

# Model Case: Selective Mutism

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# Outline

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



# 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%**



## Question #3 & 4



3. Young children with traumatic histories most often identify with the role of the:

- a. Victim
- b. **Perpetrator\*\*\***
- c. Protector

**32 to 86%, +54%**

4. When one has lost developmental gains:

- a. Keep moving forward in order to not waste time
- b. If possible, take a break from treatment to reduce stress
- c. **Recommend returning to the previous conditions wherein development was progressing\*\*\***

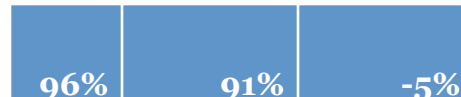
**88 to 95, + 7%**

## Question #5 to 8



\_\_\_\_ 5. Feelings of loss and sadness

Blue Zone



\_\_\_\_ 6. Feelings of being violated

Red Zone



\_\_\_\_ 7. Feelings of safety, joy, and pride

Green Zone



\_\_\_\_ 8. Feelings of fear and anxiety

Combo Zone



## Question #9



One cannot know how to work with a young child unless one gets a thorough history. T **F\*\*\***

**from 28% to 95%, + 67%**

# 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

# 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

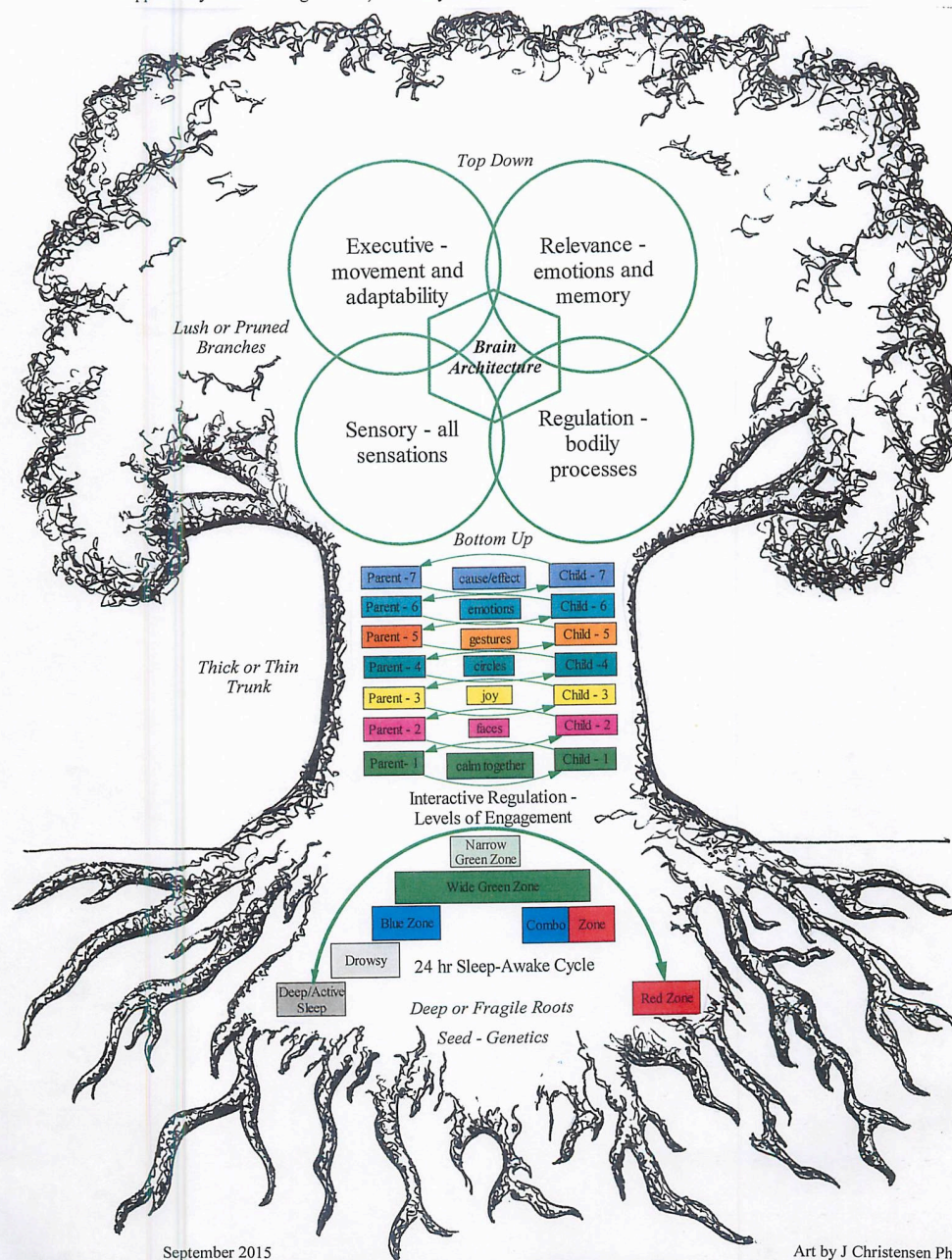
## 3 Key Steps

- #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?

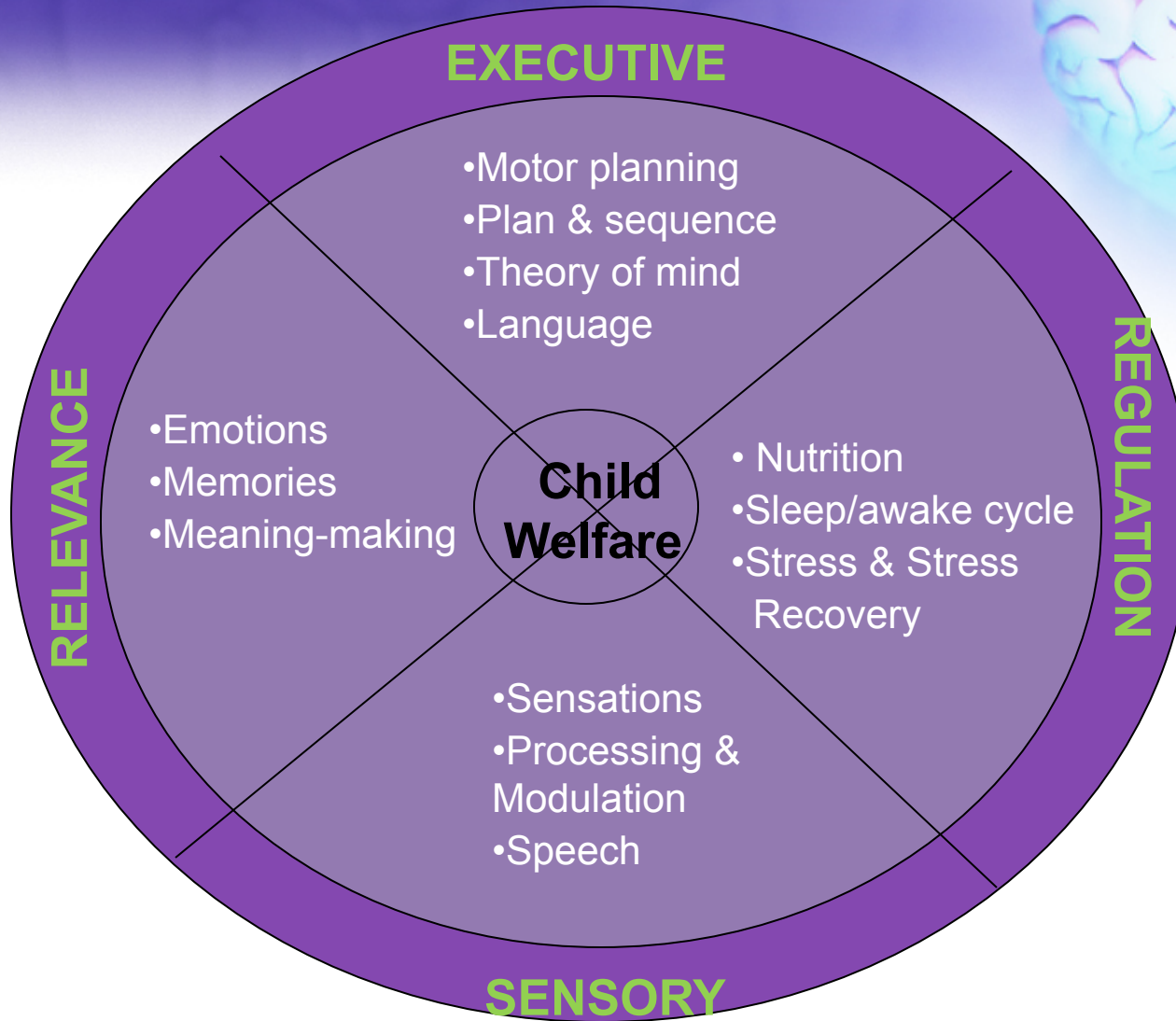


# Four Brain Systems: Macro & Micro Levels

**Early Care &  
Education**



**Mental  
Health**



**Basic Needs/  
Medical**

**Developmental  
Disabilities**



# Four Brain Systems:

**Early Care &  
Education**



**EXECUTIVE**

Day care at 2, then  
preschool at 3

**Mental  
Health**

**RELEVANCE**

Dyadic  
Collateral  
Couples

**Child  
Welfare**

Routine  
pediatrician care  
Loss of father's  
income  
Referral to  
psychiatrist

**Basic Needs/  
Medical**

**REGULATION**

Transdisciplinary  
Sensory support

**SENSORY**

**Developmental  
Disabilities**

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

Arousal State and Interpersonal Mode	Just Right/ Alert Processing Stability with Flexibility	Too Fast/Flooded High Demand	Too Slow/Hypoalert High Detach	Too Vigilant/Hyperalert High Compliance or Control
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A Baby's  
"Just right"



ships





# A Baby's **Flooded** State:



# A Baby's **Shut-Down** State

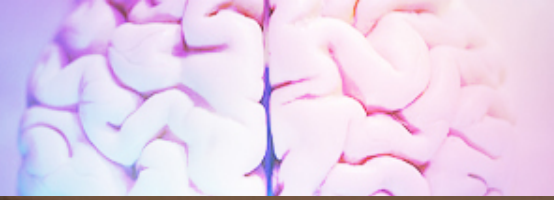


# A Baby's **Vigilant** State:





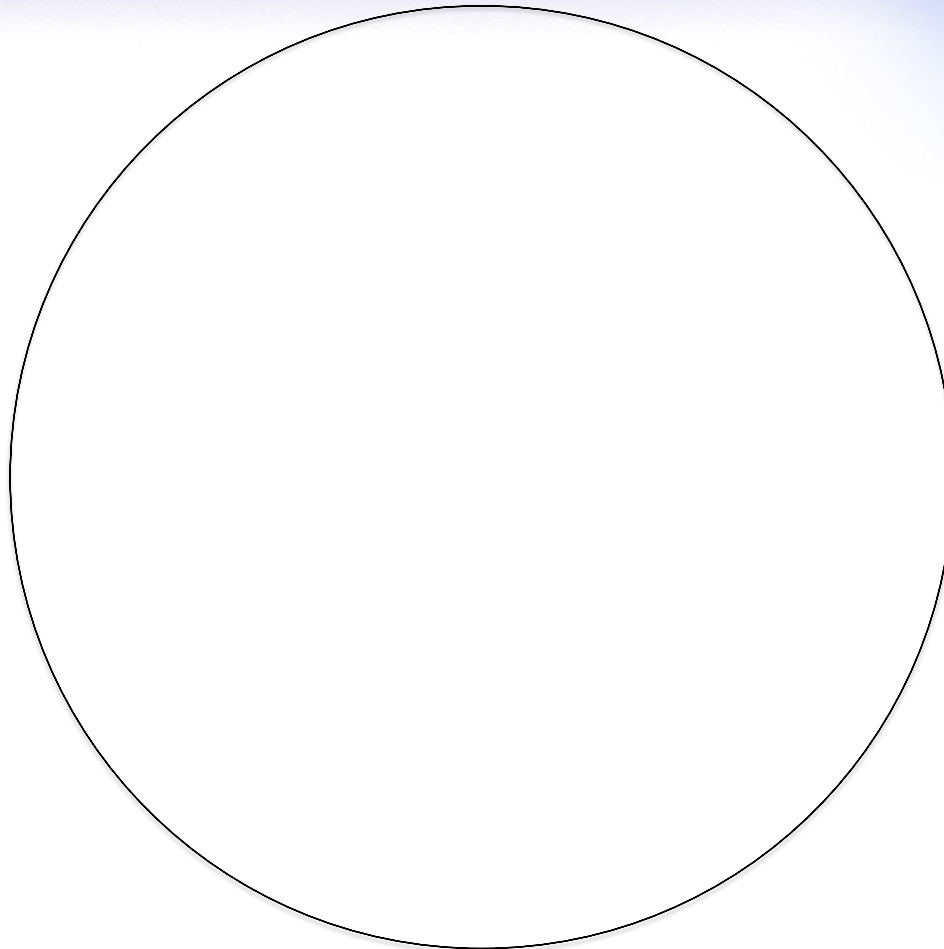
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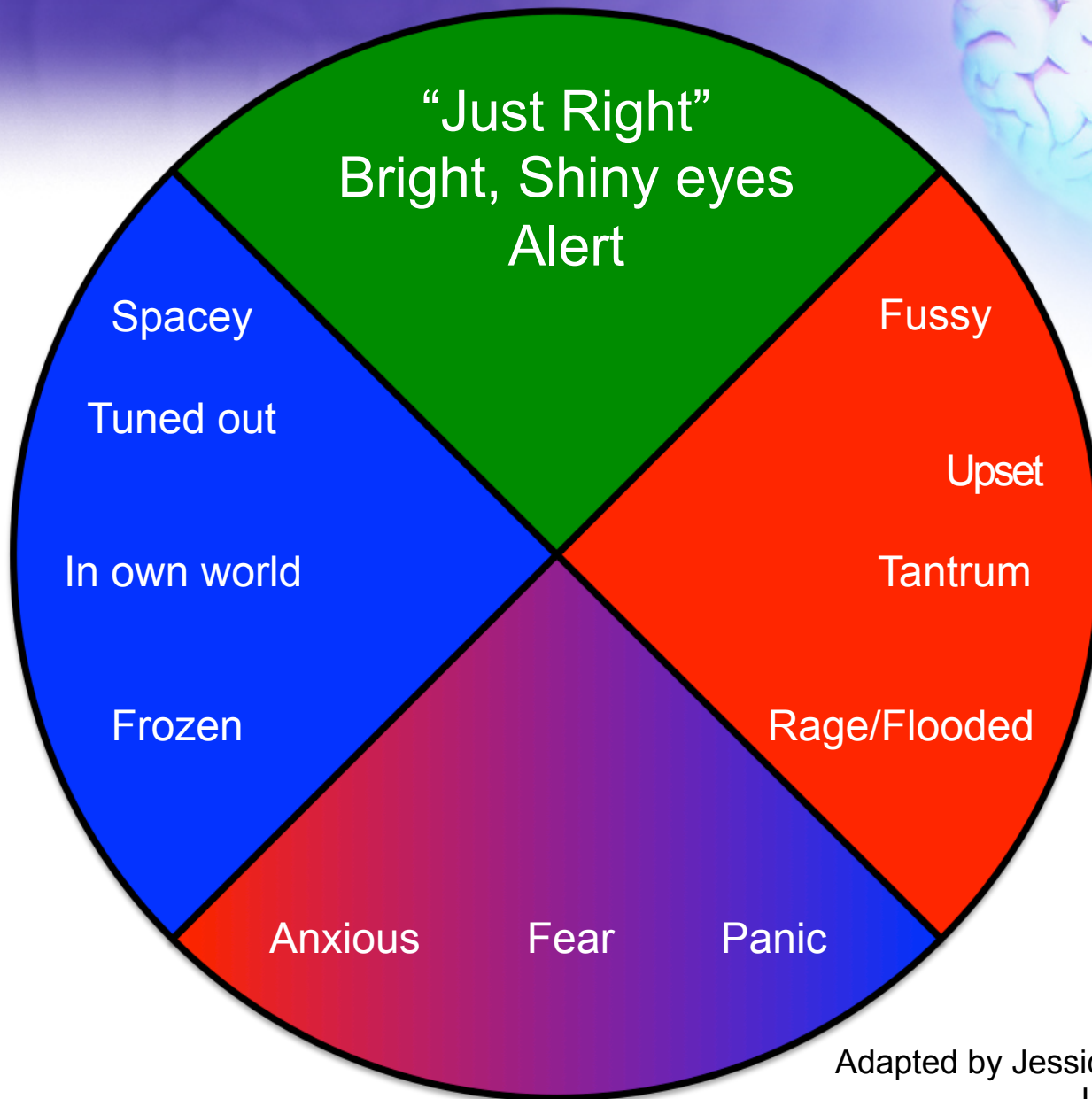
# Using States of Arousal with families

Is s/he in the “Green”?



Are you in the “Green”?

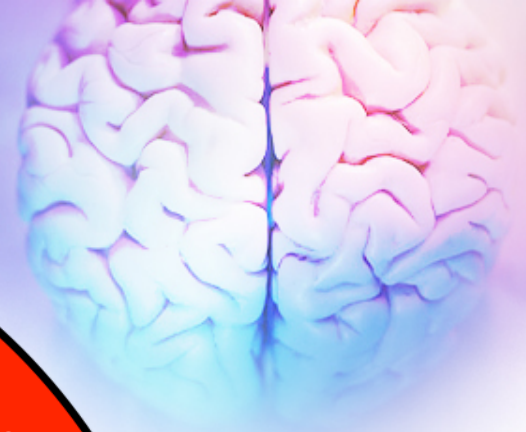




# Using States of Arousal with families



- When is the child in the red, blue or combo zone (tendency?)
- When is the child in the green zone
- The goal is to expand the amount of time the child is in the green zone – this is where learning and social emotional growth occur
- What is the stress response tendency in the parent (triggers)?
- When is the parent in the green zone?
- When are you in the green?



# States of Arousal for ALL!!



- Parallel process – caregiver must be regulated (green zone) to co-regulate child
- Therapist/teacher must also be in the green zone to effectively work with caregivers and kids
- True for them, true for you
- Put your oxygen mask on first! Then, help your clients!



# Colored Zones are the background to Emotional Regulation



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

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Emotions Color Wheel



# 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

# 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



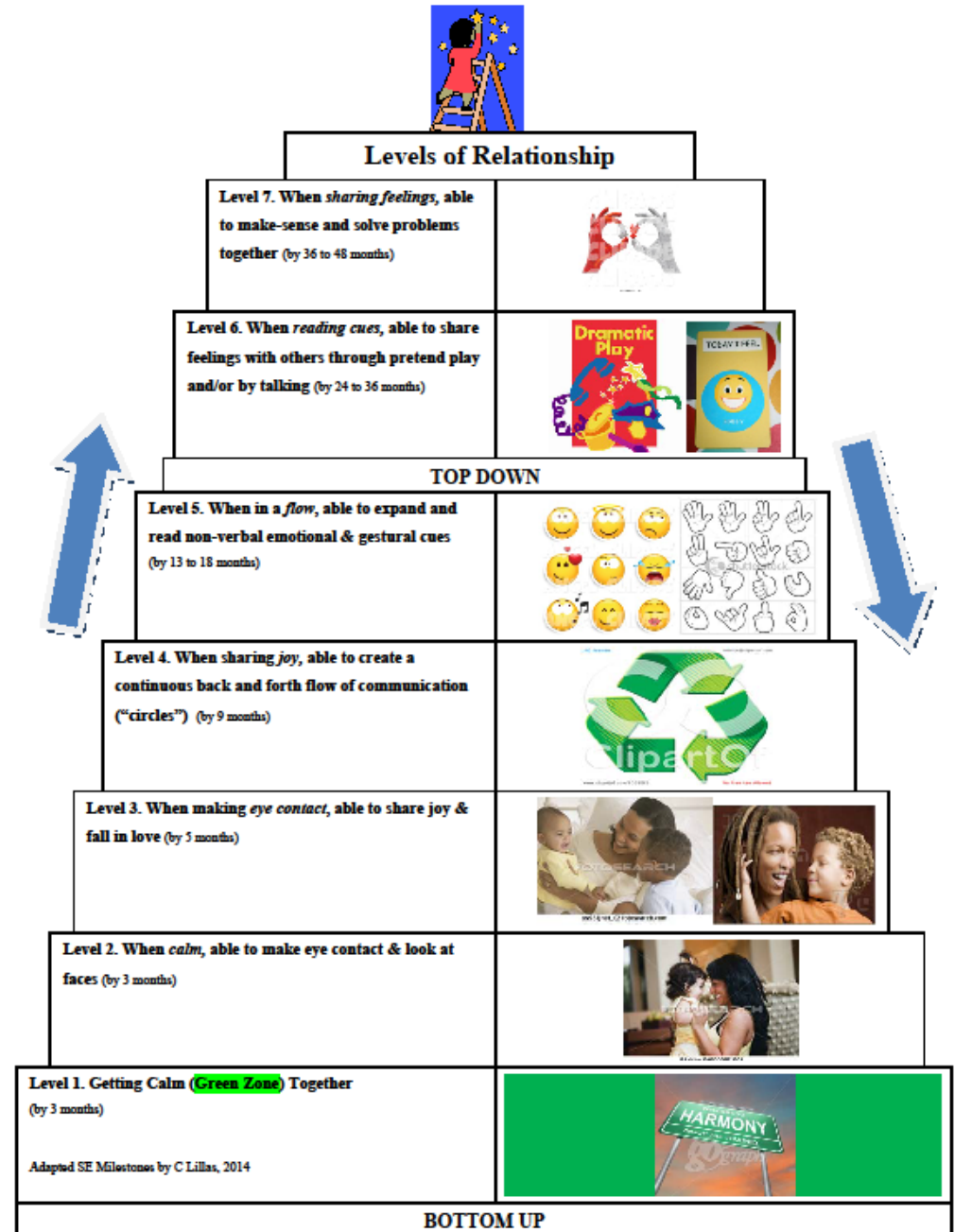
- ***In the regulation system guiding priorities are intervention for sleep, feeding, and other physical health issues that must be addressed while moving forward.***

# Step #2 Levels of Engagement

“Serve and Return” on All Levels



# Step 2: Levels of Engagement



PARENT-CHILD RELATIONSHIP MILESTONES

Child: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

	1	2	3	4	5	6
<b>Place an X in the box that describes the milestone and development levels</b>	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
<b>Functional Capacities</b>						
<b>BOTTOM-UP</b>						
<b>I 1. Getting Calm (Green)</b> <b>Together</b> (by 3 months)						
<b>These functions are built upon the capacity to be calm together</b>						
<b>I 2. When <i>calm</i>, able to make eye contact &amp; look at</b>  (by 3 months)						
<b>I 3. When making <i>eye contact</i>, able to share joy &amp; affection</b> (by 5 months)						
<b>I 4. When sharing <i>joy</i>, to create a continuous and forth flow of communication (“circles”)</b> (by 6 months)						
<b>I 5. When in a <i>flow</i>, able to expand and read non-verbal emotional &amp; gestural</b> (by 13 to 18 months)						
<b>TOP-DOWN</b>						
<b>I 6. When <i>reading cues</i>, to share feelings with others through pretend play or by talking</b> (by 24 to 36 months)						
<b>I 7. When <i>sharing feelings</i>, able to make-sense and solve problems together</b> (by 48 months)						

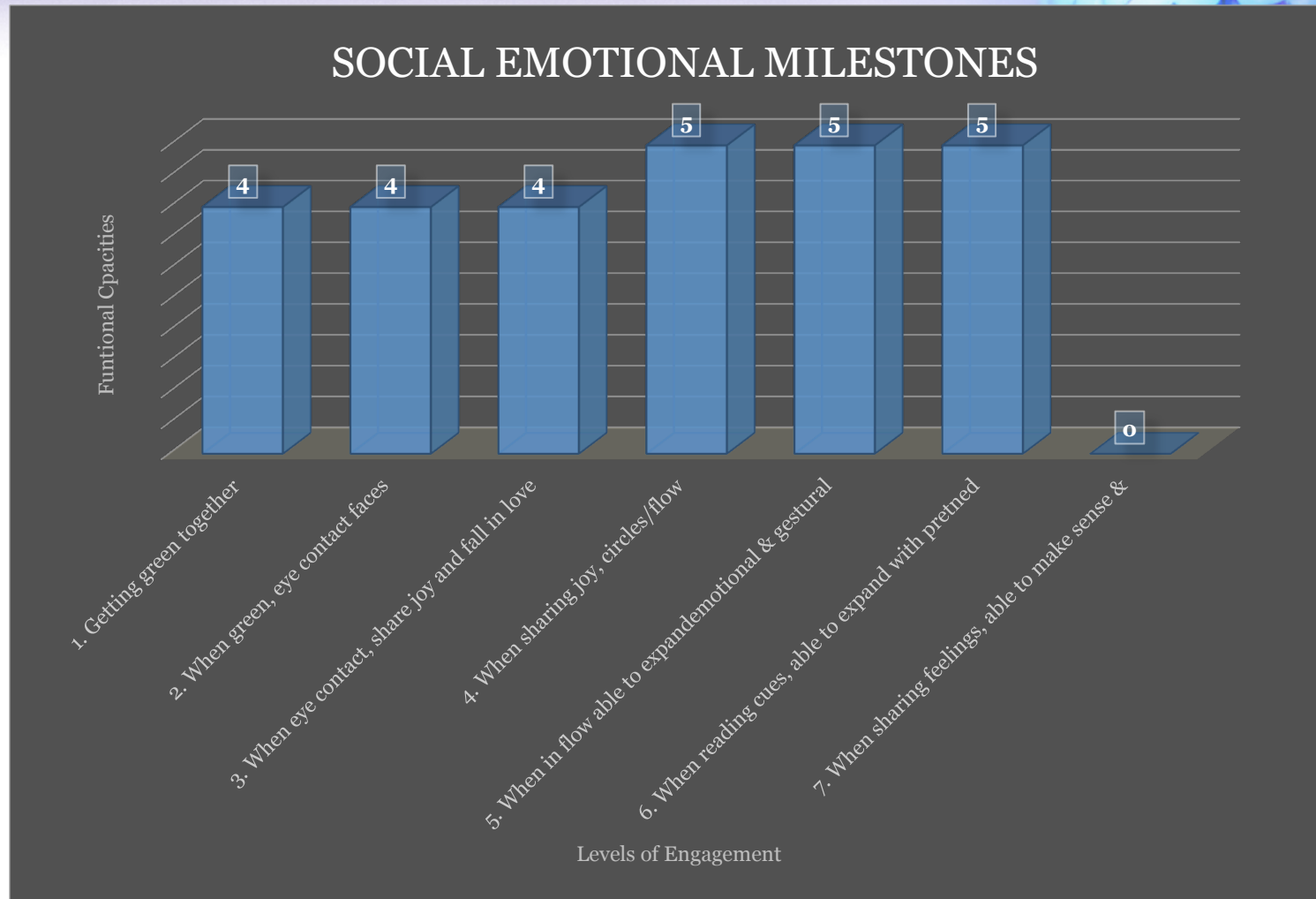
# Parallel Process



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



# Levels of Engagement & Functional Capacities



*Information gathered from the "Parent-Child Relationship Milestones".*

Starting Bottom up with Rody  
bounce – JOY



Rody licks- quiet and loud





# Bouncing on Rody



Mommy is Rody



# Elephant kissie





Snake is going to get you



Big Yell! Aggressor/victim



# Missing Rody



Grumpy and disappointed





# 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**

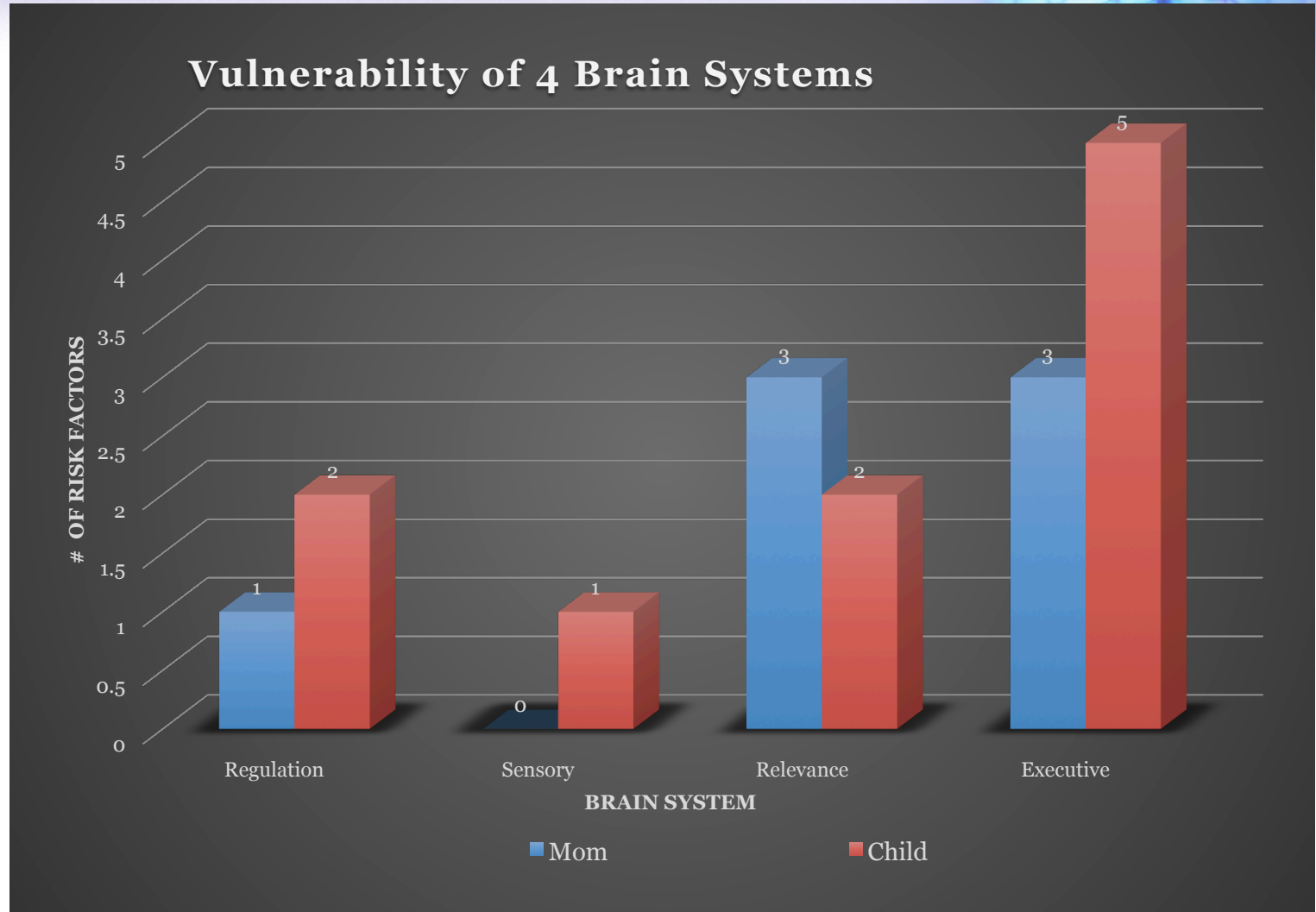
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# Four Brain Systems



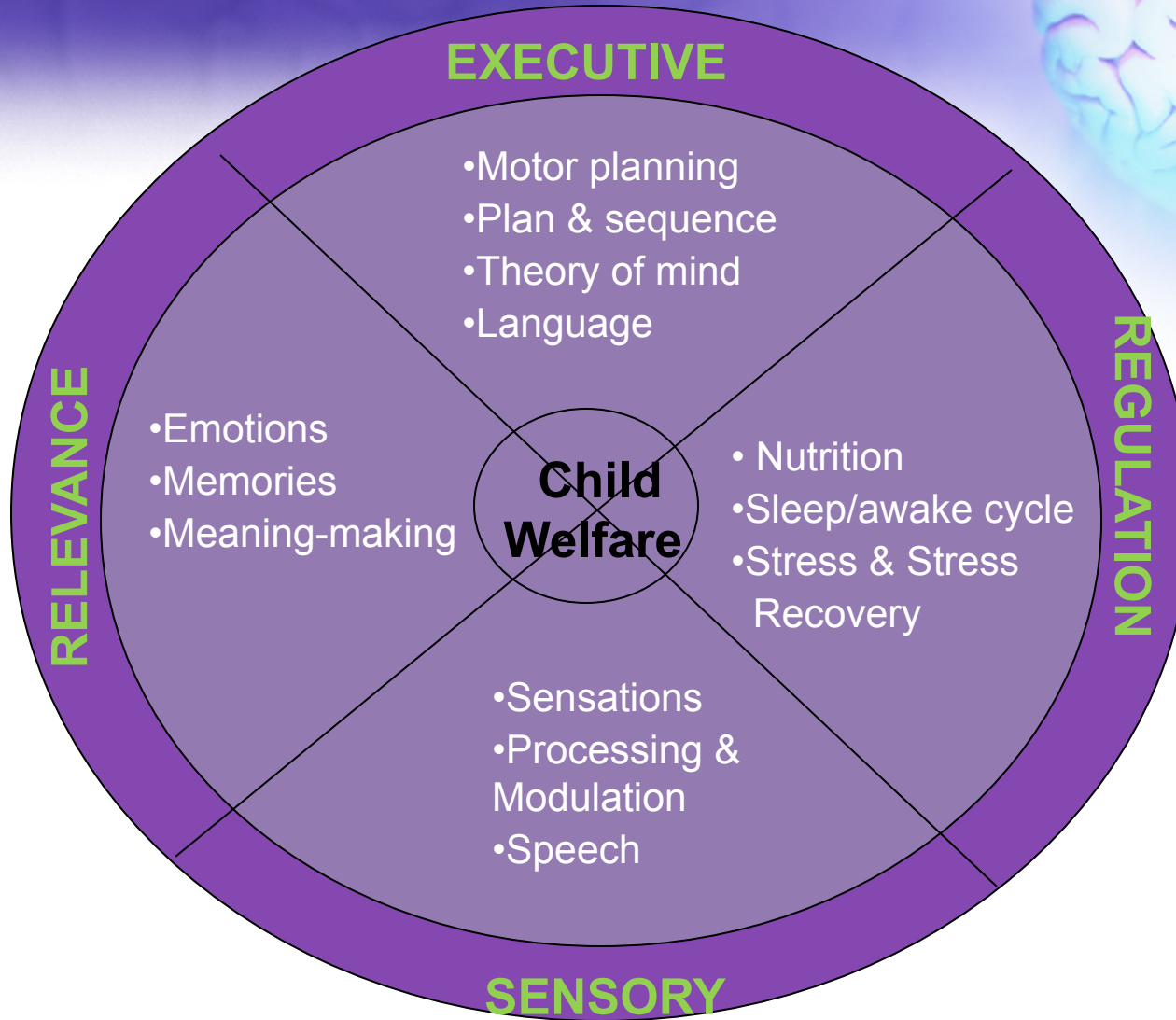


# Four Brain Systems: Macro & Micro Levels

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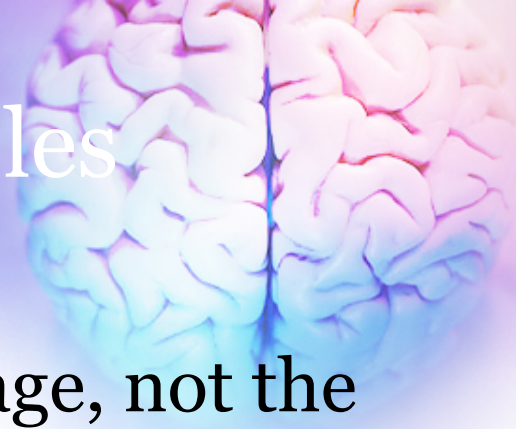
**Mental  
Health**



**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”



# ***Regulation System***

## **-Recovery Resources**



### Behaviors Observed

Frequent combo zone

### Resources Attempted / Implemented

- Deep breathing
- Adequate food/snack
- Adequate sleep
- Sensorimotor play
- Sensory deep pressure sandwich
- Jokes/humor

# ***Sensory System***

## **-Recovery Resources**



### Behaviors Observed

Over reactive to pain

Sensitive to certain vocal qualities

### Resources Attempted / Implemented

- Deep pressure
- Low volume
- Slow rhythm
- Subdued affect/intensity
- Role play (later in treatment) of social scenarios with “trigger” people

# ***Relevance System***

## **-Recovery Resources**



### Behaviors Observed

Loss and longing for brother

Resistant to boundaries

Perfectionistic

### Resources Attempted / Implemented

- Calendar
- Pretend play with roles of aggressor/victim/protector
- For every “no” there was at least one “yes”
- Verbal processing of past event
- Board games to build up emotionally muscle
- Celebrating successes
- Enhancing emotional vocabulary including intensity rating
- “sloppy” art activities

# ***Executive System***

## **-Recovery Resources**



### Behaviors Observed

Rigid with routines

Lacks willingness to try  
new things

Very slow transitions

### Resources Attempted / Implemented

- Encouraging flexibility (playfully)
- Pretend play with playful novelty
- Role play (later in treatment) of new situations
- Wrote social stories together in anticipation of new events/activities (i.e. soccer)
- Starting a game near the end of the session
- Transitional warnings



# Soccer role play with Daddy



# Linking role play to peers



Prep for mad



# Parallel Process



- Important information about how this family impacts my brain systems (step #3)
  - **No specific triggers present**
- What brain systems are you using easily (automatically) when working with this dyad?
  - **Relevance, sensory**
- What brain systems are you using by exerting conscious control (deliberately) when working with this dyad?
  - **Executive**





**Thank You!**  
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