

The Riley Child Development Center (RCDC) of the Indiana University School of Medicine in Indianapolis, Indiana is located in the James Whitcomb Riley Hospital for Children (Riley Hospital) on the campus of Indiana University-Purdue University at Indianapolis (IUPUI). The RCDC is a Leadership Education in Neuro-developmental Disorders interdisciplinary training program funded by the Maternal Child Health Bureau, Health Resources and Services Administration. The RCDC is a nationally recognized for its excellence in teaching and training, continuing education, service to children and families, and research in child development.

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Autism Fact Sheets: FloorTime

Definition:

Floortime is a one-on-one relationship-based treatment that involves daily interactional play sessions between parent/teacher/therapist and child. The goals are to mobilize core developmental processes (focusing, attending and engaging, communicating intentionally with others using gestures, symbols/ideas) to form a sense of self as an intentional and interactive individual. Floortime principles include spontaneous interaction between adult and child, following the child's lead and creating opportunities for pleasurable affect that lead the child to want to relate, and structuring interactions that take into account the child's individual repertoire of sensory sensitivities. The adult attempts to make the child's isolating/repetitive behavior interactive and takes advantage of the child's interest to foster self-initiative.

Floortime is both a specific technique, in which for twenty or more minutes at a time a caregiver gets down on the floor to interact with the child, and a general philosophy that characterizes all daily interactions with the child.

The **D**evelopmental, **I**ndividual Difference, **R**elationship-based (***DIR®/Floortime™***) Model is a 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.

The **D** (***Developmental***) part of the Model describes the building blocks of this foundation. Understanding where the child is developmentally is critical to planning a treatment program. The **Six Developmental Milestones** describes the developmental milestones that every child must master for healthy emotional and intellectual growth.

The **I** (***Individual differences***) part of the Model describes the unique biologically-based ways each child takes in, regulates, responds to, and comprehends sensations.

The **R** (***Relationship-based***) part of the Model describes 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.

While Floortime is a specific technique for interacting with and teaching children, the DIR/Floortime model is more comprehensive and typically involves a team approach with speech therapy, occupational therapy, educational programs, mental health (developmental-psychological) intervention and, where appropriate, augmentative and biomedical intervention.

*Programs and systems change often. It is important to ensure that you are using the most current information. This Fact Sheet was updated on **December 2, 2009**. Please check with <http://child-dev.com> for the most recent edition.*

Rationale:

This treatment approach is predicated on a new diagnostic classification, the ICDL-DMIC or the Interdisciplinary Council on Developmental and Learning Disorder's Diagnostic Manual for Infancy and Early Childhood (Greenspan, 2008). According to this diagnostic perspective, some children formerly diagnosed as PDD-NOS or autistic may appear to have a biologic deficit in social interaction skills when in reality the underlying cause is a lack of learning resulting from processing difficulties. Treatment is designed with an awareness of the severe regulatory dysfunction (e.g., differences in sensory reactivity, sensory processing, motor tone, motor planning).

History:

Developmental diagnostic assessment and techniques of floortime were developed by Stanley Greenspan, M.D., child psychiatrist and his colleagues.

Concerns:

Floortime is listed as quasi-experimental because it has mainly been published in case reports and chart reviews and not in a study with an experimental design. Specifically, there is no research to compare the floortime technique to other methods available. It is, however, considered a promising practice, as a method that has efficacy and utility with individuals with ASD. It is appealing as a behavioral approach based on developmental methods in a naturalistic setting.

Training:

Dr. Greenspan regularly conducts training workshops about his approach to treatment, and book and DVD-based instruction is available from ICDL.

References:

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