

Neuro-Relational Framework (NRF) Dyadic Mapping for Reflective Practice:

Self, Parent, and Child



Name: Cathy Pope, MA,RN, MFTI

Email Contact: pope-c@kcusd.com

Date:10-9-15

Translating “what matters” in early brain development to an assessment & intervention process for infants and parents

What Matters:

- Stress Resilience versus Toxic Stress
- “Serve & return” levels of high quality engagement
- Healthy development of brain networks and circuits

3 steps to NRF:

- *Step 1:* Assess & intervene to improve stress and stress recovery patterns in child and parent
- *Step 2:* Assess & intervene to improve the level(s) in the quality of engagement in relationships
- *Step 3:* Assess & intervene to improve individual sources of vulnerability (triggers) & resilience (toolkits) in brain networks

Brief Family History



- Age of client(s) 24 months Khloe
- Family constellation

Josh -58 years old (older children out of the home, 1 incarcerated)

Barb- 25 years old

Josh's stepfather (bed ridden) stays in back room and Josh provides IHHS

Mason 4 yr. (1/2 sibling to Khloe lives with maternal GM) and occasionally visits

Josh is unemployed, completed 7th grade and describes himself as having a learning disability-limited reading and writing. He has been on Methadone treatment for 15 years. He works from the house and does mechanic repairs. He helps the neighbors out as needed. Cares for another older neighbor by running chores or doing minor house repairs.

Barb completed high school. Stated she taught preschool at one time. She received Methadone treatment throughout her pregnancy and continues on Methadone currently. She stated she has social anxiety and panic disorder. She had an eating disorder when she was younger. Car accident at 16 years of age left her with chronic pain from a pelvic fracture.

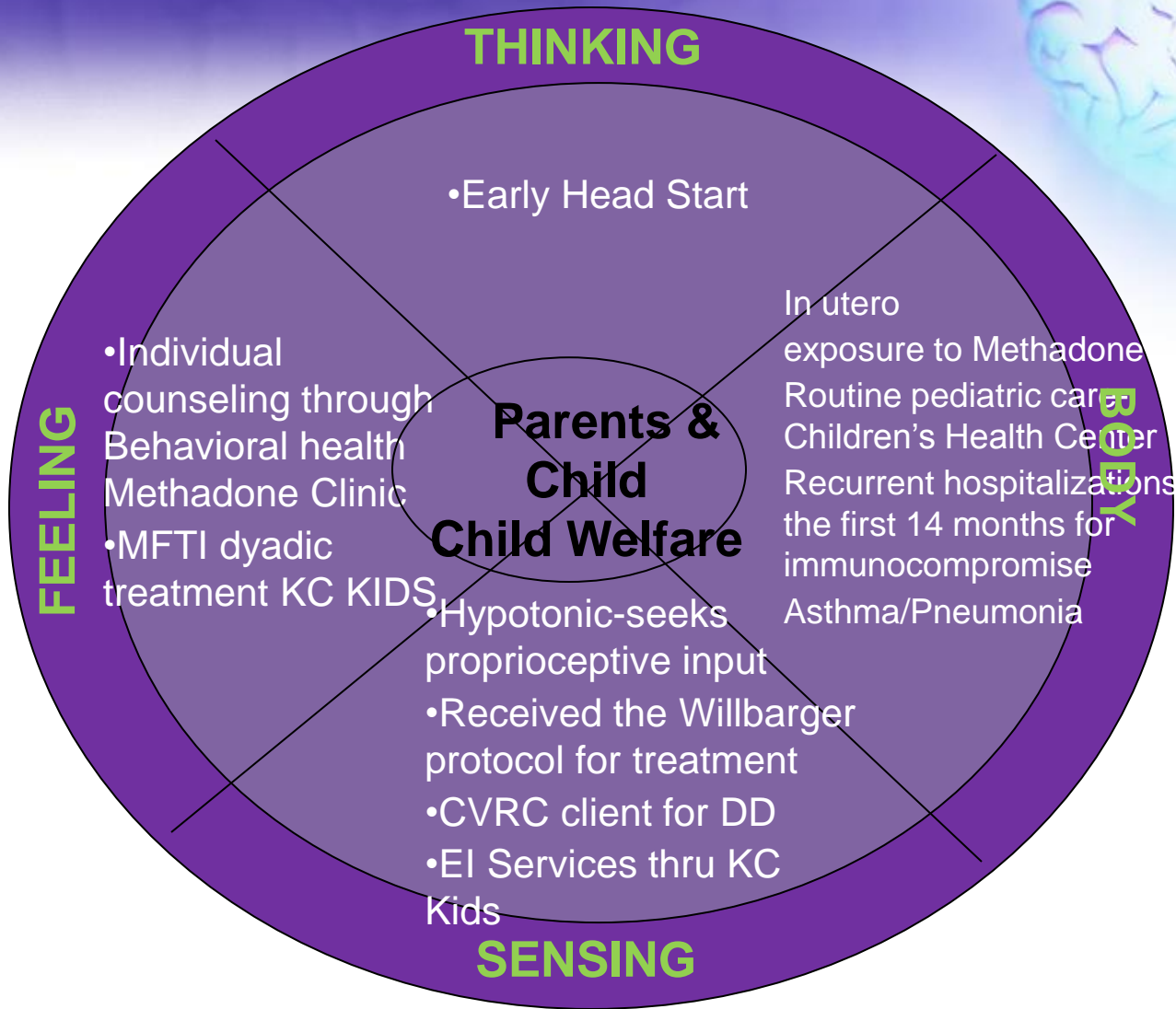
Macro Level Overview



Early Care & Education

Mental Health

Basic Needs/ Medical



Developmental Disabilities

Case History Timeline



- 2013
- Born at 34 weeks 8 day hospital stay due to withdrawal syndrome. Placed on Methadone for 8 months. Lived with mom and dad.
- 2013-14 Hospitalized 4 times for 3 days typically for asthma. Referred for Developmental Delay 12-18-14 by PCP.
- Initial IFSP 2/20/15
- Current July 2015 diagnosed with shingles September 2, 2015 virus and asthma



Step #1A: Stress and Stress Recovery Patterns

Sleep & Stress Patterns



Sleep Cycles:

Khloe sleeps from 10 pm to 8-9 am awakens at night reaching for pacifier with assistance

naps from 3-5 pm Total sleep 13 hours

Barb sleeps 8 hours without interruption

Josh awakens 6 times/noc. for voiding Naps for 2-3 hours and sleeps 2-3 nap.

Stress Patterns:

Khloe 80% red, 10% combo, 5% blue, 5% green

Barb 80% combo, 10% green, 10% red

Josh 80% red, 10% green, 10% blue

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)
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 splay 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



Reading Non-Verbal Cues: **Combo Zone**



A Baby's Vigilant State:



Reading Non-Verbal Cues: **Red Zone**



A Baby's Flooded State:



Reading Non-Verbal Cues: Blue Zone



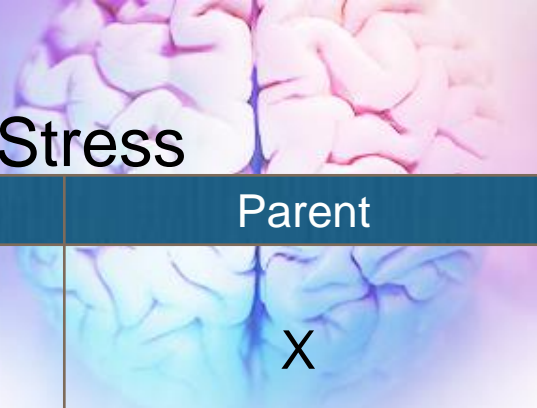
A Baby's Shut-Down State



Physiology

Under Coordination

Under Stress



	Child	Parent	Child	Parent
Green Zone	Rarely green	Rarely green	X	X
Combo Zone	X		Khloe covers her eyes with her hand and cowers Eyes are wide open Appears vigilant Facial expression of pain	Barb appears vigilant, eyes are wide open, her tone elevates and her rate of speech increases. If flooded she leaves the room. Quavering voice Tense, rigid posture
Red Zone	X		Khloe scans the room quickly, has a facial expression of distress or anger, yells or screams, throws herself down on the floor, kicks or throws things Constant motion Poor balance falls, trips a lot, bumps into things, throwing Direct intense eye contact High pitched cry Loud yelling or screaming	Barb rolls her eyes, frowns or has a facial grimace, speaks sarcastically, and rate of speech increases. She often interrupts the speaker. Yelling or screaming Intense eye gaze Eyes roll upward Clenched jaw Forced smile

Physiology

Under Coordination

Under Stress



	Child	Parent	Child	Parent
Green Zone	Rarely green	Rarely green	X	X
Blue Zone	X		Khloe has glazed eyes, prefers looking at objects rather than people. Her affect is flat. She does not move much and limits her exploration.	Barb averts her gaze, no smiling, and limited emotional expression. She just sits and doesn't move often. She is in chronic back pain.

Parallel Process



- Important information about how this family impacts my stress levels (step #1)
- How does this child/parent impact my physiology?
 - Easily get to green and stay green?
 - Can steer me into red/blue/combo zones?
 - Any particular pattern?

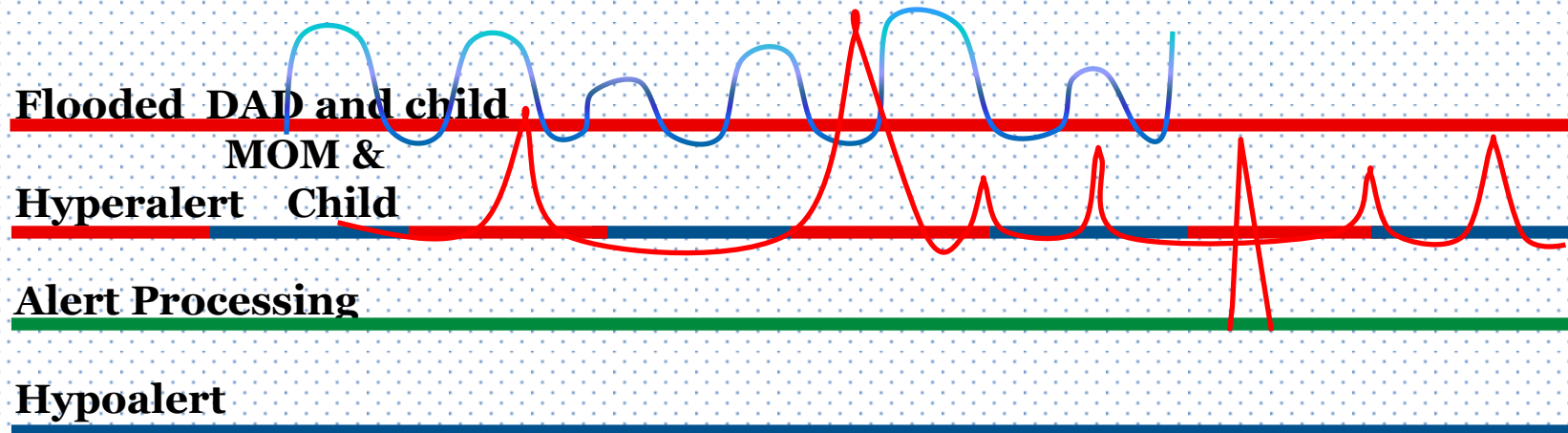
Your Own Physiology

Under Coordination

Under Stress

	Child	Parent	Child	Parent
Green Zone	Stay green pretty well with family		X	X
Combo Zone	X	X	My body posture tenses, my shoulders become upraised, and my gaze can become intense as I observe to determine the source of her anxiety.	When Barb becomes anxious, I tend to detach and wait for her to "land". I decrease my speech, and my body movements lessen.
Red Zone	X	X	I slow my speech, focus my gaze on the parent's responsivity, and move slowly toward the dyad.	I slow my speech, lower my tone of voice, and lean forward or in. My body posture tenses.
Blue Zone	X	X	I soften my voice, turn or move toward Khloe, and sit in a relaxed "waiting" posture.	I focus my gaze on Barb, speak slowly and softly, and at times can become tense in my body.

Step #1, "Before"



Child

Mom

Dad

Are there any toxic stress patterns?



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

4 Toxic Stress Patterns

1. Stress responses that occur too frequently and too quickly
2. Can't adapt to “normal” challenges and transitions
3. Prolonged stress responses that take too long to recover (more than 10 to 20 mins)
4. Can't recover from stress response back to baseline health (healthy sleep cycle, healthy awake state)

McEwen

Family Stress Patterns



We hope to see an upward curve over time indicating that intervention is having a positive impact on family functioning.



Step #1B: Heart, Hand, & Head Patterns

Heart, Hand, and Head Patterns

Under Coordination

Under Stress

	Child	Parent	Child	Parent
Heart	Khloe engages in more reciprocal gaze with her mother. She listens as her voice matches the affective tone of the situation or experience.	Barb is emotionally present, following Khloe's lead and responding appropriately to what she shows interest in.	Khloe feels anxious or uncertain when her mother becomes frustrated with non-compliance.	Barb is unable to attend to Khloe's needs as she becomes overwhelmed by her resistance to receive guidance. She often gives up and says, "She doesn't listen to me, just her dad".
Hand	Listens and follows her parent's guidance.	Both parent's are firm but direct. Fewer words are used and more action oriented guidance and close proximity are used.	Khloe cannot tolerate the abrupt, loud responses of her father and becomes flooded and tries to escape the situation.	Barb rarely uses directive statements, rather asks whether or not Khloe would like to do something. Josh becomes loud, insistent, and harsh.
Head	Khloe is beginning to learn simple concepts like wait.	Barb will reflect on her own about what might work, but is unable to reflect about a situation of concern with Josh.	Khloe has limited reflective capacity at this point as she has approximately 30 words she uses consistently to label, request, greet, or protest.	Barb is quick to engage in automatic thoughts rather than adopt a slower reflective stance.

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

Your Own Heart, Hand, and Head Patterns Under Coordination

Under Stress



	Child	Parent	Child	Parent
Heart	I respond to her verbal attempts by saying what she says or sees. I show interest in her ideas and activities.	I respond to the affect and difficulty of the situations mom is presenting.	Not respond consistently to the felt needs of the child.	Attend to the affect of the parent's and not set or hold the frame for our work together.
Hand	I use short 1-2 words to direct . I position myself close to the dyad.	I coach through play situations by encouraging mom to use her position as an anchor of stability for Khloe.	Change my expected request rather than stay with it.	Raise my voice to be heard when the family gets louder.
Head	I use words of affect when parent's show emotions: Happy, Sad, Mad, and Scared.	I slow down the situation by drawing mom to think about what alternatives are present, how we might use Khole's strengths to help her in difficult situations.	I do not bring her meaning making into awareness for the parent (i.e., "What do you think Khole is learning about relationships when you are yelling at each other?")	Get overwhelmed by the tension between Barb and Josh and not stay with the reflective stance of wondering together or allotting the time for them to return to a reflective stance if they have left it.

Step #2 Levels of Engagement

“Serve and Return” on All Levels



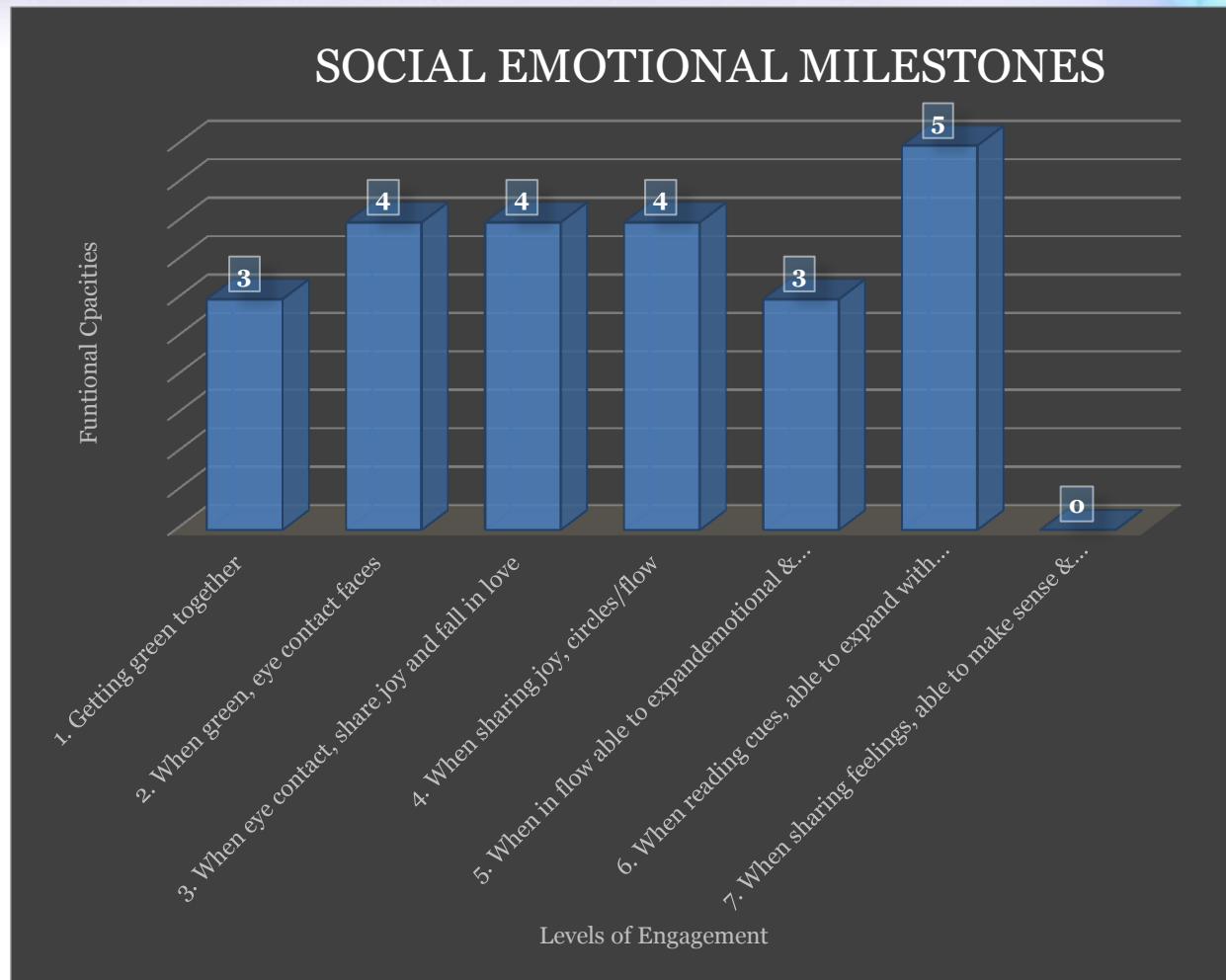
Parallel Process



- Important information about how this family impacts my levels of engagement (step #2)
- Lessons-go in green, notice what the affective tone of the home is. Structure the visit. Check-in. Play on the floor together typically sensory play-turn taking with mom or dad and Khloe until repeated cycles of engagement and shared joy. Coach-parents with adding language to the work. Build reflective capacity by noticing strengths-what worked and didn't at the time. Plan for the week- how can they continue to support next developmental steps.
- How far up the levels of engagement ladder can you get with the parent? The child?
- At the beginning of the visit I spend 20-30 minutes getting the family to green. By the end of the visit I can typically get to level 7 with Barb. Josh will get to level 3 with me occasionally but getting to circles of communication with me is difficult and he falls off at level 4. Khloe will get to level 5.

Levels of Engagement & Functional Capacities

The lower the functional capacity, the better the functioning. As we can see in this dyad, they have not mastered any of the levels in an age appropriate way. Case planning should bare in mind that the dyad is not functioning at age appropriate social emotional functioning.



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

Levels of Engagement



Level	Ranking	Description
1. Calm Together	Highest:3 Lowest: 6	<p>Mom is positioned to reduce her pain in a chair or if comfortable on the floor. Her body is relaxed and she is smiling, voice is calm and soothing. Khloe is close to mom, often touching her or sitting on her lap.</p> <p>Mom is tense and unable to sit, often moving around the room. Her voice is tense, sentences are spoken quickly, and she has facial grimacing. Khloe is wandering the room, jumping, climbing, and often squealing or breathing loudly.</p>
2. Eye contact	Highest:3 Lowest: 6	<p>Mom is able to hold Khloe close to her. Sustained visual gaze and reciprocal touching or stroking is noted.</p> <p>Sustained visual gaze is not present. Khloe is quick to move away from mom, wanting to get down and get moving.</p>

Levels of Engagement



Level	Ranking	Description
3. Sharing joy	Highest:3 Lowest: 6	<p>Mom shows joy by smiling, has bright shiny eyes and interest in what Khloe is interested in. She visually follows her movements and when Khloe looks to her she acknowledges that she too has seen what Khloe is interested in. There is laughing and fun when sensory connections are made and Khloe gets her vestibular needs met first.</p> <p>Mom shows visual attention; however, it is vigilance over Khloe's safety concerns. She is unable to share in the enjoyment of her interest</p>
4. Circles of communication	Highest: 3 Lowest: 6	<p>Khloe and Mom are engaged in an activity together, dancing, moving, or Khloe is dancing and they are stopping and starting the dance reciprocally. There is joy, laughing, and body movements are coordinated and rhythmic.</p>

Levels of Engagement



Level	Ranking	Description
5. Reading non-verbal cues	Highest: 3 Lowest: 6	<p>Mom shows visual interest and attends physically and emotionally to the here and now. Her facial expression is neutral, and her tone of voice fluctuates with Khloe's movements or interest. Khloe's motor movements are stable, balanced, and coordinated.</p> <p>Khloe's sensory needs interfere with her ability to engage in gestural cueing or show fluctuations in emotional modulation. Mom is flooded and is unable to show visual interest.</p>
6. Sharing emotional themes	Highest: 5 Lowest:	<p>N/A Khloe is just beginning to engage in symbolic play by "talking" on the cell phone.</p>
7. Linking cause & effect	Highest: Lowest:	<p>N/A, not age appropriate</p>

Step 3: Mapping the four brain systems



- If you have pictures, you can place them here!

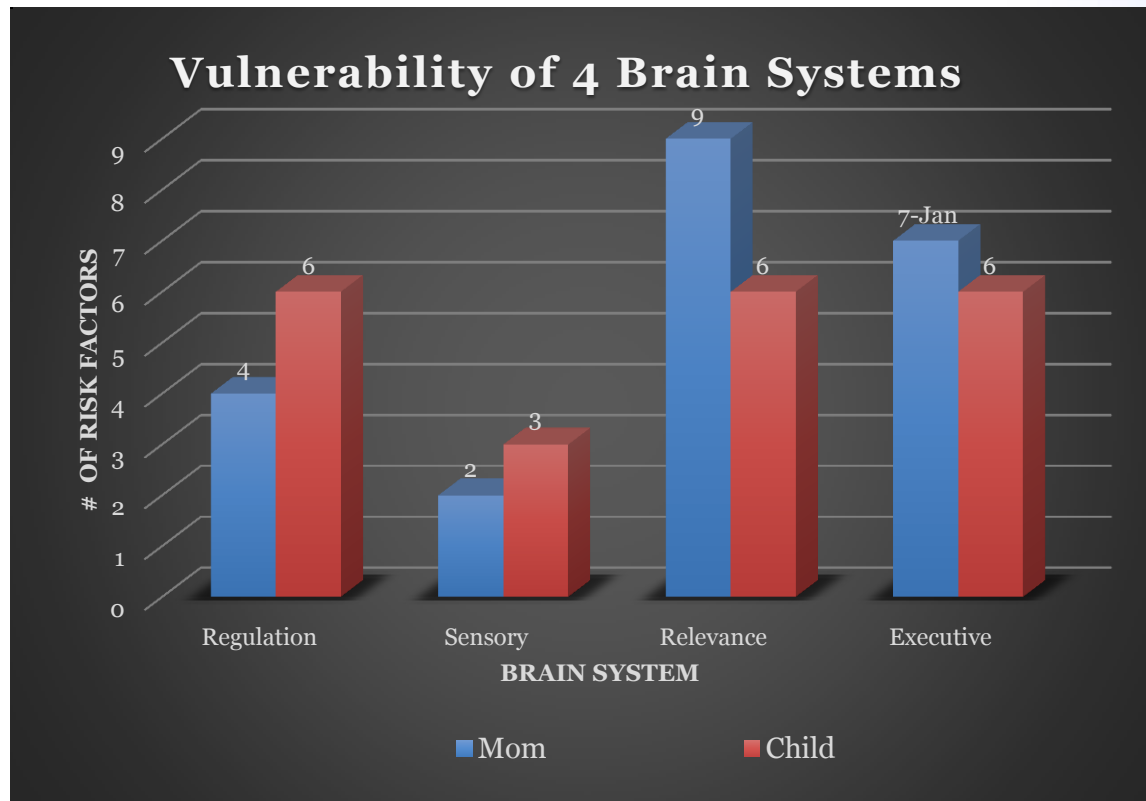
Parallel Process



- Important information about how this family impacts my brain systems (step #3)
 - The family's hyperarousal and difficulty calming impact my abilities to bring relevance into the here and now.
- What brain systems are you using easily (automatically) when working with this dyad?
 - Sensory, executive
- What brain systems are you using by exerting conscious control (deliberately) when working with this dyad?
 - Regulation

Vulnerabilities in the 4 Brain Systems

The higher the number of risk factors, the higher the vulnerability, thus for case planning, areas where Mom is less vulnerable and child is more vulnerable, Mom likely has capacity to support child. If mom is vulnerable in a system, services should be directed to support her in that system. In this particular case, Mom has a relatively strong sensory system and child has a vulnerable regulatory and sensory system, so services that help her learn how to support child's sensory system, such as OT recommendation should be effective. Mom is most vulnerable in her Relevance and Executive system and services that support her in these systems should be helpful, such as on-going individual counseling and group activities.



Information gathered from the History Worksheet for the 4 Brain Systems.

Regulation History

Risk Factors Hx Worksheet / Parent

- Significant prenatal stressors
- Methadone use during pregnancy
- Chronic pelvic pain following traumatic car accident at 16 years old
- Rigid arousal of energy typically hyperalert
- Few financial resources
- Mom does not have a driver's license
- Limited community resources

Risk Factors Hx Worksheet / Child

- Prenatal maternal stress
- Methadone in-utero and 8 months after birth
- 34 week gestation
- Immuno-compromise
- Recurrent hospitalizations for pneumonia, respiratory illnesses
- Chronic allergies, eczema, asthma
- Chaotic pattern of arousal of energy-typically flooded or hyperalert



Regulation System

Capacity for Deep Sleep Cycling



	Child	Parent	Dyad	Tx
	History: Recurrent hospitalizations during the first year of life due to respiratory illness and immunocompromise.		History: Unknown	
Preferences & Strengths	<p>Goes to sleep at 10 pm-8-9 am. Without difficulty. Awakens feeling rested.</p> <p>Uses a pacifier to return to sleep if she awakens.</p> <p>Naps from 3-5 pm.</p> <p>Total sleep/day 13 hours.</p>	<p>Barb sleeps soundly. She has no difficulty falling asleep or staying asleep. She awakens feeling rested.</p> <p>Total sleep/day 8-10 hours.</p>	<p>Barb is able to sleep in a different room from Khloe so doesn't hear her every move.</p>	<p>As the weather is cooling, find an alternate "sleep room" for Khloe.</p> <p>Place pacifier in a familiar spot in the crib or position alternate pacifiers in the crib.</p> <p>Begin to use an alternate transitional object-plush toy, taggie, or blanket when Josh is rocking Khloe to sleep. Have this transitional object available for self-soothing at night and during the day.</p>
Triggers & Concerns	<p>Has to sleep in the living room as it is the only room that is air conditioned.</p> <p>Cannot return to sleep at night without assistance as she is unable to find her pacifier in her crib.</p> <p>If she sees mom is unable to return to sleep without mom picking her up for calming.</p>	<p>If she gets Khloe at night, rather than Josh, Barb's sleep is interrupted.</p>	<p>Khloe is unable to self-sooth and return to sleep on her own at night.</p> <p>Khloe sleeps in the main room so bedtime is late because Barb and Josh don't want to leave the air conditioned room until later.</p>	

Regulation System

Capacity for Alert Processing



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe is alerted in play to novel toys or activities.	Barb was a preschool teacher and understands how an activity or object of interest gains Khloe's attention.	Barb and Khloe can participate in an activity such as reading a book for up to 10 minutes.	<p>Encourage medication review with the PCP.</p> <p>Reg: Encourage active breathing with Khloe and mom to come to calm together rather than hypervigilance.</p> <p>** Becky Bailey Conscious Discipline-Be a Star, Smile, Take a Breath and RELAX</p> <p>Sen: Sensory play, skin brushing, jumping on mattress</p> <p>Rel: Build choice making activity list – playdough, book reading, building</p> <p>Exec: Build predictability in the routine-visual schedule with pictures to know what is coming next.</p>
Triggers & Concerns	<p>Khloe has difficulty with her allergies and eczema. She is often itchy. She is unable to tolerate lotions or creams.</p> <p>She has asthma and has had recurrent hospitalizations.</p> <p>When she takes her Albuterol she becomes more distractible.</p> <p>Lack of predictable schedule for the daily routine.</p>	Barb has needed to be vigilant about keeping Khloe well so she has limited her outside play time on bad air days.	Mom gives Khloe's medications as prescribed. She tries to give Khloe inside active play time.	

Regulation System

Adaptive Use of Stress Responses



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe is shifted into a toxic stress pattern. What has initially become adaptive has become maladaptive.	Mom is primarily combination-anxious. She has not used stress adaptively. The context does not vary her responses.	Mom and Khloe are working towards developing more contextually relevant stress responses.	Teach Mom connection to her body cues and the colors. Provide “real time” observations of physiologic arousal for Barb- (i.e., “Your shoulders seem tense.” “Your voice is quavering.” “You look like you are in pain today.”)
Triggers & Concerns	Khloe has limited adaptive expression of all stress responses. The use responses are not adaptive. This nervous system is activated all the time.	Barb has limited adaptive expression of all stress responses.	Barb and Khloe are often up-regulated. The “thermostat “ is always set on high and responses are set on high all the time.	Provide “real time” observations of Khloe- (i.e., “Khloe is vocalizing loudly”- Let’s try a tone check-use your inside voice.)

Regulation System

Distinct States w/Smooth Transitions between States



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe moves readily from awake to sleep, deep sleep, and slow wake up.	Barb describes herself as a slow “waker upper”. She moves quickly from calm to hypervigilance.	Mom will go to Khloe immediately when safety concerns are present.	Advise medication administration, if possible ,not be given immediately preceding sleep Build shared understanding around “safe exploration” for Khloe.
Triggers & Concerns	Khloe cannot express adaptive stress responses for an appropriate length of time in relation to the context of the situation.	Barb is unable to remain calm while Khloe shifts from calm to high arousal states	Mom has difficulty not “overreacting” to minor safety concerns. Limited calm and slow transitions between states.	

Regulation System

Connection to Visceral Cues



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe registers her hunger,/fullness tired/alert, wet /dry, and bowel/bladder cues.	Mom is aware of her pain and when sitting and in pain she will give Khloe to Josh to hold.	Mom responds to Khloe's visceral cues and builds her language skills around requesting food or drink items.	Encourage more outside play time during clean air days. Collaborate with mom regarding Khloe's meaning making around being in the hospital, procedures, and how she might interpret pain.
Triggers & Concerns	Khloe does not register pain. Her mother describes her as having a high pain tolerance. Khloe has had multiple hospitalizations and bodily insults (IV's, blood draws, procedures)	Mom's chronic pain disturbs her visceral cues	Mom either "overreacts" when Khloe falls or runs into something.	Reflect with mom regarding what Khloe might feel when she jumps up and verbally says "Oh No" in response to a minor fall,

Regulation System

Capacity for Efficient Stress Recovery



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe is able to co-regulate with a calm adult when given sensorimotor support.	Josh puts Khloe to sleep by “winding down” through rocking with him in the chair. Joe’s directive manner provides security for Khloe.	Mom is able to read and respond to Khloe’s cues.	Notice the arousal level as it reflected by each parent. Notice the arousal level Khloe has. Expand Khloe’s co-regulation skills by having her be put to sleep by either mom or dad at nap time.
Triggers & Concerns	Khloe is unable to self-regulate or sooth herself.	Khloe is unable to fall asleep with her mother. Khloe is unable to fall asleep by herself.	There is limited awareness of felt physiologic arousal.	After the use of a transitional object is incorporated into the sleep routine have Khloe go to her room for sleep. Time for nap.

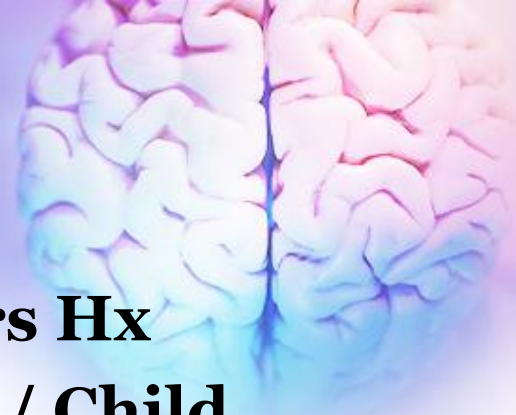
Sensory History

Risk Factors Hx Worksheet / Parent

- Josh has a moderate hearing loss and is unaided. He speaks loudly.
- Josh has a learning disability and processes information slowly.
- Barb is overreactive to to sensory information.

Risk Factors Hx Worksheet / Child

- Khloe has a speech delay-uses approximately 20 single words.
- Khloe actively seeks sensory input-primarily vestibular and proprioceptive.



Sensory System – Processing

Capacity to receive, translate, associate, and elaborate sensory signals



	Child	Parent	Dyad	Tx
Preferences & Strengths	<p>Khloe passed both vision and hearing tests. She appears able to accommodate for near point and distant vision.</p> <p>She turns to localize sounds in and out of her visual field.</p> <p>Eats a wide variety of foods.</p>	<p>Josh assists Barb with lifting and carrying Khloe.</p>	<p>Barb is able to interpret auditory sensory information to Khloe-siren, phone, door knock</p> <p>Josh works on active movement activities with Khloe.</p>	<p>OT eval in process to include processing and modulation</p>
Triggers & Concerns	<p>The family speaks very loudly. Khloe is unable to fluctuate her tone of voice-she is always loud.</p> <p>She had low muscle tone. She began walking at 22 months of age. She is clumsy and has difficulty regulating her movement in space.</p> <p>She often trips and falls on uneven surfaces.</p> <p>She doesn't register prop input, will stand on top of person w/o realizing</p>	<p>Barb has limited movement due to pain.</p> <p>Josh has a significant hearing loss.</p> <p>Josh was referred for free hearing evaluation on 3 occasions. He has not completed the evaluation.</p> <p>The volume in the home adds to the hyperarousal for Barb and Khloe.</p>	<p>Josh wants Barb to stay there and play with them rather than leave to another part of the house.</p>	

Sensory System – Modulation

Balance the flow of sensory signals appropriate to context



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe can focus her attention when provided structure, expectations, and seated with postural support. (In her high chair she was able to work to problem solve several novel tasks for about 30 minutes.) She enjoys deep pressure hugs and soft brushing.	Barb enhances Khloe's interest in an activity by talking calmly, bringing Khloe close to her, and focusing her attention on Khloe and the activity.	Barb is motivated to help Khloe learn new skills.	Fort or pup tent set up for a quiet space. Use sensory preferences for vestibular input to assist with down-regulation for Khloe.(jumping, moving on uneven surfaces such as a balance beam or board, swinging)
Triggers & Concerns	Khloe is unable to inhibit her reactivity without sensorimotor support.	Barb is unable to modulate her own reactivity and so is unable to help Khloe modulate.	Triggers for Barb include sound-Josh's yelling Khloe's constant busyness. Barb is unable to tolerate the volume on the TV or loud speaking so she often leaves the main room where Khloe and Dad are.	Willbarger protocol for brushing and joint compression to be administered in the morning after breakfast, prior to nap, and prior to bedtime.

Sensory System – Modulation

Balance the flow of sensory signals appropriate to context



	Child	Parent	Dyad	Tx
Preferences & Strengths	<p>Khloe can focus her attention when provided structure, expectations, and seated with postural support. (In her high chair she was able to work to problem solve several novel tasks for about 30 minutes.)</p> <p>She enjoys deep pressure hugs and soft brushing.</p>	<p>Barb enhances Khloe's interest in an activity by talking calmly, bringing Khloe close to her, and focusing her attention on Khloe and the activity.</p>	<p>Barb is motivated to help Khloe learn new skills.</p>	<p>Have mom sing softly to Khloe as part of their bedtime routine or prior to naps.</p> <p>"Heavy work" for Khloe 3-5 times/day for increasing proprioceptive input and</p> <p>Body squishes on arms and legs.</p>
Triggers & Concerns	<p>Khloe is unable to inhibit her reactivity without sensorimotor support.</p>	<p>Barb is unable to modulate her own reactivity and so is unable to help Khloe modulate.</p>	<p>Triggers for Barb include sound-Josh's yelling Khloe's constant busyness.</p> <p>Barb is unable to tolerate the volume on the TV or loud speaking so she often leaves the main room where Khloe and Dad are.</p>	<p>"Tone or volume checks" to before heavy work and body squishes.</p>

Sensory System – Modulation

Balance the flow of sensory signals appropriate to context



	Child	Parent	Dyad	Tx
Preferences & Strengths	Khloe can focus her attention when provided structure, expectations, and seated with postural support. (In her high chair she was able to work to problem solve several novel tasks for about 30 minutes.) She enjoys deep pressure hugs and soft brushing.	Barb enhances Khloe's interest in an activity by talking calmly, bringing Khloe close to her, and focusing her attention on Khloe and the activity.	Barb is motivated to help Khloe learn new skills.	The family has safety proofed the mirrored shelving and now has a mattress on the floor for Khloe to jump on to discharge energy and learn balance and righting reactions on uneven surfaces. Rule out visual motor processing problems.
Triggers & Concerns	Khloe is unable to inhibit her reactivity without sensorimotor support.	Barb is unable to modulate her own reactivity and so is unable to help Khloe modulate.	Triggers for Barb include sound-Josh's yelling Khloe's constant busyness. Barb is unable to tolerate the volume on the TV or loud speaking so she often leaves the main room where Khloe and Dad are.	

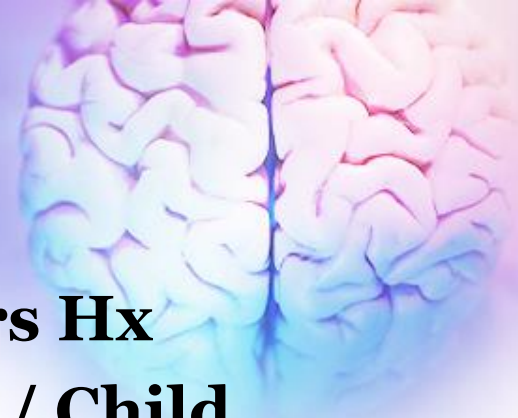
Relevance History

Risk Factors Hx Worksheet / Parent

- Currently in a high conflict relationship
- Personal history of abuse
- History of 4 year old removed from her care-lives with Barb's mother
- Family history of substance abuse
- Chronically anxious
- Lack of empathy for self
- Difficulty making eye contact
- Negative appraisal of Khloe's behavior-just doesn't want to listen
- Over-accommodates child

Risk Factors Hx Worksheet / Child

- Exposure to high conflict parental couple
- Traumatic medical intervention memories
- Limited frustration tolerance
- Highly demanding of others
- Learning disruptions
- Does not ask for help



Relevance System:

Capacity to flexibly experience, express, and modulate a full range of emotions appropriate to context



	Child	Parent	Dyad	Tx
	Hx: Was hospitalized at birth for withdrawal symptoms, repeat illnesses and hospitalization	Hx: Homeless on the street 3 years ago. Moved in with Josh-started on Methadone treatment. Went to a parenting class at EPU.		
Preferences & Strengths	Khloe is eager to explore her environment.	Khloe is enjoyed and loved by both her parents.	When she does something new or fun Barb gives Khloe acknowledgement and general praise. Mom is unable to access her own stress responses. She is just beginning to show her anger when violated.	Psycho-education Emotions wheel to discuss range of feelings. Have Barb identify where she feels she lives most of the time. Discuss what other feelings she may not be experiencing during her stress responses. Discuss the feelings thermometer-How am I feeling now? Share intensity range for typical responses.
Triggers & Concerns	Khloe is primary red- high intensity and loud. She can become anxious when in an unfamiliar situation or with new people.	Barb is predominantly anxious/fearful with some green when she is by herself. Her red zone tends to be predominantly anger toward Josh or her mother for trying to control her.	Mom gets overwhelmed when Khloe is frustrated, whiney, demanding or out of control. She does not recognize the Khloe is not knowing what to do with her feelings.	Reinforce ground rules for the visit-one person talks at a time Each person has a right to speak. Speak respectfully . What are the consequences when the agreements are violated? Future goal Circle of Security when there is more green between Khloe and her parents

Relevance System

Capacity to learn from experience by scanning a full range of memories appropriate to the context



	Child	Parent	Dyad	Tx
Preferences & Strengths	Primarily Khloe stays actively in red no matter what the context. She rarely experiences sadness over losses.	Mom is not able to access her full range of memories as she has stayed primarily in the mental schema of vulnerability to danger-first for herself and now with Khloe's chronic health conditions.	Memories of danger and threat predominate.	Discuss Barb's sharing her story of the traumatic car accident- how that event effected her arousal and appraisal system. Psycho-education regarding having a child who has a health condition. Vigilance
Triggers & Concerns	Khloe has limited experiences with having received mirroring or empathy that is not anxious or angry in response.	Barb is stuck in her traumatic memories of fear and danger and threat. She is concerned that Khloe will get hurt or sick again. Unable to accurately mirror empathetic response without fear- Barb leaves the room due to feeling overwhelmed.	Unable to access appropriate stress responses to the context.	that develops in trying to keep them well. How does that impact her appraisal system?

Relevance System

Capacity to create meanings that accurately reflect self and others



	Child	Parent	Dyad	Tx
Preferences & Strengths	<p>Respond: Khloe is only operating in the responsive mode to herself and others at this time.</p> <p>Direct: She has limited experiences with following another's lead.</p> <p>Reflect: N/A</p>	<p>Respond: Mom is always responding to situations with Khloe, Josh, or her mother.</p> <p>Direct: Mom is unable to follow-through with directives to Khloe. She prefers to ask (Do you want to give it to me? She does not give her a clear directive. "Give it to me."</p> <p>Reflect: Limited reflective capacity about herself , Khloe or Josh</p>	<p>Mom follows Khloe around anxiously hovering.</p> <p>There are limited times of shared joy during the day.</p>	<p>Build parent's understanding of shared joy, times of connection, and exploration of meaning making through Video Intervention Therapy. (George Downing)</p>
Triggers & Concerns	<p>Defer: Only defers to Josh when harsh words and tone are used</p> <p>Demand: Khloe is in the red zone both positively-happy or negatively demanding.</p> <p>Detach: N/A</p>	<p>Defer: Unable to set up structure for Khloe with predictability and consistency.</p> <p>Demand: Expectations for behavior are not present.</p> <p>Detach: Anxiety keeps her from engaging in Problem solving regarding what might work for Khloe.</p>	<p>Mom is mentally preoccupied and unable to be emotionally present.</p>	

Executive History

Risk Factors Hx Worksheet / Parent

- Motorically awkward-stiffness due to pain
- High distractibility
- Lacks stable routines
- Lacks knowledge concerning normal child development for child less than 3 years old
- Difficulty using hindsight, insight, and foresight for self-reflection and problem solving
- Unable to hold self and others in mind at the same time
- Unable to consider the part in relation to the whole

Risk Factors Hx Worksheet / Child

- Motorically clumsy, awkward
- Lacks developmentally appropriate use of gestures to communicate needs and wants
- Lacks developmentally appropriate use of words to problem solve
- High distractibility
- High impulsivity
- Unable to delay gratification
- Lacks cause-effect reasoning



Executive System

Capacity to express spontaneous, automatic, and consciously controlled behaviors in a flexible and purposeful manner



	Child	Parent	Dyad	Tx
	Hx: Motor – Hypotonia, walked at 20 months of age. Initially used a gait trainer then walked without assistance.	Moves slowly and stiffly due to chronic pain.		
Preferences & Strengths	<p>Spontaneous: Khloe operates in spontaneity. She has limited purposeful play and often walks/runs around the living room.</p> <p>Automatic: Very little structure is presented to Khloe, but when it is provided she responds well.</p> <p>(During a recent developmental assessment she was able to sit in her high chair and try to figure out novel toys for 30 minutes.</p> <p>Conscious Control: N/A</p>	<p>Spontaneous: Mom predominantly operates in spontaneous behaviors, responding to people and circumstances. She forgets her schedule and misses appointments.</p> <p>Automatic: Mom has established eating and sleeping routines that are predictable.</p> <p>Conscious: Mom has limited purposeful behavior or goal seeking due to automatic negative thoughts.</p>	<p>Mom is following her child around. She has a hard time with rhythms that allow the child to settle in.</p>	<p>Understanding around safety concerns as Khloe is developing advancing postural control while walking and running.</p> <p>Visual schedule with picture of the routines of the day to promote predictability and automaticity.</p> <p>Times of “quiet play” choices visual board with pictures.</p>

Executive System

Capacity to express spontaneous, automatic, and consciously controlled behaviors in a flexible and purposeful manner



	Child	Parent	Dyad	Tx
Hx: Motor – Hypotonia, walked at 20 months of age. Initially used a gait trainer then walked without assistance.		Moves slowly and stiffly due to chronic pain.		
Preferences & Strengths				Times of “active play” visual choices with pictures. Reinforcement of established routines-how they work and why-strengths focus.
Triggers & Concerns	Spontaneous: Too much spontaneity Automatic: Not enough structure Conscious Control : N/A	Spontaneous: Mom is spontaneously following a red zone, busy child. Automatic: Does not have automatic routines. Conscious Control: Limited awareness of present choices.	Imbalance weighted in spontaneous responses and thinking.	

Executive System

Capacity to integrate bottom-up influences of emotions with top-down control of thoughts



	Child	Parent	Dyad	Tx
Preferences & Strengths	.Khloe uses behavior with some gestures to communicate her needs and wants.	Hindsight: Barb has limited hindsight and thoughts regarding her past experiences. Insight: Last week for the first time she shared that she began to make poor choices after her car accident. She went down a road she wished she wouldn't have. Foresight: Barb has had difficulty following a plan-getting an identification card, registering for Section 8 housing.	Barb is unable to accurately assess true health and safety concerns and choose various alternatives to keep Khloe safe.	Once green zone is sturdy, build Khloe's understanding and vocabulary around feelings-Calm/Happy, Sad, Scared, Angry with feeling chart. Describe using simple 1-2 words what her expression shows-naming the emotion. Long term goal: Attempt to mirror that emotional response in a cause-effect context.
Triggers & Concerns	Khloe has limited language skills. Currently uses 30 words. Her functional language skills including greeting, requesting, protesting, and labeling	Barb has limited planning skills due to mental preoccupation and reactivity. She is just beginning to evidence the bidirectional influence of emotions and thoughts-possibly learning from mistakes.	Top-down control of thoughts is not present for mom or Khloe.	

Executive System

Capacity to assess, integrate, and prioritize one's personal needs in relation to other's context needs



	Child	Parent	Dyad	Tx
Preferences & Strengths	<p>Giving Self: not present</p> <p>Assertive Self: Primarily in this place, she is self directed and does what she wants and keeps going.</p> <p>Private Self: not present</p>	<p>Giving Self: Barb is imbalanced and in the "other direction"-focusing on other's interests, thoughts and actions. She is out of touch with her own emotions and needs.</p> <p>Assertive Self: Barb was able to get Josh to fix the mirrors and put a mattress on the floor for Khloe to jump on.</p> <p>Private Self: Has limited time or reflective capacity</p>	<p>See below</p>	<p>Barb has been using some substance since 14 years old. Her methadone counselor is going to slowly be weaning her. Hope is to get a release to talk to counselor. Needs medical support to stabilize her anxiety/depression/ADHD.</p> <p>Being new in the area, what are the best medical/psychiatric resources for this type of profile?</p>
Triggers & Concerns	<p>Giving Self: not aware of others and their needs</p> <p>Assertive Self: Her "assertive" self does not emerge from a calm, alert zone. it's fast moving and impulsive. Still unaware of her body cues.</p> <p>Private Self: The hope is that as language production increases, words can be linked with feelings and a reflective self could emerge if green zone develops</p>	<p>Giving self: Barb's challenge is to practice balancing her own needs up against others – this includes everybody – Khloe, Josh, her mother</p> <p>Assertive self: when she does try to assert herself it doesn't change the context – Josh ignores her.</p> <p>Private self: Non-existent but Barb is beginning to share her trauma hx when there is a private session</p>	<p>A lot of dysynchrony exists in this dyad b/c of the inability to get to green and establish early levels of engagement. So, while Mom is thinking about others, her lack of structure and rhythm, keeps her out of balance.</p>	

Video Clips:

- “Reading” - At their best
- Working hard to have sensory-motor dyadic play



Thank you!

