

# TRUST-BASED RELATIONAL INTERVENTION<sup>®</sup> *CAREGIVER TRAINING*



## INTRODUCTION & OVERVIEW

### *PARTICIPANT WORKBOOK*





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# TRUST-BASED RELATIONAL INTERVENTION®

## *CAREGIVER TRAINING*

### INTRODUCTION & OVERVIEW

#### *PARTICIPANT WORKBOOK*

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TBRI® has been developed by  
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## A Guide to This Workbook

Welcome to the Karyn Purvis Institute of Child Development's Trust-Based Relational Intervention® (TBRI®) Caregiver Training: Introduction and Overview. As an overview, this module is designed to expose you to all parts of TBRI® by highlighting the ways in which each section of the intervention strategy fits into the holistic nature of TBRI®. The first few activities provide you with an opportunity to become comfortable, share successes and challenges with those in your training group, and become familiar with the basic ideas of TBRI®.

In this workbook, you will find numerous aides to assist you during training. During most sections, your instructor will lead you in an activity so that you have 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 on 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 discuss your thoughts, comments, and own stories about the topics you're learning about.

*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 begin your journey with TBRI®. Our aim is not only to help you understand the relationship history of children from hard places, but also to give you tools to move forward and deepen and strengthen connections with them.

### Goals for this training:

- To lay the foundation for deep insight about the impact of a child's history on their long-term development.
- To create a framework for practical intervention and application.
- To enhance understanding about how to interpret behavior and to respond appropriately.

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## Understanding TBRI®

Trust-Based Relational Intervention® (TBRI®) is a holistic approach that is multi-disciplinary, flexible, attachment-centered, and challenging. It is an evidence-based, trauma-informed intervention that is specifically designed for children who come from hard places, such as maltreatment, abuse, neglect, multiple home placements, and violence, but you'll see that the principles apply to all children. TBRI® consists of three sets of harmonious principles: Connecting, Empowering, and Correcting Principles, which you'll learn about more in this and other training modules.

### Where is TBRI® used?

- Homes
- Schools
- Residential Facilities
- Orphanages
- Many other settings

### How does TBRI® work?

- TBRI® is effective because it is founded in research & theory and how optimal development should have occurred.
- By applying these principles, TBRI® helps a child or youth return to their natural developmental trajectory.
- TBRI® is designed for children from "hard places" but can be used with children from all risk levels.

**CHECK-IN:**

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?

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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?

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3. What is your *greatest need* in the time we have together today?

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## Where Do I Begin?

Many first-time TBRI® participants ask, “Where do I begin?” The answer to this question is complex and this section will help you to understand many of the challenges that underlie your child’s behavior.

For many, it’s helpful to reflect upon what has and has not worked in the past when it comes to caregiving behaviors. Or, if you don’t have children in your care yet (and even if you do), reflect upon the parenting you received when you were a child. Use the following questions to consider your own caregiving strategies.

1. What caregiving strategy have you used in the past that worked *well*?

OR

What caregiving strategies did your parents use with you that you think worked *well*?

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2. What caregiving strategy have you used in the past that *did not work well*?

OR

What caregiving strategies did your parents use with you that you think *did not work well*?

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3. What *new caregiving strategies* might you consider?

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## Understanding Risks

TBRI® identifies six early risk factors that influence the way children from difficult backgrounds think, trust, and connect with others. These risk factors change children's brain development and brain chemistry, leading to a higher risk of emotional problems and accompanying dysfunctional behaviors.

### Early Risk Factors For Children

#### *Difficult pregnancy*

- Can be for reasons including medical, drugs/alcohol, crisis or other trauma.
- Can be due to persistent, high level of stress throughout pregnancy.

#### *Difficult birth*

- A difficult or traumatic birth is risky for many reasons (e.g., perhaps the newborn was briefly without oxygen, leading to mild neurological insult).

#### *Early hospitalization*

- Children who experience early hospitalization often experience painful touch rather than nurturing, comforting touch in the first days of life.

#### *Abuse*

- Children from abusive backgrounds know to always be on guard. Their brains have been trained to be hyper vigilant to the environment around them.

#### *Neglect*

- The message sent to a child from a neglectful background is 'you don't exist.'
- Children from neglectful backgrounds often suffer from the most severe behavioral problems and brain deficits.

#### *Trauma*

- Any number of traumas in the child's life (witnessing an extreme event, for example) can cause the child's developmental trajectory to change in response.

Thankfully, the brain remains *plastic* throughout the lifespan. It can adapt to new situations. What this means for the child in your care is that, with help, the child can learn to function in an environment of safety and love.

In the TBRI® Empowering, Connecting, and Correcting training modules that follow, we'll provide you with strategies and tools to guide you and the child in your care along the path to healthy connection and functioning.

**Understanding Risks** - *Check Your Understanding:*

The brain is plastic, meaning it can change throughout the lifespan.

Infants born prematurely have organs and systems that are not fully formed.

Experiencing one of the six early risk factors cause a child's developmental trajectory to change in response.

## Understanding Brain Growth & Increased Challenges at These Ages

There are five major stages of brain development in childhood in addition to the age of five, when most children enter school and the increased cognitive load uncovers challenges in brain development. ***At each of these stages, many caregivers note an increase in the child's behaviors and an increase in need for support.***

In optimal development, children's brains are guided through six major phases (described below) by a loving caregiver. Because children from hard places have experienced trauma in some form, their brains are operating at a level of *survival*. Their primary concern is getting their needs met – any way possible. Often, this is accomplished with behavior that looks problematic – or even bizarre – to others. Caregivers need to be attentive to the increased challenges and be prepared to offer additional support.

### Stages of Major Brain Development

In-Utero  
First year of life  
[Age 5]  
Age 8  
Age 12  
Age 16

*The most important thing to understand is that, with investment from caregivers, hope and healing is possible for every child.*

**Three ways I can say “yes” to a child in my care are:**

- 1.
- 2.
- 3.

## Overview: TBRI® Connecting, Empowering, and Correcting Principles

TBRI® consists of three interactive sets of principles: Empowering Principles, Connecting Principles, and Correcting Principles. Here, you'll learn a bit more about each of these and in subsequent training modules, we'll go much more in depth.

### TBRI® Connecting Principles

Connecting Principles help children build trust and meaningful relationships. These include:

- *Engagement Strategies* connect with children non verbally, such as with eye contact, behavior matching, and playful engagement.
- *Mindfulness Strategies* involve caregivers being aware of what they bring to interactions with children, such as being conscious of their own relationship histories.

### TBRI® Empowering Principles

Empowering Principles help children learn important skills like self-regulation. There are two types of Empowering strategies:

- *Physiological Strategies* focus on the **internal physical needs** of the child. These include things like hydration, blood sugar, and sensory needs.
- *Ecological Strategies* focus on the child's **external environment** and guide children toward learning self-regulation skills. Ecological Strategies include things like transitions, scaffolding, and daily rituals.

### TBRI® Correcting Principles

Correcting Principles help children learn behavioral and social competence so that they can better navigate the social world they live in. Correcting Principles include:

- *Proactive Strategies* are designed to teach social skills to children during calm times.
- *Responsive Strategies* provide caregivers with tools for responding to challenging behavior from children.

**Which is Your Strength?**

Of the three principles, *I* am best at \_\_\_\_\_ principles and weakest at \_\_\_\_\_ principles.

*I* probably spend an average of \_\_\_\_% of my time *Connecting* with children in my care.

*I* probably spend an average of \_\_\_\_% of my time *Empowering* with children in my care.

*I* probably spend an average of \_\_\_\_% of my time *Correcting* with children in my care.

**Reflect:**

Of the three principles, ***my parents*** were best at \_\_\_\_\_ principles and weakest at \_\_\_\_\_ principles.

***My parents*** probably spent an average of \_\_\_\_% of time *Connecting* with me as a child.

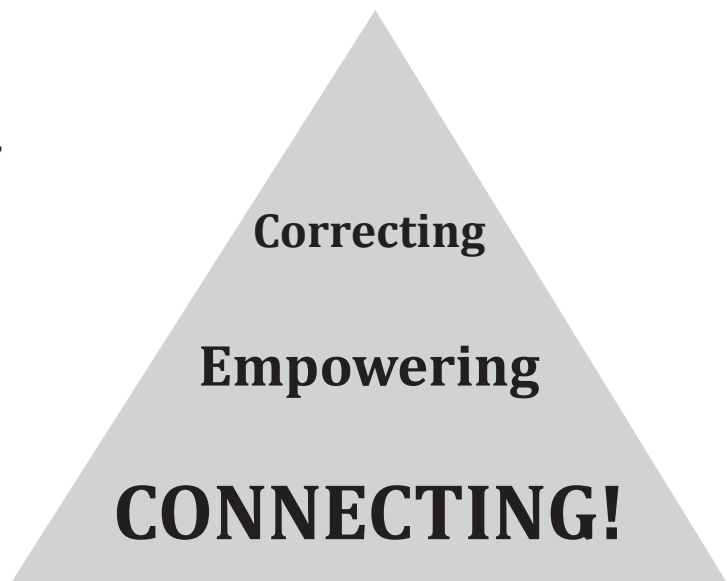
***My parents*** probably spent an average of \_\_\_\_% of time *Empowering* me as a child.

***My parents*** probably spent an average of \_\_\_\_% of time *Correcting* me as a child.



If we draw a pyramid around the three TBRI® principles according to how much time many caregivers spend utilizing them, we see that it builds a pyramid with a very shaky base. It certainly won't withstand much pressure. Let's look at how TBRI® builds a more stable pyramid.

In TBRI®, we ask caregivers to look at the relationship from a different standpoint. Connecting is the natural base that would have developed through loving, nurturing care in the early months of life. The base is stable, and could withstand any amount of pressure applied to it. We find that behavior management is much easier when relationships are rooted in a deep foundation of connection and trust. In this and subsequent training modules, you'll learn why Connecting Principles are the heart and soul of TBRI® and we'll teach you ways to connect with a child who didn't have an optimal start.

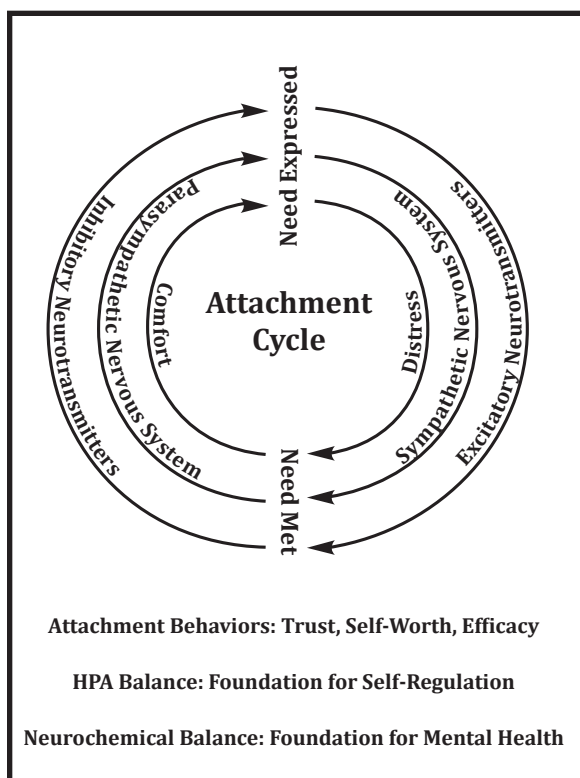


## TBRI® Connecting Principles

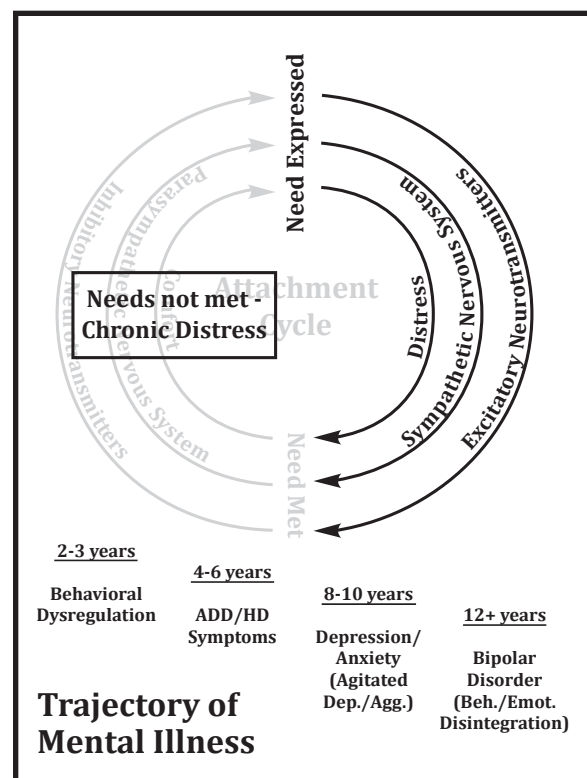
The TBRI® Connecting Principles are designed to strengthen and deepen relationship connections between caregivers and children. The TBRI® *Mindfulness Strategies* are designed to encourage caregivers to examine their own relationship histories and how their histories influence what they bring to the relationships with children. The TBRI® *Engagement Strategies* provide caregivers with practical tools for relating to children in meaningful ways, and you'll read more about these in the TBRI® Connecting Principles training.

### The Attachment Cycle

To fully understand and appreciate how children come to trust safe adults around them, it's important to understand the *Attachment Cycle*.



In optimal development, children's needs are met and the attachment cycle is established.



When children's needs are not met, they exist in chronic distress and are put on a path to behavioral dysregulation.

## Distress/Comfort

Examples of needs an infant might have:

- Comfort, nurturing when upset
- Diaper change
- Others: \_\_\_\_\_
- \_\_\_\_\_

## Sympathetic/Parasympathetic Nervous System

- The sympathetic nervous system causes the heart to race, blood pressure to rise, and face to become red.
- The parasympathetic nervous system lowers stress and fear chemicals.
- What is a situation where you have felt your *sympathetic nervous system* activate?

\_\_\_\_\_

\_\_\_\_\_

## Excitatory/Inhibitory Neurotransmitters

- Excitatory neurotransmitters flood the brain and body with anxiety and increase heart rate and blood pressure.
  - They are helpful during crisis or hardship, but too much in everyday situations is harmful for the brain and body.
- Inhibitory neurotransmitters are calming.

## In Summary

- In the attachment cycle, *brain*, *body*, and *environment* work together.
- When children's *needs* are not met, their systems are under chronic distress.
- Disruption in the system denies children *voice*.

**The Attachment Cycle lays the foundation for:**

**Trust**  
**Self-worth**  
**Self-efficacy (voice)**  
**Self-regulation**  
**Mental health**





Children's sensory needs and preferences also influence their behavior. Children from hard places who have not had early nurturing touch or who experienced early painful touch (such as experiencing hospitalization as an infant or young child) are at risk for sensory deficits.

***Sensory Defensive Behaviors may Include:***

- Refuses to eat certain foods
- Refuses to wear certain articles of clothing or clothing with tags
- Does not like hugs/kisses
- Wipes off kisses
- Refuses to get hands dirty and/or craves getting hands dirty
- Dislikes loud noises/covers ears
- Dislikes bright lights/covers eyes
- Dislikes strong smells or odors
- Prefers to initiate contact rather than receive it from others

***Sensory Seeking Behaviors may Include:***

- Frequently spins, jumps, swings (engages in other fast movement)
- Frequently wants bear hugs/enjoys being tightly wrapped
- Enjoys being tossed in air/being off the ground
- Craves getting hands dirty
- Bites or sucks on fingers
- Enjoys wrestling/tickling/roughhousing
- Frequently bangs/hits/drops toys
- Frequently fidgets/has trouble sitting still
- Prefers loud environments

*Simple ways I can use the Physiological Strategies to empower children in my care are:*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Snack every two hours</li> <li>• Carry a water bottle</li> <li>• Be aware of scents in classroom</li> <li>• Create opportunities for physical play</li> <li>• Have noise cancelling headphones available</li> <li>• Have fidgets available</li> <li>• Provide objects for chewing</li> </ul> | <ul style="list-style-type: none"> <li>• Provide inflatable cushions, weighted items, and bean bags during circle/listening time</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul> |
|---|--|

## Ecological Strategies (Environmental/External)

In contrast to the *Physiological Principles*, the *Ecological Principles* help caregivers use the environment to teach children self-regulation skills. Just like their bodies, children's environments- what's going on around them- influence the way they behave. In the TBRI® Empowering Principles training, you'll learn much more about *Physiological Strategies*, but let's talk about one that's easy to implement: **Daily Transitions**.

### Apply Your Learning: TRANSITIONS

*Think about transitions that occur daily with the child in your care and answer the following questions. If you do not yet have a child in your care, think about a transition you would like to be proactive about once you do have a child in your care.*

One daily transition that I would like to work on with children in my care is:

\_\_\_\_\_

Underlying factors that might be influencing this transition:

#### *Connecting*

- I could use more healthy touch
- I could change my voice quality
- Playful interaction: I could change how I approach this situation
- I could use behavior matching more effectively
- I could be more mindful about why this situation 'pushes my buttons'

#### *Empowering:*

- Children might be thirsty at this time
- Children might be hungry/ready for a snack at this time
- Children might be tired at this time
- Children might be restless or emotionally fragile at this time
- There might be other sensory input in the environment influencing behavior:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Action Steps I can take to make this transition smoother:*

- Give frequent reminders ("Five more minutes until \_\_\_\_\_," "Three more minutes until \_\_\_\_\_")
- Allow child to set a timer
- Allow child to choose between two amounts of time (e.g., five minutes and seven minutes)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Be a Detective: Discover How to Empower a Child

Taking notice of children’s behavior throughout the day can do wonders for understanding the needs of their brains and bodies. Try keeping a behavior diary for a week and record each time a behavioral episode occurs (use the template below as a starting place). This type of attunement will help you become proactive instead of reactive. In general, note:

- Whether the episode happens around a certain time every day, e.g.:
  - AM/PM
  - Transition (bedtime, mealtime, etc.)
  - When something cognitive is being asked of child
- What sensory input a child avoids
- What sensory input a child seeks/craves
- What sensory input a child overreacts to
- What sensory input a child is cautious around

Try to notice any patterns, including when and how the behavioral episodes occur. Then ask yourself, *which of the Empowering Principles might help with this? What about Connecting Principles?* In the next section, you’ll learn about TBRI® Correcting Principles.

### Behavior Diary

Child’s Behavior	Time & Date	Circumstances

## TBRI® Correcting Principles: Proactive Strategies

*Remembering the Attachment Cycle on page 12 demonstrates how children from “hard places” lose their ‘voice’ – and with it, safety, trust and much, much more; note how these Proactive Strategies teach them that safe adults are listening and hear their voices. With Choices, Compromises and Sharing of Power, in each case, we give the child a voice, giving us the opportunity to guide them back to what was lost. And in each case, we say, “You don’t need survival strategies that have kept you safe – now I am on duty to give you voice!”*

### Choices

- Offer children appropriate amounts of control.
- Should contain two options that both caregiver and child can be *happy* with.
- Should not contain a ‘right’ and a ‘wrong’ choice.
- Help children practice and learn good *decision-making* skills [*giving voice*].

### Compromises

- Allow children to offer a different choice.
- Teach children important *social* skills.
- Keep behavior moving along smoothly.
- Help children trust that their *needs* are heard and will be met when possible [*giving voice*].

### Sharing Power

- Shows children that caregivers hear their *needs*.
- Is a way to allow *children* to make decisions while the *caregiver* is still in charge.
- Teach children that their *words* have power [*giving voice*].

### Life Value Terms

- Are short phrases with great meaning.
- Honor relationships and teach social skills.
- Can be practiced through *scripts*.
- Can be used effectively during behavioral ‘crunch’ times.

**Two ways I can offer choices are:**

1.

2.

**TBRI® Life Value Terms**

**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®)

**Use Your Words**

**Accepting 'No'**

**With Permission and Supervision**

**TBRI® Correcting Principles: Responsive Strategies****The IDEAL Response®****Immediate****Direct****Efficient****Action-Based****Leveled at the behavior, not the child*****Immediate***

- Respond within 3 seconds.
- Learning occurs best when behaviors are addressed *immediately*.

***Direct***

- Use techniques based on TBRI® *Engagement Strategies*.
- For example, get on the child's level and use soft eye contact.

***Efficient***

- Use only the amount of intervention necessary to get behavior back on track.
- Over-responding may drive children into worse behavior.

***Action-Based***

- Action-based learning is the most salient way to absorb knowledge.
- For example, guide children through a re-do.

***Leveled at the behavior, not the child***

- For children from hard places, self-esteem is very fragile. Caregivers must make clear that children are not defined by their behavior (their behavior is not who they are).
- Correction should address the behavior at hand, *not* the child.  
For example, "It is not okay to hit." versus "Mean people hit. Don't let me see you hit again."

**IDEAL Response®** - *Think About Your Own Life:*

Which part of the IDEAL Response® is/will be the most *challenging* for you? Why?

Which part of the IDEAL Response® is/will be the *easiest* for you? Why?

**NOTES**

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## **Levels of Response™**

*You may be anxious about remembering the Levels and deciding which level to use. Please let us encourage you not to struggle over levels – they are guidelines, not rules. Essentially, in EVERY LEVEL, a primary goal is to give voice. In EVERY LEVEL, a primary goal is to mentor, teach and coach. At some time in EVERY LEVEL, adults will probably use choices, compromises and possibly even a verbal or behavioral re-do. Simply connect, understand the need, meet the need, and mentor the child in getting needs met appropriately (i.e., respectful words with a safe adult).*

*TBRI® has great effectiveness with vulnerable children, in part, because at each Level of Response™, we guide the child to find their ‘voice’ in place of old survival skills. Implicit in the adult response at each of the four Levels is the question “Can you use your words, and not your behavior, to tell me what you need? I’m listening and want to help.”*

As you learned earlier, responses to challenging situations with children should be **Efficient**, meaning the adult’s response should match the situation at hand. Over-responding to a relatively minor transgression can push a child into more severe behavior. The TBRI® *Levels of Response™* outline what caregivers can do in different challenging situations with children.

## Levels of Response™

### ***Playful Engagement (Level 1)***

- Redirect children without breaking stride.
- E.g., “Would you like to try it again with respect?” or “Are you askin’ or tellin’?” in a playful voice. ***In this way you are teaching the child to use ‘good words’ with a safe adult who can meet their needs – returning the ‘voice’ they lost through their history of harm.***
- Use consistently – *Playful Engagement* reduces misbehavior dramatically over time because it strengthens the relationship between children and caregivers.

### ***Structured Engagement (Level 2)***

- Pause the situation and use a more structured voice.
- Offer two choices or a compromise – this provides a concrete, quick way to get children back on track. ***Again, in this way, you are guiding a child in using their ‘voice’; their ‘good words’ to be heard, rather than old survival strategies.***
- Use behavioral ‘re-dos’ to help children feel successful. Walking through the motions of the *right* behavior is good for ‘muscle memory’.
- For younger children, a physical re-do is appropriate, however with adolescents, a simple verbal re-do may be more appropriate because of the risk of shaming them.

### ***Calming Engagement (Level 3)***

- Allow children to regulate with adult assistance.
- Use a time-in and keep children close rather than sending them away (as in a traditional time-out). This lets them know that you are there for support and guidance.
- In particular, for adolescents, an essential element is that the adult and teen created a plan together for Calming Engagement, making it clear the adult is not punishing the child, but rather supporting, coaching and mentoring them. Work out a predetermined ‘quiet’ or ‘calm’ place adolescents can go when overwhelmed. Make plans for items that will aid their calming, such as a weighted item, or calming music, or scented item.

### ***Protective Engagement (Level 4)***

- Reserve use of this level for violence or aggression.
- Seek formal training that is accepted/recognized by state or facility.
- We frequently end this level by asking the child “What did you need?” and then help them understand that we are listening, and they don’t need survival skills to meet their own needs but rather, that we are there to help them.
- The child must be solid, connected and able to return to *Playful Engagement* before Level 4 is completed.

***The goal is always to return to Playful Engagement. Not only should behavior have changed, but children (and adults) should also feel content and connected after a behavioral episode.***

## Putting It All Together

Now that you've been introduced to TBRI<sup>®</sup>, you might be feeling a little overwhelmed. Don't worry- it takes time to learn how to integrate TBRI<sup>®</sup> Connecting, Empowering, and Correcting Principles. In the training modules that follow, you'll learn more about each set of principles in-depth, and see how they work together with the other sets. It might help to remind yourself that caregiving is a *journey* and to congratulate yourself for taking this step. Remember, deep, meaningful relationships begin with connection and trust.

You might be surprised by how much you have learned. Let's take a look at a clip in which all three TBRI<sup>®</sup> principles are used – Connecting, Empowering, and Correcting. See how many of the strategies you can identify in the adult's behavior using the form below.

### Putting It All Together: WHAT DO I SEE?

#### 1. Connecting Principles

#### 2. Empowering Principles

#### 3. Correcting Principles

Watch the clip again, this time using the score sheet below to look for the specific principles we have outlined. Fill out the TBRI® Checklist by putting a '1' in the appropriate boxes for the 1st episode, a '2' for the 2nd episode, etc.

<b>TBRI® Checklist</b>	
<b>TBRI® Strategies</b>	<b>Notes</b>
<p><b><u>Empowering Principles</u></b></p> <p>_____ Transitions</p> <p>_____ Rituals (e.g., Attachment Ritual)</p> <p>_____ Hydration (Water)</p> <p>_____ Blood Sugar (Snacks)</p> <p>_____ Physical Activity</p> <p>_____ Deep Breathing</p> <p>_____ Sensory Experiences: Vestibular</p> <p>_____ Sensory Experiences: Proprioceptive</p> <p>_____ Sensory Experiences: Touch</p>	<p>(Child's <i>felt-safety</i>, level of self-regulation, level of challenge, etc. – by episode)</p>
<p><b><u>Connecting Principles</u></b></p> <p>_____ Valuing Eye Contact</p> <p>_____ Authoritative Voice (Tone, Volume, Cadence)</p> <p>_____ Healthy Touch</p> <p>_____ Behavioral Matching</p> <p>_____ Playful Interaction</p> <p>_____ Mindfulness: Attunement &amp; Awareness</p> <p>_____ Mindfulness: Calm Presence</p> <p>_____ Mindfulness: Creative Problem Solving</p> <p>_____ Mindfulness: Flexible Responding</p>	
<p><b><u>Correcting Principles</u></b></p> <p>_____ Life Value Terms: Using Words</p> <p>_____ Life Value Terms: With Respect</p> <p>_____ Life Value Terms: Accepting "No"</p> <p>_____ Life Value Terms: Gentleness and Kindness</p> <p>_____ Life Value Terms: Listen and Obey (1st Time)</p> <p>_____ Behavioral Scripts: Choices</p> <p>_____ Behavioral Scripts: Compromises</p> <p>_____ Behavioral Scripts: Re-dos</p> <p>_____ IDEAL Response®: Immediate</p> <p>_____ IDEAL Response®: Direct (Engaged - Above)</p> <p>_____ IDEAL Response®: Efficient (Levels - Below)</p> <p>_____ IDEAL Response®: Action-Based (e.g., Re-do)</p> <p>_____ IDEAL Response®: Leveled at Behavior</p> <p>_____ Levels of Response™: Playful Engagement</p> <p>_____ Levels of Response™: Structured Engagement</p> <p>_____ Levels of Response™: Calming Engagement</p> <p>_____ Levels of Response™: Protective Engagement</p>	

**Notes**



## Resources

[www.child.tcu.edu](http://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

*A Sensory World: Making Sense of Sensory Disorders* (video)

From the Karyn Purvis Institute of Child Development's Healing Family Series, this video provides interventions and practical exercises to help children cope with sensory issues.

*Healthy Touch* (video)

Part of the Healing Families series developed by the Karyn Purvis Institute of Child Development. This video contains in-depth information regarding the value of touch and how it facilitates the connections necessary for healthy attachment and brain development.

*Sensory Integration* (video)

Part of the lecture series given by Dr. Karyn Purvis from the Karyn Purvis Institute of Child Development, this video addresses how Sensory Integration Disorder affects behavior and development and offers practical tools for parents and clinicians.

[www.empoweredtoconnect.org](http://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/the-connection=where-hearts-meet-1-study-guide](http://www.saddlebackresources.com/the-connection=where-hearts-meet-1-study-guide)

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

[www.sensorystories.com](http://www.sensorystories.com)

Children's coloring books for helping children problem solve about sensory needs and deficits.

<http://babybabyohbaby.com>

Information and resources regarding infant massage

*The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder*

By Carol Kranowitz

ISB# 0399532714

Carol Kranowitz, awarded author, provides a drug-free approach to Sensory Processing Disorder for parents, teachers, and clinicians

[www.weightedblanket.net](http://www.weightedblanket.net)

Information regarding weighted blankets, weight requirements, and ordering resources.

For additional questions please feel free  
to contact us at:

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## MOMENT-BY-MOMENT ASSESSMENT

Child's name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Date and time of episode: \_\_\_\_\_ Person completing this form: \_\_\_\_\_

### Just before the episode

1. How did the child look emotionally? Circle one:

Calm Happy Excited Agitated Angry Sad Other:

2. What was the child doing — how would you describe his or her behavior? Circle one:

Resting Eating Playing Learning Talking Transitioning Other:

3. What appeared to trigger the child's episode? Circle one:

Voice Image Smell Loss of something Request to do something Body contact (touch)

Criticism Discipline Limit setting Other:

4. Who appeared to initiate the trigger? Circle one:

Parent (M or F) Stepparent (M or F) Resource parent Sibling Relative Teacher Peer Stranger Clinician Other:

5. Where did this episode occur? Circle one:

Home School Neighborhood Car/bus Office Other:

### During the episode

6. What did the child appear to be feeling?

Sad Fear/panic Anger/rage Guilt/shame Numb/spacey Flashbacks Grief Other:

7. What was the child doing — how would you describe his or her behavior? Circle one:

Raised voice Swearing Hitting Kicking Biting Throwing Breaking/damaging Self-harming Talking about suicide

Using substances Running away Eating disturbance Engaging in boundary violations (sexual or other) Theft Other:

### After the episode

8. What did the child appear to be feeling? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other:

9. What was the child doing — how would you describe his or her behavior? Describe:

10. How long did it take for the child to return to baseline — and what did he or she do once calm? Describe:

11. From your observation, if you could name one thing you think is bothering this child, what would it be? Describe: