Spiritual Formation as TBRI Practices for Late Adolescent College Students

Abstract

This paper is a two-part project. Part one is a literature review. Part two is a quantitative paper that engages in suggested spiritual formation and TBRI practices with an exploratory and a control group engaging in the practices and evaluating outcomes. There is a growing understanding of the benefits of engaging in spiritual formation practices to build resilience in those who have experienced trauma (Morgan, 2009). While trauma can effect brain structure and function, spiritual formation practices can also impact brain structure and function leading to further resilience (Thompson, 2010). Further still, the use of Trust-Based Relational Intervention (TBRI) has shown significant improvement in resilience for children who have experienced early childhood trauma (Purvis, et. al., 2007), yet most of the approaches of TBRI are geared toward younger children and may be found lacking when it comes to the various phases of adolescence. As adolescence begin to gain abstract thinking skills, engaging in spiritual formation practices and imagination can help adolescence reprocess their trauma (Late adolescent college students often carry the effects of childhood trauma with them onto the college campus resulting in negative impacts on both academic and social outcomes (Counts, 2024). These realities necessitate college faculty and staff to develop pedagogical and other support systems that can facilitate the academic and emotional success of students. This research paper will seek to incorporate spiritual formation and TBRI practices with students at a Christian liberal arts college to measure resilience in students who have experienced childhood trauma. These practices may carry over into local youth ministries.

Introduction

According to Erickson's Psychosocial Development model (Erikson, 1950), trust is the first foundational stage of healthy psychosocial development. In its simplest form, when a child's physical and emotional needs are met by his or her primary, a trusting and nurturing bond is developed that will continue through a lifetime. Conversely, a child who does not have his or her physical and emotional needs met, distrust impacts the psychosocial development and worldview of the child. With the recent advances in neurosciences, the concept of neuroplasticity brings hope in understanding that the human brain can be "rewired" to overcome past negative experiences by developing new neuropathways (Thompson, 2010). While several therapeutic modalities have been practiced assisting with neuroplasticity and healthy psychosocial development, there are a variety of levels of professional training and certifications that may need to be obtained in order to make use of such practices.

Eye movement desensitization and reprocessing (EMDR) has been one approach to help those who have experienced trauma, yet EMDR practitioners are highly trained clinicians. Further, the level of expertise needed to engage in EMDR may limit the application of such practices by individuals who work with children and adolescents daily. Research shows that there has been an increasing number of students who have experienced trauma (Chrichton, et. al., 2024) entering classroom environments (Naik, 2019). Some contributing factors are decreased social support during Covid-19 (Mitchell et. al., 2022) leading to increased child abuse during lockdowns (Reina, 2022) and problematic internet usage increasing trauma in children and adolescents (Wang, 2023) are just a few of the concerns contributing to mental health concerns for children and youth.

While trauma has been increasing among children and adolescents, there has been a lack of quality mental health counseling and supports for adolescents (Baptiste, 2021) (Kuehn, 2021). trained laity, such as teachers and professors, may help make a significant positive impact in mental health of adolescents (Dorsey, et. al., 2019) (Malik, et. al., 2021). Training laity in practices such as TBRI can bridge the gap between the lack of professional mental health services and adolescents.

Defining Trauma and Loss: Generational/Heritage, Cultural and Estranged

Generational Trauma

While trauma is difficult to define, it is often a result of loss. Further, some research attests to different types of traumas such as "'big T and little t trauma'—the former referring to PTSD-type events, and the latter to more common but still distressing events" (Lumley, 2022, P. 600). The more prolonged and intense a threat to well-being is, the more likely it is a "big T" trauma. A threat to one's own life and survival is one type of big t trauma while the loss of a loved one through death is another type of trauma. Further still, the loss of a sense of safety and well-being, such as in a serious car accident, is yet another trauma that would likely be classified as a little t trauma. While trauma is known to happen in individual lives, there is also a trauma that might be considered "trauma heritage" or "generational trauma". These types of traumas are based in people groups of various population sizes that, "…broadly centres on human suffering, conflict, and death" (Feakins, 2024, P. 857). Often scenarios include genocide, natural disasters that, "…affect individuals, families, and communities and can result in trauma that extends far beyond the events through minds, brains, bodies, relationships, and practices and can – and often do – reverberate across generations" (P. 858). There is also the reality of Intergenerational

Transmission of Trauma or ITT (Reese, et. al., 2022). In other words, while there are varying degrees of trauma, there are also traumas that are passed down along generations through memories and even embodied trauma. Generational trauma can also include addictions as well as sexual and physical abuse and neglect that perpetuates generationally in families. Traumatic experiences within a domestic home setting can also lead to a rejection of religious and spiritual institutions (Westerfield and Doolittle, 2022) potentially impacting healthy spiritual formation.

Further, it can be argued that there is "layered generational trauma. For example, an older generation has felt their well-being threatened through the fear of nuclear war during the Cold War Years while another latter generation feels the threat of a world-wide epidemic such as Covid-19 or the fear of school shootings. While these traumas are more external, they impact the worldview and spiritual perspectives of those living in those generations. The younger generation may not fear the threat of nuclear war as intensely as the previous generation as they are more concerned with current trauma such of school shooting scenarios for example. Each generational threat to well-being ebbs and flows based on the proximity and reality of the perceived threat. For instance, while a younger generation may not fear nuclear war at the same frequency and intensity as their ancestors, those fears have not truly gone away and can be stoked into temporary prominence due to a regional war that considers nuclear options. The threat of nuclear war has become more prominent with the current Russian and Ukrainian conflict.

In this sense, generational trauma can also be cumulative. While the "greatest generation" had a first-hand fear of nuclear war, they did not have a first-hand fear of school shootings. For the millennial generation, they have the heritage trauma of nuclear war, the struggle for civil rights, the sexual revolution, Vietnam, 911, the War on Terrorism. For their own personal trauma, the threats of school violence, cyber bullying, social media induced depression and anxiety as

well as Covid-19 are the more recent traumatic scenarios. These various generational and cumulative traumas present threats to well-being within the ebb and flow of sub-conscious and conscious levels of younger generations.

Cultural Trauma

Along with generational trauma, one must also consider Uri Bronfenbrenner's "Ecology of Human Development" as human beings are developmentally impacted by the cultural ethos and philosophies in which they are surrounded at every level from the family to world occurrences. In an individualistic, liquid, post-modern culture that has systemically abandoned their young (Clark, 2016) and created a culture of ephebiphobia and gerontophobia, trauma has not only become a reality in the lives of many individuals, adolescents lack support from the very institutions that are supposed to care for them. This has led to another type of trauma that can be called, culturally induced trauma can be defined as 'trauma can interfere with safety, esteem, intimacy, trust and control needs'" (Miller et al. 2010, p. 121).

Our daily cultural experiences shape and form us, both externally and internally, in ways that we take for granted. Human beings are surrounded with various layers of culture from the most local context of home to world-wide incidences. Consider the outbreak of Covid-19 where every level of culture and institution were impacted by the pandemic. Families had to figure out a "new norm" when it came to school and work activities. Further, every nation was impacted by the financial and other fallout considerations of Covid-19. Local, State, Federal and other National governments were attempting to navigate a crisis that had many unknown variables to it. Once again considering Bronfenbrenner's *Ecology of Human Development,* the cultural trauma of Covid-19 was a shared world-wide phenomenon that impacted families and nations.

Even superficial decisions we make such as usage of our time, where to go eat and who we will spend time with are shaped by both our conscious and unconscious engagement in culture. In many ways, cultural and spiritual formation engagements shape who we become. Like cultural engagement, "Spiritual formation, like notions of civic duty, develops from within a cultural context. Cultural environments give us largely unquestioned taken-for-granted assumptions about how the world is and how we should live in it" (McMinn, 2017, p. 147). Just as cultural engagement and spiritual formation become a part of who we are subconsciously, it is reasonable to consider there are both conscious and unconscious impacts of cultural trauma on our well-being.

Estranged Trauma

Similar to how cultural engagement impacts our well-being at both conscious and unconscious levels, human beings can experience trauma in a way that their brain is unable to recollect, make sense of, or grieve experienced trauma. This type of trauma creates estranged sorrow, a category of trauma that cannot be grieved because it was never consciously experienced. Further, "Estranged sorrow encompasses not having developmental psychological needs met, the absence of community, the presence of structural injustice, and the dwindling access to the numinous" further, "…estranged sorrows primarily involve the "loss" of what was innately anticipated but never experienced—a healthy environment, a just society, a loving family" (Bascaljon, 2025, p. 645). Healthy psychological and physical human development is contingent upon a nurturing community, defense of the marginalized, caring for the vulnerable and a deep sense of well-being. Whether at the family, national or international levels, when basic nurture and safety requirements for healthy human development are not met, emotional and spiritual well-being are as much at stake as the physical and mental well-being. This intertwining

of nurturing relationships and spiritual formation is implied through the faith development work of James Fowler when a child moves through the stages of conventional faith to integrative faith (Fowler, 1995).

Fowler's work in faith development in children, infancy is characterized by undifferentiated faith, focused on basic trust. Toddlers and preschoolers enter intuitive-projective faith, relying on imagination and parental influence. School-aged children develop mythic-literal faith, understanding stories and rules literally. In other words, the parent child interaction is critical for helping a child imagine what God is like. If a parent is absent, uncaring - or worse – abusive, child's conventional view of "God as Father" is influenced by trauma. Clearly external developmental experiences impact internal emotions which, in turn, can contribute toward either a positive or negative spiritual worldview. The goal of healthy faith development is to move a child through the various levels of faith development to an eventual integrated faith.

Whether trauma is passed on through cultural struggles or familial dysfunction, trauma will play a significant role in the theological, practical and spiritual worldviews of God. When a transcendent God is minimized or excluded as a possibility through the death, absence or non-existent Being, the very stability offered through the spiritual and emotional stability is hijacked. The instability of well-being offered through a spiritual awareness of the transcendent God often leads to a very nihilistic worldview (Stoker, 2008). Where trauma can lead to a sense of hopelessness, engaging with a loving transcendental God can lead to hope and healing.

There is no doubt that physical and spiritual well-being are deeply intertwined to each other as seen in research with seriously or chronically ill individuals (Puchalski, et. al., 2022).

Intersecting Spiritual Formation and TBRI Practices for Adolescents

A widely accepted definition of spiritual formation is the process of being formed in the image of Christ for the sake of others (Mulholland, 2016). The latter part of the definition for spiritual formation implies being aware of, and interacting with, others. Like TBRI practices, relationships with others are also foundational to spiritual formation. Further, engaging in spiritual formation practices based in TBRI principles benefit not only the practitioner, but the recipient of the practices also benefits. Like TBRI, spiritual formation practices can be external and internal (Foster, 1998). Our attunement with self, others and God, can be enhanced by external and internal TRBI and spiritual formation practices. External practices can be defined as provision of food, creating a warm, safe and accepting atmosphere where trust and connectivity are experienced. Internal practices are those that guide a student to become more attuned through more internally reflective exercises such as journaling and meditation. These practices can be especially helpful for adolescents who have experienced trauma and can find healing by connecting with self, others and God.

External Physical Practices

Considering the trauma, systemic abandonment (Clark, 2016) and systemic isolation (DeVries, 2008) of adolescents, the adaptation and implementation of Trust-Based Relational Intervention practices can be especially helpful for adolescents who have experienced trauma. While Some approaches of TBRI, as found in *Connecting, Empowering* and *Correcting* (Purvis, 2007), can be used for all age groups, there is a need to adapt some practices to be more appropriate for adolescents. The three core principles of TBRI are empowering, connecting, and correcting.

Practices that are applicable for all age groups can be found in the core principle of empowering for adolescents as well as children. For example, "The Empowering Strategies,

Physiological and Ecological, promote feelings of safety by teaching caregivers to help youth feel safe in their bodies (e.g., nutrition, hydration) and in the world (e.g., routines, transitions)" (Knight, et. al., 2021, p. 926). These TBRI principles and practices reduce negative behaviors - including addictions (Knight) - as TBRI practices can be implemented by just about any type of caregiver. Practices such as providing supplemental nutrition and bottled water can help meet nutritional needs that contribute toward the ability for an adolescent to self-regulate their biology (blood sugar levels) and their emotions. Providing centering prayer and reimagining spiritual formation practices (to be discussed later in this paper) can help meet the need for routine and transitions.

There is a considerable need to meet the nutritional needs of adolescents as they often experience poor nutritional practices in college (Szczepanski, et. al., 2024) (Vedovato, et. al., 2017) (Heller, et. al., 2016) as well as food insecurities (Landry, et. al., 2025) (Story, et. al., 2024) leading to poor grades, depression and social disconnection. The simple hospitable practice of providing snacks and hydration can positively impact a student's mental health by communicating a warm, trusting relationship in a caring environment. Having a teacher or professor who willingly meets these nutritional needs of students is just one way of engaging in the TBRI principle of connecting. that can be easily engaged by a classroom teacher or professor providing healthy snack bars and water. Giving students the ability to access supplemental nutritional items in the classroom is meets both the empowering and connecting principles of TBRI.

On a spiritual note, Jesus often met the physical needs of those around him through feeding the multitudes (Mat. 14:13 – 21), feeding the disciples (Jhn. 21:10 – 14) and touching the leper before healing him (Mat. 8:1 – 4). We also find that Jesus shared meals with disciples,

sinners and wedding revelers. Rev. Dr. Mark Glanville has stated, "Jesus ate his way through the Gospels" (Glanville, 2012). Communally eating together, providing hospitality and creating a welcoming environment allow for connecting human beings together on the levels of physical, emotional and spiritual support and engagement.

Internal Spiritual Practices: Meditation and Embodied Imagination

Meditation

The internal practice of meditation is a way of helping adolescents become more attuned to self and others while helping individuals improve in reaching goals and practicing self-control (Bögels, et. al., 2008). Mentoring and meditation are just two practices that share the desired outcomes of TBRI and spiritual formation. Kass reports the following outcomes of such approaches:

> Growth includes (a) behavioral self-regulation through mindfulness; (b) cognitive understanding of humanity's chain of pain that supports social justice; (c) social–emotional development that repairs broken attachment templates and promotes compassionate attunement to self and others; (d) contemplative practice that strengthens secure existential attachment and taps the human capacity for unconditional altruistic love; and (e) formation of a resilient worldview, confidence in life and self, that helps people confront life's existential, interpersonal, and intergroup tensions with sufficient internal composure to derive maturational growth. This model provides a cohesive multidimensional explanation of person-centered spiritual maturation that highlights its prosocial value, integrates relevant neuroscience, and offers researchers a conceptual framework for future investigations (Kass, 2015, p. 53).

Both meditation and centering prayer have been shown to be effective in dealing with PTSD in veterans (Emmerich, 2022). van der Kolk emphasizes meditation for those who have suffered trauma (2014). Meditation practices have been used throughout centuries in a variety of religions and have also been incorporated in secular and sacred professional counseling settings

with great degrees of success (Adams, 2025). Further, trained educators can help students engage in meaningful meditation practices to overcome past traumas (Soláriková, 2021).

Another form of meditation that can be engaged with regularity is that of Body Scan Meditation (BSM).

> Body Scan Meditation (BSM) is a body-centered practice transversal to several popular mindfulness-based interventions aimed at reducing individuals' stress, and relieving their suffering. BSM is usually considered a focused-attention meditation practice [27]. This kind of practice involves voluntarily shifting one's attention first to specific body parts (e.g., toes, back, or head), and then to the whole body, in order to notice what is happening (e.g., sensations such as pain or muscle tension) in the present moment without judging or reacting to the experience (equanimous attitude) (D'Antoni, 2022).

Body Scan meditation is a practice that can consistently be incorporated in a classroom setting as the class before beginning with centering prayer. Centering prayer is another form of meditation that has been effectively used to reduce stress, contribute to overall better health (Ferguson, et. al., 2010) and used as a therapeutic practice for individuals who have experienced trauma (Knabb, 2012) with centering prayer being incorporated into the curriculum of college students (Eros, 2023).

The following is an example of centering and meditative prayer to be incorporated into the classroom:

Centering Prayer for Beginning Class
(Northumbria Prayer Community)

Canticle
Christ, as a light
illumine and guide me.
Christ, as a shield
overshadow me.
Christ under me;
Christ over me;
Christ beside me
on my left and my right.
This day be within and without me,

lowly and meek, yet all-powerful.
Be in the heart of each to whom I speak;
in the mouth of each who speaks unto me.
This day be within and without me,
lowly and meek, yet all-powerful.
Christ as a light;
Christ as a shield;
Christ beside me
on my left and my right.
(Northumbria Prayer Community, 2025)

Centering Prayer for Ending Class

May the peace of the Lord Christ go with you,
wherever He may send you.
May He guide you through the wilderness,
protect you through the storm.
May He bring you home rejoicing
at the wonders He has shown you.
May He bring you home rejoicing
once again into our doors.
+ In the name of the Father, and of the Son, and of the Holy Spirit. Amen

Embodied Imagination

There is sufficient evidence that reimagining trauma through spiritual-based strategies are helpful to those who have experienced trauma. Further, these particular practices are aligned with brain right hemisphere rewiring that moves individuals toward emotional healing (Simington, 2023). There is also growing studies within in-depth psychology that focuses on using the imagination to allow one who suffers trauma the ability to both engage in sorrow and reconceptualize the trauma suffered. For instance, using an imaginative process, a person who has suffered trauma can experience the sorrow of loss (of trust, relationship, safety, etc.) by engaging in a process where he moves from the memory of a real traumatic situation to reimagining that traumatic situation where the individual can rewrite the trauma experience to weaken the impact of the trauma (Romanyshyn, 1999).

An example of using a spiritual formation meditation in reimagining trauma would be to guide an individual into reimagining the presence of Jesus during the traumatic situation. Individuals who have previously seen Jesus as nonexistent, apathetic or even voyeuristic during a traumatic experience are encouraged to reimagine Jesus' physical presence. Scripture such as Matt. 28:20 can be engaged reminding the individual that Jesus promised he would never leave us or forsake us. A spiritual guide, in a dyadic relationship, can help the individual reimagine that Jesus is not just in the room with the person during the traumatic experience, but that Jesus suffers the trauma with the individual as Christ is indwelling the individual (1 Cor. 6:19).

Example of Embodied Meditation

1. "Imagine your place of comfort, warmth and safety."
2. "Imagine yourself in that place. You are comfortable, you are warm and you are safe."
3. "Imagine Jesus with you. He is close to you. He is smiling at you. He is comforting you. He is pleased with you."
4. Meditate on these verses (Read slowly and calmly)
   a. **Isaiah 26:3:** "You will keep in perfect peace those whose minds are stayed on you, because they trust in you."
   b. **John 14:27:** "Peace I leave with you; my peace I give you. Not as the world gives do I give to you. Do not let your hearts be troubled or afraid."
   c. **Philippians 4:7:** "And the peace of God, which surpasses all understanding, will guard your hearts and your minds through Christ Jesus."
   d. **Romans 5:1:** "Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ." (All Scripture is NIV)

Relational Focus

Overcoming estrange sorrow also requires relationships (Boscaljon, 2025), community (Habimana, et. al., 2021) (Amari, 2021) communal storytelling and communal scripture reading (Hays, 2023) can help convey meaning and moving toward overcoming the effects of trauma. Reimagination also requires a dyadic relationship to guide the process of reimagining trauma similar to the ones listed above (Pinato, 2006). It should be noted that those not trained in actual

psychotherapeutic modalities should exercise caution when helping individuals engage in reimagining trauma. The spiritual guide and the spiritual participant should agree to sticking to the examples given above to avoid any unintentional manipulation.

A group setting, such as a college spiritual formation class, all the prescribed approaches described in this paper can be engaged. Students will be encouraged to share their spiritual formation stories to the degree that they feel comfortable. Telling their own story while also hearing the stories of others builds community and empathy. Engaging in reimagining processes can happen both in community (in the classroom) as well as dyad relationships (with a peer or a professor). Regardless of group or dyads, the move toward healing trauma is based in relationships and is a key aspect of Trust-Based Relational Intervention. Healthy helping relationships allow for respectful boundaries, shared power, empowerment, setting goals and meeting needs in appropriate ways (Knight, 2025).

Conclusion

This paper has set out to offer guidance on engaging in Trust-Based Relational Intervention (TBRI) principles by using spiritual formation practices to meet the needs of adolescents who have experienced trauma. To engage in TBRI and spiritual formation practices, there must be an understanding of different types of traumas. The different cognitive and emotional stages of development between children and adolescents provides a way to engage TBRI principles in a way that is not "childish" to late adolescent individuals through spiritual formation practices. Conversely, some spiritual formation practices would not be appropriate for children who have not developed abstract thinking skills. Suggested spiritual formation practices focus on community and dyadic relationships where late adolescents engage in hospitality

through welcoming environments where snacks and water are provided for supplemental nutrition. Along with nutrition, different forms of spiritual meditation, centering prayer and scripture are all engaged in environments that offer community, empathy and individual spiritual guidance.

While examples of these TBRI/spiritual formation practices have been given, there are additional approaches to be considered. First, only a few spiritual formation practices have been given. Other spiritual formation practices, such as solitude, silence and designated prayer times might be considered. Second, this paper only provides a theoretical approach through literature review and this author's experience with college students, trauma, spiritual formation practices and limited knowledge of TBRI. This paper includes an appendix describing how the theoretical can be put into practice through a spiritual formation class provided at a local Christian college. Theoretically, these approaches could also be undertaken in a local church setting with a small group of young adults and leadership who can implement the approaches in a formal learning setting.

TBRI principles and spiritual formation practices share much in common since TBRI and spiritual formation practices deal with the "wounded souls" and broken relationships of those who have experienced trauma. Both TBRI and spiritual formation practices have been shown to provide hope and healing to those who have experienced trauma. TBRI and spiritual formation practices offer individuals the opportunity to be transformed by the renewing of the mind (Romans 12:2, NIV,1983). Finally, both TBRI and spiritual formation practices can bring peace and a release from anxiety that so many adolescents go through. This is the hope.

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Appendix A

Proposed Quantitative Implementation Project

Thesis: A traumatized mind impacts the spiritual wellness of an individual and visa-versa. Persons who experience 5 or more Adverse Childhood Experiences (ACE's) out of 10 will experience more anxiety, depression and other mental health maladies. The hypothesis is that implementing spiritual practices of meeting nutritional needs, meditation, centering prayer, and embodied imagination (inviting God into reimagined previous trauma) can help minimize the effects of trauma while increasing spiritual (emotional) well-being.

Methodologies: In Fall semester of 2025, the researcher will run have access to two separate groups of college freshman students engaging in a course entitled "Basic Spiritual Formation 103" (BSF 103). These classes typically focus on helping students learn and engage in spiritual formation practices. This study will be both qualitative and quantitative in nature. In the first class, each Spiritual Formation Group will be given an ACE Inventory to be completed. Group A (BSF 103-03, MWF/9:00 – 9:50 AM 12 students) will be the experimental group and Group B (BSF 103-09, MWF/2:00 – 2:50 PM 10 students) will be the control group. 8 Chosen participants from both Group A and Group B will have 5 or more ACE's and have a rating of 18-24 (mild – moderate) or 25 – 30 (moderate – severe) on the Hamilton Anxiety Rating Scale (HAM-A). Eight (8) students from Group A with highest measurements on ACE's (5+) and HAMA-A (18 – 24 or 25 – 30), along with their classmates in Group A, will spend the first 10-15 minutes at the beginning of each class participating in centering prayer, meditation and visualization. Selected students in Group A will also engage in 4 designated 50-minutes of times of solitude throughout the semester. Finally, the top 8 students from Group A will be invited to have 3-4 intentional, individual, trust-building, social opportunities (lunch/coffee) and two group fellowships with the researcher/Professor. This approach incorporates Scripture, Prayer and Community (Thompson, 2010). Group A students will also be encouraged to engage in the selected Scripture, Prayer/Meditation every day, not just class days. The hope is to develop new neural pathways between the left (logical) and right (emotive) parts of the brain (Thompson, 2010). Eight (8) students from Group B with the highest measurements on ACE's (5+) and HAMA-A (18 -24 or 25 -30) will be selected as the control group but will only participate in a "regular" class (without the 10 – 15 minutes of centering prayer, meditation and visualization) for the first 10 – 15 minutes will not incorporate the practices of Group A while only having only one designated 50-minute solitude experience and no specific invitation for trust-building, social opportunities with the researcher/Professor. Of course, as a normal part of pedagogy, all students from Group A and Group B have "open door" opportunities to meet with the researcher/Professor.

At the end of the semester, the HAM-A scale will be administered a second time and the results will be collected and analyzed. The theory will test the impact of intentional spiritual practices having a positive effect of marked reduction of anxiety within the experimental students (Group A) compared to the control students (Group B).