PRACTICE, THEORY, AND APPLICATION

# Trust-Based Relational Intervention™: Interactive Principles for Adopted Children With Special Social-Emotional Needs

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*Children who experience abuse, neglect, and/or trauma are disproportionately represented among those who deteriorate into challenging and pervasive behavioral disorders. The Trust-Based Relational Intervention™ Interactive Principles, described in this article, have been used effectively in a variety of settings, including camps, homes, schools, and residential treatment facilities.*

In the United States, there are approximately 127,000 adoptions annually (Child Welfare Information Gateway, 2004). Currently, about 15% of these adoptions are intercountry adoptions, 39% are conducted through publicly funded agencies, and 46% are private adoptions. This can be contrasted with data from the early 1990s when, although the total number of children adopted was similar, only 5% were intercountry, 18% were publicly funded, and 77% were private adoptions. Currently, over half of the children adopted are from the child welfare system and from overseas, and many of these children are at risk for various relationship-based disturbances stemming from histories of abuse, neglect, and/or trauma prior to their adoptions by caring families.

Despite the stable caring homes that these children are often adopted into, attachment problems, behavioral problems, and social problems are manifested in these children frequently. A recent meta-analysis on the reports of behavior problems in internationally adopted, domestically adopted, and nonadopted control children found that adopted children showed more

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behavior problems (both internalizing behaviors such as depression and externalizing behaviors such as aggression) than did nonadopted children (Juffer & van IJzendoorn, 2005). It was also found that adopted children were overrepresented among clientele presenting for mental health services.

The current article is an abbreviated version of the Hope Connection™ manual (Purvis & Cross, 2002) and is based on an interactive principles framework developed in the context of Trust-Based Relational Intervention™ (TBRI™). These interactive principles (see Figure 1) form the basis of our various intervention programs that target behaviorally at-risk adopted children. The interactive principles were first developed for our research-based summer day camp for behaviorally at-risk adopted children and have been integrated into home program interventions (Purvis, Cross, & Sunshine, 2007), family camp interventions, and summer camp interventions

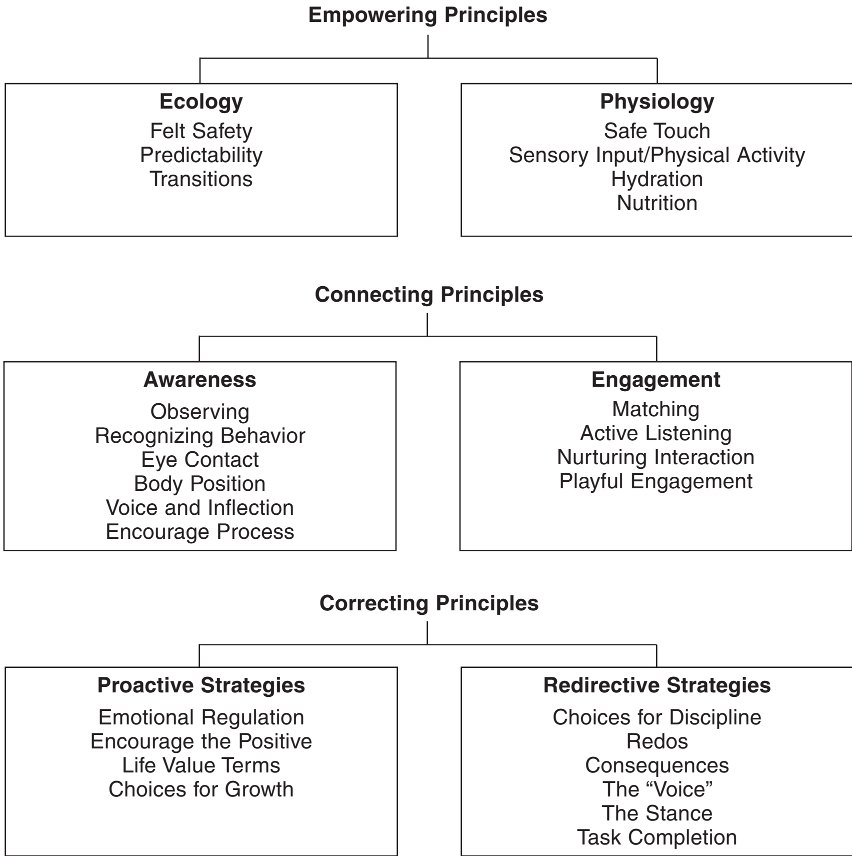


**FIGURE 1**

**An Outline of the Trust-Based Relational Intervention™ Interactive Empowering Principles, Connecting Principles, and Correcting Principles**

(Purvis, Cross, Federici, Johnson, & McKenzie, 2007). They have been used to facilitate positive outcomes with children as young as 3 years and as old as 17 years. They have been applied in homes, schools, orphanages, and residential treatment facilities with equal efficacy and are shared here with the hope that they will enrich services for children in other domains.

The principles are classified into three categories: empowering principles, connecting principles, and correcting principles. The empowering principles include ecology and physiology, the connecting principles include awareness and interacting, and the correcting principles include proactive strategies and redirective strategies.

## EMPOWERING PRINCIPLES

The TBRI™ empowering principles address the physical and physiological needs of the child. The foundation of these principles is that a child's mind is housed in her or his body and that the needs of the body influence the child's ability to do higher level tasks. This is an important realization but one that is all too often overlooked when crafting interventions for children. The empowering principles are founded on research from various domains, including Tiffany Field's work on touch (Field, 2001; Field, Hernandez-Reif, & Diego, 2005), Stephen Porges's work on the polyvagal system (Porges, 1998, 2003), work carried out on regulatory and sensory processing disorders (see Barton & Robins, 2000; Greenspan & Wieder, 1993; Kranowitz, 2005), and efforts to determine the effect of nutritional interventions on children's psychopathology (e.g., Kaplan, Fisher, & Crawford, 2004; Welsh, Viana, Petrill, & Mathias, 2007).

The empowering principles are ecology and physiology. The underlying idea behind the ecology principle is making sure that the child's environment is actually safe. The practices that make up ecology are felt safety, predictability, and transitions. By definition, inconsistency and chaos are stressful for a child. In the ecology principle, attempts to reduce inconsistency and chaos in the child's environment make it safe and predictable. The physiological principle is supported by the idea that the child's physiology should be balanced and not threatened. The practices that fall under physiology are safe touch, sensory input/physical activity, hydration, and nutrition.

### *Ecology*

*Felt safety.* It is not enough for parents to know that their children are safe; felt safety only "registers" in the children's physiology and neurochemistry if the children themselves know that they are safe. Hypervigilance is common among children who did not have attentive, protective parenting during important developmental periods of their lives (Perry, 1994). That is, the child is always on guard, observing the environment for signs of

danger. Possibly the most important lesson we have learned during our years in this work is that children who experience felt safety (see Bischof, 1975; Sroufe & Waters, 1977) are free to learn and to grow. Felt safety is considered an empowering principle because children who feel safe can be released from emotions that have held them hostage. They are no longer captive to fear; they are free to heal and to become secure, trusting children (Knight, Smith, & Cheng, 2004).

*Predictability.* By definition, *unpredictability* and *chaos* are stressful for a child (Perry, 1994). Predictability is considered an empowering principle because it reduces the child's anxiety over what is coming next in her or his life. In order to successfully navigate the behaviors of the child, one must look for opportunities to give appropriate levels of predictability. For example, a bedtime routine can be established (i.e., first the child has a snack, then she or he puts on pajamas, brushes teeth, and then is read a story).

*Transitions.* During each transition of the day, giving "notice" of change will significantly decrease the anxiety level of the child. Simple notices of change greatly enhance the ability of the child to learn to trust. Examples include statements such as, "In 5 minutes, we will go to the art room to work on your project" (notice of change of environment) or "I'm going to leave the room for a few minutes, but I'll be right back" (notice of change of caregiver). A child who believes the environment is predictable will be able to feel safe, to learn, and to practice new behavioral skills (van den Boom, 1994, 1995). A child who feels unsafe will remain entrenched in the control and behavioral strategies that are most familiar.

### *Physiology*

*Safe touch.* Regular, affectionate touch is considered an empowering principle because it is important for both physiological health and interpersonal relationship (Field et al., 2005). When a person receives safe, nurturing touch, pressure receptors are stimulated under the skin, which in turn, sends a message to the vagus nerve in the brain. The vagus nerve takes this cue to slow down the heart rate and blood pressure, putting the person in a relaxed state. Safe touch even curbs stress hormones like cortisol; facilitates food absorption and the digestion process; and stimulates the release of serotonin, which counteracts pain. Research has shown that safe touch improves both behaviors and underlying biochemistry in children who have various medical and psychiatric conditions (Montagu, 1986).

For the touch to be safe, it is important to ask the child for permission to touch her or him, make sure the child sees the touch coming, understands that the touch has a friendly intention, and does not feel trapped (by a two-handed grasp, for example). Harmed children can have difficulty with touch, because it can seem unpredictable and invasive to them. To a small

child, an adult is much larger and the approach can seem like an attack. This problem can be mitigated by approaching the child slowly, kneeling down to her or his height, then looking at her or him directly in the eye (Montagu, 1986).

*Sensory input/physical activity.* Physical activity is included in the empowering principles, because as brain chemistry becomes more balanced, children are able to learn and organize information more effectively. Any "stereotypic" movement (doing the same movement over and over again), such as walking, riding a bike, bouncing on the trampoline, and swinging boosts calming neurochemicals (Chaouloff, 1997). Running on the playground, climbing the slide, jumping on a trampoline, and riding a bike are all activities that decrease levels of excitatory and stress neurochemicals (Nabkasorn et al., 2005). Regular breaks for physical activity are extremely beneficial for both physical and mental health (Fox, 1999). It is also important that the child does not get overtaxed (a 20-minute limit works well). When a child pushes too hard, aerobic activity turns into anaerobic exercise, and the child's neurotransmitters become depleted, causing conduct and behavior to deteriorate (Purvis et al., 2007). A link between fatigue and problem behavior has been reported in the literature (C. E. Smith, 1999). It is important to be attentive to an individual child's signals and to stay within an optimum range.

*Hydration.* Dehydration can cause mental or cognitive performance to deteriorate. Hydration is crucial for children who were exposed to alcohol in utero and/or who did not receive attentive caregiving as infants and young children. A lack of attentive caregiving is often associated with dehydration in children simply because the child was not offered sufficient liquids for her or him to remain hydrated. Dehydration affects neurochemistry in several ways (Boudaba, Linn, Halmos, & Tasker, 2003). First, especially during brain development, dehydration can cause changes in the neurotransmitter glutamate's receptor sites. Second, dehydration can increase the firing rate of glutamate. Too much glutamate in the brain can have several negative consequences, including seizure activity and aberrant behaviors (Dalby & Thomsen, 1996). Hydration is given attention in the empowering principles because it helps to stabilize levels of glutamate in the child's brain, enabling her or him to learn higher order tasks.

*Nutrition.* Healthy brain chemistry can be supported through solid nutrition with such foods as turkey, whole grains, nuts, and lentils that provide precursors for serotonin and provide the body with essential fatty acids (Bourre, 2004). Giving a child small and regular snacks (preferably approximately every 2 hours) that contain a balance of protein and complex carbohydrates helps keep blood sugar levels stable. With optimal blood sugar, a child's ability to learn is enhanced, and mood swings are reduced (Kaplan et al., 2004). Multivitamins or targeted amino acid supplements can also be used to help a child get the proper nutrients in her or his body.

Certain foods should be avoided. For example, foods with high sugar content can cause a burst of energy that is followed by a crash. Caffeine increases the risk of dehydration, and deep fried foods can lead to sluggishness. Food that has been exposed to pesticides can significantly increase the levels of toxins in the body (Lu et al., 2006). In our programs, nutrition is an empowering principle because adapting the children's food and nutrient intake reduces negative behaviors, and significant positive shifts in behavior can occur (Purvis et al., 2006).

## CONNECTING PRINCIPLES

The connecting principles address the relational needs of the child. The foundation of these principles is that special needs, adopted children have experienced a host of factors that put them at risk for relationship-based disturbances. According to Perry (2001), children have two primary responses to trauma: dissociation and hyperarousal. Typically, these strategies are used in combination to deal with traumatic experiences such as neglect and abuse. The connecting principles address the tendency of a child to withdraw or dissociate as a means of self-protection. This is accomplished by engaging the child while attending to her or his feelings of threat or fear.

The TBRI™ connecting principles are grounded in attachment theory as a way to conceptualize the importance of early parent–child relationships and the implications of their disturbance and/or disruption on the child's later development (for example, see Ainsworth, 1985; Bowlby, 1969/1982, 1980; Egeland, Jacobvitz, & Sroufe, 1988). Theoretically, these principles draw on the work of Allan Schore (1994, 2003a, 2003b), Daniel Siegel (1999), and Louis Cozolino (2002, 2006). In terms of intervention, there is overlap between the connecting principles and attachment-based interventions such as Theraplay® (Jernberg & Booth, 1999), the Circle of Security Intervention (Hoffman, Marvin, Cooper, & Powell, 2006; Marvin, Cooper, Hoffman, & Powell, 2002), and Child-Parent Psychotherapy (Lieberman, 2004; Lieberman, Ippen, & Van Horn, 2006).

The connecting principles are awareness and engagement. The underlying theme of these principles is focused on gaining the trust of the child. A child cannot trust if she or he does not feel safe, so these principles are aimed at understanding the child's responses and feelings (awareness principle) and interacting with the child in a way that makes the child feel safe (engagement principle).

### *Awareness*

*Observing.* Observing is a critical component in reaching children who have histories of early neglect or maltreatment. Although most adoptive children are actually safe in their new homes, many continue to engage in maladaptive strategies, which are based on fear and anxiety. Children's

fear-based reactions are often behaviorally masked as anger, willfulness, stubbornness, or defiance. When interacting with an at-risk child, it is essential to have an awareness of the child's anxiety level, voice intensity, and facial expression (Grietens & Hellinckx, 2003; Siegel, 1999). One way to assess a child's level of comfort is to demonstrate a novel toy that has sound or unexpected features (e.g., "poppers," sparklers, and sight and sound cars) at a distance from the child. The counselor should observe the response and then demonstrate it again closer to the child. How long does it take for the child to ask for a turn? Does she or he appear agitated? Does the child seem anxious or uncomfortable? The goal of observing is to identify, through skillful observation of the child's physiological responses, underlying markers of fear. An anxious or afraid child may have stiff limbs, clenched fists, or dilated pupils. She or he may freeze, withdraw physically, or act out behaviorally.

It is also essential for the adult to monitor her or his own anxiety level, voice intensity, and facial expression. If anxiety is detected, it may be beneficial to calm her- or himself with deep breathing before giving instruction to the child. Appropriately recognizing underlying stress and anxiety may significantly enhance parental responsiveness and effectiveness (Zuckerman & Spielberger, 1976).

*Recognizing behavior.* Negative behaviors often mask hidden feelings. Many children who manifest acting-out behaviors have inner needs that they are unable to verbalize, and, therefore, the needs continue to go unmet (Perry, 1994). Instead, they are met with an assault of adult "force." These children may be deceptively fragile and afraid and are often driven to further act out based on the belief that no one understands them or cares about their needs. Two questions arise with each incident of child misbehavior: What is the child really saying? What does the child really need? For example, a frightened child may bully others in an attempt to keep her- or himself safe. Behaviors often provide evidence about the history of the child—the pain, fear, and need. Misbehavior must be addressed quickly and directly, but also with sensitivity in order to respond to the child's deepest needs (Kumpfer, Alvarado, Tait, & Whiteside, 2007).

*Eye contact.* An explicit goal for adult–child interaction is gaining safe eye contact. However, sustained eye contact may be aversive to children for many reasons (Becker-Weidman, 2006). If a child avoids eye contact as an adaptive strategy, it is important to first reflect on why this is occurring and then to lead the child gently toward sustained eye contact. There are several reasons that a child may avoid eye contact, including sensory defensiveness, depression, and histories of trauma or abuse. A child with sensory defensiveness may feel overwhelmed by eye contact and may have a behavioral "meltdown." A child with sensory processing disorder cannot process the intense sensory input and may react violently to it (Cermak & Mitchell, 2006). A child who is profoundly depressed withdraws eye contact as a way to protect her- or himself. She or he does not have the emotional

strength that is required for intimate eye contact (Kazdin, Bass, Siegel, & Thomas, 1989). This child is fragile and stripping away this means of defense prematurely will drive her or him further away and deeper into the depression. Other children may resist eye contact because of previous trauma and abuse. Forcing intense eye contact prematurely reactivates the abuse/fear cycle and creates distrust in the child (see Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005).

If a child avoids eye contact as an adaptive strategy, it is important to lead her or him gently toward sustained eye contact. Valuing eye contact is the ultimate goal, but genuine advances can only occur in the context of earned trust. No attempt should ever be made to physically force a child to make eye contact. Three ideas for working on gaining eye contact that will not break the trust of the child are (a) playfully moving your head into the child's field of vision, (b) saying the child's name in the context of the sentence you are speaking and then pausing, and (c) asking for eye contact. Praising the child when eye contact occurs will also encourage future eye contact.

*Body position.* Matching the physical position of the child can promote a connection with the child (Sansone, 2004). This may be accomplished by moving to the eye level of the child, even kneeling. If the child is on the floor, the adult may want to get down on the floor. If the child is sitting cross-legged, the adult may mimic that body posture as well as the floor position. Matching body position and posture also includes matching the path of the child's visual track for a few seconds before asking for eye contact. If the child is looking at a picture, book, or puzzle, the adult could fix her or his eyes at that target before asking the child to match the adult in looking into each other's eyes.

*Voice and inflection.* After a verbal interaction, use an expression such as "Good enough?" or "Yes ma'am." and lead the child to respond with the same words. This small "dance" between adult and child can set the stage for deeper attunement in communication (Keller, Schölmerich, & Eibl-Eibesfeldt, 1988; Papousek & Papousek, 2002). The adult may also match the child in inflection at the beginning of an interaction, for example, whispering if the child is whispering. Matching touches the child's heart and creates a sense of safety. Whimsical delights occur as the child begins, in return, to spontaneously match the adult. This activity is the beginning of a powerful connection, which can become the vehicle for healing.

*Encourage process.* Observe the child for signs of sadness, remembering that sadness may present itself as anger and aggression, or in the more easily identified lethargy. Give her or him "permission" to process feelings (e.g., "It's okay to feel angry. Sometimes I feel angry too! What are some good ways to deal with anger?"). The child needs mechanisms for identifying and processing sadness, anger, and other unpleasant emotions. She or he needs to be helped in identifying feelings on a feeling chart, encouraged to identify individual needs, and helped to learn to ask for what she or he needs (Cassidy, 2001).

*Matching.* Matching permeates human relationships at every level of the life span. The art of matching develops naturally in any mutual relationship (Field, 1995; Jonsson, Clinton, & Fahrman, 2001; Schore, 1994). It is at the core of the attachment relationship. A mother and infant who are securely attached are connected physically, emotionally, and psychologically through an attachment dance that is rooted in matching. This matching begins prenatally. An unborn infant moves to the sound of the mother's voice, and the infant's rate of movement matches the rate of the mother's words. Newborn infants match the quantity of vocalizations, which they heard during the last trimester in the womb. If they are born into a quiet home where few words are used, newborns utter few vocalizations in the early weeks of life. These effects are seen culturally, with Chinese newborns, born into a culture that values silence, uttering the fewest vocalizations of infants in any culture studied (Kokkinaki, 2003). The unborn infant also matches the sleep/wake cycle of its mother. In the weeks following disruption of the prenatal environment, the cycle has to be reestablished, and in a period of weeks, the newborn again matches the sleep/wake cycle of its parents (Verny & Kelly, 1981).

Instrumental in the formation of human interaction, matching can be an effective tool for reestablishing relationships with children who have experienced broken relationships. Matching offers companionship and safety. Because of histories of early maltreatment of neglect, this type of synchrony is often absent in adoptive children; however, learning the skill of matching, adoptive parents are able to safely navigate a biological pathway of connection to their child (Zuckerman & Spielberger, 1976).

*Active listening*. When interacting with a child, it is important to be an active listener and to pay full attention as the child speaks. It is important to look at the child's eyes when she or he speaks to demonstrate that the thoughts expressed are valuable (Gordon, 1970). Speak slowly, abbreviate instructions, and repeat what has been said. Reinforce verbal messages with gestures, facial expressions, hand movements and body language. Various media are used for reflecting behaviors so that the child can accept at a deeper level the impact of his or her actions and behaviors (Montagu, 1986).

*Nurturing interaction.* The best pathway to the true child is the path for which that individual is evolutionarily, biologically, and psychologically engineered (Schore, 1994; Siegel, 1999). It is the pathway through which trust is earned in infancy (Harlow, Harlow, & Suomi, 1971). When attempting to connect with a child, pay attention to the aspects of relationships that may have been missed in infancy. This may include attention to physical needs, attentiveness to emotional needs, responsiveness, interactiveness, matching, and a sensory "bath" of human interaction. A child who was harmed when young will likely benefit much more from these types of

interactions than she or he would from cognitively loaded interactions. The child's emotional needs may be more similar to those of a young child because these needs were not met consistently during infancy.

*Playful engagement.* The primary mode of interaction for the interactive principles is playful engagement (Jernberg & Booth, 1999; Panksepp, 2000, 2002). This style permeates all adult–child interactions. Shared silliness, laughter, and games all demonstrate to a child that she or he is not in danger of being harmed. Some ways to incorporate playful interaction into everyday activities include making up silly songs or turning tasks like pushing the elevator button into a game. Using a lighthearted attitude and tone of voice, interjecting gentle games and jokes whenever possible, encourages trust and learning on the part of the child. It is important to note here that although the adult is being playful, he is still the adult and sets the guidelines for all the playful interactions.

## CORRECTING PRINCIPLES

The TBRI™ correcting principles are built on the foundation of the empowering and connecting principles and address the behavioral problems that are manifested in many high-risk adopted children. Balancing structure (correcting) and nurture (connecting) creates an environment of safety in which the child can risk abandoning old maladaptive behaviors and make their first steps toward the construction of new behaviors. When it is necessary to increase structure, it is imperative to increase nurture so that the two remain in balance. In this environment of balance, the child experiences a sense of safety, a sense of trust, a release of control, and a capacity to try new behaviors. Warm, playful interaction in the context of consistent care is the mode for optimal development (e.g., see Masten, 2001). It is a safe route through which adults can connect to the heart of the child, and it provides a relational pathway to positive behavioral change.

The correcting principles are strongly grounded in the principles and practices of cognitive behavioral therapy (CBT), which have been shown to be effective for a wide range of childhood disorders, including depression (Stark, Sander, & Hauser, 2006; Verdeli, Mufson, & Lee, 2006), aggression (Lochman, Powell, & Whidby, 2006; Sukhodolsky, Kassinove, & Gorman, 2004), and posttraumatic stress disorder (Cohen, 2005; Dalgleish, Meiser-Stedman, & Smith, 2005). These principles are consistent with CBT and have been effective in our summer camps, family camps, and home programs (see Purvis et al., 2007). These principles and practices have been specially designed for children who have experienced relationship-based trauma and who are depressed, aggressive, and poorly regulated.

The correcting principles are made up of proactive strategies and redirective strategies. The goal of proactive strategies is to create more positive automatic processes so that when the child begins to become dysregulated, she or he has effective strategies from which to choose. The goal of redirective

strategies is to teach the child to deal with negative emotions. The child's behavior is dealt with in such a way that the minimum amount of response is given to effectively address the misbehavior, and when the behavior has been dealt with, there is an immediate return to playful interaction. This communicates to the child that when she or he cannot self-regulate her or his behaviors, a safe adult will step in to regulate for the child and keep her or him safe. It also communicates that although the misbehavior is not okay, the worth of the child is not in question.

*Proactive Strategies*

*Emotional regulation.* Regulating is among the most powerful and salient tools for adoptive parents. In normally developing parent–infant dyads, regulation by the parent offers not only a venue of practical care, such as regulation of warmth and food intake, but also becomes the vehicle by which a developing child later learns to self-regulate emotions and behavior (Gergely & Watson, 1996). Many children with histories of maltreatment or neglect lacked physical regulation by caring parents and consequently fail to develop skills of physical and emotional self-regulation (Horowitz, Simms, & Farrington, 1994). Regulation teaches parents the salience of vigilant attention to the needs of their child for appropriate levels of safe sensory input, which can be achieved through a deep understanding of sensory systems and how they develop. In addition, activation of sensory systems in optimal development coexists and coemerges with attachment and language, which rely heavily on sensory activation. "How does your engine run" (Williams & Shellenberger, 1994) is one tool developed by occupational therapists, which can be used by parents to teach the child awareness of her or his own needs, feelings, and emotions, and in turn, to encourage awareness of how and when the child needs to self-regulate (Pollak, Vardi, & Bechner, 2005). (For a more comprehensive presentation of pragmatics on sensory integration and its efficacy, see *The Out of Sync Child*, by Carol Kranowitz, 2005.)

One method to facilitate emotional regulation is through the practice of "Stop and Breathe!" This is a technique used to redirect a child and to help her or him assess personal actions. When using the Stop and Breathe technique, an adult uses a firm touch on the shoulder or arm of the child (or takes the child's hands), makes eye contact, and in a firm but approving voice prompts the child to stop and breathe. The adult will model the action for the child as a precursor to important problem-solving strategies. Stopping and breathing together can disarm and de-escalate maladaptive behavioral strategies (see J. C. Smith, 2005).

*Encourage the positive*. It is important to look for opportunities to praise the child (Leshtz & Stemmer, 2006; Wahler, 1997). In addition, encouraging the positive requires that the child is monitored for overstimulation by watching that child's pupils for clues to the physiological state and

helping her or him find a quiet place to become calm. Helping the child learn to recognize overstimulation encourages the child to find positive and socially appropriate ways to achieve calm rather than allowing the behavior to escalate out of control.

*Life value terms*. The child who began life without a devoted caregiver learned one simple value: survival. Such a child dealt with difficult circumstances on sheer instinct alone, perhaps by becoming manipulative, avoidant, or physically dominant. Short scripts such as "showing respect" and "being gentle and kind" reflect important core values. These scripts are designed to communicate these life values simply to the child. Over time and with regular use, these short scripts become meaningful markers for the child to evaluate her or his own behaviors. (See Table 1 for a list of life value terms as well as some comments on their use.)

*Choices for growth*. As frequently as possible, the child should be allowed to choose between two appropriate options (e.g., "Would you like to do your homework first and then play on the trampoline, or would you rather play on the trampoline first and then do your homework afterward?"). Empowering a child to make simple choices gives her or him an investment in her or his world, an appropriate level of control, and an opportunity to practice good decision making and creates in her or him a sense of safety. Giving choices in this manner also provides opportunities for the child to develop both strategies and skills in learning to compromise on decisions that are not too emotionally charged.

### *Redirective Strategies*

*Choices for discipline.* During times of misbehavior and challenge to the adult's authority, giving the child choices provides an optimal avenue for discipline and redirection (Kazdin, 2005). The Levels of Response® addresses these behaviors. (See Table 2 for a further description of Levels of Response®.) The goal in facilitating appropriate behaviors is to use the least invasive intervention possible. Challenges are identified as Level 1 (mild), Level 2 (moderate), Level 3 (verbally aggressive), and Level 4 (physically aggressive). Responses are limited to the absolute least force possible and are also identified as Level 1 (attempt to redirect through playful engagement), Level 2 (attempt to redirect through giving choices), Level 3 (attempt to redirect through "time-in"/"think it over"), and Level 4 (attempt to redirect through physical interruption of physical aggression).

*Redos.* Children who have difficulty regulating their behavior need opportunities to practice appropriate responses. Redos allow children the opportunity to learn appropriate ways to interact. Watch carefully for opportunities to help the child redo words or actions that were inappropriate. Once an opportunity is identified, model the appropriate way to complete the action. Implicit in the concept of redos is that the action should be "in kind" (e.g., physically acting out, redone with appropriate physical actions;

**TABLE 1**

**Life Value Terms (Script) and Explanation**

| Script | Explanation |
|---|---|
| *Showing respect* | Teach children to treat themselves and others with respect. There is no tolerance for disrespect of any kind. Respectful behaviors include respectful voice, respectful facial expressions and attitudes, respecting others' space, and respecting others' belongings. If a child is disrespectful, redirect with the short statement, "Try that again with respect." When the child is respectful, reinforce with, "That was great showing respect!" |
| *Use your words* | At-risk children often express their feelings with tantrums, running away, or aggression. Although it is important to understand these behaviors in terms of the underlying feelings, it is important to continually prompt the child to "use your words" to express needs and feelings. It is also helpful to model this script yourself. You might tell the child, "Right now I am feeling sad. What are you feeling?" Be sure to praise them with, "That's great using your words!" when they talk. |
| *Gentle and kind* | The purpose of this script is to increase self-awareness in children by helping them modulate their behavior. It allows them to practice the difference between a rough and soft touch or a mean and soft facial expression. We often practice this script by bringing a puppy or kitten to the classroom and guiding the children in touching and holding them gently. If the child is being aggressive, he can be prompted with, "Was that gentle and kind? Try that again." Praise him with, "That was good being gentle and kind!" |
| *Who is the boss?* | Children who have experienced unpredictable and chaotic environments early in life often want to have control of others around them. A way to deal with this issue is to calmly tell the child that the adult is in charge. When the child makes demands, ask, "Who is the boss here? Are you the boss?" Once she or he acknowledges that she or he isn't in charge, a response can be, "That's right. Parents [teachers] are the boss. It's not your job to tell others what to do." |
| *Listen and obey* | The parent or teacher is the authority with the child. When a child is given an instruction, it can be helpful to remind her or him, especially if she or he hesitates in following the direction, to "listen and obey." Always follow with, "Good listening and obeying." We implement "practice drills" in the form of games that require immediate compliance, such as "Simon Says," so that the child can playfully practice the skill. By using the game "Simon Says," we will ask the child to mimic our words, voice (tone, loudness) body, and facial expression called "matching." |
| *With permission and supervision* | This script is important in acknowledging concepts such as children are not the "boss" and that there are safe adults who will help them, protect them, and ensure their safety. One way to practice this is to make milk shakes with a blender, which gives children the opportunity to ask permission ("May I turn on the blender and put in the strawberries and ice cream?") and then to practice allowing an adult to supervise and keep them safe from harm. |
| *Accepting no* | Although it is important to show the child that we care about her or his desires, it is necessary that she or he is also taught to handle occasional disappointments without a behavioral meltdown. The child may ask to do something special, and the teacher responds in a kind but firm voice, "That is really good asking, but this time I'd like for you to practice 'accepting no.'" Then, before the child can begin a meltdown, the teacher quickly responds with the affirming praise, "Wow! That's great 'accepting no!'" In this manner, a child (almost) painlessly begins to defer getting her or his own way. By combining this technique with ample positive interactions, the child may begin to develop the ability to comply and to trust the adult. |

## TABLE 2

### Levels of Response® Example of a Situation on the Playground in Which a 5-Year-Old Girl Demands That the Teacher Pick Her Up and Carry Her Into the Building for Snack Time

| Challenge by Child | Response by Adult | Comments |
|---|---|---|
| Level 1: "Pick me up and carry me into the building!" | Level 1 (playful engagement): "Are you asking me or telling me?" | This response is playful and is often successful in redirecting a child who may then say, "I was asking," to which the adult may reply (again playfully), "Well then, please try it again, with respect." |
| Level 2: "I was telling you! Pick me up and carry me in!" | Level 2 (with firm voice of authority): "No, you have two choices. You can walk beside me and hold my hand or you can just walk beside me. Which do you choose?" | Implicit in the adult's response is the fact that she is not going to carry the child into the building but that the child has a second chance to self-regulate. Again, many children will realize that the adult's voice is now more serious and will capitulate to the offering of choices, at which time the adult immediately returns to the mode of playful engagement. The conflict is over and the relationship is restored to playful, respectful interaction. |
| Level 3: "You aren't my mother and can't tell me what to do. Your choices are stupid, and I don't have to mind you!" | Level 3 (think it over/time-in): "I want you to come over here with me to the park bench. Sit here, breathe quietly, and think about what you did wrong. When you are ready to tell me, say 'Ready' and I'll be right here waiting for you to think it over." | Again, the moment the child says "ready" the adult returns, bends down, matching the child, makes valuing eye contact, and leads the child to say what she did wrong and how she could do it right. The conflict is over; the adult immediately returns to the mode of playful engagement. There are no sermons, lectures, or rejecting attitudes. The conflict is over, and adult and child return to attunement. |
| Level 4: The child begins hitting and kicking the teacher or nearby child. Now she has escalated from verbal aggression to physical aggression. | Level 4: If it is absolutely required for the safety of the child, teacher, or others, the adult may have to hold the child briefly until she can calm herself. An adult should *only* conduct interrupting physical violence with specialized training such as that provided by the 2-day workshop of Crisis Prevention Intervention (http://www.crisisprevention.com). | Untrained, angry, or controlling adults have injured many children; only trained adults should carry out this fourth level of response. Immediately, when the child is calm and has been talked through what went wrong and how to do it correctly, the event is over; the adult returns to the mode of playful, nurturing engagement. It should be clear to the child that the interruption of aggression was not about her value, but simply about her behavior. The child is offered a redo. For example, in this case, the child asks the adult, with respectful voice, and face and body language, to carry her into the building for snack time. The interaction ends with a positive redo, and with reconnection, praise, encouragement, and affirmation of the child's preciousness. |

verbally acting out, redone with appropriate verbal actions). When the child completes the corrected act, praise her or him lavishly and sincerely for the efforts. The redos should be playful and fun because the technique is intended to be instructional, not punitive. If done in a playful and fun manner, redos help build self-esteem and shape positive behaviors through success (see Kazdin et al., 1989; Swales, 2004). Parents are taught the powerful practice of redos in which a child has the opportunity to correct a faulty interaction, repeat it in an appropriate manner, and receive praise and encouragement for her or his behavioral success. In contrast to lecturing, scolding, and shaming, this approach has the advantage of providing opportunities for success instead of failure and for providing parent–child interactions that are positive, encouraging, and practical (Purvis et al., 2007).

*Consequences.* Helping children develop awareness of natural consequences is crucial for dealing with problem behavior as they learn that they will enjoy some consequences and dislike others. Similarly, children need to recognize that some consequences can be altered and others cannot be.

*The "voice."* The voice is one of gentle, but firm authority that is used when a child does not comply with instruction. Although the safety of the child and the likability of the child are not challenged by this voice, the behavior is challenged. The voice has several qualities that distinguish it from other verbal interactions (Montagu, 1986). First, it is more intense. It says, "I am not playing now. I mean business." Second, it is a little louder. It says "I AM the boss, and although I value you greatly and will treat you with respect, you are NOT the boss." Third, it is lower in intonation, which says, "You are safe with me because I am a good, safe authority." A high frequency voice (e.g., whining, pleading) signals fear, weakness, and/or danger. Fourth, this voice has a slower cadence. It is spoken slowly and clearly to give the child time to process the directions. And finally, it is delivered in close proximity to the child (e.g., not shouted across the room). When the child complies, the adult returns immediately to a voice and manner of praise, encouragement, and playful interaction.

Using the voice helps signal to the child that the environment is safe. It is difficult for children to trust adults who use a whiney, high-pitched voice because it signals danger, warning, and/or weakness. Similarly, it is difficult for a child to trust an adult who uses an angry, uncontrolled voice because such a voice signals danger or threat. A voice that is too intense has the potential to evoke the child's anxiety and may ultimately trigger the production of stress hormones and neurotransmitters. Cortisol is the stress hormone associated with fight or flight mechanisms, and, in elevated concentrations, leads to a fight (aggression) or flight (fleeing) response (Gunnar, Morison, Chisholm, & Schuder, 2001). It is best to use the voice with children who have already learned, through playful and caring interaction, to trust.

*The stance*. Children with histories of neglect or abuse function predominately from the "primitive" brain stem, which controls fight, flight, and freeze responses (Perry, 1994). Adults working with this population of children must be aware of their body language at all times. It is estimated that 90% of all communication is nonverbal (Mehrabian, 1971), but in children who are at risk, 99% of all communication may be nonverbal. Body tension, posture, and swiftness of movement are among a multitude of clues these children will read and interpret as they assess the safety of their environment. Their fear responses can be disarmed by the adult's nonverbal postures, such as having feet planted firmly on the ground, breathing deeply, making gentle movements of arms or hands toward the child, and touching firmly but gently. (For a review of nonverbal communication, see Ottenheimer, 2007.)

*Task completion.* Early deprivation and abuse can make a child anxious, resulting in attention deficits that make it difficult for her or him to concentrate (Perry, 2001). Giving the child gentle reminders to redirect her or his focus onto an assigned task, such as "focus and complete your task," prompts the child to refocus on his task. It may be necessary to repeat this instruction several times before the task is completed. A goal of this direction is to help the child internalize the ability to stay on task.

## CONCLUSION

For children who have experienced early trauma, abuse, or neglect, the injuries of the past are always present, driving current behaviors. The TBRI™ interactive principles outlined here (empowering principles, connecting principles, correcting principles) represent a broad scope of ideas and practices for interacting with adopted children who are at risk for attachment-based disturbances and who display behavior problems. These principles are based on theories and research in a wide range of fields and specialties. They are based on specialized experience and insights from working with adopted children who have special needs and are shared here with the hope that they will enrich services for children in other domains. Although these principles have demonstrated efficacy for children with severe relational disorders and behavioral problems in one-on-one and small group settings, they have not yet been empirically researched with a large population of children. Future research will focus on empirical evaluations of these principles both with high-risk adopted children and with other populations of children who display behavior problems.

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