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 2

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The DIR®/Floortime
OT & the “I” of 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

The Sensory Systems

Touch, smell, movement, proprioception, visceral & affect senses dominate early in life & continue to exert influence in critical ways as the visual & auditory systems gain ascendency.
SENSORY SYSTEMS
The What & the Where….

- Auditory – sound
- Visual – vision
- Proprioceptive - muscles & joints,
- Tactile - sense of touch, the body’s ear,
- Vestibular - movement in space & relationship to gravity,
- Gustatory – taste
- Olfactory - smell
- Interoceptors – visceral sensations

The Journey Continues
– Receptor to Perception & Action

BEFORE YOU ARE EVEN AWARE OF A SENSATION, ALL THE SENSORY SYSTEMS COMMUNICATE TO ONE ANOTHER…

- When input goes to the sensory cortices the input reflects the communication/interconnectivity with other sensory systems that has occurred earlier ……..
- In the cortex, after sensory input goes to its dedicated cortices, the information continues to communicate going to the limbic system & to sensory association areas & connects with other sensory input & with the more detail to the limbic system again…………

THIS PROCESS OF SENSORY COMMUNICATION, THE INTERCONNECTIVITY OF SENSORY INPUT OCCURS IN LESS THAN A MILLISECOND!!!!!!!!

- 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

Beth Osten OT/L

Sensory - Affective Modulation
Why Affect belongs at the Core
AFFECT, FEELING, EMOTION ARE RELATED

The Emotion, the broadest & most abstract concept:
• the physiological response,
• The trigger of awareness in consciousness
• The emotions around the experience
• The association of past experiences & memories

When affect, feeling & emotion are synchronous we experience:
• Sensations,
• Awareness,
• Emotions
• Memories

Thinking in the moment! Gil Foley, 2012

Regulation
Support the Individual’s Capacity to Develop:

1. Deep Sleep Cycling
   - Body Needs Deep Sleep

2. Alert Processing
   - Available Skills, Awareness & Attention

3. Connection to Sensory Cues
   - Cerebral body sensing
   - Hunger, thirst, fatigue

4. Clarity of Status & Smooth Transitions Between States
   - Happy to excited or overstimulated

5. Adaptive Stress Response
   - Based on the ability to regulate
   - Under and overstimulated
   - Sensing & responding

6. Efficient Stress Recovery
   - Back to the ability
   - Auditory & Attentional
   - Shifting the pain

Adaptive Nervous System

Changes in Arousal over Time

Sensory/Emotional Events Over Time

Optimal Level of Arousal

Behavioral Disorganization

Low Arousal

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Flooded

Hyper

Optimal

Hypo

Adaptive Nervous System

11

Lilas & Turnbull – Edited by Profectum OT Work Group

Flooded

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Hypo

Adaptive Nervous System

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Changes in Arousal

- **Optimal Level of Arousal**
  - Attuning to self and others
  - Smooth shifts of attention
  - Adaptability

- **Behavioral Disorganization**
  - Reactive with quick shifts of attention
  - Emotionally fragile – explode or implode
  - Fight, Flight, Fright

- **Low Arousal**
  - Sluggish, sleepy
  - Slow shifts of attention

Efficient Postural Control Requires:

- Adequate muscle tone;
- Grading of movement;
- Awareness of base of support;
- Orientation of the head & body to the visual field, the head in space to a vertical & upright position & the head to movement of the body;
- Orientation of the body to movement of the head & to support surface;

Video: Efficient Foundation for Postural Control:

- Adequate muscle tone;
- Grading of movement;
- Awareness of base of support;
- Orientation of the head & body to the visual field, the head in space to a vertical & upright position & the head to movement of the body;
- Orientation of the body to movement of the head & to support surface;
**Efficient Postural Control Supports.....**

- Rotation around the body axis;
- Co-ordination of upper & lower body movements;
- Bilateral co-ordination;
- Dominance of one side of the body; Emerging & Refinement of Fine Motor Control
- Balance & equilibrium (maintain balance once the center of gravity has been displaced.)

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**Efficient Postural Control**

**Bilateral Co-ordination**

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**Efficient Postural Control**

**Balance & Equilibrium**

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**Efficient praxis enables us to:**

- Have clear ideas & intentions - **I**deation;
- Organize & sequence a plan prior to action – **M**otor **P**lanning;
- Physically execute the steps of the desired action – **M**otor **E**xecution;
- Adapt the plan in response to changes in the environment or in response to another’s action or ideas - **A**daptation.
Praxis
- Requires implicit knowing of the body & how it functions mechanically.
- Comes, in part, from input from the tactile, proprioceptive & vestibular systems.
- Furthermore, Ayres suggested that visual perception, somatosensory discrimination, motor co-ordination & motor planning were closely aligned.

“A conceptual system common to praxis also appears to serve visual perception.”

(1989, SIPT Manual)

Motor Planning
- Planning is a cognitive process involving putting together steps needed in order to achieve a goal or end product.
- Organization is paramount since the steps must not only be devised, they must be sequenced & transitions must be made from one step to the next.
- Planning is the organizing of a series of behaviors, both old & new, into a logical sequence, & it involves the ability to anticipate each step in the process (Ayres, 1985)
Initial Meeting

Observe, Observe, Observe...
Listen, Listen, Listen.....
Reflect, Reflect, Reflect....

Functional Emotional Assessment Scale “FEAS”

- The child and caregiver are evaluated on play capacities during symbolic and sensory (tactile and movement) play over a fifteen minute period.
- Five minutes with age appropriate symbolic toys
  - Extend to 15 minutes if the play becomes representational, symbolic or abstract themes
- Five minutes with sensory toys (tactile, auditory, visual)
- Five minutes with movement toys.

Greenspan, Wieder & DeGangi

Functional Emotional Assessment Scale “FEAS”

- The FEAS is designed to assess a child’s functional emotional and social capacities in the context of the relationship with the caregiver.
- It can be used for screening or in conjunction with other tests as a diagnostic tool.
- It was normed on children 7 months to 4 years.
FEAS was designed for children and caretakers who experience:

- Disorders of self regulation, attachment, communication, PDD and autism.
- 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 the caregiver’s ability to support the child’s emotional development.

Consideration of Caregiver and/or Child Constrictions

- Developmental History
  - Deprivation
  - Environmental Trauma
  - Medical vulnerability
- Neurobiological Profile
  - Sensory Processing, Motor Control, Motor Planning
  - Communication
- Emotional History
  - Emotional Trauma
  - Traumatic Events
  - Depression

Functional Emotional Assessment Scale “FEAS”

- Useful in validating clinical observations
- Provides an effective format of eliciting parent concerns.
- Information gleaned from the assessment can segue into making recommendations for intervention.

First Meeting……..
Parents and therapist as a team

- We are co-creators of meanings and narratives around the child
- When parents can understand their own feelings in response to the child’s behaviors, these can be used as a key to understanding the child’s feelings and thoughts.
  - Helplessness
  - Loss of control
  - Fear
  - Confusion

Rhythm of the Relationship

- Child’s behavior and higher assigned meaning
- Therapist’s response based on his/her interpretation
- Parents response based on his/her interpretation
Our response to the child's behavior

- Anxiety Producer
- Anxiety relief/attunement

So, what is our goal?

- To create a joint shared and meaningful experience
- To respond to an underlying function of the repetitive behavior
- To help the child express her inner desire and need
- To promote well being, growth and development in both the child and his/her family members

Functional & Social Challenges an OT Considers During the FEAS, other Assessments & Treatment......

- Reflect Individual Differences

- Challenges in Sensory Processing & Perception - emotionally & physically
  - Can contribute to anxiety, defensive behavior.

- Challenges in regulation - emotionally & physically
  - Can contribute to impulsivity, shifts of attention, misinterpretation of social cues - gesture, affect & language of others.

- Challenges in Motor Control
  - Can contribute to avoidance, repetition, limitation in exploration & self help skills, decreased awareness of space, gross & fine motor difficulties

- Challenges in Praxis - ideational or idio-motor
  - Can contribute to lack of focus, rigidity - expression of boredom.
  - Can contribute to difficulty in following another’s lead.
  - Can be interpreted as the child “marches to their own drum”, or is “non compliant” or “stubborn”.

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CLINICALLY
“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……

As We Interact……

Observe, Observe, Observe…
Listen, Listen, Listen……
Reflect, Reflect, Reflect…..

Beginning Coaching to Empower in the First Session

We Are Thinking About
“Synchrony of Sensory Processing”

Sensations are Connected in Meaningful Ways
in Concert with the Emotional Affective Tone
of the child, the caregiver & the broader human
environment

The Outcome of this is unique to
Each individual’s experience.

THIS IS OUR “I” IN DIR
As We Interact......

Observe, Observe, Observe...
Listen, Listen, Listen.....
Reflect, Reflect, Reflect....

3 Months Later
Play is the Foundation for Learning...

18 Months Later
Supporting the Long Continuous Flow
30 Months Later .......

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Years Later – The Cowboy & Cowgirl

4 Years Later – The Pirates
4 Years Later – Crawling as a Soldier

“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.

Key Considerations for Treatment from the OT/PT Perspective

It is not just what you do But How you do it!!!!