

What is the DIR®/Floortime™ Model?

The **Developmental, Individual Difference, Relationship-based (DIR®/Floortime™)** Model is a framework that helps clinicians, parents and educators conduct a comprehensive assessment and develop an intervention program tailored to the unique challenges and strengths of children with Autism Spectrum Disorders (ASD) and other developmental challenges. The objectives of the *DIR®/Floortime™* Model are to build healthy foundations for social, emotional, and intellectual capacities rather than focusing on skills and isolated behaviors.

- The **D (Developmental)** part of the Model describes the building blocks of this foundation. This includes helping children to develop capacities to attend and remain calm and regulated, engage and relate to others, initiate and respond to all types of communication beginning with emotional and social affect based gestures, engage in shared social problem-solving and intentional behavior involving a continuous flow of interactions in a row, use ideas to communicate needs and think and play creatively, and build bridges between ideas in logical ways which lead to higher level capacities to think in multicausal, grey area and reflective ways. These developmental capacities are essential for spontaneous and empathic relationships as well as the mastery of academic skills.
- The **I (Individual differences)** part of the Model describes the unique biologically-based ways each child takes in, regulates and responds to, and comprehends sensations such as sound and touch, and plans and sequences actions and ideas. Some children, for example, are very hyper responsive to touch and sound, while others are under-reactive, and still others seek out these sensations.
- The **R (Relationship-based)** part of the Model describes the learning relationships with caregivers, educators, therapists, peers, and others who tailor their affect based interactions to the child's individual differences and developmental capacities to enable progress in mastering the essential foundations.

What is the difference between DIR® and Floortime™ and how are they related?

Central to the **DIR®/Floortime™ Model** is the role of the child's natural emotions and interests which has been shown to be essential for learning interactions that enable the different parts of the mind and brain to work together and to build successively higher levels of social, emotional, and intellectual capacities. **Floortime™** is a specific technique to both follow the child's natural emotional interests (lead) and at the same time challenge the child towards greater and greater mastery of the social, emotional and intellectual capacities. With young children these playful interactions may occur on the "floor", but go on to include conversations and interactions in other places. The **DIR®/Floortime™ Model**, however, is a comprehensive framework which enables clinicians, parents and educators to construct a program tailored to the child's unique challenges and strengths. It often includes, in addition to **Floortime™**, various problem-solving exercises and typically involves a team approach with speech therapy, occupational therapy, educational programs, mental health (developmental/psychological) intervention and, where appropriate, augmentative and biomedical intervention. The **DIR®/Floortime™ Model** emphasizes the critical role of parents and other family members because of the importance of their emotional relationships with the child.

Assessment and Intervention Program using the DIR®/Floortime™ model

As a comprehensive framework, the **DIR®/Floortime™ Model** typically involves an interdisciplinary team approach including speech and occupational therapy, mental health professionals (e.g. social worker, psychologist, child psychiatrist), educational programs, and, where appropriate, biomedical intervention. After carefully assessing the child's functional developmental level, individual differences and challenges, as well as relationships with caregivers and peers, the interdisciplinary team will, together with the parents, develop an individualized functional profile that captures each child's unique developmental features and serves as a basis for creating an individually tailored intervention program.

A comprehensive **DIR®/ Floortime™** intervention program includes consideration of the following components, tailored to the individual child's profile:

1. Home-based, developmentally appropriate interactions and practices, including

- *Floortime™ sessions*: These sessions focus on encouraging the child's initiative and purposeful behavior, deepening engagement, lengthening mutual attention, and developing symbolic capacities through pretend play and conversations, always following the child's lead.
- *Semi-structured problem-solving*: These sessions involve setting up meaningful and relevant challenges to be solved in order to teach a child something new. The challenges can be set up as selected learning activities that are meaningful and relevant to the child's experiences.
- *Motor, sensory, sensory integration, visual-spatial, and perceptual motor activities*: These activities are geared to the child's individual differences and regulatory patterns, building basic processing capacities and providing the support to help children become engaged, attentive, and regulated during interactions with others.
- *Peer play with one other child*: Peer play should be started once a child is fully engaged and interactive, with parents providing mediation when necessary to encourage engagement and interaction between the children.

2. Individual Therapies

- Speech, language, and oral motor therapy
- Sensory motor and sensory integration based occupational therapy and/or physical therapy
- Other therapies as required (e.g. mental health support and guidance)

3. Educational program

- *For children who can interact and imitate gestures*: Integrated, inclusive program or regular school program with additional teacher or aide if needed
- *For children not yet able to engage in preverbal problem solving or imitation*: Special education program with a strong focus on engagement and preverbal purposeful gestural interaction
- *Transition educational-type programs with typical peers* (E.g. gymnastics, creative drama, etc)

4. **When indicated other interventions include:** Biomedical interventions, Nutrition and diet and Technologies geared to improve processing abilities

How can I find an interdisciplinary team of professionals who have expertise in helping me to start using the DIR®/Floortime™ Model?

The Interdisciplinary Council on Developmental and Learning Disorders (ICDL) is a non-profit organization founded by Stanley Greenspan, MD, and Serena Wieder PhD. ICDL provides training to a cadre of world class professionals across multiple areas of expertise, which are extending the reach of the DIR® /Floortime™ Model. For additional information please visit our website at www.icdl.com

Recommended publications (available at www.icdl.com)

- **Engaging Autism: The Floortime Approach to Helping Children Relate, Communicate and Think.** By Stanley I. Greenspan, M.D. and Serena Wieder, Ph.D., 2006. Perseus Books.
- **The Child with Special Needs: Encouraging Intellectual and Emotional Growth.** By Stanley Greenspan, M.D. and Serena Wieder, Ph.D. 1997. Perseus Books
- **Floortime™ DVD Training Series**

The floortime or Developmental, Individual-differences, Relationship-based (DIR) model is a developmental model for assessing and understanding any child's strengths and weaknesses. It has become particularly effective at identifying the unique developmental profiles and developing programs for children experiencing developmental delays due to autism, autism spectrum disorders, or other developmental disorders. This Model was developed by Dr. Stanley Greenspan and first outlined in 1979 in his book... DIR Dynamic Influences. *DIR is the comprehensive model of assessment & intervention. While Floortime is a therapeutic strategy that is specific to DIR. Bloom, L., & Lahey, M. (1978). Language development and language disorders. New York, NY: Macmillan Publishing Company. Bloom, L., & Tinker, E. (2001). The intentionality model and language acquisition. Monographs of the Society for Research in Child Development, 66(4, Serial No.267). Greenspan, S., & Wieder, S. (2009). Engaging Autism: Using the floortime approach to help children relate, communicate, and think .Â A pilot randomized controlled trial of DIR/Floortimeâ„¢ parent training intervention for pre-school children with autistic spectrum disorders. Autism, 15(5), 563-577. Prelock, P. A., & McCauley, R. J. (Eds.). The DIR Model is an ambitious one made up of many puzzle pieces. It involves a team of professionals who co-ordinate their services in the best interest of each child and family. It relies on an active participation from caregivers. The key aspect of this model is that it is a comprehensive model that has a developmental framework. Today we will be breaking down all of the different pieces of an ideal DIR/Floortime program. It is a holistic developmental approach to child development that is respectful to child and caregiver alike, individualized, and it is also a family approach that will influence a conscious way of living with a child who requires support.