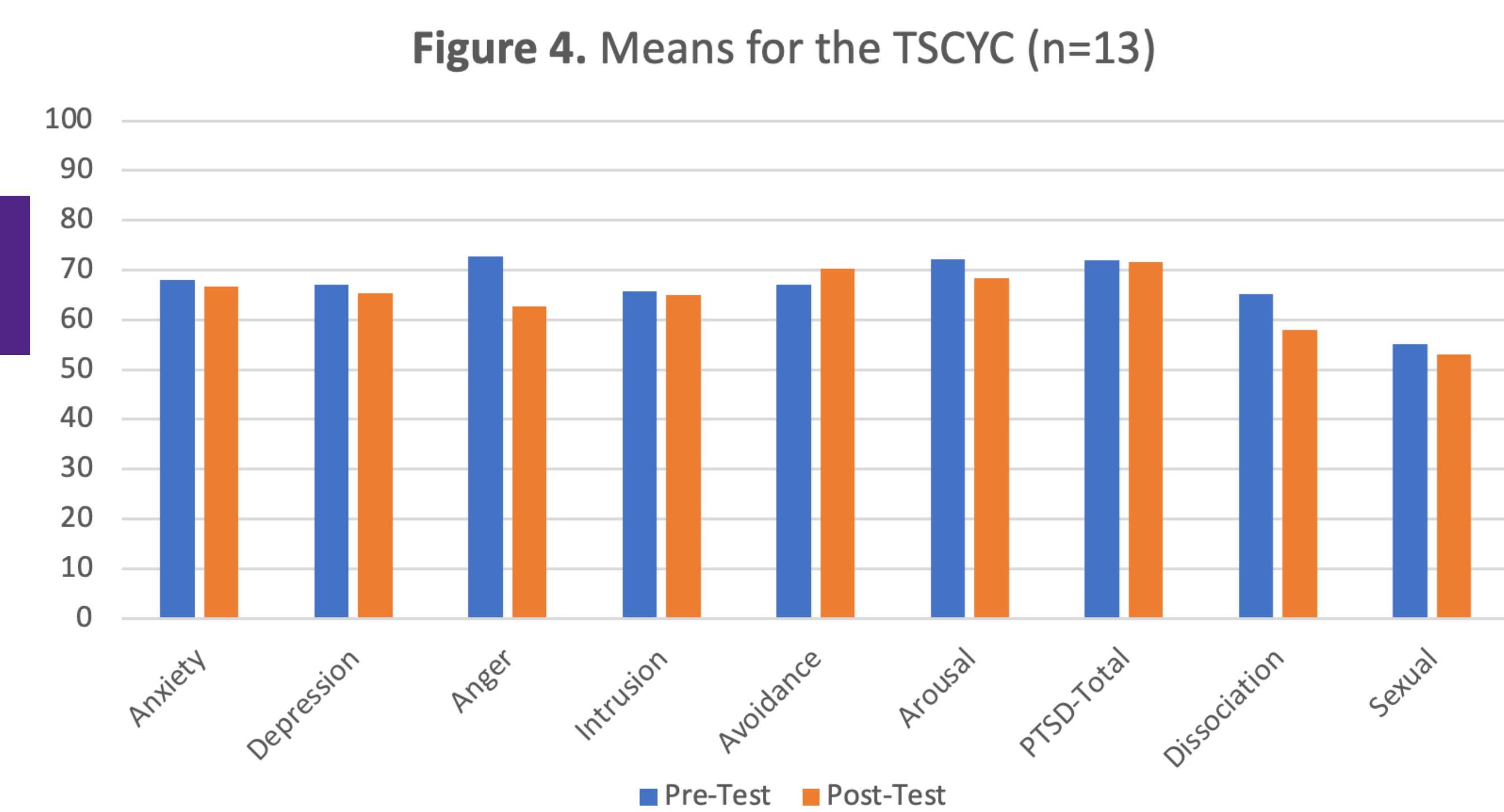
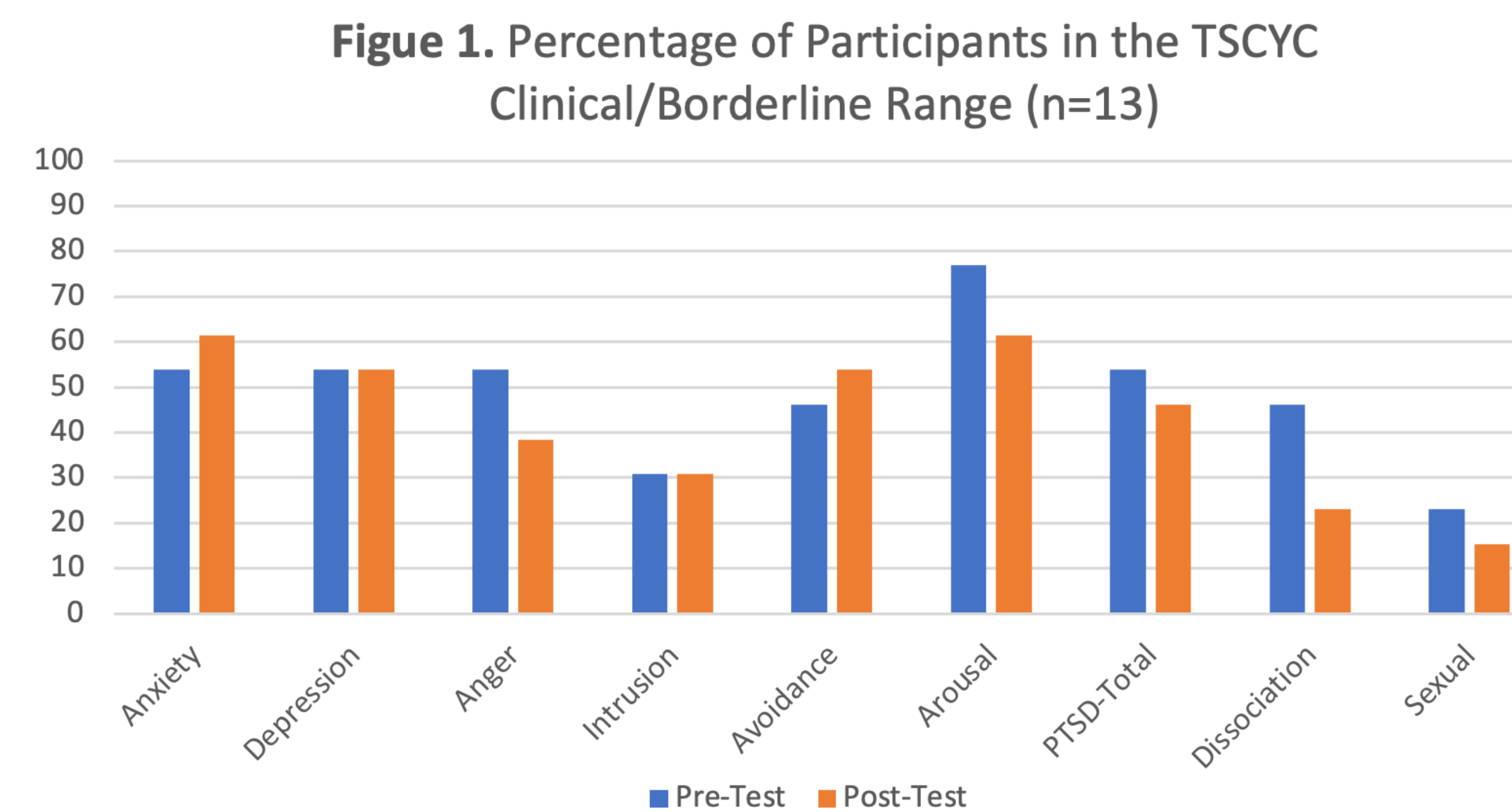
Participants: Participants included 14 foster and adopted children (8 males, 6 females, and mean age of 6.58 years) who were receiving clinical services with their caregivers. Participants were eligible if they came from adoptive or foster families, were between the ages of 3 and 18 years old and had a history of abuse and neglect. The current study includes data from a subset of the sample that had complete data from both the pre and post-test assessment package.

Procedures: Prior to treatment, caregivers completed the appropriate assessments for their child's age including the Child Behavior Checklist (CBCL) and the Trauma Symptom Checklist for Children (TSCC) or Trauma Symptom Checklist for Young Children (TSCYC). Counselors trained in TBRI used the Counselor's Manual as prescribed with clients. After 18 family sessions, caregivers completed the CBCL and TSCYC/TSCC again.

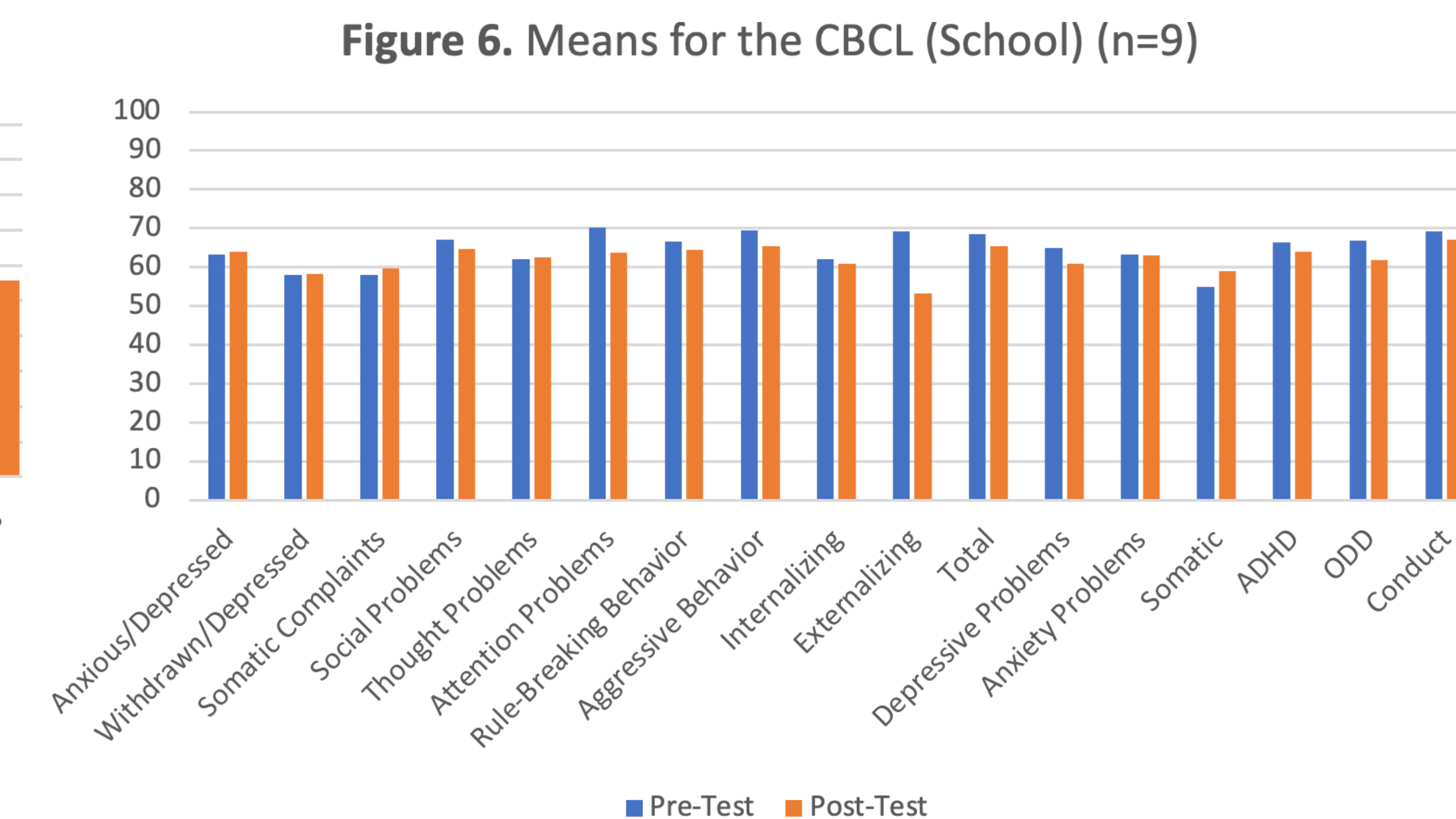
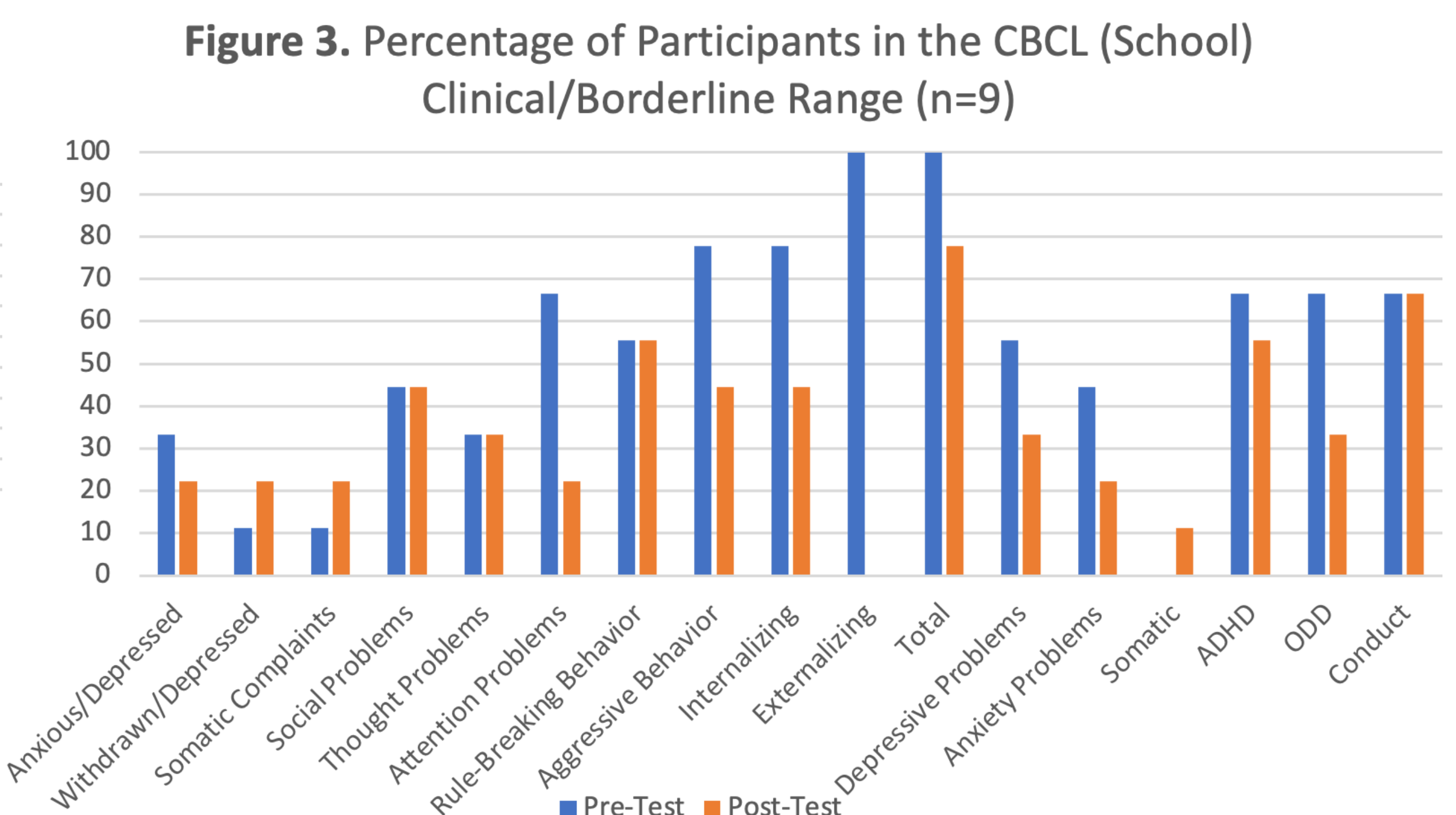
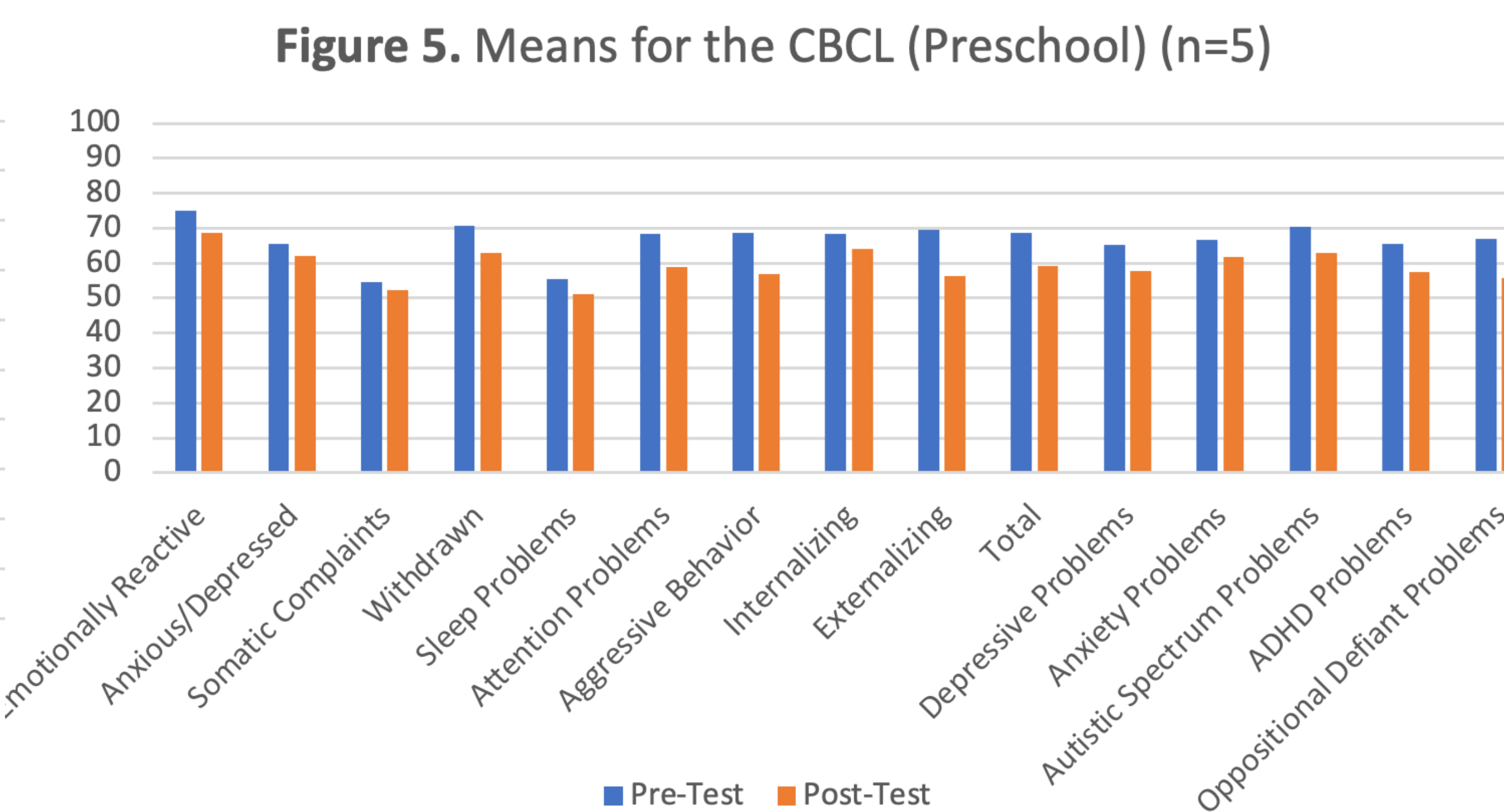
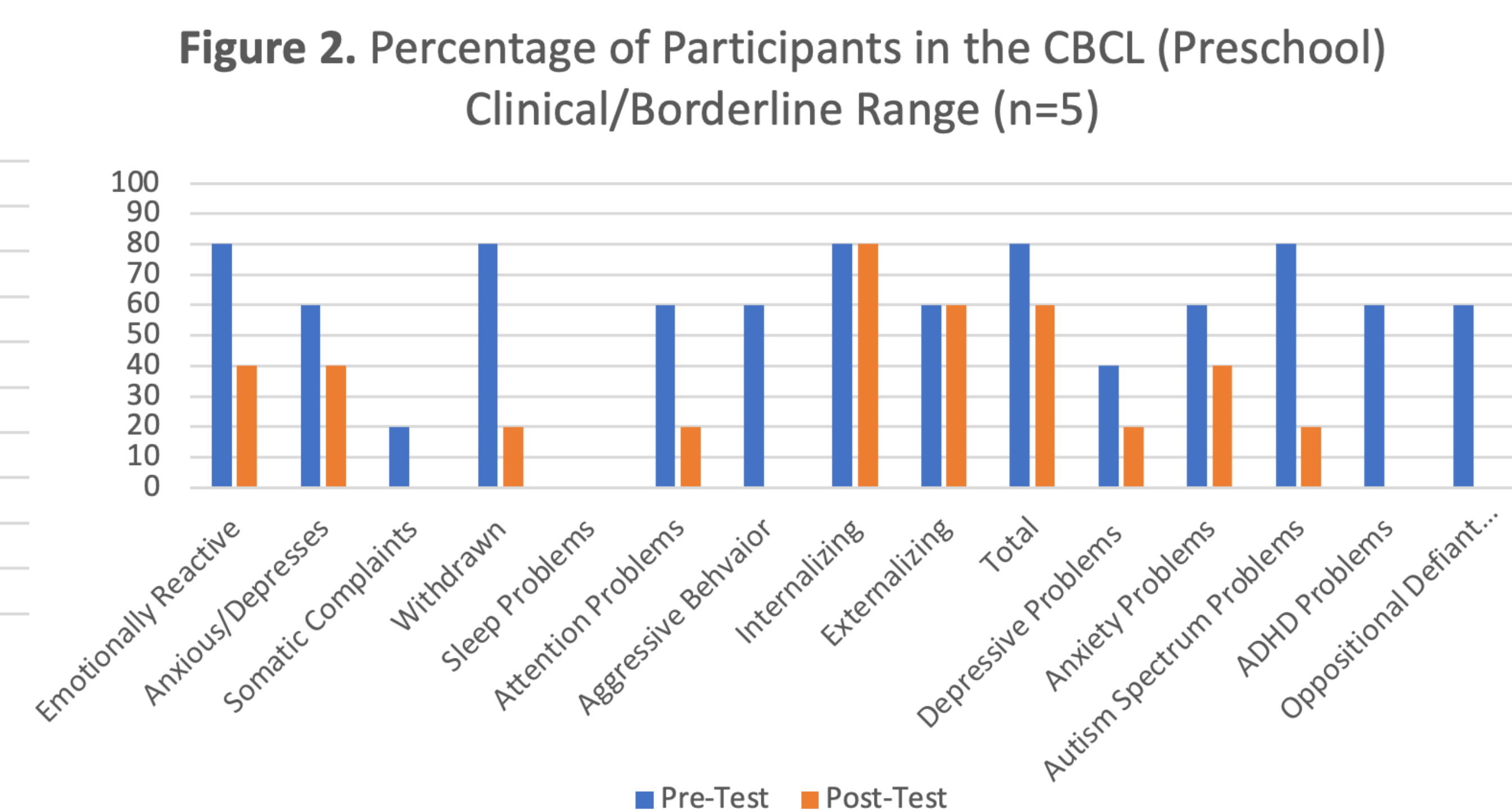
The Intervention: The TBRI Counselor's Manual is a manual designed to standardize the use of TBRI in a clinical setting to decrease foster and adopted children's trauma and clinical symptoms.

Results

The descriptive analysis suggests that CBCL and TSCYC/TSCC scale scores were trending in a positive direction. The percentage of participants with scores in the clinical/borderline range dropped for most subscales, including attention problems, aggressive behaviors, anger, arousal, as well as for the composite scales of internalizing problems and externalizing problems (see Figures 1-3). Additionally, mean *t* scores for most CBCL and TSCYC/TSCC subscales improved, including mean scores for attention problems, aggressive behaviors, and anger (see Figures 4-7)



*No change in the Percentage of Participants in the TSCC Clinical/Borderline Range (n=1)



Discussion

These findings are consistent with what we already know about the effectiveness of TBRI on reducing trauma symptoms and behavioral problems and TBRI's complementary pairing with clinical services (Howard et al., 2014; Purvis et al., 2015). Preliminary findings suggest that TBRI may help improve behavior and trauma symptoms among adopted and foster children whose families participate in TBRI-based clinical services. Further research is needed to establish the effectiveness of TBRI in a clinical setting, ideally using a randomized control trial. Limitations include the small sample size, which limited statistical analysis, and lack of a control group.

References

Howard et al., (2014). Trust-Based Relational Intervention® (TBRI®) for adopted children receiving therapy in an outpatient setting. *Child Welfare*, 93(5), 47-64.
Purvis et al., (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.