

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

Step #3, Day One  
History Worksheet &  
Current Capacities



Connie Lillas, PhD, MFT, RN  
www.the-nrf.com

---

---

---

---


---

---

---

---

Outline Day One AM



- Step #3, History Worksheet
  - Internal to External: walking you through the overview of the 4 brain systems
  - Orientation to the History Worksheet and taking a Developmental History
  - Mock interview of the Regulation & Sensory Brain Systems with a NRF Facilitator (repeat later for Relevance/Exec)
  - Application to own case; conceptualization (repeat later)
    - Small group; 20 mins on your own; 20 minutes small group – what’s easy? where are you getting stuck?
    - Large group; one reporter back to our class about the process

---

---

---

---

---

---

---

---

NRF's 3 Steps and 4 Tiers			
Tier 1	Tier2	Tier 3	Tier 4
Step 1: Physiology, Sleep-Awake Cycle:  Awake States with Stress Responses Grid & Checklist Arousal Curve & Pie Pattern Sheet & Journ	Step 1: Heart, Hand, & Head:  Who We Are - Best & Worst Interpersonal modes	Step 1: Inside & Outside Cues  Body Markers [Physiological Equipment]	Synthesis Pulling the 3 Steps Together
Step 2: States of Arousal Dyadic Patterns with Levels of Engagement:  Arousal State Graphing Pattern Sheet & Journal Pyramid	Step 2: Quality of Levels of Engagement between Parent/Child Dyad:  Grid with Rating Scale of 4  Grid with Rating Scale	Step 2: Quality of Levels of Engagement:  Grid with Rating Scale of 6, Use with any dyad	States of Arousal, Levels of Engagement, & 4 Brain Systems
Step 3: Macro level of 4 Brain Systems:  History Worksheet	Step 3: Micro level:  Current Capacities Worksheet	Step 3: Micro level:  Trigger & Toolkit Menu, Mapping Self & Mapping with Self & Co-	Use with Inter-and Trans-disciplinary Community Teams

---

---

---

---

---

---

---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

The Neurorelational Framework (NRF) “translates” what matters in early brain development into three clinical steps:

What Matters:

- Stress Resilience versus Toxic Stress
- “Serve & return” levels of high quality engagement
- Development of brain networks and circuits

Assess & Intervene:

- Step 1: Adaptive vs. toxic stress
- Step 2: Age appropriate vs. low levels of relational engagement
- Step 3: Age appropriate developmental & functional brain capacities vs. delays or disorders

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

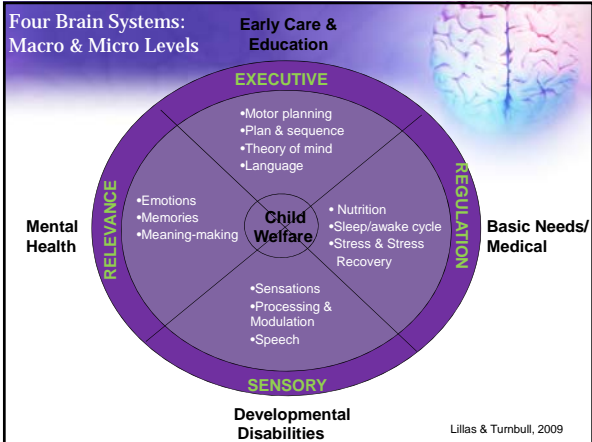
---

---

Connie Lillas, PhD, MFT, RN  
 infantmentalhealth@earthlink.net  
 www.the-nrf.com

2

## Worksheet for the Four Brain Systems



---

---

---

---

---

---

- **Step #3**  
How strong or weak are the branches to the tree?
- **Assess for Individual Differences & Multiple Causes**
- Map out all of the needs across systems of care on a “macro” level
- Map out the individual differences in all the functional capacities from each brain system on a “micro” level



---

---

---

---

---

---

# NRF History Worksheet & Snapshot

[illegible]

---

---

---

---

---

---

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### NRF Application to your role

- Group 1:** One-time interaction/assessment with no ongoing client contact
- Group 2:** Providers with on going contact with clients
- Group 3:** Providers or managers who attend local meetings of agencies
- Group 4:** Supervisors/Consultants/Managers/Directors who do not have direct client contact



---

---

---

---

---

---

---

---

### Adverse Childhood Experiences

- Linear increase in negative health/mental health/substance use problems as number of adverse childhood experiences increase
  - Events include:**

**Abuse**  
 Physical Abuse  
 Emotional Abuse  
 Sexual Abuse

**Neglect**  
 Physical Neglect  
 Emotional Neglect

**Household Dysfunction**  
 Family Violence  
 Parental Mental Illness  
 Separation or loss of a parent  
 Parental Criminality  
 Parental Substance Abuse



---

---

---

---

---

---

---

---

### Step #3

#### Four Brain Systems- History Checklist

##### Parental Risk Factors

That Can Impact Your Ability to Help Your Child Thrive

- 1. Significant parental stressors
- 2. Do you present your history of or current substance abuse history?
- 3. Family emergency
- 4. Poor nutrition
- 5. Multiple births
- 6. Chronic health issues
- 7. Chronic medical conditions
- 8. Chronic fatigue
- 9. Sleep difficulties
- 10. Poor or limited history of mental health treatment (depression, bipolar, etc.)
- 11. Low financial resources
- 12. Unemployment
- 13. Unstable housing, shelter, or clothing
- 14. Limited transportation resources
- 15. Physical abuse?
- 16. Sexual abuse?

/10

##### Global Questions

- 1. Are stress responses adaptive? That is, does a person show adaptive thinking?
- 2. Is the person's use of energy efficient and flexible in light and stress?
- 3. How does the person conserve energy?

##### Parental Risk Factors

That Can Impact Your Ability to Help Your Child Thrive

- 1. Loss of hearing or vision
- 2. Inadequate processing of information
- 3. Slow processing of information
- 4. Sensory processing
- 5. Learning disabilities
- 6. Dyscalculia or sensory information
- 7. Inappropriate or underactive information
- 8. Both overactive and underactive to sensory information
- 9. Deep or under stimulating being experienced
- 10. Sensory seeking

/10

##### Regulation

- 1. How quickly and efficiently does the child adapt to sensory information?
- 2. How reactive is the child to sensory information from the environment?
- 3. Is the child's history of sensory information that is consistent with an expected response to those that are expected?

/10

##### Sensory

- 1. How quickly and efficiently does the child adapt to sensory information?
- 2. How reactive is the child to sensory information from the environment?
- 3. Is the child's history of sensory information that is consistent with an expected response to those that are expected?

/10

##### Relevance

- 1. Does the child's history of sensory information that is consistent with an expected response to those that are expected?
- 2. Does the child's history of sensory information that is consistent with an expected response to those that are expected?
- 3. Does the child's history of sensory information that is consistent with an expected response to those that are expected?

/10

##### Executive

- 1. Does the child's history of sensory information that is consistent with an expected response to those that are expected?
- 2. Does the child's history of sensory information that is consistent with an expected response to those that are expected?
- 3. Does the child's history of sensory information that is consistent with an expected response to those that are expected?

/10

---

---

---

---

---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

### Mock Interview

Step 3 answers the WHY of what are all the multiple factors causing the toxic stress pattern

- Notice where things are “weighted” within each brain system
- Be thinking of a case that you “recognize” when you hear the history of risk factors!
- Thank you – xxxxxx!

---

---

---

---

---

---

---

---

### The “early” story – Regulation

- |  |  |
|--|--|
| • Basic needs met?                       | • Post partum difficulties?            |
| • Health & lifestyle prior to pregnancy? | • Breast or bottle?                    |
| • Pregnancy – emotional context?         | • Feeding difficulties?                |
| • Prenatal care?                         | • Elimination difficulties?            |
| • In utero development?                  | • Bathing difficulties?                |
| • In utero exposure to toxins?           | • Sleeping difficulties?               |
| • Premature or full term?                | • Medical concerns – acute or chronic? |
| • Labor and delivery?                    | • Have stable medical home?            |

---

---

---

---

---

---

---

---

### The “developmental” story – Sensory

Generally scouting for any history or dx that match the regular developmental milestones:

- Any delays or concerns about speech and language development? Any treatment by a Speech and Language Therapist?
- Any delays or concerns about gross motor milestones? Any treatment by a Physical Therapist?
- Any delays or concerns about fine motor/ processing sensory information? Any treatment by an Occupational Therapist?
- If any treatment, was it positive? Relational? ABA?

---

---

---

---

---

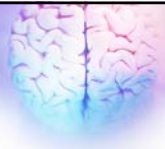
---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

Questions & Comments



- What did you notice?
- What seems familiar to you?
- What seems different to you?
- Every interview is unique! These are semi-structured questions that serve as a guide!!!

---

---

---

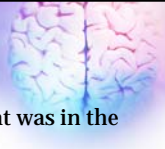
---

---

---

---

“Regulation” Vignette



- 5 month old preemie baby that was in the NICU for 2 months
- Exposed to marijuana every day (was not removed from care at that time)
- Body is stiff with wide-eyed hypervigilance
- Cried with irritability frequently
- Glassy-eyed with no facial expressions
- Stares off into space; rule-out seizures

---

---

---

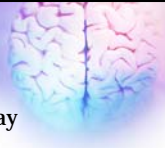
---

---

---

---

“Sensory” Vignette



- Two year old girl with speech delay
- Cannot stand wearing socks
- Screeches when its time to take a bath and get in the water
- Puts her hands over her ears when she hears the vacuum cleaner
- Hates to be touched by surprise; when someone bumps into her by accident she acts like it's on purpose

---

---

---

---

---

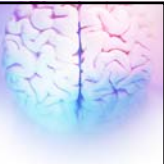
---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

### You know these kids!

- Those were two examples
- Give me some other examples!
- Does anyone recognize these risk factors in any of your cases?
- Share or shout out a very brief history that matches these risk factors



---

---

---

---

---

---

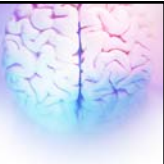
---

---

### Practice Using the Hx Worksheet for Organizing Your Case with the NRF

#### Getting the Big Picture

- On your own, walk through the list of risk factors on the History Worksheet for your parent and child
- Check off the ones you know for sure; circle ones you suspect
- Fill both sides of the columns for parent and child (only - Regulation & Sensory)
- Notice how much you do know about your parent/child and how much you do not yet know about your parent/child dyad
- Count the number of risk factors per brain system per person
- Take a look at the number up against the total in the box; do you have a small, moderate, or high number?
- Be thinking about the degree of vulnerability in each brain system



---

---

---

---

---


---

---

---

### Continue, to the Needs Assessment

- Next, complete the "Regulation & Sensory System" Assessment.
- Check off whether the dyad – Has, Needs or is Not Applicable for each item
- Again, you may not know, so take this as a cue for more details or assessment later
- Take an overall look at the Vulnerabilities/Needs and Strengths/Resources section for the big picture
- Next, note existing resources or services that you already have "warm handoff" community connections with and where you do not



---

---

---

---

---

---

---

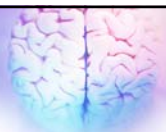
---



# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### The “emotional” story - Relevance



Generally scouting for:

- Has anything happened that shouldn't have happened or any hard thing that has happened – small or large – that your child has gone through that would affect his/her behavior?
- Anything scary or violent that has happened?
- Immigration history?
- Loss, sudden or expected?
- Any changes (e.g., new job, new baby, new home)?
- History of mental illness in the family on either side?
- Any hx of substance within or close to the family?
- Experiences you have had as a parent being in a position where you have been excluded or treated poorly?
- What's the history of joy with this child?

---

---

---

---

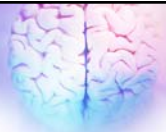
---

---

---

---

### The “learning/educational ” story – Executive



When age appropriate, generally scouting for:

- Any ongoing motor concerns?
- Delayed gratification?
- Attention and impulsivity concerns?
- Sequence and follow through abilities?
- Making cause and effect links?
- Able to think about others? and self?
- Problem solving skills?
- Cognitive rigidity?
- Use of language to solve problems and communicate?
- Any learning concerns or learning disabilities identified in school setting? Stable educational setting?
- Are the teachers relationship-based? Child feels safe?

---

---

---

---

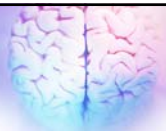
---

---

---

---

### Questions & Comments



- What did you notice?
- What seems familiar to you?
- What seems different to you?
- Every interview is unique! These are semi-structured questions that serve as a guide!!!

---

---

---

---

---

---

---

---



Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

“Relevance” Vignette

- Three year old, who was internationally adopted from Russia with custodial care there for her first two years of life
- Rule-out Fetal Alcohol Syndrome Disorder
- Refuses to comply with any directives from parents
- Goes to strangers and hugs them
- Terrified every night of the sounds of the coyotes howling, yet lays in bed, never asking for help

---

---

---

---

---

---

---

“Executive” Vignette

- Five year old stares off and does not answer the questions she already knows the answers to
- Cannot follow morning or evening family routines
- Does not follow a three step request of getting ready for bed by changing clothes, brushing teeth, and going to the bathroom before bedtime story
- Difficulty shifting to the external “demands” of the environment such as a change in plans or a sibling asking for a favor

---

---

---

---

---

---

---

You know these kids!

- Those were two examples
- Give me some other examples!
- Does anyone recognize these risk factors in any of your cases?
- Share or shout out a very brief history that matches these risk factors

---

---

---

---

---

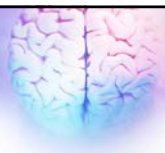
---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### Practice Using the Hx Worksheet for Organizing Your Case with the NRF



#### Getting the Big Picture

- On your own, walk through the list of risk factors on the History Worksheet for your parent and child
- Check off the ones you know for sure; circle ones you suspect
- Fill both sides of the columns for parent and child (now - Relevance & Executive)
- Notice how much you do know about your parent/child and how much you do not yet know about your parent/child dyad
- Count the number of risk factors per brain system per person
- Take a look at the number up against the total in the box; do you have a small, moderate, or high number?
- Be thinking about the degree of vulnerability in each brain system

---

---

---

---

---

---

---

---

### Continue, to the Needs Assessment



- Next, complete the "Regulation & Sensory System" Assessment.
- Check off whether the dyad – Has, Needs or is Not Applicable for each item
- Again, you may not know, so take this as a cue for more details or assessment later
- Take an overall look at the Vulnerabilities/Needs and Strengths/Resources section for the big picture
- Next, note existing resources or services that you already have "warm handoff" community connections with and where you do not

---

---

---

---

---

---

---

---

### NRF Guiding Principle



- The more vulnerability the parent has, the more co-regulation s/he needs; the more vulnerability (aka the "orchid" side of the spectrum) the child has, the more co-regulation s/he needs
- The more risk factors in each brain system, the more likely the this brain system is contributing to the toxic stress pattern & has vulnerabilities present

---

---

---

---

---

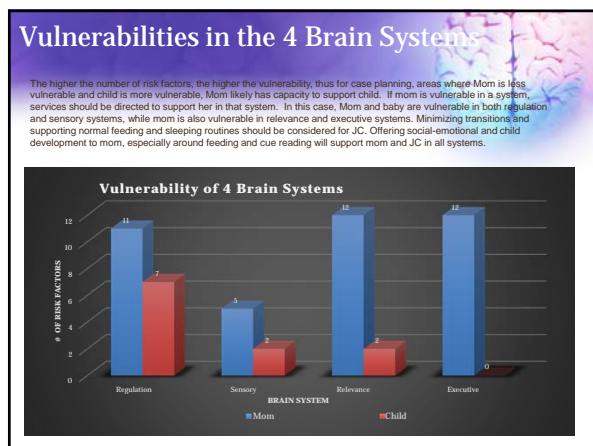
---

---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems




---

---

---

---

---

---

---

---

---

---

### Regulation History

#### Risk Factors Hx Worksheet / Parent

- Significant prenatal stressors
- Homeless; without work
- No or poor prenatal care
- History of, or current substance abuse, smoking
- Teenage pregnancy
- Poor nutrition
- Multiple births
- Chronic medical condition(s)
- Sleep difficulties
- Rigid of chaotic pattern of arousal energy that is entrenched (hypoalert, hyperalert, flooded)
- Low maternal education

#### Risk Factors Hx Worksheet / Child

- Prenatal maternal stress
- No or poor prenatal care
- Toxins in utero
- Difficulty being soothed or engaged
- Infant medical condition(s)
- Sleep difficulties
- Rigid of chaotic pattern of arousal energy that is entrenched (hypoalert, hyperalert, flooded)

---

---

---

---

---

---

---

---

---

---

### Sensory History

#### Risk Factors Hx Worksheet / Parent

- Loss of hearing or vision
- Inaccurate processing of information
- Slow processing of information
- Overreactive, underreactive, or both to sensory information
- Over or understimulating environment

#### Risk Factors Hx Worksheet / Child

- Overreactive, underreactive, or both to sensory information
- Is unresponsive to and/or triggered by his or her parent(s) voice, facial features, touch, movement presence

---

---

---

---

---

---

---

---

---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### Relevance History

#### Risk Factors Hx Worksheet / Parent

- A domestic violence participant
- Personal history of abuse and/or neglect
- History of children removed from home; abuse/neglect of other children
- Multiple children to care for
- Weak commitment to child
- Chronically depressed or anxious
- Rapid swings into high-intensity
- Lack of empathy for self and others
- Discrepancies exist among words, actions, or non-verbal communication
- Learning disruptions
- Inability to ask for help when necessary
- Parental non-compliance with infant's or self's health, medical or therapeutic needs

#### Risk Factors Hx Worksheet / Child

- Lack of emotional care due to foster care or orphanage placement
- Highly demanding of others

---

---

---

---

---

---

---

---

### Executive History

#### Risk Factors Hx Worksheet / Parent

- Motorically clumsy, awkward, or lethargic
- High distractibility
- High impulsivity
- Unable to delay gratification
- Lacks stable routines
- Lack of knowledge concerning normative child development
- Difficulty anticipating the need to sequence and implement agreed-on clinical input
- Is unaware of, or inaccurately judges, own strengths and weaknesses
- Difficulty using hindsight, insight, and foresight for self-reflection and problem solving
- Lacks cause-effect reasoning
- Unable to hold self and others in mind at the same time
- Unable to consider the part in relation to the whole

#### Risk Factors Hx Worksheet / Child

- No motor issues
- (too young to tell any of the other "hits" in this system)

---

---

---

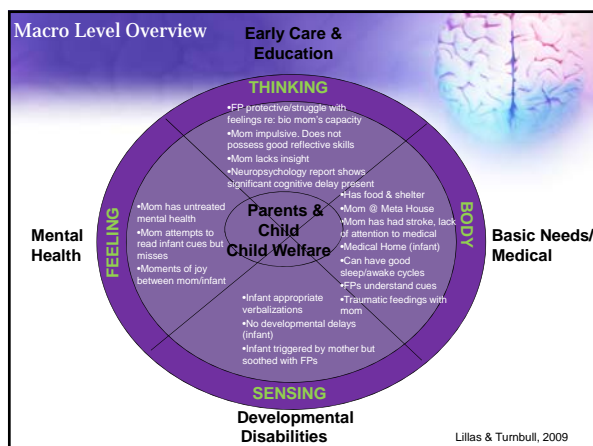
---

---

---

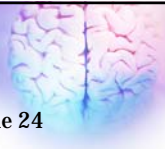
---

---



Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

Practice the Interview



When Jessica returns April 15 and June 24

- Today you did this privately!
- You will role play the Step 3 History Worksheet & Current Capacities Worksheet when Jessica returns
- Work again in Triads
- Rotate who is the Interviewer; the Parent; the Scribe
- Will use the updated NRF Intake Form

---

---

---

---

---

---

---

Outline Day One PM



Step #3, Current Capacities Worksheet

- Practice Using the History Worksheet for Anthony and Erika
- What current capacities from the Regulation System do you already know about from doing Step #1?
- Regulation system's current capacities
- Sensory system's current capacities

---

---

---

---

---

---

---

Confidentiality Pledge



- We are honored to share a family's struggles
- We respect the journey
- We commit to keeping privacy to this day, in this room, for these families
- We use the descriptive terms such as "the baby in the Blue Zone and the toddler in the Red Zone" to keep a collegial conversation alive

---

---

---

---

---

---

---

## Worksheet for the Four Brain Systems

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

## Assessment Questions

- **Regulation System #1:** Does the infant, child, adult (parent) have a physical home and a medical home? Are there acute or chronic **medical issues** that need to be addressed?

---

---

---

---

---

---

---

---

## Step One and Two

- Sleep cycle, healthy deep sleep cycling?
- Awake cycle, green zone?
- All 3 stress responses?
- Stress recovery back to green?
- What is the pattern?
- Muddy or clear states of arousal?
- Any levels of engagement?

---

---

---

---

---

---

---

---

## What is Anthony's Toxic Stress Pattern?

You will be taking your information from Step One and placing at the top of your Current Capacities Worksheet

Step # 3

**Four Brain Systems: Current Capacities**

**Instructions:**

1. Place a checkmark in each box that applies to the parent (P1) and the child (C2) for both categories: triggers and concerns and preferences and strengths.
2. Place a checkmark in boxes that do not apply to the child for developmental reasons.
3. The three highlighted boxes are the most critical intervention goals.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	TRIGGERS & CONCERNS		PREFERENCES & STRENGTHS	
	P1	C2	P1	C2
<b>Four Load Conditions</b>				
1. Low frequent stress responses to real or perceived demands				
2. Inability to adjust (dehydrate) to social challenges that, over time, should no longer be stressful				
3. Prolonged stress response after the stressor is removed				
4. Inadequate stress recovery back to baseline				
<b>Regulation</b>				
• Deep sleep cycling				
• Stable and expanding alert processing state				
• Expansion of all four stress responses				
• Distinct states or smooth transitions				
• Connection to internal cues				
• Efficient stress recovery				
<b>Sensory</b>				
• Internal (body)				

---

---

---

---

---

---

---

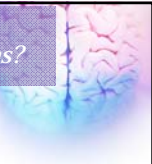
---



# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

Step #1:  
How do we identify toxic stress patterns?



Recognize stress responses that are  
*too frequent, too quick / intense, too long*

**4 Toxic Stress Patterns**

1. Stress responses that occur too frequently and too quickly
2. Does not adapt to “normal” challenges and transitions
3. Prolonged stress responses that take too long to recover (more than 10 to 20 mins)
4. Does not recover from stress response back to baseline health (healthy sleep cycle, healthy green zone state)

McEwen

---

---

---

---

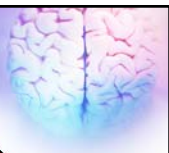
---

---

---

---

Anthony's Pie

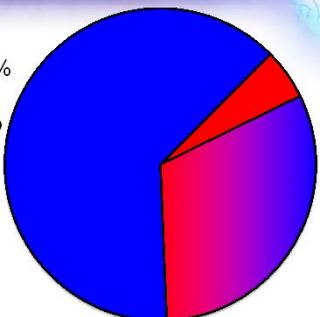


Blue- 70%

Combo- 25%

Red- 5%

Green- Zero



---

---

---

---


---

---

---

---

Establishing Baseline Duration,  
Intensity, & Rhythm of Arousal Patterns  
for ASSESSMENT



- Baseline assessment of arousal patterns is the foundation for your treatment
- It is the only way you will know if you are making progress or not!
- Completing the PIE (quantity) or Curve (rhythm) at the front end establishes your baseline pattern
- Even if the pattern is not “accurate” it is a starting point for conversation

---

---

---

---

---

---

---

---

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

[illegible]

## Current Capacities of the Regulation System

***Which of these do you already know from doing Step #1? Please describe what you know!***

1. The capacity for deep sleep cycling
2. The capacity for alert processing
3. The capacity for the adaptive expression of all three stress responses
4. The capacity for distinct states of arousal and smooth transitions between them
5. The capacity for connection to visceral cues
6. The capacity for efficient stress recovery

---

---

---

---

---

---

## Current Capacities of the Regulation System

1. The capacity for deep sleep cycling
2. The capacity for alert processing
3. The capacity for the adaptive expression of all three stress responses
4. The capacity for distinct states of arousal and smooth transitions between them
5. The capacity for connection to visceral cues
6. The capacity for efficient stress recovery

---

---

---

---

---

---

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

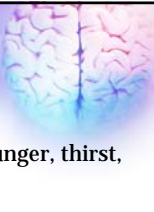
## Visceral Cue List

Infants

- Types of cries for tiredness, hunger, thirst, pain, bowel/bladder

General, regardless of age

- Awareness of tiredness, hunger, thirst, pain, bowel and bladder needs



---

---

---

---

---


---

---

---

## Bi-directional Feedback of Visceral Cues

- Handout
- Good/poor cue sender?
- Good/poor cue reader?



---

---

---

---

---

---

---

---

Step # 3

### Four Brain Systems: Current Capacities

**Instructions:**

- Place a check in each box that applies to the parent (P1 and P2) and the child (C1) for both categories: triggers and concerns and preferences and strengths.
- Place a check in boxes that do not apply to the child for development reasons.
- The four highlighted areas are the most related to the four brain systems.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Four Lead Conditions**

- Very frequent stress responses to real or perceived stressors
- Inability to adjust (adapt) to initial challenges that, over time, should no longer be stressful
- Prolonged stress response after the stressor is removed
- Inadequate stress recovery back to baseline

**Regulation**

- Over-arousal
- Under- and/or delayed alert processing state
- Expression of all three stress responses
- Delayed stress or strength transitions
- Expression to internal cues
- Efficient stress recovery

**Sensory**

- Internal (body)
- Pain (tiredness, hunger, pain, pressure)
- Balance/coordination/movement
- Proprioception (sense of joint, muscles)
- External (world)
- Visual (light and deep touch)
- Taste
- Smell
- Auditory
- Vision
- Proprioception
- Balance/coordination


**Relational**

- Full range of emotional expression and awareness
- Relationship across all range of emotions
- Active meanings of self and others

**Executive**

- Pre-potentialed behavior
- Spontaneous thought
- Automatic thought
- Conscious thought
- Integrating thoughts and emotions
- Shifting between self and others context

	P1	C	P2	P1	C	P2
Four Lead Conditions						
Regulation						
Sensory						
Relational						
Executive						




---

---

---

---

---

---

---

---

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

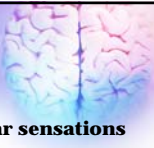
## Sensory System

### Typical sensations

- Visual
- Sounds
- Touch
- Smells
- Tastes

### Less familiar sensations

- Movement
- Deep touch pressure
- Active pressure on joints & muscles (proprioception)



---

---

---

---

---

---

---

---

---

---

### Step #3

#### Four Brain Systems- History Checklist

Parental Risk Factors  
The Caregiver's Present Ability to  
Observe Child Behavior

##### Regulation

- 1. Significant parental concerns
- 2. No or poor parental care
- 3. History of or current substance abuse
- 4. History of emergency
- 5. Parental abuse
- 6. Parental illness
- 7. Multiple safety
- 8. Chronic medical conditions
- 9. Chronic allergies
- 10. History of mental health issues
- 11. History of sexual abuse of parent
- 12. History of sexual abuse of child
- 13. History of sexual abuse of sibling
- 14. History of sexual abuse of friend
- 15. History of sexual abuse of neighbor
- 16. History of sexual abuse of community
- 17. History of sexual abuse of society
- 18. History of sexual abuse of world
- 19. History of sexual abuse of universe
- 20. History of sexual abuse of everything

##### Sensory

- 1. How quickly and efficiently does the child/ adult process sensory information?
- 2. How responsive is the child/ adult to sensory stimulation from relationships?
- 3. Is the child/ adult using sensory input of sensory information that is consistent with its response to that as an indicator?

##### Relevance

- 1. Is the individual able to express a range of positive and negative emotions?
- 2. How do experiences influence responses and behaviors?
- 3. Are emotions being expressed and are they being regulated?
- 4. Are the individual's needs being met?
- 5. Are the individual's needs being met in a way that is consistent with their response to that as an indicator?

##### Executive

- 1. Does the individual show purposeful responses that are self-directed and goal-oriented?
- 2. Can the individual use the big picture?
- 3. Can the individual use the big picture to make decisions?
- 4. Can the individual use the big picture to make decisions?
- 5. Can the individual use the big picture to make decisions?

##### Global Questions

- 1. Are stress responses adaptive? That is, do they protect from adverse events?
- 2. Is the person's use of energy efficient and flexible in light of stress?
- 3. Is there any loss of energy or focus?

##### Parental Risk Factors

The Caregiver's Present Ability to  
Observe Child Behavior

##### Regulation

- 1. Loss of control or stress
- 2. Inconsistent processing of information
- 3. Poor processing of information
- 4. Poor processing of information
- 5. Poor processing of information
- 6. Poor processing of information
- 7. Poor processing of information
- 8. Poor processing of information
- 9. Poor processing of information
- 10. Poor processing of information
- 11. Poor processing of information
- 12. Poor processing of information
- 13. Poor processing of information
- 14. Poor processing of information
- 15. Poor processing of information
- 16. Poor processing of information
- 17. Poor processing of information
- 18. Poor processing of information
- 19. Poor processing of information
- 20. Poor processing of information

##### Sensory

- 1. Loss of control or stress
- 2. Inconsistent processing of information
- 3. Poor processing of information
- 4. Poor processing of information
- 5. Poor processing of information
- 6. Poor processing of information
- 7. Poor processing of information
- 8. Poor processing of information
- 9. Poor processing of information
- 10. Poor processing of information
- 11. Poor processing of information
- 12. Poor processing of information
- 13. Poor processing of information
- 14. Poor processing of information
- 15. Poor processing of information
- 16. Poor processing of information
- 17. Poor processing of information
- 18. Poor processing of information
- 19. Poor processing of information
- 20. Poor processing of information

##### Relevance

- 1. Loss of control or stress
- 2. Inconsistent processing of information
- 3. Poor processing of information
- 4. Poor processing of information
- 5. Poor processing of information
- 6. Poor processing of information
- 7. Poor processing of information
- 8. Poor processing of information
- 9. Poor processing of information
- 10. Poor processing of information
- 11. Poor processing of information
- 12. Poor processing of information
- 13. Poor processing of information
- 14. Poor processing of information
- 15. Poor processing of information
- 16. Poor processing of information
- 17. Poor processing of information
- 18. Poor processing of information
- 19. Poor processing of information
- 20. Poor processing of information

##### Executive

- 1. Loss of control or stress
- 2. Inconsistent processing of information
- 3. Poor processing of information
- 4. Poor processing of information
- 5. Poor processing of information
- 6. Poor processing of information
- 7. Poor processing of information
- 8. Poor processing of information
- 9. Poor processing of information
- 10. Poor processing of information
- 11. Poor processing of information
- 12. Poor processing of information
- 13. Poor processing of information
- 14. Poor processing of information
- 15. Poor processing of information
- 16. Poor processing of information
- 17. Poor processing of information
- 18. Poor processing of information
- 19. Poor processing of information
- 20. Poor processing of information

---

---

---

---

---

---

---

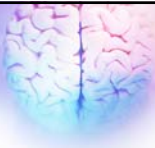
---

---

---

## Assessment Questions

- **Sensory System #2:** Does the infant, child, or adult (parent) show signs of any **developmental delays or disabilities** that requires further assessment or intervention?



---

---

---

---

---

---

---

---

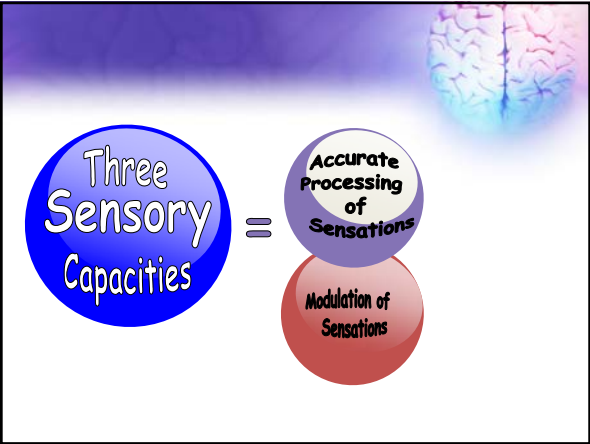
---

---

Connie Lillas, PhD, MFT, RN  
infantmentalhealth@earthlink.net  
www.the-nrf.com

19

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems




---

---

---

---

---


---

---

---

### Current Capacities of the Sensory System

1. The capacity to receive, translate, associate, and elaborate sensory signals within and across sensory modalities in a developmentally appropriate way (*sensory processing*)
2. The capacity to balance the flow of sensory signals in a way that is appropriate to context (*sensory modulation*)




---

---

---

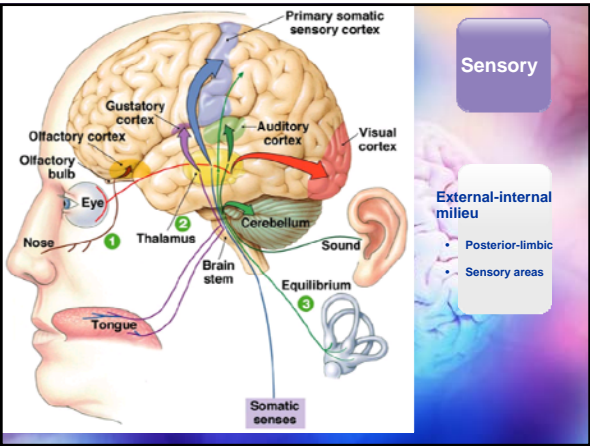
---

---

---

---

---




---

---

---

---

---

---

---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### Example – Vision

This sequence is called “processing” of visual information

- Eye – receiver of light → Optic nerve
- Thalamus
- Primary visual cortex
- Secondary area
- Tertiary area
- Transmodal area

---

---

---

---

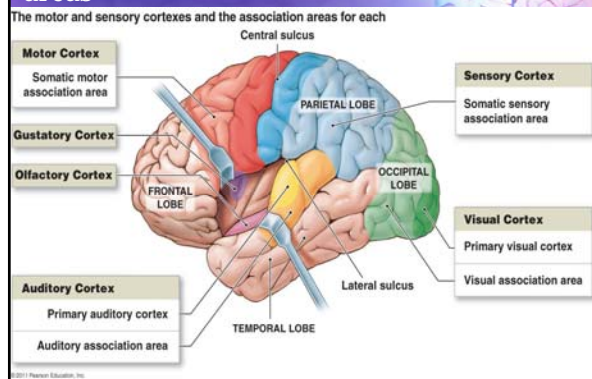
---

---

---

---

### Sensory -primary & secondary areas




---

---

---

---

---

---

---

---

### Processing Variables

- Is the infant, child, adult *orienting* and *registering* the sensory information?
- Is the infant, child, adult accurately *identifying* the source of the sensory information?
- Is the infant, child, adult accurately *discriminating* the sensory information?
- Is the infant, child, adult accurately *following* and *tracking* the sensory information?

---

---

---

---

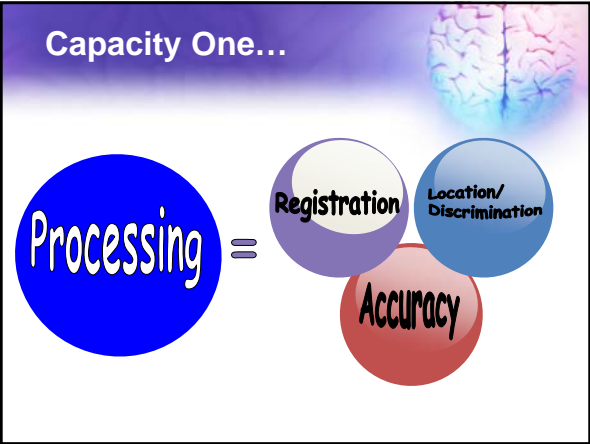
---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems



---

---

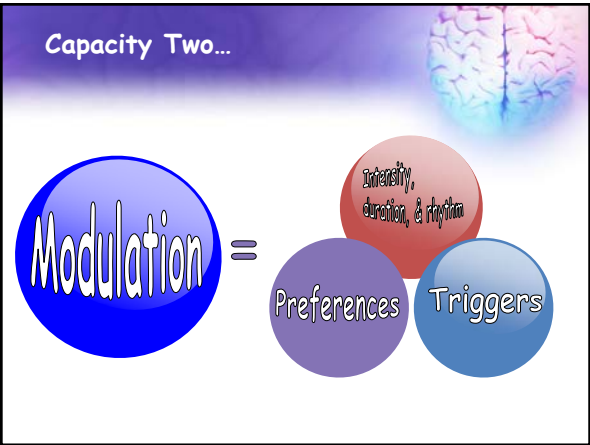
---

---

---

---

---



---

---

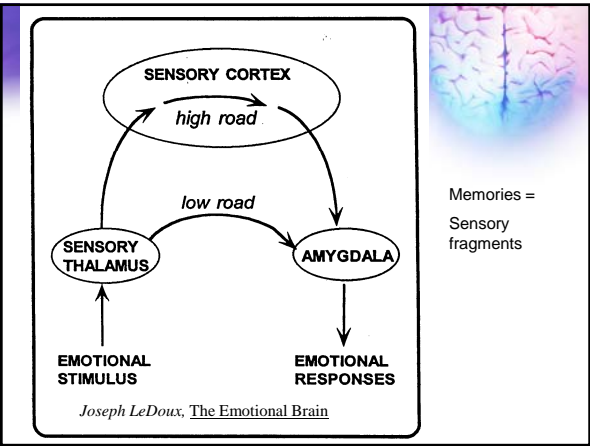
---

---

---

---

---



---

---

---

---

---

---

---



# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### Sensory Preferences & Triggers

#### Preferences

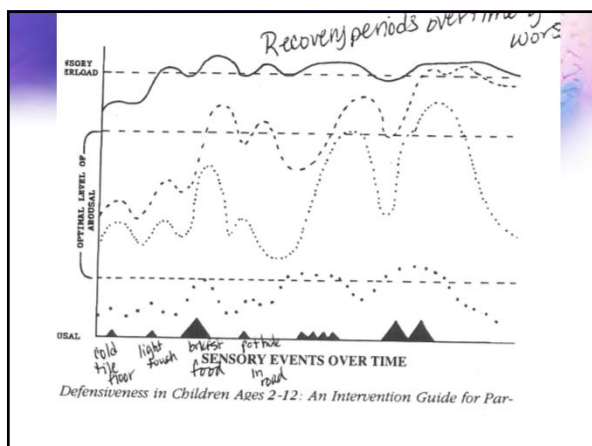
- Support down-regulation to sleep
- Support calm, alertness for engagement
- Support stress recovery

#### Triggers

- Stimulate a stress or load response...
- Because memories are "sensory" fragments
- Most often, are procedurally based and "automatic"

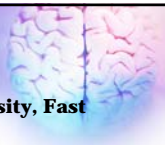
### Intervention Principle

- By finding sensory preferences and the optimal duration, intensity, and rhythm of these sensory preferences, one can recover, maintain, and enhance the window of the alert processing state, support the sleep cycle, and promote stress recovery:
  - **Duration:** long/mid-range/short of sensory preference
  - **Intensity:** high/mid-range/low of sensory preference
  - **Rhythm:** fast/mid-range/slow of sensory preference
- Match or counter these dimensions to achieve optimal baseline health? Page 172-4, Table 5.3



# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems



### Matching or Countering the Sensory Modality

<b>Low Intensity, Slow Rhythm</b> <i>Match</i> Lower lights and sounds Lower tone of voice Slow down vocal rhythm Slow down facial expression Slow movement <i>Counter</i> Increase lights and sounds High pitched tone of voice Rapid vocal rhythms Bright facial expressions Fast movement	<b>High Intensity, Fast Rhythm</b> <i>Match</i> Increase lights and sounds High pitched tone of voice Rapid vocal rhythms Bright facial expressions Fast movement <i>Counter</i> Lower lights and sounds Lower tone of voice Slow down vocal rhythm Slow down facial expression Slow movement
--	---

---

---

---


---

---

---

---

---



### Organizing a Case, Treatment

- Step #3
- With “bottom-up” challenges, a good rule of thumb is to start with organizing individual sensory preferences & triggers
- Sensory preferences are used for sleep regulation, getting to - and staying - green, and for stress recovery

---

---

---

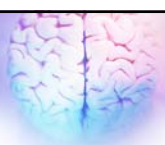
---

---

---

---

---



### Harvey Karp

The Happiest Baby on the Block!

His idea is of **matching** when baby is crying:

1. Shushing in the ear
2. Swaddling, snug packaging (intensity)
3. Side or stomach position
4. Swinging (fast, rapid, with small increments)
5. Sucking

What are these sensory modalities?

---

---

---

---

---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems



<https://happiestbaby.com/using-the-5-ss/>

---

---

---

---

---

---

---

---

Be ready to map out Regulation and Sensory on Your Case

- We will begin tomorrow am with this practice for your procedural learning!
- This is going to feel rough!
- You are going to use the NRF Intake Form (pages 7 to 8)
- Transfer your Strengths/Preferences and Triggers/Concerns to the Current Capacity Worksheet
- Jessica will help you with mapping out the Parents' Current Capacities

---

---

---

---

---

---

---

---



Thank You!

---

---

---

---

---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

Step #3, Day Two  
Current Capacities



Connie Lillas, PhD, MFT, RN  
[www.the-nrf.com](http://www.the-nrf.com)

---

---

---

---

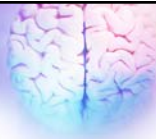
---

---

---

---

Outline Day Two



AM

- Practice Using the NRF Intake Assessment for Regulation and Sensory, focusing on the child
- Resume Mapping Out Anthony & Erika, Relevance & Executive Systems

PM

- Practice Using the NRF Intake Assessment for Relevance & Executive, focusing on the child
- (If Time Permits) Mock Interview of the Four Brain Systems, Current Capacities, Candidate's Case

---

---

---

---

---

---

---

---

Step One

- Interview

AND





- Observe

---

---

---

---

---

---


---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

**Step Two**

- Orientation
- Observe
- Conversation




---

---

---

---

---

---

---

---

**Step Three**

- Semi-structured Interview
- Observation Over time
- Conversation & Consultation




---

---

---

---

---

---

---

---

**Practice Activity for Regulation & Sensory**

Step #3, NRF Intake Assessment & Current Capacities Worksheet

- Practice Using the NRF Intake Assessment for Regulation and Sensory, focusing on the child (20 minutes)
- (You will cycle back to fill this in for Parent #1/2 when Jessica returns)
- Transfer your ratings of Strengths/Preferences and Triggers/Concerns to the Current Capacities Worksheet for Child

---

---

---

---

---

---

---

---

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

Description Notes of Interaction:

Was a NPS Completed? OYES CMO Score: Interaction Chemoal Occasional CFailure

**STEP 3: BRAIN SYSTEMS**

**4 Brain System Risk Factors (use worksheet for scores)**

Family Member	Regulation	Sensory	Relevance	Executive	ACC Score
Child:	/15	/1	/15	/14	/8
Parent 1:	/15	/1	/15	/14	/8
Parent 2:	/17	/1	/15	/14	/8

Regulation System	Preferences/Strengths	Triggers/Concerns
<b>Temp Cycle</b>		
Alert Processing State		
Adaptive use of all stress responses		
Distinct states w/ smooth transitions between state arousal		
Connection to visceral cues		
Capacity for efficient stress recovery		
Regulation System Notes:		
<b>Sensory System</b>	Preferences/Strengths	Triggers/Concerns
Sensory Processing Capacity to receive, translate, associate & elaborate sensory signals		

---

---

---

---

---

---

---

---

---

---

**Step # 3**

**Four Brain Systems: Current Capacities**

**Instructions:**

- Place a check in each box that applies to the parent (P1 and P2) and the child (C) for both categories: triggers and concerns and preferences and strengths.
- Place a N/A in spaces that do not apply to the child for developmental reasons.
- The four highlighted areas are the most critical stress-system goals.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	TRIGGERS & CONCERNS			PREFERENCES & STRENGTHS		
	P1	C	P2	P1	C	P2
<b>Four Load Conditions</b>						
1. Two frequent stress responses to real or perceived distress						
2. Inability to adjust (habituate) to initial challenges that, over time, should be least stressful						
3. Prolonged stress response after the stressor is removed						
4. Incomplete stress recovery back to baseline						
<b>Regulation</b>						
• Deep sleep cycling						
• Stable and expanding alert processing state						
• Expression of all three stress responses						
• Distinct states w/ smooth transitions						
• Connection to visceral cues						
• Efficient stress recovery						
<b>Sensory</b>						
• Internal (body)						
• Pain (injured, hunger, pain, pressure)						
• Balance vestibular (movement)						
• Proprioception (use of joints, muscles)						
• External (world)						
• Vision (light and dark levels)						
• Taste						
• Smell						
• Audition						
• Vision						
• Touch						
• Temperature						
• Mechanism						
<b>Relevance</b>						
• Full range of emotions (positive and negative)						
• Appropriate access to full range of experiences						
• Accurate meanings of self and others						
<b>Executive</b>						
• Responsible adaptive behavior						
• Spontaneous interest						
• Attentional focus						
• Conscious control (goal)						
• Interpreting feelings and emotions						
• Shifting between self and other content						

---

---

---

---

---

---

---

---

---

---

**Step # 3**

**Four Brain Systems: Current Capacities**

**Instructions:**

- Place a check in each box that applies to the parent (P1 and P2) and the child (C) for both categories: triggers and concerns and preferences and strengths.
- Place a N/A in spaces that do not apply to the child for developmental reasons.
- The four highlighted areas are the most critical stress-system goals.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	TRIGGERS & CONCERNS			PREFERENCES & STRENGTHS		
	P1	C	P2	P1	C	P2
<b>Four Load Conditions</b>						
1. Two frequent stress responses to real or perceived distress						
2. Inability to adjust (habituate) to initial challenges that, over time, should be least stressful						
3. Prolonged stress response after the stressor is removed						
4. Incomplete stress recovery back to baseline						
<b>Regulation</b>						
• Deep sleep cycling						
• Stable and expanding alert processing state						
• Expression of all three stress responses						
• Distinct states w/ smooth transitions						
• Connection to visceral cues						
• Efficient stress recovery						
<b>Sensory</b>						
• Internal (body)						
• Pain (injured, hunger, pain, pressure)						
• Balance vestibular (movement)						
• Proprioception (use of joints, muscles)						
• External (world)						
• Vision (light and dark levels)						
• Taste						
• Smell						
• Audition						
• Vision						
• Touch						
• Temperature						
• Mechanism						
<b>Relevance</b>						
• Full range of emotions (positive and negative)						
• Appropriate access to full range of experiences						
• Accurate meanings of self and others						
<b>Executive</b>						
• Responsible adaptive behavior						
• Spontaneous interest						
• Attentional focus						
• Conscious control (goal)						
• Interpreting feelings and emotions						
• Shifting between self and other content						

---

---

---

---

---

---

---

---

---

---

## Worksheet for the Four Brain Systems

---

---

---

---

---

---

- **Relevance System #3:** Does the infant, child, or adult (parent) show any signs of *relationship difficulties or mental health* concerns that need to be addressed?

---

---

---

---

---

---

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. **Contact sexual abuse**
4. **An alcohol and/or drug abuser in the household**
5. **An incarcerated household member**
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. **Violence between adults in the home**
8. **Parental separation or divorce**
9. Emotional or physical neglect

---

---

---

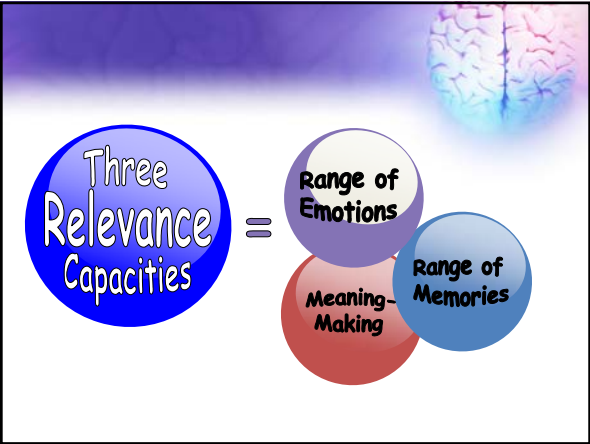
---

---

---



Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems



---

---

---

---

---

---

---

Current Capacities of the Relevance System

1. The capacity to flexibly experience, express, and modulate a full range of emotions in ways that are appropriate to context
2. The capacity to learn from experience by scanning and accessing a full range of memories that are appropriate to the context
3. The capacity to create meanings that accurately reflect self and others

---

---

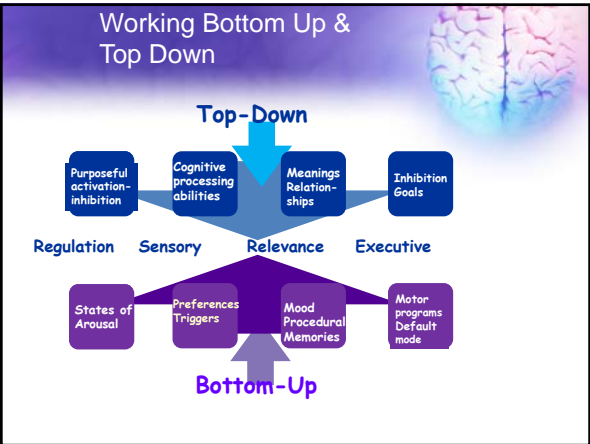
---

---

---

---

---



---

---

---

---

---

---

---

## Worksheet for the Four Brain Systems

- 
- 
- 
- 
- 
- 



---

---

---

---

---

---

## Worksheet for the Four Brain Systems

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

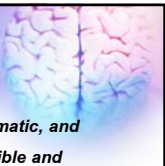
---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### Current Capacities of the Executive System



1. *The capacity to express spontaneous, automatic, and consciously controlled behaviors in a flexible and purposeful manner*
2. The capacity to integrate the bottom-up influences of emotions with the top-down control of thoughts
3. The capacity to assess, integrate, and prioritize one's own internal (self) needs in relation to external (context/other) needs

---

---

---

---

---

---

---

---

### Bottom-up Motor



- Pathways Motor Clip  
<https://pathways.org/growth-development/motor-skills/videos/>

---

---

---

---

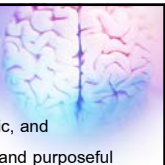
---

---

---

---

### Current Capacities of the Executive System



1. The capacity to express spontaneous, automatic, and consciously controlled behaviors in a flexible and purposeful manner
2. *The capacity to integrate the bottom-up influences of emotions with the top-down control of thoughts*
3. *The capacity to assess, integrate, and prioritize one's own internal (self) needs in relation to external (context/other) needs*

---

---

---

---

---

---

---

---


# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

DIAGNOSTIC CLASSIFICATION

0-3R TRIAGE SYSTEM:

1. TRAUMA
2. GRIEF & LOSS
3. REGULATORY DISORDERS
4. ADJUSTMENT DISORDER
5. MOOD & AFFECT DISORDERS
6. MULTIPLE DELAYS (MDD) (genetics)
7. RELATIONSHIP DISORDER (AXIS II)
8. REACTIVE ATTACHMENT DISORDER
9. FEEDING & SLEEPING DISORDERS



---

---

---

---

---


---

---

---

Typical “Organization”  
of a case

Symptoms	Diagnostic Categories
<ul style="list-style-type: none"> <li>• Teen mom</li> <li>• Lack of joyful exchange</li> <li>• Poor head control</li> <li>• No eye contact</li> <li>• Limited cooing</li> <li>• Chronic avoidance/aversion to sensory input</li> <li>• Primary blue zone state</li> <li>• Sleeping too much</li> <li>• Lack of orienting to sights &amp; sounds</li> <li>• Lack of engagement</li> <li>• Lack of movement of reaching, rolling, turning eyes or head</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship Disorder</li> <li>• Sensory Processing Disorder</li> <li>• Trauma</li> <li>• R/O Mood Disorder</li> <li>• Speech Delay</li> <li>• Sensory Modulation Disorder</li> <li>• Motor Delay</li> <li>• History of Neglect</li> <li>• VLBW, 27.5 weeks</li> <li>• NICU for 3 months</li> </ul>



---

---

---

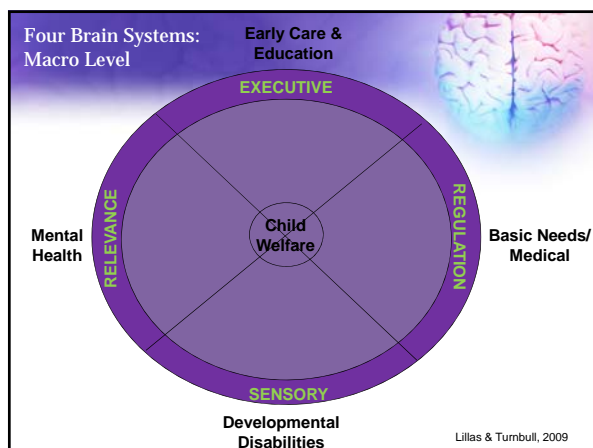
---

---

---

---

---




---

---

---

---

---

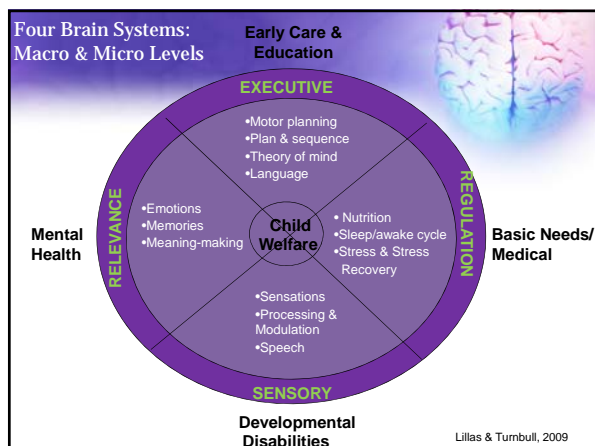
---

---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems




---

---

---

---

---

---

---

---

**What does “load” look like in the context of challenge or threat at 4 months**

- **Regulation:**
  - Sleeping too much
  - Glazed eyes, hypoalert state
  - No signs of learning (executive, too)
- **Sensory:**
  - Non-responsive to sensory information
  - Chronic avoidance/aversion to sensory input (modulation)
  - Lack of orienting to sights and sounds (processing)
  - Limited cooing, no babbling (speech delay)
- **Relevance:**
  - Lack of engagement
  - Lack of joyful exchanges (facilitates a ‘weak’ commitment)
  - Lack of back and forth relational rhythm (chase and dodge pattern)
- **Executive:**
  - Lack of head stability
  - Lack of movement of reaching, rolling, turning eyes or head to sights and sounds
  - No signs of learning

---

---

---

---

---

---

---

---

**What does “load” look like in the context of challenge or threat at 4 months**

- **Regulation:**
  - **Regulatory Disorder**
  - **Very Low Birth Weight (VLBW), 27.5 week**
  - **NICU for 3 months**
- **Sensory:**
  - **Regulatory Disorder**
  - **Speech Delay**
- **Relevance:**
  - **Relationship Disorder**
  - **R/O Mood Disorder**
  - **Trauma**
  - **History of Neglect**
- **Executive:**
  - **Motor Delay**

---

---

---

---

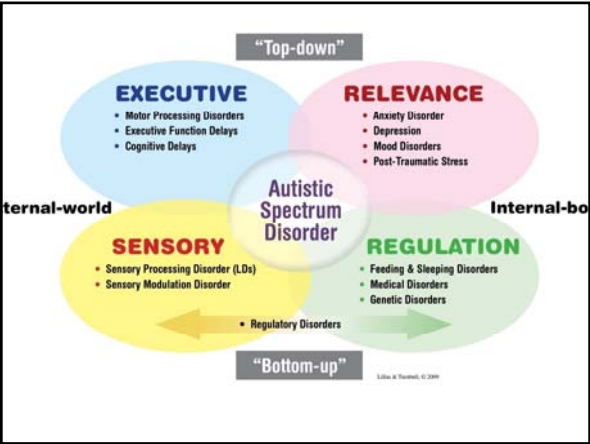
---

---

---

---

# Orientation to Step #3 Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems




---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---




---

---

---

---

---

---

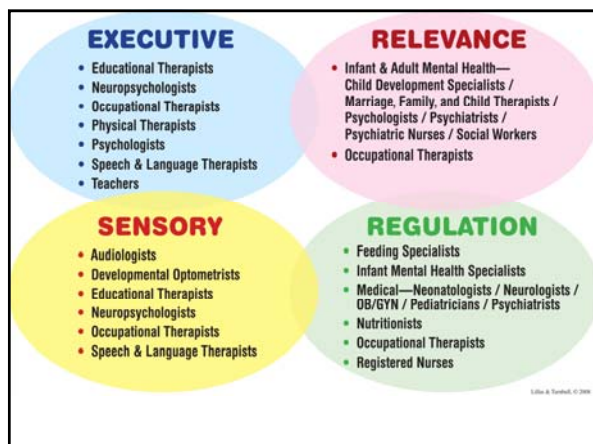
---

---



## Orientation to Step #3

### Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems




---

---

---

---

---

---

---

---

### What does “load” look like in the context of challenge or threat at 4 months

- **Regulation:**
  - Sleeping too much
  - Glazed eyes, hypoalert state
  - No signs of learning (executive, too)
- **Sensory:**
  - Non-responsive to sensory information
  - Chronic avoidance/aversion to sensory input (modulation)
  - Lack of orienting to sights and sounds (processing)
  - Limited cooing, no babbling (speech delay)
- **Relevance:**
  - Lack of engagement
  - Lack of joyful exchanges (facilitates a ‘weak’ commitment)
  - Lack of back and forth relational rhythm (chase and dodge pattern)
- **Executive:**
  - Lack of head stability
  - Lack of movement of reaching, rolling, turning eyes or head to sights and sounds
  - No signs of learning

---

---

---

---

---

---

---

---

### Anthony and Erika from Load to Coordination

- **Regulation:**
  - Optimal state of arousal – calm and attentive
  - Bright shiny eyes
  - Signs of learning and relating
- **Sensory:**
  - Tolerating sensations
  - Orienting to sounds, sights, and touch
  - Cooing begun; sign of beginning speech & language
- **Relevance:**
  - Mutual pleasure and joy
  - Back and forth rhythm
  - Falling in love facilitating a strong commitment and increases chances of permanency and a nurturing relationship
- **Executive:**
  - Motor system at midline
  - Motor movement increased with looking, reaching, and kissing

---

---

---

---

---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems

### Anthony and Erika's Shift

Do you Match or Counter his low intensity and slow rhythm to get Anthony to the Green Zone?

- From blue zone to green
- From flat facial features to smiles
- From few sounds to cooing
- From no movement to reaching
- From lack of engagement to falling in love

---

---

---

---

---

---

---

---

### Joy Lights up the Tree!




---

---

---

---

---

---

---

---

### NRF Guiding Principles

- **During assessment in Step #1, map out the Duration, Intensity, and Rhythm (DIR) of the stress zones during the awake cycle.** This establishes your baseline so that you know if you are making any progress or not. Revisit your baseline parameters at least every three months.
- **Always start at the earliest point in the breakdown.** If sleep is disrupted, begin with addressing this aspect. If green zone is disrupted, begin with this goal as well. This principle applies to all three steps. Step #1 is the First Level of Engagement and the First Brain System, Regulation.

---

---

---

---

---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems



### NRF Guiding Principles

- **When working “bottom-up” for zone (arousal) regulation begin with finding the child’s individual sensory preferences and triggers.**
- **For treatment, match the sensory preference with the Duration, Intensity, and Rhythm (DIR) for the child’s nervous system that promotes sleep, the green zone, and stress recovery.**

---

---

---

---

---

---

---

---



### Matching or Countering the Sensory Modality

<b>Low Intensity, Slow Rhythm</b> <i>Match</i> Lower lights and sounds Lower tone of voice Slow down vocal rhythm Slow down facial expression Slow movement <i>Counter</i> Increase lights and sounds High pitched tone of voice Rapid vocal rhythms Bright facial expressions Fast movement	<b>High Intensity, Fast Rhythm</b> <i>Match</i> Increase lights and sounds High pitched tone of voice Rapid vocal rhythms Bright facial expressions Fast movement <i>Counter</i> Lower lights and sounds Lower tone of voice Slow down vocal rhythm Slow down facial expression Slow movement
--	---

---

---

---

---

---

---

---

---



### What did we see?

- Anthony actually needed to be “countered” with better trunk support and...
- With rather vigorous movement (vestibular) input
- He needed to be “up-regulated”

---

---

---

---

---


---

---

---

# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems



### NRF Guiding Principles

- Sensory thresholds vary with each child and with each context.** Matching or countering the child's zones of arousal are guided over time, with experimentation, and by watching the effect on the child's ability to regulate to sleep and to the green zone.
- The child's arousal patterns and procedural history are your guide, not the particular "treatment" or EBT you are using. **Individual neurodevelopment that is trauma informed trumps the EBT. Practice flexibility with stability.**
- Change does not occur in a straight line. Always leave the door open for a family to return to you.**

---

---

---


---

---

---

---

---



### Ports of Entry in Treatment

Bottom up treatment	Top down treatment
<ul style="list-style-type: none"> <li>Reading and working with non-verbal cues</li> <li>Regulation of arousal</li> <li>Using sensory preferences to calm, engage, and relax</li> <li>Using sensory triggers to understand procedural memories</li> <li>'Working through' trauma with procedural enactments</li> <li>Coaching &amp; mentoring for "serve &amp; return" engagement in real-time (Heart)</li> </ul>	<ul style="list-style-type: none"> <li>Use of words &amp; to interpret</li> <li>Telling the story/narrative</li> <li>Meaning-making               <ul style="list-style-type: none"> <li>Linking past experiences with present</li> <li>Reframing or narrating for the baby/child or parent</li> </ul> </li> <li>Reflective practice</li> <li>Making choices &amp; Changing beliefs</li> <li>Coaching &amp; mentoring for limits and consequences (Hand)</li> </ul>

---

---

---

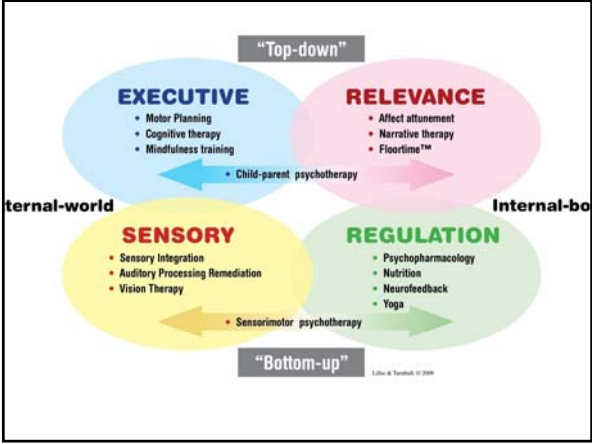
---

---

---

---

---



# Orientation to Step #3

## Using the History Worksheet & Current Capacities Worksheet for the Four Brain Systems

### Current Clinical Context & Culture

#### Conflation of the Use of Terms...

- Evidence Based Treatments &
- Evidence Based Practice

#### Different Definitions everything from...

- Stating there is no accepted definition
- Equating EBT with EBP
- Institute of Medicine, 2001



---

---

---

---

---


---

---

---

### EB-Treatments are being equated with EB-Practice

- Evidence-Based Practice is:
  - **A decision making *process* that holds the tension between:**
    - The best available clinical research (EBTs)
    - Professional wisdom based in sound theory and practice
    - Cultural and family values (with informed choice)
      - » Buysee and Wesley, 2006



---

---

---

---

---


---

---

---

### “Finding” Bottom-Up & Top-Down aspects to EBTs

<h4>Bottom-up aspects to EBTs</h4> <ul style="list-style-type: none"> <li>• Trauma-Focused CBT               <ul style="list-style-type: none"> <li>– Recognition of trauma</li> <li>– Deep breathing</li> <li>– Calming measures</li> <li>– Individualized relaxation &amp; stress management</li> </ul> </li> <li>• Child-Parent Psychotherapy               <ul style="list-style-type: none"> <li>– Sensor motor disorganization &amp; disruption of biological rhythms</li> </ul> </li> <li>• DIR/Floortime               <ul style="list-style-type: none"> <li>– Sensorimotor support for engagement, intentionality, &amp; complex cue reading</li> </ul> </li> </ul>	<h4>Top-down aspects to EBTs</h4> <ul style="list-style-type: none"> <li>• Psycho-education               <ul style="list-style-type: none"> <li>– Triple P</li> </ul> </li> <li>• Use of narratives               <ul style="list-style-type: none"> <li>– Use of mood &amp; emotions for meaning-making (CPP)</li> <li>– Beliefs for meaning-making (TFCBT)</li> <li>– Symbolic play with emotional themes (DIR)</li> </ul> </li> <li>• Reflective skills               <ul style="list-style-type: none"> <li>– Mindfulness parenting skills</li> </ul> </li> </ul>
---	--



---

---

---

---

---

---

---

---

Orientation to Step #3  
Using the History Worksheet & Current Capacities  
Worksheet for the Four Brain Systems



---

---

---

---

---

---

---

---