

The Pursuit of Permanency:

Neurodevelopmentally-Informed Decision Making for the First 90 Days

Jessica Richards, MS, MSW, LCSW
CA endorsed Infant, Family and Early
Childhood Mental Health Specialist



Permanency Paradigm Shift

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



Experience Build Brains

Three Core Concepts in Early Development

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

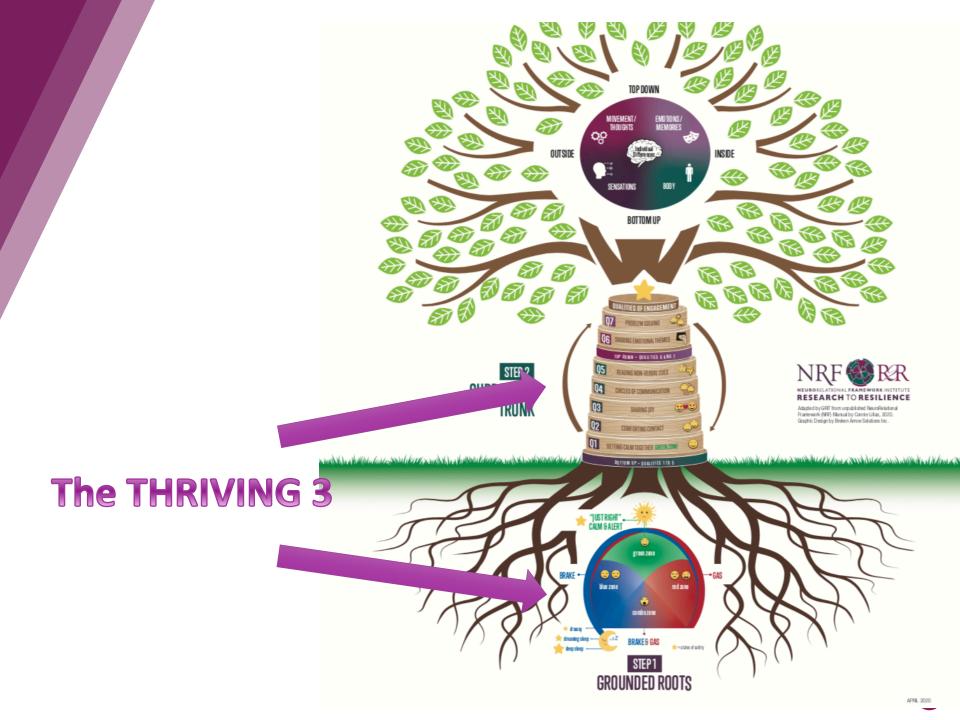


Not just survive but thrive...

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

The THRIVING 3





Green Zone & Stress Responses

Threat

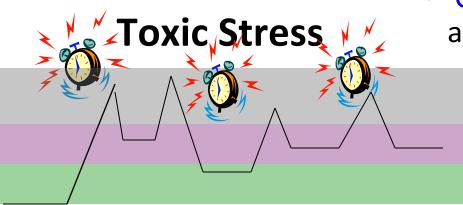
Green Zone
Safety

 When we are <u>challenged</u> or under <u>threat</u>, there are three *Autonomic Nervous* System stress responses

- Red zone with gas
- Blue zone with brake
- Combo zone with gas and brake

Threat

Green Zone Safety







"Just Right" Bright, Shiny Eyes **Flitting** Blue Zone = Calm and Alert Glassy-eyed **Brake Pedal Frenzied** Flat "Tantrum" In Own World Aggressive Sad Fight & Flight **Anxious** Fear Panic Fright Combo Zone= Gas and Brake Pedal

Green Zone = Safety, Alert processing state for learning and relationships

> Red Zone = Gas Pedal



Step #	‡1
--------	----

Awake States with Stress Responses

		-
RED ZONE Too Fast/Gas Pedal	EYES Open, squinted or closed eyes May have direct, intense eye contact Eyes roll upward Eyes look quickly around the room FACE Wide, open mouth Anger, disgust Frown, grimace Fake/forced smile Clenched jaw or teeth VOICE High-pitched crying, yelling or screaming Loud Hostile or grumpy	Sarcastic Out of control laughing BODY Fingers spread out; body sprawled Arched back; tense body position Constant motion Demands space by pushing, shoving, and getting into others' space Biting, hitting, kicking, jumping, throwing Bumps into things, falls Threatening gestures (shakes finger or fist) RHYTHM/RATE OF MOVEMENT Fast movements Impulsive and/or jerky movements
BLUE ZONE Too Slow/Brake	EYES Glazed-glassy eyes (looks through rather than at) Looks away for a long time, looks down Seems drowsy/tired Does not look around the room for interesting items Looks at things more than people FACE Flat/blank Mouth turned down, sad No smiles or hints of smiles Few emotions shown Low tone in the cheeks	VOICE Flat Makes few to no sounds Sounds cold, soft, sad, too quiet BODY Slumped/slouching Low muscle tone, floppy Little or no exploring play or curiosity Wanders Frozen or slow-moving RHYTHM/RATE OF MOVEMENT Slow movements Slow to start moving
COMBO ZONE Fast & Jerky/Gas & Brake	EYES Wide open eyes Looks around as if worried or scared Stares at things Rolling of the eyes FACE Raised eyebrows Furrowed brow Trembling lips or mouth Seems in pain Mouth wide open Startled expression Nasal flaring VOICE High-pitched, nasal, sing-song voice	Whimpers Wobbly/quivering voice or fast changes in tone BODY
GREEN ZONE Just Right/Alert	EYES Bright, shiny eyes Looks directly at people, objects Looks away for breaks, then returns to eye contact Seems alert, takes in information FACE Smiles, shows joy Neutral Can express all emotions VOICE Laughing Changes in tone	BODY Relaxed with good muscle tone Stable, balanced and coordinated movements Moves arms and legs toward centre of the body Molds body into a caring adult when held Moves faster or slower depending on environment RHYTHM/RATE OF MOVEMENT Changes smoothly to respond to the environment Movements not too fast or too slow



How do we identify 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
 - 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)
- 2. Prolonged stress responses that take too long to recover
 - Any color, takes 20 minutes or more to recover
- 3. 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
- 4. 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)



How do we identify toxic stress patterns?



Too frequently / Too quickly



Too long to recover





Tricky transitions



No recovery to baseline. Stuck.



Catch the Balloons

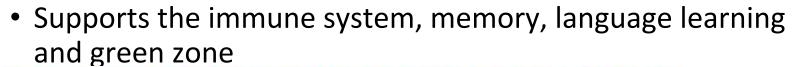




Deep Sleep

The THRIVING 3

- Necessary for healthy brain development
- Restorative on a cellular level



Recommended Amount of Sleep for Pediatric Populations*

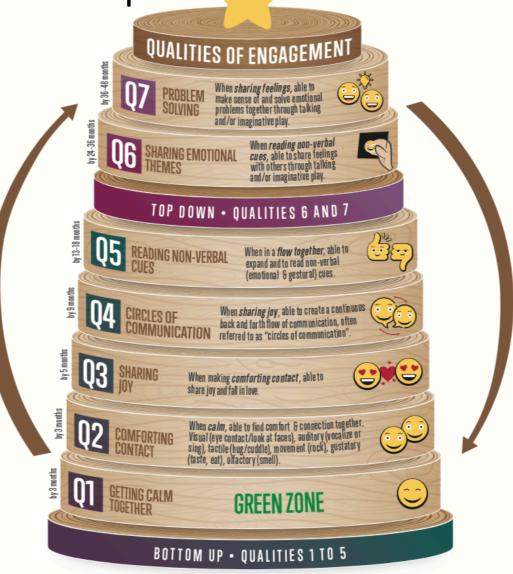
Age	Recommended Sleep Hours per 24 Hour Period
Infants: 4 to 12 months	12 to 16 hours (including naps)
Toddlers: 1 to 2 years	11 to 14 hours (including naps)
Preschoolers: 3 to 5 years	10 to 13 hours (including naps)
Gradeschoolers: 6 to 12 years	9 to 12 hours
Teens: 13 to 18 years	8 to 10 hours

^{*}The American Academy of Pediatrics (AAP) has issued a Statement of Endorsement supporting these guidelines from the American Academy of Sleep Medicine (AASM).

Source: Paruthi S, Brooks LJ, D'Ambrosio C, Hall W, Kotagal S, Lloyd RM, Malow B.Maski 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: jc-00158-16. PubMed PMID: 27250809.

Engaging Relationships

The THRIVING 3



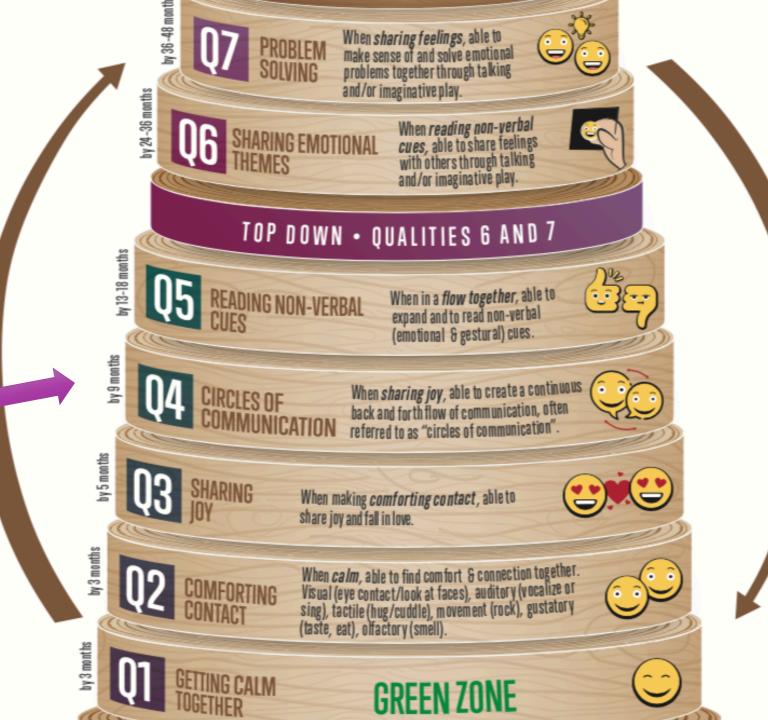
Adapted SE Milestones by C Lillas / Interdisciplinary Training Institute, 2014 Rev. 10.24.2018



From Greenspan, 1985; Greenspan & Wieder, 1988; AsixV from the Diagnostic Classification (R): 0-3











Catch the Balloons





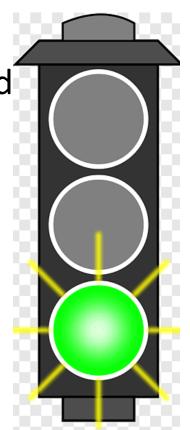
Promoting Permanency

- 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



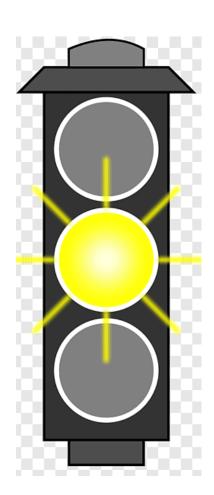
 Green light – better green zone, better sleep, better engagement tribally approved

 Keep monitoring but proceed as indicated by case plan



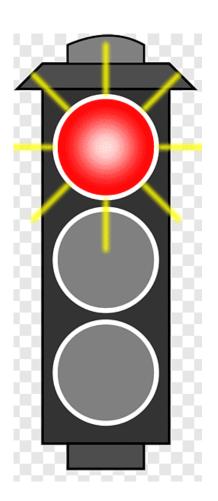


- Yellow light- comparable or mixed bag (some better of the thriving 3, some worse)
 - Slow transition, ample overlap, consider mental health support throughout transition, maintain routines, promote communication
 - Maintain both relationships use "video visits" or in person visits frequently



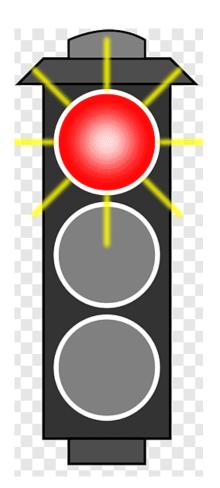


- Red light- green zone, sleep and engagement worse
 - Engage dyadic mental health support prior to any increase in visitation – must boost relationship and decrease stress prior to moving forward
 - Request re assessment of stress responses, sleep and engagement
 - Proceed slowly with transition as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





- 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



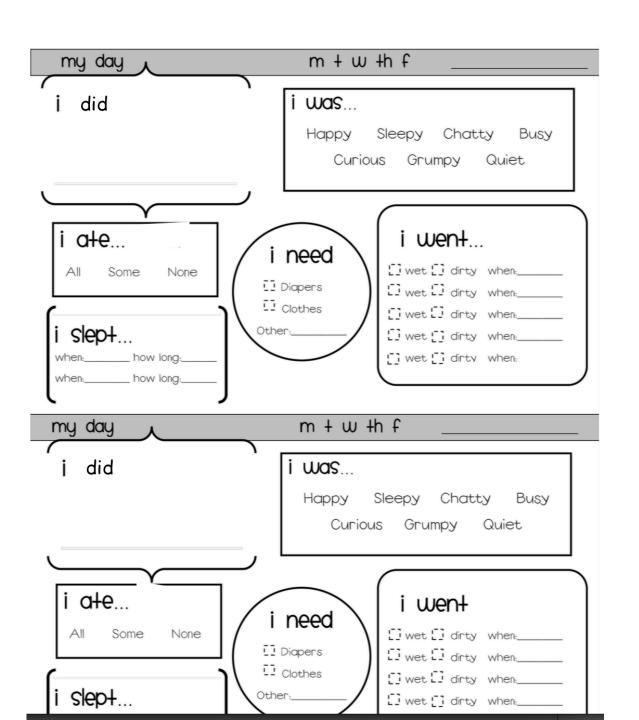


Growing the Green

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









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 feeling/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?



Resources and Works Cited

- 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
- 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



