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DIRFloortime®: It's Not Just for Treating Autism - Part 1

Presenter: Joleen R. Fernald, MS CCC-SLP, PhD/ABD BCS-CL

Moderated by:

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Peer Review Process

Interested in Volunteering to be a Peer Reviewer?

APPLY TODAY!

3+ years SLP Professional Experience Required

Contact Amy Natho at anatho@speechpathology.com

DIRFloortime®
Model: It's Not Just
for Kids with Autism

by
Joleen R. Fernald, MS
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Powerpoint Templates

Disclosures

- SLP in private practice
- ICDL certified DIRFloortime®
Training Leader and Expert
Provider

Outcomes

- 1) List the first two Functional Emotional Developmental Capacities (FEDCs) in the DIR® model and potential challenges that children face at each capacity
- 2) Describe evidence-based research related to the DIRFloortime® Model
- 3) Describe the "I" in DIR – individual differences and how health, sensory processing, and regulatory challenges can impact a child's development

DIRFloortime® Model: WHAT IS IT?

“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*”.

Dr. Stanley Greenspan &
Dr. Serena Wieder

www.icdl.com

DIRFloortime® Model

builds healthy
foundations for ...
social,
emotional, &
intellectual

capacities rather than
focusing on skills and
isolated behaviors

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**EXAMPLES OF DISORDERS OF
RELATING AND COMMUNICATING**

- ❖ Autism Spectrum Disorders
 - ❖ PDD-NOS
 - ❖ Asperger's Syndrome
 - ❖ Autism
- ❖ Language Disorders
- ❖ Regulatory Problems
- ❖ Selective Mutism
- ❖ Down Syndrome
- ❖ Fragile X
- ❖ Cerebral Palsy
- ❖ Fetal Alcohol Syndrome
- ❖ Attention Deficit Disorder

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DIRFloortime Model

- ❖ **D** – Functional
Emotional
Developmental
Capacities
- ❖ **I** – Individual
Differences
- ❖ **R** – Relationship-
based

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Definition of Evidence Based

EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)



<http://guides.mclibrary.duke.edu/c.php?g=158201&p=1036021>

Current Research **DIRFloortime Model**

❖ <http://www.icdl.com/research>

Devin M. Casenhiser, Stuart G. Shanker, & Jim Stieben. "Learning through interaction in children with autism: Preliminary data from a parent-mediated model of autism intervention," *Autism: The International Journal of Research and Practice*. Published online September 26, 2011.

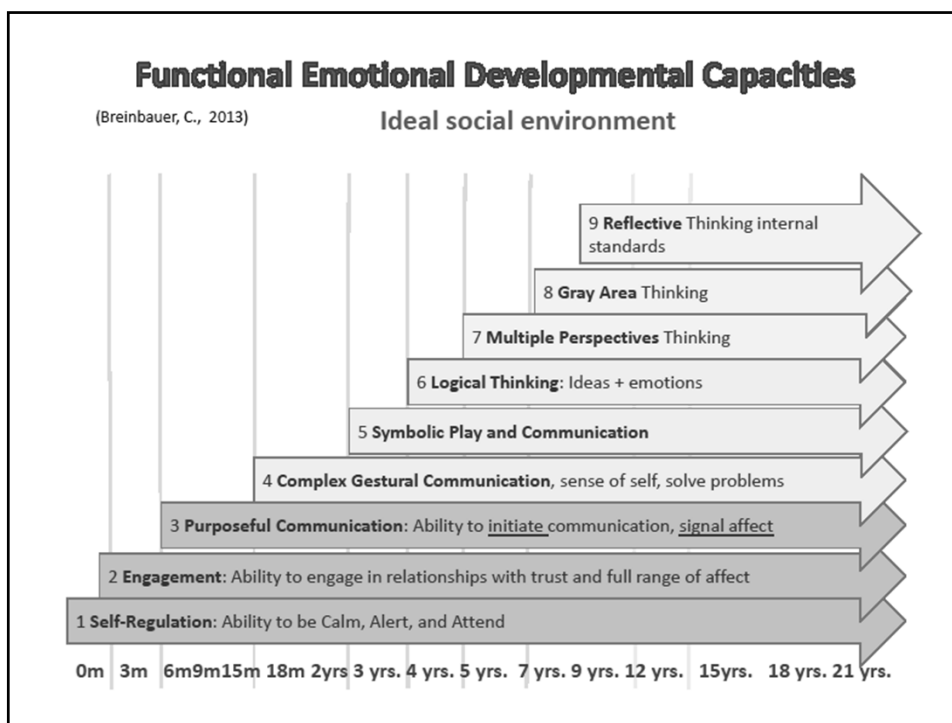
- ❖ 51 children (age 2:0 – 4:11)
- ❖ Randomized control (DIR or community treatment)
- ❖ Measured social interaction and communication
- ❖ Significantly better social interaction for children in DIR group

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D (Developmental)

- ❖ describes the developmental milestones that every child must master for healthy emotional and intellectual growth

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FEDC 1: Staying Self-Regulated

“To learn to interact socially, children need to be able to focus, be calm, and actively take in information from their experiences with others; from what they see, hear, smell, touch, and taste; and from the way they move.”

From Engaging Autism, p 43

(ASTRA Foundation)

FEDC 1 – Key Features, 0-4 mos

A child who is attentive and regulated is able to:

- Remain regulated (not over or under-reacting) in response to internal or external stimuli
- Enjoy interaction without immediately withdrawing
- Respond to comforting and attention
- Maintain longer and longer “flows” of interaction
- Begin to “woo” his caregivers with a deeper and deeper relationship, setting the stage for baby and caregiver to “fall in love.”

(ASTRA Foundation)

FEDC 1 - Sample challenges to development

The synchrony between a caregiver and child may impact the child’s ability to develop regulation. For example:

- A child who is sensitive to sound and touch may withdraw from parents who try to cuddle or sing bouncy songs. The parents may feel rejected or frustrated or incompetent.
- A calm baby who seems uninterested in the world may not respond to calm, mild-mannered parents. They may decide the baby is happier by herself than with them.

(ASTRA Foundation)

- Placeholder for Chey

FEDC 2 – Engaging and Falling in Love, 4-9 mos

Refers to the “child’s ability to engage in relationships, including the depth and range of pleasure and warmth, as well as related feelings, such as assertiveness, sadness, anger, etc. that can be incorporated into the quality of engagement and stability of engagement (even under stress).”

From The Child with Special Needs, p 455

FEDC 2 – Key Features

A child who is engaged and relating:

- Recognizes special caregivers
- Shows anticipation
- Begins to develop gestures he can use to communicate
- Laughs/smiles joyfully at caregiver; reciprocal social smiling/cooing – initiating and responding
- Is able to handle an ever-widening array of emotional experiences and feelings and can begin to “read” the affect of others (smiles, frowns, excitement)
- Is better able to progress in areas that may be difficult, e.g. motor planning, language, etc.

(ASTRA Foundation)

FEDC 2 - Sample challenges to development

A child may have difficulty engaging and relating if he:

- Has a sensory system that derails his ability to tune into relevant stimuli and tune out irrelevant stimuli.
- is unable to be calm and regulated (lacks adequate mastery of FEDC 1).

(ASTRA Foundation)

24

- Placeholder Anna mirroring

I (Individual Differences)

- ❖ describes the unique biologically-based ways each child takes in, regulates, responds to, and comprehends sensations such as sound, touch, and the planning and sequencing of actions and ideas.

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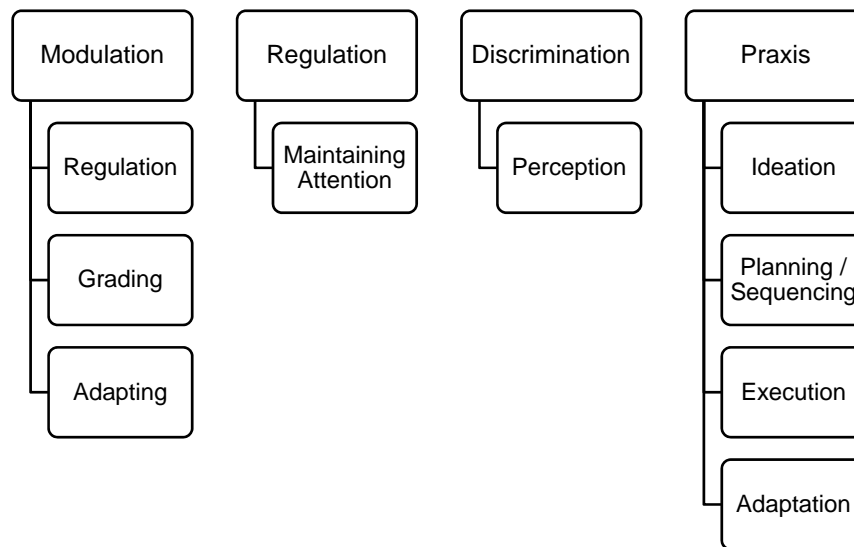
Individual Differences

Best described:

- ❖ Sensory Reactivity
- ❖ Processing
- ❖ Motor Planning and Sequencing
- ❖ Postural Stability and Support
- ❖ Speech Production
- ❖ Language Comprehension

www.icdl.com

Sensory Processing



(Mauer, 1999)

Sensory Integration Primary Focus

Vestibular	Tactile	Proprioceptive
<ul style="list-style-type: none"> • Sense of balance • Sense of spatial orientation 	<ul style="list-style-type: none"> • Sense of touch • Light touch alerts • Pressure touch calms 	<ul style="list-style-type: none"> • Sense of body position in space

(Mauer, 1999)

Praxis & Postural Stability

Praxis: refers to the ability of a person to plan and execute a series of muscle movements

Postural Stability: refers to the ability of our muscles to support our bodies without effort. Children with low tone, whose muscles are very loose, have to put great effort into holding their heads up and walking. Muscle tone in part influences the ability of individual muscle groups to respond the way we want them to.

www.icdl.com

Placeholder for Nick video

Visual Spatial Processing

- “Sight tells you what your eyes see; Vision tells you what it means” (Wieder & Wachs, 2012, p. 22)
- “Vision” is what we rely on to understand what is seen and to coordinate that with information from the other senses” (Wieder & Wachs, 2012, p. 22)

Visual Spatial Processing



Visual Spatial Processing



Machu Picchu

Visual Spatial Processing



R (Relationship-based)

“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.”

FUNCTIONAL EMOTIONAL DEVELOPMENTAL LEVELS							
FEDL	Age	Not Present	Fleeting Present	Intermittently Present	Present Most of the Time	Present All of the Time	N/A
Self-Regulation And Attention Take in sights and sounds and maintain shared attention	3 months						
Engagement And Relating Woo another or be wooed, stay engaged through emotions	5 months						
Use Affect to Convey Intent - Two Way Communication For requests, emerging back and forth interactions	9 months						
Behavioral Organization Problem Solving Continuous flow of affective interactions with people for shared social problem solving	13 months						
Creates and Elaborates With Symbols Represents ideas and emotional themes	18 months						
Emotional Thinking Logical - Abstract Bridges ideas, elaborates and can reflect on actions, motives, aware of time and space	24 months						

INDIVIDUAL DIFFERENCES					
Regulation - Hyper - Hypo - Both	Postural Control for Function Observations	Response to Sounds, Gestures, and Verbal Communication (Yes or No)	Use of Vocalizations, Gestures, Words, and Language for Communication (Yes or No)	Response to Visual Stimuli (Yes or No)	Praxis
Auditory		Orient	Mirror	Observe	Ideation
Visual		Attune	Intentional	Alternate gaze	Planning
Tactile		Respond	Single words	Follow gaze	Sequencing
Vestibular		Follow	Two words	Switch visual attention	Execution
Proprioceptive		Directions	Sentences	Differentiate salient visual stimuli	
Tastes		Understand "what" questions	Back and forth phrases	Actively search	
Smells		Engage in conversations		Explore	

Where do we go from here?

- www.ICDL.com for information on conferences and training opportunities

Introduction
(Theory)

• DIR 101

Floortime
Competencies

Basic
Capacities, 1-4

• DIR 201

Floortime
Competencies

Higher
Capacities, 4-6

• DIR 202

Advanced
Coaching
Competencies
All Capacities
(1-9)

• DIR 203

Expert
Coaching
Competencies

• DIR 204