The DIR® Model of Treatment

A CASE BASED DIR FLOORTIME COURSE
Understanding the Model, the Role of the Therapist to Assess & Treat a Child in Collaboration with the Caregiver

PART 1

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Infancy & Early Childhood Conference
Tacoma, Washington
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Seattle, Washington

Seattle
Home of the 12th Man….Go Seahawks!!!!!!

Seattle
“Soccer Capitol of the US”….Go Sounders!!!!
International Go Australia !!!!

It is a Pleasure to Present Again in Tacoma For the Infancy and Early Childhood Conference!!

Rosemary White, OTR/L
- Neurodevelopmental Therapy Certified
- Sensory Integration Certified
- DIR®/Floortime Certified
- ICDL DIR®/Floortime Faculty
- Faculty Fielding University PhD Program (Formally ICDL PhD)
- Adjunct Faculty University of Washington in Infant Mental Health Certificate Program,
- Profectum Senior DIR Faculty

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Video: Early Meetings
The Relationship Continues: 2108

Note from his Speech Pathologist:
I viewed the video of Owen's session with you when he shared memories of the fire and drew his picture. It was amazing watching Owen draw and add more and more details. Profound! He is a budding artist. I loved the intent look on his face. I loved his intention and desire to communicate. I love the detail. It was beautiful.

The DIR Model - What We learn from Typical Development
- Brief history of the model
- What does DIR Floortime Look Like
  - The “D”
  - The “I”
  - The “R”
- What is DIR®/Floortime Treatment
  - The Functional Emotional Levels of Development
  - The Individual Differences
  - Relationships – The vehicle for supporting development
Historical Perspective
- DIR was developed through the work of Stanley Greenspan, MD & Serena Wieder, Clinical Psychologist.
- Early work with parent child relationships in which the caregiver had constriction:
  - Socio-environmental challenges such as multi-problem families or a caregiver who struggles with caretaking because of
    - depression,
    - high parental stress or other circumstances that impacts their ability to support the child's emotional development.
- Later work with parent child relationships in which the child had constriction:
  - Disorders of self regulation, attachment, communication, PDD and autism.

RELATIONSHIPS
- The foundation for life is built on the ability to attain & sustain a co-regulated interaction.
  - Relationships are the vehicle for creating multiple opportunities for learning & understanding people & the world...
  - Thus creating every individual's unique & meaningful perceptions & memories.....

Rhythm of Relationships
- Early Relationships
- Relationships Expand

Social and Emotional Development
- Social and Emotional Development is a turbulent journey that begins at birth and continues through the entire lifespan.
  - Learn to communicate and express feelings.
  - Learn to engage and manage feelings.
  - Learn to understand and respond to other's feelings.
- Social and Emotional Development does not happen on its own it is cultivated through important relationships in life (parents, teachers, and other caregivers).
  - Alek Adams, 2018
Self Awareness and Engaging in Relationship

As a parent and/or professional it is crucial to begin the practice of introspection.

Introspection can be defined as 'the examination or observation of one’s own mental and emotional process.'

So why is this important as a parent, professional, or caregiver?

Alek Adams, 2018

Being with and working with children elicits huge emotional responses both good emotions and hard emotions.

How we parent and teach is influenced by what was modeled for us, our culture, and how we think and feel both emotionally and physically.

If we are not aware of our own emotional tags and triggers then we are going to find it challenging to support our children with their big emotions and subsequent behaviors.

Alek Adams, 2018

DIR® Floortime

is a philosophy for parents & professionals that supports the development of all children. As professionals we bring this to our work with children who have challenges in relating & communicating, including autism.

WHY DO CHILDREN PLAY?

WHY DO WE PLAY?

WHY DO WE PLAY WITH CHILDREN?
Where is He???

Why do children play????

- To connect with others
- To discover their body and how it works
- To discover the world and how interact with people and objects
- To feel power physically and emotionally
- To solve problems
- To explore how other children do things
- To play out life experiences, pretending to be someone significant in their life
- To play out fantasy
- To explore emotions – joy, happiness, fear, jealousy, anger, competition
- To find solutions to emotionally charged feelings and events
- To explore and have power over impulses (red light, green light, what time is it, mister bear)
- To feel the joy of peers - sharing ideas and collaborating with one another
- To share their ideas with others
- To learn how to play in groups with expectations from other, following physically and emotionally

Play is the foundation for learning & for successful interactions throughout life …….
AFFECT
Central to all learning!

Affective interactions allow children to find meaning and symbolize experience.

Affect is.....

The sensation that conveys to others the emotional tone and intent in an interaction.

Affect is.....

**Affect** is a physical change that occurs in the face of arousing stimuli.

–Affect has a **physiological root**
  • The relationship between sensory and emotional regulation both have a physiological core.

(Foley 2012)

Affect comes from a variety of avenues from each and every individual...

- It is the **tone of voice**
- The **gesture** that you use
- The **rhythm and pacing** of your voice and action
- The **sigh** that conveys frustration
- The **jump** or squeal that conveys "joy", "fear", "surprise", "excitement".....
• Sensory experiences are dual coded for Affect
• Affective experiences are perceived as sensations
• Neither experience occurs without the other
• Affect impacts the child’s ability to draw meaning from sensory experiences
• Affect underlies Intentionality, Orientation, & Perception

Anticipatory Games

- This Little Piggy
- Round and Round the Garden
- Peek a Boo
- Hide and Seek
- Chase
- Then we move into more structured games
  - Ball games, tic tac toe
  - Sports – Soccer, Baseball, Football

Mother Infant Interaction
Sensory, Motor and Emotional Support

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Physical Exploration and Mastery
What do We Do?

- I’m going to eat your toes
- Infant eats his toes and explores his body
- Infant works to master movement
- Infant masters exploring his physical world
- Infant pushes boundaries as he explores
- Infant discovers space, where do I fit, what is in there
- Infant and toddler feels mastery – I can do anything

The Joy, the Exploration & Boundaries

I have a map of my body and the world...

The Power of the Affective Rhythm between Mom and her infant.......
Once the infant has his body map & mastery he then explores……

- Play that represents his own unique life experiences….
- Play that explores symbolism
  - How does this begin – Mother Goose, Disney
- Play that has "magical thinking"
  - How does this begin
- Play that explores power & emotions
  - This is exploring new territory to master parts of life can be challenging and confusing
  - How comfortable are we with this play?
- Play that has a logical flow
  - We can follow the story

Why BUILD A SYMBOLIC WORLD?

- Symbolic play and conversation is the safe way to practice, re-enact, understand, and master the full range of emotional ideas, experiences and feelings, including fears
- Symbols reflect the child’s level and range of emotional development-Encompasses thinking, feeling, relating
- Symbols help us develop reality testing and sharing in the rules and expectations of the real world
- Behavioral challenges and aggression relate to failures in symbolization
- Symbolic development leads to abstract thinking and a differentiated sense of self and others.
- Supports executive function
I Embody My Heroes........

Clarify for Resolution.....
I Was Just Hugging Her.....

“DIR/Floortime”

- Fosters Relationships......
- That are Tailored to the Individual Child & the Caregiver...
- To Promote the Functional Emotional Development of the Child......
- To Support the Back & Forth Flow of Interactions......

Early Session

Sharing Attention, Engage & Assume Intent
Sharing Attention, Engage, Anticipate & Intent
What is DIR/Floortime Treatment

- Functional Emotional Levels of Developmental
- The Individual Profile
- Relationships – the vehicle for supporting development

FIRST MEETING
Is she taking in the sights & sounds of the world? Is she sharing what she is thinking about?

The Power of DIR® for Interventionists

- Frequently assessment and early treatment from professionals, tends to concentrate services on physical/developmental delays and constrictions for conditions thought to be neurological, medical, or sensory in nature.

  • This may include speech/language pathologists, occupational and physical therapists, nurses, pediatricians, and education specialists.

  • Traditional training in these professions does not typically focus on the emotional, relational and cross disciplinary aspects of early childhood development, as does DIR®.

(Foley, 2006; Lillas, 2009)
When a professional embraces the DIR model he will learn, within his professional disciplinary boundaries, about the impact of relational factors as they relate to the construction of the social emotional environment including:

1. Assessing the child’s (and parent’s) capacities for coping and adaptation.
2. How to utilize strength-based capacities to increase resilience and developmental growth.
3. How all clinicians can utilize relationship based principles in the assessment/treatment loop.

Gil Foley
Pediatric PT & OT Services
The Offices of Rosemary White & Associates

We see the same sample of behavior—but we need to think about all the lenses that can reflect the behavior. For example: A motor problem can impact and create what may be interpreted as a cognitive problem; a regulatory problem may be seen as a sensory processing and modulation disorder when it may be related to trauma, deprivation or other mental health issues.

Instead of each of us looking through a porthole we need to all talk together and see the child and family as a hole.

Gil Foley

Beginning Coaching – Supporting Arousal -> Attention -> Action

Affective interactions
“R” part of the “I”

Development of relationships
- child/caregiver interactions,
- family patterns,
- child/peers

Emotional range,
Symbolic capacities,
Abstract thinking
Creativity relative to oneself & to others.

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**DIR®/Floortime**

**OT & DIR®**

**Neurobiological Factors:**
- Sensory Processing – sensory discrimination, modulation & regulatory capacities, interconnectivity & perceptions
- Motor Control – muscle tone, righting & equilibrium, gross & fine motor skills
- Praxis Including motor planning & adaptation
- Visual Spatial Capacities - Ability to visually attend, share visual attention, assess visual figure-ground & integrate visual with other sensory stimuli

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**DIR®/Floortime**

**COMMUNICATION & DIR®**

Communication depends on the capacity to:
- Share Attention
- Read & Use Gesture
- Use Vocalization
- Use Tone of Voice
- Use Language to Communicate

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**DIR®/Floortime**

**FOUNDATION FOR COMMUNICATION & DIR®**

Profectum Speech and Language Work Group

Capacity for Shared Attention & Engagement
- Share attention & respond to sound, & later, use gesture, tone of voice & verbal communication
- Engage in fun, playful, interpersonal interactions

Intentionality
- Show intent through gesture, vocalizations, words

Shared Meaning
- Understanding & creating new ideas & meanings
- Comprehension
- Understanding the meanings of others

Production
- Use gestures, vocalizations, & later, words & language for communication

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**DIR®/Floortime**

**EDUCATION & DIR®**

Brings DIR & the “lens” of all of the disciplines into the Education Setting & Every Learning Moment
- In the classroom
- In the lunch room
- In PE
- In Music
- At recess

& Social Interactions Throughout the Day
We learn from the Interdisciplinary Team!!

Understanding the “I” from each member of the Interdisciplinary Team is essential to support everyone (parents/play partners & providers) to “tailor affective interactions” to engage to strengthen everyone’s developmental capacities in their relationships.

Video: Child Caregiver Interaction

What do we all see?

- Parent
- Educator
- Speech & Language Pathologist
- Physical Therapist
- Occupational Therapist
- Mental Health Professional
- Medical Professional

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Profectum Parent Toolbox
Step 1, Webinar 5
“INDIVIDUAL PROFILE”
SENSORY PROCESSING PROFILE

THE CHILD’S ABILITY TO
PROCESS & SYNCHRONIZE THE INPUT FROM THEIR SENSORY
SYSTEMS

IN THE FLOW AFFECTIVE INTERACTION

CONTRIBUTES TO HOW THE CHILD
EXPERIENCES THE WORLD,
INTERACTS WITH OTHERS
& LEARNS.