# Trust-Based Relational Intervention®: Principles and Practices

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## Introduction

Numerous researchers have documented the fact that children who are adopted are disproportionally represented among those who receive services for emotional and behavioral disorders, often as a result of their life circumstances prior to their adoption. In spite of being cared for in stable, attentive homes, these children continue to be at increased risk for behavioral deterioration. 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 behavior problems (both internalizing behaviors such as depression, and externalizing behaviors such as aggression) and utilized mental health services in significantly higher numbers than nonadopted children.[1] This meta-analysis reported on 101 sub-samples from various research studies including more than 25,000 individual cases and 80,000 controls. In addition, many of these children remain at risk for relationship-based disturbances due to their histories of abuse, neglect, and/or trauma.

During the past decade our Institute of Child Development has been devoted to creating research-based interventions for at-risk children. Emerging from our research and that of others, we have synthesized an attachment-based intervention called Trust-Based Relational Intervention® (TBRI$^{SM}$) which has proven efficacy for helping children heal and has been applied effectively in homes, schools, orphanages, and residential treatment facilities.

Parents and professionals trained in TBRI$^{SM}$ are able to help their adoptive and/or foster children (a) heal from past relationship-based traumas, and (b) develop positive relationships and behaviors. TBRI$^{SM}$ consists of three sets of intervention principles, and this paper provides a brief overview of these principles, along with a few samples for how each principle can be applied. The Empowering Principles are designed to (a) meet the child's basic needs for hydration, nutrition, and physical activity, and (b) instill a sense of felt-safety by creating an environment that is predictable and child-centered. The Connecting Principles are designed to enhance (a) caregiver awareness of self and child, (b) engagement and nurturing interaction, and (c) dyadic attunement. Finally, the Correcting (Shaping) Principles include both (a) proactive strategies such as teaching self-regulation and prosocial skills, and (b) reactive strategies that yield effective, positive, and non-punitive responses to child misbehavior (see Figure 1 for a table of TBRI principles and practices).

## Empowering Principles

The Empowering Principles address the ecological (environmental) and physiological needs of the child. These principles address the reality that a child's mind is housed in his body and that the needs of the body influence his ability to do higher-level tasks. The Empowering Principles

1 Juffer, F. & van IJzendoorn, M. H. (2005). Behavior problems and mental health referrals of international adoptees: A meta-analysis. *JAMA: Journal of the American Medical Association, 293*, 2501-2515.

are founded on research from various domains including Tiffany Field's work on touch,[2,3] Stephen Porges's work on the polyvagal system,[4,5] work carried out on regulatory and sensory processing disorders,[6,7,8] and efforts to determine the effect of nutritional interventions on children's psychopathology.[9,10]

## *Ecology*

### Felt-safety

It is not enough for the parents to know 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. Possibly the most important lesson learned during our years in this work is that children who experience felt-safety can be released from emotions that hold them hostage and become free to learn and grow.[11,12]

### Predictability

Unpredictability and chaos are stressful for a child[13] and having a predictable environment is empowering because it reduces anxiety over what is coming next. One way to create predictability is through routines (e.g., for bedtime or for transitioning from one activity to another).

## *Physiology*

### Safe Touch

Regular, affectionate touch is an Empowering Principle because it is important for both physiological health and interpersonal relationships.[14] Safe, nurturing touch activates pressure receptors under the skin which send messages to the vagus nerve to slow down heart rate and blood pressure, inducing relaxation. Safe touch also curbs stress hormones like cortisol, facilitates food absorption and digestion, and stimulates the release of serotonin, which counteracts pain. Research has shown that safe touch improves both behavior and biochemistry in children with various medical and psychiatric conditions.[15]

### Sensory Input/Physical Activity

Physical activity is an Empowering Principle because it promotes more balanced brain chemistry, which enables children to learn and organize information more effectively. Any repetitive movement, such as walking, riding a bike, bouncing on a trampoline, or swinging has shown to boost calming neurochemicals[16] and lower levels of excitatory and stress neurochemicals[17]. However, reasonable limits

2 Field, T. (2001). *Touch*. Cambridge, MA: MIT Press.
3 Field, T., Hernandez-Reif, M., & Diego, M. (2005). Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience, 115*, 1397-1413.
4 Porges, S. W. (1998). Love: An emergent property of the mammalian autonomic nervous system. Special issue: Is there a neurobiology of love? *Psychoneuroendocrinology, 23*, 837-861.
5 Porges, S. W. (2003). The Polyvagal Theory: Phylogenetic contributions to social behavior. *Physiology & Behavior, 79,* 503-513.
6 Barton, M. L. & Robins, D. (2000). Regulatory disorders. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health (2nd ed.);* (pp. 311-325). New York: Guilford Press.
7 Greenspan, S. I., & Wieder, S. (1993). Regulatory disorders. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (pp. 280-290). New York: Guilford Press.
8 Kranowitz, C. S. (2005). *The out-of-sync child: Recognizing and coping with sensory processing disorder, revised ed*. Perigree: New York.
9 Kaplan, B. J., Fisher, J. E., & Crawford, S. G. (2004). Improved mood and behavior during treatment with a mineral-vitamin supplement: An open-label case series of children. *Journal of Child and Adolescent Psychopharmacology 14*, 115-122.
10 Welsh J. A., Viana, A. G., Petrill, S. A., & Mathias, M. D. (2007). Interventions for internationally adopted children and families: A review of the literature. *Child and Adolescent Social Work Journal, 24*, 285-311.
11 Sroufe, L. A. & Waters, E. (1977). Attachment as an organizational construct. *Child Development, 48*, 1184-1199.
12 Bischof, N. (1975). A systems approach toward the functional connections of attachment and fear. *Child Development, 46*, 801-817.
13 Perry, B. D. (1994). Neurobiological sequelae of childhood trauma: Post traumatic stress disorders in children. In M. Murburg (Ed.), *Catecholamine function in post traumatic stress disorder: Emerging concepts* (pp. 253-276). Washington, DC: American Psychiatric Press.
14 Field, T., Hernandez-Reif, M., & Diego, M. (2005). Cortisol decreases and serotonin and dopamine increase following massage therapy. *International Journal of Neuroscience, 115(10)*, 1397-1413.
15 Montagu, A. (1986). *Touching: The human significance of the skin*. New York: Harper Paperbacks.
16 Chaouloff, F. (1997). The serotonin hypothesis. In W. P. Morgan (Ed.), *Physical activity and mental health* (pp. 179-198). Washington DC: Taylor & Francis.
17 Nabkasorn, C., Miyai1, N., Sootmongkol, A., Junprasert, S., Yamamoto, H,. Arita, M., & Miyashita K. (2005). Effects of physical exercise on depression, neuroendocrine stress hormones and physiological fitness in adolescent females with depressive symptoms. *European Journal of Public Health, 16*, 179–184.

should be observed, as there is also a link between fatigue and problem behavior.[18] When a child pushes too hard, aerobic activity turns into anaerobic exercise and the child's neurotransmitters get depleted, causing conduct and behavior to deteriorate.[19] It is important to be attentive to a child's signals that he or she is tired or has had enough.

## Connecting Principles

The Connecting Principles address the relational needs of adopted or foster children who often have past experiences that put them at risk for relationship-based disturbances. Typically, children have two responses to trauma: dissociation and hyperarousal.[20] The Connecting Principles address the tendency of a child to withdraw or dissociate as a means of self-protection through methods that engage the child while attending to his feelings of threat or fear.

The TBRI[SM] Connecting Principles are grounded in attachment theory as a way to conceptualize the importance of early parent-child relationships for optimal child development.[21,22,23,24] Connecting principles also draw upon the work of Allan Schore,[25,26,27] Daniel Siegel,[28] and Louis Cozolino.[29,30] In terms of intervention, there is overlap between the Connecting Principles and attachment-based interventions such as Theraplay®[31], the Circle of Security Intervention[32], and Child-Parent Psychotherapy.[33,34]

### *Awareness*

#### Observing

While most adoptive children are actually safe in their new homes, many continue to engage in maladaptive strategies, which are fear- and anxiety-based. Fear-based reactions of children are often behaviorally masked as anger, willfulness, stubbornness, or defiance. An anxious or afraid child may also have stiff limbs, clenched fists, or dilated pupils. He may freeze, withdraw physically, or act out behaviorally. When interacting with an adopted child, it is essential to have an awareness of his anxiety level, voice intensity, and facial expression.[35]

#### Recognizing Behavior

Many children who manifest externalizing behaviors have inner needs they are unable

18 Smith, C. E. (1999). Fatigue as a biological setting event for severe problem behavior. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 59(11-B)*, 6079.

19 Purvis, K. B., Cross, D. R., & Sunshine, W. L. (2007). *The connected child: Bring hope and healing to your adoptive family.* New York: McGraw-Hill.

20 Perry, B. D. (2001). The neuroarcheology of childhood maltreatment: The neurodevelopmental costs of adverse childhood events. In K. Franey, R. Geffner, & R. Falconer (Eds.), *The cost of maltreatment: Who pays? We all do* (pp. 15-37). San Diego: Family Violence and Sexual Assault Institute.

21 Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1: Attachment.* New York: Basic Books.

22 Bowlby, J. (1980). *Attachment and loss: Vol. 3: Loss.* New York: Basic Books.

23 Ainsworth, M.D. (1985). Patterns of attachment. *Clinical Psychologist, 38*, 27-29.

24 Egeland, B., Jacobvitz, D., & Sroufe, L. A. (1988). Breaking the cycle of abuse: Relationship predictions. *Child Development, 59,* 1080-1088.

25 Schore, A. N. (1994). *Affect regulation and the origin of the self.* Hillsdale, New Jersey: Lawrence Erlbaum Associates.

26 Schore, A. N. (2003). *Affect dysregulation and disorders of the self.* New York: Norton & Co.

27 Schore, A. N. (2003). *Affect regulation and the repair of the self.* New York: Norton & Co.

28 Siegel, D. J. (1999). *The developing mind*. New York: The Guilford Press.

29 Cozolino, L. J. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*. New York: W. W. Norton & Company.

30 Cozolino, L. J. (2006). *The neuroscience of human relationships: Attachment and the developing social brain*. New York: W.W. Norton & Company.

31 Jernburg, A. M., & Booth, P. B. (1998). *Theraplay: Helping parents and children build better relationships through attachment-based play (2nd ed.)*. San Francisco: Josey-Bass.

32 Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The Circle of Security project: Attachment-based intervention with caregiver-pre-school child dyads. *Attachment & Human Development, 4,* 107-124.

33 Lieberman, A. F. (2004). Child-parent psychotherapy: A relationship-based approach to the treatment of mental health disorders in infancy and early childhood. In A. J. Sameroff, S. C. McDonough, & K. L. Rosenblum (Eds.), *Treating parent-infant relationship problems: Strategies for intervention* (pp. 97-122). New York: Guilford Press.

34 Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 45*, 913-918.

35 Grietens, H. & Hellinckx, W. (2003). Predicting disturbed parental awareness in mothers with a newborn infant: Test of a theoretical model. *Infant and Child Development, 12,* 117-128.

to verbalize, which continue to go unmet.[36] These children may be deceptively fragile and afraid and are often driven to further externalize behaviors based on the belief that no one understands them or cares about their need. Two questions arise with each incident of misbehavior: What is the child REALLY saying? What does the child REALLY need? Although misbehavior must be addressed directly and quickly, it must also be addressed sensitively and responsively.[37]

### *Engagement*

#### Nurturing Interaction

The best pathway to the true child is through building trust in infancy.[38] 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 with a history of maltreatment will likely benefit much more from these types of interactions than from cognitively-loaded interactions.

#### Playful Engagement

The primary mode of interaction should be playful engagement.[39,40] Use a lighthearted attitude and tone of voice, and interject gentle games and jokes whenever possible as this encourages trust and learning on the part of the child.

36 Perry, B. D. (1994). Neurobiological sequelae of childhood trauma: Post traumatic stress disorders in children. In M. Murburg (Ed.), *Catecholamine function in post traumatic stress disorder: Emerging concepts* (pp. 253-276). Washington, DC: American Psychiatric Press.

37 Kumpfer, K. L., Alvarado, R., Tait, C., & Whiteside, H. O. (2007). The strengthening families program: An evidence-based, multicultural family skill training program. In P. Tolan, J. Szapocznik, S. Sambrano (Eds.), *Preventing youth substance abuse: Science-based programs for children and adolescents* (pp. 159-181). Washington, DC: American Psychological Association.

38 Harlow, H., F., Harlow, M. K., & Suomi, S. J. (1971). From thought to therapy: Lessons from a primate laboratory. *American Scientist, 59*, 872-876.

39 Panksepp, J. (2000). The riddle of laughter: Neural and psychoevolutionary underpinnings of joy. *Current Directions in Psychological Science*, *9*, 183-186.

40 Panksepp, J. (2002). On the animalian values of the human spirit: The foundational role of affect in psychotherapy and the evolution of consciousness. *Journal of Psychotherapy, Counseling and Health, 5*, 225-245.

## Correcting Principles

The TBRI[SM] Correcting Principles are built on the foundation of the Empowering and Connecting Principles to create an environment in which the child can risk abandoning maladaptive behaviors and creating new behaviors through the Correcting Principles. When increasing structure, it is imperative to simultaneously increase nurture. Warm, playful interaction in the context of consistent care is the mode for optimal development[41] and provides a relational pathway to positive behavioral change.

The Correcting Principles are grounded in Cognitive-Behavioral Therapy (CBT), which has been shown to be effective for a wide range of childhood disorders, including depression,[42,43] aggression,[44,45] and PTSD.[46,47] These principles have also been effective in our summer camps, family camps, and home programs for adopted children with behavioral issues.[48]

### *Proactive Strategies*

#### Emotional Regulation

In normally developing parent-infant dyads, regulation by the parent offers not only a venue of practical care such as regulation of warmth

41 Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.

42 Stark, K. D., Sander, J., & Hauser, M. (2006). Depressive disorders during childhood and adolescence. In E. J. Mash, R. A. Barkley (Eds.), *Treatment of childhood disorders (3rd.ed)* (pp. 336-407). New York: Guilford Press.

43 Verdeli, H., Mufson, L., & Lee, L. (2006). Review of evidence-based psychotherapies for pediatric mood and anxiety disorders. *Current Psychiatry Reviews, 2*, 395-421.

44 Lochman, J. E., Powell, N. R., & Whidby, J. M. (2006). Aggressive children: Cognitive-behavioral assessment and treatment. In P. C. Kendall (Ed.) *Child and adolescent therapy: Cognitive-behavioral procedures (3rd ed.)* (pp. 33-81). New York: Guilford Press.

45 Sukhodolsky, D. G., Kassinove, H., Gorman, B. S. (2004). Cognitive-behavioral therapy for anger in children and adolescents: A meta-analysis. *Aggression and Violent Behavior, 9*, 247-269.

46 Cohen, J. A. (2005). Treating traumatized children: Current status and future directions. *Journal of Trauma & Dissociation, 6*, 109-121.

47 Dalgleish, T., Meiser-Stedman, R., & Smith, P. (2005).Cognitive aspects of posttraumatic stress reactions and their treatment in children and adolescents: An empirical review and some recommendations. *Behavioural and Cognitive Psychotherapy, 33*, 459-486.

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

and food, but also becomes the vehicle by which a developing child learns to self-regulate emotions and behavior.[49] Many children with histories of maltreatment or neglect lacked physical regulation by caring parents and consequently fail to develop skills of self-regulation (both physically and emotionally).[50] "How does your engine run"[51] is one tool developed by occupational therapists, which can be used by parents to teach the child awareness of his or her own needs, feelings, and emotions, and in turn, to encourage awareness of how and when he needs to self-regulate.[52] (For a more comprehensive presentation of pragmatics on sensory integration and its efficacy, see *The Out of Sync Child* [revised ed.], by Carol Kranowitz, 2005.)

### Life Value Terms

The child who began life without a devoted caregiver learned one simple value: survival. He dealt with difficulty on 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 basic life values simply to the child. Over time and with regular use, these short scripts become meaningful markers for the child to evaluate his own behaviors. See Figure 2 for a list of Life Value Terms as well as some comments on their use.

## *Redirective Strategies*

### Choices for Discipline

During times of misbehavior and challenge to the adult's authority, giving choices provides an optimal avenue for discipline and redirection.[53] The Levels of Response® addresses these behaviors (see Figure 3 for a further description of Levels of Response®). Challenges are identified in four levels: *Level One*—mild (attempt to redirect through playful engagement), *Level Two*—moderate (attempt to redirect through giving choices), *Level Three*—verbally aggressive (attempt to redirect through "time-in"/"think it over"), and *Level Four*—physically aggressive (attempt to redirect through physical interruption of physical aggression).

### Re-Do's

Children who have difficulty regulating their behavior need opportunities to practice appropriate responses. Once an opportunity to correct inappropriate behavior is identified, parents should model the appropriate way to complete the action. When the child completes the "Re-Do," praise her lavishly and sincerely for her efforts. If done in a playful and fun manner, Re-Dos can build self-esteem and shape positive behaviors through success.[54,55] 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.

## Conclusion

For children who have experienced early trauma, abuse, or neglect, the injuries of the past are always present and driving current behaviors. The TBRI[SM] Principles outlined here (Empowering, Connecting, Correcting) represent a broad scope of research-based practices for interacting with adopted children with attachment-based disturbances and behavior

49 Gergely, G., & Watson, J. S. (1996). The social biofeedback theory of parental affect-mirroring: The development of emotional self-awareness and self-control in infancy. *International Journal of Psycho-Analysis, 77*, 1181-1212.

50 Horowitz, S. M., Simms, M. D., & Farrington, R. (1994). Impact of developmental problems on young children's exits from foster care. *Journal of Developmental & Behavioral Pediatrics, 15*, 105-110.

51 Williams, M. S., & Shellenberger, S. (1994). *An introduction to how does your engine run: The alert program for self-regulation*. Albuquerque, NM: Therapy Works.

52 Pollak, S. D., Vardi, S., & Bechner, A. M. P. (2005). Physically abused children's regulation of attention in response to hostility. *Child Development, 76*, 968-977.

53 Kazdin, A. E. (2005). *Parent management training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents*. New York: Oxford University Press.

54 Kazdin, A. E., Bass, D., Siegel, T., & Thomas, C. (1989). Cognitive-behavioral therapy and relationship therapy in the treatment of children referred for antisocial behavior. *Journal of Consulting and Clinical Psychology, 57*, 522-535.

55 Swales, M. (2004). Review of child-friendly therapy: Biopsychosocial innovations for children and families. *Clinical Child Psychology and Psychiatry, 9*, 159-160.

problems. They are also derived from experience working with adopted children with special needs and are shared here in hopes 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. For more information about TBRI[SM], please visit our website at: http://www.child.tcu.edu

**Figure 1. An outline of the TBRI[SM] interactive principles including the empowering principles, connecting principles, and correcting principles**

| Empowering Principles | |
|---|---|
| **Ecology** | **Physiology** |
| Felt-Safety | Safe Touch |
| Predictability | Sensory Input/ Physical Activity |
| Transitions | Hydration |
| | Nutrition |

| Connecting Principles | |
|---|---|
| **Awareness** | **Engagement** |
| Observing | Matching |
| Recognizing Behavior | Active Listening |
| Eye Contact | Nurturing Interaction |
| Body Position | Playful Engagement |
| Voice and Inflection | |
| Encourage Process | |

| Correcting Principles | |
|---|---|
| **Proactive Strategies** | **Redirective Strategies** |
| Emotional Regulation | Choices for Discipline |
| Encourage Positive | Re-dos |
| Life Value Terms | Consequences |
| Choices for Growth | The Voice |
| | The Stance |
| | Task Completion |

## Figure 2. Verbal scripts

| Script | Explanation |
|---|---|
| **"Showing Respect"** | Teach the child 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 your 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 the 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 experiences 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 them, "Who is the boss here? Are you the boss?" Once they acknowledge that they aren'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 them, especially if they hesitate 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 "matching." |
| **"With Permission and Supervision"** | "With permission and supervision" is important in acknowledging concepts such as the child is not the "boss" and that there are safe adults who will help them, protect them and insure their safety. One way to practice this is to make milkshakes with a blender, which give 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 desires, it is necessary that she is also taught to handle occasional disappointment 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 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. |

## Figure 3. Levels of Response® example of a situation on the playground in which a little five-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 One: *"Pick me up and carry me in the building!"* | Level One (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 Two: *"I was telling you! Pick me up and carry me in!"* | Level Two (with a 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 Three: *"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 Three (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 goes, bends down, matching the child, makes valuing eye contacts 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 Four: The child begins hitting and kicking the teacher or a nearby child. Now she has escalated from verbal aggression to physical aggression. | Level Four: 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 two-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 re-do. For example, in this case, the child asks the adult with respectful voice, face and body language, to carry her into the building for snack time. The interaction ends with a positive re-do, and with reconnection, praise, encouragement, and affirmation of the child's preciousness. |