



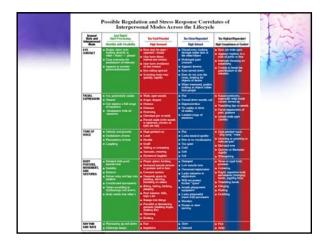
How do we translate "what matters" in early brain development to a comprehensive assessment & intervention process for infants and parents?

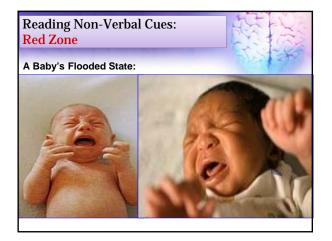
What Matters:

- Stress Resilience versus
   Toxic Stress
- "Serve & return" levels of high quality engagement
- Healthy development of brain networks and circuits
- obtain (3 steps to NRF):
  Step 1: Assess & intervene to improve stress and stress recovery patterns in child and parent

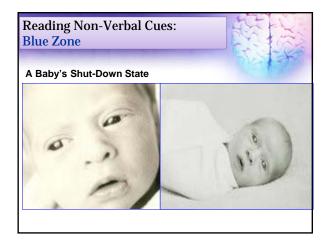
What assessment information to

- Step 2: Assess & intervene to improve the level(s) in the quality of engagement in relationships
- Step 3: Assess & intervene to improve individual sources of vulnerability (triggers) & resilience (toolkits) in brain networks

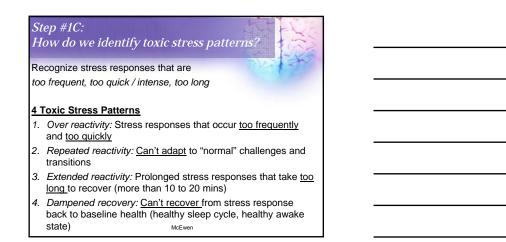














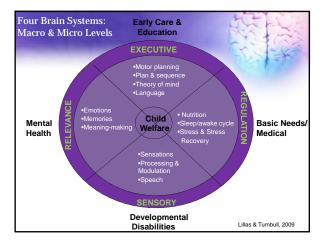
### Step Two: Levels of Relationship

Bottom-up, Inside the Emotional House

- · Level 1: Getting to green zone together
- · Level 2: Sharing eyes and faces together
- · Level 3: Sharing joy and falling in love
- · Level 4: Creating circles back and forth
- Level 5: Reading non-verbal cues & gestures

Top-down, the Roof to the Emotional House

- · Level 6: Sharing feelings through pretend play and talking
- Level 7: Able to make-sense of feelings and solve
- problems together

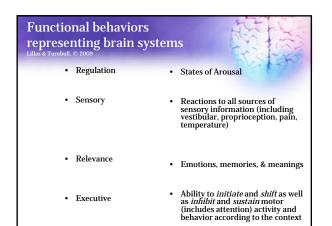


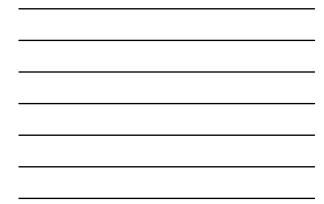


### Macro Assessment Questions



- **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?
- Sensory System #2: Does the infant, child, or adult (parent) show signs of any developmental delays or disabilities that requires further assessment or intervention?
- Relevance System #3: Does the infant, child, or adult (parent) show any signs of relationship difficulties, trauma, or mental health concerns that need to be addressed?
- Executive System #4: Does the infant, child, or adult (parent) evidence any motor coordination problems, *learning disabilities*, or problems with planning, sequencing, and executing meaningful plans, along with problem-solving skills, which point to educational and learning needs?







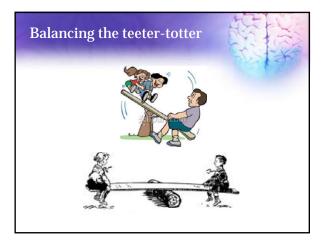
## Thinking-Planning Triggers

ADHD

Macro

- Any motor planning and output disabilities/delays, including apraxia
- Any Learning Disabilities combined with a Slower
  Processing Speed
- Any Language Disorders
- Any ADHD symptoms (too much flexibility)
- Any delays across multiple domains, such as with
   Autistic Spectrum Disorders (too much rigidity)
- Any cognitive rigidity (e.g., black & white thinking)









- Can you, your partner, and your child balance his/her own needs with other's needs up against the "big picture"?

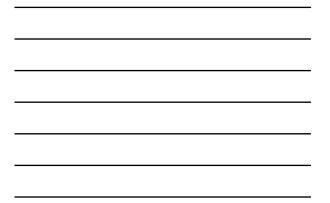




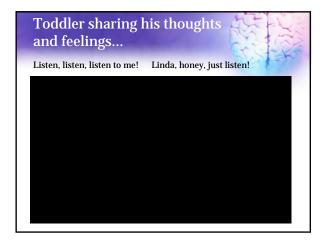








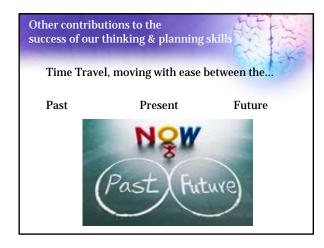


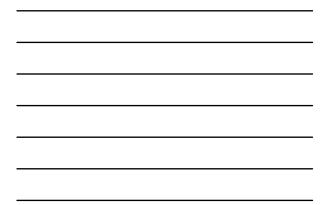
















### Thinking/Planning **Toolkits**

### Macro

- · Physical therapy/occupational therapy
- Speech & Language Therapy
- If needed, an advocate to help you · You have educational support for navigate Individualized Educational Plans
- Educational Therapy Support
- Tutoring support •
- Medical support education



- for any developmental delays and learning needs that require treatment
- your child or a community of family/friends to help you with the cognitive load
- You have someone helping you/your child learn new skills and practicing them with you/your child

#### Thinking/Planning **Toolkits** Micro Anticipating problems •You are naturally good at juggling spontaneous arm he at the "front-end" events with steady "hand" routines - Holding on to the ·You have external supports (e.g., computers, lists, relationships) in place to keep you organized **Big Picture** •You have a relationship that helps you anticipate big picture Learning new needs at the "front-end" procedures for the ·You have internal "space" or a relationship that helps you "back-end" process your thoughts and feelings; you can use blends of - Modeling heart/head skills - Collaborative problemsolving

·You have a step by step process to help you problem solve conflict at the "back-end"

·You keep a balance between meeting your own needs and meeting other's needs

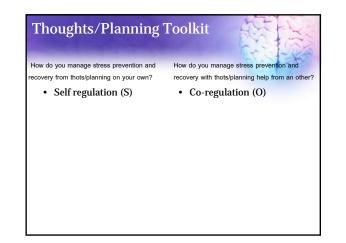
### Connie Lillas, PhD, MFT, RN infantmentalhealth@earthlink.net www.the-nrf.com

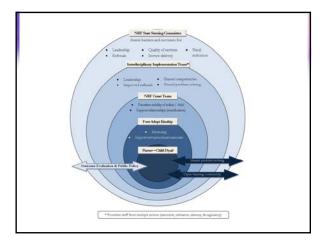
We Solve Problem



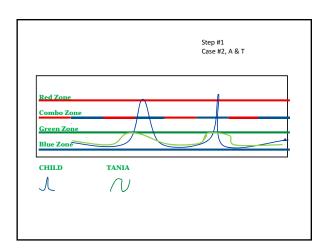




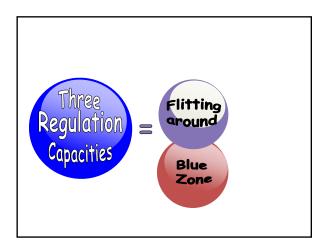














### What we are going to see..

3 video clips

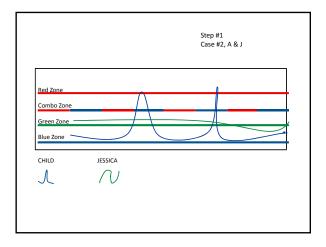
- Tania (teen mom) and Anthony in separate universes
- Anthony moving from activity to activity, blue zone, motorically unstable
- Six weeks, later, connecting and engaging together (at what level?)

Case #2		PARENT-CHILD	RELATIONSHIP MILE	STONES	H.Y	TFL.
Child:	Caregiver:	Examiner:	Date:	Diagnosis:		15
	1	2	3	4	5	6
e an X in the box that thes the milestone and evement levels	Age appropriate under all conditions, including stress, with a full range of emotions	Age appropriate but vulnerable to stress and/or constricted range of emotions	Has capacity but not at age appropriate level	Inconsistent/needs sensorimotor support and structure to function at this capacity	Barely evidences capacity even with support	Has not reached this level
unctional Capacities	or emotions			cupacity		
		BOTTOM-UP				
11. Getting Calm (Green ) Together (by 3 months)						x
2. When calm, able to	These functions are	uilt upon the capacity to	be calm together			x
e eye contact & look at						*
13. When making eye act, able to share joy & n love (by 5 monto)						x
14. When sharing joy, to create a continuous and forth flow of munication ("circles") contb)						x
15. When in a flow, able pand and read non- al emotional & gestural						x
(by 13 to 18 months)		TOP-DOWN				
6. When reading cues.	-	101-00-00	1	1		
to share feelings with is through pretend play are by talking (by 24 to 36 c)						
17. When sharing egs, able to make-sense solve problems together 10.48 months)						

### Shift to Grandma's



- Crises for Tania
- She shifts into unstable housing
- Moves from meeting all of the "demands" from both probation and family court to missing her appointments, not taking drug tests
- Ends up living in a crack house and unable to re-unify
- Reaches out to Jessica for help...



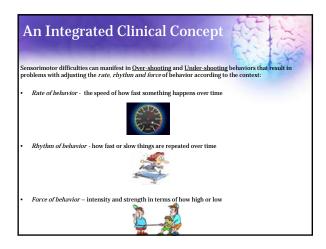


### What we are going to see.



### 2 video clips

- We begin again, a year later, similar to where we were a year before
- Anthony's blue zone disconnect; Jessica working hard with her "best" Buzz Lightyear voice to engage him





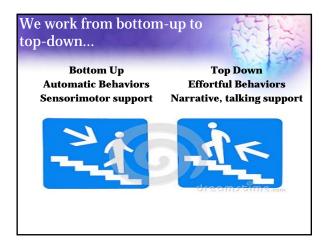
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e eye contact & look at						^
1 3. When making eye act, able to share joy & n love (by 5 month)						x
1 4. When sharing joy, to create a continuous and forth flow of nunication ("circles") month)						x
15. When in a flow, able pand and read non- al emotional & gestural (b) [1 to 18 month)						x
(by 13 to 18 months)		TOP-DOWN				
16. When reading cues, to share feelings with rs through pretend play or by talking (by 24 to 36 s)						x
17. When sharing ngs, able to make-sense solve problems together to 48 months)						

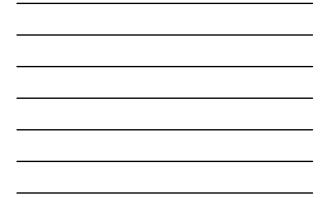
### **Cultural & Institutional Clash Crises**

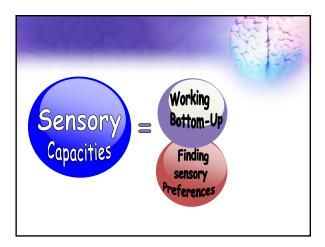
- Jessica's real concerns
- We hear Margarita is a relative
- Jessica's anxiety to repair Grandma's further & anger at feeling falsely accused (using translator)
- Jessica's humiliation  $w/me\,$  (never not been able to repair a therapy relationship)
- Grandma feeling blamed (she pretends she's so nice, but she's always causing trouble; he's fine at Margarita's)
  - detachment, wanting to fire Jessica
- Team unsure how to undo the grid lock

	Heart, Hand, and Head Patterns						
Under Coordination			Under Stress				
			Overly accommodating	AN-SA			
Heart 1s	Warm Empathic Connect	Functional helper Share info. Make contact	Overly controlling	Dysfunctional rescuing			
		Cross-sector communication	Anxious to fix things				
	Assertive	Take the lead	Overly demanding	Blaming the victim			
Hand 2s	Directive, action oriented	Stand up Notice and share differences	Hostile attack	Blaming the system			
	Neutral	Take responsibility	Overly detached Overly dismissive	Passive avoidance Antagonistic			
Head 3s	Reflective	Learn, ask, & notice the impact	Passive-aggressive anger	avoidance Denial of differences			
	Problem-solve		Denial	across domains			

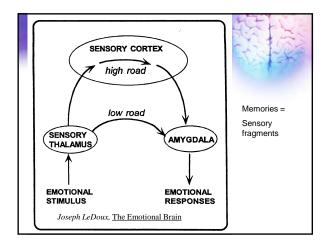














### What we will see...



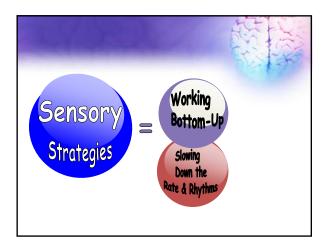
### 3 clips

- Working "bottom-up" we have to find a sensory preference to shift A's arousal from blue to green zone
- By focusing on his getting sensorimotor input at the front end of a session, A's more available
- What level of engagement is he shifting to now, in the last two clips? (which he can now sustain)

### **Speech Delay Crises**



- At 3 years of age, only 5 words that were difficult to understand with much articulation
- He had had one year of twice a week speech at this point with little to no improvement
- His socio-emotional engagement was improving but his speech development was at a dangerous plateau

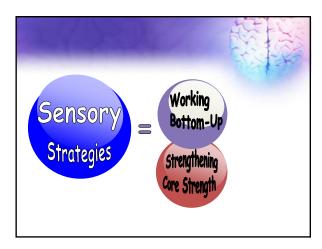




### What we will see...



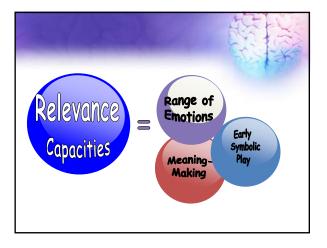
- 2 clips
- With all the improvement in engagement, we had not made enough language gains; by 3 years of age, only 5 words with articulation problems
- Added SLP expertise to shift to transdisciplinary work
- With apraxia, over-talking noticed
- Shifted to under producing sounds & increasing gestures



### What we will see...

### 2 clips

- With all the improvement in engagement, we were still concerned about his sensorimotor synchronicity
- Added OT expertise to shift to trans-disciplinary work
- You see his poor core strength when on the therapy ball
- Improving core strength through crawling, bear crawling, and using arms to support trunk



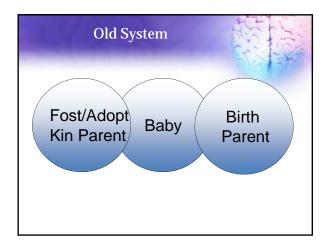


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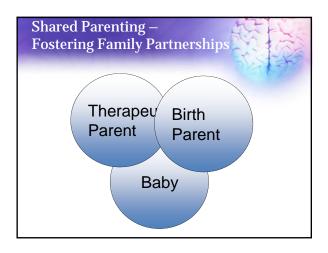


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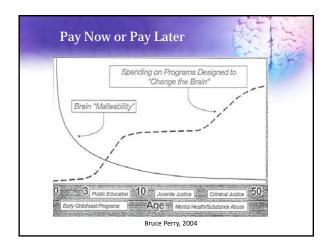
- Moving up the relational ladder to early symbolic play
- Theme of "help" & "kissing for thank you"
- Increase in language production, "I want in."
- Gestural/emotional sensorimotor play with grandmother, who is adopting Anthony











### **Take Home Points**



### What To Look For:

- Toxic stress can be identified through non-verbal behaviors across the lifecycle and is especially important to be "seen" in birth to five year olds
  - Toxic stress can show up through red zone, blue zone, and/or combo zone behaviors that are too frequent or last too long
- Key red flags that indicate the need for "dyadic" (parentchild) intervention are:
  - Any toxic stress pattern
  - If the parent (e.g., birth/foster/kinship/adopt) cannot soothe his/her child
  - If the parent-child (e.g., birth/foster/kinship/adopt) cannot engage in joy

