

## Long Term Case Presentation Guidelines

Please use the general guidelines below to prepare your presentations. These guidelines are for experienced clinicians and educators who have been using the DIR model across a range of children, have received consultation and/or individual/group tutoring and were recommended to do a long term integrated presentation. Each discipline should address the specific goals within their discipline and setting (e.g., home, office, group, school, etc.) as well as DIR goals and principles. Please discuss the case you would like to present with your tutor.

- Long term case presentations should cover **18 months of intervention** or longer. This is considered the minimal length necessary to reflect on the course and process of development and interventions. If you see children on a shorter term basis in educational settings, then compare two varied children as an alternative. Focus on one child and show contrasts in their development with the other.
- During the course of completing the Certificate requirements, you will be expected to **present a minimum of four cases** (the vignette, the long term case presentation, clinical challenge and the written case). These should **include at least four different children with varied challenges in different groups in order to reflect your experience across a range of children.** **You cannot repeat any child presented in DIRC.** You can repeat a child used in DIRB if needed. Please be sure to think ahead as you select your cases this time.
- **If doing a comparison, then at least two children are needed. Given time constraints, present one case fully and then contrast with selected points and videos with another case.** It is important to focus on the key points you are comparing or contrasting and to show the difference this makes in your intervention education goals, classroom plans, individual and group experiences, progress during the year, etc. given their different profiles. Use the handouts to provide comparative descriptive information. Your goal is to show your thinking and work based on the different profiles during the school year.
- When considering which case you may present, keep in mind that you will also need a two year case ready after you complete the long term presentation. You may want to reserve one of your longer or most interesting cases for the Written Case. Please discuss this with your tutor. We hope you will be asked to proceed with the written case when you receive feedback so it is very important you also identify the possible written case now before the summer. This way you can save the case you would like to write up and move right on to completing your Certificate!
- The case you select should reflect progress in development relative to where the child and family started. Please select a child who has received **comprehensive** services so that you can address the contribution of various intervention efforts, the course of the intervention (may have ups and downs) and family dynamics. Eighteen months of intervention does not necessarily constitute outcome and not all children advance at the same rate or reach all levels during this time. It is very **important to examine the child's developmental course within each of the core capacities (developmental levels) given that child's sensory processing and family profile and discuss what supported or impeded the child's functioning at each level.** Be sure to address the developmental process as it pertains to your specific interventions. Please do consider presenting a more challenging complex case which may be moving more slowly but raises challenges and considerations for intervention. Remember we are concerned with process and dynamic formulation and not just rapid progress cases.
- Approach your case with the **conceptual** issues you want to focus on. Indicate why you chose this case, your questions, how you guided the case, how you worked with other interveners, how you worked with the family, the leadership you provided within your team, and what we can learn from it. Address what could and could not be addressed in the given time frame and what you see as the strengths, challenges and intervention needed in the future. Reflect how the case affected you. **Stay focused on the case. This is not meant to be a training on the general DIR Model.**

- The longer the time you have worked with the case, the more opportunity you have to reflect upon long term processes in development, the turning points or vacillations, the impact of changing or adding interventions at different points, the impact of the rate of progress (slow or fast), the ways in which you worked with the child and family over time, the way you worked with

the team and/or school over time, your leadership role, as well as reflect upon your experiences and how this work effects you as an intervenor and as a person.

- **You have flexibility to present the case in anyway which will best illustrate the key points the case represents. Feel free to be creative and compelling.**

Start at any point you like in order to make the points you want. The presentation does not have to be chronological as long as you prepare time lines with relevant information as background. These should include the challenges and concerns you had, the varying rates of progress, when you felt stuck, when you felt you moved forward, when you sought help, and how you reflected on the impact of the case on you, etc. You will be presenting to a small group of peers with skilled faculty who help keep the group safe and confidential.

Keep the following points in mind as you prepare your case.

- One purpose of the presentation is to demonstrate how you would use your case for helping others learn the DIR model. Present the reasons you have selected the case for this purpose, your conceptualization of the case, and what you will illustrate.
- It will be necessary to organize the presentation, including the videotapes, within the time frame allowed. **We are estimating 90 minutes for longitudinal cases with 25 minutes case presentation, 12-15 minutes of video at different points in time, and 45 minutes group discussion.** This amount of time allows for in depth discussion but still requires staying on point and keeping track of the time. You will have the opportunity to present your entire case with minimal interruptions. The discussion leaders will help!
- **Video excerpts should be edited or well marked so that searching is at minimum.** As a long term case we would like you to present video at the start and currently. Videos should include the child's interaction with parents (and yourself), when you first met (do include home videos if available or as an alternative) and at present showing your work with the child as well as the parents. You can insert a middle clip if you like but do not extend the time. If possible, also present short selections over time which reflect shifts in the child's developmental level, increased interactions, deepening of the level (e.g., expanding symbolic ideas), relative strengths and weaknesses, etc. Be sure you have written consent to show the tape for this limited purpose.
- Videos should include samples of your direct work with the child. **We want to see you at work, as well as coaching and guiding interactions where applicable.**
- When you present for each selection of video you show tell the group know **in advance** what they will see or what you want them to look for and what the video segment illustrates. Comment on the number of circles of communication, problem solving affect flow and co-regulation, and what supports or impedes interaction at different levels. Discuss the challenge of following the child's lead. Synchronize your video with your time line. ***It is up to you to get a written release from parents to use the video for this educational purpose.***
- **Handouts:** Prepare 14 copies of:
  1. Time line starting at birth which indicates when parents became concerned, when and which assessments were initiated, when interventions were initiated, intensified, added, etc., other important events, etc. Use initials or alternative names

only (no real names) and disguise identifying information. Include a family chart reflecting essential family information when useful.

2. Summary of profiles (see below) at the start and at present.
3. Submit 2 copies for your file. Faculty will collect.

Content to Cover:

*Use the DMIC (DIR® Diagnostic Manual for Classification) to organize the information below – apply as many axes as fits your case. Use information obtained from other disciplines when needed. We understand this may be new to many of you and will take that into account.*

*Use the list below as a checklist while you prepare:*

- Assessment: Describe your assessment approach and related information you gathered.
- Relevant history - developmental, family and health (consider using handouts for these details) as this can be time consuming and highlight critical features in your presentation.
- **Developmental Levels:** Indicate if level present solidly, constricted, emerging, not evidenced (though expected), not expected for age. Comment on Quality
  - A. Shared Attention and Regulation \_\_\_\_\_
  - B. Engagement & Relating \_\_\_\_\_
  - C. Two Way Intentional Communication \_\_\_\_\_
  - D. Complex Problem Solving \_\_\_\_\_  
Gestures \_\_\_\_\_
  - E. Creating Representations (ideas) and elaboration \_\_\_\_\_
  - F. Representational Differentiation and Emotional Thinking \_\_\_\_\_
- **NDRC Group** at start and at later points if changed.  
Also other diagnostic classifications or assessment criteria you use related to you discipline (DC 0-3, DSM, CARS, ADOS, Neurological, Speech and Language, Sensory Motor, Sensory Integration, etc.). Summarize this information in your handout using the DMIC outline.
- **Sensory/Motor Profile:** Describe all sensory processing and motor planning areas, give specific examples and indicate impact on developmental levels.
  - A. Under-reactive \_\_\_\_\_
  - B. Over-reactive \_\_\_\_\_
  - C. Mixed Reactivity \_\_\_\_\_

D. Motor Planning \_\_\_\_\_  
E. Motor Development \_\_\_\_\_

F. Language \_\_\_\_\_  
G. Visual Spatial Thinking \_\_\_\_\_

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- **Family Profile:** describe family functioning and dynamics with respect to impact on child's development on the family and how effectively interventions are implemented (relative strengths and weaknesses). Take **cultural issues** into account and address how these may affect parent child interactions on the "floor" and at other times. Also focus on how you work with the family and their relationship with you.

**Caregiver Patterns:** Rate 1 (low) to 5 (high) and Comment on the following:

A. Comforting \_\_\_\_\_  
B. Finds appropriate level of stimulation \_\_\_\_\_  
C. Engages in relationship \_\_\_\_\_  
D. Reads cues and signals \_\_\_\_\_  
E. Maintains affective flow (for co-regulation) \_\_\_\_\_  
F. Encourages development \_\_\_\_\_

- Development of a comprehensive intervention plan: give rationale and how phased in with a team, referrals, etc... Describe your component of the treatment. Indicate how you used DIR functional levels and regulatory/sensory profile for treatment formulation and evaluation of progress.
- Course of Treatment: Describe how child moved from level to level given relative strengths and weaknesses within each developmental capacity. Describe the rate of progress in different areas and continuing challenges. What are your predictions for longer term progress, outcomes? Why?
- Educational plan - IEP goals: Describe educational program and adaptations when applicable. If you have an IEP, illustrate DIR related goals.

**Either at the end or during your presentation please reflect on your experience working with this child and family. Consider the following:**

- Establishing a therapeutic alliance with parents
- Coaching role according to parents' needs and strengths
- Phasing in and engaging family, school and therapists in treatment plan
- Collaboration with multidisciplinary team and your role
- What you learned from other disciplines which was most helpful
- Overall quality of therapeutic relationship with child, parents, and family – address any boundary or transference issues
- Self-reflection on your relative strengths and weaknesses in conceptualizing and treating this case. Compare to other cases you treat.

**Tell us how the DIR model made a difference in your work with this child and family. Tell us what else you would like to learn to enhance your work.**

**Some "pitfalls" –**

- Not having your videos ready to go. Be sure to do your editing at home and not have to lose time looking for sections. You can bring DVD format. You will have access to the rooms to check out your tape in advance and you will also know when you will be presenting. You are welcome to bring your computers as a back up. Please be aware, there is a charge

for technical assistance which you would have to pay for if the problem is with your tape so please check it out carefully. We want to avoid this.

- Staying within the time frame. Every effort will be made not to interrupt your presentation because we want to be sure there is time for discussion. Your handouts which include the time line and profiles will be very helpful in saving time. But if you are not used to presenting, do a trial run and see how long it takes. We are not a regimented group and need to work hard at timing!!

### Feedback to You!

You will receive feedback in the group and, if indicated, individual meetings with your faculty. You will be participating in two different groups and at the end of the Institute the faculty from both of your groups meet to discuss individualized recommendations for you. You will then receive an individual phone call after the Institute on a designated day from one of your faculty.

Remember, the goal of this DIRC presentation is to monitor your development as a DIR® educator or clinician and provide guidance for your further mastery of this model. This educational experience is designed to develop your competencies applying the model and helping others learn from you. By the time you present a long term case, you will have had more extensive experience using the model as well as further professional development/tutoring and guidance in using the model.

The list below identifies competencies we consider, each of which is on a continuum and may be present as a relative strength or weakness. The goal will be to provide feedback to you in these areas so you will know what to focus on as you approach preparations for the written case.

#### **I. General Competencies:**

- \_\_\_\_\_ Demonstrates competence in own discipline
- \_\_\_\_\_ Demonstrates conceptual knowledge of DIR principles and practices
- \_\_\_\_\_ Demonstrates a working knowledge of dyadic work
- \_\_\_\_\_ Warm well related ability to work with the child
- \_\_\_\_\_ Demonstrates attunement to family
- \_\_\_\_\_ Demonstrates maturity and a capacity for rapid learning
- \_\_\_\_\_ Demonstrates capacity for self-reflection
- \_\_\_\_\_ Demonstrates an ability to “conversant” in DIR

#### **II. Clinical or Educational Competencies based on vignette that illustrates:**

- \_\_\_\_\_ Competence to conduct discipline-specific assessment in a DIR context (accurately assesses NDRC, FEDL and sensory profile)
- \_\_\_\_\_ A working knowledge of the role of mental health principles and practices in the DIR process
- \_\_\_\_\_ A working knowledge of educational implications and goals
- \_\_\_\_\_ How weaknesses in one area of development may impact on related areas of function
- \_\_\_\_\_ The contributions of family dynamics to the developmental and treatment processes
- \_\_\_\_\_ Works with team or coordinates with other interveners
- \_\_\_\_\_ Identifies challenges

#### **III. Advanced Competencies**

- \_\_\_\_\_ Presents on case in-depth at both the descriptive and conceptual levels
- \_\_\_\_\_ Presents case in an organized, logical and coherent manner
- \_\_\_\_\_ Demonstrates congruence between what is shown and what is said
- \_\_\_\_\_ Demonstrates an ability to infer from assessment to a treatment plan
- \_\_\_\_\_ Articulates the clinical/conceptual rationale for implementing strategies
- \_\_\_\_\_ Demonstrates an ability to identify and address multiple levels of FEDL
- \_\_\_\_\_ Demonstrates ability to integrate contributions from multiple sources to generate a cohesive case formulation

- \_\_\_\_\_ Demonstrates facility with DIR strategies and technique
- \_\_\_\_\_ Attends to collateral interventions
- \_\_\_\_\_ Demonstrates competence as a team leader