

Case Vignette Guidelines

The DIR® Certificate Program is based primarily on small case based workshops which allow participants to present their work and discuss the material with a small group of multidisciplinary peers and faculty, usually no larger than ten members. Everyone in this course has already attended introductory level programs and engaged in self-study or group study efforts. You have listened to us and now we want to listen to you. Be assured our experienced faculty insures the safety and confidentiality of the group process.

By presenting a case vignette you have the opportunity to apply the concepts of DIR®/Floortime™, examine the interactions of the child with his or her parents and yourself, evaluate the child's functional developmental capacities, consider the way you work and reflect upon your experience. We have found that the process of showing (via brief videotaped selections) and discussing your work promotes the best integration of the multi-facets of the DIR®/Floortime™ model.

This will take some preparation on your part but please keep in mind that the presentation of the case vignette is an *exercise in learning and reflection*. It is not a "test" but an opportunity to conceptualize and communicate your thoughts and experiences working with a child within the DIR®/Floortime™ model. You will have the benefit of discussing your case in a small, supportive and safe environment, as well as the chance to listen, learn and respond to others. The faculty will facilitate this process and are available to discuss anything you may want to further.

You should review your presentation with your tutor who can also answer questions about the Institute. If you are a new DIRC candidate, we will have question and answer phone conferences before the Institute. Please look for these announcements in May. You will receive feedback during the sessions as well as following the DIR®/Floortime™ Institute which we hope will guide your further development and next steps in the DIR® Certificate Program. As part of your preparation, please become familiar with the ICDL-DMIC. You can order this online at the membership rate.

The vignette is intended to be a vignette and not a full case presentation. The total time is one hour. **You will have about 40 minutes to present your material (including two video clips of your work at the beginning and current – about 4 minutes each) and 20 minutes for the discussion.** The case you choose should be **at least 9-12 months** duration so that you can address the course of development during this period of intervention. Do prepare a time line and summary of profiles to hand out (please bring 14 copies for the group and file). The time line should identify date of birth and family constellation, when parents became concerned, when diagnosed, when each intervention was started and frequency, and other situational changes such as a move, new birth, change in employment, death of significant person, etc. Also, summarize the beginning and current FEDL profiles and if you are familiar with the FEAS, present your ratings. You will need to bring 14 copies to distribute to your group and faculty, as well as for your file. These need not be more than 3-4 pages. You will present your vignette verbally in the group. **Do not bring power point as we will may NOT have projectors available even if you bring your computer.**

When choosing your case, please keep in mind other cases you have which you may want to present in the future so that you reserve some of your cases for the next year's long term presentation (a case you have worked with for 18 months or more) and for your case write up which can follow shortly afterwards (24 months or more). If you are an educator and do not work

with children for more than one year at a time, you have the option of comparing two children for the long term presentation and case write up. **It is not possible to repeat a case you have already presented.**

You will discover that the work you do in advance is central to your learning process. Preparing the timeline and profiles, selecting your tapes, and organizing your presentation is part of the learning process and helps you become aware of how you are applying the DIR model conceptually and in practice. This is the time to ask questions, indicate what you are not sure of, and enlist the group discussion to address your questions. We want you to illustrate how the DIR®/Floortime™ model has helped you better assess, understand, treat and move a child forward, whether progress is slow or rapid. **Be sure to hide all identifying information related to the child of whom your case is based and be sure to obtain a written consent to show the video for this limited purpose.**

*In all cases prepare a description of the profiles outlined below and present a **DVD video** which includes parent child interaction **as well as** your working with the child at **two points in time** (4 minutes each), when you started and currently. Use DVD+R disc.*

Be sure your DVD+R can be played in a regular DVD player attached to a TV. For back up, be sure you have another DVD which can also be played in a computer. To be sure your DVD can be played, please try it on several machines at home. International candidates make sure your DVD will play on American TVs (NTSC format).

Your vignette should include the following and you can select the focus:

- **Assessment** – How you evaluated the child and applied the DIR® Developmental framework and Sensory Processing and family profiles. Try to focus on the interaction between functional developmental capacities and sensory and sensory motor processing, e.g., to what degree do the various sensory processing, motor planning, under-reactivity, over stimulating environments, interactive patterns, etc. impede or support shared attention or intentional behavior. Identify the challenges in the assessment and the questions you had before, during and following your evaluation. Point out when you notice critical challenges and solutions in the child, family, or service system. Indicate how your assessment guided your treatment planning. Discuss what you may have done differently using the DIR®/Floortime™ model and how you included the family. What are your remaining questions? What did you predict as the course of progress at the time? What is the follow-up? You will be credited for bringing a challenging case or diagnostic dilemma and making your group work! If you are familiar with the FEAS, present your ratings.
- **Intervention** - Present a very brief background overview and your rationale (clinical/educational reasoning) for the treatment program or IEP. Use your **time line** to identify the various components and others providing treatment, as well as the home program. Your selection should focus on the interaction between the sensory and sensory motor challenges and functional capacities, shifting from one developmental level to another, coaching parent child interactions, maintaining affect co-regulation, reaching into higher symbolic levels, getting stuck, challenges which slow progress or relative strengths which move it forward. Remember time is short and you only need to focus on just a few treatment issues, illustrated by video clip, e.g., staying regulated, keeping the affect flow and engagement going, working with the weaker processing modalities, diffusing the anxiety as reality and fantasy merge, etc. The example you choose should

represent what it is like to work with this child and how you feel during and doing this work. You will be “credited” for presenting a challenging dilemma and making your group work! Indicate your questions and predictions. You are welcome to apply the FEAS as well.

- **Early Intervention or Educational Program** – Select a child in a program you are working in and how it is designed to meet the needs of the child from a DIR® perspective. Describe the individual and group work carried out, how social interactions are facilitated, how the team works, how the family is involved, and how you may be working with the child and parents individually. We are especially interested in the various efforts made to apply the DIR®/Floortime™ model in pre-school programs and the relative strengths and challenges this poses. Be sure to focus on the profiles of one child or compare two different children in the group to highlight the group process. If group video is not possible, just obtain some on the child you focus on. You may need to ask someone to help you video. Set up some individual time to be sure you get video and include the parent if possible. What are your questions and predictions?

The following outline can be used to guide your preparation of the profiles:

Please state your impressions of the following and **give examples**:

I. Developmental Levels: Indicate if level present solidly, constricted, emerging, not evidenced (though expected), not expected for age. Comment on Quality

1. Shared Attention and Regulation: _____
2. Engagement & Relating: _____
3. Two Way Intentional Communication: _____
4. Complex Problem Solving: _____
Gestures _____
5. Creating Representations (ideas) and elaboration: _____
6. Representational Differentiation and Emotional Thinking: _____

DMIC -NDRC Group: _____ **Other Diagnosis:** _____

II. Sensory/Motor Profile: Give your impressions of the following - specify areas:

- A. Regulation – Sensory/Emotional _____
- B. Under-reactive _____
- C. Over-reactive _____
- D. Mixed Reactivity _____
- E. Motor Planning _____
- F. Motor Development _____
- G. Language-Receptive and Expressive _____
- H. Visual Spatial Thinking _____

III. 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 _____

Tell us how the DIR®/Floortime™ 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. Also remember to test your **DVD+R format**. You will have access to the rooms to check out your tape in advance and you will be given your schedule for presenting when you arrive. You are welcome to bring your computers as a back up. Please be aware, there is a charge for technical assistance which you will have to pay 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 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 first DIRC presentation is to monitor your development as a DIR® educator or clinician and provide guidance for your further mastery of this model. This is just the start of your presenting competencies and it is designed to be an opportunity to learn and apply the model. As indicated above, it is not a “test” but opportunity to show your emerging use of the model. Our goal is to provide an educational experience which will allow you to integrate DIR®/Floortime™ into your work.

We will consider the following:

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

These are rated from 1-3 and comments are provided.