

NRF INTERVIEW GUIDELINES

Assessment IS Intervention!

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This NRF Interview Guide is meant to serve as a supplement to using the NRF Intake Assessment Form. First, this Guide indicates which NRF Worksheets you can use for each step during the Interview and Orientation process. Second, the Guide provides language and explanations to integrate into your own process and your own encoding of NRF's language and three steps. Third, it gives you additional support for conceptualizing the Interview and Orientation process as well as integration of the three steps and how they influence each other.

1. Step One tells you if you have toxic stress
2. Step Two reveals the history of the “serve and return” process and where procedural memories are weighted – towards positive or negative
3. Step Three helps you organize brain network strengths and vulnerabilities, where to refer, and triggers and toolkits for intervention

NRF's vision for global community systems change

- Create trauma-informed organizations and communities that are linked across systems of care with a shared approach & common language
 - Reduce the amount of duplicate and siloed information
 - Become more efficient and effective in assessment and treatment
 - Use common tools that can be part of intervention
- Ask for more NRF training and assistance if you need it!

Semi-Structured Interviews Vs. Organic Process

The NRF really values and tries to live by the principle of “flexibility with stability.” This means that one strives to be organic and engaging the client, building rapport as a key component to the therapeutic process, while still having a stable “map” from which one can guide the conversation and how one gathers information.

This NRF Interview Guide is meant to give you structural and sequential support so that you can begin to develop your own language and format for gathering the information for the NRF’s three steps. This guide provides you with examples on “how to get the information” from the Three Steps so that in turn, you can gather the information, and be able to fill out the information on the NRF Intake Assessment form. There are sample questions offered for Step One and Three, which lend themselves to the Interview process. For Step Two, a sample explanation is given as to how one might take some concepts in Step Two to Orient parents to the Levels of Engagement.

Too much stability leads to rigidity. For those of you used to filling out paper trails and the pressure of that, you might see the NRF Intake as just another form of paper trail. This can lead to attempts to memorize questions to ask, which can end up being a way to gather data but not engage the family members.

Too much flexibility leads to chaos. For those of you that are mental health clinicians or medical practitioners or early interventionists or early childhood specialists, you may naturally gravitate towards a brain system that is a procedural match with your training. Be aware of going into that system and perhaps getting lost in that one, at the expense of the others. If you find yourself in that position, review where you are in the process of the three steps and re-orient yourself mentally before your next session to see what other types of information you need to gather to complete the big picture.

The ultimate balance here comes from the clinical use of ourselves in balancing our hearts (where we follow the parent/child lead), our hands (where we provide guidance and can take the lead), and our heads (where we build collaborative relationships). See more on Page 17.

• Step #1: Adaptive vs. Toxic Stress

1. Interview and Orientation of Parents to the importance of Sleep and the Awake Cycle Colors
2. Ongoing Observation
3. Ongoing Conversations and Reflections together

Interview guidelines

Know that any time you interview a parent, whether it's about their sleep-awake cycle with the colors in step #1, or later, the child and his/her different “stories” in step #3 (early, developmental, emotional, and learning) history, you are tapping into his/her relevance system. That means that at any given point you can get a meaning making-system that is skewed towards too much positive – which leans towards denial and dismissiveness, or skewed towards too much negative –which means overly judgmental or harsh appraisals.

Be ready for mismatches in a parent’s perception (relevance system)!

- Faking good
 - “I’m green 100% of the time.”

Tend to be in denial, dismissive, or afraid of looking bad. You get the feeling they are hiding things.



- Faking bad
 - “My child is in the red zone 100% of the time.”

Tend to be angry and may likely have trauma triggers with this child from his/her procedural memories. Can have a harsh and judgmental attitude.



What's the quality of your sleep, your partner's, & child's sleep?

- Can you get to sleep?
- Can you stay asleep?
- Do you get enough total sleep?
- Do you wake up and feel refreshed?
- Do you wake up and feel tired and cranky?

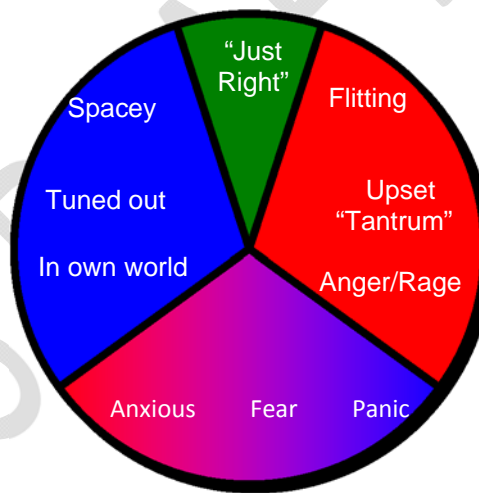


UCB, C. Lillas, © 2014

These are sample questions, please use the NRF Intake Assessment booklet for more in-depth questions.

The following are all tools you can use during the intake process (PIE, Check Box Stress Responses, or Arousal Arcs). Use whichever ones of these you are more comfortable with or think will be a good match with the parents.

AWAKE CYCLES



Adapted by Jessica Richards based on Lillas & Turnbull, 2009

Awake States with Stress Responses		Step #1
GREEN ZONE Just Right/Alert	FACE	FACE
	FACE	FACE
	FACE	FACE
	FACE	FACE
RED ZONE Too Fast/Gas Pedal	FACE	FACE
	FACE	FACE
	FACE	FACE
	FACE	FACE
BLUE ZONE Too Slow/Brake	FACE	FACE
	FACE	FACE
	FACE	FACE
	FACE	FACE
COMBO ZONE Fast & Jerky/Gas & Brake	FACE	FACE
	FACE	FACE
	FACE	FACE
	FACE	FACE

Constance M. Lillas, Ph.D.
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Our Nervous System Under Safety and Threat



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Interview Guidelines for Step #1

In general, after you have asked questions about the sleep cycle, it's effective to first orient the parents to all of the colors. You can mention that these behaviors occur when we are at our best and worst and, as you describe the colors of stress, you hope to target some of the behaviors they are concerned about in their child by introducing them to three primary stress zones.

- First, the **green zone** is when we *feel calm, present, regulated, and able to both learn and to connect*. This is when we are each at our best and we can tell our child is “present” and engaging with us. *Use the PIE or Arousal Curve or Check Boxes – whatever you think will make the most connection with the parents.*
- Once we are out of the green zone, our bodies can show stress by stepping on the gas pedal, the brake, or both. So now I'm going to tell you about three stress zones and I'd like you to think about which ones your child shows.
- The **red zone** is when our bodies and brains are moving into the gas pedal side of our nervous systems, *firing quickly and there is a lot of activity that is either positive (high excitement) or negative (protest, anger, rage) with a fast pace.*
- The **blue zone** is when our bodies and brains are moving into the brake pedal side of our nervous systems. Everything is *running slow and there is a flat face, with withdrawn, detached, zoning -out behavior where your child is in his or her own world with a slow pace.*
- Lastly, our bodies and brain can step on both the gas and brake pedal at the same time. Because it's both the gas and brake pedal, we call it the “**combo**” zone. In the combo zone, *one can be more “noisy” with anxiety, clinging, and whining behavior or more “quiet” where one appears more calm on the outside but one feels more wound-up, vigilant, and feels fear in the inside.*

This is the first orientation to these colors and we will have many more conversation about these colors! As we observe these colors and behaviors we might disagree about what's green/what's blue etc., but that's part of learning together. We will share our observations back and forth over time.

Let's now think about your child and where you think his or her behaviors are weighted between the green, red, blue, and combo zones and how many times or hours a day you see these zones.

[For the practitioner: There are two options from which to choose. You can go to Option #1 which is a quicker and more global way to orient to the colors and uses the PIE. Option #2 goes into more details of orienting to each zone and is more likely to use the Arousal Check Box Chart. Some families will be overwhelmed by the Check Boxes and will need the PIE as an easier way into talking about the colors. Use which option you feel more comfortable with or what is a better match with the family.]

Option #1: What's the biggest piece of the pie for your child? Does your child have a dominant stress response? Where does your child go 1st, 2nd, and 3rd in his /her stress responses? Is there any rhythm or pattern to these stress responses?

Option #2: OR you could go through each zone

Let's start with the red zone and tell me what you've observed about your child having positive or negative red zone behaviors.

In a 24-hour period of time, how much time (or what portion of the day) (or what percentage of the day – 0/25/50/75/100%) is your child in the red zone?

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

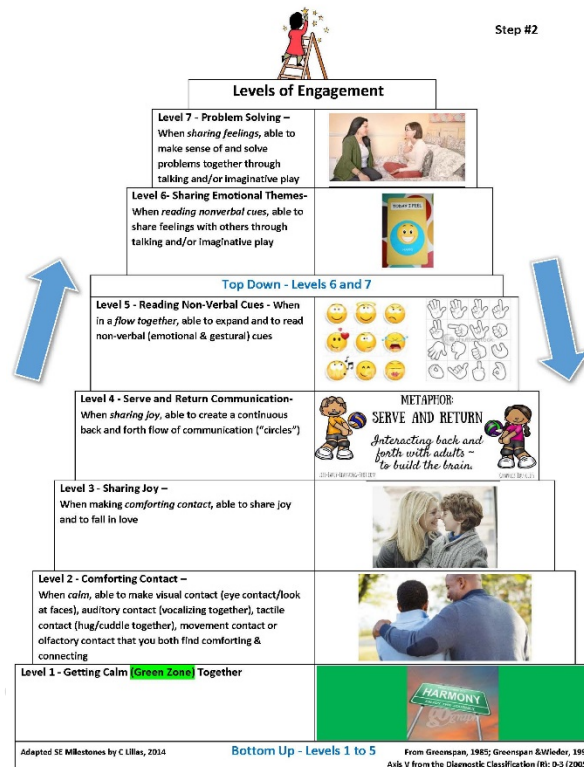
Morning ____ Afternoon ____ Night ____ Weekday ____ (more structure?) Weekend ____ (less structure?)

Repeat the cycle with the blue/combo/green zone. Notice that the recommendation is to start with the reviewing the stress zones first, and cycle to the green zone last. This is due to the parents often over-rating the green zone if you ask about this first. When you really explore the range of stress zones, then you can see what's left in terms of how much green zone you have, as part of the first conversation!

If there is time during this first intake session, or when there is time, you can initiate a conversation about the parents' stress responses as well. Usually, the recommendation is to get the parent's stress response in reaction to his or her child's stress responses. For example, "When your child is in the red zone what stress response does that trigger in you?" etc.

Step #2: Levels of Engagement

1. Orientation to the Levels of Engagement
2. Ongoing observation and participation in play sessions
3. Ongoing Conversations & Reflections together



Use this Pyramid (above) for orienting your parents to the Levels of Engagement. The Levels of Engagement Grid (below) is for you, as a professional, to fill in with the Rating Scale as you have time to actually engage and observe. The scoring of this will be explained in the NRF Assessment and Intervention Guide.

STEP #2

PARENT-CHILD RELATIONSHIP MILESTONES

Child: _____ Caregiver: _____ Examiner: _____ Date: _____ Diagnosis: _____

	1	2	3	4	5	6
Place an X in the box that matches the milestone and achievement levels	Age appropriate under all conditions, including stress, with a full range of emotions	Age appropriate but vulnerable to stress and/or restricted 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
Functional Capacities						
BOTTOM-UP						
Level 1. Getting Calm (Green Zone) Together (by 1 month)						
These functions are built upon the capacity to be calm together						
Level 2. 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), or olfactory contact (smelling together) that you both find comforting & connecting (by 2 months)						
Level 3. When making comforting contact, able to share joy & fall in love (by 3 months)						
Level 4. When sharing joy, able to create a continuous back and forth flow of communication (“circles”) (by 4 months)						
Level 5. When in a flow, able to expand and read non-verbal emotional & gestural cues (by 12 to 18 months)						
TOP-DOWN						
Level 6. When reading cues, able to share feelings with others through pretend play and/or by talking (by 24 to 36 months)						
Level 7. When sharing feelings, able to make sense and solve problems together (by 36 to 48 months)						

DC:0-3 Institute adapted from the DSM-IV, ICD-10, PAPA

Original functional levels from ICD-10, ICD-10, adapted language & organization by Connie Lillas

Orientation to Step #2

Levels 1, 2, 3

We are going to use these levels of engagement as our guide for how we organize our sessions. So we want to orient you to these so that when we cycle back to have conversations about the sessions we can reflect together on where we are and where we need to go.

We always start bottom-up here, with the first 3 levels of engagement. In these first three levels, we are working together to help both of you get to green and stay green. How do we get there? First, we are sensory detectives –looking for sensory preferences that get each of you calm. We want to locate how to use these sensory preferences to help you both feel comforted and connected with each other.

Then, we let these experiences of comforting connection turn into joyful rounds of play together.

Levels 4 & 5

Once we hit that “sweet spot” of joy together, we want to keep that going so that we feel we are in a flow together that continues.

We call this “flow” -- circles of communication. Each circle is completed by someone starting the interaction, the next person responding, with the first person who “opened” the circle, “closing” the circle. It’s a three-pronged process to keep the ball going back and forth rather than a two-step process.

Next, part of keeping the flow going is reading each other’s subtle non-verbal emotional cues and gestures. We want that back and forth cue reading to be solid in reading each other’s facial features, tone of voice, and gestures.

Levels 6 & 7

If your child is verbal, we are in “top-down” territory, yet, we will still be looking to strengthen all of the “bottom-up” levels. The early levels set the stage for what we can do with language. With language, or the capacity to play with symbolic toys, we look for his or her range of emotions within “stories”. We want to expand into a full range of positive and negatively weighted feelings.

In level seven, this is where the stories answer all of the why, what, when, where, how, or what questions. “Why” are feeling this way? “How” can we resolve the conflicts? This is where we solve problems and make cause/effect links as to the meaning of our feelings and what we need from each other.

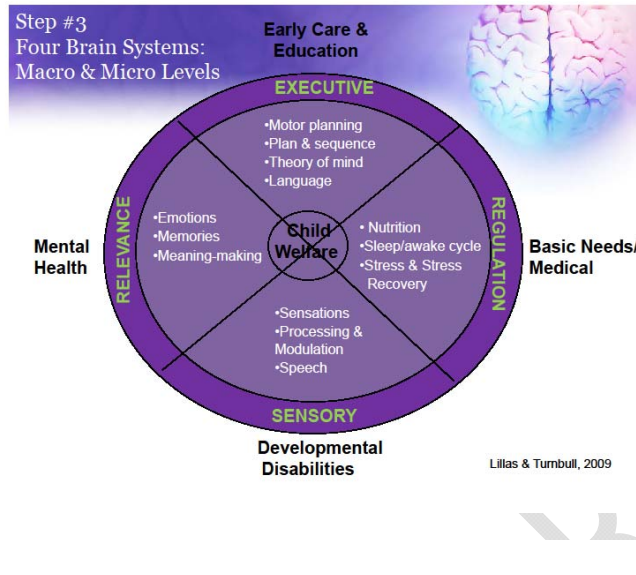
STEP#3: Brain Architecture - Macro & Micro Levels

1. Interview

- Macro level risk factors
- Micro level current capacities

2. Ongoing Observation

3. Ongoing conversations & reflections together



Step #3

Parental/Adult Risk Factors
That Can Compromise Parents' Ability to Offer Their Child Support

Global Questions

Parental/Adult Risk Factors
That Can Compromise Parents' Ability to Offer Their Child Support

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?

ACE Score /10 /18

Lillas & Turnbull, © 2008

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	/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>	Preferences/Strengths (what s/he is able to do within the capacity)	Triggers/Concerns (what s/he is unable to do within the capacity)
See Step 1 of your Intake Notes		
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 adaptive 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		

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

Instructions:

- Place a check 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.
- Place an N/A in capacities that do not apply to the child for developmental reasons.
- The three highlighted items are the most salient intervention goals.

Name: _____ Date: _____

Four Load Conditions

- Too frequent stress responses to real or perceived stressors
- Inability to allow (re)turn 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

- Deep sleep cycling
- Stable and expanding alert processing state
- Expression of all three stress responses
- Distress states to smooth transitions
- Connection to vicarious cues
- Efficient stress recovery

Sensory

- Internal (body):
 - Pain (clenched, hunger, pain, pressure)
 - Balance/acceleration/movement
 - Proprioception (use of joints, muscles)
- External (world):
 - Tactile (light and deep touch)
 - Taste
 - Smell
 - Auditory
 - Vision
- Processing
 - Modulation

Relevance

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

Executive

- Personal adaptive behavior
 - Spontaneous format
 - Automatic format
 - Conscious control format
- Integrating thoughts and emotions
- Shifting between self and other context

TRIGGERS & CONCERNS

	P1	C	P2
1			
2			
3			
4			

PREFERENCES & STRENGTHS

	P1	C	P2
1			
2			
3			
4			

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Step #3

- In Step #3, you are gathering information that pertains to both the Macro and Micro levels. The Macro level information refers to the Updated History Worksheet that holds a lot of risk factors, including the ACE's. It is not advised that you offer this to a parent to check off. Rather, the information here is gathered over time as the relationship gains further trust and intimacy. The Micro level information refers to the Current Capacities Worksheet (above in color) as well as to Step #3's Current Capacities listed for you in the NRF Intake Assessment Form (grey colored).
- Each brain system is presented as a "story" that one will walk through.
- Don't expect to get the full or "real" story all at once!
- Embedded in these Macro Level questions are Micro level questions that can be asked in the moment or later
- Recall that any time you ask parents questions you are tapping into their relevance system, which can be skewed towards too much positive (denial) or too much negative (trauma)

Orient Parents to Four Stories

- Just as you oriented the parents to the four colors of the awake cycle at the front end, before having conversations about the zones, go ahead and do the same about the four stories as a way to scaffold the interview.
- Let the parent(s) know that there are four lenses as to how you are going to guide them through organizing the meaning of their child's stress behaviors and more often than not, children have more than one factor that is driving the stress responses.
- Most often, there are multiple factors clustering to "causing" the stress pattern. The four stories are the following: your early story about how you came to have your baby, your pregnancy, labor/delivery and first year; your child's developmental story, your child's emotional story, your child's learning/educational story.

The “early” story – Regulation

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

Notes Re: the Current Capacities for the Regulation System

By doing a thorough job in Step #1, you should have information for 5 out of the 6 current capacities, because most of these capacities are about the sleep/green zones for health and the other stress zones for identifying toxic stress patterns.

You may have less information at the front-end about Capacity #4 –in regards to how crisp and clean the presentation of the sleep/awake zones are or how messy and muddy they are. This most often takes observation from you, the practitioner, rather than an interview question to the parent.

Current Capacity #5 is one capacity that is not a part of the sleep/awake cycle –the connection to visceral cues. For this, the NRF recommends linking it up to the part of the interview during the first post-partum year of life where there is inquiry into the feeding/elimination concerns.

Add-ons to the Early Story

Capacity for connections to the visceral self

- When you get to the part of the history about feeding and elimination issues, it's easy to fold in questions about the visceral self. This has to do with how well does the infant/child/teen shows or pays attention to his or her cues for *hunger, thirst, tired, pain, bowel, and bladder cues*.
- Is the infant/child a clear cue sender?
- How does s/he show these cues?
- Is the parent a good cue reader?

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?

Add-ons to the Developmental Story

Capacity for Processing Sensory Information Questions

- Do you notice if your infant/child/youth orients to novel stimulation when it first shows up? For example, if there is a bright ball that rattles or you make a funny face or if loud music starts to play, does s/he turn his/her head to orient and locate the source of the stimulation?
- If it's interesting stimulation will s/he follow and track the novelty?
- Do you notice if your infant/child/youth discriminates where on his/her body s/he has been touched? Can s/he tell the difference between someone bumping into him by accident or on purpose?
- Do you feel that your infant/child/youth can orient and track your facial cues when you are happy, sad, or mad?
- Does s/he notice them? Does s/he accurately interpret them?

Capacity for Sensory Modulation Questions

- Do you notice if your infant/child/youth needs to have lots of bright, loud, or fast movement/rhythms in order to get calm (green)?
- Do you notice if your infant/child/youth needs to have a significant amount of low lights, soft sounds and slow movements/rhythms in order to get calm (green)?
- Do you notice if your infant/child/youth is overly reactive to any particular sound, touch, movement, smell, taste, or visual input?
- Do you notice if your infant/child/youth is under reactive and non-responsive to any particular sound, touch, movement, smell, taste, or visual input?
- Do you notice if your infant/child/youth is a high thrill seeker and always pulled towards some type of extreme movement or sport? (e.g., jumping off the couches, crashing on the floor, skateboarding, playing football, mosh pits)

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 history of substance within or close to the family? (linked with Regulation/Early story)
- Experiences you have had as a parent being in a position where you have been excluded or treated poorly?
- Experiences as a parent where you have felt empowered and competent?
- What's the history of joy with this child? Calm contentment together?

Notes Re: the Current Capacities for the Relevance System

- Thus, in summary, the history risk factors interview for the emotional story can begin with the question of joy, competence, contentment or can begin with the darker side of trauma, pain, and distress.

- While the risk factors are skewed towards negatively valenced events, the practitioner must hold the tension here and may oscillate between one or the other, or begin with the positive and shift to the negative, or begin with the negative and shift towards the positive. Some of this is dependent on the context and the personality of the practitioner and the mix of how things are unfolding in real-time during the interview process.
- Recall that there are a lot of rich connections between the Regulation and Relevance Systems. The background to emotional regulation is arousal regulation! So, the colors of physiology and body cues lead you to the emotional range. If you have a nice balance of green with all three stress zones, then you likely have a full range of feelings already in place.
- However, any toxic stress pattern from Step 1 indicates a compromised green zone, therefore joy, along with the first three levels of engagement will be constricted.
- In addition, you likely will have a skew towards some sort of imbalance whether towards too much red/blue/combo zones at the expense of splitting off other feelings associated within that zone. Whenever there is one zone that predominates, that is the “tip of the iceberg” while all the other zones/emotions are hidden.
- The metaphor here is having a trial size box of crayons where there is a small range of feelings vs. the 64 pack, where the range of feelings, expression and verbalization is rich and multi-colored in its range.

-
- Once you have a knowledge of the full or constricted range of feelings, this guides you into the other two Current Capacities – the range of memories and accurate appraisals of self and other.
 - This is a friendly reminder that there is a cascade effect of the three functional capacities in this brain system. The full or constricted range of feelings leads the way into the procedural memory system’s range of positive to negative valences. The range of positive to negative experiences sets the stage for how well one can draw from and learn from a full or constricted range. This sets the stage for a balanced or skewed appraisal of oneself and others.
 - Intervention Tip: Recall that the true function of feelings is that they are messengers! Green zone connotes contentment and happiness; red zone implies an experience of being violated; blue zone relates to sadness and loss; combo zone connects to danger and anxiety. These messages link to what we need potentially from our relationships under stress – e.g., such as limits or lowering expectations (red), comfort or novelty (blue), and protection or more scaffolding (combo). When we shift from bottom-up to top-down, we shift from showing our feeling experiences into using language -- “we name it to tame it”.

The “learning/educational” story – Executive

When age appropriate, generally scouting for:

Young infants/toddlers

- Any ongoing motor concerns?
- Clumsy, falling, or bumping into things and other persons?

Age three on up

- Incapacity for delayed gratification?
- Attention and impulsivity concerns?
- Difficulty with sequence and follow through abilities?
- Stay on task too long and cannot shift?
- Juggling automatic routines with the ability to shift when called for?
- Able to think about feelings?
- Making cause and effect links?
- Able to think about others? and self?
- Able to juggle own needs and be responsive to others as well?
- 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?

Notes Re: the Current Capacities for the Executive System

- The first three items on the History Worksheet for the child pertain to primarily infants and young children. Of course, there are some older children that also have difficulty with their motor system being compromised, which includes their gestural and oral/motor speech expressions as well.
- The interview questions begin with a couple of the motor items and then move into the current capacities. Implied in these items are the juggling one has to do between 1)

automatic and spontaneous events, between 2) integrating feelings and thoughts, and between 3) staying true to oneself and honoring others as well.

- A similar cascade occurs across the three functional capacities in the executive system that I've just described in the relevance system. If one has difficulty juggling spontaneous events with automatic routines and tasks that need to get done, the stage is set for "juggling" problems. This then can create problems in integrating ones feelings and thoughts. If one is too spontaneous one might gravitate towards what the current feeling is without thinking. If one is too automatic and rigid, one may overthink and not integrate or recognize that feelings are guides as well. These two capacities set the stage then, for also having difficulty juggling self and others. Too much spontaneity can erode hanging onto one's own needs and be perpetually responding to the outside context/demands from others (heart that gives too much) and too much automaticity (rigidity) may get one's own needs met (hand that demands too much) at the expense of staying connected and thoughtful towards others.

These stories continue!

- One may only be able to get through one "story" at a time. Others may be able to have an extended interview time where they can walk through the interview for Step One, orient the parent to Step Two, and walk through the four stories in Step Three. Sometimes you may feel the need to skip Step Two because the "house is on fire" with toxic stress and you need to organize the Triggers and Toolkits in Step Three more quickly.
- Each practitioner will find his or her own way to manage the time constraints and freedoms each setting, fiscal elements, personality, and mix between client and practitioner affords.
- Trust builds over time. Often more of the "real" story emerges once treatment has begun. This is not uncommon and can be expected that you will get partial truth at the front-end of the interview process that will deepen over time if the relationship matures.

Notes Re: the Parallel Process and the Use of Self

- A friendly reminder that the Parallel Process is something to notice, in that these three steps are always bi-directional! Notice what's going on with you! How green or stressed are you with this family? What level of engagement do you have with the parents/child? What areas of strength are present for you with this family in the four brain systems? Which ones are a challenge or more vulnerable for you with this family?

- The NRF Interview is designed to use a balance between the Heart, Hand, and Head during the process. For example, the practitioner is encouraged to follow the parent's lead in terms of what concerns they have (heart), while re-framing those concerns by providing neurodevelopmental guidance and structure that the 3 steps give you (hand), while engaging in co-creating a collaborative and reflective relationship with the parents (head).
- Please notice if you have a dominant Heart, Hand, or Head process in place that is procedurally comfortable to you! What style do you normally use? Are you used to following the parent's lead? Taking the lead? Asking reflective questions about the parent's trauma narrative at the front-end?
- The intentional use of HHH is one of the things that distinguishes clinical work from being a "friend." In your friendships you likely have more leeway to freely be in your dominant style. As a practitioner, we have to consciously reflect and apply what's needed in the clinical context with each family.