



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

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TBRI: A Summary of the Evidence

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

This document summarizes the published research on TBRI, including studies conducted by the KPICD and by external researchers who may or may not be affiliated with the KPICD. Inclusion in this document does not imply endorsement or authorship by the KPICD. This summary is maintained as a resource for those interested in TBRI research but may not include all published articles. See *Select Citations* for a running list of peer-reviewed journal articles.

A Note about Evidence-Based Practices

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

[TBRI Caregiver Training](#) and [TBRI 101](#) are rated by the Prevention Services Clearinghouse as *Promising Practices* in the topic area of *Mental Health Prevention and Treatment*. Currently, TBRI is not rated in other topic areas. However, studies are underway to further evaluate the effectiveness of TBRI, including an adapted TBRI program for justice-involved youth and their families.

Additional Resources

To learn more about the evidence-informed principles and practices of TBRI and the theoretical foundations of the model, see <https://doi.org/10.1080/0145935X.2013.859906>.

To read a blog post answering common questions about the TBRI evidence-base, visit <https://child.tcu.edu/is-tbri-evidence-based/>.

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

Types of TBRI Research

The evidence for TBRI includes research studies on standardized TBRI intervention protocols, the TBRI model of care, as well as emerging implementation research, as summarized below.



TBRI Intervention Research: testing a standardized, manualized TBRI intervention protocol under specific conditions, including:

- TBRI Caregiver Training
- TBRI-Based Therapeutic Camps (Hope Connection)
- TBRI for Justice-Involved Families (LeSA)
- TBRI 101 (TBRI Online)
- TBRI Early Childhood Home Visiting



TBRI Caregiving Model Research: investigating a TBRI approach to care integrated in service settings and applied contexts, including:

- TBRI in Family Support Programs and Services
- TBRI in Residential Settings
- TBRI in Education



TBRI Implementation Research: exploring the training and implementation process in organizations and systems, including:

- TBRI in Child Welfare Collaboratives
- TBRI in Early Childhood Home Visiting



TBRI Intervention Research

TBRI Intervention Research includes published studies in which a standardized TBRI intervention (i.e., manualized protocol) was tested under specific conditions and found to improve outcomes for children and families.

TBRI Caregiver Training

TBRI Caregiver Training (aka ‘The Caregiver Package’) is the most widely used TBRI intervention protocol. TBRI Caregiver Training program materials are available to individuals who successfully complete Phase I and Phase II of TBRI Practitioner Training. The 2nd edition of TBRI Caregiver Training, intended to improve clarity, accessibility, and cultural sensitivity, was released in September 2025. In accordance with the guidelines of evidence-based practices, core components (content and delivery) have not changed. Key findings for the 1st edition are summarized below. Effectiveness research with TBRI Caregiver Training, 2nd edition, is underway.

FFPSA Rating: Promising Practice in the topic area of Mental Health Prevention and Treatment
CEBC Rating: Promising Research Evidence for Parent Training Programs with high relevance for child welfare

Results from a randomized controlled, two-group, pre-post research study on the effectiveness of TBRI Caregiver Training with adoptive families indicated that **children whose parents attended TBRI training exhibited significant decreases in behavioral problems and trauma symptoms and increases in prosocial behavior** as assessed by the Strengths and Difficulties Questionnaire and the Trauma Symptoms Checklist when compared to a matched-sample control group.

Purvis, K. B., Razuri, E. B., Howard, A. R., Call, C. D., DeLuna, J. H., Hall, J. S., Cross, D. R. (2015). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following trauma-informed parent training intervention. *Journal of Child and Adolescent Trauma*, 8(3), 201-210. <https://doi.org/10.1007/s40653-015-0055-y>

TBRI-Based Therapeutic Camps

Hope Connection

The first studies on TBRI came from the Hope Connection: a day camp for adopted children founded by Dr. Karyn Purvis and Dr. David Cross. These studies provided early evidence for the

intervention principles and practices that came to be known as TBRI. Key findings are summarized below.

Results from a one-group, pre-post study of a day camp for adopted children indicated that **children exhibited reduced levels of salivary cortisol, reductions in child depression, and healthier attachment representations.** Child depression was assessed with the Child Depression Inventory, and attachment representations were assessed using Family Drawings. Purvis, K. B., & Cross, D. R. (2006). Improvements in salivary cortisol, depression, and representations of family relationships in at-risk adopted children utilizing a short-term therapeutic intervention. *Adoption Quarterly*, 10(1), 25–43. https://doi.org/10.1300/J145v10n01_02

Results from a one-group, pre-post study indicated that **children attending camp exhibited significant improvements in externalizing and internalizing behavioral problems and attachment-related behaviors,** including decreases in thought problems, attention problems, aggressive behavior, and other problems as assessed by the Child Behavior Checklist; an increase in positive attachment behaviors and decrease in negative attachment behaviors on the Beechbrook Attachment Disorder Checklist; a decrease in attachment disturbance on the Randolph Attachment Disorder Questionnaire; and an increase in positive scores and decrease in negative scores on Family Drawings.

Purvis, K. B., Cross, D. R., Federici, R., Johnson, D., & McKenzie, L. B. (2007). The Hope Connection: A therapeutic summer day camp for adopted and at-risk children with special socio-emotional needs. *Adoption & Fostering*, 31(4), 38-48. <https://doi.org/10.1177%2F030857590703100406>

See also:

Purvis, K. B., McKenzie, L. B., Cross, D. R., & Razuri, E. B. (2013). A spontaneous emergence of attachment behavior in at-risk children and a correlation with sensory deficits. *Journal of Child and Adolescent Psychiatric Nursing*, 26, 165-172. <https://doi.org/10.1111/jcap.12041>

Hope Connection 2.0

In 2018, students worked to revive the original Hope Connection into a new model called Hope Connection 2.0. This new model focused on meeting the needs of every member of the adoptive family. Study findings are described below.

A pilot study utilizing a two-group intervention (n = 5 families) vs. waitlist (n = 4 families) pre-post design examined changes in trauma-related emotional and behavioral struggles, parent-child relationship, and family functioning in families with adopted children. Compared to parents in the waitlist group, **parents participating in the intervention reported trending decreases in their adopted child's anxiety and depression** as assessed by the Trauma Symptoms Checklist for Young Children. **Parents in the intervention group also reported a slight increase in their child's hyperactivity and a trending decrease in peer problems** on the Strengths and Difficulties Questionnaire. Further, **parents in the intervention reported trending increases in attachment, communication, and parenting confidence and trending**

decreases in relational frustration. Parents in the waitlist group reported slightly decreased attachment and communication and increased relational frustration. **Finally, family members participating in the intervention (all family members 11 years and older) reported increased family communication and family satisfaction** on the Family Adaptability and Cohesion Scale IV, whereas family members in the waitlist reported a slight increase in family communication and a slight decrease in family satisfaction on FACES.

Hunsley, J. L., Crawley, R. D., & Call, C. D. (2021): The pilot of a therapeutic family camp intervention to improve adoptive family functioning, *Adoption Quarterly*, 25(2), 138-161. <https://doi.org/10.1080/10926755.2021.2005728>

A follow-up study examined the preliminary effectiveness of a post-adoption family camp intervention for promoting emotional and behavioral health among adopted children. Results from a within-subjects waitlist control design with 32 adopted children from 18 families indicated that children showed decreases in conduct problems, post-traumatic stress, hyperactivity, anger, and sensory processing challenges 6 months post-intervention.

Hunsley, J. L., Shelley, L. T., West, A., Call, C., & Knight, D. K. (2025). Hope Connection® 2.0: The effectiveness of a post-adoption family camp intervention for promoting emotional and behavioral health among adopted children. *Children and Youth Services Review*, 168, 108058.

TBRI for Justice-Involved Families

This study tested the feasibility of an adapted TBRI intervention program for youth in the legal system and their families as part of the Leveraging Safe Adults (LeSA) project. Using a mixed-methods design with a multi-informant approach, the study aimed to (1) test TBRI as a prevention intervention for substance use and (2) test the feasibility and acceptability of the intervention by virtual delivery. Preliminary results indicated **decreases in youth negative urgency** on the TCU THK scale (associated with self-regulation) **and decreases in conduct problems and hyperactivity** on the Strengths and Difficulties Questionnaire following TBRI intervention. Qualitative analyses suggest that **caregivers and staff responded favorably to TBRI**. The LeSA project was funded by the NIH [HEAL Initiative](#).

Yang, Y., Joseph, E. D., Shelley, L. T., Razuri, E. B., Tinius, E., Tolou-Shams, M., & Knight, D. K. (2024). Feasibility and acceptability of a trauma-informed intervention to leverage caregivers in preventing opioid use among youth involved in the legal system. *Journal of Child & Adolescent Trauma*, 1-14. <https://doi.org/10.1007/s40653-024-00636-3>.

See also:

Rázuri, E. B., Yang, Y., Tinius, E., & Knight, D. K. (2024). Adaptation of a trauma-informed intervention to prevent opioid use among youth in the legal system. *Journal of Substance Use and Addiction Treatment*, 209294. <https://doi.org/10.1016/j.josat.2024.209294>

Knight, D. K., Yang, Y., Joseph, E. D., Tinius, E., Young, S., Shelley, L., Cross, D. R., & Knight, K. (2021). Preventing opioid use among justice-involved youth as they transition to adulthood: Leveraging safe adults (LeSA). *BMC Public Health*, 21:2133. <https://doi.org/10.1186/s12889-021-12127-3>

TBRI 101

formerly known as TBRI Online

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

CEBC Rating: Promising Research Evidence for Parent Training Programs with high relevance for child welfare

Results from a randomized controlled, two-group, pre-post study utilizing a self-paced, online version of TBRI Caregiver Training indicated that adopted **children whose parents participated in online TBRI training exhibited significant decreases in behavioral problems and trauma symptoms** assessed by the Strengths and Difficulties Questionnaire and the Trauma Symptoms Checklist, while behavioral problems and trauma symptoms of children in a matched-sample control group did not change.

Razuri, E. B., Howard, A. R., Parris, S. R., Call, C. D., DeLuna, J. H., Hall, J. S., Purvis, K. B., & Cross, D. R. (2016). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following web-based trauma-informed parent training intervention. *Journal of Evidence-Informed Social Work*, 13(2), 165-179. <https://doi.org/10.1080/23761407.2015.1014123>



TBRI Caregiving Model Research

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

TBRI in Family Support Programs and Services

Adoption Preservation

In a quasi-experimental, one-group, pre-post study, TBRI training was provided as a complementary intervention to adoptive parents participating in outpatient preservation services. **Results demonstrated significant improvements in children’s psychological functioning and parent’s stress following intervention**, including improvements in children’s global and psychological functioning as assessed by the Brief Psychiatric Rating Scale for Children and the Child’s Global Assessment Scale and decreases in caregivers’ stress levels as measured by the Parental Stress Scale. Notably, findings demonstrate that **caregiver and therapist investment in the TBRI model predicted outcomes for caregivers and children**, such that children whose caregivers were more invested in TBRI had a greater decrease in psychiatric problems. Further, caregivers rated as more invested in the TBRI model had a greater decrease in stress problems.

Howard, A. R., Parris, S. R., Nielsen, L E., Lusk, R., Bush, K., Purvis, K. B., & Cross, D. R. (2014). Trust-Based Relational Intervention® (TBRI®) for adopted children receiving therapy in an outpatient setting. *Child Welfare, 93*(5), 47-64.
<https://www.jstor.org/stable/48623452>

Deinstitutionalization

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

Hunsley, J., Razuri, E., Ninziza Kamanzi, D., Sullivan, H., Call, C., Styffe, E., and Hategekimana, C. (2021). Experiences of lay social workers trained in a trauma-informed intervention in the deinstitutionalization of Rwanda. *Journal of Children's Services*, 16(4), 289-303. <https://doi.org/10.1108/JCS-09-2020-0056>

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

Hunsley, J. L., Crawley, R.D., Styffe, E., West, A., Call, C., & Hategekimana, C. (2022). Effectiveness of a trauma-informed intervention in a deinstitutionalization program in rural Rwanda. *Child & Family Social Work*, 27(2), 287-298. <https://doi.org/10.1111/cfs.12884>

TBRI in Residential Settings

Residential Treatment

TBRI implementation in residential treatment was first reported in the case of a 16-year-old youth who had a history of severe abuse and neglect before her adoption from an orphanage at age 12. The young woman, who had numerous psychiatric hospitalizations post-adoption and had failed to respond to traditional residential treatment modalities, showed dramatic **increases in pro-social and attachment behaviors and decreases in violent and self-injurious behavior** following an intensive TBRI intervention. In addition, the facility documented a **drop in restraints and seclusions for this youth, from an average of 6.3 restraints and 6 seclusions per month over the 10 months before TBRI to an average of 2.5 restraints and 2.2 seclusions in the 6 months following TBRI.** Although limited conclusions can be drawn from a case study, this study provided groundwork for applying TBRI in out-of-home caregiving systems by developing a trauma-informed milieu and involving caregivers and staff in the process.

Purvis, K.B., McKenzie, L.B., Razuri, E., Cross, D.R., & Buckwalter, K. (2014). A trust-based intervention for complex developmental trauma: A case study from a residential treatment center. *Child & Adolescent Social Work*, 31(4), 355-368. <https://doi.org/10.1007/s10560-014-0328-6>

Congregate Care

In a case study of organizational changes in a group home providing transitional services for out-of-home children and youth, **improvements in behavioral incidents were documented**

over the two-year period during which TBRI was implemented across the organization. These improvements included a decrease in the frequency of reported containments and of incidents defined as “imminent risk and physical aggression” and an increase in frequency of “other incidents” such as minor client injury, disruptive behavior, and verbal aggression. These less serious staff-child interactions represent opportunities to teach self-regulation in a low-risk setting and indicate that behavioral challenges were addressed before they could escalate.

Purvis, K. B., Cross, D. R., Jones, D., & Buff, G. (2012). Transforming cultures of care: A case study in organizational change. *Reclaiming Children and Youth, 21*(2), 12–20.

TBRI in Education

Schools

In one of the first explorations of TBRI use in schools, **results describe an 18% decrease in incident reports and a 23% decrease in office referrals for the top ten most frequently referred students following TBRI implementation** within an elementary school with an at-risk student population.

Purvis, K. B., Milton, H. S., Harlow, J. G., Parris, S. R., & Cross, D. R. (2015). The importance of addressing complex trauma in schools: Implementing Trust-Based Relational Intervention in an elementary school. *ENGAGE: An International Journal on Research and Practices in School Engagement, 1*(2), 40-51.

Data from a charter school in a residential facility for at-risk youth suggests even greater improvements in incident reports for student behavior. After the first year of TBRI implementation, school data showed a 33% decrease in referrals for physical aggression or fighting with peers. After a two-year period of TBRI implementation, school data showed a 68% decrease in office referrals for physical aggression, an 88% decrease in referrals for verbal aggression, and a 95% decrease in referrals for disruptive behavior. Overall, there were 902 such referrals in 2010-2011, but only 59 in 2012-2013, resulting in a **93.5% decrease in overall incident reports after the first two years of the implementation process.**

Parris, S. R., Dozier, M., Purvis, K. B., Whitney, C., Grisham, A., & Cross, D. R. (2015). Implementing Trust-Based Relational Intervention in a charter school at a residential facility for at-risk youth. *Contemporary School Psychology, 19*(3), 157-164. <https://doi.org/10.1007/s40688-014-0033-7>

See also:

Reid, M. J., Proctor, A. M., Books, T. R. (2018). The early promise of TBRI implementation in schools. *School Leadership Review, 13*(2), 5-14. Available at: <https://scholarworks.sfasu.edu/slr/vol13/iss2/2>

Stipp, B. (2019) A big part of education also: A mixed-methods evaluation of a social and emotional learning (SEL) course for pre-service teachers. *Emotional and Behavioural Difficulties, 24*(2), 204-218. <https://doi.org/10.1080/13632752.2019.1597569>

Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2021). Systematic review of school-wide trauma-informed approaches. *Journal of Child & Adolescent Trauma, 14*, 381-397. <https://doi.org/10.1007/s40653-020-00321-1>

Early Learning Programs

This study examined the effect of occupational therapy group intervention using TBRI training for teachers and Nurture Groups with young children attending a Head Start program. The study utilized a retrospective mixed-method, quasi-experimental design with non-equivalent groups and pre-post measures. **Results indicate that following TBRI® Nurture Group participation, children experienced significant changes in Emotional Symptoms and Prosocial Behavior** as measured by the Strengths and Difficulties Questionnaire. Qualitative findings from the **focus group interview with Head Start teaching staff indicate an overall positive perception regarding the effects of TBRI training and Nurture Group implementation.**

Cerny, S., Reishus, J., Robinson, W., Beckman, S., Buse, E., Sebastian, R., & Smith, J. (2022). Promoting social-emotional development in children experiencing economic hardship using TBRI® Nurture Group®. *Journal of Occupational Therapy, Schools, & Early Intervention, 15*(1), 31-48. <https://doi.org/10.1080/19411243.2021.1884633>

In a follow-up mixed-methods study examining the effect of TBRI Nurture Groups among preschool-aged children who had experienced economic hardship and the COVID-19 pandemic, researchers reported significant improvement in social-emotional development. Findings included **significant decreases in conduct problems, emotional behavioral difficulties, and peer relationship problems, and significant increases in prosocial behavior** on the Strengths and Difficulties Questionnaire. In focus group interviews, **staff reported an increase in children's empathy and self-regulation skills.** Staff also indicated consistency between TBRI Nurture Groups and the program philosophies.

Cerny, S., Blatchford, C., Carlson, M., Hayworth, G., Nobles, M., Wersal, K., & Johnke, M. (2024). TBRI® Nurture Group®: tier 2 intervention for preschoolers born during the COVID-19 pandemic & experiencing economic hardship. *Journal of Occupational Therapy, Schools, & Early Intervention, 1-14*. <https://doi.org/10.1080/19411243.2024.2382734>

This case-series study examined the impact of TBRI on attachment security and mental health outcomes among children with histories of early adversity attending a social daycare center in Lithuania. The majority of children demonstrated improvements in behavioral and emotional health, with **statistically significant decreases in anxiety/depression, social problems, and aggressive behavior** on the Child Behavioral Checklist (CBCL) at 1-year follow-up. Regarding attachment, **security scales on the Child Attachment Interview (CAI) improved for seven participants, while for two participants, disorganized attachment changed to insecure-dismissing.**

Misevičė, M., Gervinskaitė-Paulaitienė, L., Lesinskienė, S., & Grauslienė, I. (2024). Trust-Based Relational Intervention®(TBRI®) Impact for Traumatized Children—Meaningful Change on Attachment Security and Mental Health after One Year. *Children, 11*(4), 411. <https://doi.org/10.3390/children11040411>

In a similar case-series study of the impact of TBRI in a social daycare center, but conducted with children living in institutional care, all participants (n=5) demonstrated improvements in behavior, emotional and academic functioning, and communication after one year. This included **less anxiety, fewer social problems, fewer problems with thinking and attention, and less aggressive and rule-breaking behavior** as reported by caregivers on the Child Behavioral Checklist (CBCL). Similarly, on the Strengths and Difficulties Questionnaire (SDQ), caregivers reported **fewer symptoms of emotional distress, fewer behavioral difficulties, and fewer difficulties with peers** after one year. The authors also present case studies for two children who exhibited significant shifts in attachment organization.

Misevičė, M., Gervinskaitė-Paulaitienė, L., & Lesinskienė, S. (2024). Helping Institutionalised Children through a Trusting Relationship—Findings from a One-Year Psychosocial Intervention Programme. *Behavioral Sciences, 14*(7), 595. <https://doi.org/10.3390/bs14070595>

This study was undertaken in two Child and Family Learning Centres in Tasmania, Australia, established in low socio-economic communities to provide family support and improve the well-being of young children. Participants included early childhood educators and other child-serving professionals who attended TBRI training and completed surveys post-training and at three- and six-month follow-up. Qualitative analyses indicate that **participants responded favorably to TBRI**, with main themes including self-development, relationships, improved outcomes, and an evidence-based approach. **Participant perception of TBRI was aligned with SAMHSA’s “four R’s” of trauma-informed care.**

Stephenson, E., & Yost, H. (2023). Exploring the Effectiveness and Sustainability of Trust-Based Relational Intervention (TBRI®) as a Trauma-informed Approach in Two Tasmanian Child and Family Learning Centres. *Journal of Child & Adolescent Trauma, 1-14*. <https://doi.org/10.1007/s40653-023-00574-6>



TBRI Implementation Research

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

TBRI in a Child Welfare Collaborative

An exploratory study of the implementation of TBRI across several child welfare organizations participating in a collaborative project provides an account of the complexities of the implementation process. Results suggests that **staff across organizations showed more favorable attitudes regarding trauma-informed care after TBRI implementation.** Specifically, scale scores on the Attitudes Regarding Trauma Informed Care (ARTIC-35 HS) significantly increased in *Response to Problem Behavior and Symptoms*, *Underlying Cause of Problem Behavior and Symptoms*, and *Total ARTIC Score*.

Crawley, R. D., Razuri, E. B., Lee, C., & Mercado, S. (2021). Lessons from the field: Implementing a Trust-Based Relational Intervention (TBRI) pilot program in a child welfare system. *Journal of Public Child Welfare*, 15(3), 275-298. <https://doi.org/10.1080/15548732.2020.1717714>

TBRI Early Childhood Home Visiting

The TBRI Early Childhood Home Visiting program is a 10-session in-home coaching program for caregivers with children from birth to age five. The KPICD conducted a pilot study to (1) obtain feedback from service providers to inform training and program development and understand implementation needs of home visiting organizations, (2) pilot an online training to prepare service providers to deliver the TBRI Early Childhood Home Visiting Program, and (3) assess service providers' perceptions of program feasibility, appropriateness, and acceptability. Among service providers who completed the post-training survey ($n = 19$), **the program was well-received, with participants agreeing or strongly agreeing that the program will be useful (100%), the materials are relevant to the needs of their clients (100%), and that they can make these materials a regular and sustained part of their program (94.7%).** Future research is needed to evaluate the effectiveness of TBRI Home Visiting at improving outcomes for children and families.

Razuri, E. B., Ayala, C., & Hassel, P. M. (2025). Development and feasibility of the Trust-Based Relational Intervention (TBRI®) early childhood home visiting program. *Advances in Mental Health*, 1–17. <https://doi.org/10.1080/18387357.2025.2516428>

Emerging TBRI Research

As TBRI continues to grow across communities of care and practice worldwide, new research findings emerge. This work is essential to the future of TBRI as we work to better See the Need, Meet the Need.

Research Spotlight

Calling for culturally responsive, trauma-informed interventions to meet the needs of youth of color in the legal system, the authors review evidence-based practices including TBRI, Cognitive Behavioral Therapy (CBT), and Dialectical Behavioral Therapy (DBT). The authors conclude that, “TBRI is an effective approach that teaches and reinforces regulation techniques and fosters positive behaviors through trusting relationships and connection...It is designed to be versatile, making TBRI suitable for various cultural, social, and personal contexts, which enhances its effectiveness for youth from diverse or marginalized backgrounds. Furthermore, this adaptability makes TBRI well-suited for cultural adjustments, especially when integrated into legal systems.”

Coleman, C., Jenkins, J., & Lewis, A. (2025). Culturally responsive techniques for practitioners using evidenced-based practices with Black and Latinx youth in the legal system. *Theory Into Practice*, 64(3), 327–339.

<https://doi.org/10.1080/00405841.2025.2503294>

TBRI in the Global Community

While the majority of TBRI studies have taken place in the US, TBRI is in use around the globe, with published research from studies in Australia, Lithuania, Rwanda, and more in development. All are summarized in TBRI Caregiving Model Research above.

Australia

Stephenson, E., & Yost, H. (2023). Exploring the Effectiveness and Sustainability of Trust-Based Relational Intervention (TBRI®) as a Trauma-informed Approach in Two Tasmanian Child and Family Learning Centres. *Journal of Child & Adolescent Trauma*, 1-14. <https://doi.org/10.1007/s40653-023-00574-6>

Lithuania

Misevičė, M., Gervinskaitė-Paulaitienė, L., Lesinskienė, S., & Grauslienė, I. (2024). Trust-Based Relational Intervention®(TBRI®) Impact for Traumatized Children—Meaningful Change on Attachment Security and Mental Health after One Year. *Children*, 11(4), 411. <https://doi.org/10.3390/children11040411>

Misevičė, M., Gervinskaitė-Paulaitienė, L., & Lesinskienė, S. (2024). Helping Institutionalised Children through a Trusting Relationship—Findings from a One-Year Psychosocial Intervention Programme. *Behavioral Sciences*, 14(7), 595. <https://doi.org/10.3390/bs14070595>

Rwanda

Hunsley, J., Razuri, E., Ninziza Kamanzi, D., Sullivan, H., Call, C., Styffe, E., and Hategekimana, C. (2021). Experiences of lay social workers trained in a trauma-informed intervention in the deinstitutionalization of Rwanda. *Journal of Children's Services*, 16(4), 289-303. <https://doi.org/10.1108/JCS-09-2020-0056>

Hunsley, J. L., Crawley, R.D., Styffe, E., West, A., Call, C., & Hategekimana, C. (2022). Effectiveness of a trauma-informed intervention in a deinstitutionalization program in rural Rwanda. *Child & Family Social Work, 27*(2), 287-298. <https://doi.org/10.1111/cfs.12884>

Additional Research Reports (unpublished)

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

Razuri, E. B., Crawley, R., & Odem, R. (2022). The TBRI® Counselor's Manual Project. *Final Report*.

Transforming Cultures of Care: Trauma-Informed Care for CSEY (n.d.). *Project Report*.

Trust-Based Relational Intervention® (TBRI®) Dissemination and Adoption in the Travis County Collaborative for Children from 2013 to Summer 2017. (2017). *Project Report*.

Current Grant-Funded Research and Evaluation Projects

The Center for the Adaptation and Implementation of TBRI (CAIT)

Grant Number: H79SM085131

PD/PI: KNIGHT, DANICA K

The Center for the Adaptation and Implementation of Trust-Based Relational Intervention (CAIT) at the Karyn Purvis Institute of Child Development is a [National Child Traumatic Stress Network-Category II Treatment & Service Adaptation Center](#) funded by [SAMHSA](#). CAIT aims to provide national expertise in the training and implementation of TBRI and to support the continuum of care in child welfare and juvenile justice systems through specialized adaptations of TBRI. CAIT addresses current gaps in trauma treatment, service delivery, and workforce development through (1) the development of an integrated trauma treatment model incorporating trauma assessment with current TBRI intervention practices; (2) the specialized adaptation of TBRI training and consultation for delivery in distinct service settings (child welfare & juvenile justice) and to be appropriate for different caregiver roles and diverse family structures (bio parents, resource parents, residential direct care staff); and (3) strategic collaboration to equip the child/youth-serving workforce through the NCTSN and through a wide established network of practitioners in the field.

Knight, D. K., & Razuri, E. B. (2024). Center for the adaptation and implementation of Trust-Based Relational Intervention (CAIT). *Annual Programmatic Progress Report: Year 2*.

Preventing Opioid Use among Justice-Involved Youth as they Transition to Adulthood

The Leveraging Safe Adults (LeSA) Project

Grant Number: 1UG3DA050250

PD/PI: KNIGHT, DANICA K

The purpose of the *Leveraging Safe Adults (LeSA) Project* is to examine the effectiveness of TBRI in preventing opioid and other substance use among youth after release from secure residential facilities. The primary aim is to leverage existing relationships to more effectively support youth after returning home. Caregivers are trained to be “safe adults” for their youth, by building trust, promoting authentic communication, setting boundaries, and establishing realistic expectations in order to proactively and effectively identify and address their youth’s needs. Through their relationships with safe adults, youth learn and practice self-regulation, enabling them to more effectively refrain from substance use and other risky activities. The LeSA Project is part of the [National Institute of Health HEAL InitiativeSM](#). Learn more about the published research from the LeSA Project in *TBRI Intervention Research* above.

Knight, D. K., Yang, Y., Joseph, E. D., Tinius, E., Young, S., Shelley, L., Cross, D. R., & Knight, K. (2021). Preventing opioid use among justice-involved youth as they transition to adulthood: Leveraging safe adults (LeSA). *BMC Public Health*, 21:2133. <https://doi.org/10.1186/s12889-021-12127-3>

TBRI Research Matrix	Target Population				Setting/Context						Primary Outcomes			
	Children	Youth	Caregivers/Families	Service Providers/Org	Family Support/CW	Camp	Residential	Child Welfare	Education	Legal system	Child/Youth well-being	Adult well-being	Family functioning	Staff/Org experience
Matrix includes key research findings. For a more comprehensive list of TBRI articles, see <i>Citations</i> below.														
Cerny et al., (2022). Promoting social-emotional development in children experiencing economic hardship using TBRI® Nurture Group©. <i>Journal of Occupational Therapy, Schools, & Early Intervention</i> , 15(1), 31-48.	X			X				X			X			X
Cerny et al., (2024). TBRI® Nurture Group©: tier 2 intervention for preschoolers born during the COVID-19 pandemic & experiencing economic hardship. <i>Journal of Occupational Therapy, Schools, & Early Intervention</i> , 1-14.	X			X				X			X			X
Crawley et al., (2021). Lessons from the field: Implementing a Trust-Based Relational Intervention (TBRI) pilot program in a child welfare system. <i>Journal of Public Child Welfare</i> , 15(3), 275-298				X	X									X
Howard et al., (2014). Trust-Based Relational Intervention® (TBRI®) for adopted children receiving therapy in an outpatient setting. <i>Child Welfare</i> , 93(5), 47-64.	X		X		X						X	X		
Hunsley et al., (2021): The pilot of a therapeutic family camp intervention to improve adoptive family functioning, <i>Adoption Quarterly</i> , 25(2), 138-161.	X	X	X			X					X	X	X	
Hunsley et al., (2021). Experiences of lay social workers trained in a trauma-informed intervention in the deinstitutionalization of Rwanda. <i>Journal of Children's Services</i> , 16(4), 289-303.				X	X									X
Hunsley et al., (2022). Effectiveness of a trauma-informed intervention in a deinstitutionalization program in rural Rwanda. <i>Child & Family Social Work</i> , 27(2), 287-298.	X		X		X						X	X		
Hunsley et al., (2025). Hope Connection® 2.0: The effectiveness of a post-adoption family camp intervention for promoting emotional and behavioral health among adopted children. <i>Children and Youth Services Review</i> , 168, 108058.	X	X	X			X					X			
Misevičič et al., (2024). Trust-Based Relational Intervention®(TBRI®) Impact for Traumatized Children—Meaningful Change on Attachment Security and Mental Health after One Year. <i>Children</i> , 11(4), 411.	X							X			X			
Misevičič et al., (2024). Helping Institutionalised Children through a Trusting Relationship—Findings from a One-Year Psychosocial Intervention Programme. <i>Behavioral Sciences</i> , 14(7),595	X						X	X			X			

TBRI Research Matrix (page 2)	Target Population				Setting/Context						Primary Outcomes			
	Children	Youth	Caregivers/Families	Service Providers/Org	Family Support/CW	Camp	Residential	Child Welfare	Education	Legal system	Child/Youth well-being	Adult well-being	Family functioning	Staff/Org experience
Parris et al., (2015). Implementing Trust-Based Relational Intervention in a charter school at a residential facility for at-risk youth. <i>Contemporary School Psychology</i> , 19(3), 157-164.		X					X		X		X			
Purvis et al., (2014). A trust-based intervention for complex developmental trauma: A case study from a residential treatment center. <i>Child & Adolescent Social Work</i> , 31(4), 355-368.		X					X				X			
Purvis et al., (2012). Transforming cultures of care: A case study in organizational change. <i>Reclaiming Children and Youth</i> , 21(2), 12–20.		X		X			X				X			
Purvis et al., (2015). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following trauma-informed parent training intervention. <i>Journal of Child and Adolescent Trauma</i> , 8(3), 201-210.	X				X						X			
Purvis & Cross (2006). Improvements in salivary cortisol, depression, and representations of family relationships in at-risk adopted children utilizing a short-term therapeutic intervention. <i>Adoption Quarterly</i> , 10(1), 25–43.	X		X			X					X			
Purvis et al., (2007). The Hope Connection: A therapeutic summer day camp for adopted and at-risk children with special socio-emotional needs. <i>Adoption & Fostering</i> , 31(4), 38-48.	X		X			X					X			
Razuri et al., (2016). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following web-based trauma-informed parent training intervention. <i>Journal of Evidence-Informed Social Work</i> , 13(2), 165-179.	X				X						X			
Razuri et al., (2025). Development and feasibility of the Trust-Based Relational Intervention (TBRI®) early childhood home visiting program. <i>Advances in Mental Health</i> , 1–17.				X	X									X
Stephenson & Yost (2023). Exploring the effectiveness and sustainability of Trust-Based Relational Intervention (TBRI®) as a trauma-informed approach in two Tasmanian Child and Family Learning Centres. <i>Journal of Child & Adolescent Trauma</i> , 1-14.				X					X					X
Yang et al., (2024). Feasibility and acceptability of a trauma-informed intervention to leverage caregivers in preventing opioid use among youth involved in the legal system. <i>Journal of Child & Adolescent Trauma</i> , 1-14.		X	X	X			X			X	X	X		X

Citations

The following is a running list of peer-reviewed journal articles that reference TBRI. As the developers of TBRI, the KPICD seeks to be informed of all relevant research. This list includes studies conducted by external researchers who may or may not be affiliated with the KPICD. Inclusion on this list does not imply endorsement or authorship by the KPICD.

Please note that this list is maintained as a courtesy to those interested in TBRI research but is not necessarily a comprehensive list of citations. To alert us of new or missing articles, contact kpibd.research@tcu.edu.

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<https://doi.org/10.1007/s11121-023-01566-6>
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*Article includes TBRI among other interventions