

Relational Intelligence®: Clinical Decision Framework

Overview

Relational Intelligence® (RI) is a neurobiological psychotherapy (NBP) that integrates co-regulation, metacognition, and parts work to reprogram the autonomic nervous system (ANS) and restore relational security. It builds upon Internal Family Systems (IFS) while addressing its limits with attachment trauma and implicit memory.

The therapist acts as an active, secure attachment figure, engaging consciously and compassionately to promote neuronal plasticity and integration through co-regulation.

Step 1: Assess Present-Moment State

Observe / Ask	If...	Then...
Client is grounded, oriented, and able to reflect on internal experience	Parts are <i>accessible</i> and <i>recognized consciously</i>	→ Proceed with Top-Down Regulation / IFS-style parts work (self-part dialogue, internal communication)
Client appears dysregulated (collapsed, agitated, frozen, blank) or unable to reflect	Signs of <i>structural dissociation</i> or <i>implicit trauma activation</i>	→ Begin with Bottom-Up Co-Regulation (body-based ANS recalibration, therapist as co-regulator)

Step 2: Identify Dissociation Type

Type	Indicators	Primary Approach
Structural (unaware parts, amnesia barriers)	Bubble	1 Therapist co-regulates via safety cues, tone, presence. 2 Use bottom-up (movement, breath, sensory grounding). 3 Incorporate metacognitive reflection (“Notice what happens as you feel my voice supporting you...”)
Non-Structural (aware parts)	Parts or dysregulation of the ANS	Use top-down IFS inspired techniques or TPV informed interventions. Maintain co-regulation in the relational field .

Step 3: Co-Regulation → Self-Regulation → Parts Work

1 Co-Regulation Phase: Therapist provides safety, attunement, pacing. Goal = stabilize ANS.

2 Self-Regulation Phase: Client begins to internalize safety; develops metacognitive awareness.

3 Parts Work Phase: Once system is stable, deeper parts work and trauma integration can proceed.

Warning: RI work is neither phase-oriented nor linear. This sequence is intellectually useful, as it highlights the importance of engaging the bottom-up pathway whenever necessary; however, it should not be used as a procedural guideline for conducting RI work. *(Loop back as needed — if dysregulation reappears, return to Step 1.)*

Step 4: Techniques by Regulation Level

Level of Regulation	Therapeutic Focus	Example Interventions
High Dysregulation / Shutdown	Safety, grounding, therapist coregulation	Soft tone, proximity, orienting to environment, slow breathing together
Mild Dysregulation	Co-regulation + metacognition	“Notice what happens as you feel supported right now.”
Stable / Curious State	IFS-style parts dialogue	“Can you sense the part that feels X, and what it needs from you?”
Regulated / Integrated	Reinforce earned security	Reflect on relational safety and new experiences of connection

Step 5: Overarching Principles

- 🧩 Multiplicity of psyche acknowledged (same as IFS)
 - 🤝 Therapist acts as **secure attachment figure**
 - ❤️ Goal = **neuronal plasticity** → reprogrammed ANS → **relational security**
 - 💡 Process is **iterative**, not linear
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