

Web-Based Radio Show

Emotional Range and Balance:


How We Help Infants and Young Children, and Older Children, and Adults achieve two Vital Capacities for Healthy Functioning – emotional range and balance

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Welcome to our Web Based Radio Show. This is Stanley Greenspan welcoming you. Today we have a very special show and a very, very interesting topic. As usual, we'll spend the first half of the show talking about our topic for today and the second half taking your questions. I want to emphasize that we welcome you to send in your questions during the week. You can email them to our Floortime Foundation website (www.floortime.org) and then we will be selecting some of you for on-the-air discussions of your questions. We try to select the questions that most represent the interests of a number of our listeners. For those who we can't answer the questions, we hold onto them and sometimes we are able to get to them on days when we have a little extra time. And sometimes we even answer them when you are not on the line with us while we are waiting for calls to come in.

Today's topic is "How we help infants and young children, and older children and adults achieve two vital capacities for healthy functioning – emotional range and balance." Now these are not easy to achieve together. The first question you might have is, "What do we mean by emotional range and balance and why are they both important?" When we talk about a healthy child or a healthy adult, we usually talk about that individual as an individual with a broad emotional range, who also can regulate and control their emotions, i.e., is a "balanced" person. For example, adult A, we'll call him Mr. Jones for lack of a better name, is an individual who can be assertive and creative and enjoy leading others at work. He can enjoy playing golf or tennis and the feeling of competition. He also, however, can be enormously tender with his wife and empathetic and intimate with his children. He can understand how they feel. When others threaten him because they disagree with him or because they want to put him down, he is able to sense what they are doing and instead of feeling outraged and vindictive and wanting to put them down in return, he is able to feel mildly annoyed but




also curious about why they are doing what they are doing and able to think about the larger picture of what his own goals are. Does he want to get into a battle or a fight with them? Or does he want to bring them onto his way of thinking and therefore does he want to work around some of their challenges or hostilities? What we are describing is a person who can feel warmth and love and compassion and empathy and joy and happiness, but also a person who can experience annoyance and even anger and competition and assert himself and enjoy leadership. Our same Mr. Jones, however, faces hardships sometimes. Recently his parents were ill and he was very worried. One of them passed away and the other is still alive. He experienced deep sorrow and a sense of loss and sadness, but he didn't get clinically depressed, but he misses them greatly and whenever he thinks about his mom who passed away, he experiences that sadness and sorrow again. But he also has fond memories of her. He is also anxious and worried about his dad whose health is failing a bit and he worries because he wants to have his dad keep relating to his own children because he recognizes the importance of having a grandfather. He also knows he will miss his dad terribly if his dad should pass away. He has already lost one parent and doesn't want to lose another. So he is worried, he is anxious, he is sad at times. But this is all part of the mix and range of healthy adult emotions: happiness, joy, intimacy, empathy, assertiveness, curiosity, anger, sadness, disappointment, worry, anxiety. He also is fearful for his own children. Will they grow up in a safe world? He is concerned about current events – the politics of the global community. In other words, as we look at our adult with a big emotional range, we see that he embraces the full range of life experiences. There is no area that he avoids or ignores or denies the existence of. He is capable of experiencing the full range of human emotions.

Now our healthy adult, Mr. Jones, also has another quality that I have already implied in this description. He not only has an emotional range that characterizes the full human drama, he also has emotional balance. When his mom recently was ill and passed away and his dad was ill too, he was worried and then he was deeply sad, but he didn't become clinically depressed; he didn't become overwhelmed. When people at work challenged him recently, and even put him down, he was able to find a solution. He experienced some healthy competitiveness and annoyance, but he was able to take a step back and reflect on those feelings and figure out a strategy that would lead to less competition and less hostility between him and some of his colleagues – again showing the ability for not just a large emotional range, but emotional balance or regulation and emotional problem solving. When his kids don't listen to him and he has to raise his




voice a little bit, or create sanctions so that they will follow the guidance that he is gently providing them, he gets annoyed as all parents do. He gets frustrated as all parents do. But he only rarely loses his temper and really yells at full blast. Often he is able to calm himself down, I would say for the most part, and calm his children down if they are in the midst of a battle with him and help them look at what the real debate is about. When he has to set firm limits, even if they are crying and screaming a little bit, because he knows that this healthy for them and that they need his firm guidance to grow in a healthy way, he can do it. Even if they are a little annoyed with him and upset and he sees their grumpy-looking faces and he sees that they won't talk to him for a few minutes because they are annoyed that they have to shut off the TV and get to their homework. He tolerates their annoyance and anger. He tolerates their disagreeing with him, and stays calm and collected and regulated as he provides gentle guidance. As indicated, when he does lose his temper briefly, he regroups. If he feels he has lost it excessively, he may even apologize to his wife or his children and look together with them at what led up to them upset where they all lost their equilibrium a bit. In other words, our healthy adult shows emotional regulation and emotional balance.

Now we all see lots of children and adults who don't show this capacity for emotional range and balance. There are adults who, for example, have a hard time experiencing the full depth of intimacy with loved ones. They may experience a connection, even some warmth and some pleasure, but it's not that deep sense of intimacy and deep pleasure in the relationship with the other person. There are adults who can experience a little bit of annoyance but have trouble experiencing full anger, even when they are frustrated, even when other people are doing their best to make them angry. There are adults who have a hard time experiencing sadness and loss. As soon as they are disappointed or as soon as things don't go their way, they get depressed. They feel helpless and get very anxious and worried. We all know adults who have some of these limitations, either on the assertive, angry side; on the side of intimacy and warmth and empathy and compassion; on the side of experiencing worry, fear, or anxiety without getting depressed or overly anxious or without denying those feeling altogether. We all know in ourselves that we have some of these restrictions in our full emotional range. None of us have a complete or perfect emotional range because to have that would be not quite human. To be human is to be imperfect. In a sense, our humanness and our emotional nature which makes us human also means that we can't have perfection in development because emotional life by it's very nature is imperfect. In a sense, it is a paradox. To be human is to be imperfect. To be




emotional is not to have a perfect emotional range or emotional balance. If we try to, we become more like a machine or more like a computer, in which case we lose the vibrant human nature of our emotions.

Now let's look at the more extreme. We all know also in ourselves, or in colleagues or in friends or in children or in their peers about extreme emotional constrictions. Individuals who are unable to experience closeness at all; intimacy at all; treat others as things – as mechanical objects. Individuals who don't appreciate other people's emotions at all and can't experience their own emotions – any emotions – rather fully; they talk about themselves in a machine-like or computer-like or mechanical way. Sometimes many colleagues in the field assert that children on the autistic spectrum or children with Asperger's have fundamental limitations in their ability to experience a full emotional range. Some of the evidence used to support this assertion is that children or teenagers with spectrum disorders or Asperger's-type problems or adults with these types of challenges don't talk about their feelings. They don't appreciate the feelings in others and don't even read emotional signals very well. There is also research that some assert that suggests that the brains of individuals with Asperger's or autism are wired differently, somehow, in that therefore human emotions aren't processed quite in the same way as they are for individuals without spectrum disorders or Asperger's-type problems. As I mentioned on prior shows, however, this whole area of research has been subject to large misinterpretations. For example, Morton Gernsbacher and her colleagues at the University of Wisconsin in Madison have ongoing research that has not yet been published but will be published, hopefully shortly, showing that when individuals with spectrum disorders are undergoing brain imaging studies, if you help them look at the human face or pictures of the human face, they process emotional signals in the same way that everyone else does. The differences that have been observed in other research studies in the ways in which their brains process emotions was due to the fact that they weren't looking at the face because the face tends to be very stimulating, especially the eyes. In the past it was assumed that when the brain imaging studies looked different it was because the individuals were processing the emotions differently, not simply that they weren't looking at the face. What Gernsbacher and colleagues' research has also shown is that when they helped these individuals look at the human face, they became more tense and anxious, confirming the notion that it's harder for them to look at the face because many of them are hypersensitive to sensations including emotions, so they look away, just like a shy person at a cocktail party looks away from someone else's face. But the difference



was in the “looking away” and the sensitivity to emotion not in different biologies of the brain because their brains look very similar on brain imaging studies when they were helped to look at the face. This shows how research can easily be misinterpreted. The biggest single reason for misinterpreting research findings, which leads to erroneous conclusions, is when we have a prior fixed hypothesis; a fixed concept of how the mind and brain work in a certain challenge such as autistic spectrum disorders, we then tend to interpret data or interpret research to fit our preconceived notion or our preconceived hypothesis. We don’t ask the important question about alternative explanations or alternative hypotheses. That’s why it is so wonderful when researchers like Gernsbacher and her colleagues do ask the alternative hypothesis question. They ask if there is another explanation, and actually set up a research program to explore these alternative explanations. Now in this one area of perceiving emotions and the way in which the brain processes information, they showed that the original interpretation around emotional processing was faulty and that their interpretation is the more accurate one. Now there are many studies showing differences in brain physiology in various types of disorders, however most of these are subject to other interpretations and most of them are only preliminary and need further research to document the true findings. For example, many studies just look at differences between a particular syndrome like Asperger’s or autism and individuals without the syndrome. They don’t look at what I call “first cousin-type” challenges, such as language challenges or individuals with sensory processing problems without autistic spectrum type problems. You have to look at a variety of groups to see if the difference you are getting between an individual without a problem and an individual with a problem is related to that particular problem or is it related to a range of individual differences in the way people process information. So for example, if you looked at individuals who were sensory over-reactive, but very warmly related with excellent language, and you compared them on some of their brain imaging studies, individuals with autistic spectrum disorders would you find that they are very similar or different? Well, interestingly, those studies generally have not been done, so we don’t know if the differences they are seeing in these brain imaging studies are due to sensory over-reactivities where emotions are hard to process, or are due to a fundamental difficulty in processing emotions in the brain. Again, the evidence from Gernsbacher and colleagues, would suggest it’s more the hypersensitivity, but there are many other areas which also require this kind of more fine-tuned study where we have many more comparison groups than we now have in the research. The key is for the comparison




groups to come very close to the actual group with the problems, but not quite be the same. Then you would see if there was really a difference between the group alleged to have the disorder and the group that I call a “first cousin group” – very similar, but not having the essential problem features.

But back to our original topic, when we look at constrictions, we have extreme constrictions, which are those individuals who don’t seem to be involved emotionally at all, and those individuals who just have little areas that they can’t experience emotionally like assertiveness or sadness or true compassion. The important point, though, and the reason why I mentioned all the research is that the assumption that is often made that individuals have constrictions or restrictions in their emotional range or emotional makeup because of inborn biology which is fixed and can’t be changed, does not have evidence behind it, at least at the moment, and I don’t think we will find evidence for it in the future, by the way. I think the evidence will show that most people can learn to increase their emotional range, can broaden their emotional range, and can move towards healthier and healthier patterns with the proper types of interactions. It is important to hit hard the research that would suggest otherwise unless it is compelling and definitive, which it is not at the moment. So in the absence of definitive research, I think we should entertain the more optimistic hypothesis that individuals are open to change with the right kinds of interactions.


That then gets us to the next part of our discussion. How do we promote; how do we support; how do we facilitate infants, children, adolescents, and adults, improving their emotional range and improving their emotional balance, i.e., their ability for regulation and modulation and control? Probably the most frequent questions I’m asked by parents, both in my office and on this web-based radio show and in talks at schools, have to do with this topic - helping children be more compassionate or more empathetic or more loving, or helping children control their anger or controlling their impulsivity.

Let me first go over some general principles, and then we’ll walk through our developmental stages to show how infants, children, and adolescents can develop both emotional range and it’s cousin, emotional balance. First some general principles: The first general principle is that to promote emotional range, it is very important for caregivers, especially obviously parents but all caregivers – educators, helpers, friends – when interacting with children, beginning in infancy, to be very accepting of all the different emotions. In other words, don’t assume that certain emotions are good and




other emotions are bad. This is the way in which constrictions get set up in the beginning. If it is assumed, for example, that the child should not ever show assertiveness or anger, and only be compliant and sweet, either that person will become impulsively angry all the time or be very passive and cautious, depending on how we implement our belief that children shouldn't show anger. Similarly if we have the idea that children shouldn't ever cry, be upset, or be scared or worried, we may only make the children more scared or more anxious or less likely to be able to problem solve with their anxieties or fears and resolve them. If we feel that children should never show their neediness or their dependency and be self sufficient, we may squash important components of intimacy and actually make children excessively needy or lead children to deny their neediness and be falsely independent, but a pseudo-type of independence, not a real independence. So the question is, and the first principle is, how do we accept all our children's emotions, and how do we accept it in a healthy way that also creates emotional balance and emotional regulation? Here we need to have an attitude of acceptance. By acceptance, I mean involvement in the interaction with all the emotions. So when we have a toddler experimenting with assertiveness, enjoy that assertive interaction and work with the child. If the child is pointing to a toy up on the shelf and assertively wants to go get it, instead of saying, "No!" say, "How can I help you?" Instead of taking the child, who is trying to climb on his own, down and putting him in a time-out chair for being a bad little boy, instead interact with that child. See if he can signal to you with his gestures that he wants to be picked up. Then offer your hands and help him get to that toy. That way we make assertiveness a joint effort and a safe effort and a collaborative effort, not one which is squashed. So we accept the emotions, but we also engage those emotions and interact with the child around the emotions.

That gets us to the second part of this general principle, that we always provide structure and guidance and limits so the child doesn't get overwhelmed by the emotions. So we don't engage the emotions in a way that over-stimulates the child or scares the child or over-excites the child. We engage the child in a way that is regulated and that is guided and that has inherent limits in it. So again, to take our example of the child who wants to climb up on a dangerous chair to get to that toy, we help the child do that in a safe and secure way. If the child is trying to do something that is beyond their ability, where it is dangerous, we set a limit – even if it means that the child will get temporarily annoyed with us and be frustrated. Help the child realize that they can't do everything they want to do when they want to do it.




Engaging in the emotion means accepting it, interacting around it, and negotiating with it in a regulated and safe and guided way, which includes limits as well. Let's take the example of the child who wants a hug from us. We engage the child in the hug; we interact; we exchange a lot of vocalizations and joyful sounds and hugs. But let's say the child continually wants to hug while we are on the phone with grandma and is becoming a nuisance now and wants all the attention for themselves. Then we have to maybe hold the child in our lap and go, "shhh, shhh" and help him be quite and less vocal while we are talking to grandma. We may have to help the child sit next to us while we hold his hand while grandma is on the phone. We set limits, we guide, we regulate, all around that same emotion of joyful closeness and intimacy. We find a compromise where the child is close to us but also setting limits on his own exuberance. In this way we accept, we engage and interact, but we regulate at the same time. The way we regulate is not by just saying, "No!" We regulate through the interaction with the child, through the exchange of emotional signaling, and later when the child is verbal, through the exchange of words. Now that is the key principle: accept all the emotions, but interact with them and then help the child regulate them. And do this at the level of gestures, without words, and at the level of words for the child who is verbal at the same time. Many children with autistic spectrum disorders and other developmental problems require this joint emphasis on interacting with the child and accepting all the emotions, but doing it at a number of levels – the level of gestures or before the child has words, and then gestures and words together. Never lose the back-and-forth exchange of gestures, however, as part of your acceptance, your engagement of all the emotions, and as part of your back-and-forth regulation of all those emotions.

Now also, another general principle, in order to help your child have the full range of emotions, and have good emotional balance, know your child's individual differences and also know your own. For example, we have talked before about how some children are over-sensitive to things like sound or touch. To the child who is over-sensitive to sound and touch, certain emotions will be scary. Usually the more assertive, aggressive, or competitive side of life will be quite scary because the child gets overwhelmed by a loud, assertive voice, or gets overwhelmed by too much roughhousing or touch. The child who is under-reactive to touch or sound may crave these same kinds of experiences; they may crave the assertive and competitive side of life. But they may have a harder time experiencing sadness or frustration without feeling aggressive and therefore without getting out of control or impulsive. Similarly, our over-sensitive child may have trouble with fears or anxieties because they tend to



overwhelm the child. So you have to know your child because the child who is more cautious and shy because of sensory over-reactivity, you'll need to help that child broaden their range of assertiveness and competitiveness very, very gradually in a safe and secure way. That child may not want to play a rough-and-tumble game right away, but may want to play a little pat-a-cake game that is gentle. But that pat-a-cake game, over a course of many months, may lead to a little wrestling match game or another kind of game that gets a little more assertive. Similarly, our rough-and-tumble guy, who is sensory-craving and wants a lot of input all the time, may have a harder time with relaxing and learning about empathy and closeness and intimacy in a relaxed way. You may have to do that very gradually too - initially running together with the child while holding hands, and then jumping together, and then maybe some rhythmic activity that is a little quieter and quieter and quieter until you are, at the end of the day, just lying on the floor together giving each other back rubs, experiencing that nice warm intimacy. So each child needs to be drawn into the full range of emotions through their own window of individual differences. Also, you have to know your own individual differences. If you as a parent or caregiver are sensory reactive, you'll have a harder time with assertiveness yourself. If you are under-reactive, you may have a harder time with certain elements of empathy or intimacy. You may not have differences in the way you process sensations, but you may have differences just in your own emotional make-up based on how you were brought up. So you need to ask, "In my family, what did they do to help me learn to experience emotions and which emotions were harder for me based on my own family of origin?" Often, parents and children can learn together to experience new emotions, as they go up the developmental ladder and help their children master each stage of emotional development. We have seen many parents experience deeper levels of intimacy and empathy for the first time in their lives with their children, or new levels of assertiveness with their children because they have realized this is an area they need more practice on too and they and their children learn it together.


So this gets to our third principle: Create interactions with your children, or the children you are caring for, that respect their individual differences and your own, and gradually help the two of you negotiate a greater and greater emotional range, and better and better regulation and balance. You are always balancing the two as we said before.



Let's take a brief trip up the developmental ladder and see how this plays out in each of our stages of development, from attention and engagement all the way up through higher levels of reflective thinking. Now as we have talked about before in the first stage, when a baby or an older child who hasn't mastered this stage, is learning to just share attention and be calm and regulated, we can do this in one of two ways. We can use all the senses – vision, hearing, movement – and do this shared attention when the child is experiencing anger and assertiveness, as well as warmth and love, or we can do it just when the child is calm and sweet or just do it with sounds alone. If we do it with just sounds alone and just when the child is sweet, we don't get quite the range we do if we are able to help the child be focused and share attention with us when the child is experiencing a range of different feelings – exuberance, happiness, joy, assertiveness, even a little bit of sadness. Pull the child into that relationship and share attention with the child in different emotional states. And use all the child's sensations – sight, sound, and movement – to do that. That way we begin encouraging emotional ranges at the beginning in healthy development and when we are playing catch-up because of challenges, we are doing it at slightly older ages.

Let's look at our second stage. Falling in love – when we fall in love, typically between two and four months of life, again we can do that with many different emotions: love and warmth, but also frustration and anger, and help them all be part of a relationship as well as assertiveness and curiosity. So the loving relationship embraces the full dialog of emotions, just like two adults who can experience all their feelings together while maintaining their love, at the same time using all the senses and the motor system to experience that engagement. That promotes the range at the second level.

Now we get into our third level, emotional signaling. Here, we have the same principle. Can we signal and engage in back-and-forth exchange of emotions with all the different emotions – assertiveness, joy, happiness – as well as even sadness or disappointment or frustration? In our fourth stage, can we problem solve together with another person in all the emotional range? Can we problem solve joy together, a game where we have fun; can we problem solve coping with frustration together, where we are patient together; can we problem solve resolving our anger together? How do we do this as part of an interaction with many back-and-forth circles of communication? And when we get to the stage of pretend play, and then logical discussions – the same principle. Does our pretend play we do with our children embrace the full range of



human dramas? How can we bring in more assertiveness? How can we bring in more caring and empathy? We can challenge the child because the doctor can ask the ill patient, “How did you become ill? Who hurt you? Are you going to get even with them?” But the doctor can also say, “How can I make you feel better? Where does it hurt?” So as the play partner, we can stir the juices of our children to explore imaginative play all the different emotional themes. And again, we keep it regulated and in balance by guiding and disciplining, and always keeping it regulated and not allowing the emotions to get too extreme. When we get to the higher levels of reflective thinking and logical thinking, it’s the same principle - talking about our emotions, but all the emotions; looking at shades of gray for all the emotions; being able to reflect on an internal standard, how we feel about our own feelings for all the emotions, not just a few of the emotions. So this can play out throughout the course of early development.

What I want to do now is conclude with one sentence in saying: To promote emotional range and balance we need to engage our children in their full range of emotions, always in a calm and regulated way, setting appropriate discipline and guidance as needed.

Now I want to shift and take our first call. Ok, well we just lost our first call because we had to go on a little bit more, so that’s going to give me a few more minutes. As soon as the call comes back, we hope to have them come back on the air, we will take it. If not, we will have another call coming in, in a few minutes. Occasionally, I get too exuberant and we need to finish the early part of the discussion, and I’m not flexible enough to take the call right away. Oh, here it comes again, so here we go. Hello? Hi, Dr. Greenspan here.


Caller: Oh, hello, hi, how are you?

SG: Fine, how are you? Let me hear your question.

Caller: Yes, yes. Can I start speaking now?

SG: Yes, please do.

Caller: Ok, I have a couple of questions about my daughter, Alexis. She just turned two and she was diagnosed when she was 18 months old. So we think our daughter is unique in the sense that first she is a girl, and that is pretty rare in autism.



SG: Also, she's unique because she is your daughter!

Caller: Yes! So the other thing is she is very affectionate and she is very happy most of the time.

SG: That's good. How does she show her affection?

Caller: She loves to be held, she loves to be hugged. So she has no trouble being touched and hugged and everything. She actually doesn't have much trouble making eye contact. But she doesn't respond to her name.

SG: But she doesn't respond to her name?

Caller: No. And the other thing is that she loves to play with toys pretty fast, but the thing she likes to do is just throw toys around on the floor. So my question is, since she was diagnosed so early, does that mean that she has a more severe case of autism? And also, since she is a girl, which is rare in autism, does that mean that she is going to be retarded? So far she has no expressive and receptive language skills and it's not like other children who have language and lost language when they were 18 months or two years old. She just never acquired those.


SG: Does she respond to words at all when you ask her things?

Caller: No. We don't think so. I think the only thing she seems to respond to is milk. When we say, "milk" she seems to be happy – she loves milk. So our question is, will she ever acquire language?

SG: Let me ask you another question before I answer your question. Where did you have her seen, originally?

Caller: We had her see two different neurologists. When she was 14 months old we had her seen by a neurologist here in Newton, Massachusetts. That neurologist said she is not autistic because she has no trouble making eye contact. Then we took her to see Dr. Davis in the Ladders program, which is in Wellesley, Massachusetts, and after she was seen for about a half hour to 45 minutes into the appointment, she diagnosed her with PDDNOS.

SG: Did she say why she felt that since you say she is very affectionate and she can interact with you but she just doesn't have language?



Caller: Well, the fact that she doesn't have language, she does not respond to her environment, she prefers to play by herself, and when we leave her alone in a room she doesn't seem to care, she very rarely comes to look for us...

SG: How is her motor development? When did she start walking?

Caller: She has delayed motor skills. She started walking at probably 18 months.

SG: Does she have low muscle tone?

Caller: Yes.

SG: Is she a little under-reactive to sensations like, in other words, do you have to make loud noises to get her to even look?

Caller: Yes.

SG: And how about to touch? Does she seem sensitive to touch or more under-reactive to touch?

Caller: She hates to have her face wiped. But like touching her hands or her belly, she doesn't seem to care.

SG: Do you have to touch her a lot to get her attention? If you touch her arms or legs or belly?

Caller: Yes, it seems to be that way.

SG: So she's more under-reactive except to the face, and she is a little bit low muscle tone and slow in motor development.

Caller: Right.


SG: And was the birth and delivery...

Caller: It was very smooth – no problems.

SG: Very smooth and everything went well. Did her motor milestones – were they slow from the beginning?

Caller: Yes.

SG: And her warmth and her affection, was that there from the beginning?



Caller: Yes. Well, she was a very, very quiet baby. She never cried very much. So we have never had any problems holding her or anything.

SG: Right, right. And have you had a good pediatric evaluation to make sure that everything physically is ok?

Caller: So far we haven't had a chance to get an appointment for a pediatric evaluation. The only evaluation we have had is a physical evaluation.


SG: Yes, well did the physical evaluation include blood tests to make sure everything is physically ok or did it not include blood tests?

Caller: It did not include blood tests.

SG: And did the neurologist do any studies...

Caller: Well, the neurologist says, we mentioned as to whether she should do a blood test and the neurologist said that normally in these cases, nothing would be found so that's what she said.

SG: What is very important to do when there is a delayed motor development, it is very important to have a thorough physical examination with appropriate blood tests to rule out any type of physical basis for the delayed motor skills or the delayed language skills. And that can sometimes involve metabolic tests or chromosome studies – just to make sure there are no physical reasons because sometimes there can be a physical contribution that can be worked with or corrected that can help. Particularly when there is low muscle tone and slow motor development, it is very important to have a thorough physical evaluation. I would say that is number one. That should definitely be done. Number two, it is very important to separate out a language problem, which sounds like you are describing where she is having a hard time learning to speak and learning to understand verbal language, from an autistic spectrum disorder. The two can be confusing, and even if one sees excellent professionals, I see lots of mistakes being made only because it is very hard to separate these two out in early life, when children are very young, and so we have to keep an open mind and say that maybe this is more of a language problem and less of an autistic spectrum or a PDDNOS type problem. So that is an important question to keep in mind, and I haven't seen your child so obviously I can't offer an opinion about her, but you want to definitely keep that question open. That is number two. Number three, what often



answers the question is a very comprehensive program of intervention and watching how the child makes progress.

Caller: Right. Actually this brings me to my second question.


SG: Yes, but before you get to your second question about the best program for her, it's very important to do that first step of making sure you have a thorough physical examination. Rule out any physical contribution and make sure it is very complete and thorough. Two, then as you are thinking about an intervention program, before you tell me your dilemma with it and what the choices are, the essence of a good intervention program is to work with your child's strengths, such as her warmth and her affection and her pleasure in your company, to make sure you build on those strengths, and then to have a very active program. For a child with low muscle tone who is not making a lot of sounds, it has to have a very strong oral-motor component as well as the very, very comprehensive, and I'll go through that in just a moment, but why don't you ask your second part of your question and then I'll describe the comprehensive program for you.

Caller: Ok, my second question, actually, was just saying what program is best for her? She has been receiving ABA Services, and it is just very painful to watch her doing these sessions.

SG: What happens to her? What is the painful part of observing this while she is getting ABA?

Caller: The painful part is that she hates to be restrained and then the things they ask her to do is very mechanical – she doesn't seem to be enjoying it when she is doing it, and then once the session is over, she doesn't seem to be using those skills afterwards during her normal play times.

SG: You've just highlighted the three big problems with very, very structured approaches like ABA and Discrete Trial which are examples of. There are other very structured approaches that are very similar that are ABA-like or Discrete Trial-like behavioral approaches, and you have just highlighted the three big problems with them. One, they are often, or can be, very mechanical so they don't work with the child's emotions or relationship capacities as an approach needs to. Two, for some children, particularly children who don't like to be restrained, and you mentioned your daughter is very hyper-sensitive around the face, for example, to touch, I find that many children with sensory hyper-sensitivities find these very structured approaches very aversive and



they are very unpleasant for the child. And number three, and what lots of parents worry about and one of the biggest limitations in these very structured approaches because they don't work on relationships and they don't work on natural interactions, is that they don't generalize. A child can learn to do something while they are sitting at the tabletop and being rewarded, but they don't generalize into real life. The approach I prefer to have people consider, particularly for young children but really all children, is what we call the DIR – Developmental Individual-difference Relationship-based, sometimes for short we call the “Floortime Model.”

Caller: Right, right.

SG: And here the difference is that we work with the child's natural strengths and we try to build healthy foundations for development, not just work on specific behaviors. So the fundamental goals of the DIR Floortime Model are to work on the child's capacity to attend, to engage in relationships with warmth and pleasure, to communicate with gestures and then eventually with words, and then to learn how to be imaginative and how to think. But we want to get those healthy foundations and as a consequence of the foundations, the children then master and overcome some of the challenges, such as if they play by themselves, once they become more related, they seek you out more. If they are uncommunicative, once they learn to communicate with gestures and then words, then they learn to communicate better and they learn to think and be imaginative. So if they are being repetitive or perseverative, they overcome that once they learn to be creative. So the key is getting the healthy foundations in place and that requires a comprehensive program which builds on the child's natural strengths. I'm sorry, you were going to ask something?

Caller: Right, so who can devise this comprehensive program for my daughter, then?

SG: Well we have a number of people in the Boston area, and if you call, write, or email our Floortime Foundation website where you sent in your question, we'll send you the names of the people – we have a whole network of professionals and parents – parents for parent support groups and professionals who can help with an evaluation and a plan of program. We'll send you all of that information.

Caller: Can we please make an appointment with you, though, for you to see her?


SG: Well what you can do is call my office.

Caller: Well your office says you don't accept appointments anymore.

SG: Well we do, but we have a long waiting list. I apologize for that, but in the short run why don't you do the following. There is a book I wrote called, *The Child with Special Needs*. Do you have that book?

Caller: No.

SG: Get a hold of that book, it is in all the bookstores. It will outline a comprehensive program. It will give you all the information you will need to get started. Also, get the names of the people we have trained in the Boston area, both professionals, physicians, and parents, who will give you some information on how to get started, and also provide another evaluation that will help you develop this kind of a comprehensive program. At the same time, call my office and tell them you spoke with me on the show and we'll put you on the waiting list, and we'll do our best. I promise you, we'll do our best. Also, call Dr. Wieder – Serena Wieder, my colleague, and get on her waiting list too. But in the meantime, the key is to get started. We have some excellently trained people in the Boston area, we really do. So if you get the names of professionals and the parent groups, you can really be part of a network and get started. In a comprehensive program, you need to be doing lots of home interactive work - home Floortime, which we describe in *The Child with Special Needs*. You interact with your child, and don't let her spend time alone, just sitting by herself. Ok? She needs to be using most of her waking hours for interaction, and get her engaged all the time and start with just gesturing and signaling to you with arm gestures or sounds – anything that she shows you that she wants and what she needs. The book will explain to you how to do that. Also, make sure you have on your therapeutic team, a speech pathologist who is trained in oral motor work – not just a regular speech pathologist, but someone who knows how to help your daughter learn to make sounds and use the muscles in her mouth. That is essential for learning speech. Ok? And some of the more structured approaches don't have that as a component, but it is absolutely essential. A speech pathologist who is trained in oral motor work. Also, you need an occupational therapist who is trained in sensory integration work. Ok? But the key is a very active home program, a team with different professionals involved including the speech and OT, and call the office. But it is very important with a young child who is already showing some affection and warmth, which are great strengths, is to use that in the



intervention. If you become too mechanical in your intervention or stress the child, that can undermine the opportunity for progress. Ok?

Caller: Ok, great. Thank you very much.

SG: Thank you for asking a good question. Bye bye. Ok, next question please. I apologize for the mechanical challenges here. We seem to occasionally have a call come in and then we lose it a little bit, but hopefully the caller will call right back and we will be able to get him hooked in again. In the meantime, let me ask – ok we have the caller back. Hello?

Caller: Dr. Greenspan?

SG: Yes, can I hear your question?

Caller: I have a 13 year old boy who has done very, very well using the Floortime DIR Method and he has been in mainstream schools all along. However, he just turned 13 and he is beginning to go through puberty. Sometimes it is hard to know the difference between what are his special issues and the issues related to puberty.


SG: Ok, so the question is, a 13 year old boy who had developmental challenges originally, and has done very well with a Floortime DIR approach, but now at age 13, how do we tell the difference between typical puberty issues and regressions – you know back to his older patterns? Now can you give an example of one of these challenges? Please speak into the telephone.

Caller: I'll try to use a different telephone. Hold on...

SG: Ok, so the question is when a child gets into adolescence and you have an expectable shifts of behavior due to puberty and other adolescence dynamics, how do you know if this is regression back into some of the developmental challenges, or just typical pubescent issues?

Caller: Ok, here are some of the examples. One example would be if you give him some typical choices like whether he wants to go outside and play catch or play a game, sometimes he will freeze up and he won't be able to make a decision, and he will get very nervous and upset. Another instance will be he can be more oppositional.

SG: So the two examples are getting nervous and inability to make a decision even around simple choices, or getting oppositional and being negative and saying, "no,



no” to anything you offer. This is a child who otherwise can be cooperative and very verbal and very elaborative, I assume.

Caller: He is very warm, he is very cooperative, he is very sweet tempered. He is a good kid.


SG: And he is verbal and abstract in his thinking?

Caller: Yes, he has wonderful symbolic capabilities and talks all the time.

SG: And he is doing well in school?

Caller: He is doing ok in school. The struggle with school is that he doesn't always follow through on his assignments, which is another issue.

SG: Ok, so that is a related issue. But in general, what we want to think about with children going through puberty, is that it is not an either/or. Every child will go through puberty and will experience some temporary greater upsets because of all the physical and biological changes occurring. There are hormonal changes, there are physical body changes that they are noticing, they are getting bigger, there are more social demands at school from friends and teachers, and harder academic work – higher levels of reflective thinking, and families are expecting more from them. They are also struggling with wanting to be independent and on their own, yet still feeling the need for care from their parents. If they have developmental problems, this is even greater for them because they feel they need more care and more help and yet it's paradoxical because they also are feeling the need for being more independent because they are now “a teenager” or a “big boy” or a “big girl.” So they have more conflicts over their own neediness, own dependency, they want to cover it up and deny it, and that makes them more oppositional. So we see all these dynamics. When you have special needs, and when you have some motor problems or you are a little more sensory reactive than other children, all these pubescent issues are exaggerated. So it's not either/or, the puberty makes it a little tougher, you are continuing sensory reactivity even for the children who have done very well often still are sensory a little bit reactive or may have a little bit of problems with motor planning and sequencing, even if they are very verbal and related and interactive. These are no different than most kids. Everyone has variations of these. But the more you have variations in the way your nervous system works, the more that will work together with puberty issues to create some of these challenges. And the key is not to try to separate the two out but to handle it in the



same way as though he had no history of special needs or if this is just a child who wasn't being exaggerated about puberty, in other words deal with the behavior or negativism or the anxiety in it's own right. This means be calm, be regulated, and help the child be a collaborative problem solver with you. Respect the child's need to be independent and what I recommend for adolescents, for all adolescents, slip in the chicken soup on the side. In other words, provide the child's dependency needs by slipping in or sneaking in the chicken soup such as long rides in the car, hanging out and listening to his or her music, playing the games they want to play. Slip in the chicken soup – the warmth, the dependency, the nurturing, and support - and don't have the child be embarrassed about it. Let the child feign or even pretend to be more independent than they really are. So support them in their independence by sneaking in the chicken soup, be calming and regulating, and help them become a good problem solver by offering them opportunities to talk about how they are feeling. Do it all gradually with a lot of regulation, and then you support the child through this stage and don't try to make that distinction. It's not critical. But thank you for your good question.

Next week we are going to talk about another topic related to healthy development. Next week we are going to talk about discipline – how we help children not only respond to limits and discipline, but also become internally disciplined, where they can follow through, complete their assignments in school, be respectful and dutiful to their parents, and also be an exuberant, joyful, creative person at the same time. So we are going to talk about discipline in children with special needs and in children without special needs, and how to help children internalize discipline next week. So thank you for joining us today, and we will look forward to communicating with you again one week from today. Please, again, email in your questions and we'll select some for on-air discussion. Have a good week. Bye bye.