

**EMPOWERED**  
TO CONNECT  
**CONFERENCE**



SHOW  HOPE

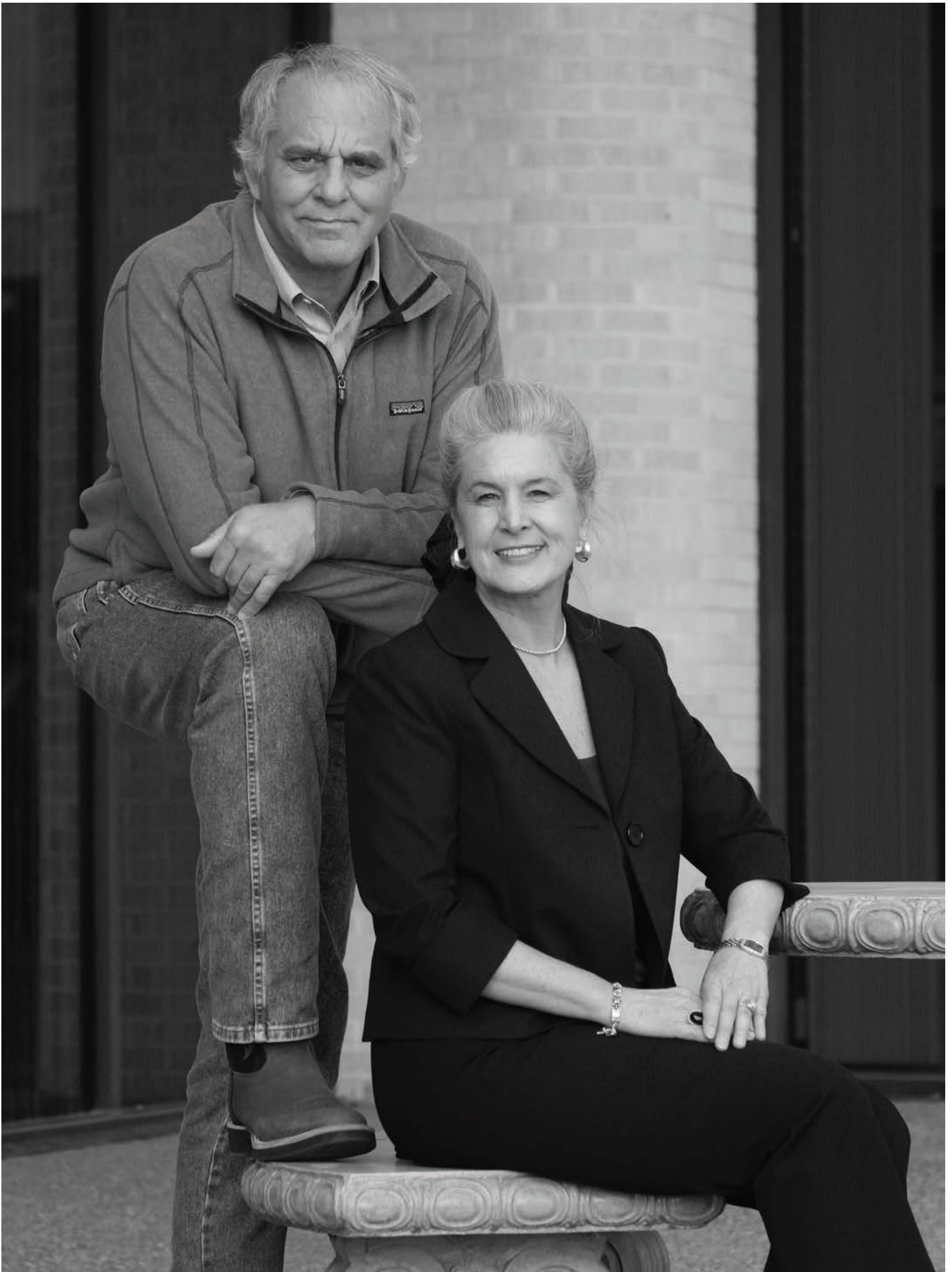
This viewing guide is intended for use by participants at the Empowered to Connect Conference. The Empowered to Connect Conference is presented by Show Hope. The conference honors the legacy of Dr. Karyn Purvis by focusing on Trust-Based Relational Intervention® (TBRI®), as we work to help equip families, churches, and professionals to better serve children impacted by adoption and foster care. We would like to thank the Karyn Purvis Institute of Child Development at TCU (KPICD) ([child.tcu.edu](http://child.tcu.edu)) and Empowered to Connect ([empoweredtoconnect.org](http://empoweredtoconnect.org)) for being a part of this year's conference.

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## IN MEMORIAM, DR. KARYN PURVIS

Trust-Based Relational Intervention (TBRI) is a miracle on so many levels, for so many people, but there are three reasons that stand out to me.

First, TBRI came about through an amazing conjunction of events in the life of Dr. Karyn Purvis—the right person (Karyn) being in the right place (Fort Worth, Texas) at the right time (a time when the field was just beginning to grapple in a serious way with trauma and its aftermath). Karyn’s sons had gone off to college, and she returned to TCU to finish her undergraduate studies. It was at TCU that Karyn met me and had the opportunity to dig deeply into such topics as attachment theory and developmental neuroscience, bringing her immense natural talent and experience as a parent, foster parent, and wife to the table. It turns out that TCU was an ideal “incubator” for TBRI, and I honestly believe that it wouldn’t have happened anywhere else. The timing was perfect for interventions and research on adoption, foster care, residential care, and the overarching issues surrounding relational trauma. It was a miraculous culmination of events that led to TBRI’s invention.

Second, there is the amazing trajectory that TBRI has taken since it was first imagined by Karyn and then codified by her and me and others on our team. “The Connected Child” continues to be a best-seller on Amazon, but that is just part of the story. At the Karyn Purvis Institute of Child Development at TCU (KPICD), we have dedicated ourselves to Karyn’s dream of “bringing hope and healing to all of the children who come from hard places.” We have set out to achieve this daunting goal by providing conferences like this one, building key partnerships with organizations like Show Hope, and through a continually growing network of individuals, organizations, and professionals who bring trauma-competent care into what they do every day. There is still much more to do, but all of this brings us one step closer to realizing Karyn’s dream.

Third, it is undeniable that at every step on this amazing journey, in whatever we have needed to continue, that very thing has (miraculously) appeared. Karyn’s explanation was always, “God has provided us with what we need.” Karyn was a far better biblical scholar than me, but I think it is fair to say that the TBRI journey is an example of providence: God has provided what we, who are taking this journey, have needed in order to “bring hope and healing to all the children from hard places.” Every day I wake up thankful for being part of this amazing journey, the many gifts that have come our way, and for the companionship of those who are taking the journey with me. Thank you, Dr. Purvis!

David Cross, Ph.D.

*Rees-Jones Director*

Karyn Purvis Institute of Child Development

# FROM THE FOUNDERS OF SHOW HOPE



Friends,

Welcome, everyone, to the Empowered to Connect Conference presented by Show Hope! We are so grateful you are here.

“To care for orphans by engaging the Church and reducing barriers to adoption.”

That quote is the mission statement of Show Hope, and when we founded Show Hope 15 years ago, Steven and I had no idea of the far-reaching places this work would someday encompass. Meeting Shaoey, our first daughter through adoption, in the hallway of a Chinese hotel, I [Mary

Beth] clearly understood my own adoption story of being completely and utterly loved by God as His child. That understanding has continued to inform every part of this work, as God invites us into His bigger adoption story—the one that allows all of us to be fully and permanently loved in a relationship with Jesus Christ. That love is the love that inspired us to birth Show Hope and the catalyst for engaging in this area of work in Pre+Post Adoption Support.

We are so thankful you would choose to spend your weekend at this conference. We believe this teaching is an extremely important tool for anyone who cares for children impacted by early trauma. While Jesus alone is the source of true healing, we believe that trauma-informed care and attachment parenting can be an integral part of His working. Jesus' love and presence are the ultimate examples for us to emulate as we love and care for children. Show Hope's vision for this conference and our Pre+Post Adoption Support echoes the words of Dr. Karyn Purvis, “to see churches everywhere be better informed and more fully equipped to empower parents to connect with their children and grow spiritually.” Whether you're a parent, church leader, professional, or caregiver, we feel confident that the material covered here will help in your journey to love well those entrusted to you, and ultimately take you to a deeper understanding of God's love for you.

Like many of you, the Chapman family continues our own journey through three beautiful adoption stories—stories that have also carried with them unspeakable trauma and loss. We like to call it “gloriously hard.” As God calls us deeper into this work, our prayer remains true to what it was at the very inception of this work: *that the lives of children would be impacted in a way that affirms their inherent dignity and worth, and ultimately, by coming into a loving family, would come to know the love of the only true source of perfect parenting—Jesus!* Our prayers are with you this weekend. May God guide the speakers and give them wisdom as you, our guests, listen and consider what is whispered to your souls during this time together.

With hope,

Mary Beth and Steven Curtis Chapman

"**Love** bears all things, hopes all things, endures all things. **Love** never fails." The following passage says it best. Ponder these words as we seek to truly love those children who God has entrusted to us, pursuing best practices for their healing, all the while anchoring to the truth of Scripture—the ultimate source of knowledge:

So, no matter what I say, what I believe, and what I do, I'm bankrupt without **love**.

**Love** never gives up.  
**Love** cares more for others than for self.  
**Love** doesn't want what it doesn't have.  
**Love** doesn't strut,  
Doesn't have a swelled head,  
Doesn't force itself on others,  
Isn't always "me first,"  
Doesn't fly off the handle,  
Doesn't keep score of the sins of others,  
Doesn't revel when others grovel,  
Takes pleasure in the flowering of truth,  
Puts up with anything,  
Trusts God always,  
Always looks for the best,  
Never looks back,  
But keeps going to the end.

**Love** never dies. Inspired speech will be over some day; praying in tongues will end; understanding will reach its limit. We know only a portion of the truth, and what we say about God is always incomplete. But when the Complete arrives, our incompletes will be canceled ...

... We don't yet see things clearly. We're squinting in a fog, peering through a mist. But it won't be long before the weather clears and the sun shines bright! We'll see it all then, see it all as clearly as God sees us, knowing him directly just as he knows us!

But for right now, until that completeness, we have three things to do to lead us toward that consummation: Trust steadily in God, hope unswervingly, **love** extravagantly. And the best of the three is **love**.

**1 Corinthians 13:3-13, "The Message"**

# ABOUT US

**SHOW HOPE** exists to care for orphans by engaging the Church and reducing barriers to adoption.

This movement began in 2003, when Mary Beth and Steven Curtis Chapman founded Show Hope after having their own eyes and hearts opened to the needs of orphans around the world. Since then, Show Hope has worked to holistically approach orphan care, helping children in four key areas: Adoption Aid, Care Centers, Pre+Post Adoption Support, and Student Initiatives.

Through Adoption Aid grants, Show Hope has helped more than 6,200 children from more than 60 countries, including the U.S. More than 2,600 waiting children with acute medical and special needs have received loving care through Show Hope's Care Centers in China. In the area of Pre+Post Adoption Support, more than 65,000 parents, churches, caregivers, and professionals have been impacted by Show Hope's Empowered to Connect Conference with its aim of bringing help, hope, and healing to children and families. And with Show Hope's focus on the future, its Student Initiatives program educates and empowers the next generation of leaders to effectively care and make a difference in the lives of waiting children. Visit [ShowHope.org](http://ShowHope.org) to learn more.

**EMPOWERED TO CONNECT:** Empowered to Connect was founded by Dr. Karyn Purvis, together with Michael and Amy Monroe, to provide resources and parent training specifically designed for adoptive and foster parents. The Empowered to Connect Parent Training relies heavily on the Trust-Based Relational Intervention (TBRI) model developed by Dr. Karyn Purvis and her colleagues at the Purvis Institute. Participants are equipped with a holistic understanding of their child's developmental needs as well as tools and strategies to effectively meet those needs, build trust, and help their child heal and grow. Visit [empoweredtoconnect.org](http://empoweredtoconnect.org) for helpful resources you can use today and a map showing Empowered to Connect Parent Trainers.

**THE KARYN PURVIS INSTITUTE OF CHILD DEVELOPMENT AT TCU (KPID):** The Karyn Purvis Institute of Child Development is a program in the College of Science & Engineering at TCU in Fort Worth, Texas. Its mission is research, education, training, and outreach to improve the lives of children who have experienced abuse, neglect, and/or trauma. The Purvis Institute's research and interventions are empowering parents, professionals, and students with trauma-informed strategies that improve outcomes for children and youth.

The late Dr. Karyn Purvis, along with Dr. David Cross, Rees-Jones Director of the Purvis Institute, developed TBRI, developed TBRI which is a holistic, evidence-based, attachment-based, and trauma-informed intervention designed to meet the complex needs of children impacted by early trauma. TBRI is designed to promote resilience in the face of trauma, giving parents and care professionals effective tools to help meet the unique needs of the whole child through the principles of Connecting, Empowering, and Correcting. TBRI was designed for children who have experienced some form of trauma, but it has also proven to be effective with all children.

# SPEAKERS + CONTRIBUTORS



**DAREN JONES**

Daren Jones is a Training Specialist with the Karyn Purvis Institute of Child Development (KPICD). He began his career as a behavior instructor at a therapeutic day treatment program serving children and youth who could no longer function in a traditional academic setting. After serving as a behavior instructor, Daren decided to obtain a Master of Social Work from Spalding University in Louisville, Kentucky. Daren also obtained a Bachelor of Social Work from the University of Arkansas at Fayetteville. He has spent the past 13 years serving youth and families within residential and foster care settings as a direct-care worker, residential group home supervisor, and Licensed Child Care Administrator. Daren is currently pursuing a doctorate in counseling and counselor education at TCU in Fort Worth, Texas, where he resides with his wife and two children.



**AMANDA PURVIS**

Amanda Purvis is a Training Specialist with the Purvis Institute. Amanda earned her Bachelor of Social Work from Metropolitan State University in Denver, Colorado. She began her career working in Child Protective Services as an intake worker. She then transitioned to foster care and post-adoption support, where she spent a decade of her career before beginning her work with the Purvis Institute in December 2017. Amanda lives in Castle Rock, Colorado, with her husband, five children, and their dog, Scout.



**MARTI SMITH, OTR/L**

Mart Smithi is an occupational therapist in Austin, Texas. She is a fellow with Child Trauma Academy and a TBRI practitioner. She carries extra certification in Neurosequential Model of Therapeutics, Massage Therapy, CiSM, Therapeutic Listening, and Interactive Metronome. She is a co-founder of Simple Sparrow Farm where she helps people of all ages, backgrounds, and abilities to “Learn, Grow, and Heal.” She began her career studying autism in the public schools until a friend encouraged her to focus on children from hard places who could also benefit from similar sensory-focused interventions. She is currently raising her children and providing trainings all over the world to help caregivers understand the “why” behind the action and how to best support children and help them reach their full potential.



**SARAH MERCADO**

Sarah Mercado earned her bachelor’s degree from Sweet Briar College in Virginia. She began her career as direct-care staff, working with adolescent boys living in a residential treatment center (RTC). After serving in the RTC for several years, she shifted her focus to foster care, where she was the regional director for a foster care and adoption agency. Sarah spent 20 years serving youth and families within residential and foster care settings as a direct-care worker and trainer before beginning her work as a Training Specialist with the Purvis Institute in May 2016. Sarah and her family live near Austin, Texas.



**CINDY R. LEE**

Cindy Lee, LCSW, LADC, specializes in providing counseling services for children, adolescents, and adults. Cindy is a TBRI practitioner, and serves as a mentor for other practitioners. Cindy also co-founded the HALO (Healing, Attachment, Loving, Outreach) Project and currently works as the Executive Director. HALO is a 10-week intensive intervention program based on the principles of TBRI, for children in foster care and children who have been adopted. In collaboration with Dr. Karyn Purvis and Dr. David Cross, Cindy has published a series of children’s books which are based upon the valuable lessons of TBRI. Cindy resides with her family in Edmond, Oklahoma.



**MARK AND TONA OTTINGER**

As part of the Empowered to Connect team for more than 11 years, Mark and Tona Ottinger are committed to empowering parents, professionals, nonprofits, churches, and communities with tools to create safe, attachment-rich spaces for children and families to thrive. In 2016, they co-founded the Memphis Family Connection Center (MFCC). MFCC is a nonprofit that provides holistic, attachment-centered counseling, occupational therapy, speech therapy, parent mentoring, and integrated services to the family as a whole. Mark is a campus pastor at Fellowship Memphis Church and serves as executive director of MFCC. Tona is the director of community based programs at MFCC, as well as director of Empowered to Connect. They are passionate about the gospel, restoration, justice, and empowering parents and children to live deep, connected lives with one another and the Lord. Mark and Tona have been married for 22 years and have six children.



**DAN AND TERRI COLEY, HOSTS**

Dan and Terri Coley live in Franklin, Tennessee, and are among Show Hope's founding board members. Dan serves as the Senior Director of Programs at Show Hope, and Terri serves on staff as Coordinator of Pre+Post Adoption Support. Together, they have provided interim foster care for more than 40 infants and birthmothers and have adopted children domestically and internationally. Their family is multi-racial and includes children with special needs. It is their hearts' desire for every child to have a family. Through personal experience, they have come to know the importance of understanding the challenges and needs of children from hard places. Dan and Terri are committed to helping educate and prepare families for the adoption journey, empowering them with the tools to help children heal while maintaining and building healthy families. The Coleys have nine children and 10 grandchildren.



"ALL CHILDREN NEED TO KNOW THAT THEY'RE PRECIOUS AND UNIQUE AND SPECIAL. BUT A CHILD WHO COMES FROM A HARD PLACE NEEDS TO KNOW IT MORE DESPERATELY."

**DR. KARYN PURVIS**

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**FIVE B'S OF STRESS AND TRAUMA**

- B**rain
- B**eliefs
- B**ehaviors
- B**ody
- B**iology

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**How is the brain impacted by trauma?** \_\_\_\_\_

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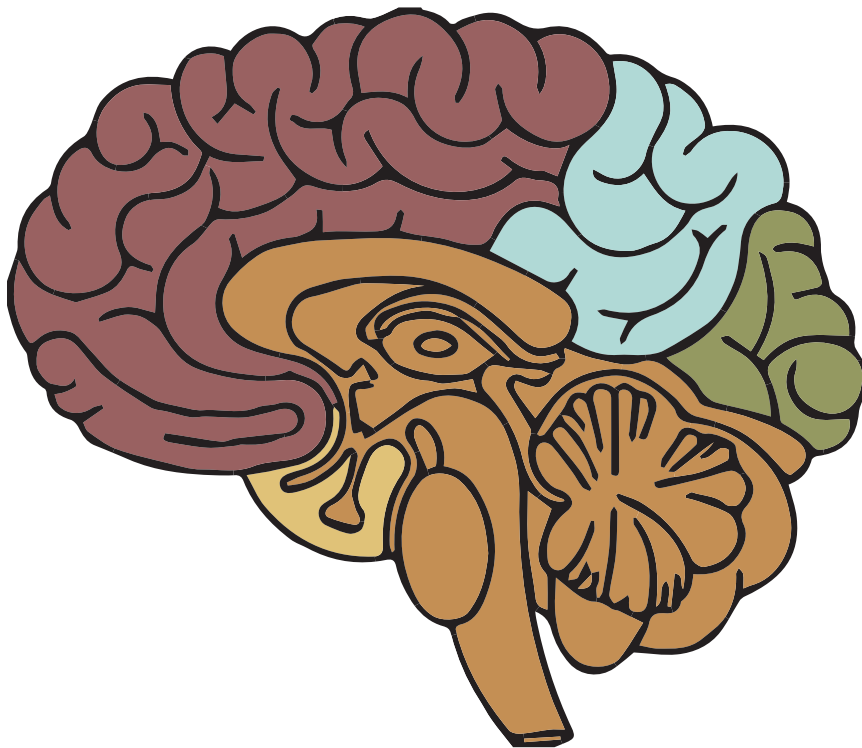
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## UPSTAIRS BRAIN, DOWNSTAIRS BRAIN

The human brain is like a two-story house: The downstairs brain is colored orange and yellow in this diagram; the upstairs brain is colored red, blue, and green in this diagram.

The **upstairs brain** is mostly *not* wired at birth, and it allows us to think, reason, learn, remember, and regulate our emotions. It takes time and experience for the upstairs brain to become hardwired.

When a child experiences trauma and other risk factors, it can skew the wiring and chemistry of the brain—the lower, more primitive part of the brain can over-develop from reacting to fear while the more sophisticated upstairs brain remains underdeveloped.



The **downstairs brain** is mostly wired at birth and allows the newborn to eat, sleep, drink, stay warm or cool, and eliminate. The newborn's reflexes and basic bodily functions are rooted here.

Repeated nurturing experiences can strengthen the upstairs brain, so that the upstairs brain can help regulate the downstairs brain, creating a balance between the two parts of the brain.

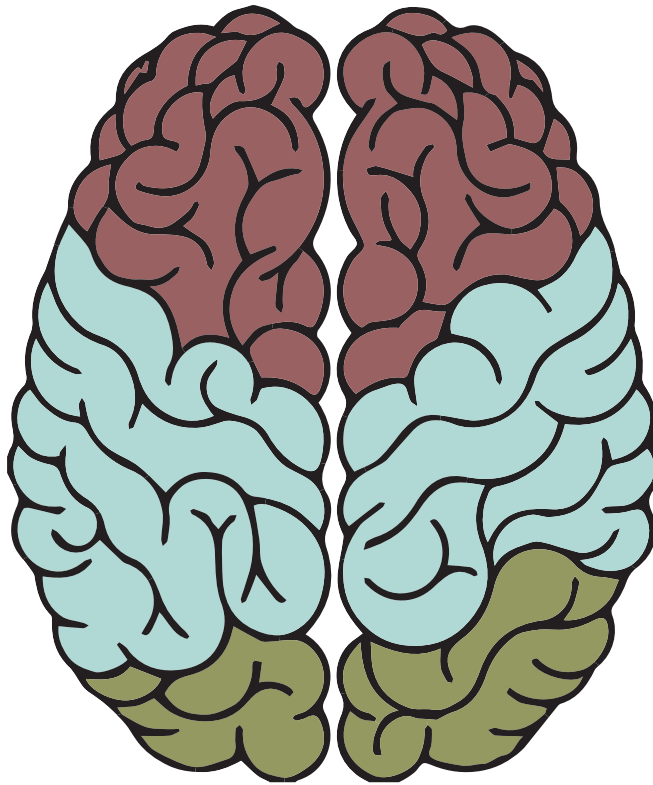
If a child spends too much time being afraid, the brain reorganizes itself around the survival response—fight, flight, or freeze—and the downstairs brain runs the show.

## LEFT BRAIN, RIGHT BRAIN

The upstairs brain, which is mostly cortex, can be divided into two hemispheres; each hemisphere tends to specialize, as do the various regions: green for visual processing; blue for sensory and motor processing; and red for relationships, emotions, and the executive functions (e.g., planning).

The prefrontal cortex is especially vulnerable to traumatic experiences; it is important for emotion regulation, mindful awareness, and attachment.

Left hemisphere processing is logical, literal, linear, and linguistic.



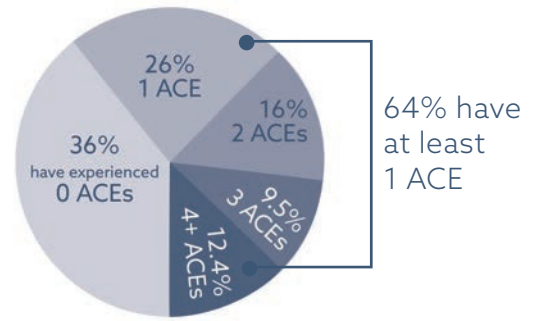
The right hemisphere is connected to our emotions, our sensations, the big picture, and more random aspects of what is going on in the world.

When children experience trauma, the left hemisphere is strong, but the right hemisphere is weak; children then struggle with emotions, sensations, and social situations.

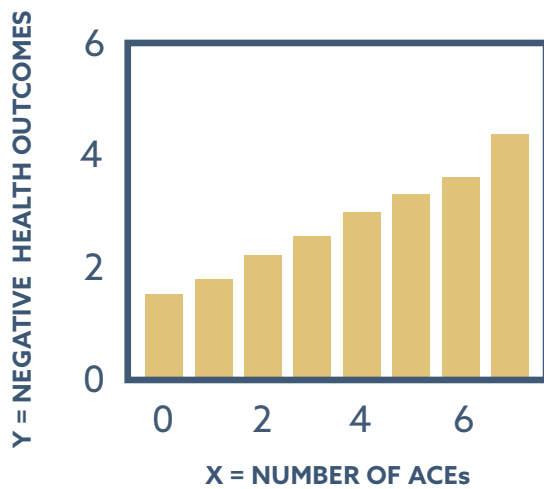


## ACEs

Considering the impact of adverse childhood experiences (ACEs) can provide an informative window into the developmental consequences of relational trauma. ACEs include emotional abuse, physical abuse, substance abuse, mental illness, domestic violence, criminal behavior, and divorce or separation. There have been a number of scientific and medical publications based on the ACE Study that demonstrate a strong correlation between an individual's ACE score and later health outcomes.<sup>2</sup>



The ACE Questionnaire can be found at the end of the viewing guide or at [acestoohigh.com](http://acestoohigh.com).



As seen in the graph, individuals who experienced a greater number of ACEs (x-axis) also experienced a greater number of negative physical and mental health outcomes.

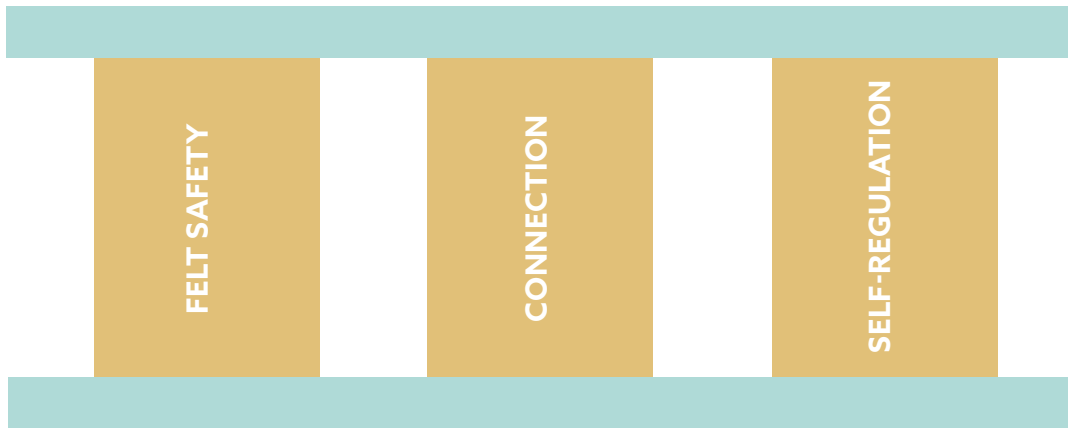




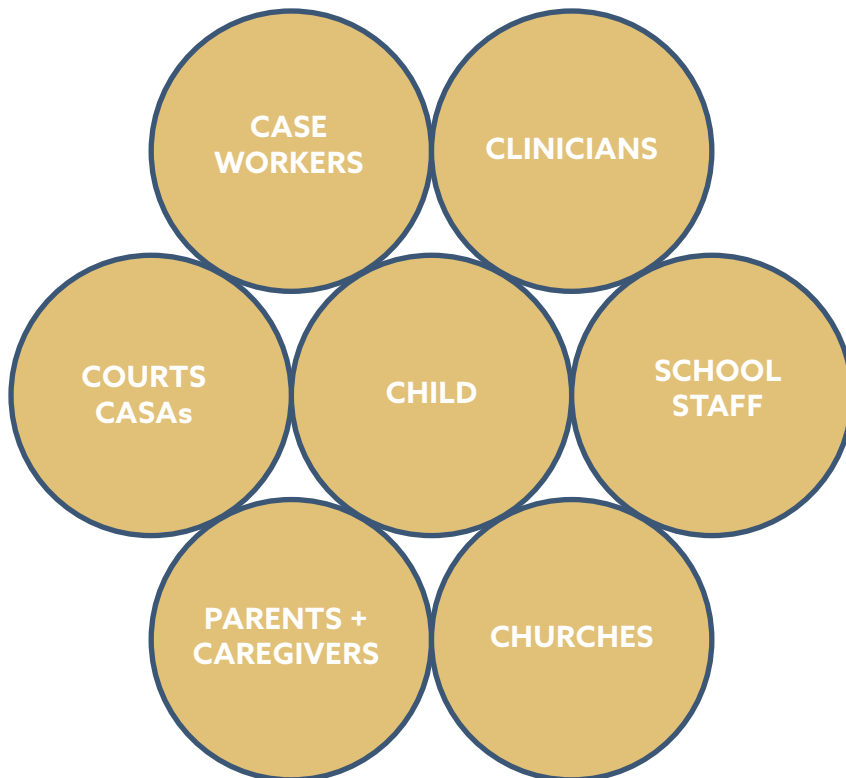


## THREE PILLARS OF TRAUMA-INFORMED CARE

TBRI was designed to meet the most pressing needs of children and adolescents who come from "hard places." Their needs correspond to the Three Pillars of Trauma-Informed Care.<sup>6</sup>



## WHO CAN USE TBRI?



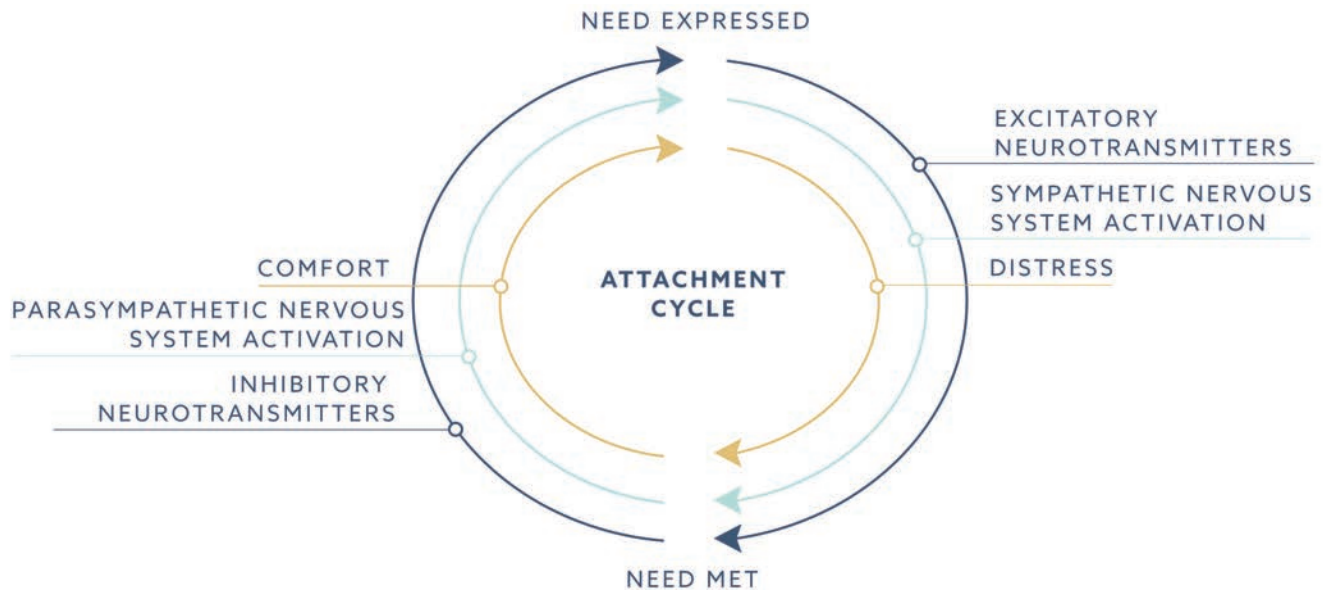




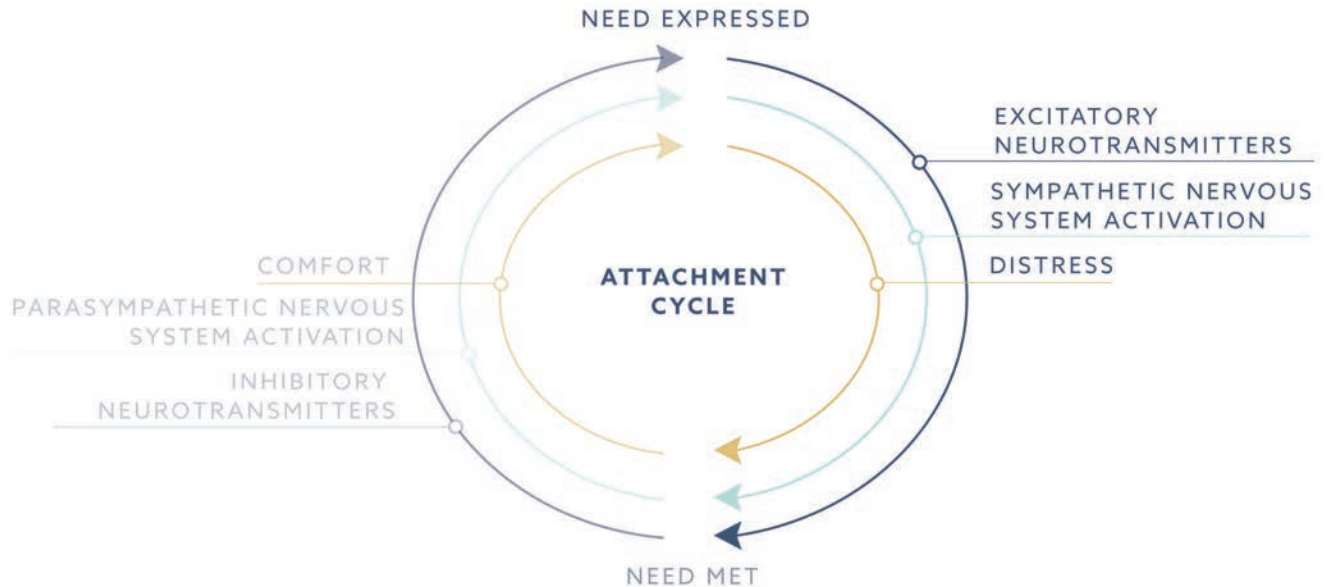


## THE ATTACHMENT CYCLE

The attachment cycle shows how connection is crucial for both **felt-safety** and **self-regulation**. Parents are not only important for connection but also for security and regulation.



The attachment cycle represents the behavioral, emotional, and psychological events that occur tens of thousands of times during a child's life. The repeated exercise of both sides of the attachment cycle leads to emotional, regulatory, and behavioral balance.



Disruptions in the attachment cycle occur when caregivers are unavailable, unresponsive, harsh, or abusive. These kinds of experiences program the child's brain so that the child is afraid, stressed, and hypervigilant—their "fight, flight, or freeze" response (**right side of the diagram**) is overdeveloped whereas their regulatory response (**left side of the diagram**) is underdeveloped.

**TRUST • SELF-WORTH • SELF-EFFICACY • SELF-REGULATION • MENTAL HEALTH**



















## ECOLOGICAL STRATEGIES

### CREATING FELT SAFETY

- Predictability
- Routines
- Rituals
- Artifacts

### TRANSITIONS

- Daily Transitions
- Life Transitions

## PHYSIOLOGICAL STRATEGIES

- Managing Sleep
- Managing Hydration
- Managing Blood Sugar
- Regular Physical Activity
- Meeting Nutritional Needs
- Healthy Touch
- Sensory Experiences

**THERE IS A DIFFERENCE IN THE CHILD *BEING* SAFE AND THE CHILD *FEELING* SAFE.**







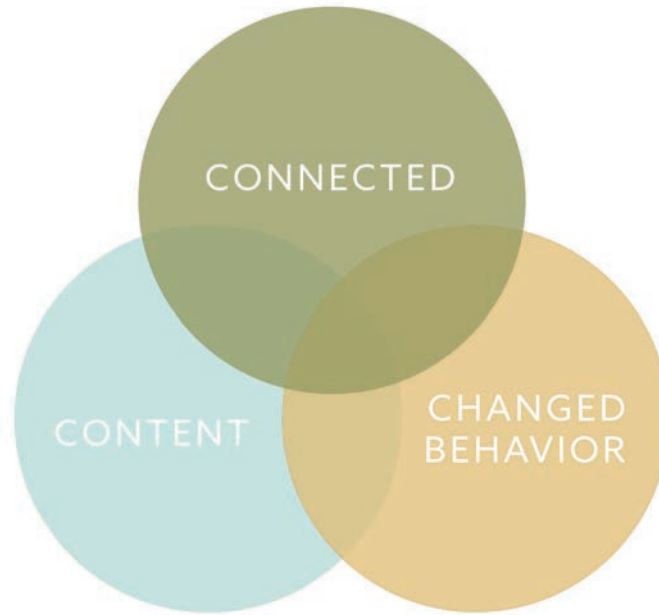








## CORRECTING PRINCIPLES



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### CONNECTED DISCIPLINE VS. DISTANCING DISCIPLINE

- Time-In vs. Time-Out
- Bringing the Child Closer vs. Sending Him/ Her Away
- Resolution vs. Consequence
- Problem Solving vs. Lecturing and Preaching
- Advocacy Stance vs. Adversary Stance
- Focus on the Child's Preciousness vs. Focus on Failure

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## RESPONSIVE STRATEGIES

The **Responsive Strategies** Are Guides for Responding to Children and Adolescents, Especially When Their Behavior is Challenging. There Are Two Strategies: **The Ideal Response®** and **Levels Of Response.**

### THE IDEAL RESPONSE® IS A GENERAL-PURPOSE GUIDE FOR INTERACTING WITH OTHERS

- Immediate (Three Seconds or Less)
- Direct (Engagement Strategies)
- Efficient (Levels of Response)
- Action-Based (Behavioral Scripts)
- Leveled at the Behavior and Not the Child

**LEVELS OF RESPONSE** Complement The Ideal Response®, and Provide a Framework for Matching Adult Responses to the Child's or Adolescent's Behavioral and Emotional Challenge:



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"LOVE IS PATIENT AND KIND ... LOVE BEARS ALL THINGS, BELIEVES ALL THINGS, HOPES ALL THINGS, ENDURES ALL THINGS. LOVE NEVER ENDS ... "

**1 CORINTHIANS 13:4-8**

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**Why do you think a balance between structure and nurture is important?** \_\_\_\_\_

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**What are three things you will take away from this conference?** \_\_\_\_\_

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# ADDITIONAL RESOURCES

## TRUST-BASED RELATIONAL INTERVENTION PRINCIPLES, STRATEGIES, AND PRACTICES

PRINCIPLES	STRATEGIES	PRACTICES
<b>Connecting</b>	Mindfulness	Calm presence, attunement + awareness, flexible responding, creative problem solving
	Engagement	Valuing eye contact, authoritative voice, behavior matching, playful interaction, healthy touch
<b>Empowering</b>	Ecological	Creating a safe environment—transitions, rituals, artifacts
	Psychological	Preparing the body—hydration, blood sugar, healthy touch, physical activity, rhythmic activities, sensory milieu
<b>Correcting</b>	Proactive	Life value terms (e.g., using words with respect), behavioral scripts (e.g., choices, compromises, redos)
	Responsive	IDEAL Response®, Levels of Response™

## GLOSSARY

**ATTACHMENT CYCLE** refers to the cycle of distress and comfort that infants and children experience thousands of times during their young lives (for example, when an infant is hungry and then is fed). The Attachment Cycle highlights all the layers—biological and behavioral—that occur when children experience cycles of distress and comfort. For example, distress is accompanied by the release of epinephrine and the stress hormone cortisol, whereas parental comfort causes the child’s body to apply a cortisol brake and release the neurotransmitter serotonin. The attachment cycle conveys how experience programs the child’s brain, biology, and body so that he/she can self-regulate when stressed and is the foundation for secure parent-child attachment.

**ATTACHMENT THEORY** is perhaps the single most important body of research and theory available for parents and professionals who serve children. Attachment Theory tells us how children (and adults) differ in the security of their relationships, what kinds of parenting predict secure (and insecure) attachment, and why secure attachment is important for the developing person. Attachment Theory is an important foundation for **TBRI** and other effective interventions for children who experience **Complex Trauma**. An excellent resource for information about attachment research, theory, and application is Robert Karen’s book “Becoming Attached: First Relationships and How They Shape Our Capacity to Love” (Oxford University Press, 1998).

**COMPLEX TRAUMA** is a new diagnosis intended to replace the old diagnosis of “Reactive Attachment Disorder,” which is no longer considered valid by experts in relational trauma. “Complex Trauma” is said to be complex because of its complex origins, which most often occur in the context of an abusive or neglectful parent-child relationship and because of its complex symptoms. An excellent review of research and clinical experience about complex trauma can be found in the book written by Bessel van der Kolk “The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma” (Penguin, 2015).

**TRUST-BASED RELATIONAL INTERVENTION (TBRI)** is an intervention created by Dr. Karyn Purvis and Dr. David Cross for children who have experienced early trauma. Originally described in their best-selling book, “The Connected Child: Bring Hope and Healing to Your Adoptive Family” (McGraw-Hill, 2007), TBRI consists of three complementary sets of principles: Connecting, Correcting, and Empowering. You can learn more about TBRI and available resources by visiting the website of the Karyn Purvis Institute of Child Development at [child.tcu.edu](http://child.tcu.edu).

## What's Your ACE Score?

There are 10 types of childhood trauma measured in the ACE Study, and each type of trauma counts as one. The most important thing to remember is that the ACE score is meant as a guideline. If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

### Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?

No  If Yes, enter 1

2. Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?

No  If Yes, enter 1

3. Did an adult or person at least five years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?

No  If Yes, enter 1

4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?

No  If Yes, enter 1

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No  If Yes, enter 1

6. Were your parents ever separated or divorced?

No  If Yes, enter 1

7. Was your mother or stepmother ... Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often, kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No  If Yes, enter 1

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No  If Yes, enter 1

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No  If Yes, enter 1

10. Did a household member go to prison?

No  If Yes, enter 1

*This instrument and additional resources are available at [acestoohigh.com](http://acestoohigh.com).*

**Now add up your "Yes" answers: \_\_\_\_\_ is your ACE score.**

# RESILIENCE QUESTIONNAIRE

## What's Your Resilience Score?

Research demonstrates that a healthy attachment cycle produces resilient children and adults. For more information about the questionnaire, visit [acestoohigh.com/got-your-ace-score](http://acestoohigh.com/got-your-ace-score).

**For each item, use the blank to write in the appropriate number according to the following scale:**

<b>+2</b> <b>Definitely true</b>	<b>+1</b> <b>Probably true</b>	<b>0</b> <b>Not sure</b>	<b>-1</b> <b>Probably not true</b>	<b>-2</b> <b>Definitely not true</b>
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1. I believe that my mother loved me when I was little. How true? \_\_\_\_\_

2. I believe that my father loved me when I was little. How true? \_\_\_\_\_

3. When I was little, other people helped my mother and father take care of me, and they seemed to love me. How true? \_\_\_\_\_

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too. How true? \_\_\_\_\_

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried. How true? \_\_\_\_\_

6. When I was a child, neighbors or my friends' parents seemed to like me. How true? \_\_\_\_\_

7. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me. How true? \_\_\_\_\_

8. Someone in my family cared about how I was doing in school. How true? \_\_\_\_\_

9. My family, neighbors, and friends talked often about making our lives better. How true? \_\_\_\_\_

10. We had rules in our house and were expected to keep them. How true? \_\_\_\_\_

11. When I felt really bad, I could almost always find someone I trusted to talk to. How true? \_\_\_\_\_

12. As a youth, people noticed that I was capable and could get things done. How true? \_\_\_\_\_

13. I was independent and a go-getter. How true? \_\_\_\_\_

14. I believed that life is what you make it. How true? \_\_\_\_\_

How many of these 14 protective factors did I have as a child and youth? \_\_\_\_\_

(How many of the 14 were "Definitely True" or "Probably True"?) \_\_\_\_\_

Of these, how many are still true for me? \_\_\_\_\_

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**STAY CALM**

(No matter what)

**SEE THE NEED**

(Behind the behavior)

**MEET THE NEED**

(Find a way)

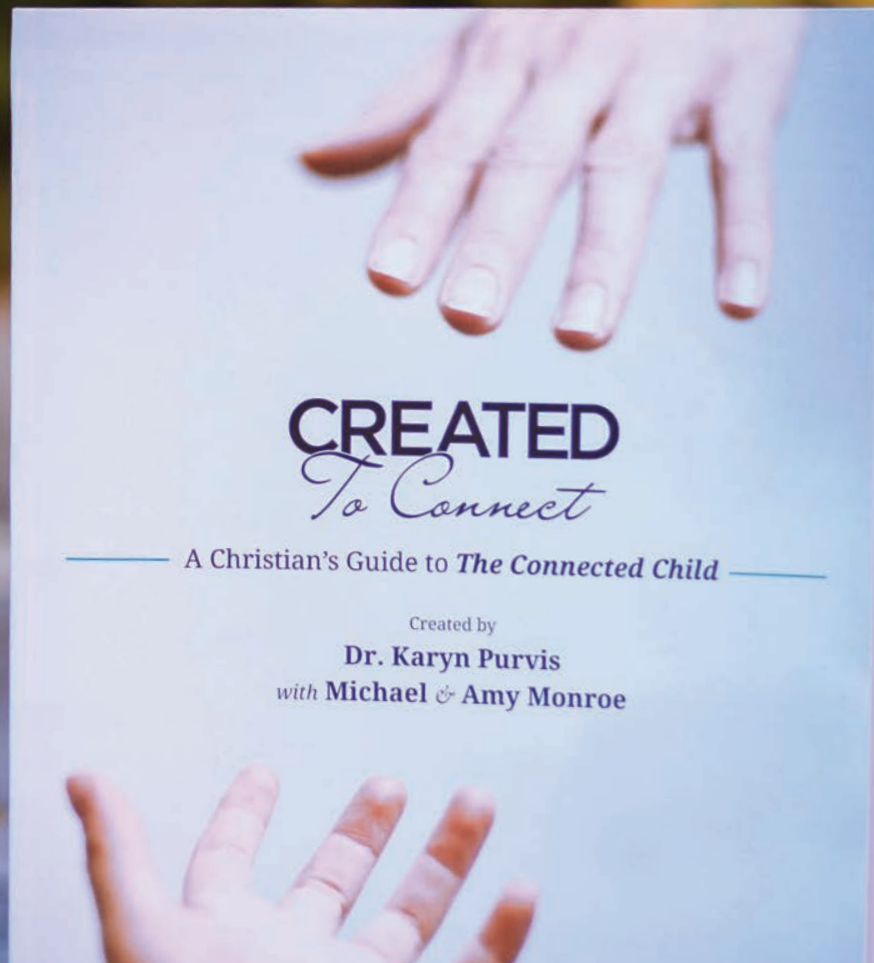
**DON'T QUIT**

(If not you, then who?)









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***Trust, love, and belonging experienced and expressed within the context of secure attachment reflects what we, at Show Hope, believe it means to bear the image of an inherently relational God in whose image each and every person is made.***

***"Created to Connect" serves as a dynamic resource for those looking to draw helpful and encouraging parallels between the Christian faith and the foundational teachings of Trust-Based Relational Intervention.***

**Emily Chapman Richards, Executive Director of Show Hope**

Ideal for use individually, as a couple, or as part of a small group, this study guide will help adoptive and foster parents, along with churches and professionals, better understand how to build strong and lasting connections with children entrusted to their care.

