

## Neurorelational Framework (NRF)

### Intake Assessment for Child/Family/Adult

**Client:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DOS:** \_\_\_\_\_ **ID:** \_\_\_\_\_

This NRF Intake Assessment, which holds the conceptualization of the Three Steps is meant to be used as a background guide. For some experienced clinicians who are used to offering semi-structured interviews while still building rapport, it may be brought into sessions as a way to jot down notes, but never to be read from as a script. For those of you used to offering more organic intakes, this assessment helps you to hold in mind certain concepts and a flow of the three steps (although they may unfold out of order).

#### STEP 1: STRESS RECOVERY & RESPONSE

**1. Please describe the parent/child's bedtime routine (what do you do in the hour before you or s/he goes to bed):**

Parent: \_\_\_\_\_

Child: \_\_\_\_\_

**2. Are there techniques or rituals to help the parent/child relax at bedtime? Such as taking a warm bath, listening to relaxing music, deep breathing, or imagery.**

Parent: ☐ YES ☐ NO \_\_\_\_\_

Child: ☐ YES ☐ NO \_\_\_\_\_

**3. Is the sleeping environment comfortable for the parent/child? Comfortable bed, comfortable bedroom temperature, a clean, quiet and darkened bedroom.**

Parent: ☐ YES ☐ NO \_\_\_\_\_

Child: ☐ YES ☐ NO \_\_\_\_\_

**4. Does the parent/child nap?**

Parent: ☐ YES ☐ NO \_\_\_\_\_

Child: ☐ YES ☐ NO \_\_\_\_\_

**5. On average, how long does it usually take the parent/child to fall asleep?**

Parent: \_\_\_\_\_ Child: \_\_\_\_\_

**6. On average, how many hours of sleep; does the parent/child usually get in a night?**

Parent: \_\_\_\_\_ Child: \_\_\_\_\_

**7. On average, how many times does the parent/child wake at night?**

Parent: \_\_\_\_\_ Child: \_\_\_\_\_

**8. Does the parent/child snore?** Parent: ☐ YES ☐ NO Child: ☐ YES ☐ NO

**9. In general, how would you describe the parent/child when s/he wakes up:**

Parent: ☐ Refreshed ☐ Not Refreshed \_\_\_\_\_

Child: ☐ Refreshed ☐ Not Refreshed \_\_\_\_\_

**10. Does the parent/child take any non-medical or medical sleep aides?**

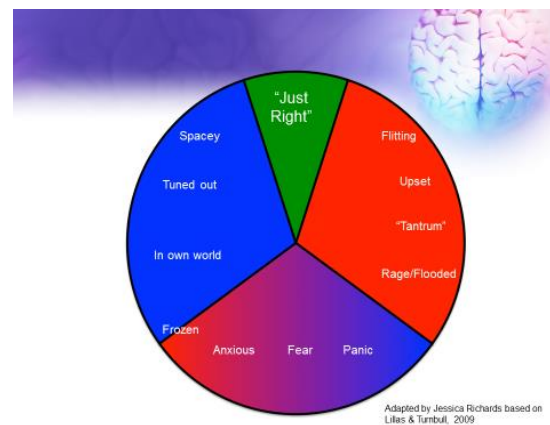
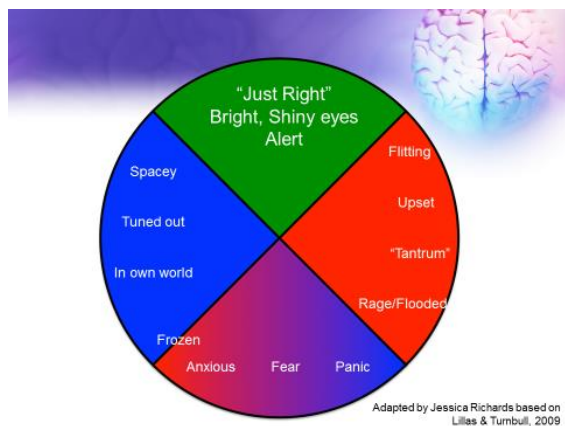
Parent: ☐ YES ☐ NO If so, what? \_\_\_\_\_

Child: ☐ YES ☐ NO If so, what? \_\_\_\_\_

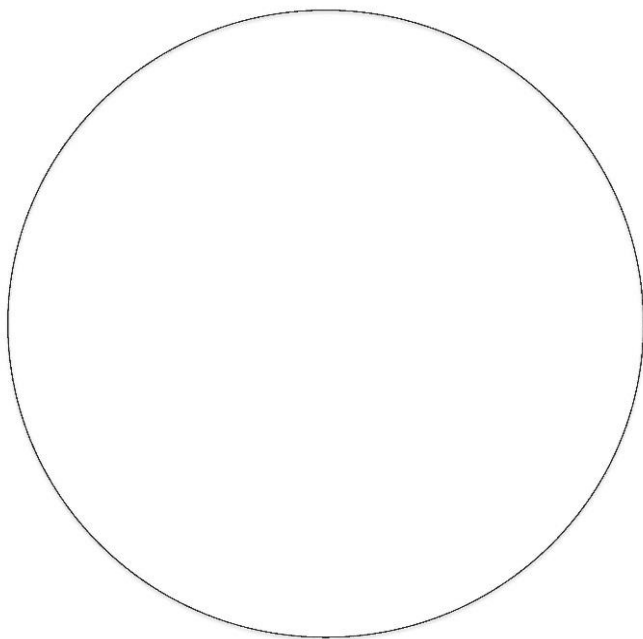
**11. Others in the home have trouble with falling asleep, staying asleep or feeling refreshed when waking?**

\_\_\_\_\_

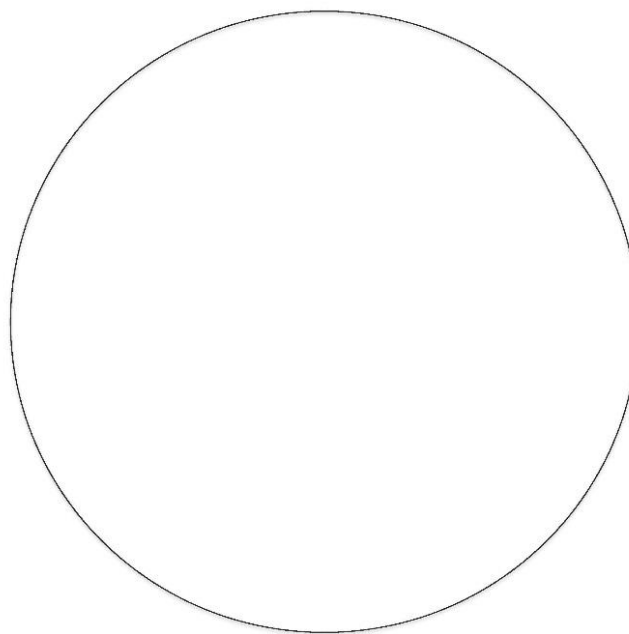
## Extra Notes:



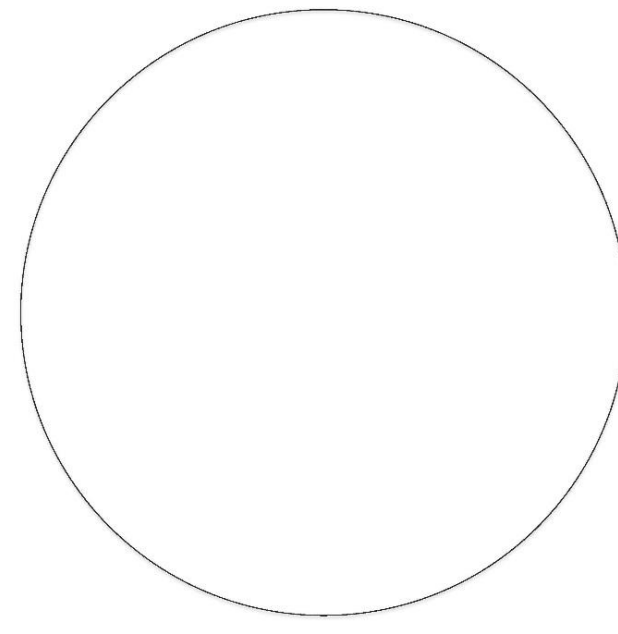
Is s/he in the "Green"?



Is s/he in the "Green"?



Is s/he in the "Green"?



Are you in the "Green"?

**Parent 1**

Are you in the "Green"?

**Child**

Are you in the "Green"?

**Parent 2**

## Extra Notes:

**Green Zone Description:** *feel calm, present, regulated, and able to both learn and to connect.*

*What does it look like when you/your child is in the green zone? (describe eye contact, face, voice, body gestures, body tone)*

<b>GREEN ZONE</b> Just Right/Alert	<b>EYES</b> <input type="checkbox"/> Bright, shiny eyes <input type="checkbox"/> Looks directly at people, objects <input type="checkbox"/> Looks away for breaks, then returns to eye contact <input type="checkbox"/> Seems alert, takes in information	<b>BODY</b> <input type="checkbox"/> Relaxed with good muscle tone <input type="checkbox"/> Stable, balanced and coordinated movements <input type="checkbox"/> Moves arms and legs toward center of the body <input type="checkbox"/> Molds body into a caring adult when held <input type="checkbox"/> Moves faster or slower depending on environment
	<b>FACE</b> <input type="checkbox"/> Smiles, shows joy <input type="checkbox"/> Neutral <input type="checkbox"/> Can express all emotions	<b>RHYTHM/RATE OF MOVEMENT</b> <input type="checkbox"/> Changes smoothly to respond to the environment <input type="checkbox"/> Movements not too fast or too slow
	<b>VOICE</b> <input type="checkbox"/> Laughing <input type="checkbox"/> Tone changes	

*In a 24-hour day, how many hours are you/your child in the green zone? \_\_\_\_\_*

*Is there a particular time of day or week are you/your child more likely to be in a green zone?*

*Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Night \_\_\_\_\_ Weekday \_\_\_\_\_ (more structure?) Weekend \_\_\_\_\_ (less structure?)*

**Red Zone Description:** *the neuro system is firing quickly and there is a lot of activity that is either positive or negative (excitement, anger) with a fast pace. "Pedal to the Medal"*

*What does it look like when you/your child is in the red zone? (describe eye contact, face, voice, body gestures, body tone)*

<b>RED ZONE</b> Too Fast/Gas Pedal	<b>EYES</b> <input type="checkbox"/> Open, squinted or closed eyes <input type="checkbox"/> May have direct, intense eye contact <input type="checkbox"/> May avoid eye contact <input type="checkbox"/> Eyes roll upward <input type="checkbox"/> Eyes look quickly around the room	<input type="checkbox"/> Hostile or grumpy <input type="checkbox"/> Sarcastic <input type="checkbox"/> Out of control laughing
	<b>FACE</b> <input type="checkbox"/> Wide, open mouth <input type="checkbox"/> Anger, disgust <input type="checkbox"/> Frown <input type="checkbox"/> Fake/forced smile <input type="checkbox"/> Clenched jaw or teeth	<b>BODY</b> <input type="checkbox"/> Fingers spread out <input type="checkbox"/> Arched back; tense body position <input type="checkbox"/> Constant motion <input type="checkbox"/> Demands space by pushing, shoving, and getting into others' space <input type="checkbox"/> Biting, hitting, kicking, jumping, throwing <input type="checkbox"/> Bumps into things, falls <input type="checkbox"/> Threatening gestures (shakes finger or fist)
	<b>VOICE</b> <input type="checkbox"/> High-pitched crying, yelling or screaming <input type="checkbox"/> Loud	<b>RHYTHM/RATE OF MOVEMENT</b> <input type="checkbox"/> Fast movements <input type="checkbox"/> Impulsive movements

*In a 24-hour day, how many hours are you/your child in the red zone? \_\_\_\_\_*

*Is there a particular time of day or week are you/your child more likely to be in a red zone?*

*Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Night \_\_\_\_\_ Weekday \_\_\_\_\_ (more structure?) Weekend \_\_\_\_\_ (less structure?)*

**Blue Zone Description:** *the neuro system is running slow and there is flat affect, withdrawn, detached, zoning out, & in own world with a slow pace. "Brakes"*

What does it look like when you/your child is in the blue zone? (describe eye contact, face, voice, body gestures, body tone)

<b>BLUE ZONE</b> Too Slow/Brakes	<b>EYES</b> <input type="checkbox"/> Glazed eyes (looks through rather than at things) <input type="checkbox"/> Looks away for a long time, looks down <input type="checkbox"/> Seems drowsy/tired <input type="checkbox"/> Does not look around the room for interesting items <input type="checkbox"/> Looks at things more than people	<b>VOICE</b> <input type="checkbox"/> Flat <input type="checkbox"/> Makes few to no sounds <input type="checkbox"/> Sounds cold, soft, sad, too quiet
	<b>FACE</b> <input type="checkbox"/> Flat/blank <input type="checkbox"/> Mouth turned down, sad <input type="checkbox"/> No smiles or hints of smiles <input type="checkbox"/> Few emotions shown	<b>BODY</b> <input type="checkbox"/> Slumped/slouching <input type="checkbox"/> Low muscle tone <input type="checkbox"/> Little or no exploring play or curiosity <input type="checkbox"/> Wanders <input type="checkbox"/> Frozen or slow-moving
		<b>RHYTHM/RATE OF MOVEMENT</b> <input type="checkbox"/> Slow movements <input type="checkbox"/> Slow to start moving

In a 24-hour day, how many hours are you/your child in the blue zone? \_\_\_\_\_

Is there a particular time of day or week are you/your child more likely to be in a blue zone?

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Night \_\_\_\_\_ Weekday \_\_\_\_\_ (more structure?) Weekend \_\_\_\_\_ (less structure?)

**Combo Zone Description:** *here, in the neuro system, both the gas pedal and brake are on, and client can present w/ anxiety, clinging, whining behavior or appear to be calm but wound up & feels fear on the inside, with a jerky pace. "The New Driver"*

What does it look like when you/your child is in the combo zone? (describe eye contact, face, voice, body gestures, body tone)

<b>COMBO ZONE</b> Fast & Jerky/Gas & Brake	<b>EYES</b> <input type="checkbox"/> Wide open eyes <input type="checkbox"/> Looks around as if worried or scared <input type="checkbox"/> Stares at things <input type="checkbox"/> Rolling of the eyes	<input type="checkbox"/> Moans or groans in pain <input type="checkbox"/> Whimpers <input type="checkbox"/> Wobbly/quivering voice or fast changes
	<b>FACE</b> <input type="checkbox"/> Raised eyebrows <input type="checkbox"/> Furrowed brow <input type="checkbox"/> Trembling lips or mouth <input type="checkbox"/> Seems in pain <input type="checkbox"/> Mouth wide open <input type="checkbox"/> Startled expression	<b>BODY</b> <input type="checkbox"/> Tense or rigid posture <input type="checkbox"/> Cowers or hides <input type="checkbox"/> Fast, repetitive movements (wriggles hands, shakes foot) <input type="checkbox"/> Trembling hands <input type="checkbox"/> Clings, grabs <input type="checkbox"/> Flails around
	<b>VOICE</b> <input type="checkbox"/> High-pitched, nasal, sing-song voice	<b>RHYTHM/RATE OF MOVEMENT</b> <input type="checkbox"/> Fast movements <input type="checkbox"/> Jerky movements

In a 24-hour day, how many hours are you/your child in the combo zone? \_\_\_\_\_

Is there a particular time of day or week are you/your child more likely to be in a combo zone?

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Night \_\_\_\_\_ Weekday \_\_\_\_\_ (more structure?) Weekend \_\_\_\_\_ (less structure?)

## Extra Notes:

**Toxic Stress Patterns:**

1. Is stress occurring too frequently or does the stress response happen very suddenly?  
Parent: ☐YES ☐NO      Child: ☐YES ☐NO
2. Is there an inability to adjust to initial challenges that, over time, should no longer be stressful?  
Parent: ☐YES ☐NO      Child: ☐YES ☐NO
3. Has the stress response occurred over a long period of time?  
Parent: ☐YES ☐NO      Child: ☐YES ☐NO
4. Is the parent/child unable to return to a stable green zone from the stress response?  
Parent: ☐YES ☐NO      Child: ☐YES ☐NO
5. Is the sleep cycle disorganized?      Parent: ☐YES ☐NO      Child: ☐YES ☐NO

**Heart, Hand, Head (HHH) Personality Preferences**

	Under Coordination	Under Stress	Zone Characteristics	Rank Order Priority (first, second, third)	
				Parent	Child
<b>Heart</b>	Responsive, engaging	Gives too much, over accommodates	Hyper vigilance, fear, anxiety, hyper/frenzied		
<b>Hand</b>	Directives, delegates, doers, leads	Demanding, dominates & controls	Crying, anger, rage, mania hyperactivity		
<b>Head</b>	Reflective, thinkers, problem-solvers	Detaches, dismisses & ignores	Shut down, glazed, tuned out, depressed, dissociated.		

Is there a mismatch of personalities in the home that cause conflict in the family? ☐YES ☐NO

Co-escalating Pattern? ☐YES ☐NO      Polarizing Pattern? ☐YES ☐NO      Chaotic Pattern? ☐YES ☐NO

**Step 1 Summary Evaluation**

Family Member	Green Zone % / #	Red Zone % / #	Blue Zone % / #	Combo Zone % / #	Frequent Toxic Pattern #	Stress Response (HHH)	Dyadic Mismatch Notes
Child:							
Parent 1:							
Parent 2:							

**PARALLEL PROCESS:** *How does this child/parent impact my physiology? In what context(s) have I lost my regulation with this child/family?*



## Extra Notes:

## STEP 2: LEVELS OF ENGAGEMENT

	1	2	3	4	5	6
	Age appropriate under all conditions including stress w/ full range of emotions	Age appropriate but vulnerable to stress &/or constricted range of emotions	Has capacity but not at age appropriate level	Inconsistent/ needs sensorimotor support & structure to function at this capacity	Barely evidence capacity even w/support	Has not reached this level
<b>Functional Capacities</b>	<b>BOTTOM-UP</b>					
<b>Level 1:</b> Calm Together: Getting Calm (Green Zone) Together (by 3 months)						
<b>Level 2:</b> Comfort Together: When calm, able to make visual contact (eye contact/look at faces), or auditory contact (vocalize or sing together), or movement contact (rock together), or tactile contact (cuddle together), and/or olfactory contact (smelling together) that you both find comforting & connecting (by 3 months)						
<b>Level 3:</b> Sharing Joy: When making comforting contact, able to share joy & fall in love (by 5 months)						
<b>Level 4:</b> Serve & Return Communication: When sharing joy, able to create a continuous back & forth flow of communication (circles) (by 9 months of age)						
<b>Level 5:</b> Reading Non-Verbal Cues: When in the flow, able to expand & read non-verbal emotional & gestural cues (by 13-18 months of age)						
	<b>TOP-DOWN</b>					
<b>Level 6:</b> Sharing Emotional Themes: When reading cues, able to share feelings with others through pretend play &/or talking (24-36 months)						
<b>Level 7:</b> Linking Cause & Effect: When sharing feelings, able to make sense & solve problems together (36-48 months of age)						

**Description Notes of Interaction:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a KIPS Completed? ☐YES ☐NO Score: \_\_\_\_\_ Interaction ☐Normal ☐Cautionary ☐Failure

***PARALLEL PROCESS: How far up the levels of engagement can I get with the parent and with the child?***

## Extra Notes:

### STEP 3: BRAIN SYSTEMS

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

Family Member	Regulation	Sensory	Relevance	Executive	ACE Score
Child:	/19	/10	/20	/3/12	/10
Parent 1:	/22	/10	/18	/14	/10
Parent 2:	/22	/10	/18	/14	/10

Regulation System: <i>I first need to get calm inside my body</i> See Step 1 of your Intake Notes	Preferences/Strength (what s/he is able to do within the capacity)		Triggers/Concerns (what s/he is unable to do within the capacity)	
	Parent	Child	Parent	Child
Capacity for Deep Sleep Cycle: 1. Getting enough sleep? 2. Staying asleep? 3. Waking refreshed?				
Capacity for Alert Processing State (Green Zone) 1. Is there enough green zone to support development? 2. Is there enough green zone to support age appropriate engagement?				
Capacity for an <u>adaptive</u> use of all stress responses 1. Do they show all 3 stress responses? 2. Is the intensity of the stress response matching the context (mild, mod, to severe continuum context)? 3. (note) If one is in a toxic stress pattern, note that usually there is a concern about stability of the green zone and the flexibility of the stress responses are compromised				

Parent

Child

Parent

Child

<b>Capacity for distinct states w/ smooth transitions between states of arousal (zones)</b> <ol style="list-style-type: none"> <li>1. Are the states clear or muddy?</li> <li>2. Are there smooth changes between states of arousal (zones) or not?</li> </ol>				
<b>Capacity for connection to visceral cues</b> <ol style="list-style-type: none"> <li>1. Awareness and connection to hunger, thirst, tired, pain, bowel, bladder cues</li> <li>2. What are the cues?</li> <li>3. When do you see them?</li> <li>4. Can the child send clear messages?</li> <li>5. Can the parent read them?</li> </ol>				
<b>Capacity for efficient stress recovery (getting back to green)</b> <ol style="list-style-type: none"> <li>1. Can the child get back to green on his/her own?</li> <li>2. Does the child need sensory-motor or emotional support?</li> <li>3. How much effort is required by an adult caregiver to co-regulate the other?</li> </ol>				
<b>Regulation System Notes:</b>				

## Extra Notes:

<p><b>Sensory System: <i>When I'm calm inside my body, I can begin to take in sensory information from the outside world</i></b></p> <p><b>Internal: Balance/vestibular/movement, Proprioception (use of joints, muscles, pressure)</b></p> <p><b>External: Tactile (light and deep touch), Taste, Smell, Auditory, Vision</b></p>	<p><b>Preferences/Strengths (what s/he is able to do within the capacity)</b></p>		<p><b>Triggers/Concerns (what s/he is unable to do within the capacity)</b></p>	
<p><b>Sensory Processing: Capacity to orient, locate, discriminate, follow and track sensory signals</b></p> <ul style="list-style-type: none"> <li>• Is the infant, child, adult <i>orienting</i> and <i>registering</i> the sensory information?</li> <li>• Is the infant, child, adult accurately <i>identifying</i> the source of the sensory information?</li> <li>• Is the infant, child, adult accurately <i>discriminating</i> the sensory information?</li> <li>• Is the infant, child, adult accurately <i>following</i> and <i>tracking</i> the sensory information?</li> </ul>	<p><b>Parent</b></p>	<p><b>Child</b></p>	<p><b>Parent</b></p>	<p><b>Child</b></p>

	Parent	Child	Parent	Child
<p><b>Sensory Modulation: see Step Two Notes with the Rating Scale</b></p> <p><b>Capacity to stay green with environmental (lights, sounds, smells, etc.) and relational (face, tone of voice, movements, gestures) sensory input</b></p> <ol style="list-style-type: none"> <li>1. Do you need to match or counter with high intensity/fast rhythms or low intensity/slow rhythms of sensory input to get the child or parent to green?</li> <li>2. How much sensory-motor support do you have to offer the child/parent or dyad for Levels of Engagement?</li> <li>3. Is the infant, child, or adult over or under-reactive to sensory information? If so, which sensory modality?</li> </ol> <p><b>Principle: Experiment with sensations to find sensory preferences: begin with low intensity, slow rhythms, and short durations to be safe</b></p>				
<p><b>Sensory System Notes:</b></p>				



## Extra Notes:

<p><b>Relevance System:</b> <i>As soon as I take in sensory information from the outside world, I begin to organize it inside of me as something that helps me feel comfortable/safe or uncomfortable/in danger</i></p> <p><b>General concept:</b> To what degree and in what context does the parent/child experience the outside world - as safe or dangerous? What becomes relevant to each person in the family?</p> <p>Use your notes from the zones in Step 1 to guide these answers below. The colors of the zones you already know about are your guide.</p>	<p><b>Preferences/Strengths (what s/he is able to do within the capacity)</b></p> <p><b>Parent</b>                      <b>Child</b></p>		<p><b>Triggers/Concerns (what s/he is unable to do within the capacity)</b></p> <p><b>Parent</b>                      <b>Child</b></p>	
<p><b>Capacity to flexibly experience, express &amp; modulate a full range of emotions appropriate to context</b></p> <ol style="list-style-type: none"> <li>1. Use your green, red, blue, and combo zones from Step 1 as a guide for mapping out</li> <li>2. Can the child/parent use a full range of positive to negative feelings?</li> <li>3. Can the child/parent show, experience, and express feelings within each of these zones?</li> <li>4. What happens to the intensity levels? (e.g., can s/he be mad and stay green?)</li> <li>5. Can s/he modulate and stay in a mid-range intensity when the context calls for it?</li> </ol>				

	Parent	Child	Parent	Child
<p><b>Capacity to learn from experience by scanning a full range of positively to negatively weighted (valenced) memories appropriate to the context</b></p> <p><b>(note: this capacity builds on the first capacity in the relevance system of a range of positive to negative weighted feelings)</b></p> <ol style="list-style-type: none"> <li><b>1. Where are the procedural memories weighted – Towards a balance of positive/negative? Too much positive (denial)? Too much negative (trauma history)?</b></li> <li><b>2. Does the child/parent show a capacity to learn from past experiences (this could be either be shown procedurally or with narrative)?</b></li> <li><b>3. Is there an open learning system where the parent/child can tolerate disappointment and having to learn new things that are frustrating at first?</b></li> </ol>				
<p><b>Capacity to create meanings that accurately reflect self &amp; others</b></p> <p><b>(note) If there is an imbalance in the positive/negative valence of feelings and memories (these first two capacities in the relevance system), then the appraisal system of oneself and other(s) will be imbalanced as well (includes the family's cultural values on what is right/wrong; good/bad behavior)</b></p>				

	Parent	Child	Parent	Child
1. Is the child/parent weighted towards a balance, a more positive or a more negative appraisal of oneself? Of others?				
Relevance System Notes:				

## Extra Notes:

<b>Executive System: <i>As I organize what feels safe or dangerous, I can respond to the outside world, addressing the context</i></b>	<b>Preferences/Strengths (what s/he is able to do within the capacity)</b>		<b>Triggers/Concerns (what s/he is unable to do within the capacity)</b>	
	<b>Parent</b>	<b>Child</b>	<b>Parent</b>	<b>Child</b>
<b>Capacity to express spontaneous, automatic &amp; consciously controlled behaviors in a flexible &amp; purposeful manner</b> <ol style="list-style-type: none"> <li>1. For under 3 years of age, can they respond with spontaneous joy to relationships and novelty and balance that with participating in regular routines (e.g., bathing, feeding, changing clothes, sleeping routines)?</li> <li>2. For three-year-olds and up, is there a balance between spontaneous joy and automatic routines?</li> <li>3. For three-year-olds and up, can s/he appropriately inhibit to stay on task or shift to another priority according to the context (note: this is conscious control)?</li> </ol>				
<b>Capacity to integrate bottom-up emotions with top-down control of thoughts</b> <ol style="list-style-type: none"> <li>1. For three years old and up, is there an ability to identify feelings, narrate feelings, and reflect on them?</li> <li>2. Is there any degree of hindsight, insight, and foresight occurring?</li> </ol>				

**PARALLEL PROCESS:** What brain systems are being used easily when working with this dyad? What brain systems are being used to exert conscious control when working with this dyad?

## Extra Notes:



## Awake States with Stress Responses

## Step #1

<b>GREEN ZONE</b> Just Right/Alert	<u><b>EYES</b></u> <input type="checkbox"/> Bright, shiny eyes <input type="checkbox"/> Looks directly at people, objects <input type="checkbox"/> Looks away for breaks, then returns to eye contact <input type="checkbox"/> Seems alert, takes in information  <u><b>FACE</b></u> <input type="checkbox"/> Smiles, shows joy <input type="checkbox"/> Neutral <input type="checkbox"/> Can express all emotions  <u><b>VOICE</b></u> <input type="checkbox"/> Laughing <input type="checkbox"/> Tone changes	<u><b>BODY</b></u> <input type="checkbox"/> Relaxed with good muscle tone <input type="checkbox"/> Stable, balanced and coordinated movements <input type="checkbox"/> Moves arms and legs toward centre of the body <input type="checkbox"/> Molds body into a caring adult when held <input type="checkbox"/> Moves faster or slower depending on environment  <u><b>RHYTHM/RATE OF MOVEMENT</b></u> <input type="checkbox"/> Changes smoothly to respond to the environment <input type="checkbox"/> Movements not too fast or too slow
<b>RED ZONE</b> Too Fast/Gas Pedal	<u><b>EYES</b></u> <input type="checkbox"/> Open, squinted or closed eyes <input type="checkbox"/> May have direct, intense eye contact <input type="checkbox"/> May avoid eye contact <input type="checkbox"/> Eyes roll upward <input type="checkbox"/> Eyes look quickly around the room  <u><b>FACE</b></u> <input type="checkbox"/> Wide, open mouth <input type="checkbox"/> Anger, disgust <input type="checkbox"/> Frown <input type="checkbox"/> Fake/forced smile <input type="checkbox"/> Clenched jaw or teeth  <u><b>VOICE</b></u> <input type="checkbox"/> High-pitched crying, yelling or screaming <input type="checkbox"/> Loud <input type="checkbox"/> Hostile or grumpy	<input type="checkbox"/> Sarcastic <input type="checkbox"/> Out of control laughing  <u><b>BODY</b></u> <input type="checkbox"/> Fingers spread out <input type="checkbox"/> Arched back; tense body position <input type="checkbox"/> Constant motion <input type="checkbox"/> Demands space by pushing, shoving, and getting into others' space <input type="checkbox"/> Biting, hitting, kicking, jumping, throwing <input type="checkbox"/> Bumps into things, falls <input type="checkbox"/> Threatening gestures (shakes finger or fist)  <u><b>RHYTHM/RATE OF MOVEMENT</b></u> <input type="checkbox"/> Fast movements <input type="checkbox"/> Impulsive movements
<b>BLUE ZONE</b> Too Slow/Brake	<u><b>EYES</b></u> <input type="checkbox"/> Glazed-glassy eyes (looks through rather than at) <input type="checkbox"/> Looks away for a long time, looks down <input type="checkbox"/> Seems drowsy/tired <input type="checkbox"/> Does not look around the room for interesting items <input type="checkbox"/> Looks at things more than people  <u><b>FACE</b></u> <input type="checkbox"/> Flat/blank <input type="checkbox"/> Mouth turned down, sad <input type="checkbox"/> No smiles or hints of smiles <input type="checkbox"/> Few emotions shown  <u><b>VOICE</b></u> <input type="checkbox"/> Flat <input type="checkbox"/> Makes few to no sounds <input type="checkbox"/> Sounds cold, soft, sad, too quiet	<u><b>BODY</b></u> <input type="checkbox"/> Slumped/slouching <input type="checkbox"/> Low muscle tone <input type="checkbox"/> Little or no exploring play or curiosity <input type="checkbox"/> Wanders <input type="checkbox"/> Frozen or slow-moving  <u><b>RHYTHM/RATE OF MOVEMENT</b></u> <input type="checkbox"/> Slow movements <input type="checkbox"/> Slow to start moving
<b>COMBO ZONE</b> Fast & Jerky/Gas & Brake	<u><b>EYES</b></u> <input type="checkbox"/> Wide open eyes <input type="checkbox"/> Looks around as if worried or scared <input type="checkbox"/> Stares at things <input type="checkbox"/> Rolling of the eyes  <u><b>FACE</b></u> <input type="checkbox"/> Raised eyebrows <input type="checkbox"/> Furrowed brow <input type="checkbox"/> Trembling lips or mouth <input type="checkbox"/> Seems in pain <input type="checkbox"/> Mouth wide open <input type="checkbox"/> Startled expression  <u><b>VOICE</b></u> <input type="checkbox"/> High-pitched, nasal, sing-song voice	<input type="checkbox"/> Moans or groans in pain <input type="checkbox"/> Whimpers <input type="checkbox"/> Wobbly/quivering voice or fast changes  <u><b>BODY</b></u> <input type="checkbox"/> Tense or rigid posture <input type="checkbox"/> Cowers or hides <input type="checkbox"/> Fast, repetitive movements (wrings hands, shakes foot) <input type="checkbox"/> Trembling hands <input type="checkbox"/> Clings, grabs <input type="checkbox"/> Flails around  <u><b>RHYTHM/RATE OF MOVEMENT</b></u> <input type="checkbox"/> Fast movements <input type="checkbox"/> Jerky movements

From: *Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice*, by Lillas & Turnbull, © 2009, New York, New York: W. W. Norton  
Revised 3-9-16

## Step #3

## Four Brain Systems- History Checklist

## Parental/Adult Risk Factors

That Can Compromise Parents' Ability to  
Offer Their Child Support

Regulation

- ☐ Significant prenatal stressors
- ☐ No or poor prenatal care
- ☐ History of, or current substance abuse, smoking\*
- ☐ Physical abuse\*
- ☐ Physical neglect\*
- ☐ Sexual abuse\*
- ☐ Teenage pregnancy
- ☐ Poor nutrition
- ☐ Premature labor
- ☐ Multiple births
- ☐ Genetic disorder(s)
- ☐ Chronic medical condition(s)
- ☐ Chronic allergies
- ☐ Sleep difficulties
- ☐ Rigid or chaotic pattern of arousal energy that is entrenched (hypoalert, hyperalert, flooded)
- ☐ Low maternal education
- ☐ Few familial financial resources
- ☐ Unhygienic environment
- ☐ Inadequate food, shelter, or clothing
- ☐ Limited community resources
- ☐ Post-partum depression
- ☐ Birth complications (prolonged labor, traumatic birth, C-section (planned or emergency), breach birth

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## Global Questions

**Regulation**

- Are stress responses adaptive? That is, does a person show adequate recovery?
- Is the person's use of energy efficient and flexible or rigid and chaotic?
- How does the person conserve energy?

**Sensory**

- How quickly and efficiently does the adult process sensory information?
- How reactive is the adult to sensory information from relationships?
- Is the adult leaning toward types of sensory information that are considered safe as opposed to those that are threatening?

**Relevance**

- Is the individual able to express a range of positive and negative emotions flexibly?
- How do experiences influence memories and appraisals?
- Are emotionally loving, significant, and long-term relationships present?
- Does the individual tend to attribute positive or negative meanings to experiences?

**Executive**

- Does adult show purposeful movement that is both adaptive and flexible?
- Can adult see the big picture?
- Can the adult stay on track in expressing a thought, emotion, or narrative?
- Can the adult complete tasks in a relatively smooth fashion?

## Parental/Adult Risk Factors

That Can Compromise Parents' Ability to  
Offer Their Child Support

Sensory

- ☐ Loss of hearing or vision
- ☐ Inaccurate processing of information
- ☐ Slow processing of information
- ☐ Speech abnormality
- ☐ Learning disorder(s)
- ☐ Only overreactive to sensory information in at least one sensory domain
- ☐ Only underreactive to sensory information in at least one sensory domain
- ☐ Both overreactive and underreactive to sensory information in at least one sensory domain
- ☐ Over or under stimulating living environment
- ☐ Sensation seeker

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Relevance

- ☐ Exposure to domestic violence\*
- ☐ Emotional abuse\*
- ☐ Emotional neglect\*
- ☐ Familial history of mental illness\*
- ☐ Separation or loss of a parent\*
- ☐ Parental criminality\*
- ☐ 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 emotions; low frustration tolerance
- ☐ Lack of empathy for self and others
- ☐ Difficulty making eye contact and lacking warmth
- ☐ Negative appraisal of child as willfully disobeying or as not loving parent
- ☐ Parent unable to set boundaries and over-accommodates child
- ☐ Discrepancies exist among words, actions, or non-verbal communication
- ☐ Learning disruptions
- ☐ Inability to ask for help when necessary

ACE Score

/10

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Executive

- ☐ Motorically clumsy, awkward, or lethargic
- ☐ High distractibility
- ☐ High impulsivity
- ☐ Unable to delay gratification
- ☐ Lacks stable routines
- ☐ Adheres to rigid routines and habits, avoiding novelty
- ☐ Lack of knowledge concerning normative child development
- ☐ Difficulty anticipating the need to sequence and implement agreed-on clinical input
- ☐ Lacks a willingness to incorporate a new way to understand a child's behavior (e.g., mental rigidity)
- ☐ 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

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## Step #3

## Four Brain Systems- History Checklist

## Child/Youth Risk Factors

That Increase Children's Need for  
Adult Support

Regulation

- ☐ Prenatal maternal stress
- ☐ No or poor prenatal care Intrauterine growth retardation or fetal malnutrition
- ☐ Toxins in utero
- ☐ Premature birth
- ☐ Low Apgar score
- ☐ Meconium Aspiration
- ☐ Jaundice
- ☐ Genetic disorder(s)
- ☐ Infant medical condition(s)
- ☐ Chronic allergies
- ☐ Feeding problems
- ☐ Elimination concerns
- ☐ Poor suck, swallow, and breathe coordination
- ☐ Poor nutrition
- ☐ Sleep difficulties
- ☐ Rigid or chaotic pattern of arousal energy that is entrenched (hypoalert, hyperalert, flooded)
- ☐ Physical abuse\*
- ☐ Physical neglect\*
- ☐ Sexual abuse\*

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Relevance

- ☐ Male preterm infant
- ☐ Exposure to domestic violence\*
- ☐ Emotional abuse\*
- ☐ Emotional neglect\*
- ☐ Separation or loss of a parent\*
- ☐ Parental criminality\*
- ☐ Parental mental illness\*
- ☐ Parental substance abuse\*
- ☐ Traumatic memories
- ☐ Lack of emotional care due to foster care or orphanage placement
- ☐ Chronically depressed or anxious
- ☐ Rapid swings into high-intensity emotions; no frustration tolerance
- ☐ Lack of empathy for self and others
- ☐ Lack of eye contact absence of interest in others and/or lack of social referencing (overly detached)
- ☐ Highly demanding of others
- ☐ Over accommodating to others
- ☐ Lacks one person in the family who is strongly committed to child and who provides loving care
- ☐ Discrepancies exist between words, actions, or non-verbal communication
- ☐ Unable to learn from previous experiences
- ☐ Inability to ask for help when necessary

ACE Score

/10

/20

## Global Questions

**Regulation**

- Are stress responses adaptive? That is, does a person show adequate recovery?
- Is the person's use of energy efficient and flexible or rigid and chaotic?
- How does the person conserve energy?

**Sensory**

- How quickly and efficiently does the child process sensory information?
- How reactive is the child to sensory information from relationships?
- Is the child leaning toward types of sensory information that are considered safe as opposed to those that are threatening?

**Relevance**

- Is the individual able to express a range of positive and negative emotions flexibly?
- How do experiences influence memories and appraisals?
- Are emotionally loving, significant, and long-term relationships present?
- Does the individual tend to attribute positive or negative meanings to experiences?

**Executive**

- Does child show purposeful movement that is both adaptive and flexible?
- Can child see the big picture?
- Can the child stay on track in expressing a thought, emotion, or narrative?
- Can the child complete tasks in a relatively smooth fashion?

## Child/Youth Risk Factors

That Increase Children's Need for  
Adult Support

Sensory

- ☐ Loss of hearing / vision
- ☐ Inaccurate processing of information
- ☐ Slow processing of information
- ☐ Speech delay
- ☐ Learning disorder(s)
- ☐ Only overreactive, to sensory information in at least one sensory domain
- ☐ Only underreactive to sensory information in at least one sensory domain
- ☐ Both overreactive and underreactive to sensory information in at least one sensory domain
- ☐ Institutional care or neglect without adequate sensory information/stimuli
- ☐ Sensation seeker

/10

For Birth to 3 Executive

- ☐ Motorically clumsy, awkward, or lethargic
- ☐ Lacks developmentally appropriate use of gestures to communicate needs and wants
- ☐ Lacks developmentally appropriate use of words to problem solve

/3

## For 3+

- ☐ High distractibility
- ☐ High impulsivity
- ☐ Unable to delay gratification
- ☐ Lacks developmentally appropriate abilities to sequence activities of daily living
- ☐ Adheres to rigid routines and habits, avoiding novelty
- ☐ Lacks a willingness to incorporate a new way to understand own or other's behavior (e.g., mental rigidity)
- ☐ 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 do part to whole reassuring
- ☐ Poor time management

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# Assessment of Load Conditions and Current Brain Capacities for Child and Parents

## Instructions:

1. Place a  $\checkmark$  mark in each box that applies to the parents (P1 and P2) and the child (C) for both categories: triggers and concerns and preferences and strengths.
2. Place an N/A in capacities that do not apply to the child for developmental reasons.
3. The three highlighted items are three global intervention goals that all team members can use.

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

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

## Four Load Conditions

1. Too frequent stress responses to real or perceived stressors
2. Inability to adjust (habituate) to initial 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

## TRIGGERS & CONCERNS

P1	C	P2

## PREFERENCES & STRENGTHS

## Regulation

■ 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

P1	C	P2

P1	C	P2

## Sensory

■ Internal (body)
○ Pain (visceral, hunger, pain, pressure)
○ Balance/vestibular/movement
○ Proprioception (use of joints, muscles)

P1	C	P2

P1	C	P2

■ External (world)
○ Tactile (light and deep touch)
○ Taste
○ Smell
○ Auditory
○ Vision

P1	C	P2

P1	C	P2

■ Processing
■ Modulation

P1	C	P2

P1	C	P2

## Relevance

■ Full range of emotions (positive and negative)
■ Appropriate access to full range of memories
■ Accurate meanings of self and other

P1	C	P2

P1	C	P2

## Executive

■ Purposeful adaptive behavior
○ Spontaneous format
○ Automatic format
○ Conscious control format
■ Integrating thoughts and emotions
■ Shifting between self and other/context

P1	C	P2

P1	C	P2

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