


## The Pursuit of Permanency:


Neurodevelopmentally-Informed Decision Making for the First 90 Days

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## Permanency Paradigm Shift

- Requires a shift from surviving to *thriving*...
- Brains aren't just born, they're built through experiences
- Building better brains
- Stay tuned...two practical tools



## Experience Build Brains

Three Core Concepts in Early Development

# 1 Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child HARVARD UNIVERSITY

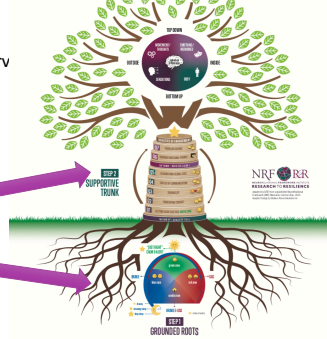
## Building Better Brains

- Unparalleled growth in the first three years of life
- Early experiences affect the way infants' brains are wired
- Neurological connections that are not used are naturally pruned
- Relationships matter!
- Lack of attuned relationships and stimulating environments have a lasting impact

## Not just survive but *thrive*...

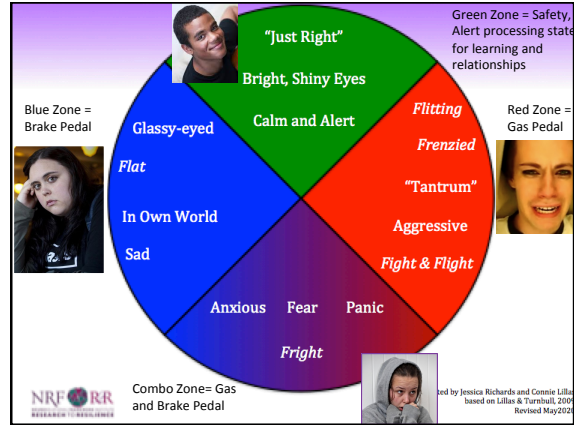
- In addition to basic survival require:
  - Green zone
  - Deep Sleep
  - Engaged relationships

**The THRIVING 3**



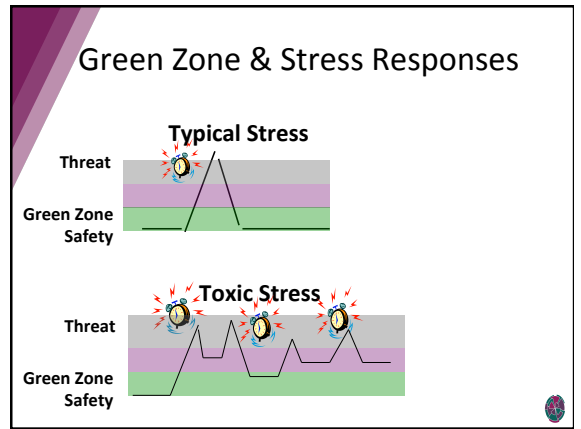
## Green Zone & Stress Responses

- When we are **challenged** or under **threat**, there are three **Autonomic Nervous System** stress responses
  - **Red zone** with gas
  - **Blue zone** with brake
  - **Combo zone** with gas and brake
- The goal is **GREEN zone** – calm alert state



**THE NEURORELATIONAL FRAMEWORK'S Awake States Checklist**

AWAKE STATE	INDICATORS	INDICATORS OF NECESSITY
<b>FLAT</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>FLAT</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>GLASSY-EYED</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>GLASSY-EYED</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>ANXIOUS</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>ANXIOUS</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>FRENZIED</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>FRENZIED</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>TANTRUM</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>TANTRUM</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>AGGRESSIVE</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>AGGRESSIVE</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>FIGHT &amp; FLIGHT</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>FIGHT &amp; FLIGHT</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.
<b>FRIGHT</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>FRIGHT</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.	<b>INDICATORS OF NECESSITY</b> No eye contact, no facial expression, no vocalization, no movement, no response to stimuli.

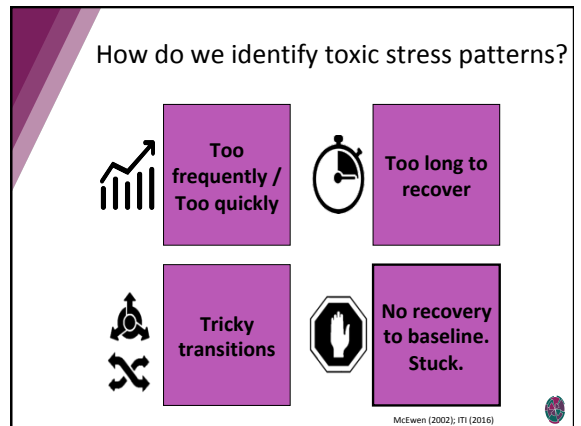


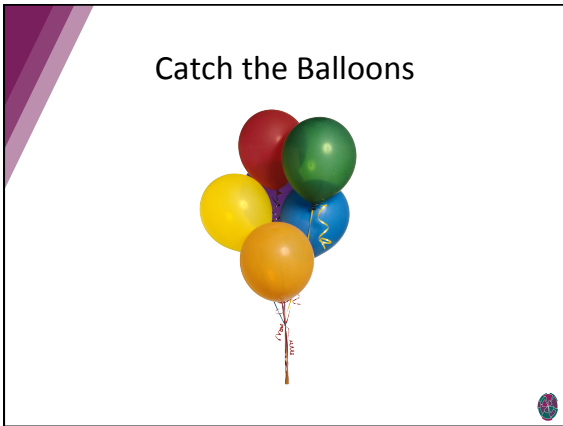
### How do we identify toxic stress patterns?

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

**4 Toxic Stress Patterns**

- Stress responses that occur too frequently and too quickly**
  - Any color, five or more times per day (under 3 y.o.) OR three or more times a day (over 3 y.o.); intensity level 7 to 10 (0-10)
- Prolonged stress responses that take too long to recover**
  - Any color, takes 20 minutes or more to recover
- Cannot adapt to "normal" challenges and transitions**
  - Any color, caregiver spends 30% or more of day with stress zones due to transitions or stress zones lasting more than four weeks after a new routine is in place
- Cannot recover from stress response back to baseline health**
  - Less than 20% green zone, often with disrupted sleep cycle as well
  - McEwen (2002); Lillas (2016)





## Deep Sleep

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#2

- Necessary for healthy brain development
- Restorative on a cellular level
- Supports the immune system, memory, language learning and green zone

Recommended Amount of Sleep for Pediatric Populations\*

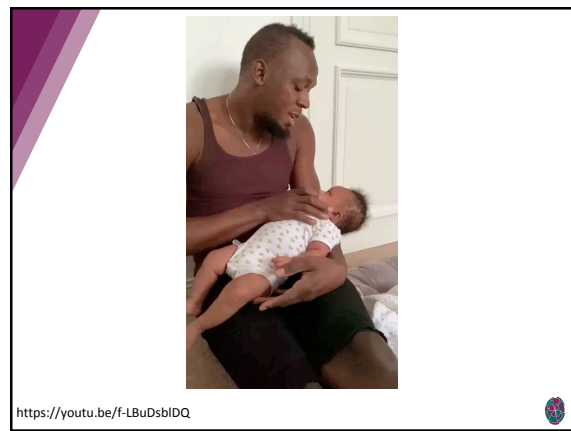
Age	Recommended Sleep Hours per 24 Hour Period
Infants: 4 to 12 months	12 to 16 hours (including naps)
Toddlers: 1 to 2 years	11 to 14 hours (including naps)
Preschoolers: 3 to 5 years	10 to 13 hours (including naps)
Gradeschoolers: 6 to 12 years	9 to 12 hours
Teens: 13 to 18 years	8 to 10 hours

\*The American Academy of Pediatrics (AAP) has issued a Statement of Endorsement supporting these guidelines from the American Academy of Sleep Medicine (AASM).  
Source: Peneis S, Brooks LJ, D'Arbenzio C, Hall W, Kotagal S, Lloyd RM, Mlowe B, Minski K, Nichols C, Quan SF, Rosen CL, Troester MM, Wise MS. Recommended Amount of Sleep for Pediatric Populations: A Statement of the American Academy of Sleep Medicine. J Clin Sleep Med. 2016 May 25. pii: e00156-16. PubMed PMID: 27250809.

## Engaging Relationships

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NRF  
RESEARCH FOR RESILIENCE



**Q7 PROBLEM SOLVING** (18-24 months): When sharing feelings, able to make sense of and solve emotional problems together through talking and/or imaginative play.

**Q6 SHARING EMOTIONAL THEMES** (15-18 months): When reading non-verbal cues, able to share feelings with others through talking and/or imaginative play.

**Q5 READING NON-VERBAL CUES** (12-15 months): When in a flow together, able to expand and add to real non-verbal (tonalities) & gestural cues.

**Q4 CIRCLES OF COMMUNICATION** (9-12 months): When sharing joy, able to create a continuous back and forth flow of communication, often referred to as "circles of communication".

**Q3 SHARING JOY** (6-9 months): When making comforting contact, able to share joy and fall in love.

**Q2 COMFORTING CONTACT** (3-6 months): When calm, able to find comfort & connection together. Visual (eye contact/look at faces), auditory (voices or songs), tactile (being touched), movement (rock), gustatory (taste, eat, obligatory smile).

**Q1 GETTING CALM TOGETHER** (GREEN ZONE)



## Catch the Balloons



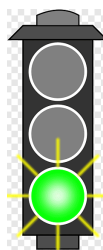
## Promoting Permanency

- Prioritize and *stabilize green zone, deep sleep and engagement*
  - Assess or request assessment of stress responses and qualities of engagement
    - Mental health therapist or trained CSW, investigator can provide feedback
- Use info gathered with tools (PIE, checklist and tree trunk) for Neurodevelopmentally informed and ICWA compliant legal decision making



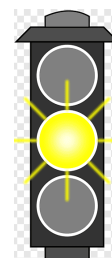
## Reading the Signals

- Green light – better green zone, better sleep, better engagement, tribally approved
- Keep monitoring but proceed as indicated by case plan



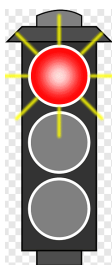
## Reading the Signals

- Yellow light- comparable or mixed bag (some better of the thriving 3, some worse)
  - Slow transition, ample overlap, consider mental health support throughout transition, maintain routines, promote communication
  - Maintain both relationships – use “video visits” or in person visits frequently



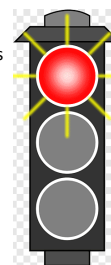
## Reading the Signals

- Red light- green zone, sleep and engagement worse
  - Engage dyadic mental health support prior to any increase in visitation – must boost relationship and decrease stress prior to moving forward
  - Request re assessment of stress responses, sleep and engagement
  - Proceed slowly with transition as indicated by progress
  - Use “video visits” frequently to increase exposure prior to increasing in person visitation frequency



## Reading the Signals

- Once adequate progress is made and there's a yellow light continue mental health support throughout transition and maintain both relationships
- A caregiver unwilling to support robust relationships for a child is a red flag



## Catch the Balloons



## Growing the Green

- Avoid other changes – providers, CSW, school
- Maintain established routines around sleep, feeding, comfort, caregiving and play
- Include familiar environmental comfort cues
- Promote shared parenting



my day		m + w th f	
i did		i was...	Happy Sleepy Chatty Busy Curious Grumpy Quiet
i ate...	All Some None	i need	<input type="checkbox"/> wet <input type="checkbox"/> dirty when _____ <input type="checkbox"/> diapers <input type="checkbox"/> clothes <input type="checkbox"/> other _____
i slept...	when _____ how long _____ when _____ how long _____	i went...	<input type="checkbox"/> wet <input type="checkbox"/> dirty when _____ <input type="checkbox"/> wet <input type="checkbox"/> dirty when _____ <input type="checkbox"/> wet <input type="checkbox"/> dirty when _____
my day		m + w th f	
i did		i was...	Happy Sleepy Chatty Busy Curious Grumpy Quiet
i ate...	All Some None	i need	<input type="checkbox"/> wet <input type="checkbox"/> dirty when _____ <input type="checkbox"/> diapers <input type="checkbox"/> clothes <input type="checkbox"/> other _____
i slept...	when _____ how long _____ when _____ how long _____	i went...	<input type="checkbox"/> wet <input type="checkbox"/> dirty when _____ <input type="checkbox"/> wet <input type="checkbox"/> dirty when _____ <input type="checkbox"/> wet <input type="checkbox"/> dirty when _____

## Maintaining Routines

What is the routine around waking up? What time?

When does the baby/child take nap(s) during the day?

What is the rhythm and timing of feeding/eating for the baby/child?

For infants under one year, what foods does the baby eat and enjoy? Does the baby drink from a bottle? If so, what type/brand of bottle? What does the baby drink in the bottle and how much each feeding? Any intolerance or allergies or excessive spitting up/reflux?

For toddlers and young children, what foods does the child eat and enjoy? How often does the child eat? Any food intolerance or allergies?

What are the baby/child's favorite playtime activities and toys?

## Resources and Works Cited

- <https://childparentpsychotherapy.com/resources/roster/>
- A Review of the Effects of Sleep During the First Year of Life on Cognitive, Psychomotor, and Temperament Development <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2768951/>
- The Neurorelational Framework [www.NRFR2R.com](http://www.NRFR2R.com)
- Harvard Center for the Developing Child <https://developingchild.harvard.edu>
- McEwen <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1197275/>
- Lillas, C. & Turnbull, J. (2009). *Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice*. New York: Norton.
- Zerotothree.org
- Acestoohigh.com
- <https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx>

## Thank you!

