Nervous System Regulation

A Multidimensional Clinical Framework

Eight Areas · Twenty-Four Subdomains · Research-Grounded

A clinician reference guide grounding each area of the Nervous System Regulation Check-In in trauma-informed research, polyvagal theory, interoception science, attachment theory, and meaning-making frameworks.

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About This Framework

This document provides clinicians with the research foundation underlying the *Nervous System Regulation Check-In*, a self-reflection tool designed to help clients — and therapists — identify where the nervous system is calling for support. Rather than organizing clinical assessment around diagnosis or symptom categories, this framework centers the body's actual regulatory capacities, recognizing that lasting change requires meeting clients at the level of their nervous system's current state.

Each of the eight areas divides into three empirically grounded subdomains that move across a consistent progression: from the most **somatic and automatic** (Subdomain A), through the **relational and process-level** (Subdomain B), to the most **reflective and identity-oriented** (Subdomain C). This architecture is not arbitrary — it mirrors the bottom-up sequencing required for effective trauma-informed work, in which body regulation precedes relational engagement, which in turn precedes narrative integration.

> **Clinical note on sequencing:** Low scores in earlier areas (Felt Safety, Physiological Regulation) generally indicate that deeper work in later areas (Meaning, Integration) may not yet be accessible to the client's nervous system. This framework supports pacing, consent, and trauma-informed prioritization — not a linear march through all eight areas simultaneously.

1 Felt Safety

Felt Safety is the body's baseline experience of safety in the present moment — not intellectual knowledge of safety, but the embodied, subcortical sense that one is not currently in danger. Porges introduced the concept of **neuroception** — the nervous system's continuous, unconscious scanning of the environment for cues of safety or threat — to explain why some people cannot feel safe even when they know they are safe. For trauma survivors, neuroception may be chronically miscalibrated, making Felt Safety the essential precondition for all other therapeutic work.

1A Safety in the Body

The capacity to inhabit the body without it feeling like a site of danger. Van der Kolk documented that trauma survivors experience the body as the primary location of threat — sensations, impulses, and physiological states are experienced as enemies rather than allies. Porges' Polyvagal Theory identifies the ventral vagal complex as the neural substrate for this sense of bodily ease: when ventral vagal tone is adequate, the body's internal environment feels habitable. Levine's Somatic Experiencing begins with building precisely this capacity — the ability to be 'alive in the body' rather than living above the neck in survival-mode dissociation.

Key sources: Porges (2011, 2022); van der Kolk (2014); Levine (1997, 2010); Payne, Levine & Crane-Godreau (2015, Frontiers in Psychology)

■ *My body generally feels safe enough to be present in my daily life.*

1B Safety in Relationship

The interpersonal dimension of felt safety — whether the presence of another person signals safety or threat to the nervous system. Bowlby's attachment theory established that co-regulation between caregiver and child is the foundational experience from which all subsequent relational safety derives. Porges identified the social engagement system — coordinating the ventral vagal complex with facial muscles, voice, and eye contact — as the neural pathway through which relational safety is communicated and received. Dana translates this as 'a physiological platform of safety that supports a psychological story of security.' When this system is compromised by relational trauma, other people become sources of danger rather than comfort, and healing itself requires building new relational safety — beginning in the therapeutic relationship.

Key sources: Bowlby (1969/1982, 1988); Porges (2011, 2017); Dana (2018); Ainsworth et al. (1978); Schore (2022); Johnson (2008)

■ *I don't spend most of my time bracing, guarding, or scanning for danger.*

1C Safety in Self-Compassion

The self-directed dimension of felt safety — the experience of oneself as a compassionate, non-threatening inner presence. Neff identifies self-compassion as involving three components: self-kindness (warmth toward oneself in suffering), common humanity (recognizing that suffering is part of shared human experience), and mindfulness (holding difficult thoughts with balanced awareness rather than over-identification). Gilbert's Compassion-Focused Therapy demonstrates that for many trauma survivors, the inner critical voice is itself experienced as dangerous — self-compassion is not a luxury but a safety resource. When the self is experienced as a compassionate presence, the internal environment becomes safer, reducing the nervous system's overall threat load.

Key sources: Neff (2003, 2023); Gilbert (2009); Kristin Neff & Chris Germer (2018, The Mindful Self-Compassion Workbook); Gilbert & Procter (2006, Behavioural and Cognitive Psychotherapy)

■ *When challenges arise, my body doesn't immediately go into shutdown or panic.*

2 Choice and Agency

Agency — the lived experience of being able to act, choose, and influence circumstances — is one of the first capacities disrupted by trauma and one of the most essential to restore. Helplessness, not pain per se, is the defining psychological wound of trauma. Van der Kolk stated that effective trauma treatment must involve 'learning that after confrontation with physical helplessness it is essential to engage in taking effective action.' Agency operates across three distinct channels: the body, the mind, and relationships.

2A Agency in the Body (Somatic Agency)

The capacity to feel physical impulses and act on them — to move, reach, push away, or protect — rather than remaining frozen or collapsed. Levine's Somatic Experiencing holds that trauma symptoms originate from *incomplete defensive responses*: the body initiated fight or flight but could not complete the action, leaving the person stuck in freeze or collapse. Ogden's Sensorimotor Psychotherapy works directly with 'action tendencies' — physical movements that want to happen but remain truncated in the body. Porges explains the mechanism: when the nervous system drops from ventral vagal to dorsal vagal shutdown, the body literally loses capacity for voluntary action.

Key sources: Levine (1997, 2010); Ogden, Minton & Pain (2006); Payne, Levine & Crane-Godreau (2015); Porges (2011)

■ *I feel a sense of choice in how I respond to situations.*

2B Agency in Decision-Making (Reflective Agency)

The capacity to pause, reflect, and make deliberate choices rather than being hijacked by automatic survival responses. Self-Determination Theory identifies *autonomy* — acting from interest and integrated values rather than external pressure — as a basic psychological need (Ryan & Deci, 2000). Neuroscience grounds this: during traumatic activation, prefrontal cortical function is severely compromised, eliminating the neural substrate for deliberate choice. Perry's 'Regulate, Relate, Reason' sequence demonstrates that cortical reasoning only becomes accessible once lower brain regions are first regulated.

Key sources: Ryan & Deci (2000, American Psychologist); van der Kolk (2014); Perry & Szalavitz (2006); Schwartz (2021)

■ *I can pause before reacting when something feels overwhelming.*

2C Agency in Relationships (Relational Agency)

The capacity to express preferences, set limits, and assert needs within interpersonal contexts, rather than defaulting to compliance, people-pleasing, or withdrawal. SDT's framework highlights that trauma survivors often override their need for autonomy to maintain relatedness — the 'fawn' response. Porges' social engagement system explains the neural infrastructure: when this system is compromised, flexible assertive social behavior becomes inaccessible, replaced by aggression, avoidance, or submission. Ogden works directly with interpersonal action tendencies — the physical movements of reaching out, pushing away, and saying no.

Key sources: Ryan (2005, Development and Psychopathology); Porges (2022, Frontiers in Integrative Neuroscience); Ogden & Fisher (2015)

■ *My actions feel guided by preference rather than pressure.*

3 Predictability and Rhythm

The brain is fundamentally a prediction machine. Barrett and colleagues' predictive processing framework establishes that environmental unpredictability is metabolically costly — the brain must devote excessive resources to processing prediction errors. Perry's neurosequential work traces the association between rhythmic predictability and safety to the fetal environment itself: the maternal heartbeat creates the nervous system's first experience of 'everything is okay.' Predictability operates across internal biological rhythms, environmental structure, and relational consistency.

3A Rhythm in the Body (Internal Biological Rhythms)

The regularity of the body's own rhythmic processes — breath, heart rate variability, sleep-wake cycles, and circadian cortisol patterns. Agorastos et al. (2019) established that circadian disruption after trauma is a core feature of PTSD, not merely a secondary symptom, with blunted cortisol rhythms, fragmented REM sleep, and disrupted melatonin levels. Porges identifies respiratory sinus arrhythmia (RSA) — heart rate variation synchronized with breathing — as the signature biomarker of ventral vagal regulation, with higher RSA indicating greater regulatory capacity.

Key sources: Porges (2011, 2025); Agorastos et al. (2019, NPJ Mental Health Research); Barrett et al. (2016, Philosophical Transactions of the Royal Society B)

■ *My life has enough structure to feel steady rather than chaotic.*

3B Predictability in the Environment (External Structure)

The degree to which a person's external world provides reliable structure and expectations. Bowlby's internal working models are fundamentally prediction systems — templates built from early relational experience that generate expectations about how the world will respond. When the environment is chronically unpredictable, the IWM becomes hypervigilant. Siegel's window of tolerance concept explains the mechanism: predictable environments help maintain arousal within the optimal zone, while unpredictable ones push activation outside it. Perry's clinical work emphasizes that consistent routines, clear expectations, and preparation for transitions directly scaffold nervous system regulation.

Key sources: Bowlby (1973); Siegel (1999); Corrigan, Fisher & Nutt (2011, Journal of Psychopharmacology); Perry & Szalavitz (2006)

■ *I generally know what to expect from my days or weeks.*

3C Rhythm in Relationships (Relational Predictability)

The predictability, consistency, and rhythmic quality of relational interactions — knowing how important people will show up, experiencing turn-taking and reciprocity. Ainsworth's Strange Situation research codified how caregiver predictability creates secure attachment, while inconsistent responsiveness produces insecure patterns. Porges describes how prosodic vocalizations engage the middle ear muscles and trigger the social engagement system — the rhythmic elements of relational interaction are literal neural exercises for the ventral vagal system.

Key sources: Ainsworth et al. (1978); Bowlby (1969/1982); Porges (2017, The Pocket Guide to the Polyvagal Theory); Perry & Szalavitz (2006)

■ *Routines help my body feel calmer rather than trapped.*

4 Interoceptive Awareness and Permission

Interoception — the sense of the body's internal state — is now understood as foundational to emotional experience, self-awareness, and regulation. Barrett's theory of constructed emotion positions interoception as the raw material from which all emotional experience is built. Garfinkel and colleagues empirically validated that interoception is not a single capacity but a multidimensional construct with at least three dissociable dimensions — accuracy, awareness, and sensibility — each with distinct clinical implications (Garfinkel et al., 2015).

4A Somatic Signal Detection (Noticing Body Signals)

The foundational capacity to detect internal body signals — sensations, shifts, and states. Garfinkel's research identifies *interoceptive accuracy* as the objective ability to detect body signals, dissociable from beliefs about one's interoception. Van der Kolk documented that trauma survivors frequently experience alexithymia — the inability to identify emotions — rooted in disrupted interoception. Levine's SE and Ogden's SP both begin therapy by training clients to *track* — directing attention to internal sensations as the primary therapeutic intervention. The MAIA-2 *Noticing* subscale directly measures this capacity.

Key sources: Garfinkel et al. (2015, Biological Psychology); Barrett (2017, Social Cognitive and Affective Neuroscience); Mehling et al. (2018, PLOS ONE); van der Kolk (2014); Levine (2010)

■ *I can notice body sensations without immediately feeling alarmed by them.*

4B Interoceptive Trust (Trusting the Body's Messages)

Not just whether signals are detected, but whether they are trusted as allies rather than experienced as enemies. The MAIA-2 includes a validated *Trusting* subscale — 'experience of one's body as safe and trustworthy.' Barrett's constructed emotion theory establishes that trusting body signals is not optional: it is how emotions are made. Porges' neuroception concept explains why trauma recalibrates body signals toward threat — when neuroception is tuned to danger, body signals are automatically interpreted as alarm rather than information. Garfinkel's research on metacognitive confidence-accuracy correspondence shows that when confidence and accuracy are misaligned, people feel overwhelmed by signals they cannot interpret.

Key sources: Mehling et al. (2018); Garfinkel et al. (2015); Barrett (2017); Porges (2011); van der Kolk (2014)

■ *Emotions feel tolerable, even when they are uncomfortable.*

4C Sensation Tolerance and Permission (Allowing Without Alarm)

The capacity to stay with body sensations and emotions without needing to suppress, escape, or panic. Levine's concepts of *pendulation* (oscillating between comfort and discomfort) and *titration* (working with small doses of sensation) are explicitly designed to build this capacity — training clients to gradually reduce the arousal associated with sensation by increasingly tolerating inner experience. Siegel's window of tolerance describes the optimal zone within which sensations can be held without overwhelm or shutdown. The MAIA-2's Not-Distracting and Not-Worrying subscales measure this directly.

Key sources: Levine (2010); Siegel (1999); Mehling et al. (2018); Ogden, Minton & Pain (2006); Schore (1994, Affect Regulation and the Origin of the Self)

■ *I trust my body signals as meaningful information.*

5 Physiological Regulation

Physiological regulation concerns the nervous system's actual biological capacity to modulate its states — the hardware beneath felt safety, agency, and interoception. Three distinct dimensions emerge: the system's baseline flexibility (autonomic range), the active process of managing activation (staying within range), and the ability to arrive at and sustain genuinely settled states (state recovery).

5A Autonomic Flexibility (Nervous System Range and Responsiveness)

The tonic capacity of the nervous system to shift between states rather than becoming rigidly locked in one. Porges' Polyvagal Theory positions **vagal tone**, measured via RSA, as the core index: higher vagal tone equals greater capacity for flexible state-shifting. HRV research robustly establishes reduced HRV as a biomarker of PTSD and emotional regulation difficulty. This is the 'hardware' dimension: what is the nervous system's constitutional and current capacity for flexible responding? Clinical interventions including breathwork, yoga, and mindfulness practice demonstrate measurable increases in vagal tone over time.

Key sources: Porges (2011, 2025); Dana (2018); Sack, Hopper & Lamprecht (2004, Biological Psychiatry); van der Kolk (2014)

■ *My breathing naturally slows when I rest or focus.*

5B Arousal Modulation (Navigating the Window of Tolerance)

The active, moment-to-moment process of staying within a manageable range of activation. Siegel's **window of tolerance** — the optimal zone where a person can think clearly, engage socially, and manage emotions — is the foundational clinical framework (Siegel, 1999). Ogden elaborated this into a formal Arousal Modulation Model for Sensorimotor Psychotherapy, developing body-based interventions — grounding, boundary exploration, movement awareness, breath — to help clients modulate activation. Perry's 'Regulate, Relate, Reason' positions arousal modulation as the foundational therapeutic requirement before relational or cognitive work becomes accessible.

Key sources: Siegel (1999, 2010); Ogden et al. (2006); Corrigan, Fisher & Nutt (2011); Perry & Szalavitz (2006)

■ *I can access moments of calm, grounding, or clarity.*

5C Somatic Settling and State Recovery (Returning to Baseline)

The experiential outcome dimension — whether the body can arrive at and sustain genuine calm and organization after activation. Levine's concept of *discharge* describes the body's natural process of releasing trapped survival energy through spontaneous movements, allowing the nervous system to settle back to baseline. Porges describes the ventral vagal state as producing 'growth and restoration' — visceral homeostasis, slowed heart rate, and dampened HPA axis activation. HRV recovery research demonstrates that post-stress recovery time is a clinically meaningful metric distinct from baseline vagal tone.

Key sources: Levine (2010); Porges (2011); Sack, Hopper & Lamprecht (2004); Ogden & Fisher (2015)

■ *My body generally feels settled and organized rather than constantly activated.*

6 Relational Safety and Support

Relational safety is not a single feeling but a layered capacity operating across nervous system, emotional, and identity levels. While Area 1 (Felt Safety) asks whether the body feels safe in general, Area 6 asks specifically about the relational field — whether other people are experienced as sources of

regulation, trust, and coherent selfhood. These three subdomains move from the most automatic and embodied to the most reflective.

6A Co-Regulation and Nervous System Attunement

The most foundational relational capacity: can this person's nervous system actually shift toward calm in the presence of another? Porges' social engagement system — a neural circuit integrating the ventral vagal complex with facial muscles, voice, and eye contact — enables **co-regulation**, the mutual influence of two nervous systems on each other. Schore's three decades of research on right-brain-to-right-brain communication documents how ultrarapid nonverbal exchanges of face, voice, and gesture facilitate the implicit regulation of emotion. Siegel's concept of 'feeling felt' captures the subjective experience.

Key sources: Porges (2011, 2022); Dana (2018); Schore (2022, Annals of General Psychiatry); Siegel (2010); Bowlby (1969/1982)

■ *I feel safe enough with at least one other person.*

6B Trust and Emotional Accessibility (Safety to Open Up)

Can I risk showing my needs and expect to be met? Sue Johnson's A.R.E. model from Emotionally Focused Therapy identifies **Accessibility, Responsiveness, and Engagement** as the three pillars of secure bonds — answering the core attachment question, 'Are you there for me?' Bowlby's *safe haven* function — the attachment figure providing comfort and protection during distress — and Ainsworth's research establishing that security requires consistent emotional accessibility ground this in decades of empirical attachment science. Fisher addresses how dissociative parts may carry profound distrust, making vulnerability feel dangerous — trust-building must account for multiplicity.

Key sources: Johnson (2008, Hold Me Tight); Bowlby (1988); Ainsworth et al. (1978); Fisher (2017); Johnson (2019, Attachment Theory in Practice)

■ *I can experience support without feeling overwhelmed or dependent.*

6C Connected Autonomy (Self Within Relationship)

The capacity to maintain a coherent sense of self while remaining emotionally connected — the antidote to both enmeshment and withdrawal. Murray Bowen's **differentiation of self** measures the capacity for intimacy without loss of autonomy, validated through Skowron and Friedlander's Differentiation of Self Inventory. Bowlby's secure base concept reveals the paradox: secure attachment produces greater independence, not less. Siegel defines relational integration as 'each person being respected for autonomy and differentiated self while linked to others in empathic communication.'

Key sources: Bowlby (1988); Siegel (2010); Calatrava et al. (2021, Clinical Psychology Review); Skowron & Friedlander (1998); Schwartz (2021)

■ *Being with others generally helps me feel more regulated.*

7 Meaning Without Pressure

Trauma frequently distorts the relationship between worth, productivity, and meaning — creating performance-based identity, contingent self-worth, and what clinicians recognize as the exhausting effort to justify one's existence through achievement. Three subdomains capture the *source* of worth, the *direction* of living, and the *temporal experience* of meaning.

7A Intrinsic Worth (Being Over Doing)

Self-worth that is not contingent on productivity or external validation. Kristin Neff's research distinguishes self-compassion from self-esteem: self-esteem is conditional and comparison-based, while self-compassion offers unconditional worth rooted in common humanity. Studies show self-compassion provides equivalent mental health benefits to high self-esteem, without its narcissism risks or volatility. Paul Gilbert's Compassion-Focused Therapy identifies three affect regulation systems — **Threat, Drive, and Soothing** — and finds that trauma survivors typically have an underdeveloped soothing system, producing performance-based identity where worth is earned through achievement to avoid shame.

Key sources: Neff (2003, Self and Identity; 2023, Annual Review of Psychology); Gilbert (2009); Schwartz (2021); Neff & Germer (2013, Journal of Clinical Psychology)

■ *My life feels meaningful even when I'm not being productive or successful.*

7B Values-Aligned Living (Living From What Matters)

Orienting daily life around freely chosen values rather than externally imposed demands. ACT defines values as *freely chosen directions* — distinguished from goals (achievable endpoints) and from rules imposed by others — and positions values clarification and committed action as core processes within the psychological flexibility hexaflex. SDT's continuum of internalization provides the developmental framework for how values become authentically one's own versus remaining imposed. Frankl's logotherapy identifies three avenues for meaning — creative, experiential, and attitudinal values — all requiring personal ownership rather than external assignment.

Key sources: Hayes, Strosahl & Wilson (2012, ACT 2nd ed.); Ryan & Deci (2000); Frankl (1946/2006, Man's Search for Meaning); Hayes (2019, A Liberated Mind)

■ *I don't feel constant pressure to justify my worth.*

7C Present-Moment Sufficiency (This Moment Can Be Enough)

The capacity to experience an ordinary moment as inherently meaningful without needing to justify it through accomplishment. Frankl insisted meaning is discovered in the present — each moment precious and never-to-be-repeated. ACT's core process of **contact with the present moment** promotes ongoing non-judgmental contact with psychological and environmental events as they occur. Gilbert's model explains the neurobiological substrate: the soothing/contentment system enables peacefulness 'when individuals are no longer focused on threat or trying to achieve things' — present-moment sufficiency requires cultivating the contentment system rather than endlessly feeding the drive system.

Key sources: Frankl (1946/2006); Hayes et al. (2012); Gilbert (2009, Advances in Psychiatric Treatment); Neff (2023); Dana (2020)

■ *I can value my experience without external validation.*

8 Integration and Continuity

Integration — which Daniel Siegel calls 'the core of well-being' — involves linking differentiated elements of experience into a coherent whole. Judith Herman's three-phase trauma model places integration as the final phase: Safety → Remembrance and Mourning → Reconnection and Integration. Three subdomains capture three distinct questions: Can I *understand* what happened? Can my system *process* what happened? Can I *build on* what happened over time?

8A Narrative Coherence (Making Sense of My Story)

The capacity to construct a coherent life narrative that includes difficult experiences without being dominated by them. Mary Main's Adult Attachment Interview (AAI) demonstrated that how people tell their story predicts outcomes more powerfully than what happened — narrative coherence predicts children's attachment security across generations. Critically, Main established that 'coherence can change, whereas life history cannot' — making narrative coherence a measurable treatment target. Siegel defines **narrative integration** as linking left-hemisphere linguistic processing with right-hemisphere autobiographical and somatic memory. Van der Kolk and Fisler (1995) documented how traumatic memories are initially stored as dissociated sensory fragments rather than coherent narratives.

Key sources: Main, Kaplan & Cassidy (1985); Siegel (1999, 2010); van der Kolk & Fisler (1995, Journal of Traumatic Stress); Van der Hart, Nijenhuis & Steele (2006); Herman (1992)

■ *I have space to process experiences rather than moving from one thing to the next.*

8B Memory Processing Capacity (Experiences Moving Through Rather Than Staying Stuck)

The throughput dimension — whether experiences can be processed and consolidated rather than remaining fragmented and intrusive. Francine Shapiro's Adaptive Information Processing (AIP) model proposes that the brain has an innate system for processing experiences to adaptive resolution; trauma overwhelms this system, causing memories to be stored in 'raw, unprocessed, maladaptive form.' Van der Kolk detailed the neurobiology: high amygdala activation interferes with hippocampal functioning, preventing the binding of experience into a unified, time-stamped episodic memory. Levine's SE facilitates completing interrupted defensive responses so that frozen energy can discharge and the experience integrate.

Key sources: Shapiro (2018, EMDR 3rd ed.); Solomon & Shapiro (2008, Journal of EMDR Practice and Research); van der Kolk (1998, Psychiatry and Clinical Neurosciences); Levine (2010); Van der Hart et al. (2006)

■ *I notice patterns over time rather than feeling stuck in repetition.*

8C Cumulative Growth and Temporal Continuity (Growth Feels Real and Lasting)

The temporal arc dimension — the sense that healing accumulates durably over time rather than feeling fragile or illusory. Tedeschi and Calhoun's **posttraumatic growth (PTG)** framework and validated PTGI scale measure five domains: new possibilities, relating to others, personal strength, spiritual change, and appreciation of life. Siegel's *temporal integration* involves representing time and change — integrating past, present, and future into coherent experience; trauma disrupts this through flashbacks (stuck in past) or foreshortened future. Fonagy's reflective functioning — the metacognitive capacity to recognize patterns in one's own responses — enables the pattern recognition that supports a sense of cumulative progress.

Key sources: Tedeschi & Calhoun (2004, Psychological Inquiry); Siegel (1999, 2010); Fonagy et al. (1994, Development and Psychopathology); Fisher (2017)

■ *Growth feels cumulative, not fragile.*

Framework at a Glance

All eight areas and their three research-grounded subdomains, arranged for quick clinical reference.

Area	Subdomain A · Body	Subdomain B · Relational / Process	Subdomain C · Reflective / Identity
1. Felt Safety	Safety in the Body	Safety in Relationship	Safety in Self-Compassion
2. Choice & Agency	Agency in the Body (Somatic Agency)	Agency in Decision-Making (Reflective Agency)	Agency in Relationships (Relational Agency)
3. Predictability & Rhythm	Rhythm in the Body (Internal Biological Rhythms)	Predictability in the Environment	Rhythm in Relationships (Relational Predictability)
4. Interoceptive Awareness	Somatic Signal Detection (Noticing)	Interoceptive Trust (Trusting)	Sensation Tolerance & Permission (Allowing)

Area	Subdomain A · Body	Subdomain B · Relational / Process	Subdomain C · Reflective / Identity
5. Physiological Regulation	Autonomic Flexibility (System Range)	Arousal Modulation (Staying in Range)	Somatic Settling & State Recovery
6. Relational Safety	Co-Regulation & Attunement	Trust & Emotional Accessibility	Connected Autonomy
7. Meaning Without Pressure	Intrinsic Worth (Being Over Doing)	Values-Aligned Living	Present-Moment Sufficiency
8. Integration & Continuity	Narrative Coherence	Memory Processing Capacity	Cumulative Growth & Temporal Continuity

Clinical Notes on Using This Framework

Sequencing matters.	Low scores in Areas 1–3 (Felt Safety, Agency, Predictability) generally indicate that the nervous system is not yet ready for deeper work in Areas 7–8 (Meaning, Integration). This tool supports therapeutic pacing and consent — not a linear march through all eight areas simultaneously.
Asymmetry is information.	A client may show strength in one subdomain but not others within the same area — for example, strong somatic signal detection (4A) but low interoceptive trust (4B), or good autonomic flexibility (5A) but poor state recovery (5C). These asymmetries are clinically informative and point toward specific intervention targets.
This is not a diagnostic instrument.	The Check-In is a clinical orientation tool and conversation starter, not a validated psychometric measure. Scores point toward areas for collaborative exploration, not pathology. Scores are best revisited over time to track movement and build client awareness of their own regulatory patterns.
Use body-based language.	Each subdomain includes a somatic check-in item. Invite clients to rate these from their body's first response rather than what they think should be true. The body often knows before the mind catches up.
Adapt for trauma history.	For clients with complex trauma or dissociation, body-based check-ins (subdomains A) may require additional titration and resourcing before they feel safe to complete. Always privilege nervous system state over compliance with the tool.

Key Research Sources

The following works form the primary theoretical and empirical foundation of this framework. References are organized by domain focus. This is a selective list of seminal and representative works; each tradition contains a substantially larger body of supporting literature.

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