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)
**DIR® Brings other Professionals and Mental Health together**

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.

---

**DIR® Brings other Professionals and Mental Health together**

- 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.
Nine Core Functional Social and Emotional Developmental Capacities (FEDL)

Level 1: Regulation and Shared Attention 0-3 mos
Level 2: Mutual Engagement 2-5 mos
Level 3: Intentional Two-Way Purposeful Communication 4-10 mos
Level 4: Complex Problem-Solving, Sense of Self 10-18 mos
Level 5: Symbolic Thinking/Language/Emotions 18-30 mos
Level 6: Building Bridges/Abstract Thinking 30-42 mos
Level 7: Multi-causal and Triangular thinking
Level 8: Comparative and Gray Area Thinking
Level 9: Reflective Thinking/Growing Sense of Self/Stable Internal Standard

“Climbing the developmental ladder”

KEY FLOORTIME PRINCIPLES ACROSS ALL FEDL LEVELS

~ These levels build upon one another ~
   Capacities at the lower levels support the development and quality of the higher levels

~ Many children demonstrate variation in their capacities across levels and developmental domains ~
   Developmental gaps at any level will impact the child’s ability to access and maximize growth at higher levels

~ Move up and down the ladder as needed ~
   A child may develop solid capacities at a developmental level, but not “master” the level. We must attend to all levels simultaneously and where there are gaps in functional capacities, we must go back, revisit and build forward for a child to maximize their growth and true potential
DIR® Assessment: Three Primary Sources of Information

1. Parent Interview(s): Assume an attitude of allowing the parent to teach you.

2. Child with Parent(s) Observations

3. Formal Assessment—FEAS and Social Emotional Growth Chart (Greenspan, 2009)

4. Specific Evaluations including speech/language, occupational therapy, physical therapy, visual-spatial, biomedical, education, etc.

Assessment

DEVELOPMENTAL HISTORY; MEDICAL HISTORY; FAMILY PATTERNS

OBSERVATIONS OF CHILD-CAREGIVER INTERACTIONS
(See FEDL Chart)

- Understanding the Range of Functional Emotional Developmental Levels
  - Shared attention and regulation
  - Engagement
  - Affect to Intent
  - Behavioral Organization and Shared Problem Solving
  - Elaboration of Ideas
  - Building Bridges between Ideas
### FUNCTIONAL EMOTIONAL DEVELOPMENTAL LEVELS – THE RANGE......

The Functional Emotional Levels scored on a scale of 1-7
1-4 indicates child needs Caregiver support
5-6 indicates child attains developmental level with constrictions

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Not reached</td>
<td>2.</td>
<td>Barely even with support-very intermittent (very in and out)</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>With structure &amp; scaffolding giving appropriate affect, gestural, language, sensory support sensitive to child’s individual profile he can expand</td>
<td>5.</td>
<td>Not at age-expected level; immature-fragmented; may be cyclical but comes back for more</td>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
<td>Age-appropriate level with full range of affect states.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### ASSESSMENT OF THE INDIVIDUAL PROFILE

- Sensory processing & sensory modulation; Regulatory capacities;
- Postural control for function;
- Communication (Gerber 2012):
  - Capacity for Shared Attention and Engagement
    - Response to sound, and later, gesture and verbal communication
    - Engage in fun, playful, interpersonal interactions
  - Intentionality
  - Shared Meaning
    - Understanding and creating new ideas and meanings
  - Comprehension
  - Production
    - Use of vocalizations, and later, gestures, words and language for communication
- Response to visual environment
  - Visual Spatial Capacities
- Praxis - ideation, planning, sequencing, execution and adaptation.
Developmental, Individual Difference, Relationship Based Model

“R” - “RELATIONSHIPS”

Affective interactions

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

Emotional range,
Symbolic capacities,
Abstract thinking &
Creativity relative to oneself & to others.
Developmental, Individual Difference, Relationship Based Model

“D” – Functional Emotional Developmental

“R” – Relationships

“I” – Individual Differences

“D” – Emotional Level

Biologically Based Differences
- Sensory Processing/Sensory Modulation, Regulatory Capacities
- Postural Control/Muscle tone/Praxis (Ideation, Planning & Sequencing, Execution & Adaptation)
- Communication - Capacity to read & use gesture, vocalization, tone of voice & language to communicate (Engagement, Intentions, Shared Meaning, Comprehension, Production)
- Visual Spatial - Ability to visually attend, share visual attention, assess visual figure-ground & integrate visual with other sensory stimuli
- Bio-medical differences

Developmental, Individual Difference, Relationship Based Model

“I” – Individual Differences

“R” – Relationships

“I” – Individual Differences

“D” – Emotional Level

“D” – Shared attention – Capacity to take in the sights and sounds and share with others
- Engagement – Woo and be wooed
- Affect to show intentions – Initiate interactions
- Stay in a Long Continuous Flow with Shared Problem Solving
  - Sense of Self (Physical & Emotional), Shared Problem Solving & Behavioral Organization
- Representational Capacities
- Emotional Thinking

“R” – Relationships

“I” – Individual Differences

“D” – Emotional Level
**Developmental, Individual Difference, Relationship Based Model**

- **“R”** Affective Interactions
  - Develop relationships - child/caregiver interactions, family patterns, child/peers
  - Emotional range,
  - Symbolic capacities,
  - Abstract thinking and
  - Creativity relative to self & others.

- **“I”** Biologically Based Differences
  - Sensory Processing/Sensory Modulation,
  - Postural Control/Muscle tone/Praxis (Ideation, Planning & Sequencing, Execution & Adaptation)
  - Communication - Capacity to read & use gesture, vocalization, tone of voice & language to communicate.
  - Visual Spatial - Ability to visually attend, share visual attention, assess visual figure-ground & integrate visual with other sensory stimuli

- **“D”** Bio-medical differences

**The 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 ….

  Impact their ability to support the child’s emotional development.

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.
Functional & Social Challenges an OT Considers During the FEAS and other Assessments……
- Reflect Individual Differences
  - Challenges in Sensory Processing and Perception - emotionally and physically
    • Can contribute to anxiety, defensive behavior.
  - Challenges in regulation - emotionally and physically
    • Can contribute to impulsivity, shifts of attention, misinterpretation of social cues - gesture, affect and language of others.
  - Challenges in Praxis - ideational or ideo-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”.

Anxiety Feedback Loop

Environmental influences

Challenging Sensory Processing

Poor Comprehension Situation

Add fuel to the fire

Poor Motor Planning

Physical Symptoms

Mental Symptoms

Emotional Symptoms

Ricki Robinson MD
FEAS ASSESSMENT METHOD

- 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.

FEAS: Matthew, 5 years with his Mother
ASSESSMENT OF THE UNIQUE INDIVIDUAL PROFILE

- Regulatory capacities, sensory processing and sensory modulation;
- Postural control for function;
- Communication (Gerber 2012):
  - Capacity for Shared Attention and Engagement
    - Response to sound, and later, gesture and verbal communication
    - Engage in fun, playful, interpersonal interactions
  - Intentionality
  - Shared Meaning
    - Understanding and creating new ideas and meanings
  - Comprehension
  - Production
    - Use of vocalizations, and later, gestures, words and language for communication
- Response to visual environment
  - Visual Spatial Capacities
- Praxis - ideation, planning, sequencing, execution and adaptation.
HOW DO WE “TAILOR” OUR INTERACTIONS TO SUPPORT “INDIVIDUAL DIFFERENCES”??
FEAS Leads to DIR® Session
Coaching Mom Share Attention with Rhythm....

FEAS Leads to DIR® Session
Coaching Mom to Woo Matthew......
FEAS Leads to DIR® Session
Coaching Mom to Support Caring & Nurture

FEAS Leads to DIR® Session
Coaching Mom to Support Matthew’s Intent & Join in Shared Problem Solving........
KEY FLOORTIME PRINCIPLES ACROSS ALL FEDL LEVELS

~ These levels build upon one another ~
Capacities at the lower levels support
the development and quality of the higher levels

~ Many children demonstrate variation in their capacities
across levels and developmental domains ~
Developmental gaps at any level will impact the child’s ability to access
and maximize growth at higher levels

~ Move up and down the ladder as needed ~
A child may develop solid capacities at a developmental level, but not
“master” the level. We must attend to all levels simultaneously and where
there are gaps in functional capacities, we must go back, revisit and build
forward for a child to maximize their growth and true potential