

DIR/Floortime Model for Autism Assessment and Treatment

Amir Amin Yazdi
(Ph.D)

Psychology LEND Trainee
Yazdi.amin@gmail.com

DIR: “Developmental, Individual-Difference, Relationship-Based” Model

- “Developmental”- Six Functional Emotional Developmental Levels
- “Individual-Difference”- Children have unique physiological, neurological, psychological, communication, motor and sensory processing differences.
- “Relationship-Based”- Relationship between the parent or caretaker and the child is the central organizing factor in development

The History of DIR/Floortime

- Developed by Stanley Greenspan, M.D.
- It is a comprehensive and integrated model of human development explaining typical and atypical development including autism spectrum disorders.

The DIR developmental assumptions:

- Language, intelligence, personality, and social skills are learned through meaningful relationships
- Emotions play an important role in integrating all human development aspects.
- Underlying sensory processes determines how learners interpret and learn from their environment

DIR/Floortime assumptions about autistic children:

- These children potentially have the capacity for having a warm, empathic and loving relationship.
- The primary challenge that most children with autism have, is in the communication of their emotions.
- This difficulty originate from their difficulty in connecting their emotions to their motor system(motor planning and sequencing disorder as a biological challenge).

DIR/Floortime assumptions about autistic children(Cont)

- Autistic children can't sequence their actions under the guidance of their emotional intent or their desires. So they can have the desire for closeness but they can't figure out how to translate that into an action plan(pointing or gesturing).
- Autistic children can learn the fundamentals of relating, communicating, and thinking and we can do far more than just change their surface behaviors.

DIR/Floortime assumptions about autistic children(Cont)

- Autistic Spectrum Disorders are considered as a dynamic process where it's not a fixed disorder that the child either has it or doesn't, but rather there are certain challenges (such as the inability for reciprocal affect cuing or the tendency to self-absorb and become withdrawn) to varying degrees.
- With having therapeutic interventions, there are varying degrees of progress possible depending on the amount of neurological impairment children have. So, the potential of each child should be defined by the child's progress, not by a diagnostic label.



DIR model of Assessment

- Providing a developmental Profile:
 - Exploring the child's developmental capacities
 - Exploring the child's individual characteristics
 - Exploring the quality of caregiver-child interactions

DIR Components of Treatment

- Floortime
- Semistructured Problem-Solving Activities
- Speech Therapy
- Occupational Therapy
- Peer Play Opportunities
- Educational Programs
- Biochemical Interventions

Treatment Goals of DIR model

- Relate to adults and peers with warmth and intimacy
- Communicate meaningfully with gestures and words
- Think using abstract reasoning and empathy

Floortime Principles

- 1- Following the child's lead
- 2- Interacting at the child's developmental level and build on her natural interests
- 3- Having more "circles of communication" in a row

Resources: Dr Greenspan Web-Radio Shows

The End
Thank You