

HOW CAN THE KPICD IMPROVE ITS TRAUMA-INFORMED CAMP
FOR ADOPTIVE FAMILIES - HOPE CONNECTION 2.0?

by

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HOW CAN THE KPICD IMPROVE ITS TRAUMA-INFORMED CAMP
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Abstract

This research investigates the effectiveness of Hope Connection 2.0, a revised version of the therapeutic summer camp developed by the Karyn Purvis Institute of Child Development (KPICD) at Texas Christian University (TCU). Focused on Trust-Based Relational Intervention (TBRI), the camp aims to address the needs of adoptive children and their families. Through a self-report survey administered to participating caregivers, the study evaluates lasting behavioral and relational developments in the family following their camp experience. The research question explores whether Hope Connection 2.0 optimally benefits families and how it can be enhanced. Objectives include identifying the most beneficial aspects of the camp, suggesting design improvements, and assessing the reception and retention of TBRI teachings by caregivers and children. The findings aim to inform future iterations of the camp, facilitating continuous improvement and adaptation to better serve participants.

Background

The KPICD has developed an “attachment-based, trauma-informed intervention that is designed to meet the needs of vulnerable children” called Trust-Based Relational Intervention (TBRI) (Purvis, 2009, 2013). TBRI aims to understand complex developmental trauma, recognize survival behaviors in children with trauma, and provide support for at-risk children and the caregivers who support them. It is used worldwide in different settings with children who have experienced trauma.

The KPICD first developed a therapeutic summer camp that utilized TBRI in the late 1990s called The Hope Connection, which was originally intended for adopted children and included minimal training for caregivers. The camp was hosted from the late 1990s through 2013. In 2018, the camp was redesigned to meet the needs of the entire family, including caregivers and siblings, and was renamed Hope Connection 2.0 (Hunsley, 2021).

Introduction

Children who have been adopted or have been through a foster care system have often experienced trauma (Hunsley, 2019), which can lead to psychological and behavioral difficulties, most of which can affect adaptability, regulation, cognition, and more (Purvis, 2013). These difficulties are frequently displayed as disobedience, defiance, overstimulation, meltdowns, and manipulation, amongst other behaviors, and commonly stem from trauma experiences (Howard, 2014) and early attachment experiences (Purvis, 2013). These behaviors can make it difficult for a child to find a permanent placement, thus extending their hardship and dysregulation.

Texas Christian University (TCU)'s Karyn Purvis Institute of Child Development (KPICD) developed Trust-Based Relational Intervention (TBRI), an attachment-based, trauma-informed framework designed to disarm fear-based survival behaviors in children with trauma and “help both caregivers and children learn healthy ways of interacting, so both are able to play a role in the healing process” (Purvis, 2013). TBRI has three Principles that aim to address the physical, relational, and behavioral needs of children who have experienced trauma: Empowering, Connecting, and Correcting Principles. Empowering attends to internal and external physical needs (environment, transitions, nutrition, hydration, etc.), Connecting attends to attachment needs (healthy touch, mindfulness, engagement, play, etc.), and Correcting attends to behavioral needs (social competence, proactive strategies, etc.) (Purvis, 2013).

TBRI serves as a holistic caregiving framework for children who have experienced trauma and was implemented by the KPICD in a summer camp designed in the late 1990s (Hunsley, 2019), called Hope Connection. The camp ran for 2-3 weeks each summer and focused on the adopted children as opposed to the entire family system. The Hope Connection camp featured safe adults well-versed in TBRI Principles to serve as primary staff for the children, as well as activities aimed to address sensory processing issues that are typically comorbid with trauma experiences, create felt safety between the child and their environment, and improve regulation abilities and strategies (Hunsley, 2019). The KPICD collected evidence of the camp being successful but also limitations of the model and suggestions from the caregivers served. This information led to a redesign in 2018 to better meet the needs of the entire family (Hope Connection 2.0) (Hunsley, 2021).

Family systems theory incorporates the idea that the family is the main context where behavioral patterns are learned and reinforced (Johnson & Ray, 2016, p. 782), suggesting that

every member of a family affects the behavior of the other. This means an adoptive family will affect the child's behavior, and vice versa, the child will affect the caregivers. This circle of causality can lead to secondary trauma symptoms in other family members. In the camp redesign, family systems theory tenets were incorporated into the new design, mainly with the addition of including the entire family unit in the camp experience. The redesign also considered the limitation of a several-week-long camp structure, as it disqualified many families who were unable to attend the entire length of the camp due to financial and time constraints (Hunsley, 2019).

This research aims to consider the revised camp design, Hope Connection 2.0, and ask participating caregivers whether it provided lasting behavioral and relational changes in their children via a self-report survey. The survey will mirror some of the questions of the Hope Connection 2.0 application and attempt to measure how well the practices from camp persisted while also assessing what was most helpful for caregivers and children during camp. The study's purpose is to determine the most effective and helpful parts of the therapeutic weekend family camp, Hope Connection 2.0.

The research questions are "Is Hope Connection 2.0 benefiting families to its best ability?" and "How can it improve?". The questions are overall very broad and aim to identify how Hope Connection 2.0 can improve to best serve its participants. Through a survey, the researcher hoped to: (1) Validate the positive effects of TBRI and Hope Connection 2.0 on connection, flexibility, and overall functioning within a family, (2) Identify desired camp design changes, and (3) Measure how well caregivers retained TBRI concepts. The overall objective is to identify how Hope Connection 2.0 can improve. In future years, if shown to be successful and

well received, this survey can be used incrementally with each Hope 2.0 cohort to continually learn how it can improve and adapt.

Methods

Participants

The sample for this study included caregivers who took part in earlier iterations of the Hope Connection 2.0 camp from 2018 until 2023 and had consented to be contacted after their camp experience. Their emails were stored in the KPICD's records for further contact.

Procedures

After the survey and study received Institutional Review Board (IRB) approval, emails with a broad explanation of the study and a link to the survey were sent to participants. To protect the participants' confidentiality, all emails sent to the sample were Blind Carbon Copied (Bcc'd) so no one had their contact information shared with others. Informed consent was secured at the beginning of the survey, along with withdrawal rights and researcher contact information for questions. Survey emails were distributed on December 19th, 2023, with follow-ups sent to non-respondents on January 16th, 2024. A final reminder was emailed with a specified deadline for completion on January 24th, 2024.

Measures

This study employed a mixed-method research design utilizing a Qualtrics survey for both qualitative and quantitative data collection. The survey aimed to enhance camp alignment with family needs, using the Family Adaptability and Cohesion Scale IV - Short Form (FACES-

IV-SF) and questions developed to evaluate cohesion, flexibility, communication, and camp effectiveness. Qualitative data from free-response questions was also used to collect suggestions for improvements.

This study uses measurement criteria from the Family Adaptability and Cohesion Scale IV - Short Form (FACES-IV-SF) assessment, a shorter and more research-setting suitable form of the FACES-IV measure (Priest, 2020). The FACES-IV measure aims to record levels of family cohesion, flexibility, and communication.

The FACES-IV-SF scale (Priest, 2020) measures the following: Balanced Scales (Cohesion & Flexibility) and Unbalanced Scales (Disengaged, Enmeshed, Rigid, and Chaotic). Cohesion refers to the state of being closely linked and flexibility refers to the family's ability to adapt. Disengaged means a lack of active involvement, enmeshed means boundaries are weak or blurred, rigid means a lack of adaptability and chaotic means disorder. Higher balanced scales are considered healthy and high unbalanced scales are considered problematic. The FACES-IV-SF scale was included in this study to measure past participants' family functioning.

Other items on the survey were intended to assess caregiver's camp experience, how accessibility could be improved, and how useful they perceived the different elements and teachings of camp. These items were Likert scale measurements, ranking questions, and free-response questions. Examples include, "Please rank how helpful or useful the following components at the camp were for you as a parent. 1 is most helpful, 5 is least helpful", and "Please rate how the following statements reflect how you as a parent felt during Hope Connection 2.0 camp," and "What was the most memorable part of your camp experience?".

Scores for the FACES-IV-SF portion of the survey were calculated using the preprogrammed Excel form included with the FACE-IV-SF manual. The Likert scale questions designed by the researcher were scored using basic scale coding (Strongly agree = 5, somewhat agree = 4, etc.).

Analysis Plan

Quantitative data was analyzed using manual Likert scale coding and transcribed into simple or stacked bar graphs in Excel. Qualitative data was analyzed using the Atlas.ti software, which assisted in coding verbiage for positive and negative sentiments and repetitive words, suggestions, and topics.

Results

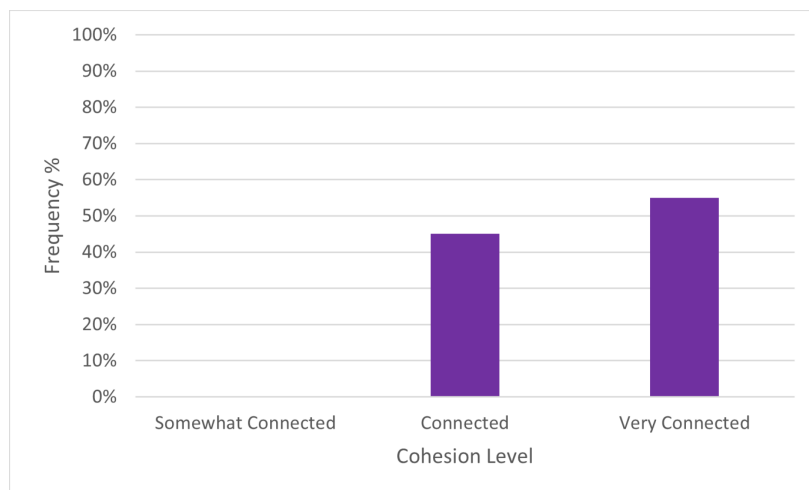
Caregivers of families who attended Hope Connection 2.0 in the past seven years were targeted for this study. Out of the 80 caregivers that were emailed, 22 completed the entire survey. Of the 22 who completed the survey, 45% of the participants were female, 25% were male, and 30% did not specify their gender. Ages ranged from 39 to 57, with 60% identifying as white, 5% as African American, and 35% not indicating their race.

The FACES-IV-SF Scale results showed that families who attended camp exhibited high levels (favorable) of cohesion, flexibility, and connection. The survey also revealed consistently low scores (favorable) on unbalanced scales, indicating an engaged, independent, fluid, and orderly home environment. These findings suggest a potential influence of TBRI on the balanced scale results, highlighting the need for pre-tests and tailored surveys for better interpretation.

Figure 1 shows the high cohesion levels, suggesting that participant's families are connected and generally have mutual trust for one another.

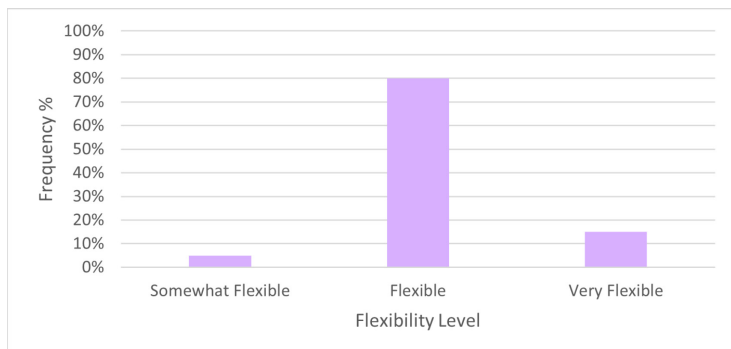
Figure 1

Post Camp Cohesion Level – FACES IV SF



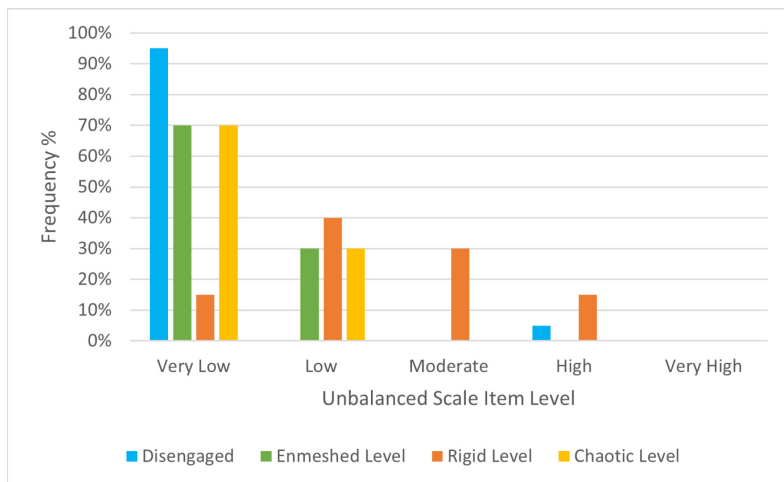
Note. More connected is favorable on this balanced scale.

Figure 2 shows the general middle road flexibility scores, suggesting that participant's families are adaptable.

Figure 2*Post Camp Flexibility Level – FACES IV SF*

Note. More flexible is favorable for this scale.

Figure 3 shows the unbalanced scales, which include disengagement, enmeshment, rigidity, and chaos, as labeled in the colored legend under the X-axis. Higher scores for the unbalanced scales indicate the following: disengaged means a lack of active involvement, enmeshed means boundaries are weak or blurred, rigid means a lack of adaptability, and chaotic means disorder. Results show lower overall scores, which is favorable.

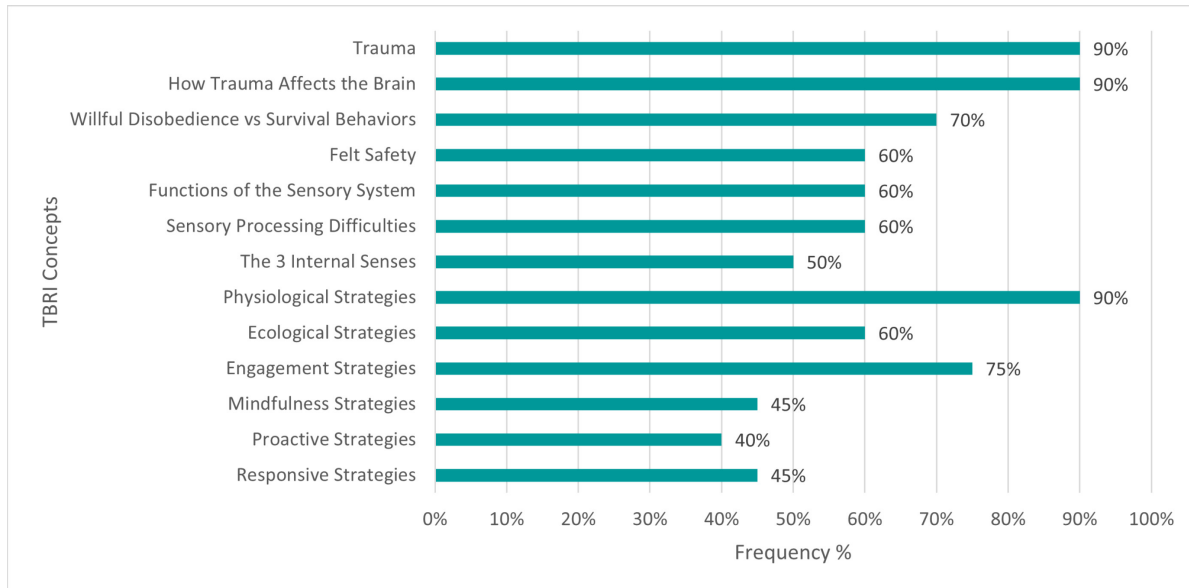
Figure 3*Post Camp Unbalanced Scales – FACES IV SF*

Note. Lower scores are more favorable for the unbalanced scales.

Participants responded to multiple Likert scale and ranking questions that assessed their camp experiences, including the usefulness of different camp elements for their families, how caregivers felt during the camp, and their confidence in their TBRI teachings. While concepts like trauma and its effects received high marks for being "well taught," mindfulness strategies, ecological strategies, and sensory processing concepts garnered less confident responses. Figure 4 shows the results of the percentage of agreements.

Figure 4

Percentage of Participants that Agreed they were Well Taught TBRI Concepts at Camp



Qualitative feedback varied, emphasizing the need for follow-up support, social support during and after camp, and improved time management. Challenges in time management and post-camp support were mentioned, as were many expressions of gratitude for the social support and safe space cultivated at camp. Some participants expressed confusion about camp expectations, suggesting the need for clearer communication, which could be met through a promotional video outlining the camp's design. Resources to fund housing and travel accommodation were frequently suggested to improve camp accessibility.

When asked what the most memorable part of camp was, some participants shared the following: “Seeing our children learn and grow in their understanding of things,” “I felt so loved and cared for and inspired,” “The boys feeling safe and comfortable at camp,” and “Having that compassionate understanding was really a great place to find help.” This qualitative feedback

suggests that Hope Connection 2.0 is successfully a safe space where caregivers and children feel comfortable being vulnerable.

Discussion

This study's purpose was to gain a better understanding of the effect of Hope Connection 2.0's experience on family flexibility and cohesion and what could be improved in the camp design to better serve participants. There are three key findings of the present research. First, participating families reported favorable levels of family flexibility, cohesion, enmeshment, and chaos, suggesting a positive effect of camp on these families. These results are consistent with previous literature with evidence that suggests TBRI is successful in meeting vulnerable children's needs (Hunsley, 2019). In the future, caregivers should be given a pre-test survey to measure flexibility and cohesion before camp so it can be compared with the post-camp surveys. Second, caregivers felt overall well-taught the TBRI concepts at camp, with more support needed in learning and implementing the Correcting Principles. Third, the most suggested camp changes by caregivers were post-camp support, follow-up meetings, and resources for housing and travel expenses.

One interpretation of these findings is to suggest that Hope Connection 2.0 can increase accessibility and follow-up for its participants to broaden its reach and relational care, respectfully. By implementing online follow-up meetings with camp directors, family coaches, or camp buddies, participants are likely to feel more individually cared for and have their relational needs prioritized. TBRI can be difficult to transfer from a camp environment into a home environment, so after-camp care could serve as a check-in for caregivers and families adapting TBRI to their home environments.

Limitations

There are at least three potential challenges concerning the results of this study. The first limitation concerns study outreach and the number of responses. Limitations in personalizing recruitment emails could have resulted in reduced engagement, particularly during periods of high stress and preoccupation, such as the holiday season when the initial emails were sent out.

A second potential limitation is that during data analysis, it became clear that the variations in participants' experiences were a limitation in suggesting improvements for the camp. For example, because the participants' camp dates were spread out over 7 years, some participants had the unique experience of a pandemic shutdown which resulted in not having a second in-person camp session, and some participants attended a summer camp version of Hope Connection 2.0. In future applications of this survey, this limitation can be mitigated by isolating the sample population to participants of the same cohort.

Thirdly, a lack of a FACES-IV-SF pre-camp test limits the validity of Hope Connection 2.0 in improving adaptability and cohesion within participating families. Although many other articles and literature provide evidence of the success of TBRI and its Principles, this survey design could begin the collection of additional data for Hope Connection 2.0's effectiveness going forward.

Implications

The implications of this study's findings could enhance the design of the Hope Connection 2.0 camp to better meet the needs of attending families. While the current curriculum effectively educates parents on trauma concepts and brain development, Correcting Principles

(Proactive and Responsive strategies), mindfulness strategies, ecological strategies, and sensory processing received less confidence from participants regarding being well taught. This could suggest that the less confident items aren't taught as in-depth during the parent-teaching portion of camp. Still, it is more likely that the specific concepts are the most difficult to implement, causing low comprehension confidence in participants. Proactive and Responsive Strategies are the Correcting Principles of TBRI. They are most successful once building a safe emotional and physical environment for a child, which doesn't typically happen over one or two weekends. Addressing these limitations and setting realistic expectations before, during, and after camp could better equip parents to understand and manage their children's behaviors.

If this survey were to be used concurrently and paired with a pre-camp survey including the FACES-IV-SF scale, the validity of TBRI and the camp experience could be connected. These results can be used to advertise the camp with explicit changes, but also to continuously adapt the camp design to best fit the needs of families. By sending this survey out to participants each year, the sample sizes will have more common experiences.

Conclusion

In conclusion, the research underscores the significant impact of Hope Connection 2.0 in fostering behavioral and relational developments within adoptive families. Through a comprehensive analysis of caregiver feedback and quantitative data, the study reveals favorable outcomes in family cohesion, flexibility, and connection following participation in the camp. While the findings demonstrate the effectiveness of TBRI Principles implemented in the camp, they also highlight areas for improvement, particularly in enhancing post-camp support and further refining TBRI teachings. By addressing these insights, future iterations of Hope

Connection 2.0 can continue to evolve, ensuring that the camp remains a valuable resource for supporting adoptive families on their journey toward healing and resilience.

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