

Web-Based Radio Show

How to Pick the Right Program for Your Child:


How do Parents and Professionals make the right choice for a child and what are the principles we can follow in making choices so that they are truly the best ones that will promote growth and development

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Welcome to our Web-Based Radio Show on Infants, Children, and Families. This is Stanley Greenspan and I'm happy to be with you again today. Today's subject is, "How to Pick the Right Program for Your Child." As you all know, there are many, many different approaches for children with special needs and severe learning challenges as well as severe language challenges or other developmental problems. There are also many approaches for children without challenges in terms of promoting their intellectual and emotional growth. How as a parent, or for that matter, how are professionals able to make the right choice for a child? What are the principles we can follow in making those choices so that they are truly the best ones that will promote growth and development?

Before we begin discussing this important subject, I wanted to first ask you to do a favor for us all here at Infants, Children and Families, this new Web-Based Radio show. The favor is, we're now coming to you live on Thursday mornings from 10:30-11:30am EST, and then we're archived so many of you who can't tune in live can listen to us anytime you want, day or night. However, a number of individuals have indicated that there might be other times that are easier for them to listen live, such as an evening time or Saturday morning time. If you would be so kind as to check our website, www.floortime.org and you'll see that there will be some choices you can indicate there in terms of your preference to when the show should be live. Those who can't tune in to the live component, again, it's archived so everyone can hear the show at a time that is convenient for them. Would Saturday mornings, for example, at 10:00 or 9:00 be preferable? Would an evening time be preferable? Please let us know your choices, and then we'll consider trying to adapt the format and the timing of the show to what seems to make sense for the largest element of those listening. In the meantime,




however, we'll continue to be on from 10:30-11:30am EST every Thursday morning, and then archived thereafter for ease of listening.

Now to go back to our topic for today. How do we pick the right program for our children? There are two key principles here that we need to pay attention to. One principle is we must always tailor the program to the child. Every child is different as we've talked about in prior shows. Every child has a different profile. Some children are hypersensitive to sound and touch. Some children are under-reactive to sound and touch and require extra wooing. Some children are strong with their visual processing; others more with their auditory memory and auditory processing. Some children can relate and interact a little bit; some not at all; and some a great deal. How do we tailor the program to the child so that we can meet the child's special needs? Also families differ in terms of their availability; how much they can do themselves and how much they need helpers to do or volunteers. Families differ in terms of their resources – what they want to do themselves; where they want to hire professionals to come in and help them out. There are differences in terms of programs available; in terms of schools; and in availability of professional services in the community. We need to take all these factors into account as we tailor the approach to the specific child and his or her family. Now there's another principle in addition to tailoring the approach to the child, which is (and this is the important principle probably equally important to tailoring the approach to the child) which is you get what you practice. Now this may seem as a stark reality that you should get what you practice, and it may also seem like a basic truth of life. What you do is what you get. But here the simple truth is especially important. Let me give a couple of examples of why it's so important. Some children, we recognize need help with social skills such as how to read the emotional signals of a peer to know when that peer wants to be approached or wants not to be approached, or when the peer is in a playful mood or not a playful mood. How does a child learn to say that or read those signals? How does a child learn to become a good social partner, so they can do it effortless and easily? Well, here is where the approach becomes very important, for example. If we practice very structured approaches such as when you see a new child you say "hello" and you greet the child, you offer your hand to shake it with the child, or let's say you offer your hand to shake the hand of an adult, you might ask the child what they want to play, and you give the child a series of structured questions or comments they can make as well as opening social gestures. That's what you practice to be sure that's what you are going to get. The child will go and greet peers with a, "Hello, my name is so-and-so, what do you want to play? I would like to play this-or-that." And




that may seem fine for an adult who is trying to school a child in peer play, but when the child gets out onto the playground, how do you think the other children will respond to the child who is very structured in that way? If it's peers who are used to more spontaneous interactions – a flirtatious glance, a little smile or smirk, a joke, a teasing comment – they aren't going to respond very well to the child who is overly structured. It may seem like, well I could never teach my child to be so spontaneous and kibitz and joke and fool around, but I will argue that that is not the case and that is not entirely true. We have seen many children with special needs learning to be spontaneous and warm, with a sense of humor and kibitz and joke, and join the crowd in a way that is fun for everyone. But again, you have to practice those skills. So if you, for example, try to teach social skills through structure, you'll get a child who is operating in a very structured way. That may be appropriate for formal, adult settings or for going to church or synagogue or operating with teachers, but it won't work very well with spontaneous peers.

On the other hand, when we recommend as part of our program which I'll get into in a few minutes, four or more peer play-dates a week where the parent or adult facilitates spontaneous interactions between two peers – the child with special needs and other peers who have the capacity to interact and read signals and be spontaneous, we have seen now hundreds and hundreds and hundreds of children remarkable progress in learning to be spontaneous, learning to take true pleasure with peers, learning to giggle and jump and run and chase and have fun. It's a very different kind of social interaction. But that's what we practice. We practice spontaneous, joyful, pleasurable interacting with peers, and reading and responding to signals in a spontaneous and joyful manner. So if that's what you practice, that's what you tend to get. So you have to know what you want; what your goals are, because you won't get Goal B by practicing Goal A. And that's a key, key principle. The same thing holds true if you want to help children be creative and abstract thinkers and learn to make inferences. These are abilities that have historically been thought to be unobtainable for children with special needs conditions. Especially children with autistic spectrum disorders. But we have worked with many children, now we have a subgroup of children who have made unusually good progress and they have all learned to make inferences and be very good abstract thinkers and enjoy peer relationships, and have a marvelous sense of humor. So we know things that we thought historically were not possible, are possible. And they may not be possible for everyone and they may not be possible as quickly for some children as for others. But we have been able to establish




pathways where progress along these lines are possible for almost all the children and this progress can occur to varying degrees, depending on the child's innate potential, as well as the program we develop for the children. It's gratifying to know, though, that the principle "You get what you practice" generally seems to hold up. And the key is knowing how to create that practice. And the key to that is understanding the developmental pathway to different skills. In other words, skills aren't necessarily learned as you would think they are learned. For example, learning to reason about math and add and subtract and multiply isn't necessarily learned by just drilling the child with math facts. The child has to, for example, first learn about quantity – what's bigger, what's littler, what's a lot, what's less. And to do that, they have to talk about quantities that they thoroughly are invested in emotionally like more cookies or less cookies or lots of soup or a little soup or a big thing of clay that they can sculpt versus a little thing of clay they can sculpt. By actually relating to quantities, they can then learn to apply numbers to these quantities and make sense of it. But the developmental pathway towards math literacy has to do with understanding quantity in a highly personal and emotional sense. If we just try to skip that step and don't understand the pathway, we again have a child who can do some rote types of math problems, but doesn't really understand the nature of math and can't solve new or complicated problems. So whether it's social skills or abstract reflective thinking with making inferences (i.e., creating new ideas) whatever the skill, we need to understand that developmental pathway and then practice the steps on the pathway if we want to have that skilled math that truly in a way that is part of healthy, adaptive development. So the second principle which I'm spending a lot of time on, is "You get what you practice."

Now as we look at different approaches, this principle of tailoring to the child and getting what you practice play out in a very, very real way. Let's look at some of the different approaches that are very, very popular. As many of you know, some approaches are very structured and probably the most systematic of these is the behavioral approaches that build on the principles of ABA and Discrete Trial, developed by Ivar Lovaas. Here children sit at a desk and are often asked to repeat basic skills until they master them. But it's very structured and what shows when we do our kind of studies on children who have been involved in these types of intensive approaches is that they tend to do well on very structured tasks. So for example educational outcomes that are very structured tend to show gains. And the most recent study of behavioral approaches, and the only one to use a true clinical trial design, Tristan Smith who is a colleague of Ivar Lovaas has showed that there were some gains but



unfortunately only modest gains in educational areas. But there were little to no gains in emotional and social areas compared to control groups. And even the educational gains that were structured, only 13% achieved the types of high level educational outcomes that was originally claimed for much higher percentage in the earlier studies. But this was the first and only study done with a clinical trial format. So it tends to be the one that is now regarded as the more definitive study. So it's not surprising, however, that we would see some gains in the structured educational areas and less so in the emotional social areas because the very structured behavioral approaches work on those areas. In contrast, approaches that use relationships and that are broadly termed developmental relationship approaches, tend to improve skills that have to do more with spontaneous social interactions – imaginative play, forming friendships, getting comfortable with dependency and warmth, reading social signals and so forth. And it's not surprising because the developmental relationship approaches tend to work with foundation skills like engaging, relating, and reading social signals, and tend to build or practice those spontaneous types of skills. Interestingly, many of the more structured approaches that were originally founded in behavioral principles and moving more toward using spontaneous learning situations with naturalistic learning environments – they tend to be half and half – they are sort of structured in the sense that they are still very systematic, but they tend to try to move more towards spontaneous naturalistic learning. And so there is a movement more in the field in general towards the developmental relationship based models. In a recent review by the National Academy of Sciences in their well known report on educating children with autism, they cited ten models. Three of them were relationship developmental based models. Two were strict behavior models, and four were mixed. They cited all ten as having some evidence behind them. They also pointed out that there is no one approach that had definitive evidence behind it. And also they pointed out that there were no comparative studies between approaches and that these were needed, and I agree with that, wholeheartedly.


One of the models that the Academy of Sciences cited was the developmental relationship model that we call, “The DIR Floortime Model.” That’s the Developmental Individual Difference Relationship-based Model, also for short sometimes called Floortime, which is actually one of the techniques in the model. It’s not the model itself. Now, obviously I have a vested interest in the DIR Floortime Model because that’s the one that I had the honor and pleasure of helping develop. But we developed the DIR Floortime Model for a very, very special reason. It enables us and the families we work



with, to tailor the approach to the child; to the child's needs. So it's not a "one size fits all" approach. It also enables us to practice the skills that the particular child requires the most. So if it's a child that requires a lot of work on spontaneous social interactions, we can tailor the DIR Model to that child's needs. We can also figure out a balance of spontaneous work and even structured work within the DIR Model to meet that child's needs. So the DIR Model is actually a method of analysis; a way of bringing in many, many different elements in a comprehensive and integrated manner on behalf of the child. But the key benefit of the DIR Model is that it truly enables us to tailor to the child by understanding how the child is unique. And then it enables us to practice those skills that are necessary for that child. So a child, for example, who needs more structure because that is beneficial, we can emphasize structured elements in the DIR Model. For those children who need more spontaneous elements, we can emphasize those elements.

Let me review now the DIR Model and how we can adapt it to different types of children. So how we can use this method of analysis; this model to actually tailor the approach to the needs of the child. So when I come back to the original question we were asking today, which is, "How do we get the best approach for a child?" we need to use the DIR Model or a model like it to analyze the needs of the child and then we need to have a model like the DIR Model to combine elements in such a way as to meet those special needs of that very, very special child.


Now, the DIR Model, as you know, stands for D - developmental, which means functional emotional developmental capacities; I for individual processing differences; and R for the learning relationships in the family and at school. So first we look at the child's functional emotional developmental capacities – how well is the child learning to attend, to engage, to read signals and interact in a purposeful way, to get into a continuous flow of problem solving interactions, and then to use ideas creatively and then logically. Where is the child on that continuum, and then we ask the question, how does the child process experience and information through what they take in through hearing and with language, through their visual spatial processing – what they see, through how they plan actions – their motor planning capacities, and how do they modulate sensations – are they over-reactive or under-reactive to things like touch and sound. So once we understand where they are in terms of their functional capacities, in terms of the developmental levels and where they are in terms of processing differences, we can then look at their learning relationships and see how well these are



being met. For example, some of the children who are in schools with very structured approaches but do very, very poorly and show lots of tantrums or aggression or actually increase in their perseveration, we find are very, very sensory hypersensitive. And for very sensory hypersensitive or hyper-reactive children, who are very reactive to touch and sound, the intrusiveness of the structure, sometimes makes them very, very anxious and leads to signs of anxiety sometimes shown in repetition or self stimulatory behaviors or other signs of anxiety.

On the other hand, sometimes a child who is under-reactive and therefore may crave a lot of sensation and move around a lot, may benefit from extra structure. That child may need extra structure in order to focus and learn. So again here, we can see how understanding the child profile can help us understand the learning environment and whether it's an appropriate learning environment for that child. So firstly, identify where the child is in terms of those elements: their functional capacities, for attending, relating, communicating and thinking; and their processing profile in terms of how they take in information. Once we know that, we then construct an assessment to go into more detail on understanding each of those elements in the family, in school, and a variety of other settings, and historically. Once we have that under our belt, we then plan an intervention approach.

I'm going to review briefly the elements of the DIR Intervention Approach to try to show how it actually enables us to meet our two principles, to tailor the approach to the child and to practice the skills the child requires. In the DIR Approach to intervention, we have a number of elements. First comes the Home Program. In the Home Program we have Element 1 which is, "Spontaneous Floortime Interactions." This is where the word "Floortime" comes from, where you get down on the floor, follow the child's lead, try to harness the child's pleasure and enjoyment and natural motivation, and in so doing to mobilize and support all these fundamental six levels we talked about: attention, engagement, simple gesturing, purposeful two-way interaction, problem solving, social interactions, getting a continuous flow of back-and-forth social interactions going, using ideas creatively, and using ideas logically. Now obviously, not every child can practice all six right away because they may not be using ideas yet. They may not have language. So then we work on the skills the child can do or is about to learn to do, and we keep working up the ladder until we help that child learn to use ideas and eventually learn to use ideas logically and hopefully eventually reflectively and with inference and with lots of creativity. So the Floortime part is to mobilize all the




fundamental foundations of relating, thinking, and communicating. It seems like play and it's fun for the child, and it's actually fun for the adults, too once we get into it. But it's actually working that nervous system and teaching fundamental skills.

Then we have the second component to the Home Program, which we call, "Semi-Structured Problem Solving." Here is where we get into the structure part. Here is where we teach specific skills. We want to teach the child to say, "open" or "close" when we put his favorite toy outside the door and as he's banging on the door we'll say, "op, op, op" and if the child can imitates, "op", we say "op" and opening the door and eventually "open" to open the door and he gets his toy. Now he's learned to say the word "open" with motivation, with affect, and to solve a problem – to get his toy. He understands immediately what the word "open" means. If you sit him at a table and we use the structure of the table and he labels a picture with an open door as "open", we still have to then go to the door and teach him to say "open" at the door for that skill to generalize. So it's better if we can do it at the door. But if we can't do it at the door – if he's unable to imitate in the heightened moment of his motivation and affect being high, we might practice those sounds in more of an imitative game where we go the "O" sound and the "E" sound and the "B" sound and the "D" sound. So we might use an even more structured approach, but only temporarily.

Now we have developed a curriculum called "The Affect Based Language Curriculum" which involves a series of structured and semi-structured activities, but all done with high affect and high motivation so they generalize quickly. For teaching language we're developing similar curriculum for visual spatial thinking skills and for motor planning skills and for sensory modulation capacities, that we'll have available very shortly. So that provides the very semi-structured and even structured part of the DIR program.

Now some children we focus almost entirely on the Floortime element in the home program. Other children, we focus half and half between the spontaneous elements and the more semi-structured and structured elements, depending on the child's profile and needs. A child who is just learning fundamentals hasn't learned to imitate yet, for example, and is just learning to open and close circles of communication, back-and-forth interactions, and doesn't have any language to speak of, we might do more half and half. Half more semi-structured and structured and half spontaneous work. Whereas a child already has lots of words and is very interactive, we may do




mostly do new development of language and most of the new development of social skills is through spontaneous work. So it depends on the child and where that child is.

Now the third element of the Home Program involves Peer Play. Again here too, if children are already showing an interest in back-and-forth communication with adults and can get into what we call a continuous flow of back-and-forth communication, we try for four or more peer play dates a week, because we want that child to learn to be communicative with their peers, not just with adults. It's very important to do this in the beginning and then the skills generalize into the peer world very, very quickly. If we wait until the child is much older then it's much harder for the child to do these same skills with peers that they have learned to do with adults. So for that spontaneous peer relating with humor and joy and pleasure, we've got to start pretty early in the game, although even when we have to start it later if we do a lot of it, we find that children can master it in a spontaneous way. So peer play becomes an important component.

Also, we work on motor and sensory and spatial skills. We generally recommend three or four physical workouts a day where the child is doing lots of motor and sensory exercises – running, jumping, spinning; some perceptual motor exercises – throwing, catching, kicking with big Nerf balls; and some search games – treasure hunt games where they use their visual spatial thinking capacities. Again here too, we may do these in very structured ways or very spontaneous ways and we may even do it at the same time we're doing pretending, so the child is pretending to be a ballerina or Captain Marvel or Superman, you can see how dated I am in terms of the fantasy figures I'm conjuring up here!


Now in addition to the physical workouts, and again we can do those in more structured or less structured ways, we then recommend the school program often, as well as professional therapies. So depending on the needs of the child, we may recommend therapies for example, involving speech therapy, occupational and/or physical therapy, anywhere for one to three or four times a week depending on the needs of the child. We may recommend special programs in visual spatial processing and thinking and perceptual motor skills for a particular child, depending on their profile which we believe we have to support the underlying processing capacities of the child in order to build new strengths. Here, too, these approaches may be done in more structured, more semi-structured, or more spontaneous ways depending on where the child is.



Then there is the educational program – a very important component. Here, too it has to be tailored to the child if we are going to help the child practice the skills he needs the most. For example, children who are not yet very related and can't get into a continuous back-and-forth pattern of communication or signaling with gestures, we tend to need one-on-one work with an adult to help that child learn to engage and exchange gestures. There it's not so critical whether that's an integrated educational setting or a special needs setting, just that it focuses on one-on-one work with an adult. It can even be in a regular pre-school with an aide, as long as the adult is doing the lion share of the work. As the child learns to interact and relate and can begin interacting with peers a little more, we want to bring peers into the equation, but we want peers who can interact with the child. So it's not helpful to have peers who have the same problems as the child because then they can't help each other. So we need an integrative setting or a child with an aide in a regular pre-school setting where the aide can promote interaction with interactive children. Only children who respond to the child's overtures and social signals will be able to promote that child's use of overtures and social signals to a greater and greater extent.


So the critical decision point educationally whether to use a special needs program or an integrated program or have the child with an aide in a regular pre-school program, for example, comes when we see the child beginning to show capacity for continuous flow of back-and-forth signaling and back-and-forth interactions first developed with adults and then applied to the world of peers. When that happens, we have to have peers who can interact with the child available in the educational setting. In many communities there is not a proper educational setting. There may be just a very structured special needs setting for a child who requires interactive peers who can be spontaneous with that child. In such cases, parents have to consider home-schooling as an alternative where they can create the environment for the child – bring in peers for daily play, find activities in the community such as gymnastics activities or dance activities or sports activities or arts and crafts activities or theater activities, etc. There are many different ways of having children interact in social groups as well as with peer play dates that can be all part of a home educational program. So the educational program becomes quite important also, and here too we have to tailor it to the child.

Then there are always special opportunities and special interventions that parents explore ranging from nutrition to ways of calming and regulating children. And we won't have time to get into all of those today, except here, too it's very important to



tailor to the child and if you are trying something innovative and new, always watch very carefully. Anything that makes the child more agitated or withdrawn, you should consider stopping pretty quickly. Things that help the child focus and attend and be calmer and more interactive, those are positive. There should be little tolerance for the notion, though, that if something has a negative effect, maybe if I do it longer it'll eventually have a positive effect. I find that once in awhile that may happen, but too often it doesn't happen that way and is not a reasonable risk to take. So if you're trying something innovative and new, watch carefully, make sure there's no increasing rigidity or agitation or withdrawal associated with it. And make sure it's increasing regulation, engagement, spontaneity, warmth, and pleasure, as well as the creative and logical use of ideas if the child is at that level.

Well, this has been a quick run-through and a quick overview of how to pick an appropriate program for the child. Again, just to summarize before we take some questions from you all, the key principle is to understand your child. Know how your child is unique so you can tailor the approach to your child. And the second principle is, work on the skills that you feel are necessary for your child. Remember, you get what you practice. When they have done studies of children with autistic spectrum disorders and compare them to children without autistic spectrum disorders but match the children for IQ levels so they are both equally well gifted in structured IQ tests, they find that what separates the children is not language skills or academic skills, but the ability to engage with real warmth and pleasure, to exchange emotional signals in a reciprocal back-and-forth way, and to think abstractly and creatively and make inferences. And it's that ability for creative abstract thinking and back-and-forth emotional signaling that really distinguishes, for example, children with autistic spectrum disorders from children without. And if we are going to help children in the most fundamental way, we have to help with these critical skills that really define the problem, particularly for the autism type disorders. So we have programs that, again practice spontaneous interactions, reading and responding to emotional signals, and using ideas creatively and in emotionally meaningful ways. The approach we then take; we select for the child has to figure out where the child is in mastering these critical skills and what degree of emphasis we want to put on different components. In our DIR Model we showed how we can balance the need for spontaneous interactions with the need for semi-structured learning situations and structure, the need for motor based activities, with the need of verbal activities, the need for structure and education, with the need for




being spontaneous and being in integrated settings. These are possible within a model that allows you to make subtle tailoring decisions to the child's individual profile.

So the advice is, be wary of "one size fits all" approaches. Favor approaches that allow flexibility and adapting to the profile of your particular child. And one method of analysis that we particularly like because we developed it, we call the DIR or for short, the Floortime Model, not because it advocates a particular approach, because it doesn't. It advocates many approaches working in combination with each other. But it offers a method of analysis that allows you to decide how to tailor the approach to your goals for your child.

Well, this is the formal part, and I've talked a little longer than I usually do, and I want to say one more word: in working with children without special needs, it's the same principle. You need to know your child and find out what learning approaches work best and how to tailor to your child. The same DIR Model we use for children with special needs, we also use for children without special needs, because every child is unique, regardless of whether the child has special needs or not. So even children without special needs will differ in terms of their emotional capacities, the way they process information, and the learning relationships that are best for them.

Now we are going to take our first live call, but while we are waiting for our live caller to come on the air, I want to take one of the questions that you were kind enough to email to me. This question is as follows: *You mentioned that the ability to make inferences is a big differentiating symptom of autism. If the child has strong empathetic and interactive capacities but is delayed in the ability to make inferences, does it still signal autism, or could it be due to other disorders of communication?* Very good question. Remember that one bird does not spring make, and one tree doesn't make a forest. One capacity or lack of, it should never lead to a diagnoses. Now the hallmark of children with autistic spectrum disorders is the lack of the ability, first and foremost, to relate with real warmth and intimacy. Second, the lack of the ability for a continuous flow of back-and-forth emotional signaling, and third, the ability to use ideas creatively and meaningfully. Now once you can use ideas creatively and meaningfully, then you can develop higher level skills of those emotionally meaningful use of ideas, and one of those is the ability to make inferences, i.e., to create new ideas and come to a new conclusion – that's a creative burst of energy. But the problem with that, as indicated, can be simply that you're a little lagging in that language skill and you need a little more practice in it, or it could just mean that you have a processing challenge in that area.



But if you have the ability to relate with real warmth, exchange emotional signals, and use ideas meaningfully in an emotionally meaningful way even in a very simple way, that usually means you are doing very well and you should not be considered to have an autistic spectrum diagnoses. So that's a very good question, and thank you for asking it. Now we have our first live caller, and I'm going to put my headphones on so I can listen. Hello?

Caller: Hello.

SG: Hi, thank you for calling.

Caller: I have a son who is 5 ½ who has a really strong language problem, receptively and expressively. But we really don't believe he is anywhere on the autistic spectrum, however in our area it seems to be the conclusion that everyone jumps to. We don't know how to get a proper evaluation done so that we can get the proper intervention.

SG: Well, where do you live?

Caller: We live in Pittsburgh.

SG: We have some good people in Pittsburgh. If you call or write us, we'll give you some names of people in the Pittsburgh area who could help you there. But also, let me use your question to maybe mention things that a parent can do, because parents while not making a medical diagnoses themselves, know their children best. One way to think about this, is if you picture a 1-10 scale on the warmth and depth of relating where 1 is a child who doesn't relate at all and is in their own world, kind of withdraws and likes to just play with objects, and 10 is a child who is very warm and sweet and seeks you out for hugs and kisses, you know wants to talk to you or gesture to you, big warm smiles. On a 1-10 scale, where would you say your youngster is?

Caller: He's a 10!

SG: Well, for a child who is a 10, it not only puts them the opposite of what you would consider for the autistic spectrum disorders, but it puts them probably better than 90% of children! The average child is only a 7 or an 8. Now how about in terms of the ability to exchange emotional signals, to enter into back-and-forth smiles, smirks, head-nods, gestures, and things of those kinds.

Caller: He's up there – he's a 10 again!

SG: Well, a child who is doing that, that's also the opposite. A child who is a 10 is not only the opposite of the autistic spectrum diagnoses, but is better than 80 or 90% of children who are in around a 7 or 8. Now how about in terms of words? In terms of using words meaningfully, not even necessarily abstractly but just in terms of "I want that apple" or "mommy love you" or "daddy give me kiss."

Caller: All of his language right now, his sentences are about 5 or 6 words long, and they are all based on what he wants.

SG: Right, give me a typical example.

Caller: "I want orange juice mommy." Or, "Help me with my sock." It's not abstract, it's just what he wants.


SG: But it's personal, though. It's personal, and it's also what I call off of "affect" or "need" or "meaning", it's not just repeating scripts or saying things from a book.

Caller: No.

SG: If language is meaningful, that too is the opposite of what we see with children with autistic spectrum-type problems.

Caller: That's what we have always felt, but professionals that we have met have just jumped to that conclusion and run with it.

SG: Well, see the problem that we have in the field is that there is confusion over what we call the primary symptoms of autism, the main ones, like the lack of relating, the lack of this ability for back-and-forth reciprocal gesturing, both of which you're describing "10's" for, and the lack of the ability for the meaningful use of language, like saying "I need this" or "I want this" or "I want a hug." Now then there are these secondary symptoms having to do with self stimulation or perseveration or other specific behaviors. Now these secondary symptoms like perseveration or self stimulation or being repetitive, they occur in many conditions. For example, children who are sensory overloaded will be repetitive or self stimulatory at times, children who are under-reactive may create sensation and move about in a way that seems unusual. Or they may do some self-stimulatory things just keep their sensory input high. But these are not symptoms of autism per say, they are symptoms of differences in sensory



processing, which we find in many conditions. And confusion over the primary and secondary symptoms in evaluations that are not carefully done, for example we did a study, we looked at 200 families and over 90% of the evaluations done in major medical centers, good places, did not include ten minutes or more of direct observation with the parent. So they were unable to see just how nurturing, warm, and engaging some of the children could be. They saw the children only under stressful situations of being tested by a professional. So we talked last week about the misdiagnoses and all I can tell you is that out there in the real world, unfortunately when it comes to developmental problems, there is not the kind of care that I wish were present all the time. For example, a good evaluation needs to involve at least 45 minutes to an hour and sometimes multiple times doing this observing the child interacting with parents. Unless that's done, you cannot take the finding credibly. You have to find an evaluation team who will do that with you. But parents need to trust themselves and their instincts. They have to read and all I can tell you is that I haven't met your youngster, but I can tell you in general that youngsters who are very strong on their abilities to relate, engage, exchange emotional signals and use ideas meaningfully, are often showing the opposite – they are often better than the average child in those things – where the child with autistic spectrum disorders is weaker. So parents have to be confident in their own ability and they have to find professionals who will take the time and care to reach consensus with the parents. I find that parents know best! Most of the times if there is a discrepancy between what a parent observes and what is observed in a professional evaluation, the parent is more right than wrong because they see the child over longer stretches of time. It's the obligation of the professional, of all my colleagues, for us to look at video tapes of the child at home, to use multiple observations of the child and his parents until we and parents come to consensus. So thank you for your wonderful question, and take confidence in what you are observing, and try to find some professionals in the Pittsburgh area who can really work with you and we'll try to get you some names.


Caller: Thank you so much.

SG: Good luck to you.

Caller: Thank you, bye bye.

SG: Bye bye. Now we'll take our next live call. Hello?

Caller: Yes, hello.



SG: Hello, how are you?

Caller: Good, thank you for taking my call. It is a pleasure to talk to you.

SG: It's a pleasure to have you on our show.

Caller: Ok, so here goes my question. We have a 5 year old, so we have been doing Floortime for almost two years now, which has been great so thank you for the wonderful work that you are doing. Sometime ago he would approach kids without reservation and comment about them. So for example, if we would be at the playground and he would see a boy with blue eyes, he will approach the boy and say, "Oh, this boy has blue eyes." Not really talking to him, talking to us but commenting about him. Now that has changed. Now he is more shy and reserved around children that he doesn't know, even though around people that he knows he is more assured and he is more outgoing. So we are not quite sure why this is happening.


SG: Now describe what else has happened to him as he has made progress. Describe the other areas where he has made progress.

Caller: He made progress in reasoning. Initially, two years ago he made progress in communication, he was when we started really self absorbed but in a few months he made progress in communication right away and then in the last six months he started to make more progress in reasoning. About last month I think he is showing us a new level of pleasure on words with us.

SG: Can you give us an example of how he has improved his reasoning in the last few months?

Caller: Well, like for example, when we try to play like a doll is going to fight with another doll and we say the doll is mad, what happened to her, why is she mad, and it would be hard for him to find a reason like he would start talking, but if we would say something, he will immediately jump on that and we couldn't explain things to him. He wouldn't understand things. I can't think of a particular example right now. For example he would play with lions and lionesses, and the lady lions were for him and man lions and things he would change things, and it would be very difficult for him to take make noise like that and now he doesn't have that problem anymore.

SG: So now when you explain something to him, what does he say?



Caller: Now he listens and he understands. So I feel like he understands, “Oh, ok, so he is mean.” or “Ok, so he died.” So he understands what happened.

SG: You put your finger on the critical reason why he is getting shyer now. Remember what you just said. You said, “Now he understands, before he didn’t understand.” So now he understands what happens in relationships if an animal is mean to another animal, or hurt the animal, the other animal might die or might get hurt or might need a doctor. And these are things he understands now, right? So now he understands what happens when you talk to people. He understands who he knows, so who he can be relaxed with, and he understands who he doesn’t know – who is a stranger. And with a stranger, naturally, he can be more cautious with. So his shyness, or caution, I don’t know your youngster but in many youngsters, as they become more logical, and as they learn to reason and think, they do become shyer because they are more aware of the dangers in the world. In other words, it’s kind of like if an adult were totally unaware of their world, they might walk into a dangerous neighborhood with people with guns and knives, and just say “hello” to everyone. And they might get robbed or hurt. But on the other hand, once they became more aware and were more logical, they would see the guns and knives and say, “Oh my God I’m in the wrong neighborhood, this is not a place to be taking a stroll late at night.” Right? “I’d better go back to my apartment or my car.” That’s because of greater awareness and greater logic. Interestingly, we see this very early in life in infancy. Frequently around 8 or 9 months of age when babies are learning to be more aware of two-way communication, they actually become shyer. So sometimes we see a 6 month old who is less cautious than the 8 month old. This is because the 8 month old is more aware. So shyness is not necessarily bad, particularly when it is selective. It means that a child is learning to think, learning to reason, and over time if you help that child get used to new peers and new people to play with, that child becomes more confident. But it is selective. And that is what we want. We want people who are cautious, who are thoughtful, and who are selective in their relationships. And the key to a child who seems very shy, because some children who are sensory over-reactive, who react to touch and sound are appropriately very shy, they need extra practice in peer play dates. So we recommend 4 or more peer play dates a week so they get the practice and become more confident. But what you are describing, we see lots and lots, and it is a sign of progress often, not a sign of worry.

Caller: This has confirmed what I was thinking about.



SG: Well, good!

Caller: He needs more peer play, he needs to build up more, now he is now more aware of things, and he lost his confidence with people he doesn't know.

SG: Well, he didn't lose his confidence, I disagree with that. He didn't lose his confidence. He is aware that he doesn't know them now. Before that he wasn't aware. Not that he had greater confidence before, his confidence in the past was an illusion of confidence based out of not knowing. Now he can develop true confidence through extra peer play opportunities. Good luck to you!

Caller: Thank you very much.

SG: Let's take one more call. Hello?

Caller: Yes, hello! This is Jennifer.


SG: Hi Jennifer, thank you for calling in.

Caller: Thank you for taking my call!

SG: Yes, how can I help?


Caller: Yes, I'm calling because I'm the parent of a 5 year old boy who has been diagnosed with a regulatory disorder, hypersensitive type when he was about 2 ½, and he has pretty severe sensory processing difficulties, he is hyper sensitive in the areas of auditory, visual, and tactile, he really seeks out the vestibular and receptive input, and one of my questions pertains to his play. He tends to be very perseverative, he lacks creativity in his kinds of play. I was wondering how I could assist him in elaborating more in his play though Floortime, that was one of my questions, and my other questions pertains to how much aggression should I allow in his play things. He tends to gravitate more towards the aggressive themes of play and I want to be able to support that for him so he can work through some the issues that he might be dealing with.

SG: Well, these are two very, very good questions. I know many, many parents have both questions. With a child who is very sensory over-reactive, every new plaything, every new bit of creativity can be a bit scary because the sensory world and change is itself scary because it involves that over-reactivity to sensation. So what you're familiar with is less scary, what you're unfamiliar with is more scary and the more sensory over-reactive you are, the more scarier it is. So it creates anxiety. So therefore,



the children like to do the same things for comfort. Just like we do – we have our little rituals and routines. We do the same thing for comfort. So for a child who is very sensory over-reactive, the way to expand the playthings and help him be more creative is to be very soothing and relaxing, and expand it very, very gradually. So the child is playing, let's say the dolls are hugging and it seems to be going on a little repetitive – one doll hugs the other doll then the other doll hugs another doll etc., so then all of a sudden you say, “Gee, I love that hug, but can you give me a kiss also? I want a kiss, please!” and then see if the child will respond. And then say, “Now what can I do for you now? You've been so kind to give me a nice kiss, what can I do to make you feel good?” And maybe the child says, “Pat my head.” And then your dolly pats the child's head. And then you can say, “Oh now, would you be willing to give me that apple? Can I have an apple?” Back-and-forth, back-and-forth. So you do it very gradually, very soothing. Off the theme the child has established. If he has established the theme of nurturing with hugs or sharing food, you play on that theme but you extend it and elaborate, but very gradually. Now once the child gets cooking with that, you can introduce challenges, eventually. You can make it more conflictual to help him deal with aggression and cope with assertiveness, and so later on, maybe a month later when he's good at accepting some expansion of his themes, you can throw in a little thing when he says, “I want a hug” you can say, “I'm not in the mood for a hug now! You can't hug me! I'm going to run away from you.” You know what I mean? You make it a little more challenging. Now he has to go catch you. But initially play off his themes very gently and very soothingly, but with a little gleam in your eye occasionally tease him a little bit, and in life in general with a child who tends to be cautious and therefore repetitive because of sensory over-reactivity, you gradually expand their world in everything you do. You never do the same thing twice or in the same way. You're always changing things, you always have a little mischievous grin in the corner of your mouth, you know what I mean? Kibitzing a little bit.

Now your second question, how much aggression to allow in the play themes. Now obviously for a child who is sensory over-reactive, we want him to, as you point out very, very wisely, we want him to be able to experiment with aggression and get comfortable with it because only by getting comfortable with aggression can you become healthily assertive; can you flex your muscles in a healthy, constructive way. The key is this: there are different kinds of aggression in play. There are the dolls getting mad at each other and talking about how angry they are or even having pretend battles where they are fighting. But it's all organized and all well-modulated. Then



there are the battle scenes that get out of control where the dolls are being thrown, legs are being ripped off, etc. Even though it's still the dolls, but the child is getting a little more out of control. The idea is to support and challenge the child to work through the aggression by engaging the child. When he opens up to aggressive themes, play with it. But, keep it regulated and modulated and have a lot of character development. So the child has his doll being mad at your doll and wanting to belt you in the nose. Well, your doll says, "Well, before you hit me in the nose, why do you want to hit me in the nose? What did I do to you?" In other words, challenge the child to make this not just a soap opera but a grand epic. Give the characters depth. Give them reasons. Give them motives, okay? So now it becomes a very, very good novel, not just a little repetitive aggressive action. And if the child starts pulling off the leg or banging the dolls or beginning to actually be aggressive even though they are playing with a dolly, then slow down. Say, "Wait, wait, wait – let's calm down. I don't know why you're pulling my leg off! You can't just do that!" So slow down the action. Make your voice tone get mellow and soothing. So continue on the aggressive theme, but the affect tone; the emotional tone is one of soothing and regulating. And for the child who gets carried away and goes from 0-60 quickly, other times play games that I call "Regulating Games" where you go fast, slow, super slow; loud, soft, super soft. So he's constantly learning to go back and forth from different intensities.


Caller: And that's it – he goes 0-60 in a second.

SG: So that is why you should do a lot of regulatory games. And a child who does this usually has some motor planning challenges in addition to the sensory over-reactivity. And so you need to work on a lot of motor skills, and again regulated motor skills. It's very important for little boys to have daddies involved too, or men to play with them and do Floortime with them to help them get more comfortable with their assertive sides of their lives, in addition to their mommies. So the main thing is support the exploration of all themes – dependency as well as aggression, but in detailed elaborate dramas that are well regulated.

Caller: He enjoys doing dramatizations like his big theme is knights and dragons.

SG: Ok, there you go with the knights and dragons, let him play it out but give the characters real personalities. Well, these were very good questions.

Caller: Thank you very much.



SG: Good luck to you.

Caller: Thank you very much. Bye bye.

SG: Bye bye. Ok, we're almost at the completion of this particular broadcast, and just in summary, we had some excellent questions as you saw, and we also talked about how to pick the best program for the child. Remember the two principles are, know your child well, you as a parent or as a clinician need to know the child's profile – their functional developmental levels, their individual processing abilities, the best learning relationships for them. And then to figure out how that child can make progress. What skills they need to work on. Remember you practice and practice, but you get what you practice. So if you want a child to be more structured, then you need to practice more structured approaches. If you want to focus on spontaneous learning and interacting and exchanging social signals, and using ideas creatively and meaningfully, you've got to practice that. So you get what you practice. And the key is to have a model like the DIR Floortime Model that can help you tailor the approach to your child and help you practice the skills that are the most important to help that child climb his or her developmental ladder.

Thank you for tuning in, and I look forward to being with you next week. We'll have another topic and we'll take more of your calls. Bye bye.