

FLOOR TIME™

CHARACTERISTICS OVERVIEW CHART

Verbal Skills	Grade Levels	Cognitive Level	Areas Addressed
<input checked="" type="checkbox"/> Nonverbal	<input checked="" type="checkbox"/> PK	<input checked="" type="checkbox"/> Classic	<input checked="" type="checkbox"/> (Pre)Academic/Cognitive/Academic
<input checked="" type="checkbox"/> Nonverbal	<input checked="" type="checkbox"/> Elementary	<input checked="" type="checkbox"/> High	<input checked="" type="checkbox"/> Adaptive Behavior/Daily Living
<input type="checkbox"/> Verbal	<input checked="" type="checkbox"/> Middle/High	Functioning	<input checked="" type="checkbox"/> Behavior
			<input checked="" type="checkbox"/> Communication/Speech
			<input checked="" type="checkbox"/> Social/Emotional

BRIEF INTRODUCTION

Children with autism (AU) often lack the most basic foundation for interpersonal experiences. Greenspan and Wieder (1997a) suggested, “The child’s interactions in relationships and family patterns are the primary vehicle for mobilizing development and growth” (p. 5). Greenspan and colleagues developed the Developmental, Individual-Difference, Relationship-Based (DIR) intervention model, also known as the Floor Time™ approach, to facilitate understanding of children and their families by identifying, systemizing, and integrating the essential functional developmental capacities (Greenspan & Wieder, 1999, 2000).

DESCRIPTION

Floor Time™ was created (Greenspan & Wieder, 1997a) to increase socialization, improve language, and decrease repetitive behaviors (Greenspan & Wieder, 1997b). Its name is derived from Greenspan’s philosophy of the importance of adults “getting down on the floor” to interact with the child.

Joint attention and the promotion of contingent interaction form the methodological core of the model (Kasari, 2002; Siller & Sigman, 2002). Specifically, the primary goal of this intervention is “to enable children to form a sense of themselves as intentional, interactive individuals and to develop cognitive language and social capacities from this basic sense of intentionality”

(Greenspan & Wieder, 2000, p. 289), and to progress through the six functional emotional developmental milestones.

These milestones are the ability to (a) self-calm and process environmental information, (b) engage in relationships, (c) engage in two-way communication, (d) create complex gestures and connect a series of actions into an elaborate and deliberate problem-solving sequence, (e) create ideas, and (f) build bridges between ideas so that they become reality-based and logical (Greenspan, Wieder, & Simon, 1998). Furthermore, Greenspan et al. proposed four specific goals corresponding to these six milestones:

- Attention and intimacy
- Two-way communication
- Expression and use of feelings and ideas
- Logical thought

Floor Time™ is a play-based interactive intervention in which affect and interactive relationships are the primary components. It emphasizes individual differences, child-centered interests, and affective interactions between a child and a caregiver or play partner. During Floor Time™ sessions, the caregiver or play partner takes an active role in spontaneous and fun activities that are directed by the child's interests and actions. The intervention can be used in nearly any setting and at any time. In addition, it may be used as a component of other comprehensive therapy programs (Greenspan et al., 1998).

Elements of Floor Time™ are shared by others methods, including Pivotal Response Training (PRT; Koegel & Koegel, 1995). Greenspan suggests implementing 6 to 10 sessions per day, each lasting 20 to 30 minutes, particularly for children with severe challenges (Greenspan et al., 1998).

STEPS

The Floor Time™ process consists of five steps:

1. *Observation.* The caregiver or play partner watches the child's facial and body expressions and listens to his voice tone and verbal expressions to determine how best to approach him.
2. *Approach – open circles of communication.* Based on the child's mood and communication/behavior styles, the caregiver or play partner approaches the child using suitable words and gestures and opens a circle of communication through acknowledging the child's emotional stage and interest at the moment. The caregiver or play partner may introduce a "creative obstruction," such as moving a preferred item out of the child's reach, for the purposes of capitalizing on the child's greatest interest during this step.
3. *Follow the child's lead.* The child is encouraged to guide the activity as the caregiver or play partner provides support. It is in this stage that the child experiences feelings of warmth, connecting with others, and being understood, thus further increasing his self-esteem and assertive abilities. A sense of personal influence on the world also develops during this stage.
4. *Extend and expand play.* The caregiver or play partner makes encouraging comments about the child's play and extends and expands his play without being intrusive. The primary goal of this step is to assist the child in expressing his own ideas, clarify the emotional themes involved, and stimulate creative thinking by asking questions. For example, if the child is dressing a doll for a party, the caregiver or play partner may empathetically respond, "The doll has a beautiful dress on. Is she going somewhere?"
5. *Child closes the circle of communication.* The child closes the circle of communication when he builds on the comments and gestures of the caregiver or play partner with comments and gestures of his own. Interactions with the child allow many circles of communication to be opened and closed in quick sessions. When the adult and the child build on each other's

ideas and gestures, the child's sense of appreciation and understanding of the meaning and value of two-way communication emerges.

BRIEF EXAMPLE

John didn't like to interact with others and always played alone. His preschool teacher, Ms. Brook, decided to apply the Floor Time™ approach to increase John's interactions with others. She observed John's behavior and decided to try simple gesture interactions first. While John was exploring a toy car, Ms. Brook put her hand on it very gently and pointed to a particular part, as though to say, "What's that?" In pointing, she actually moved the car. John felt the car moving in her hands and noticed, without being upset, Ms. Brook's involvement.

John took the car back but looked at the place Ms. Brook had touched with her fingers. This more physical, gestural communication seemed to initiate at least a faint circle of communication – John's interest in the car and Ms. Brook's pointing to a spot on the car and moving it a little opened a circle of communication. John's looking at the particular spot and taking the car back closed a circle of communication. These opening and closing circles of communication create a foundation for subsequent communication.

After getting this minimal interaction going, as John was moving the car back and forth, Ms. Brook got another car and started moving it back and forth next to John. Ms. Brook and her car moved faster toward John's car, but didn't crash into it. John initially pulled his car out of the way but then moved his car fast, as Ms. Brook had, toward her car. Now three and four circles were closed in a row, and a real interaction was beginning.

TIPS FOR MODIFICATIONS

Greenspan et al. (1998) suggest some Floor Time™ modifications for use with children with autism. For example, if the child is babbling or involved in a self-stimulatory pattern of sounds, start the process by babbling back or imitating the sound the child is making to get a look of recognition. Another modification is to incorporate the skills at the child's highest level into the interaction and combining

them with very simple gestures and a sense of relatedness to pull the child into a relationship so that his emotion becomes connected to another person.

SUMMARY

Floor Time™ is designed to help children work around processing difficulties to reestablish effective contact with caregivers or play partners and begin to master developmentally appropriate skills. It is designed to increase socialization, improve language, and decrease repetitive behaviors. Overall, this intervention can be used to help children solve problems that occur in natural contexts anywhere and at any time.

RESEARCH TABLE

Number of Studies	Ages (year)	Sample Size	Area(s) Addressed	Outcome
4	2-6	271	Communication behavior, negative behavior, problem solving, symbolic process, functional development	+

STUDIES CITED IN RESEARCH TABLE

- Hilton, J. C., & Seal, B. (2007). Brief report: Comparative ABA and DIR trials in twin brothers with autism. *Journal of Autism and Developmental Disorders*, 37, 1197-1201.
Twin brothers (age = 2.4) with autism participated in a pilot study that compared trial interventions in DIR/Floor Time™ and ABA. The Communication and Symbolic Behavior Scales (CSBS) were used to monitor the children’s progress before and after the interventions. In addition, communication and behavior data were collected throughout the intervention sessions. Although scores on the CSBS revealed a slight gain in the composite score of the ABA child and a slight loss in the score of the DIR child, results indicated that DIR/Floor Time™ intervention was a better fit for the family.
- Solomon, R., Necheles, J., Ferch, C., & Bruckman, D. (2007). Pilot study of a parent training program for young children with autism: The PLAY Project Home Consultation program. *Autism*, 11, 205-224.
Sixty-eight children with autism and their parents completed an 8- to 12-month program that used the DIR/Floor Time™ model. Children showed significant increases in Functional

Emotional Assessment Scale (FEAS) subscale scores. In addition, parents suggested they would be effective in working with their children after training, and overall satisfaction with the program was 90%. In general, this pilot study suggested that the model has potential to be a cost-effective intervention for young children with autism.

3. Wieder, S., & Greenspan, S. I. (2003). Climbing the symbolic ladder in the DIR model through floor time/interactive play. *Autism. Special Issue on Play, 7*, 425-435.
The study illustrated a three-year case study of a young boy with autism interacting with his father during Floor Time™. The child progressed continuously during the course of Floor Time™ intervention addressing his specific processing difficulties.
4. Greenspan, S. I., & Wieder, S. (1997). Developmental patterns and outcomes in infants and children with disorders in relating and communication: A chart review of 200 cases of children with autism spectrum diagnoses. *The Journal of Developmental and Learning Disorders, 1*, 87-141.
The study reviewed the charts of 200 children with autism to reveal patterns in presenting symptoms, underlying processing difficulties, early development, and response to intervention that focuses on individual differences, developmental level, and affective interaction. Results revealed a positive outcome.

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RESOURCES AND MATERIALS

- The Autism Webcourse. Floor Time: http://cdd.unm.edu/swan/autism_course/modules/comm/floor/index.htm
- Interdisciplinary Council on Developmental and Learning Disorders (ICDL): www.icdl.com
This page of the ICDL website provides an overview of Floor Time™ and a comprehensive list of resources for clinical use.
- Stanley I. Greenspan Website: <http://stanleygreenspan.com/>
This link accesses the website of Stanley Greenspan, a co-developer of the Floor Time™ model; it contains information about products, conferences, and foundational work.
- Teaching Children with Autism: www.polyxo.com/floortime
This links the user to two excellent resources for parents and educators to understand and use Floor Time™ as a tool for educating learners on the spectrum.

GENERAL RESOURCES

- Autism Internet Modules (AIM) www.autisminternetmodules.org. The Autism Internet Modules were developed with one aim in mind: to make comprehensive, up-to-date, and usable information on autism accessible and applicable to educators, other professionals, and families who support individuals with autism spectrum disorders (ASD). Written by experts from across the U.S., all online modules are free, and are designed to promote understanding of, respect for, and equality of persons with ASD.

- The Autism Web Course: http://cdd.unm.edu/swan/autism_course/about/index.htm. This web course was developed out of materials from the Interactive Collaborative Autism Network (ICAN). The Autism Programs at the University of New Mexico has updated and added information to this web course.
 - Characteristics
 - Assessment
 - Academic Interventions
 - Behavioral Interventions
 - Communication Interventions
 - Environmental Interventions
 - Social Interventions
 - Family Support Suggestions

- Indiana Resource Center for Autism (IRCA) <http://www.iidc.indiana.edu/irca/fmain1.html>. The Indiana Resource Center for Autism staff's efforts are focused on providing communities, organizations, agencies, and families with the knowledge and skills to support children and adults in typical early intervention, school, community, work, and home settings.
 - IRCA Articles: <http://www.iidc.indiana.edu/index.php?pageId=273>

- Texas Statewide Leadership for Autism www.txautism.net. The Texas Statewide Leadership for Autism in conjunction with the network of Texas Education Service center with a grant from the Texas Education Agency has developed a series of free online courses in autism. Please check the training page, www.txautism.net/training.html, for update lists of courses, course numbers and registration information. Current courses include the following:
 - Asperger Syndrome 101
 - Augmentative and Alternative Communication and the Autism Spectrum
 - Autism for the General Education Teacher
 - Autism 101: Top Ten Pieces to the Puzzle
 - Classroom Organization: The Power of Structure for Individuals with ASD
 - Communication: The Power of Communication for Individuals with ASD
 - Futures Planning for Students with Autism Spectrum Disorder
 - Navigating the Social Maze: Supports and Interventions for Individuals with ASD
 - Solving the Behavior Puzzle: Making Connections for Individuals with ASD