


# Case Presentation for the Neurorelational Framework (NRF)

Neuro-Relational Framework (NRF)  
Dyadic Mapping for Reflective Practice:  
Self, Parent, and Child



Name: Cathy Pope and Joshlynn Norquist with Community Team  
Katie Crask, Shannon Dicks, & Jim Pryce  
Date: Nov 18, 2016

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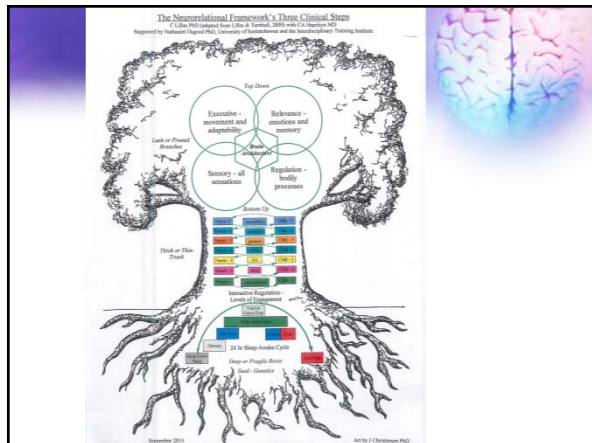
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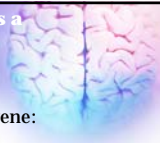
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# Case Presentation for the Neurorelational Framework (NRF)

**The Neurorelational Framework (NRF) is a knowledge translation framework that translates brain science into practice:**



**Three Core Concepts:**

- Stress Resilience versus Toxic Stress
- “Serve & return” levels of high quality engagement
- Development of brain networks

**Assess & Intervene:**

- Step 1:* Adaptive vs. toxic stress (roots to a tree)
- Step 2:* Age appropriate vs. low levels of relational engagement (trunk of a tree)
- Step 3:* Age appropriate developmental capacities vs. delays or disorders in brain networks (branches of a tree)

C. Lillas, adapted from Lillas & Turnbull, 2009

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**Reflective Practice**



**Five Core Concepts of RP:**

In cultural context:

- Professional use of ourselves
- Parallel process
- Working alliance
- Understanding the story
- Holding the baby in mind

**NRF’s use of RP concepts:**

In context with cultural similarities/differences; parallel process & power differentials

- Our colors; our HHH; our four stories
- Our colors; our HHH; our four stories
- Use of our Hearts
- Holding the family system in mind – the parents, the child, the relationships

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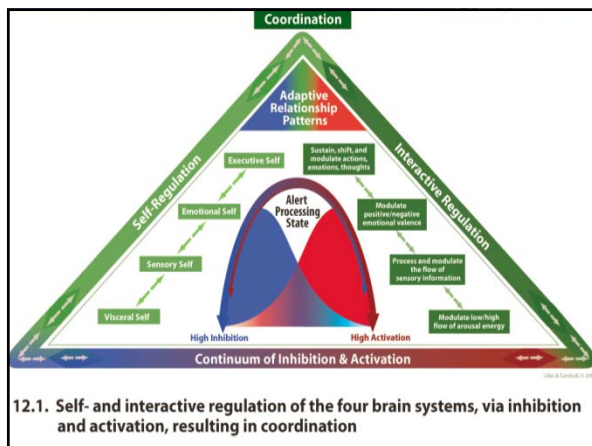
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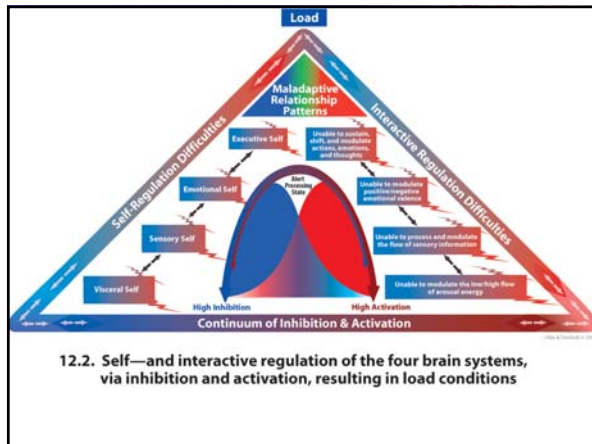
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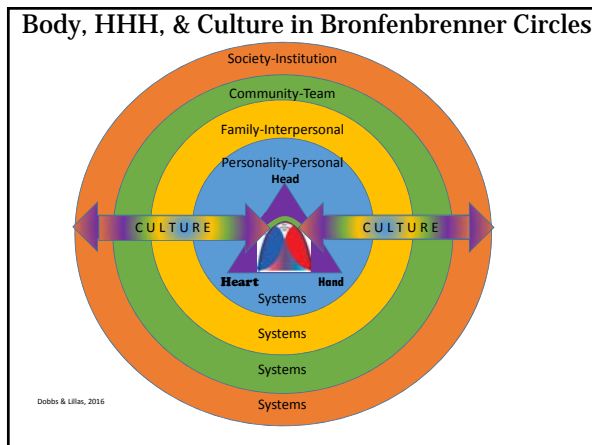
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## Brief Family History

**Family Structure**

Primary client was 19 months old  
 Referral through Primary Physician due to failing the MCHAT at 18 months  
 Parents married  
 Older sibling, 4 years old with Expressive Language delay, not connected to services

**Cultural background: Latino family**  
 Mother's mother and sibling connected, provide fiscal and custodial resources  
 Father's parents less connected – twice a year visits

Both parents have a history of intergenerational abuse and domestic violence

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# Case Presentation for the Neurorelational Framework (NRF)

## Cultural Similarities & Differences w/Power Differentials



<p><b>Differences</b></p> <ul style="list-style-type: none"> <li>• Education gaps           <ul style="list-style-type: none"> <li>– Parents High School Grads</li> <li>– Treatment, MA level</li> </ul> </li> <li>• Age differences           <ul style="list-style-type: none"> <li>– Parents in 30's</li> <li>– Provider's 40-50's</li> </ul> </li> <li>• Racial differences           <ul style="list-style-type: none"> <li>– Latina/Latino</li> <li>– Caucasian Providers</li> </ul> </li> </ul>	<p><b>Similarities with Family</b></p> <p>Shared family values</p> <ul style="list-style-type: none"> <li>• Mom cares about structure and predictability</li> <li>• Healthy snacks</li> <li>• Crafts for Holidays</li> <li>• A feeling that even though there are racial differences there is a feeling of being similar in family values</li> <li>• Family and practitioners honoring faith based communities, even though different, there is a bridge there</li> <li>• Both parents and practitioners come from being poor and having to work hard to change SES</li> </ul>
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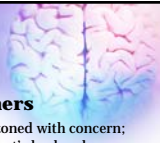
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## Parallel Processes from the home to the practitioner team



<p><b>Parent</b></p> <ul style="list-style-type: none"> <li>• Mom was anxious underneath the red zone; she was hiding</li> <li>• The holder of power keeps you safe; people will keep you safe.</li> <li>• Mom was going to get her needs met on her own; by being assertive or aggressive, she was going to get her needs met</li> <li>• Mom was control it by going back into "fake green"</li> <li>• Father felt genuine in sharing his trauma history</li> </ul>	<p><b>Practitioners</b></p> <ul style="list-style-type: none"> <li>• J felt combo zoned with concern; following parent's lead and never knew when mom was going to go red – it would come as a quick surprise</li> <li>• J felt she accommodating to parents' lead but not certain that was the "real" need of the family; could feel more was needed but not sure what!</li> <li>• Both practitioners are feeling some "faking green" as well. Concerned about safety and hearing the trauma story</li> </ul>
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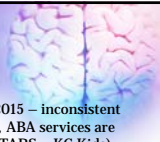
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## Case History Timeline



<ul style="list-style-type: none"> <li>• Jan, 2015 – initial IFSP; parents main concerns are child is not walking; failed MCHAT; Joshlynn and CVRC case worker begin case</li> <li>• Feb, 2015 – Cathy joins case as co-treater; begin the use of 4 Colors; OT/PT/SLP begin consultative services</li> <li>• May, 2015 – ABA services begin due to failed MCHAT</li> <li>• June, 2015 – Parents separate, Majorie Mason becomes involved with legal services</li> <li>• Aug, 2015 – ABA services dropped; move from intensive to non-intensive</li> </ul>	<ul style="list-style-type: none"> <li>• Sept/Oct, 2015 – inconsistent attendance, ABA services are dropped (STARS – KC Kids)</li> <li>• Nov, 2015 – transition IFSP to show that client has not made developmental progress; CVRC case brought back into services through supervisor</li> <li>• CVRC supervisor advocates for family and intensive ABA is reinstated for both parents' in their homes plus day care</li> <li>• Jan, 2016 – CYS connects and provides services to mom with older son</li> <li>• All of these services continue until his 3<sup>rd</sup> birthday; no longer ASD eligible at this time</li> </ul>
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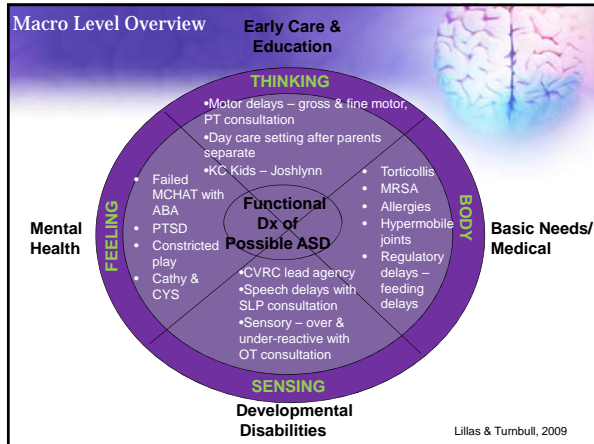
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# Case Presentation for the Neurorelational Framework (NRF)




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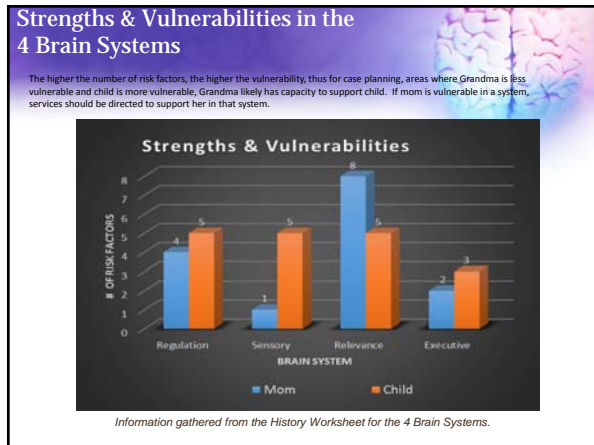
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- ACES for Mom and Child**
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| <p><b>ACE for Mom - 4</b></p> <ul style="list-style-type: none"> <li>• Physical abuse</li> <li>• Emotional abuse</li> <li>• Exposure to Domestic Violence</li> <li>• Separation or loss of a parent</li> </ul> | <p><b>ACE for Child - 4</b></p> <ul style="list-style-type: none"> <li>• Physical abuse</li> <li>• Exposure to Domestic Violence</li> <li>• Emotional Neglect</li> <li>• Separation or loss of a parent</li> </ul> |
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- Brain Image**

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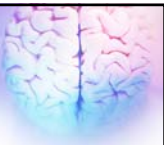
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Case Presentation for the Neurorelational Framework (NRF)

### Sleep



Sleep Cycles: No one is sleeping well. The family uses the TV to help fall asleep. Someone waking up every one to two hours.

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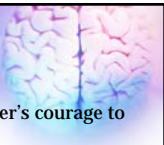
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### The Colors Tell Us The Story!



- The discussion of the colors allowed for Father's courage to share his trauma story
- The colors are a way to say "We can hold this part of your story, I'm not just your child's teacher."
- Without the colors we wouldn't have gotten to their story
- Colors neutralize the shame associated with one's trauma story
- Journey of the Colors:
  - help them understand their story so they can make sense of their story – the story of the colors moves along –
  - from being shared to being able to think about it and
  - then to find what they can or want to do about their stress colors

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### Family Pie at Baseline



Hypervigilance from all family members

Spikes of red with retreat to blue (parent gives in)

Blue feels green to the family, the safest place

Green = 0%  
Red = 20%  
Blue = 20%  
Combo = 60%

Legend: Green, Red, Blue, Combo

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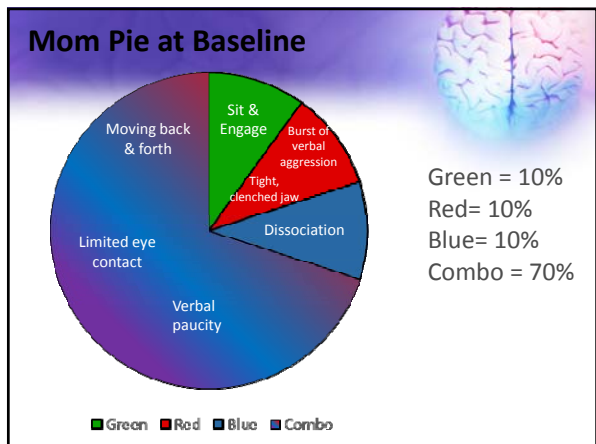
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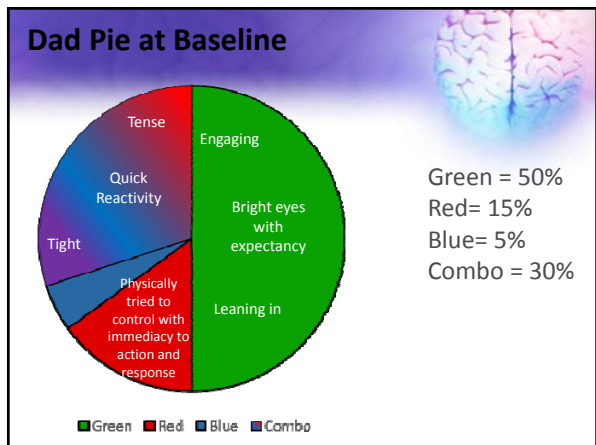
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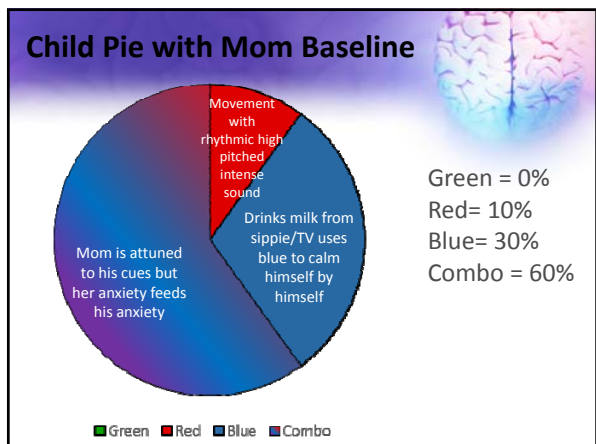
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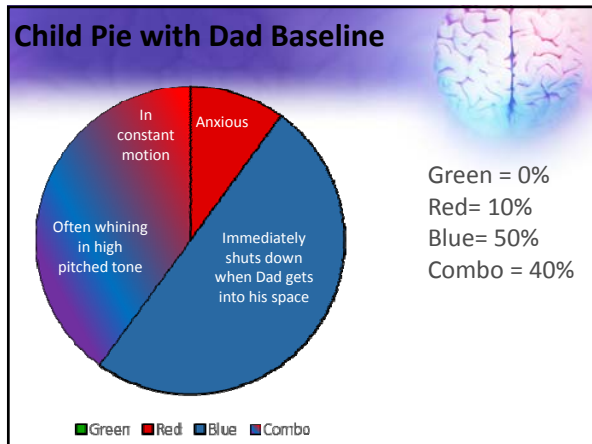
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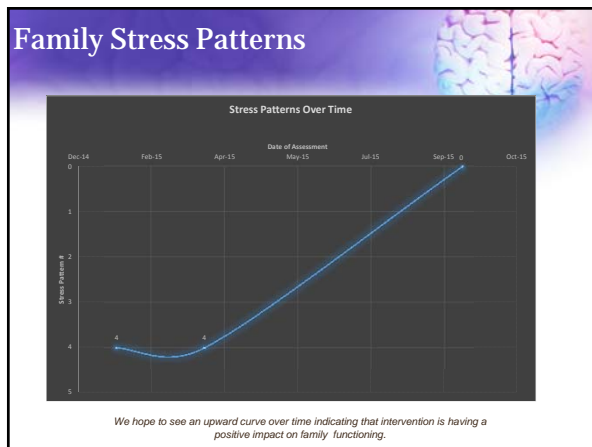
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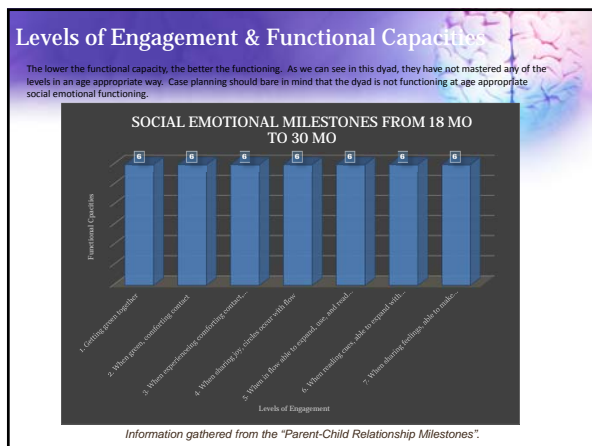
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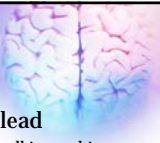
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## Following the Lead into the Deeper Need



**EI- sets goals by following the parent's lead**

- First set of goals: motor – needing to walk (he was walking on his knees)
- Second set of goals: language delay and social-emotional - she wanted the boys to play games together

What's written as a goal gets transformed into the need when you allow for the emotional space

- Third set of goals: despite using sensory-motor strategies, at review, child had made no developmental progress
- When parents/child are compliant with no change OR "non-compliant" with no change, go back to the roots of the tree – which was survival mode for this family
- Truth revealed: the real need was for safety; what looked like ASD was being driven by being under threat with blue zone (dissociation)

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## Triggers & Toolkits for Child



<p><b>Triggers</b></p> <p><i>Regulation</i></p> <ul style="list-style-type: none"> <li>Sleep disrupted</li> <li>Ill all the time</li> <li>MRSA</li> </ul> <p><i>Sensory</i></p> <ul style="list-style-type: none"> <li>Older brother – large movements, fast pace, leaning in, grabbing toys</li> <li>*Tense vocal tones with spurts of harsh tones</li> </ul>	<p><b>Toolkits</b></p> <p><i>Regulation</i></p> <ul style="list-style-type: none"> <li>Request to refer to genetics and psychiatrist; family unable to follow through</li> </ul> <p><i>Sensory</i></p> <ul style="list-style-type: none"> <li>Proprioceptive squeezes while moving closer to him to protect</li> <li>Skin brushing suggested</li> <li>Sippee cup of milk; making healthy snacks together</li> </ul>
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## Triggers & Toolkits for Child & Parent



<p><b>Triggers</b></p> <p><i>Relevance</i></p> <ul style="list-style-type: none"> <li>Intergenerational hx of physical &amp; emotional abuse from both sides of the family w/both parents</li> <li>Dad related to "big red zone/angry feelings" and told his story</li> <li>Mom at beginning, spikes of red; after she developed more trust, she was combo/freeze with lots of sadness/blue zone underneath</li> <li>Active domestic violence between parents in the home that was intermittent, yet consistent</li> </ul>	<p><b>Toolkits</b></p> <p><i>Relevance</i></p> <ul style="list-style-type: none"> <li>Holding tension with behavioral approach (ABA) and developmental/trauma approach, especially after separation *needed to coordinate with CVRC</li> <li>Reframing the story: instead of her taking the boys away from their father, she was protecting them from abuse and keeping them &amp; herself safe. Relationships begin with safety.</li> <li>Using the colors to tell a complex family story of DV</li> </ul>
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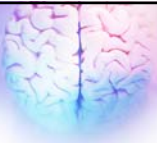
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# Case Presentation for the Neurorelational Framework (NRF)

## Triggers & Toolkits for Child & Parent

<b>Triggers</b> <i>Relevance</i>	<b>Toolkits</b> <i>Relevance</i>
<p>*Mom finally exposed the DV and asked for help – referral to Marjorie Mason</p> <p>*Unable to keep appts w/ABA – coordinated care with CVRC</p> <p>*After separation from father, older son showed DV enactments to Cathy &amp; Joshlynn – referral to CYS</p>	<p><i>Procedural enactments:</i> older brother enacting DV with mom's freeze. Interrupting that freeze, helping mom be able to get back to green; recognizing she needed more help – referral</p> <p>Began to see younger brother's "autistic traits" through the lens of trauma/dissociation (both/and noncompliance &amp; inconsistent treatment)</p> <p>Dad received his own therapy/anger management, he resumed contact with his children</p>



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## Our family circulating Our community

Comments from our Supervisors of practitioners involved in this process

Katie Crask, Marjorie Mason  
Shannon Dicks, CVRC  
Jim Pryce, Comprehensive Youth Services

Supporting the messiness of our interdisciplinary work and using our relationships to work it through!



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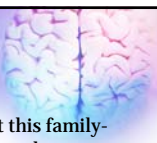
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## Reflections

- How did your individualized services assist this family- what did you do that supported this family perhaps differently than maybe what is done typically?
- What did that mean for your agency? your stressors, your successes
- How did or does the NRF influence/ change/ inform your work?
- What does it mean to a family when we have continuity of a common language?
- What are "next steps" in terms of implementing the NRF for your agency?



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# Case Presentation for the Neurorelational Framework (NRF)

## Triggers & Toolkits for Child & Parent

### Triggers

#### Executive

Mom's freeze interrupted her being able to make cause/effect links

### Toolkits

#### Executive

Psychoeducation: specific information around the enactment was different than "noncompliance" or "just being mad" – he was taking over his father's role in how one expresses getting needs met.

Trauma story confuses "want" and "need" – everything becomes the need. The reaction to not getting the puzzle piece is the same to not getting fed when you are hungry.

Internalized oppression: family culture is one of dominance and submission which can be carried as a secret. There a reversal of safety and threat – so what is threatening and staying vigilant is safety; and what is safety and getting to green is threatening. One has to slowly be walking through that process as one moves from physical and emotional abuse to safety.

A "strength-based" approach can rush it, trying to get to green too quickly. Having to stay steady with heart, hand, and head skills; needing to have MH support on the team with EI.

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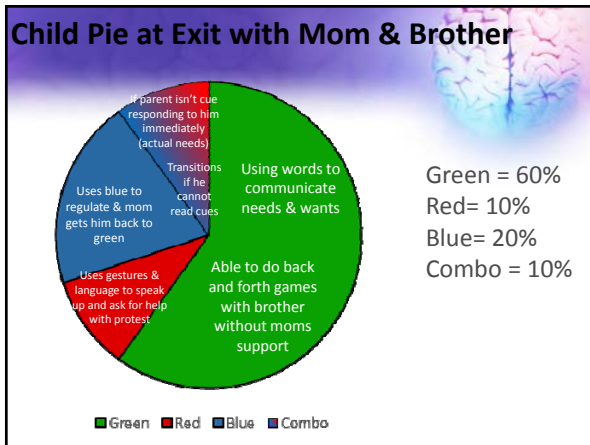
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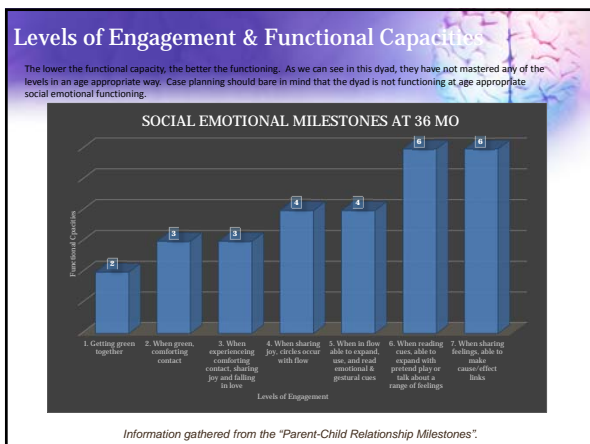
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# Case Presentation for the Neurorelational Framework (NRF)

### Using the NRF in our Community, Take Home Messages



- We always start with the heart – relationship based work AND a hand is needed to guide and direct AND it cannot be done without reflection
- It's a process to shift to include trauma-informed care across all of our systems into coordinated care
- Cannot grow without ruptures and repairs occurring on the team.
- Unlearning and learning requires this process; cannot go around it, you have to go through it
- You don't have to do this perfectly you just have to start using this with your families. Start with the colors!

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### Look at what we did!

Panel Discussion with Drs. Batts & Lillas



- Celebrating our successes!
  - What items from the NRF with Cultural Awareness (Relevance System) can we reflect on as a community? as a team? personally?
  - What stood out for you?
  - What surprised you?
  - What were challenges in applying the NRF?
  - What were successes in applying the NRF?
- Panel and discussion with the large group/small group?

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### Thank you!



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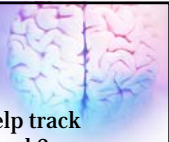
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**NRF's Use of Graphical Displays**



- Pictures with numbers that help track family progress in Steps 1, 2, and 3
- Step 1: PIE and Toxic Stress
- Step 2: Levels of Engagement
- Step 3: Strengths & Vulnerabilities

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