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 CAREGIVE SUPPORT
5-6 INDICATES CHILD ATTAINS DEVELOPMENTAL LEVEL WITH CONSTRICTIONS

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Not reached</td>
</tr>
<tr>
<td>2.</td>
<td>Barely even with support—very intermittent (very in and out)</td>
</tr>
<tr>
<td>3.</td>
<td>With an attuned caregiver with predictable support for child’s capacity</td>
</tr>
<tr>
<td>4.</td>
<td>With structure &amp; scaffolding giving appropriate affect, pragmatic grasp, engagement, support sensitive to child’s individual profile he can expand (age-appropriate level but constrained range of affects)</td>
</tr>
<tr>
<td>5.</td>
<td>Age-appropriate level with islands of this capacity</td>
</tr>
<tr>
<td>6.</td>
<td>Not age-expected level, immature—fragmented; may be cyclical but comes back for more</td>
</tr>
<tr>
<td>7.</td>
<td>Age-appropriate level with full range of affects</td>
</tr>
</tbody>
</table>

ASSESSMENT OF THE INDIVIDUAL PROFILE

- Sensory processing & sensory modulation; Regulatory capacities;
- Postural control for function;
- Communication (Gernsbacher 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
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 ideomotor
    - 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
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: 5 year old Boy with his Mother

ASSESSMENT OF THE UNIQUE INDIVIDUAL PROFILE

- Regulatory capacities, sensory processing and sensory modulation;
- Postural control for function;
- Communication (from 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
- Praxis – ideation, planning, sequencing, execution and adaptation.

Regulatory capacities, sensory processing and sensory modulation:
- Postural control for function:
- Communication (from 2012):
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    - 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
- Praxis – ideation, planning, sequencing, execution and adaptation.
FEAS Leads to DIR® Session
Coaching Mom Share Attention with Rhythm....

FEAS Leads to DIR® Session
Coaching Mom to Woo Matthew......

HOW DO WE “TAILOR” OUR INTERACTIONS TO SUPPORT “INDIVIDUAL DIFFERENCES”?
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……..

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