

DIR / Floor Time: A Developmental Relational Approach to Play Therapy with Children Impacted by Autism

Taught by
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Founder/Executive Director

- DIR/Floor Time
- I.E.R. Guidance
- Regulatory Disorders
- Parent Support
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- Sib Groups
- Sensory Diet

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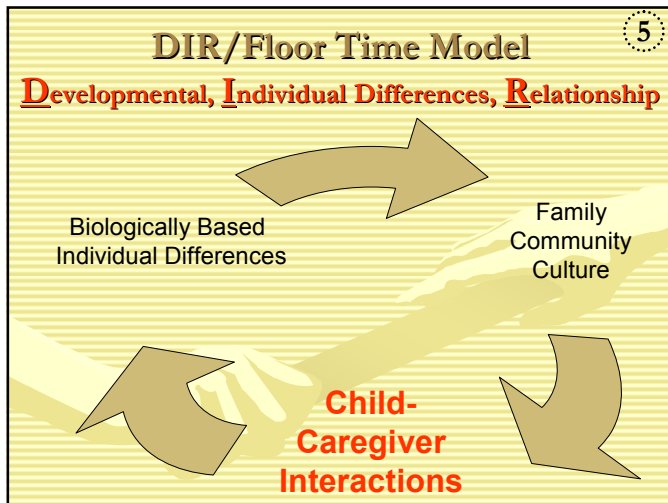
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- Part I: The Developmental Model: Brain Plasticity
- Part II: Interventions with Severe Disorders of Relating, Communicating and Thinking
- Part III: Intervention Strategy with Floor Time
- Part IV: Q & A with Dr. Hess

History of Therapeutic Interventions

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- ### Developmental Stages 6
- Regulation and Interest in the World (By 3 months)
 - Forming Relationships (Attachments) (By 5 months)
 - Intentional Two-Way Communication (By 9 months)
 - Complex Sense of Self I: Behavioral Organization (By 13 months)
 - Complex Sense of Self II: Behavioral Elaboration (By 18 months)
 - Emotional Ideas I: Representational Capacity (By 24 months)
 - Emotional Ideas II: Representational Elaboration (By 30 months)
 - Emotional Thinking I (By 36 months)
 - Emotional Thinking II (By 42-48 months)

- ### Individual Differences 7
- Sensory Modulation, Including Tactile, Sound, vestibular, Proprioceptive, Olfactory, Taste, Pain and Sight
 - (Hyper-Sensitive, Hypo-Sensitive, Mixed Profile)
 - Auditory Processing
 - Visual-Spatial Processing
 - Motor Planning and Sequencing, Muscle Tone and Coordination

- ### Developmental, Individual Differences, Relational Based Model (DIR) 8
- I: **D** = **Functional Emotional Developmental Levels**
 - II: **I** = **Individual Differences**
 - III: **R** = **Relationship and Affect**
-

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Functional Developmental Capacities

- Focus and Attention
- Engaging and Relating
- Simple Two-Way Gesturing
- Complex Problem Solving
- Creative Use of Ideas and Symbols
- Analytic/Logical Thinking

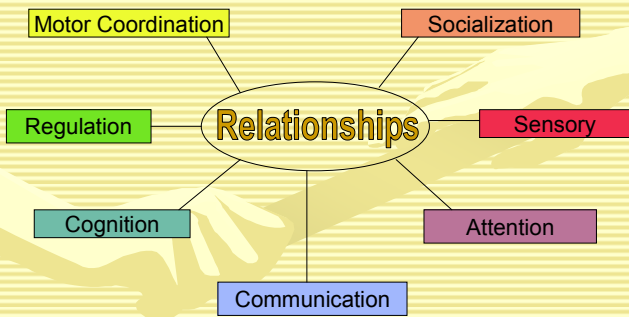
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Individual Differences

- Sensory Modulation; Including Sound, Tactile, Vestibular, Proprioceptive, Olfactory, Taste, Pain and Sight
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Relationships are the Drivers of Development



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Part II

Interventions with Severe Disorders of Relating, Communicating and Thinking



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Disorders of Relating and Communicating

- Autistic Spectrum Disorder
- New neuro-developmental, individual-difference-based classification of disorders of relating and communicating, e.g. PDD
- Multisystem Developmental Disorder (MSDD)
 - Pattern A
 - Pattern B
 - Pattern C

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Disorders of Relating and Communicating

Problem Categories

1. Multi-system Developmental

Services

- *Parent and Family
- *Caregiver-Infant (Child) Interaction
- *Direct Infant (Intensive)
- *Speech Therapy
- *Occupational and/or Physical Therapy
- *Integrated Early Educational Program

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Pattern A

- Mostly aimless and unrelated
- Severe motor planning difficulties
- Severe auditory processing
- Affect flat, unmodulated or inappropriate
- Self-stimulation and rhythmic behaviors
- Poor muscle tone and under-reactive
- Over-reactive to sound and touch
- Overly active and extremely distractible

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Pattern B

- Intermittently related
- Simple intentional gestures
- Affect accessible but fleeting
- Enjoys repetitive or perseverative activity with objects
- Very rigid and react intensely to change
- Mixed patterns of sensory reactivity and muscle tone, poor motor planning



Pattern C

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- More consistent relatedness and reactivity even when avoidant and rigid
- Islands of warm pleasurable affect
- Use simple social gestures
- Use intermittent complex gestures
- Resists change and perseverative but allows others to join in
- Mixed pattern of sensory reactivity and motor planning, tend to over-react
- Auditory processing less severe
- Use some words in scripted or rote form

Part III

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Intervention Strategy with Floor Time

Basic Principles of Floor Time

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- I: Follow the child's lead
- II: Join in at the child's developmental level and build on his/her natural interests
- III: Open and close circles of communication
- IV: Create a play environment
- V: Extend the circles of communication
- VI: Broaden the child's range of interactive experience
- VII: Tailor the interaction to the child's individual differences
- VIII: Simultaneously attempt to mobilize the six functional developmental levels

Additional Intervention Guidelines

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1. Follow the leader
2. Treat whatever the child is doing as intentional and purposeful
3. Extend the child's desire and sometimes play dumb
4. Differentiate your actions from theirs
5. Help them do what they want to do
6. Let the child make his own move
7. Give the child a problem to solve
8. Do not take No an answer!
9. Encourage exploration and the child's choices
10. Give old behaviors new meaning
11. Join children in ways they enjoy but do not back away from anger
12. Open the door to symbolic play
13. Work on multiple levels at once and be very persistent



Floor Time Strategies for Helping Your Child Build a Symbolic World 21

- Identify real-life experiences your child knows and enjoys and have toys and props available to play out those experiences
- Respond to your child's desires through pretend play
- Encourage role playing with dress-up props, use puppets, etc.
- Use specific set of figures/dolls to represent family members
- Give symbolic meaning to objects as you play
- Substitute one object for another when props are needed
- As you play, help your child elaborate on his intentions
- Make use of breakdowns

What To Do When A Child's Symbolic World *Overwhelms* 22

- Helping a child distinguish between real and pretend.
- Don't get caught up in the 'noise' of the playroom.
- Getting to the source of the problem by dealing less with content and more with process.

Staying grounded while a child is tantruming

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