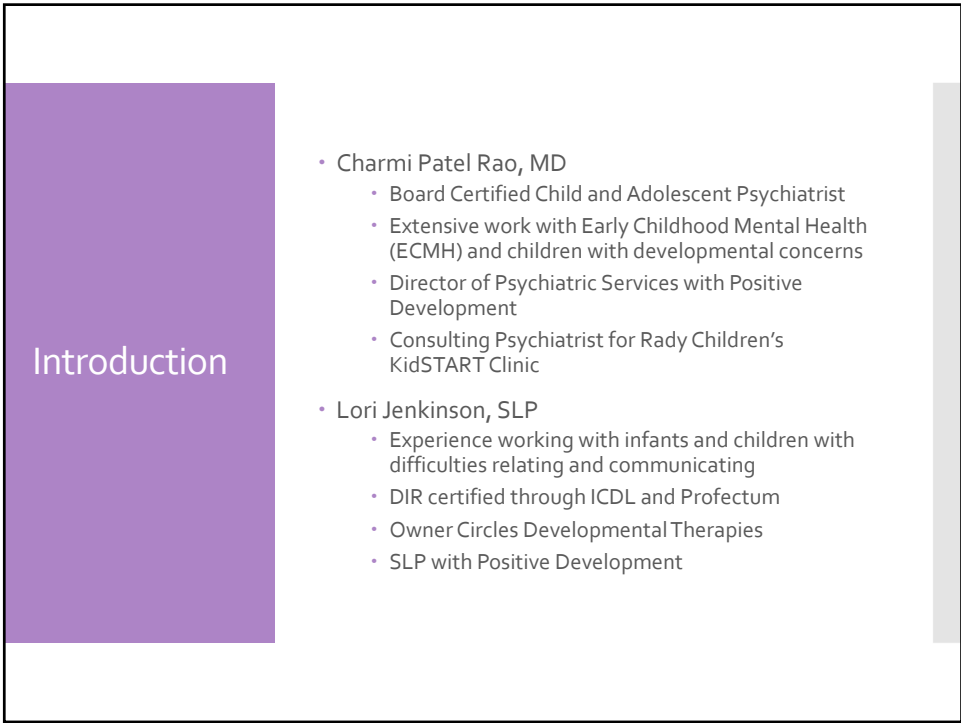




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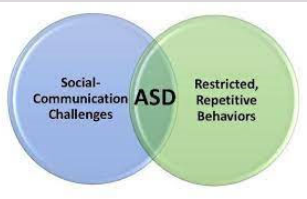
2



Outline

- What is autism?
- Shift in understanding of autism
- Shift in goals of intervention
- Autism intervention approaches
- Introduction to DRBI
- Introduction to DIRFloortime
- Case presentation and videos woven throughout

3



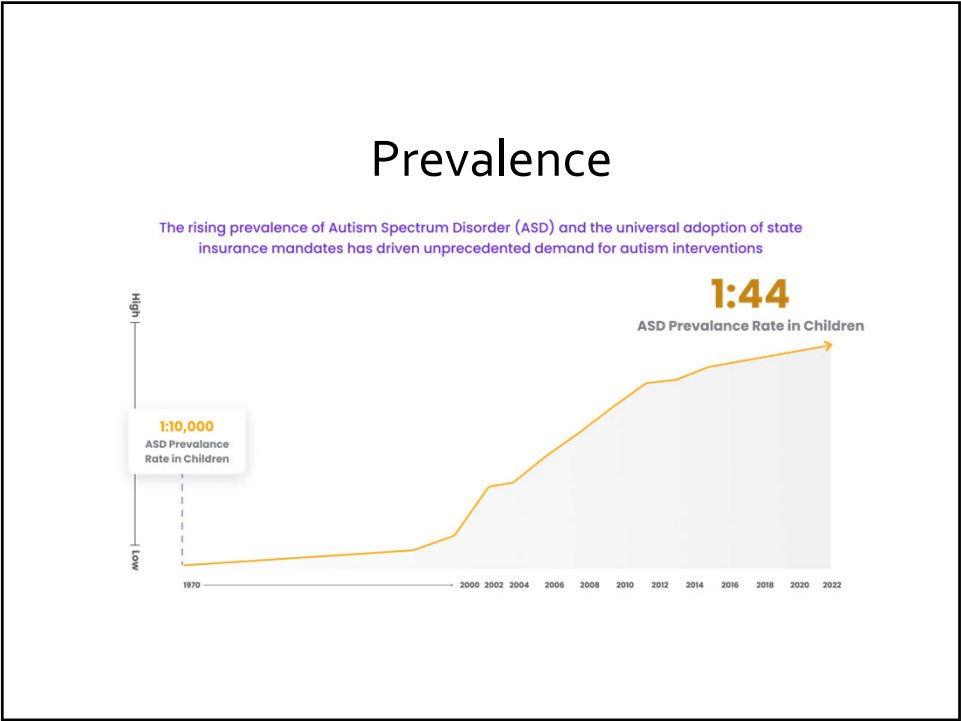
Diagnostic Criteria for Autism

- Challenges in social communication and social reciprocity
- Restricted, repetitive behaviors and interests
- Levels of Support:
 - 1: Requiring support
 - 2: Requiring substantial support
 - 3: Requiring very substantial support
- With or without language impairment
- With or without intellectual impairment
- Concerns before age 3

4



5



6

Case
Presentation

- 2 years 6 month old
- Born premature – 27 weeks
- Twin
- Developmental milestones on time

Medical

- Heart problems
- GERD
- Significant constipation
- Feeding
- Sleep difficulties and inconsistencies

Parents report

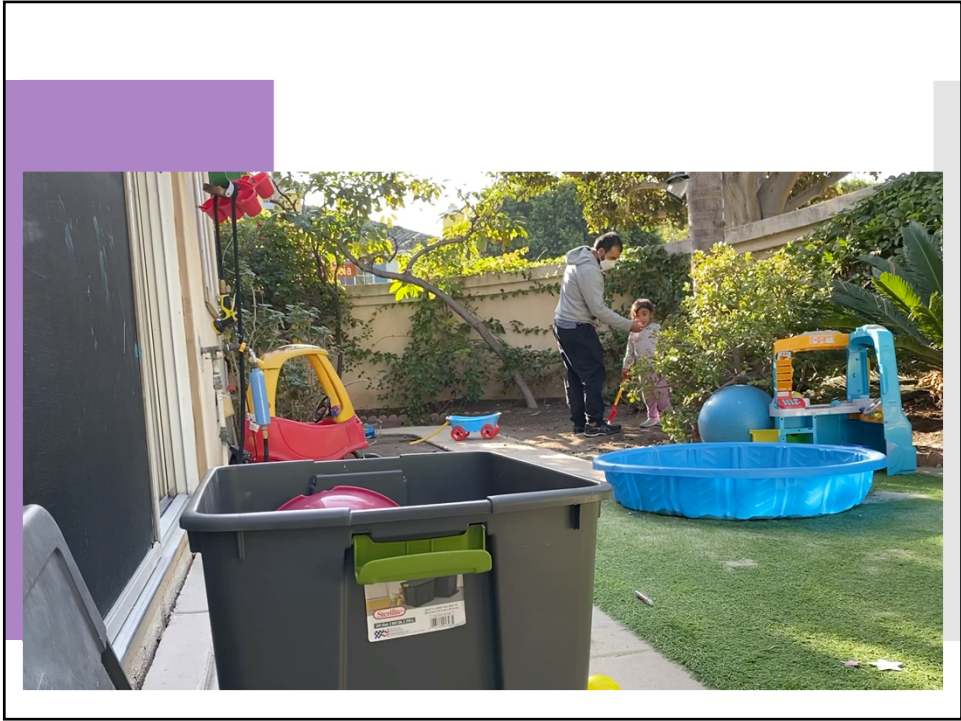
- Uses whines and cries to communicate her wants and needs, some single words, rarely responds, hard to get her to attend
- We don’t understand what our Daughter NEEDS and we cant find anyone that can help us do this

7

Picture this

- Can not sustain attention or engagement
- Wanders
- Uses parents as a “tool” to obtain desired items
- Initiates her wants
- Does not respond to the intentions of others
- Avoids physical closeness
- Difficulty using her body to communicate – no gestures, flat affect. Cues are very subtle
- Difficulty using her body to play and manipulating objects (often dropping things)

8



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Shift in Understanding Autism

Stimming

Singularly Focused

Slightly Different than the Crowd

Dysregulated
a.k.a. Stressed Out

10

10

Stimming

“Awkward and strange-looking”
Not harmful
Serves a purpose

If helpful, is this a behavior we should be aiming to reduce or eliminate?

11

Changing Misconceptions about Autism

It's not a processing error, it's a different operating system

children with autism don't want to have friends

→

children with autism want to have friends

children with autism need professionals to help them learn life skills

→

parents can teach their children with autism life skills

goal is to cure core symptoms of autism

→

goal is to manage concerning co-occurring symptoms

children with autism can't be empathic

→

children with autism show empathy differently

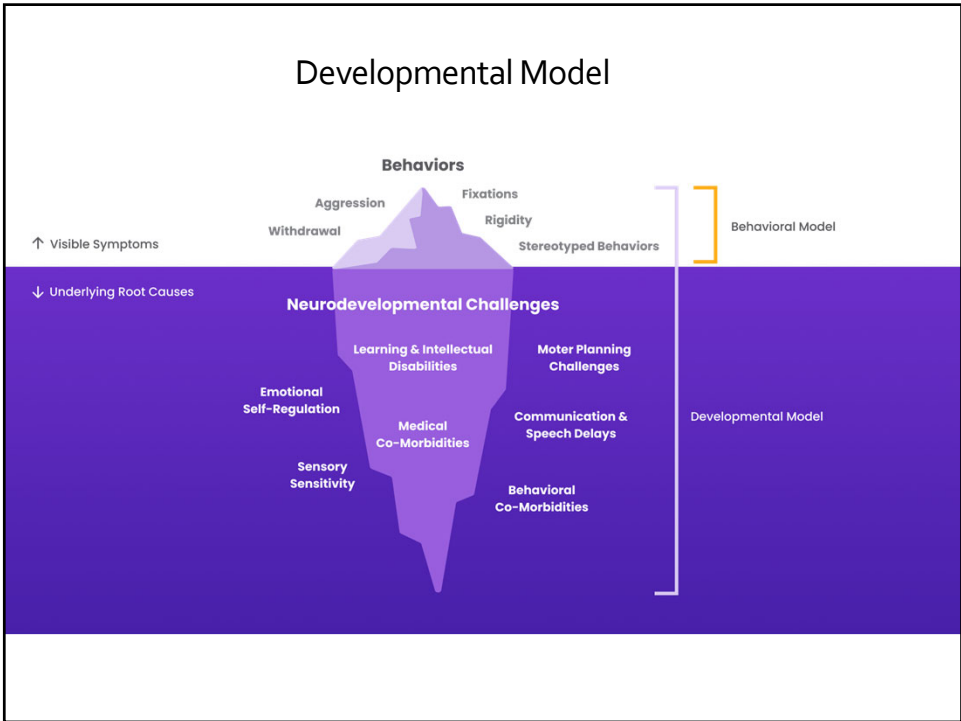
12

Goals of Intervention

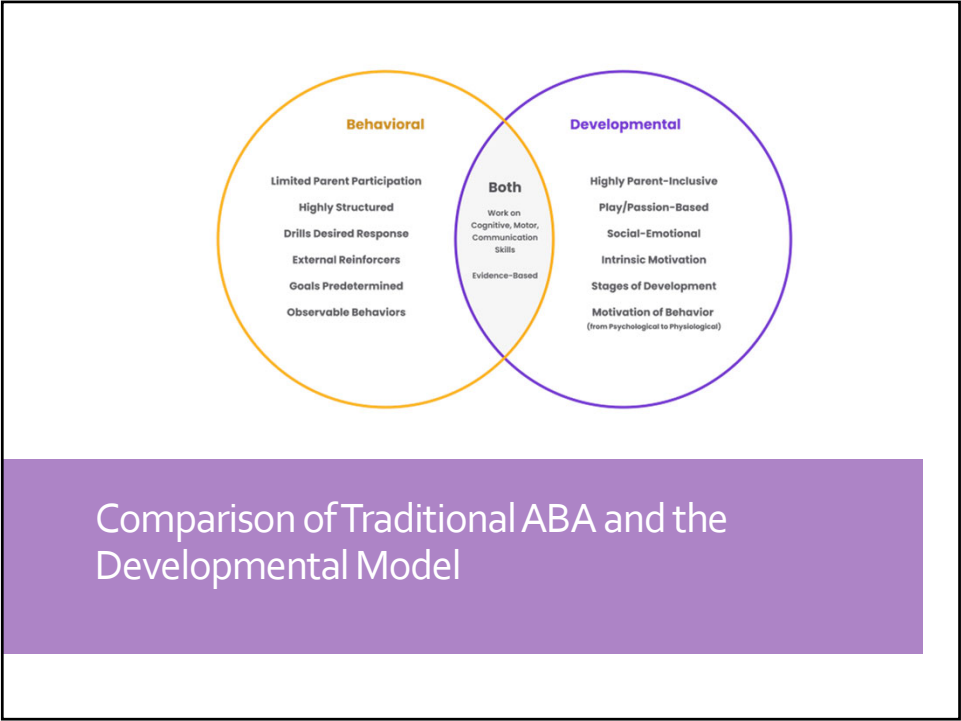
- Movement away from “cure”
- Shift away from seeing challenges as deficits
- Core symptoms are not necessarily problematic
- Focus on managing concerning co-occurring symptoms
- Goals based on child and family goals for the child
- Less focus on number of hours of intervention



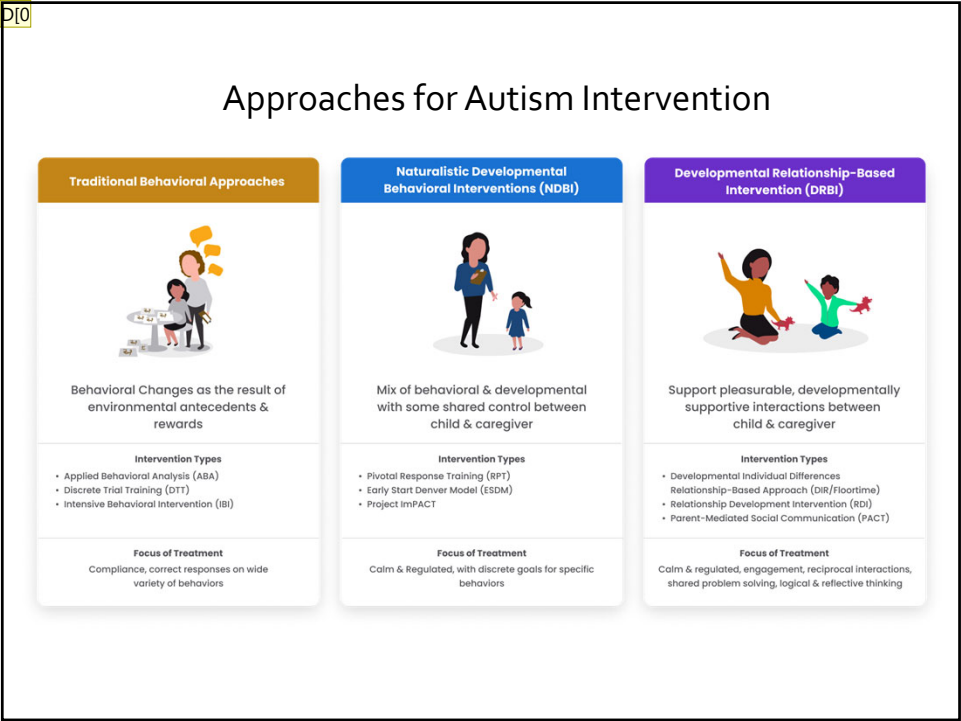
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14



15



16


Slide 16

D[0 should we use the word caregiver instead of parent?
Dr. Charmi Patel Rao [M.D.], 2022-07-28T16:59:37.634

D[0 0 Yes
Dr. Josh Feder [M.D.], 2022-07-29T03:12:14.958

DRBI Approaches

Focus on Function and Comfort in the World
Actions that may not impact function (ie. stimming) don't need to be fixed or "cured"
Shift from seeing challenges as deficits to differences
Strengths based
Focus on intrinsic motivation
Relies on everyday, natural activities like play
Improvement in symptoms within relationships with caregivers
Manage concerning symptoms



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Relationship Development Intervention

- Parent-based intervention
- Address core issues in the context of the relationship and paying attention to child's developmental level
- RDI consultant works with parents who then guide their child
- Dynamic intelligence
- Declarative language

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DIR
Floortime
model of
intervention

- Affect and relationship based
- Developmentally minded
- Focuses on family
- Uses PLAY that is meaningful and motivating to the child
- Emphasis on symbolic thinking
- Helps a child access a full range of emotions
- Works across disciplines

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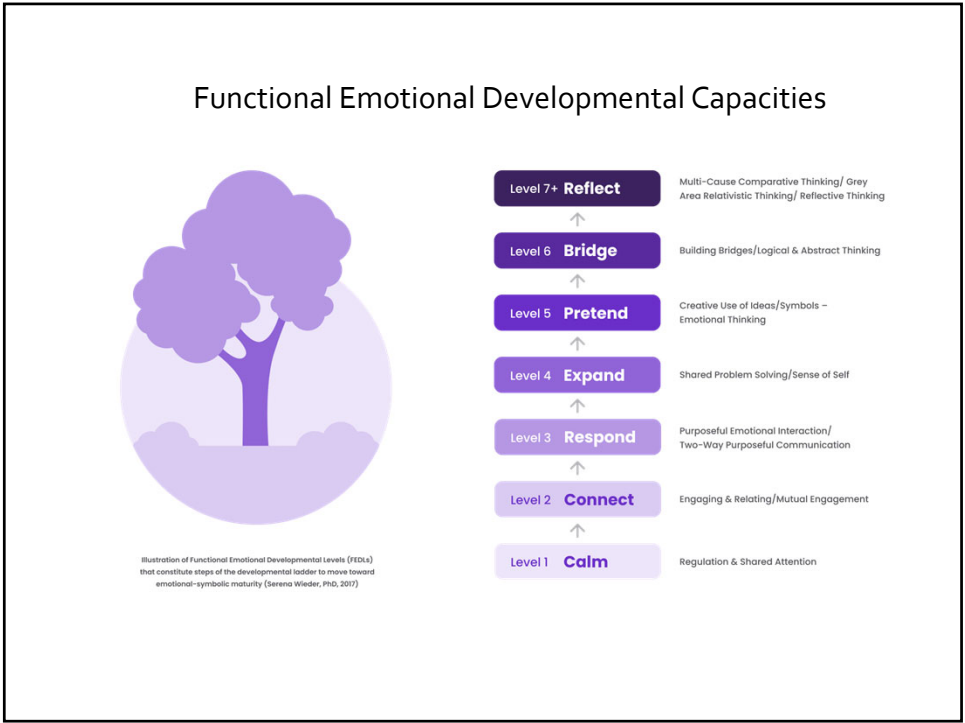
DIR

D
DEVELOPMENT

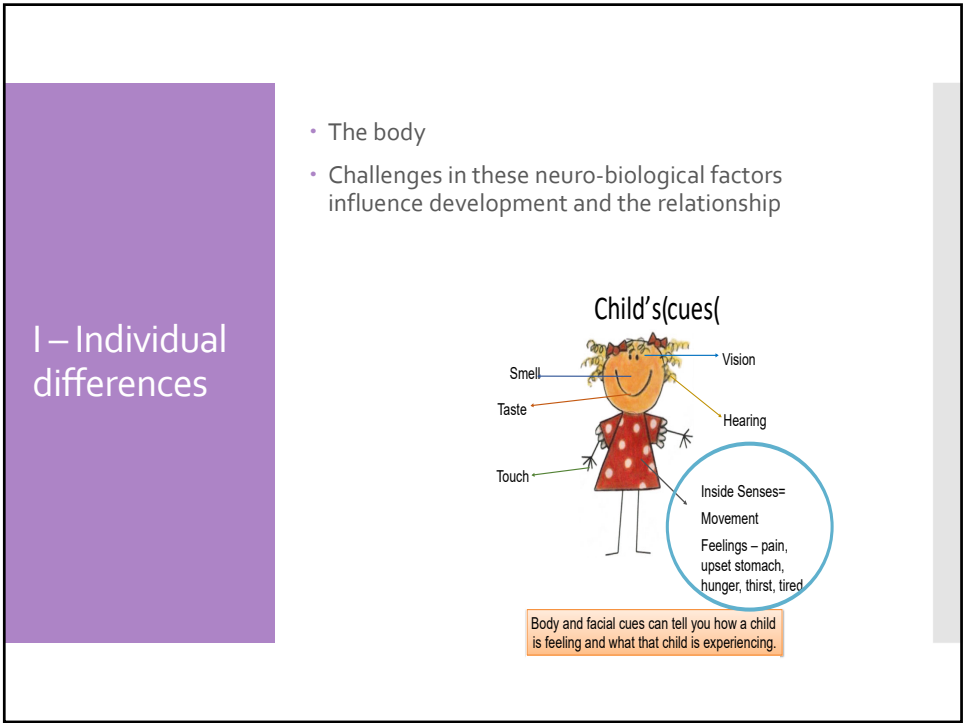
I
INDIVIDUAL

R
RELATIONSHIP

20



21



22

R
Relationship


- vehicle for learning
- mobilize development
- embrace the full range of emotional development
- tailored to child’s individual processing differences



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Floortime


A technique where we get down on the floor and work with the child to master their developmental capacities



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Principles of
Floortime

- Focus on the relationship
- It’s developmental
- Join the child’s world to capture the child’s natural interests
- Tune in to the child’s individual differences
- Go for the *GLEAM* in the eye!
- Support co-regulation
- Strive for a continuous flow
- Open the door to symbolic thinking
- Increase a child’s emotional range



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Floortime
Strategies

- Find the JOY
- Get at the child’s level
- Use non verbal and verbal expressions
- Share the AFFECT
- Follow the child’s lead
- Wait
- Read the child’s cues
- Everything is intentional
- Mirror the child’s actions
- Set the pace
- Talk less, listen more
- Playfully obstruct
- Set the stage for problem solving

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Back to the
case

- **D**
 - difficulty with regulation, engagement, and reciprocity
 - functioning, with constrictions within the developmental capacities of 1, 2 and 3
- **I**
 - low arousal level
 - postural control
 - motor planning
 - sensory processing and responsivity concerns
 - receptive and expressive language concerns - no gestures, poor social gaze, few words
- **R**
 - work with mom and dad to tailor their interactions to support their child
 - work with mom and dad to embrace play that is meaningful to their child
 - work with mom and dad to use emotions to glue the interaction

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Let’s notice

Floortime strategies in treatment sessions

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Hop around
the circle

Notice how DAD:

- Joins the play
- Uses affect and vocal expressions
- Follows her lead
- Reads all her expressions and gestures as intentional
- With support waits
- Creates opportunities for the child to initiate and respond

Notice how the CHILD:

- Shares attention and joy
- Stay calm and connected through interaction
- Initiates
- Responds
- Repair when Dad reads a cue incorrectly

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30

Let’s think
about what
we saw

Did you see

- A dad following his child’s lead
- A dad tailoring himself to support his child’s individual profile
- Shared Joy
- Shared experiences
- A continuous flow
- A child and her dad relating to one another

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Take a bath

Watch how DAD

- Joins in her play
- Gets down at her level
- Wonders about what she is going to do
- Talks less
- WAITS
- Follows her lead
- Mirrors her actions
- Uses non verbal and verbal expression
- Shares attention around her experiences
- Tries to add in a new idea

Watch how the CHILD

- Uses eye gaze and smiles to share the joy with her dad
- Gets visually distracted but is wooed back to the water
- Use eye gaze and smiles and gestures to share attention around washing cheeks and hair

32



33

Let’s think
about what
we saw

Did you see

- A dad following his child’s lead
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- Shared Joy
- Shared experiences
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- A child and her dad relating to one another

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Research and Outcomes

PLAY Project (2014): decrease in global autism symptom severity with DRBI

Tricare study (2019): limited improvement with ABA

ProjectAIM study (2019): limited research to support ABA; some evidence that DRBI and NDBI improve social communication

Other studies have shown DRBI to be less costly compared to traditional behavioral approaches




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Positive Development

Transdisciplinary team

Comprehensive services under one roof

Evidence informed DRBI for children and families that is covered by private and public payors



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Today
3 years 11
months



- D
 - Robust at Developmental capacities 1,2,3
 - Moving into social problem solving
- I
 - Improved regulation, attention
 - Sensory integration and discrimination
 - Improved postural control
 - Social gaze and social cuing
 - Responding to intentions of others
 - Facial expressions, verbal expressions, gestures and words
- R
 - Strong connection
 - Parents are confident in supporting her reading and understanding their child


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Summary

Social-emotional development for young child occurs in the context of developmental domains and child-caregiver relationship

This also holds true for children with autism

Important to give the families we work with choices for interventions



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