Practice Day: Model Case, Your Case

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IFECMHS and RFP II
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Outline

• Sleep overview
• Model Case- background, Step 1
• Break (about 10:30)
• Model Case- Step 2 and 3
• Lunch
• Interview Guide
• Dannette’s 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 #1-3  Day 1 (2/25/16)

**True or False**

1. **FALSE** If you are providing services to the parent, completing the parent portion of the History Worksheet is important, otherwise it is optional.

   *Pre= 64% Post= 84% Increase: 20%

2. **TRUE** Matches and mismatches can occur between the child’s cue sending and the parental cue reading.

   *Pre= 100% Post= 96% Decrease: -4%

3. **TRUE** When assessing the regulation system, if you’ve already completed Step #1, you’ll have the bulk of the information completed.

   *Pre= 33% Post= 58% Increase: 23%

### Questions #4-7  Day 1

**MATCHING- Risk Factor to Brain System**

4. **B** Medical Concerns  
   a. **Sensory**

5. **A** Hearing Loss  
   b. **Regulation**

6. **D** Trauma History  
   c. **Executive**

7. **C** Learning Disorder  
   d. **Relevance**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre</th>
<th>Post</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4</td>
<td>31%</td>
<td>96%</td>
<td>65%</td>
</tr>
<tr>
<td>Q5</td>
<td>69%</td>
<td>93%</td>
<td>24%</td>
</tr>
<tr>
<td>Q6</td>
<td>43%</td>
<td>95%</td>
<td>52%</td>
</tr>
<tr>
<td>Q7</td>
<td>67%</td>
<td>76%</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Question #1  Day 2 (2/26/16)

1. When working bottom-up for arousal regulation to the green zone, the brain system most used is the:

   A. Regulation system  
   B. **Sensory system**  
   C. Relevance system  
   D. Executive system

   *Pre= 37% Post= 81% Increase: 44%
2. When assessing Step 3 you:
   A. Interview the caregiver using the History Worksheet & Current Capacities
   B. Observe the child over time
   C. Seek consultation with other providers
   D. B only
   E. All the above

   *Pre= 67%  Post= 86%  Increase: 19%

3. Stopping vocalizations with a red zone toddler:
   A. Matching
   B. Countering

   *Pre= 94%  Post= 90%  Decrease: -4%

4. Lowering tone of voice for a blue zone baby:
   A. Matching
   B. Countering

   *Pre= 96%  Post= 88%  Decrease: -8%

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)

http://www.parents.com/baby/sleep/basics/age-by-age-guide/

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)

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
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

Four Brain Systems: Macro & Micro Levels

- Motor planning
- Plan & sequence
- Theory of mind
- Language
- Emotions
- Advances
- Sharing-making
- Nutrition
- Sleep/wake cycle
- Stress & Stress Recovery
- Sensations
- Processing & Modulation
- Speech

Developmental Disabilities

- Basic Needs/ Medical

- Early Care & Education

- Child Welfare

Brief Family History

- Began treatment 3/2013 when A was 3.5 yrs. Currently, 6 y.o.
- Parents, mid/upper 30’s
- Father has son from previous marriage 10 years older than A. Joint custody.
- Mother is employed doing developmental assessments for adults. Mother in treatment for anxiety and depression (hx).
- Father lost his job during client infancy and has been unemployed for 5 years.
- Couple in tx for marital stress/strife
Early Care & Education

Day care at 2, then preschool at 3
Routine pediatrician care
Loss of father's income
Referral to psychiatrist @ 6

Sleep & Stress Patterns

Sleep Cycles:
A sleeps from 9:30 pm to 7:30/8:00 am sleeps straight through the night and has been since 14 weeks w/o “training”
at 3 napped 1-2 hours
Total sleep 10-11 hours
Mom sleeps 7-8 hours light sleeper but generally falls back to sleep
Dad sleeps 7-8 hours

Stress Patterns:
A (weekend) 20% red, 40% combo, 0% blue, 40% green
A (weekday) 20% red, 60% combo, 0% blue, 20% green
Mom 40% combo, 40% green, 10% red 10% blue
Father 40% red, 40% green, 20% combo
Colored Zones are the background to Emotional Regulation

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.

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

**Adapted from Lillas & Turnbull, © 2009**

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**Heart, Hand, and Head Patterns Under Coordination**

<table>
<thead>
<tr>
<th>Heart</th>
<th>Hand</th>
<th>Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm, Empathic, Connect, Repair</td>
<td>Functional helper, Share info, Make contact, Cross-sector communication</td>
<td>Overly accommodating, Overly controlling, Anxious to fix things</td>
</tr>
<tr>
<td>Assertive, Directive, action-oriented</td>
<td>Take the lead, Confront, Stand up, Notice and share differences</td>
<td>Overly demanding, Hostile attack, Blaming the victim, Blaming the system</td>
</tr>
<tr>
<td>Neutral, Reflective, Problem-solve</td>
<td>Take responsibility, Learn, ask, &amp; notice the impact</td>
<td>Overly detached, Overly dismissive, Passive-aggressive, Denial, Denial of differences across domains</td>
</tr>
</tbody>
</table>

**Heart, Hand, and Head Patterns Under Stress**

<table>
<thead>
<tr>
<th>Child</th>
<th>Parent</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>Parent</td>
<td>Child</td>
</tr>
<tr>
<td>#1 Sweet, affectionate</td>
<td>M #1 Loving, thoughtful</td>
<td>F #1 considerate</td>
</tr>
<tr>
<td>#2 Assertive, decisive</td>
<td>M #2 Plans well</td>
<td>F #1 Does, good at tasks</td>
</tr>
<tr>
<td>#3 Guided self reflection</td>
<td>M #3 Appreciates knowledge/info</td>
<td>F #1 Seeks a framework to understand</td>
</tr>
<tr>
<td>Hand</td>
<td>Parent</td>
<td>Child</td>
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NRF Guiding Principles

• During assessment in Step #1, map out the Duration, Intensity, and Frequency (DIF) 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.

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

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Step 2: Levels of Engagement

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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 there’s a toxic stress pattern, regardless of age the first three levels of engagement will need support
- 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!
**STEP #2**

**PARENT-CHILD RELATIONSHIP MILESTONES**

<table>
<thead>
<tr>
<th>milestone</th>
<th>Caregiver</th>
<th>Examiner</th>
<th>Date</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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**

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**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?

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**Levels of Engagement**

<table>
<thead>
<tr>
<th>level</th>
<th>ranking</th>
<th>description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Calm Together</td>
<td>Highest: Green together reading books or snuggling</td>
<td>Lowest: Both red locked in conflict</td>
</tr>
<tr>
<td>2. Eye contact</td>
<td>Highest: Looking at each other's face during back and forth flow</td>
<td>Lowest: A in fixed stare can't connect to parents</td>
</tr>
</tbody>
</table>

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Rody bounce - JOY

Rody licks - quiet and loud

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 Frequency (DIF) for the child’s nervous system that promotes sleep, the green zone, and stress recovery.
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

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

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
<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Highest</th>
<th>Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sharing joy</td>
<td>Tickling, swinging, physical play with high mutual joy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Angry, upset, yelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Circles of communication</td>
<td>7+ circles in a back-and-forth flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No response or can't close circle</td>
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</tr>
</tbody>
</table>

**Bouncing on Rody**

**Mommy is Rody**
### Levels of Engagement

<table>
<thead>
<tr>
<th>Level</th>
<th>Ranking</th>
<th>Description</th>
<th>Highest</th>
<th>Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Reading non-verbal cues</td>
<td>Socially referencing, reads escalating body cues. Locked into her known stress responses, doesn't see cues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Linking cause &amp; effect</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Intervention Guiding Principles**

**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)

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**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.

- 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

<table>
<thead>
<tr>
<th>Low Intensity, Slow Rhythm</th>
<th>High Intensity, Fast Rhythm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Match</strong></td>
<td><strong>Match</strong></td>
</tr>
<tr>
<td>Lower lights and sounds</td>
<td>Increase lights and sounds</td>
</tr>
<tr>
<td>Lower tone of voice</td>
<td>High pitched tone of voice</td>
</tr>
<tr>
<td>Slow down vocal rhythm</td>
<td>Rapid vocal rhythms</td>
</tr>
<tr>
<td>Slow down facial expression</td>
<td>Bright facial expressions</td>
</tr>
<tr>
<td>Slow movement</td>
<td>Fast movement</td>
</tr>
<tr>
<td><strong>Counter</strong></td>
<td><strong>Counter</strong></td>
</tr>
<tr>
<td>Increase lights and sounds</td>
<td>Lower lights and sounds</td>
</tr>
<tr>
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<td>Slow down vocal rhythm</td>
</tr>
<tr>
<td>Bright facial expressions</td>
<td>Slow down facial expression</td>
</tr>
<tr>
<td>Fast movement</td>
<td>Slow movement</td>
</tr>
</tbody>
</table>

Four Brain Systems

Vulnerability of 4 Brain Systems

- Vulnerability of Brain Systems
- Sensation
- Emotion
- Brain Theory
- Motor Control
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?
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
- 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 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!

“Micro” Level Overview

- Regulation: Balance of 24-hour Sleep/Awake Arousal
  - Prenatal Maternal Stress
  - Frequent Combo Zone
  - Good sleep
- Sensory: Balance of Processing & Modulation of Sensations
  - Strong verbal language
  - Appears easily overstimulated with people and toys
  - Overreactive to pain
- Relevance: Balance of pos/neg Emotions, Memories, & Meanings
  - Resistant to boundaries
  - Loss/Longing for brother
  - Perfectionistic
  - Does not speak with new or novel people
  - Rigid with routines
  - Very slow with transitions
  - Lack willingness to try new things
- Executive: Balance of initiating and sustaining thoughts, behaviors, & actions

Regulation System -Triggers

<table>
<thead>
<tr>
<th>Behaviors Observed</th>
<th>Possible Underlying Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent combo zone</td>
<td>• No procedural memories of green zone in new settings</td>
</tr>
<tr>
<td></td>
<td>• Biologically “primed” for anxiety</td>
</tr>
<tr>
<td></td>
<td>• Cross over with sensory</td>
</tr>
</tbody>
</table>
**Sensory System**

- **Triggers**

<table>
<thead>
<tr>
<th>Behaviors Observed</th>
<th>Possible Underlying Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over reactive to pain</td>
<td>• Acute sensitivity</td>
</tr>
<tr>
<td></td>
<td>• Few soothing resources</td>
</tr>
<tr>
<td></td>
<td>• Gets “stuck”</td>
</tr>
<tr>
<td>Sensitivity to certain vocal qualities</td>
<td>• On a sensory level triggers a stress response</td>
</tr>
</tbody>
</table>

**Relevance System**

- **Triggers**

<table>
<thead>
<tr>
<th>Behaviors Observed</th>
<th>Possible Underlying Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss and longing for brother</td>
<td>• Procedural memories of joy fuel longing...brother was a better player?</td>
</tr>
<tr>
<td>Resistant to boundaries</td>
<td>• Limits are a denial/blocked goal but also require fast “shifting” to comply (Executive challenge)</td>
</tr>
<tr>
<td>Perfectionistic</td>
<td>• Wants it “right” seeks control, difficulty shifting</td>
</tr>
</tbody>
</table>

**Executive System**

- **Triggers**

<table>
<thead>
<tr>
<th>Behaviors Observed</th>
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</tr>
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<tbody>
<tr>
<td>Rigid with routines</td>
<td>• Challenges with shifting, routines decrease anxiety and are comforting</td>
</tr>
<tr>
<td>Lacks willingness to try new things</td>
<td>• Poor or few positive procedural memories of new experiences</td>
</tr>
<tr>
<td>Very slow transitions</td>
<td>• Gets “stuck”, current task is familiar/comforting</td>
</tr>
</tbody>
</table>
Soccer role play with Daddy

Linking role play to peers

Prep for mad
<table>
<thead>
<tr>
<th>Triggers</th>
<th>Toolkits: Self-Regulation</th>
<th>Toolkits: Co-Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body [Regulation]</td>
<td>• Initiated using Rody for regulation</td>
<td>• Offered the Rody to get to green</td>
</tr>
<tr>
<td>• Prenatal maternal stress</td>
<td></td>
<td></td>
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<tr>
<td>• Frequent combo zone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensing [Sensory]</td>
<td>• Whisper</td>
<td>• Slow, low vocal rhythm and volume including</td>
</tr>
<tr>
<td>• Easily overstimulated</td>
<td>• Lovie</td>
<td>whispering</td>
</tr>
<tr>
<td>• Overreactive to pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings [Relevance]</td>
<td>• Cross arms and say “I’m mad” “That’s not fair”</td>
<td>• Mirror emotional disappointment</td>
</tr>
<tr>
<td>• Resistant to boundaries</td>
<td>• Seek her parents for comfort</td>
<td>• Pair a “yes” with a “no”</td>
</tr>
<tr>
<td>• Loss/designing for brother</td>
<td></td>
<td>• Games to build emotional muscle</td>
</tr>
<tr>
<td>• Perfectionistic</td>
<td></td>
<td>• “messy” games</td>
</tr>
<tr>
<td>Moving/Planning/Thinking [Executive]</td>
<td>• Anticipates teacher transition plan</td>
<td>• Custody Calendar</td>
</tr>
<tr>
<td>• Rigid with routines</td>
<td>• Initiates her own behavior plan</td>
<td>• Carefully titrated challenges</td>
</tr>
<tr>
<td>• Very slow with transitions</td>
<td>• Participates in practicing self regulation skills</td>
<td>• Pretend play/role play</td>
</tr>
<tr>
<td>• Lack willingness to try new things</td>
<td></td>
<td>• Social stories</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pre meetings and “dates” with new school</td>
</tr>
</tbody>
</table>