

Practice Day: Model Case, Your Case

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Outline



- Sleep overview
- Model Case- background, Step 1
- Break (about 10:30)
- Model Case- Step 2 and 3
- Lunch
- Applying the NRF to your case
- Break
- Applying the NRF to your case

Integrating Cultural Competence with the NRF



I would like to know:

What are your Critical Questions that you need to know in order to proceed with your learning process through the day?

Lingering thoughts?

Things to be clarified?

Questions #1 & 2



1. Memories are based upon:
 - a. Recall of the stories we can tell
 - b. **Sensory fragments*****

88 to 100%, +12%

2. Procedural enactments are:
 - a. Verbal narratives
 - b. **Non-verbal narratives*****
 - c. Acting older than one is
 - d. Acting younger than one is

88 to 82%, -6%

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

How Much Sleep?



- 0-4 months
 - 16-20 hours per 24 hour day
 - Feeding every 2-3 hours
 - Awake 1-3 hours
 - Sleep is about equally split day vs night until 3-4 months
 - 3-5 naps
- 4-6 Months
 - 14-16 hours total
 - By four months some babies may sleep 4-10 hours straight at night, and take 2-3 naps
 - 2-3 naps

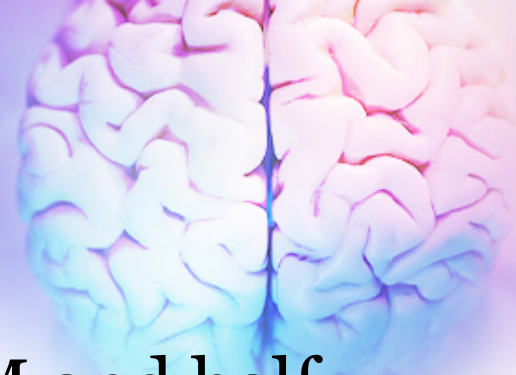
How Much Sleep?



- 6-12 months
 - 14-15 hours total
 - 2 naps
- 12- 18 months
 - 13-14 hours
 - 1-2 naps
- 18 months- 2 years
 - 13-14 months
 - 1 nap
- 2-3 years
 - 12-14 hours
 - 1 nap
- 3-5 years
 - 11-13 hours
 - 1 nap (drop by 5)



Stages of Sleep



- 0-6 months (divided half REM and half non-REM)
 - Stage 1: Drowsy falling asleep
 - Stage 2: REM or active sleep. Infant may move, twitch, move eyes or have irregular breathing
 - Stage 3: Light sleep, breathing more regular and movement stops
 - Stage 4 and 5: Deep sleep (non REM) quiet sleep with no movement and regular breathing

<https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Phases-of-Sleep.aspx>

Levels of Intensity

PANIC

SCARED

Anxious

Worried

Concerned

Furious

Angry

Mad

Frustrated

Irritated



3 key concepts, 3 key steps



3 Key Concepts

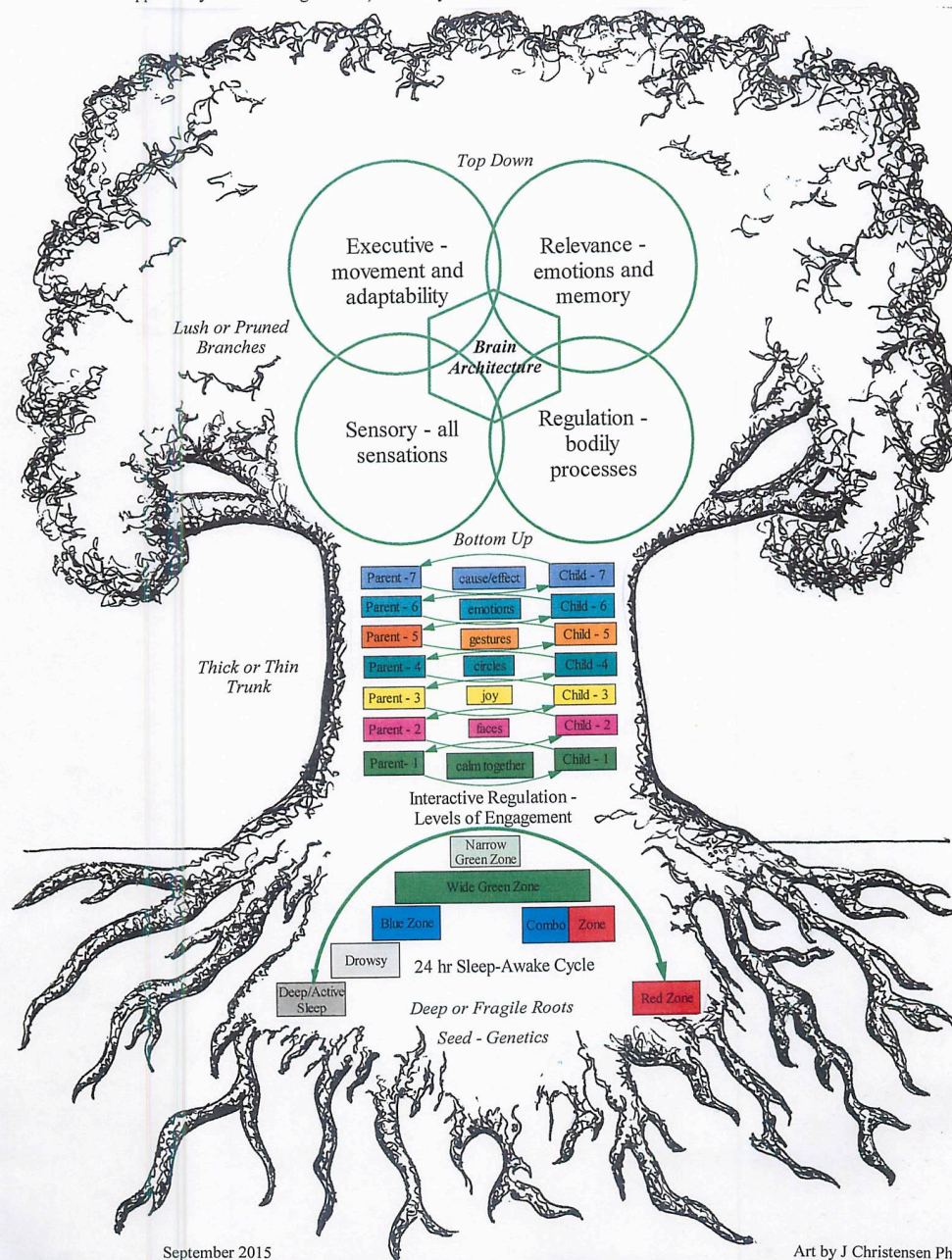
- Toxic stress disrupts early brain networks
- Relational “serve and return” process builds strong circuits
- Brain architecture is built upon lived experiences

3 Key Steps

- #1 Reduce/eliminate toxic stress in relationships (roots)
- #2 Improve the quality of engagement (trunk)
- #3 Support individual differences & remediation of brain networks (branches)

The Neurorelational Framework's Three Clinical Steps

C Lillas PhD (adapted from Lillas & Turnbull, 2009) with CA Hapchyn MD
Supported by Nathaniel Osgood PhD, University of Saskatchewan and the Interdisciplinary Training Institute



Dandelion or Orchid?



Step #1 Assessment Principle



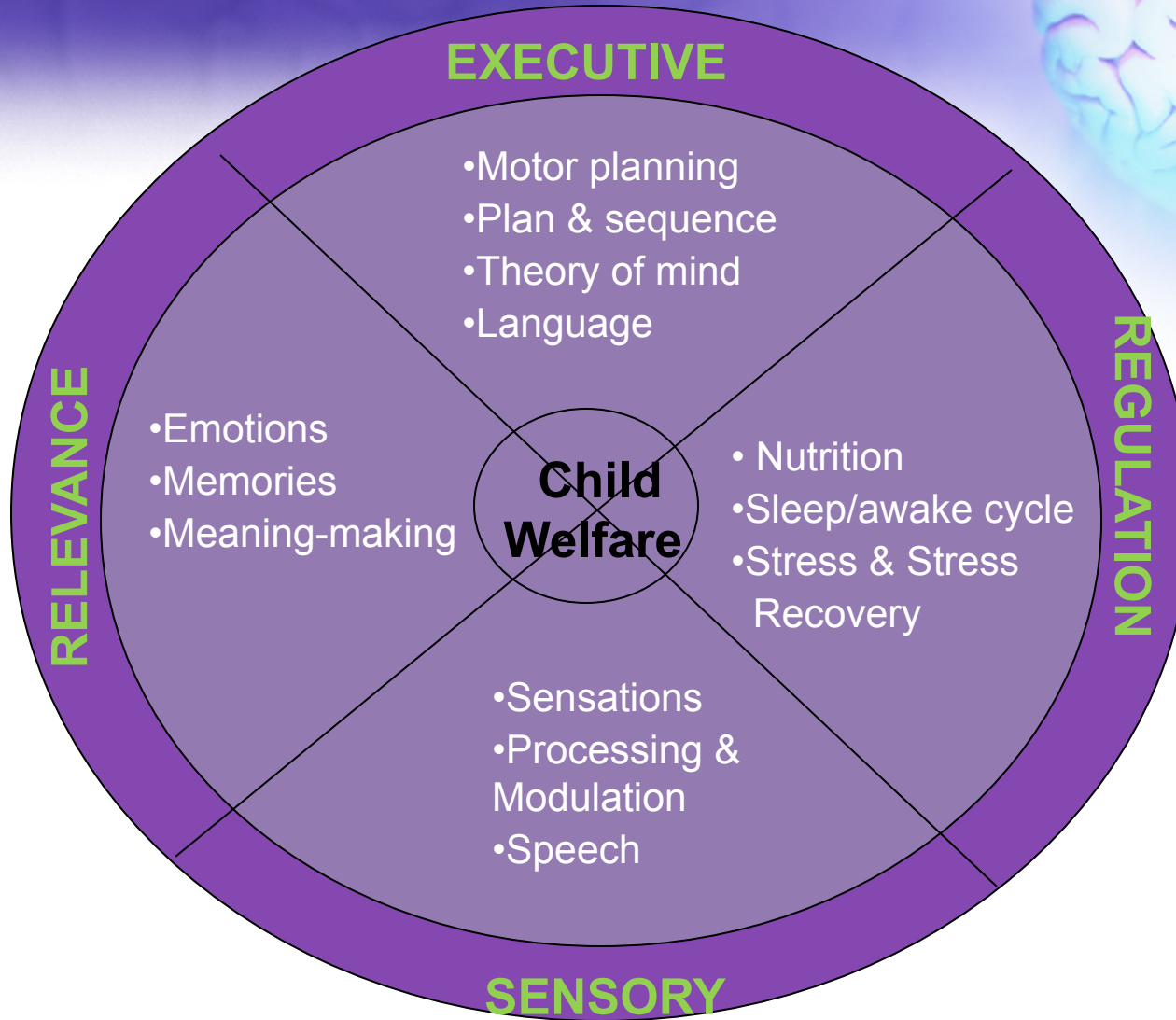
- *Assessment is Intervention and Intervention is Assessment*
- The NRF is both an Assessment and an Intervention Process
- The NRF can be used both sequentially and non-sequentially

Four Brain Systems: Macro & Micro Levels

**Early Care &
Education**



**Mental
Health**



**Basic Needs/
Medical**

**Developmental
Disabilities**

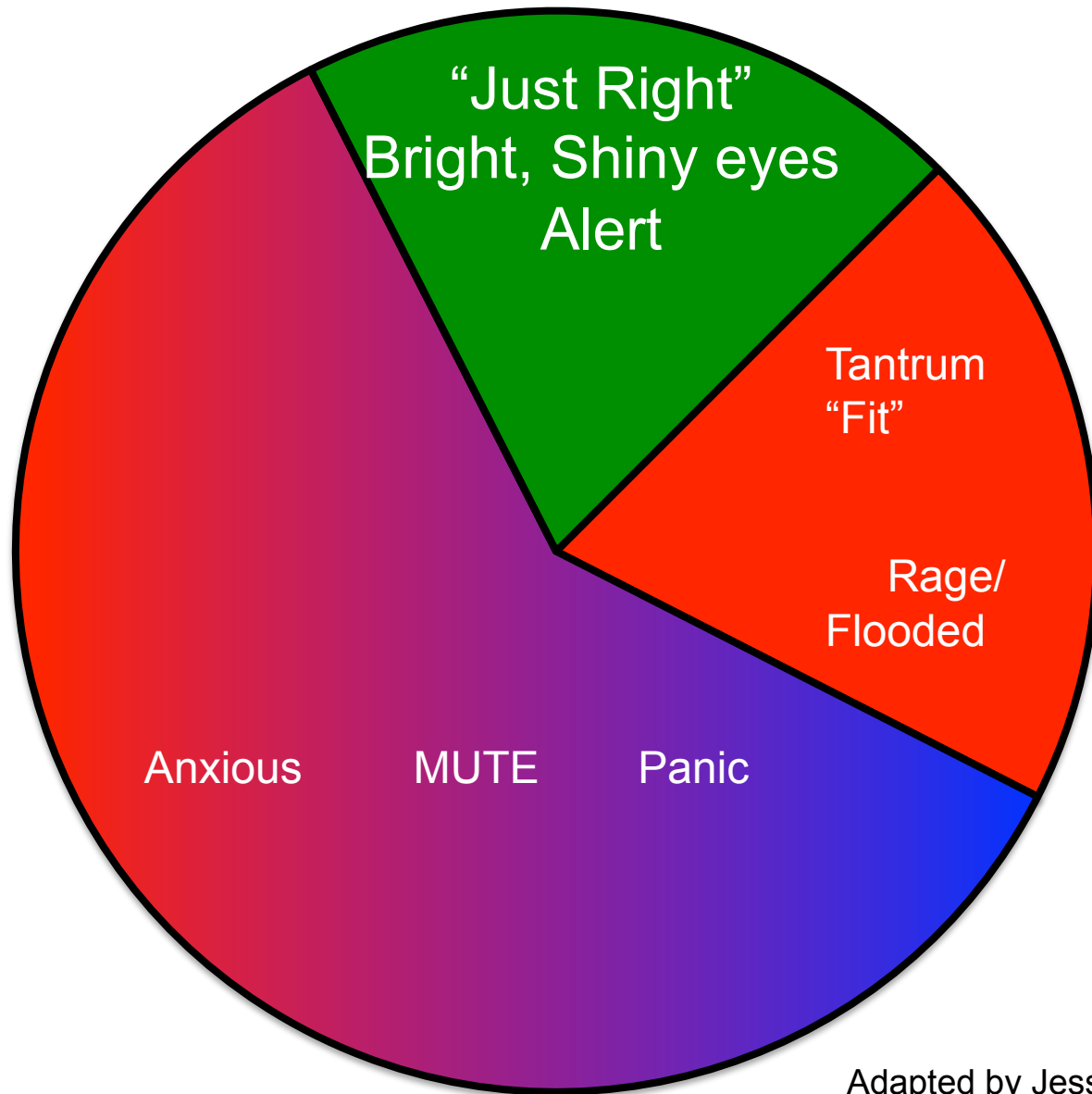
Possible Regulation and Stress Response Correlates of Interpersonal Modes Across the Lifecycle

Arousal State and Interpersonal Mode	Just Right/ Alert Processing	Too Fast/Flooded	Too Slow/Hypoalert	Too Vigilant/Hyperalert
	Stability with Flexibility	High Demand	High Detach	High Compliance or Control
EYE CONTACT	<ul style="list-style-type: none"> Bright, shiny eyes looking directly at other / object — gleam! Gaze aversions for modulation of intensity Appears to actively process information 	<ul style="list-style-type: none"> Eyes may be open / squinted / closed May have direct, intense eye contact May have avoidance of eye contact Eye rolling upward Scanning room very quickly, rapidly 	<ul style="list-style-type: none"> Glazed eyes, looking through rather than at the other/object Prolonged gaze aversion Appears drowsy Eyes turned down Eyes do not scan the room, looking for objects of desire When interested, prefers looking at objects rather than people 	<ul style="list-style-type: none"> Eyes are wide open Appears vigilant, in a state of panic or fear Intensely focusing on something Unable to break the gaze/fixation to the stimulus
FACIAL EXPRESSION	<ul style="list-style-type: none"> Joy, particularly smiles Neutral Can express a full range of emotions Modulation with all emotions 	<ul style="list-style-type: none"> Wide, open mouth Anger, disgust Distress Grimace Frowning Clenched jaw or teeth Forced smile (only mouth is upturned, corners of eyes are not) 	<ul style="list-style-type: none"> Flat Turned down mouth, sad Expressionless No smiles or hints of smiles Limited range of emotions 	<ul style="list-style-type: none"> Raised eyebrows, especially with inside corners turned up Trembling lips or mouth Facial expressions of pain, grimace Mouth wide open (startle)
TONE OF VOICE	<ul style="list-style-type: none"> Melody and prosody Modulation of tone Fluctuations of tone Laughing 	<ul style="list-style-type: none"> High-pitched cry Loud Hostile Gruff Yelling or screaming Sarcastic, sneering Hysterical laughter 	<ul style="list-style-type: none"> Flat Lacks musical quality Few or no vocalizations Too quiet Cold Soft Sad 	<ul style="list-style-type: none"> High-pitched nasal, "sing-song" voice Moaning or groaning to indicate pain Elevated tone Quavers or fluctuates rapidly Whimpering
BODY POSTURE, MOVEMENT, AND GESTURES	<ul style="list-style-type: none"> Relaxed with good muscle tone Stability Balance Moves arms and legs into midline Coordinated movements Varies according to rhythmic ups and downs Body molds into other's 	<ul style="list-style-type: none"> Finger splays Arching Increased muscle tension in posture and in face Constant motion Demands space by pushing, shoving, intruding on others Biting, hitting, kicking, jumping Poor balance; falls, trips a lot Bumps into things Forceful or threatening gestures (shaking finger, shaking fist) Throwing Kicking 	<ul style="list-style-type: none"> Slumped Low muscle tone Decreased exploration Lacks initiative in exploration Will not protect his/her "space" Avoids playground equipment Lacks purposeful intent with movement Wanders Frozen or slow moving 	<ul style="list-style-type: none"> Tense or rigid body postures Cowering Rapid, repetitive body movements (wringing hands, jiggling foot) Trembling hands Clinging Flailing Grabbing
RHYTHM AND RATE	<ul style="list-style-type: none"> Fluctuating up and down Midrange tempo 	<ul style="list-style-type: none"> Fast Impulsive 	<ul style="list-style-type: none"> Slow Delayed 	<ul style="list-style-type: none"> Fast Jerky

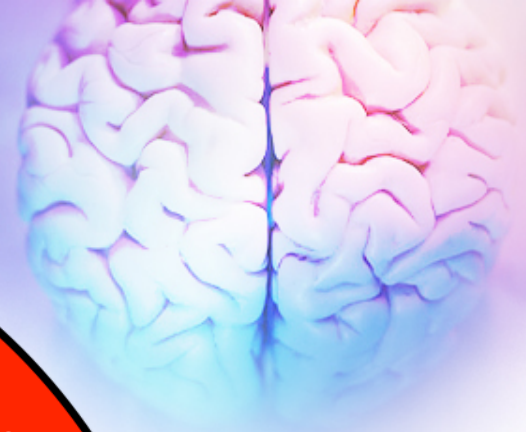


Quick review





Adapted by Jessica Richards based on
Lillas & Turnbull, 2009



Colored Zones are the background to Emotional Regulation



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Emotions Color Wheel



How do we identify toxic stress?



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

4 Toxic Load Stress Patterns

1. Stress responses that occur too frequently and too quickly
2. Inability to adapt to “normal” challenges and transitions
3. Prolonged stress responses that take too long to recover (more than 10 to 20 mins)
4. Inability to recover from stress response back to baseline health (healthy sleep cycle, healthy awake state)

Once a toxic stress pattern is identified, start looking ahead at the treatment team goals! (Steps are both sequential and non-sequential)



To ensure Sleep and
increase Green Zone
(step #1)



To work on the first 3
levels of engagement
when the relationship is
Green (step #2)



To identify Triggers &
Toolkits for Sleep and
Green Zone
(step #3)

NRF Intervention Principles

Step #1



- ***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.
 - When green, work on the first 3 levels of engagement
- This principle applies to all three steps. Step #1 is the First Level of Engagement and the First Brain System, Regulation.

Parenting/Intervention Guiding Principles



- Once one or both of you are in a stress response, the goal is not to have this be a teachable moment, the goal is to recover back to the green zone
- If the family uses “time-outs” and the child is not recovering from his or her red zone behavior, this is usually a sign that the child cannot self-regulate and needs more co-regulation practice
- Once you both are green, thought can be put into the logical consequence of an unacceptable behavior


Assessment Principle



- Assess the Different Dimensions of Baseline Health Behavior According to:
 - Duration: the long and the short of the behavior
 - Intensity: the high and the low of the behavior
 - Frequency: the fast and the slow of the behavior


This is critical to establish at the beginning of your intake and early phase of treatment so you know if you are making any gains!

Lillas & Turnbull, 2009, page 160



<i>Heart Under Coordination</i>	<i>Hand Under Coordination</i>	<i>Head Under Coordination</i>
Responding/ Validating Engagers	Guiding/Directing Doers	Collaborating/ Reflecting Thinkers
<i>Heart Under Stress</i>	<i>Hand Under Stress</i>	<i>Head Under Stress</i>
Give too much Over accommodate	Demand too much Dominate and control	Detach too much Dismiss and ignore
<i>Body Under Stress</i>	<i>Body Under Stress</i>	<i>Body Under Stress</i>
Hypervigilance Fear, Anxiety	Crying, Anger, Rage Hyperactivity, Mania	Shut Down, Glazed Depression, Dissociation

Heart, Hand, and Head Patterns

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

NRF Guiding Principles



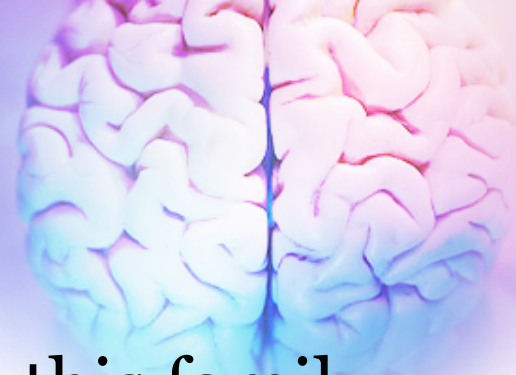
- ***During assessment in Step #1, map out the Duration, Intensity, and Rhythm (DIR) of the stress zones during the awake cycle.*** This establishes your baseline so that you know if you are making any progress or not. Revisit your baseline parameters at least every three months.
- ***Always start at 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.

NRF Guiding Principles



- *In the regulation system guiding priorities are intervention for sleep, feeding, and other physical health issues that must be addressed while moving forward.*

Parallel Process



- Important information about how this family impacts my stress levels (step #1)
- How does this child/parent impact my relational style?
 - Brings out my Heart/Hand/Head at my best
 - Can stimulate my Heart/Hand/Head at my worst

Parallel Process



- My tendency Combo zone
- Easy family to engage with largely Green
- Pulled toward combo if client was SM in session
- Family brings out my warm, empathic heart
- A's age and parents' anxiety and urgency pulls out my structured hand
- When client and parents are under stress I am prone to Combo if I don't utilize my toolkit

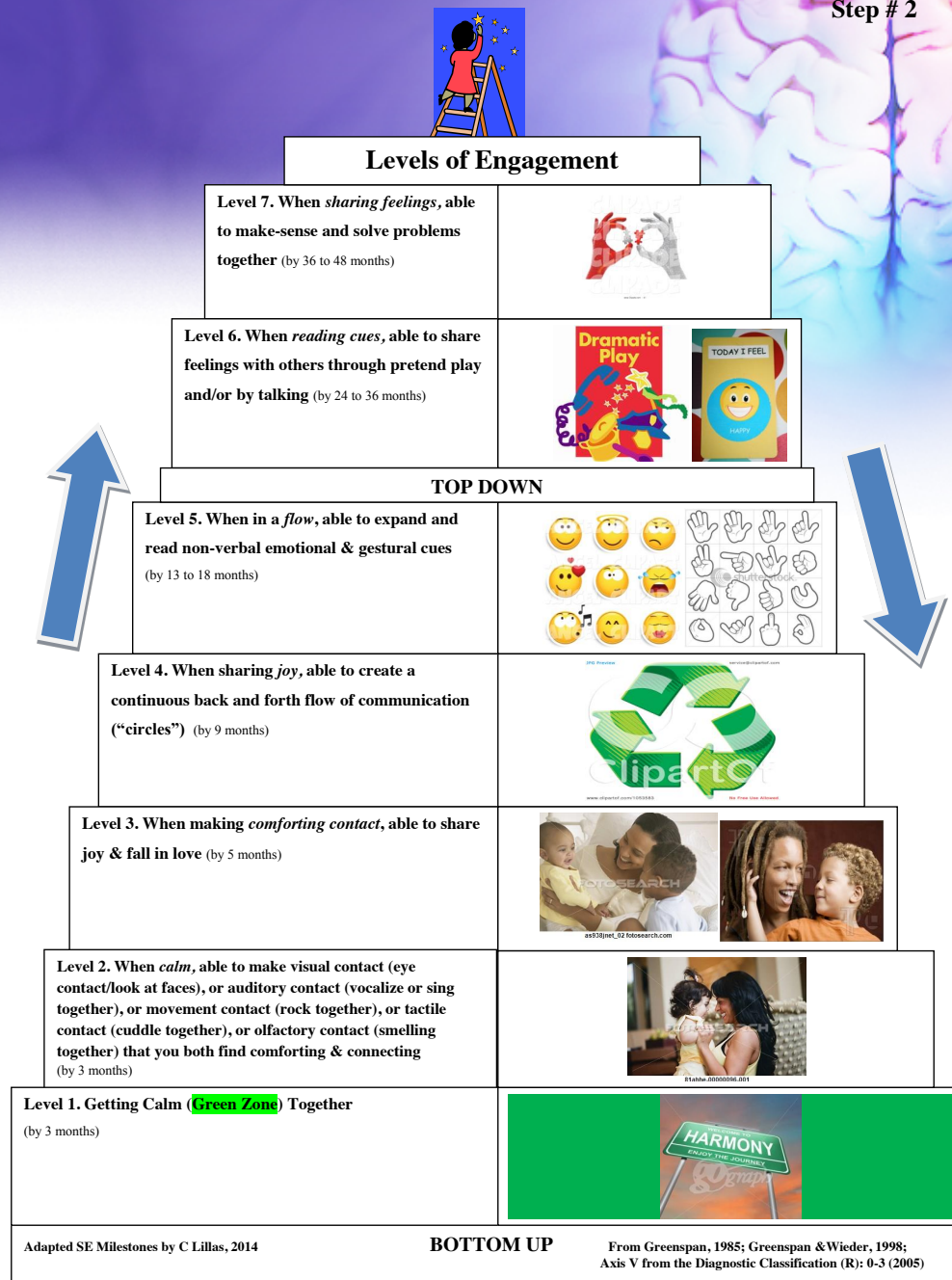
Step #2 Levels of Engagement

“Serve and Return” on All Levels



Step 2: Levels of Engagement

Step # 2



Assessment & Intervention

Guiding Principles – Step #2



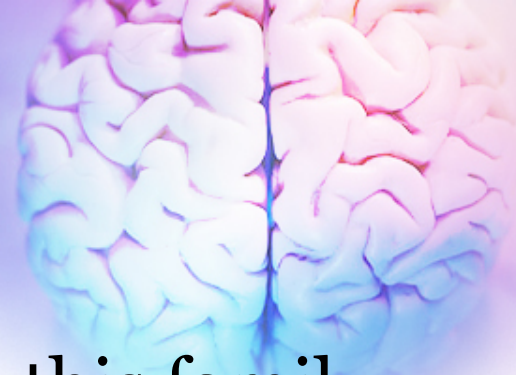
- Is there enough stress recovery (green zone) and joy in your dyad so that you can quickly recover?
 - Green zone and joy provide resilience to get through the tough moments and to get back on track.
 - If not, then the more chances you are in a ramping-up, opposing, or chaotic challenging pattern.
- Always match the developmental age of your child, not the chronological age!
- If you are mismatching the ages your expectations will not match your child's abilities, and it will fuel the challenging stress patterns in your home!

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 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
Functional Capacities						
BOTTOM-UP						
Level 1. Getting Calm (Green Zone) Together (by 3 months)				X		
These functions are built upon the capacity to be calm together						
Level 2. When <i>calm</i>, 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 3 months)				X		
Level 3. When making <i>comforting contact</i>, able to share joy & fall in love (by 5 months)				X		
Level 4. When sharing <i>joy</i>, able to create a continuous back and forth flow of communication (“circles”) (by 9 months)					X	
Level 5. When in a <i>flow</i>, able to expand and read non-verbal emotional & gestural cues (by 13 to 18 months)					X	
TOP-DOWN						
Level 6. When <i>reading cues</i>, able to share feelings with others through pretend play and/or by talking (by 24 to 36 months)					X	
Level 7. When <i>sharing feelings</i>, able to make-sense and solve problems together (by 36 to 48 months)						X

Parallel Process



- Important information about how this family impacts my levels of engagement (step #2)
 - **During collateral sessions, up to level 7**
 - **With clt, up to level 6 initially with support**
- How far up the levels of engagement ladder can you get with the parent? The child?

Rody bounce - JOY



Rody licks- quiet and loud



Intervention Guiding Principles

Step #1, Bottom-up



- Often, talking during a stress response (a top-down strategy) only makes it “worse” increasing the intensity and the duration of the stress response
- Bottom-up strategies use your child’s and your own individualized *sensory preferences* for stress recovery back to green
- Bottom-up strategies experiment with giving the **right** “dose” of a sensory preference in terms of duration, intensity, and frequency

Sensory motor strategies



Acute: simple and immediate that can be done with very little effort

- Body squeeze (wrap arms around, squeeze) with or without...rocking (turtle)
- Rocking
- Heavy or weighted blanket placed over body
- Music ear buds; have favorite song ready to go
- Vial of favorite aromatherapy oil in purse/pocket
- Favorite chewing gum in pocket
- Walking

Sensory motor strategies



Daily rhythms: am, afternoon, pm

- Deep breathing throughout the day (e.g., balloon, pretzel, star)
- Calm music playing during transitions; music signals trans
- Certain routines during recess that embody sensory preferences (e.g., swings, monkey bars, sand box)
- Riding bike after school
- Warm bath; warm milk
- Being read to at night while tucked in
- Hugging lovey – e.g., lavender scented plush toy that can be heated up and hugged
- Soft nightlight

Sensory motor strategies



Weekly rhythms:

- Yoga/meditation class
- Sensorimotor therapy with an OT
- Playing a team sport
- Working out (e.g., swimming, gym)
- Neurofeedback twice a week
- Cranial-sacral therapy
- Massage
- Drumming
- Dancing

Bouncing on Rody



Mommy is Rody



Elephant kissie



Snake is going to get you



Big Yell! Aggressor/victim



Missing Rody



Grumpy and disappointed



Intervention Guiding Principles

Step #1, **Top Down**



- For parents and therapists
- Once back to solid green, if there are top-down capacities, there can be a conversation if you are calm and curious enough about what your child's trigger was and can reflect on your own trigger(s)
- When having a “conversation”
 - Be curious about your child's trigger(s)
 - First, validate your child's experience even if you don't agree with it (heart)
 - Summarize your child's experience in terms of his/her needs (head)
 - Express your own (adult – therapist/parent/grandma) experience in terms of your feelings and needs (own heart)
 - Collaborate in problem solving (head)

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.*

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.***

Matching or Countering the Sensory Modality



Low Intensity, Slow Rhythm

Match

- Lower lights and sounds
- Lower tone of voice
- Slow down vocal rhythm
- Slow down facial expression
- Slow movement

Counter

- Increase lights and sounds
- High pitched tone of voice
- Rapid vocal rhythms
- Bright facial expressions
- Fast movement

High Intensity, Fast Rhythm

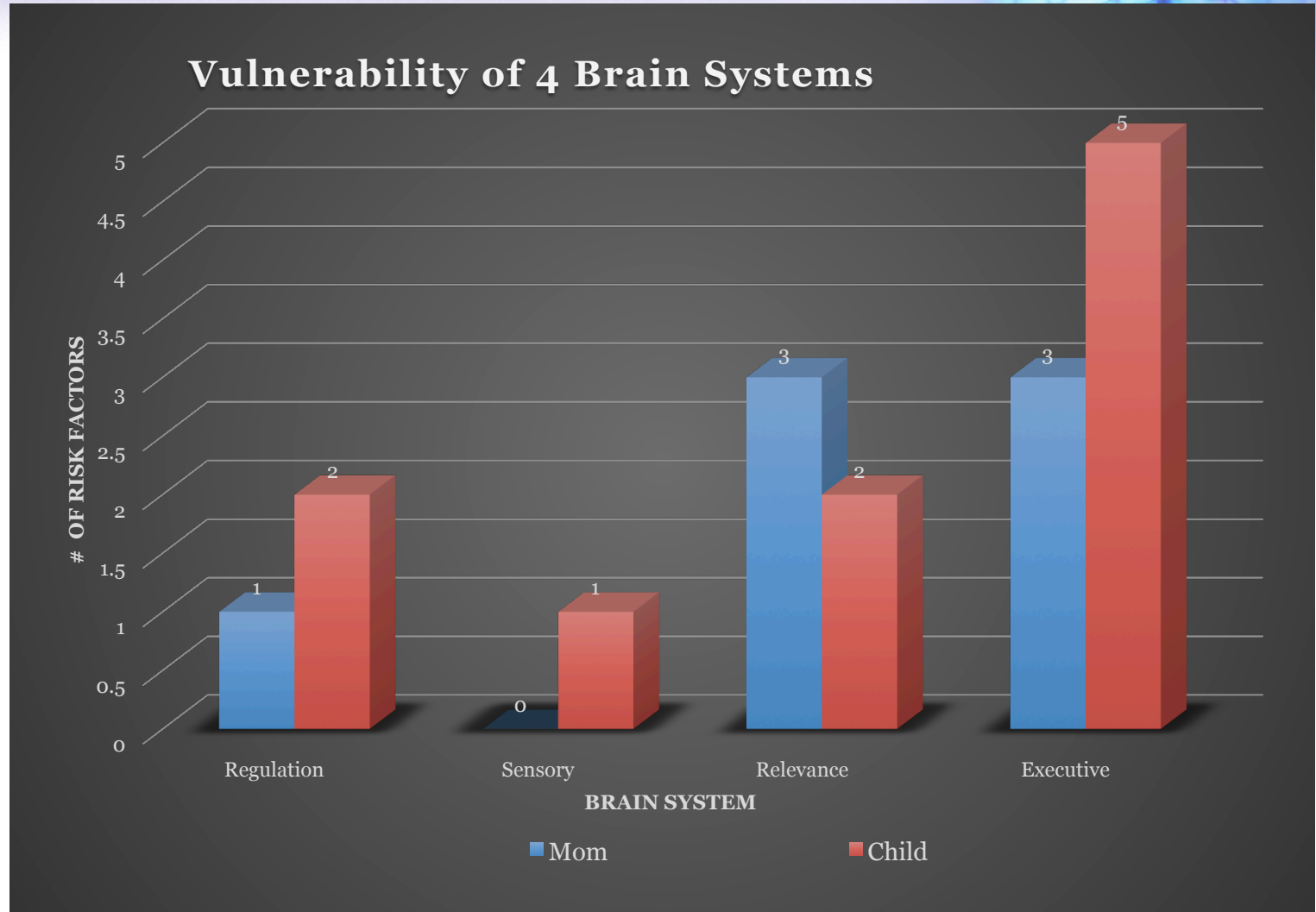
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Counter

- Lower lights and sounds
- Lower tone of voice
- Slow down vocal rhythm
- Slow down facial expression
- Slow movement

Four Brain Systems



Parallel Process



- Important information about how this family impacts my brain systems (step #3)
- What brain systems are you using easily (automatically) when working with this dyad?
- What brain systems are you using by exerting conscious control (deliberately) when working with this dyad?

Redefining Behavior Through the Lens of Multiple Triggers (and Toolkits) – Step #3

(Step #3)

Branches to the tree grow with understanding the strengths and vulnerabilities across multiple brain networks as to the multiple meanings of your child's behavior:

Are you referring to your child as “oppositional” when the lens you have is too narrow in understanding the meaning of your child's behavior – such as behavior either being “complaint or non-complaint” and “rewards and punishments” are your only tools?

What are the multiple triggers (and toolkits) you have in understanding the meaning of your child's stress behaviors?

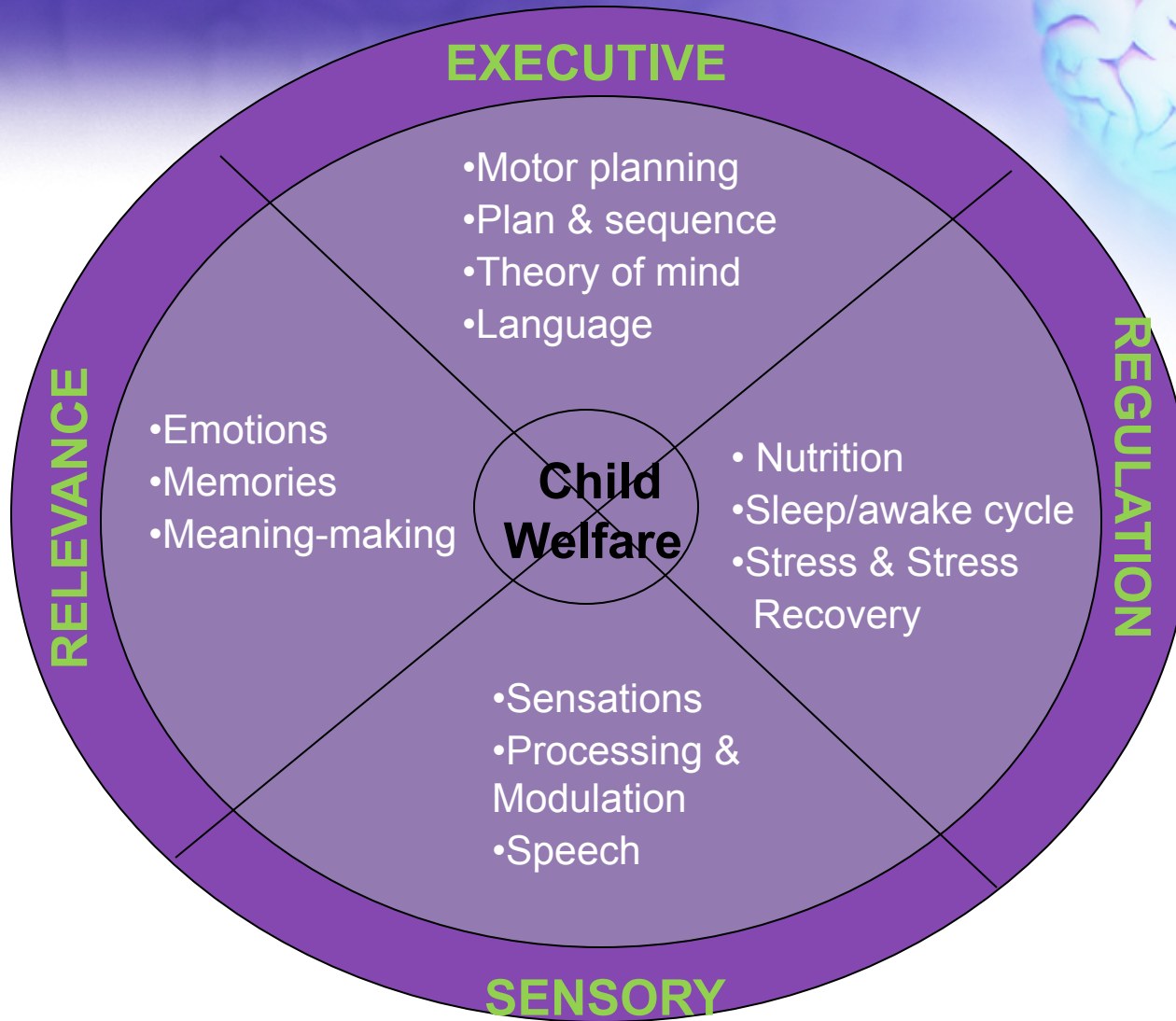


Four Brain Systems: Macro & Micro Levels

**Early Care &
Education**



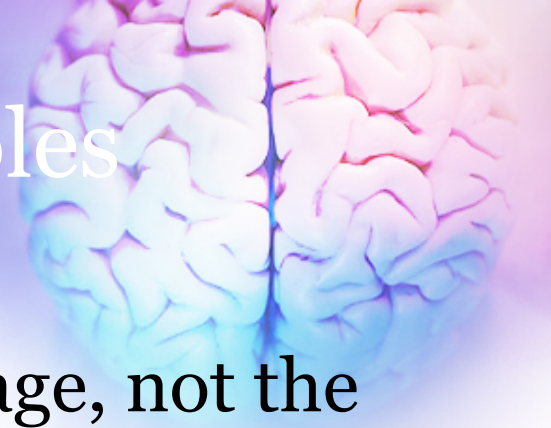
**Mental
Health**



**Basic Needs/
Medical**

**Developmental
Disabilities**

NRF Guiding Play Principles



- Always work with developmental age, not the chronological age
- When moving up the developmental ladder, consider procedural enactments as part of the emergence of emotional memories that are not always symbolized through symbolic play or with a verbal narrative
- “Pretend” play can hold procedural memories that are not yet verbalized into a “verbal narrative” yet embody a “body narrative”

NRF Guiding Play Principles



- Procedural memories that are not yet verbalized can help us understand traumatic memories that are lodged in the body
- These are now “sensory fragments” (this is what memories are) lodged in the “relevance” system that shape our meaning-making experiences
- While useful, one does not always have to “know” the history of the child to work with the child. *“The brain is a historical organ.”* (B Perry)

NRF Guiding Play Principles



- While following the child's lead and their interests, in general, work with expanding their emotional range from the constrictions they have
- Use the color wheel to see how expansive or how constricted their emotional range is, linked with colored zones
- With trauma link the aggressor with the victim (old) with a protector (new)
- Many times young children take on the role of the aggressor (red zone) as a “one size fits all”

NRF Assessment Guiding Principles, Step #3



On a **MACRO** level use the four brain systems for:

- Orienting a family to all of the services the child will need and why
- Guiding which treatment team providers are needed across sectors
- Organizing a treatment team triage as to which services are a priority when there are limited resources (e.g., go with more bottom-up/top-down?)

NRF Assessment Guiding Principles, Step #3



On a **MICRO** level use the four brain systems for:

- Developing multiple ways in which you understand your child's triggers across brain networks from bottom-up to top-down
- And similarly, developing bottom-up and top-down toolkits that you have available to use for co-regulation and self-regulation
- Continue to develop multiple co-regulation & self-regulation strategies
- If you only have the typical “behavioral” lens in which to understand your child, it may be fueling the fires of challenging stress in your home!

Regulation System

-Triggers



Behaviors Observed

Frequent combo zone

Possible Underlying Explanations

- No procedural memories of green zone in new settings
- Biologically “primed” for anxiety
- Cross over with sensory

Sensory System

-Triggers



Behaviors Observed

Over reactive to pain

Sensitivity to certain vocal qualities

Possible Underlying Explanations

- Acute sensitivity
 - Few soothing resources
 - Gets “stuck”
-
- On a sensory level triggers a stress response

Relevance System

-Triggers



Behaviors Observed

Loss and longing for brother

Resistant to boundaries

Perfectionistic

Possible Underlying Explanations

- Procedural memories of joy fuel longing...brother was a better player?
- Limits are a denial/blocked goal but also require fast “shifting” to comply (Executive challenge)
- Wants it “right” seeks control, difficulty shifting

Executive System

-Triggers



Behaviors Observed

Rigid with routines

Lacks willingness to try new things

Very slow transitions

Possible Underlying Explanations

- Challenges with shifting, routines decrease anxiety and are comforting
- Poor or few positive procedural memories of new experiences
- Gets “stuck”, current task is familiar/comforting

Soccer role play with Daddy



Linking role play to peers



Prep for mad



Your Case





Thank You!