

EMPOWERED TO CONNECT CONFERENCE

SCHEDULE

Day 1 – Friday

9:00 to 9:15 AM – Welcome and Introductions *Dan and Terri Coley*

9:15 to 10:30 AM – TBRI & Trauma *Daren Jones*

10:30 to 10:45 AM – Break

10:45 to 11:45 AM – TBRI & Trauma: A Family Perspective *Mark and Tona Ottinger*

11:45 AM to 12:15 PM – TBRI & Trauma: Wrap-Up *Daren Jones*

12:15 to 1:30 PM – Lunch

1:30 to 3:00 PM – Connecting Part One *Amanda Purvis*

3:00 to 3:15 PM – Break

3:15 to 3:45 PM – Connecting Part Two *Amanda Purvis*

3:45 to 4:45 PM – Connecting Through Play *Cindy Lee*

4:45 to 5:00 PM – Closing Remarks *Dan and Terri Coley*

Day 2 – Saturday

9:00 to 9:30 AM – Welcome and Review of Day 1 *Daren Jones*

9:30 to 10:30 AM – Empowering *Sarah Mercado*

10:30 to 10:45 AM – Break

10:45 to 11:45 AM – Empowering: An Occupational Therapist's Perspective *Marti Smith*

11:45 AM to 12:15 PM – Empowering: Wrap-Up *Sarah Mercado and Marti Smith*

12:15 to 1:30 PM – Lunch

1:30 to 3:00 PM – Correcting *Amanda Purvis*

3:00 to 3:15 PM – Break

3:15 to 4:15 PM – Correcting: A Family Perspective *Mark and Tona Ottinger*

4:15 to 4:45 PM – Correcting: Wrap-Up *Amanda Purvis*

4:45 to 5:00 PM – Closing Remarks

This year's schedule features four sections: TBRI & Trauma, Connecting, Empowering, and Correcting. Within each section, speakers will provide an overview of research, strategies and tools, and implementation examples from families and professionals. We will also include a brief overview of Day 1 content at the beginning of Day 2.

TBRI & TRAUMA

Speakers

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, KY. 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, where he resides with his wife and two children.

As part of the Empowered to Connect team for more than 11 years, Mark and Tona Ottinger are committed to empowering parents, professionals, non-profits, 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.

Relevant Learning Objectives

To help understand the specific needs of the whole child, the principles of Empowering, Connecting, and Correcting, and practical steps that can help children heal. This is accomplished by: helping parents/caregivers see their children with eyes of compassion; understanding the needs of the whole child; and offering hope from the scientific research that children can heal if their parents are insightful and equipped.

To provide an in-depth look at the impact of trauma on children, including effects in their brain development, neurochemistry, sensory processing, attachment behaviors and ability to self-regulate. Presenters will review a wide range of research that gives insight into development deficits that impact “children from hard places,” but also focuses on helping parents/caregivers to see beyond maladaptive behaviors to the “real child.”

Sample Content

Seven Risk Factors

- Difficult Pregnancy
- Difficult Birth
- Early Hospitalization
- Abuse
- Neglect
- Trauma
- System Effects

Complex Trauma: The experience of multiple, chronic, and prolonged developmentally adverse traumatic events, most often of an interpersonal nature¹

Children who have experienced complex trauma need parents and caregivers who are insightful, prepared, equipped, and committed for the long-term.

“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

Five B's of Stress and Trauma

- Brain
- Beliefs
- Body
- Biology
- Behaviors

How is the brain impacted by trauma?

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 overdevelop from reacting to fear, while the more sophisticated upstairs brain remains underdeveloped.

Repeated nurturing experiences can strengthen the upstairs brain, so that the upstairs brain can help regulate the downstairs brain, and there is 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 is running the show.

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

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

How is the body impacted by trauma?

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.

Possible Physical and Mental Health Risk Outcomes:

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

How are behaviors impacted by trauma?

Because trauma impacts the brain, body, biology, and beliefs, trauma consequently impacts an individual's behavior. Trust-Based Relational Intervention® (TBRI®) addresses the complexity of behavior through connecting, empowering, and correcting principles. The principles and strategies working in tandem to impact the whole child.

TBRI is:

- Whole-child
- Attachment-Based
- Trauma-Informed
- Evidence-Based
- Multi-Systemic

CONNECTING

Speakers

Amanda Purvis is a Training Specialist with the Karyn Purvis Institute of Child Development. Amanda earned her Bachelor of Social Work from Metropolitan State University in Denver, CO. 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, CO, with her husband and five children and their dog, Scout.

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 available through Amazon, which are based upon the valuable lessons of TBRI. Cindy resides with her family in Edmond, OK.

Relevant Learning Objectives

To encourage the parent to look at their adult-attachment style and his/her motivations and expectations in helping his/her child develop a secure attachment. This conference will: help parents understand how their own history can have an impact on the relationship; provide parents insights and skills to help them begin to process their own histories; challenge parents to focus on what they bring to the parent-child relationship.

To provide a summary of attachment and key attachment research, focusing on the role of attachment as the foundation for the parent/child relationship. This conference will also focus on helping parents/caregivers understand how to rebuild and repair ruptured attachments for “children from hard places.”

Sample Content

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

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 is overdeveloped, whereas their regulatory response is underdeveloped.

ATTACHMENT STYLE	HISTORY WITH CAREGIVER	INFANT'S STRATEGY WHEN UPSET
Secure	Caregiver consistently, warmly responds when infant is upset	Cries; infant knows that caregiver will soothe

Anxious-Avoidant	Caregiver does not respond in emotionally warm way when infant is upset	Infant has learned not to cry to get needs met
Anxious-Ambivalent	Caregiver inconsistently responds when infant is upset	Infant cries (and is difficult to soothe) in an effort to stay in caregiver's attention
Disorganized	Caregiver is frightening/response is traumatic	Infant has no clear strategy when upset

Secure Attachment:

- I feel protected
- I feel precious
- I feel heard
- My physical needs are taken care of
- My emotional needs are taken care of

Trust-Based Relational Intervention (TBRI) Connecting Principles help parents and caregivers meet attachment and regulation needs.

Mindfulness Strategies

Being fiercely honest with the past and moving on with compassion.

Self-Awareness

- Based upon how you were cared for, identify the thoughts, beliefs, and behaviors you bring to relationships
- Realize how these thoughts, beliefs, and behaviors influence your relationships
- Identify personal triggers
- Practice regulating yourself during times of stress:
 - Say a prayer
 - Take 10 deep breaths
 - Take a walk
 - Drink water
 - Apply your favorite essential oil or lotion
 - Chew gum
 - Squeeze a stress ball
- Stay calm and emotionally present during a child's distress. This allows you to:
 - Think flexibly
 - Creatively solve problems
 - Model compassion
 - Co-regulate with the child

Attunement

- Sensitive caregiving—being aware of the child's cues (jaw clenching, shallow breathing, etc.)
- Seeing the need beneath the child's behavior
- Meeting the need

Engagement Strategies

Nurturing healthy connections and facilitating secure attachments.

Healthy touch

- Chin prompt
- Hand on shoulder
- High fives
- Fist bumps

Eye contact

- Changes brain chemistry
- “I love seeing your eyes!”
- “Are those eyes orange?”

Voice Quality

- Tone
- Volume
- Cadence

Behavior Matching

- Sitting the same way as child
- Choosing the same color toy, sticker, or crayon as child

Playful Interactions

- Playing games
- Not being afraid to be silly
- Using imaginative play

Connecting with your child is the single most important thing you can do to help your child heal.

Close relationships do not come easily for children who have experienced trauma because they have learned that adults in their lives cannot be trusted to meet their needs.

Connection shows your child they are precious and valued. Once they feel valued by you, they start to feel safe and begin to trust.

The more caregivers practice a skill in a playful manner, the more automated the proper response becomes when it is needed.

EMPOWERING

Speakers

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, TX.

Marti Smith is an Occupational Therapist in Austin, TX. 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 the child and help them reach their full potential.

Relevant Learning Objectives

To present an overview of how sensory processing and neurochemistry is affected in children from hard places. Specifically, this conference will focus on: signs of sensory processing deficits and disorder; strategies to effectively respond to and deal with sensory processing issues; research relating to altered neurochemistry in "children from hard places."

Sample Content

Ecological Strategies

- Creating felt safety
 - Predictability
 - Routines
 - Rituals
 - Artifacts
- Transitions
 - Daily transitions
 - Life transitions

Physiological Strategies

- Managing sleep
- Managing hydration
- Managing blood sugar
- Providing regular physical activity
- Meeting nutritional needs
- Healthy touch
- Sensory experiences

There is a difference in the child *being* safe and the child *feeling* safe.

Regulations of the sensory system through relational activity:

Regulation is monitoring and adjusting with the goal of balancing.

We learn regulation through relationship.

Neural pathways depend upon emotion, repetition, myelin, amygdala response, proprioception, relationship, and environment.

Our own personal past experiences and history will influence how we perceive a new experience.

The brain develops in sequence and will heal in sequence.

A child cannot access a part of his/her brain that is not fully developed due to age or traumatic influence.

Activities by Brain Region:

Frontal Cortex

- Timers
- Metronomes
- Crafts
- How Does Your Engine Run?
- Early Mozart music

Cortex

- Auditory therapies
- Communication boards
- Visual schedules
- Social stories
- Visual timers

Limbic System

- First-Then sequence reminders
- Organization help
- Parallel games
- High interest with a “just right” stress component
- Massage
- Sensory (tactile) bins
- Physical classroom supports

DE/Cerebellum

- Fine motor games
- Feeding intervention
- Sleep intervention
- Auditory therapies
- Therapressure program
- Individual sports

Brain Stem

- Rhythmic swinging and activities
- Relational interaction
- Repetitive, repetitive, repetitive
- Simple activities with limited arousal
- Vision exercises
- Oral motor exercises
- Lycra swaddles and play
- Puppets
- Gross-motor games

Normal response: Touch a hot stove. Pull away quickly. Avoid hot stoves in the future.

Hypo Response: Touch a hot stove. Wait to smell burning flesh. Touch the stove repeatedly in the future.

Child can seem very intense when seeking sensory input.

Hyper Response: Touch a hot stove. Either pull away quickly or become confused as to what to do. Avoid anything red in the future.

Sensory Domains

Vestibular Sense

- A major regulator controlled by fluid in the inner ear
- Effects can last six hours
- Vestibular nerve sends information to movement and sensory areas
- Proximity to auditory (sound) nerves
- Three plans to the semicircular canals will register input differently
- Move in all planes of the semicircular canals
- Add a cognitive component or proprioceptive component to prevent over-arousal
- Movement patterns continuum: head-to-tail, front-to-back, side-to-side, elliptical, tight spin
- Calming input: front-to-back and rhythmic movement, on stomach over a ball with proprioceptive input (with caution)
- Alerting input: Erratic and spinning movement

Proprioceptive Sense

- Registers the feeling of touching and being touched with deep pressure
- Often used with other types of input such as vestibular or tactile
- Studies show that deep/touch and massage can release serotonin, the calming neurotransmitter
- Effects can last up to four hours
- Calming input: postures of flexion, blowing and sucking activities to bring eyes to midline, hug from behind after a child backs into you seeking it, have child hold 5 pound objects against chest (backpack, weighted stuffed animals), Lycra with direct and constant supervision and care
- Alerting input: postures of extension, jumping with arms up

Tactile Sense

- First sense to develop in-utero
- Skin is the largest receptive organ
- Easiest to provide regulating therapeutic input
- Much of a baby's first sensory input is via the tactile system
- Effects will only last two hours
- Depending on the tactile state, baths can be calming or disorganizing
- Some children need to cover themselves in tactile experience to understand it
- Calming input: deep touch and input, soft and congruent textures, warm water, soft piece of fabric, adaptive clothing
- Alerting input: light touch, prickly and sporadic textures, bubbles in a bath, cold water

Olfactory Sense

- Effects will last as long as input is present
- Direct path to the amygdala - long term memory
- Very primitive
- Synthetic scents have an extra molecule designed to bind longer to receptors in nose
- Will influence taste

- Essential oils are less noxious
- Calming input: vanilla and cinnamon
- Alerting input: citrus, floral, and synthetic scents

Visual Sense

- Located in the back of the brain
- Connected to neck muscles (crawling is crucial)
- Movement associated with emotion
- Infant field of vision is 12 to 16 inches, or the distance from a caregiver's arms to their face
- Mirror neurons and social reciprocity get first input via the visual system
- In the first 18 months, there is an 8-times synaptic density increase while neurons seek their appropriate connections
- Kids with trauma backgrounds are often scanning for danger and have difficulty with focal vision and precise movement of the eyes between focal points
- They may also have difficulty looking up without moving their heads
- Sometimes easier to fix eyes on a target than follow moving target with eyes
- Do the child's eyes track together? Can he/she move his eyes independent of his/her head?
- If the eyes do not work together appropriately, the child will experience a lot of vestibular input simply trying to scan a room, which can cause a high alert level
- Eye contact can be very threatening or calming
- Encouraging vs. Forcing eye contact

Auditory Sense

- Effects can be very quick
- Duration will vary depending on new stimuli rate
- Ties to vestibular and proprioceptive input via bass
- The "rhythm of life"
- Frequent ear infections can lead to language development delays, and increased antibiotics are linked to digestive issues
- Calming input: 60 beats per minute, heart beat and early Mozart are typically in the 60-80 beats per minute range
- Alerting input: 120 beats per minute

Gustatory Sense

- A very primitive reaction
- Varies between parts of the tongue
- Tied to emotional memory
- Food can be a social connection
- Between 12-36 months, if it should go in the mouth, it won't. If it shouldn't go in the mouth, it will.
- Neglect (starvation, excessive bottle-feeding) may lead to nutritional deficits, oral motor dysfunction, or difficulty swallowing
- Poor oral motor control can cause feeding issues
- If a child fears choking, he/she will limit food intake
- Hoarding is common in neglect
- Provide wrapped items that can be used as security
- Use special containers and extra wide straws for faster input
- Adjust for temperature and smell
- Explore whether anything is inhibiting good nutrition
- Delayed speech could indicate poor oral motor function
- If the mouth doesn't move well, a child may resist nutrient dense foods, which can impact behavior

CORRECTING

Speakers

Amanda Purvis is a Training Specialist with the Karyn Purvis Institute of Child Development. Amanda earned her Bachelor of Social Work from Metropolitan State University in Denver, CO. 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, CO, with her husband and five children and their dog, Scout.

As part of the Empowered to Connect team for more than 11 years, Mark and Tona Ottinger are committed to empowering parents, professionals, non-profits, 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.

Relevant Learning Objectives

To offer insights, strategies and tools parents/caregivers need to achieve effective behavioral change in their children while promoting lasting connection and healing.

Sample Content

Connected Discipline vs. Distancing Discipline

- Time-in vs. time-out
- Bringing the child closer vs. sending him away
- Resolution vs. consequences
- Problem solving vs. lectures and sermons
- Advocacy stance vs. adversary stance
- Focus on the child's preciousness vs. focus on failures

When it's over ...

Outcomes of Connecting Strategies

- Corrected behavior
- Contentment in caregiver and child
- Connection between caregiver and child is deepened

Outcomes of Distancing Strategies

- Deferred behavior waiting to emerge later
- Discontentment in caregiver and child
- Disconnection between caregiver and child is deepened

Proactive Strategies

TBRI includes two sets of Correcting strategies- the Proactive Strategies and the Responsive Strategies. The Proactive Strategies include life value terms and behavioral scripts.

Life value terms are the language of a trauma-informed culture and include:

- “Gentle and kind”
- “Using your words”
- “Who’s the boss?”
- “With permission and supervision”
- “With respect”

Behavioral scripts are the actions of a trauma-informed culture and include:

- Choices (“You have two choices”)
- Compromises (“Would you like a compromise?”)
- Behavioral re-dos (“Can you try that again with respect?”)

Responsive Strategies

The Responsive Strategies are guides for responding to children and adolescents, especially when their behavior is challenging; The two strategies are the IDEAL Response© and Levels of Response.

The IDEAL Response© is a general-purpose guide for interacting with others.

- Immediate (3 seconds or less)
- Direct (Utilizing engagement strategies)
- Efficient (Practicing Levels of Response)
- Action-based (Behavioral scripts)
- Leveled at the Behavior, not the child

Levels of Response complement the IDEAL Response© and provide a framework for matching adult response to the child’s or adolescent’s behavioral and emotional challenge.

4. Protective engagement
3. Calming engagement
2. Structured engagement
1. Playful engagement

Calming Engagement Plan

What are three things you can do when you feel _____?

- Quiet space
- Walk/run
- Muscle movement
- Bouncy ball

How to Set the Bar

Historical bar:

- History of neglect, abuse, trauma, institutional care
- In utero exposure to drugs/alcohol
- Sensory processing issues
- Fearfulness
- Multiple placements

Current bar:

- Food

- Water
- Fatigue
- Sensory overload
- Sensory needs
- Transition

Structure or Nurture?

TBRI has efficacy because of the emphasis on structure/nurture balance. The question is whether to lead with the structure “foot” or the nurture “foot.” The alternate foot follows immediately or there is no progress.

Five Questions to Ask Yourself

Am I connected?

Am I empowering?

Am I teaching proactively?

Am I catching it low (Level 1)?

Do I have a plan for calming engagement?