

## Web-Based Radio Show

### About.Com Guide to Autistic Spectrum Disorders with Lisa Jo Rudy

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**Dr. Greenspan:** This is Dr. Greenspan. Welcome to our Web-Based Radio Show.

**Lisa Jo Rudy:** Thank you so much. Good morning

**Dr. Greenspan:** Today we are going to have a question and answer segment, featuring Lisa Rudy and her very special website answering questions about autistic spectrum disorders. Lisa?

**Lisa Jo Rudy:** Yes.


**Dr. Greenspan:** How are you?

**Lisa Jo Rudy:** I'm great, and I very much appreciate your willingness to take the time to answer questions.

**Dr. Greenspan:** Let's jump in and go to the first question.

**Lisa Jo Rudy:** The first question on my list here is really about Floortime as a therapeutic approach. What makes the kind of play that you do with your child when you are doing Floortime play different from typical play with a child that a parent would ordinarily do?

**Dr. Greenspan:** The question is, "What makes Floortime play different from typical play?" What makes it different is that the parent is working and the child is having fun. Over time, the parent or the therapist will have fun too, but you are challenging the child to do really six things at once, so the highest level the child can, he or she may not be capable of all six initially, but eventually we want to get them there. You are challenging the child by following their interest and their lead, so it's like play, if they are interested in dollies or if they are interested in a truck, or if they are interested in aimlessly wandering around the room, you are taking the lead from them, and then you are using their interest to get their focus and attention, to get them engaged, and to get two-way communication going – opening and closing circles of back-and-forth interaction where they are taking initiative. You are trying to get as many of these in a row as possible.




Then you are trying to also engage the child in what we call shared social problem solving, where the child is taking you to the door, showing you where the toy is, taking you to the refrigerator, etc. Then you are trying to help the child, if they can, speak, use ideas, and tell you what they want, what they want to do, or speak for the dolly and you speak for the other dolly. Then you are trying to help the child connect ideas together, like your dolly might say, “Gee, why should we build a house?” or “Why should we feed the baby?” and hopefully you will get an answer, if your child is at that level. Now not all children will be at all the levels. While you are doing this, you are also profiling and tuning in to your child’s nervous system. Some children are over reactive to touch and sound so your voice is extra soothing. Some children are under reactive and need extra energy in your voice to get their attention, so you energize up. For the child who is aimlessly avoiding and walks away from you every time you come near them, you are getting “playfully obstructive” – you may get in front of them and play a cat-and-mouse game so they have to scoot around you, or build a little fence around them with your hands and then they have to duck under the fence or say “open” to get away from the fence.

So basically, Floortime is a special kind of play where you are harnessing all these abilities of the child by tailoring your relationship to the child’s nervous system, and having fun because you are following the child’s leads and interests. Then when the child looks at you or giggles or talks to you, it’s meaningful. It’s not contrived, it’s not forced, and it’s not a rote skill. That’s what makes Floortime special. That’s why we call the model the “DIR Model” – because the “D” part means we focus in on whether the child needs more work on engagement or two-way communication, the “I” is focusing in on their individual ways of their biologically based ways of dealing with sensations like being over or under reactive, and the “R” is learning relationships that are tailored to their nervous system, and meet them where they are at their developmental level. So that’s what makes it a special kind of play.

**Lisa Jo Rudy:** I’m just going to follow up on that with a question in terms of the nervous system issues. Would a parent intuitively, kind of, know?

**Dr. Greenspan:** Yes, a parent would intuitively know, because they would experiment. They would see whether the child needs more energy or whether the child gets overloaded easily, and so they would really intuitively know. If they read our new book, *Engaging Autism*, and the prior book, *The Child with Special Needs*, it gives the parents a very good profile of what to look for. It gives lots of illustrations on how to do this. We also have training videotapes on our website, [www.icdl.com](http://www.icdl.com), that shows parents how to do this. Most parents can do it intuitively, and with a little bit of reading or looking at our training videotapes, a lot of them get really good at it.



**Lisa Jo Rudy:** Actually because of the direction that we are going, I'm going to jump to the third question that I have, which is about parents playing with their children. One of the things that I have learned over time is that for some parents, playing pretend games, getting engaged with your child in that way right down there on the floor is really very intuitive fun – that's what parents do. For others, it is really tough.

**Dr. Greenspan:** For parents where it is tough, they are learning just as the child is learning. But it is an exciting journey and if the only thing they need to do is what I say, is "Show Up." If they hang in there and keep trying, they will get better and better at it, and not to worry if it is tough because it is tough for the child too, and to not give up. That is the only thing they can do that is negative. Other than that, even if they don't do it in the way they want to, initially, they will get better at it. It's to show up, get some guidance if you have someone in your area that can help, if not, read and look at the videotapes, and just hang in there.

**Lisa Jo Rudy:** So, no hints or tips for how to build your skills as a Floortime parent?


**Dr. Greenspan:** Just to read and to do it. Basically, it's just like any other thing. Let's say you aren't a natural golf or tennis player, but you just hang in there and you do it, and you'll get good at it.

**Lisa Jo Rudy:** Is there anything that makes Floortime – you talked a little bit about this – more effective than some of the therapies that are more directive?

**Dr. Greenspan:** The reason why Floortime is more effective is because the goal is meaningful communication. And, to make communication meaningful, you have to follow the child's natural interests. Also, you have to tailor to the child. So the Floortime, based on the DIR Model, allows you to tailor to the child, and make it meaningful. Basically you are entering the child's world to draw the child into a shared world, and you are also working on what we call the fundamental building blocks of relating, communicating, and thinking, not just specific isolated skill areas. So that is what makes this whole approach especially useful.

**Lisa Jo Rudy:** As I chatted with various parents online and so forth, one of the things that people say to each other is that Floortime is wonderful for building emotional skills...

**Dr. Greenspan:** Yes, but it actually builds – I know where you are going with this – it builds intellectual skills too because remember, the building blocks of intelligence are communication and thinking. That is the essence of the Floortime approach. As we have shown in a different book, called *The First Idea: How Symbols, Language and*



*Intelligence have Evolved from our Primate Ancestors to the Modern Humans*, which is available at all the bookstores, emotions, and these emotional interactions and this back-and-forth emotional signaling that goes on in Floortime, is actually the fundamental building block of human intelligence, not drilling on flashcards or learning specific letters or numbers. It really starts with your basic communication and thinking skills. As surprising as it may sound, cognition or intelligence comes from our emotional interactions.

**Lisa Jo Rudy:** That is very interesting. So, would you use Floortime as a technique for teaching a skill?

**Dr. Greenspan:** Absolutely. Give me an example of a skill.

**Lisa Jo Rudy:** Oh, brushing teeth.

**Dr. Greenspan:** Well, if you want to teach brushing teeth, you have to say whether the child just doesn't want to do it and you want to, therefore, create incentives to make it fun, or does the child need some work in the fine motor skills – holding things and using their fingers. So if they need fine motor work, we are going to do what we call “semi-structured problem solving Floortime” – figure out fun things to do that the child wants to do that uses his fine motor; uses those little fingers in all kinds of ways. It might be coloring, drawing, holding things, it might be brushing the teeth of the dollies. Then when the child has the skill, we can then provide incentives to brush his own teeth and be a big boy or girl just like mommy or daddy.

**Lisa Jo Rudy:** That is if they want to do that, of course.

**Dr. Greenspan:** If you get the child to want to do it by doing it with the dollies first, 90% of the ballgame is won.

**Lisa Jo Rudy:** I see what you are saying. So in other words, you could conceivably simply enforce the child to brush his teeth, but it's not going to be an ongoing...

**Dr. Greenspan:** You'll have to do it all the time because you'll have conflicts all the time.

**Lisa Jo Rudy:** With the Floortime process, you are actually getting past the sense that you don't want to do this but you are going to make me.

**Dr. Greenspan:** Right, exactly. You get away from the struggle.

**Lisa Jo Rudy:** Wow! That could be huge!

**Dr. Greenspan:** It is!

**Lisa Jo Rudy:** Another issue that comes up a lot, again, on these conversations among parents, is the “OK, I read the book, I have a general idea, unfortunately I don’t have either, (a) a Floortime therapist anywhere near me, or (b) a great deal of money to pay that person to come and work with me, show me, engage with my child, give me hints and tips that are specifically geared to my child. What do I do? How do I even know I am doing it right?”

**Dr. Greenspan:** The best way is to again, hang in there and just keep doing it. Read, look at the videotapes, if you have someone nearby, you don’t have to use them regularly, you could check in with them every month or every couple of months. You know you are doing it right when your child is cooking. So there is no one way to do it, there are a million ways to do it. So the key is to ask yourself the questions: How engaged is my child? How interactive are we becoming? Basically, look at our six levels and ask how well we are cooking at each level.

**Lisa Jo Rudy:** But am I right in saying that what this is really about is figuring out how best to build a true, communicative relationship, loving relationship with this particular child, and if you are doing it, you are doing it.

**Dr. Greenspan:** Yes, parents come and show me that he is more engaged and it’s really quite obvious when your child is cooking.

**Lisa Jo Rudy:** Got it. So there really is no absolute “this is the way it’s done.”

**Dr. Greenspan:** No, there are a million ways to do it. The question is, how engaged is your child, how interactive, and if they are verbal, how creative is their use of language?


**Lisa Jo Rudy:** Again, is there a measuring rod that can be used?

**Dr. Greenspan:** We have various questionnaires that we use and they are at our website. You can get them from our website and you just rate them on a 7 point scale from “not at all” to “almost all the time” for each of those six levels, from engaging to using ideas.

**Lisa Jo Rudy:** Now again, I keep coming back to feeling like this is just good parenting.

**Dr. Greenspan:** It is just good parenting, but for a child with special needs, it needs to be informed by our DIR Model so you can figure out how to do good parenting with a child who is going to be challenging.

**Lisa Jo Rudy:** I know that you have been doing some specific research, so it’s very, very tough to do this kind of research to figure out if it really is working.



**Dr. Greenspan:** Well, we have a number of studies. We have one of the largest studies ever done on 200 cases – a chart review – and showed that over 50% were making outstanding progress and becoming logical, meaningful, and creative communicators and thinkers. We have done a follow-up study 10 or 15 years later, and we have seen that a subgroup of those, who we were able to follow-up with, are in their teen years and they have done very well. This is an “outstanding” group, and they are more empathetic, more creative, more verbal than many of their peers, and very social. Others who made slower progress are at least making progress in meaningful ways. They are becoming more loving and more interactive, but their progress is much slower with language and thinking skills. So there are really three groups – the group that makes rapid progress, kind of medium but steady progress, and very, very slow progress. But, all the groups make progress in a meaningful way depending on how much challenge there is in their nervous system.

**Lisa Jo Rudy:** This is a different but related question. When you describe what success looks like, and it’s engaged, and it’s responsive, is that a shared vision of what is accepted across the autism...

**Dr. Greenspan:** Yes, it is a shared vision of what is successful because there is recognition now that the core deficits in autism have to do with relating, communicating, and thinking skills. Things like empathy, things like making inferences, not just language skills or school skills. So this approach works on the core deficits. There is a shared agreement in the intellectual and research community on what these core deficits are.

**Lisa Jo Rudy:** Is there a place where there is a shared set of tools so you can actually compare outcomes across different therapeutic modalities?

**Dr. Greenspan:** Well, there is not quite a shared set of tools, but there are enough tools that are shared so you can compare. We are trying to get funding for a study to compare behavioral and Floortime approaches.


**Lisa Jo Rudy:** When you do that, now the new research seems to be saying, that there are multiple types of autism. So you have kids with different issues.

**Dr. Greenspan:** Exactly.

**Lisa Jo Rudy:** When you do this kind of research, do you try to ensure that you get kids from across those different...

**Dr. Greenspan:** Well, I would, but not all research has been doing that.

**Lisa Jo Rudy:** No, I’m sure they haven’t.



**Dr. Greenspan:** So but that's exactly where the future research needs to be. We need to be profiling the children so we know which subtypes the child is showing so we know what is working for what child. We don't want to do approach A that works for child B, but not for child A.

**Lisa Jo Rudy:** And that, of course, is where it is right now.

**Dr. Greenspan:** Exactly.

**Lisa Jo Rudy:** So this is one of the issues of the parents who are looking at these many, many, many different possible approaches, but usually have a great deal in common with each other, but they are trying to pick one.

**Dr. Greenspan:** Exactly.

**Lisa Jo Rudy:** The reasons for picking seem almost to be philosophical – I like this, it feels good.

**Dr. Greenspan:** Parents are often picking what is going to work for their child.


**Lisa Jo Rudy:** Right, exactly. Of course, there's no way to know what is going to work for your child.

**Dr. Greenspan:** Right, but you need to – the DIR Model is – the DIR approach, the model helps you figure out what technique is going to work for your child. We separate out the DIR Model as a tool for figuring out your child from the Floortime techniques, which is one of the therapeutic techniques.

**Lisa Jo Rudy:** Do you feel comfortable with the idea with DIR sharing, working with different modalities at the same time? In other words, does it need to be pure Floortime?

**Dr. Greenspan:** We do. In the program, if you look at *A Child with Special Needs or Engaging Autism*, you'll see that we have many elements through the therapeutic program. Some more structured, some more spontaneous and Floortime oriented. So we have a language curriculum which has a lot of structure in it called the Affect Based Language Curriculum, and we have sensory motor exercises that are more structured. Even our more structured exercises, we always find ways to motivate the child and build on the child's natural interests.

**Lisa Jo Rudy:** My next question is, to what degree does it matter how good the therapist, which was usually the parent, at least most of the time, how important is it that they are a talented therapist?



**Dr. Greenspan:** It depends on the child and everyone becomes more talented. Talent is a relative term, so I wouldn't get hung up on that.

**Lisa Jo Rudy:** Obviously, again, a lot of parents feel the sense of, my gosh, I have never trained to be a therapist, I'm an accountant!

**Dr. Greenspan:** I know, but you are always a parent and you are always loving, and anyone who can relate to others can do Floortime.

**Lisa Jo Rudy:** That's wonderful! Is Floortime appropriate for everybody? Are there people who are too disabled or too old?

**Dr. Greenspan:** No, no, no. All ages, and it's available for everyone.

**Lisa Jo Rudy:** Could you use the Floortime approach with an adult and just give it a different name?

**Dr. Greenspan:** Well, we call it "hang out time" but basically that's what we use the DIR Model as the formal term, but we use it with many adults – 30 and 40 year olds have had nice progress.

**Lisa Jo Rudy:** No kidding! These are adults, who for example, may have significant autism?

**Dr. Greenspan:** Exactly.

**Lisa Jo Rudy:** And you have really been able to help people...


**Dr. Greenspan:** We help people get more interactive and more engaged.

**Lisa Jo Rudy:** That must be exciting to see.

**Dr. Greenspan:** It's very exciting.

**Lisa Jo Rudy:** In terms of this whole, sort of, related issue of medical and biomedical issues, obviously a lot of people are coming in with very significant medical issues, but then there are also an awful lot of alternative approaches – biomedical approaches – to treating autism. I was wondering how you feel about some of those approaches.

**Dr. Greenspan:** Well, I think we include biomedical approaches in our DIR Model, depending on the child. Here, every child is different. All these approaches are different and a lot of them don't have a lot of research yet on them, so parents need to see how it is working for their child if they are going to explore something new, and make sure that it



is advancing the child in terms of engaging, relating, and communicating, and not causing irritability or withdrawal.

**Lisa Jo Rudy:** So I take it you don't have any specific areas where you would say you should absolutely be sure you do this or you don't do that.

**Dr. Greenspan:** No, I think it has to be worked out for each child, individually.

**Lisa Jo Rudy:** So what kind of a practitioner would a parent go to in addition to a DIR practitioner?

**Dr. Greenspan:** Well, they would need to see a biomedical expert or a child psychiatrist or developmental pediatrician – somebody who could advise them on biomedical issues.

**Lisa Jo Rudy:** Another issue along those same lines, then, would be that so many of the parents have this sense of urgency – I have to think of this now, we have this window of intervention time that we are told early intervention is the only way...

**Dr. Greenspan:** Early intervention is good, and the earlier the better, but it's never too late.

**Lisa Jo Rudy:** What do you think about parents you see jumping in with four or five different therapies...

**Dr. Greenspan:** Well, that's why we have the DIR Model – it shows you how to use different techniques in an integrated way, rather than just a little bit of this or a little bit of that.


**Lisa Jo Rudy:** One of the big questions is, of course, is I'm trying this and I'm trying that, and I don't know which one of these things works.

**Dr. Greenspan:** See, that's the wrong way to do it. Use the DIR Model so you are actually doing things like a good orchestra so everything is working together.

**Lisa Jo Rudy:** Then the other question here that I have is, what kind of complimentary therapies like speech therapy or sensory integration...

**Dr. Greenspan:** Well, in the DIR Model, we bring in work with the sensory system and work with the motor system and work with language and cognition, so all the elements get included, but in an orchestrated way.

**Lisa Jo Rudy:** That's pretty tough to do if you don't have a practitioner in the neighborhood, or even somebody who can oversee this big picture.



**Dr. Greenspan:** Right, it's helpful to have a big picture oversee it, but even if there is someone a few hours away, you can visit with them every three or four months, but also if you are reading *Engaging Autism* and *The Child with Special Needs*, it'll help you as a parent become an expert on the big picture.

**Lisa Jo Rudy:** So you really feel that a lay parent can come into this situation of having a child with autism and become enough of an expert...

**Dr. Greenspan:** Sometimes it's nice to have a helper and an expert nearby, but sometimes as a parent, you need to become the expert. What I like to think of is that the parent and the professionals are co-leading the team.

**Lisa Jo Rudy:** Now, I have to ask you because this is something that has come up a lot in conversations and for parents in general, and it's not just about Floortime, but most people need to work for a living, they don't have a lot of money, they don't have a ton of free time, and yet the amount of therapy that is recommended for these kids, even high functioning kids, and the therapies that are being recommended that they personally do, and there is no insurance to pay for it, that's somebody else's problem. It's hours and hours a day.


**Dr. Greenspan:** See, that's the reality and you are getting help from extended family, even hiring teenagers or high school or college students to come in and help who will work for pretty low wages, it's all part of building a team. Then the parents taking turns and both doing their fair share, but it's not easy.

**Lisa Jo Rudy:** Why is it that autism is one of the very, very few areas of medical practice where the expectation is that the caregiving; the therapy, is going to be provided by the parent?

**Dr. Greenspan:** Well, the reason why it needs to rely on the parents is because you are building relationships with the child, and the parent is the loving person in the child's life.

**Lisa Jo Rudy:** Are you able to comment at all about the difference between your approach and the RDI approach?

**Dr. Greenspan:** Well, the RDI is a little more structured, and is somewhere in the middle between the behavioral and our approach. Our approach tends to, also, profile the child in a little more detail with the sensory system. The RDI has a lot of games, or social games, and some of them can be very helpful, and what we recommend is that whether one is using behavioral techniques or social stories, or some of the structured games in the RDI, they be integrated within the DIR Model, so you know why you are doing what you are doing at the time you are doing it.



**Lisa Jo Rudy:** In other words, you can mix and match.

**Dr. Greenspan:** Well, you basically integrate the techniques under this broad umbrella.

**Lisa Jo Rudy:** I see. So as a parent, you are really kind of looking at the broad range of options and finding ways to make the most out of...

**Dr. Greenspan:** Getting them to work together like a good orchestra, not as isolated little pieces.

**Lisa Jo Rudy:** Got it. Thank you.

**Dr. Greenspan:** Ok, well thank you for your good questions.

**Lisa Jo Rudy:** I very much appreciate your time and it's been great.

**Dr. Greenspan:** It's been great talking to you, Lisa.

**Lisa Jo Rudy:** Talk to you later, bye.

**Dr. Greenspan:** Bye.