

## Web-Based Radio Show

### The Dir Model and Managing Your Body:


*How we help children, especially children with special needs, master their basic bodily functions. The focus today will be toilet training, helping a child learn to dress themselves, brush their teeth, wash themselves, and perform other bodily functions as well*

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I want to welcome everyone to today's Web-Based Radio Show. This Stanley Greenspan and I am pleased that you can join us. Today we have a very important topic - one that I would say involves the most frequently asked questions that I receive from both parents and professionals. Today's topic has to do with how we help children, especially children with special needs, but all children, master their basic bodily functions. The focus today will be on toilet training, but also if time permits, I'll also talk about helping a child learn to dress themselves and brush their teeth and wash themselves and perform other bodily functions as well. On a prior show, some of you may recall we talked about helping children master new experiences and I applied it to the challenge and problem of eating and flexibility around eating. You'll see that today's discussion of toilet training shares some common features with the discussion around mastering eating.

All bodily functions share these common principles. What are the principles, and again, today we will focus on toilet training as a specific challenge. This is especially hard for children with special needs because often it is hard for them to have full control over their bodies. They may have motor planning problems or be over-reactive to things like touch and sound or different tastes, they may have unusual fears of things involving their bodies because they often feel they can't control their bodies as well as they would like to. So this can be a special challenge for children with special needs or learning and processing problems or children with emotional problems.



The first and essential principle is to remove or diminish the anxiety that is likely already surrounding the particular activity at hand. Again, we will focus this on toilet training. So if a parent is already starting to toilet train, undoubtedly the child has gotten the idea that there is expectations and this is something mommy and daddy want them to do and something for a variety of reasons they may feel they are not ready to do or don't want to do or are scared to do or too angry to do. Or maybe they just don't know how to do it yet. So the first goal is to reduce the fear; the anxiety; the worry and turn this into a pleasurable mastery type of experience rather than a chore type of experience. When you think about it, most children, even children with the most severe special needs conditions can learn to enjoy certain kinds of things. Most children we find, even those who come in not smiling or enjoying hugs and cuddles with parents in the many who don't, we find that within a few months of figuring out how the child's nervous system works, that most children can learn to enjoy those hugs and smiles and cuddles and being close to another person. Well, there is no reason why basic bodily functions, even toilet training, can't be an enjoyable, positive, pleasurable experience. It is for not all adults, but for many adults. There is no reason why it can't be a positive learning experience for children. That's our goal – to turn it into that.

So the first principle, therefore, is to make sure we are doing our basic Floortime exercises. For those who are not familiar with our Floortime concept, that means that we are trying to help our child share attention and focus with us, be engaged with us in a pleasurable way, be interacting with us in a back-and-forth way through exchanging gestures like smiles and sounds and showing us things and us showing them things, through problems solving with us, to taking us places to help them get a toy or get some food, and if they are verbal, through sharing exciting ideas with us. "Mommy, me happy" or "Me sad." If they are able to connect ideas together, then they can be logical and tell us why they are happy or sad or why they want to go outside. So we, through Floortime, through just getting on the floor with them and playing and enjoying them, we try to promote these six basic levels. But there is a focus on calm, regulated, pleasurable interaction at all these levels. If we do this routinely every day, and for some children with special needs we recommend doing it 6 or 8 or even 10 times a day for 20 minutes or more each time, mommy and daddy sharing in it or other family helpers sharing in it – it could be grandparents – but it helps the child feel that they are being tuned into; that their rhythms, their pleasures, their joys, their purposes, their intentions are all being tuned into and are all part of a relationship. This begins to turn the child around from being negative or being scared, into being basically in simple




language, “A Happy Camper.” Many of you may feel you can’t turn your little Johnnie or Susie into a happy camper, they are tantrumming all the time. I recommend trying this basic Floortime routine from one to many times a day depending on the child, and see if it doesn’t turn around over a few months.

So that is the first step – the Floortime basics. Once that is well established, and we have an interactive, calm, regulated happy child, we then begin introducing the new experience. Now in the case of toilet training, that is going to be involving going to the bathroom and beginning to carry out the activities ordinarily associated with toilet training. It may involve the different parts of toilet training. We can work on this sequentially – some children may have already mastered one part and need to then just master the other part. Or they may have mastered it part of the day but not all of the day. So whatever the challenge of toilet training is, whether you are beginning the process and teaching the child to urinate in a particular place or to defecate in a particular place rather than in a diaper, whatever the challenge is, we are going to approach it in a certain way.

So I’ll talk generically about the challenge, realizing that it will be different for each child. Now we have mastered our Floortime so now our child is a happy, interactive child. So then the second step is we gradually introduce the new activity. It might be simply visiting the bathroom if the child has been scared of the bathroom and doing nothing else but playing in the bathroom a little bit. It might be sitting on the potty for the first time where the child hasn’t done it and he has his diaper on. It might be sitting on the little junior potty – the child’s potty – and it might not be in the bathroom, it might be in his room or in the TV room as a first step. I’ll leave the first step up to the parents to decide, because you can make that first step as small of a step as you need to in order to maintain that first goal: keep it calm, keep it regulated, keep it pleasurable. And make it a tiny step so the child doesn’t get too scared or overwhelmed by it.

So now the key is when you are introducing this first step, you’re introducing it against the background of calm and regulated, pleasurable interaction, and you are adding one new little piece on. As you add that piece on, remember you have already worked with your child to be purposeful and intentional. So at the third level of our Floortime, you are not only engaged and happy, but we have two-way back-and-forth communication with gestures. Remember I talked about facial expressions and head nods and vocalizations and pointing and showing. So now we want to focus on that




third level and give the child some control over the new activity. That's key. If we are in the bathroom and playing in the bathroom for the first time, let the child play with the toilet. Flush it. Pick up the potty seat. Put it down. If it is a junior potty not in the bathroom, the child may want to pick it up and place it down. If there is a handle on it that looks like an adult potty, they may want to play with the handle. If it is a flushing potty but a small one, they may want to flush it. Let the child have mastery over the equipment. The key thing is that the child takes initiative and the child feels somewhat in control and in charge because at the core, whatever the language level of the child, what makes this hard for the child is the fear of being out of control, being overwhelmed, and getting scared. So we want to start the process by putting the child in control, let the child make choices. You may need to put a little potty seat on the big potty and a little potty next to it. Then the child chooses which one he wants to approach first. So let the child have some control over the activity. Give him choices. At the same time, you are being very soothing and regulated.

I can't tell you how important it is to give the child choices and that sense of control. The old adage in the old psychological literature talked about potty training being the source of how controlling people were. The old theory of obsessiveness was it was all due to potty training. If you were traumatized or scared during your potty training, you would try to then for the rest of your life, be in control over everything and be a control-freak. While that theory is no longer upheld fully as it once was, there is some truth to that. Children who get scared early on and get into power struggles over everything, tend to grow into older children who feel the need to control everything and they have a harder time trusting and giving up control.

So here the key second step is to give the child some initiative. But within that initiative, you are also moving the child toward a sequential set of steps. You are helping the child meet a new challenge. You are introducing it. So it is not as if the child is just running out and playing or the child is just taking water and spilling it all over the place. You are moving the child in a direction but within that you are giving the child certain choices where they have initiative.


Now to break this down very, very, very slowly into small steps, sometimes for a child who is very scared of the potty, have him sit on their own play potty or the real potty with their diaper on. Simply get him used to defecating or urinating while on the potty in their diaper. It's very unscary. Then the next step can sometimes involve loosening the diaper a little bit. Then a third step for a child who is scared of defecating



in the potty, defecating into their diaper that is now in the potty, but they can see it and it's just loosely attached to them a little bit. Through these gradual steps, eventually they accept removing the diaper from the potty altogether and then defecating in the potty.

Now other children won't need these small steps. They will want to copy mommy or daddy and they will have seen a big brother or sister go to the bathroom and they'll be eager to be a big boy or a big girl and they will be eager to both urinate and defecate in the potty pretty quickly and it will happen very, very rapidly. Whether it is small steps or big steps, the key thing is to always come back to your baseline. Are we maintaining our daily Floortime? That builds not only calm, relaxation, but also cooperation and it is helping the child take initiative and make choices. Then, are we enlisting these skills in the new challenge, by doing it gradually and giving the child choices, letting him again play with the potty, just make decisions about where he goes, make decisions about whether he wants to go in his diaper but in the bathroom, and so forth and so on. So it's slow progression towards your ultimate goal.


Now some parents also like to try a new procedure that has been recommended in some circles. Again this can be incorporated into this general framework that we are talking about. Remember, the general framework is to start off with your Floortimes, build up all the basic strengths, then gradually introduce the new experience. Then there are particular kinds of gimmicks or special techniques and books that have been written about them. For example, one recent one is where the child walks around the house without a diaper on and you have the child in rooms that are easy to clean, and you have a moving potty near him, and every time they urinate or defecate, you bring the potty to the child so he gets the idea of doing it in the potty. For some children and for some families within a few days the child has gotten the knack of making his #1 and #2 or urinating and defecating on the potty. But this is not a procedure all parents like to try or want to do. And it's not one that I necessarily recommend. What I'm saying is that it exists out there and it is one example of a modern twist on how to do this. There are other books that have been written recently where you build in lots of rewards for the child and try to teach the child with rewards to learn, for example, to urinate in the potty by drinking lots of fluids so there are lots of opportunities to urinate and each time the child does it in the potty, give him lots of rewards – either an activity he likes to do or some sort of treat that he likes and he gets the idea very quickly through the positive reinforcements.



There are many other specific techniques and strategies out there. But they all need to be done within this broader framework and context. The broader framework and context, again at the risk of being repetitive, is to establish the baseline Floortime. Help the child be especially strong at being intentional and purposeful and being an interactive problem solver. Then use that as you are helping him master the new experience – in this case, toilet training.


Some children will have special challenges. They will be overly sensitive to things like touch. So to sit on the potty may be a little scary because the seat feels cold. Having a piece of fabric on the seat may make it warmer and that alone may help the child feel more comfortable with it. Different textures may help certain children. Another child might be sensitive to sounds and therefore the flush of the potty may scare the child and the child avoids the bathroom and the whole activity because they are scared of the flushing noise. There, they don't have to be in the bathroom when it flushes and also playing with potties and getting used to the flushing sounds under their control when they make it happen, not someone else, can also help them learn to tolerate the flushing noise. Some children are scared of the actual flushing itself. Older children who are verbal have often expressed the fear of being flushed down the toilet or losing a part of their body. Some of the children who still haven't yet formed a sense of reality are scared of what part of their body comes out and then gets lost down in this whirlpool of swirling water. It can be a scary experience for a child who doesn't yet have a sense of reality. Some of those children are more visually sensitive because they look at it and it is kind of scary and they may get more scared by watching certain kinds of TV shows as well.

Now when a child has sensitivity to things like touch or sound or visual experiences, they are more likely to be anxious and scared. So here the key is to be aware of their sensitivities – the source of their anxiety. To do what you can from a practical point of view to mediate it, like using a fabric on the potty seat that is not going to feel aversive to the child, helping them learn to enjoy the sound of the flushing or to master it, helping the same thing with a visual picture of what happens as the water circulates and as they see what happens to the contents of their productions. So the key is to do it gradually, give the child some control over it, and all through the procedure you are using to take into account the child's individual sensitivities and differences.



Now a very big problem some children have that makes this especially difficult is children who have motor planning and sequencing problems. These are children who have a hard time doing two or three steps in a row. They have a hard time in their play, for example, moving the car into the garage, then back out of the garage, and then moving it towards daddy, and then taking it back to the garage. They have difficulty with a 4-step action plan. They may have difficulty in kicking a ball, they may have more difficulty in some of their walking or running or hopping or skipping activities as well. Some of these children will have more trouble with balance and coordination and may not be as good, for example, when they are walking on a narrow board or when they are trying to balance on a chair if they are trying to stand on top of the chair. Or if they stand on one leg, they may have a harder time and certainly they have a harder time learning to hop and skip. For children with basic motor planning and sequencing problems, the whole act of pulling down their pants, sitting on the potty, getting their body to relax and then letting out their different bodily products whether it's feces or urine, might be very confusing for them and challenging for them. For some, the motor system, what even appears to be autonomic or automatic functions such as relaxing your sphincter and letting the urine out or relaxing your sphincter and letting the feces out could be very hard for the child to do – just that relaxation and learning that skill. Just like some children with oral-motor problems, it's harder for them to learn to swallow. So there too, work very gradually with the child. Try to make a 4-step action sequence a 1-step action sequence. For children having a hard time learning to relax and relax their sphincter, try to be very soothing with them. Sometimes relaxing music in the bathroom will help. Sometimes relaxing conversation that helps the child realize what they are supposed to do can be very, very helpful. The key is gradualness and breaking down the steps into smaller steps.

For some children, the balance and coordination challenge is very difficult, and sitting on an adult potty where their legs are off the ground is scary because they feel wobbly. They are worried about falling off the potty or falling into the potty. There, having a child potty on top of an adult potty may be too scary if they are scared of falling in or falling over because they don't have the balance and coordination. Even though they are perfectly safe and can't fall in, because they are insecure about their body's space, they may worry about falling in. There, having a child potty or having mommy or daddy close by and holding their hand can provide an enormous amount of extra security as they master this new skill. Sometimes, holding the child's hand and moving it rhythmically, helping the child get into a rhythm of relaxation, helps to learn to relax




the sphincter muscles whether it's letting out the urine or the feces. This can be very helpful, particularly for children who have trouble with their motor planning and sequencing. So we provide extra regulating and rhythmical support where it is needed.

Now for children who have severe motor planning and sequencing problems, and you may have gotten clues to this through eating problems, it is very important to have a talented and a well-trained occupational therapist involved in the toilet training to help the parents identify the particular sensory modulation challenges, such as whether the child is over- or under-reactive to touch or sound or movement. The issues of postural insecurity, i.e., how the child feels in terms of balance and coordination, and the ability of the child to relax their sphincters, and the ability of the child to sequence many actions in a row – the occupational therapist can help with all these issues. They can also help you strengthen those issues in your child, even before you approach toilet training.


Now the question always comes up that we haven't addressed yet, and that is, "When is it a good time for toilet training? When is it best to start? Is this something that should be done like we did it in the old days when I was a child when you are a one year old and your parents started training you by habit? There were a bunch of us who were trained before we were 16-17 months old. That was back in the 1940's when people believed in early, early, early potty training. Some of us, I assume, learned how to do it. I can't remember back to those days whether I did or didn't. Children who learned at that early age learned by sheer habit, I think. Nowadays, the philosophy is to wait until the children are a little older. My rule of thumb is, especially for children with special needs, that while it is possible to train children earlier, as long as you do it very gently in the ways I have been describing, it's easiest to do it just as they are mastering the ability to answer "why" questions. In other words, when you can say to a child, "Why do you want to go outside?" and he can say, "Because I want to play." Or, "Why do you want that videotape?" "Because I like it, because I want to watch it." Or, "Why do you want that cookie?" "Because it tastes good." When a child can begin answering very simple "why" questions; the most basic type, even with a little multiple choice help sometimes – you give a child two reasons and they can tell you why, that's about the time that the child can begin understanding the whole nature of toilet training; the whole nature of potty training.

Now you may ask me why – why is that the time the child can understand that? Because as the children is beginning to answer "why" questions, he or she is beginning




to understand how ideas are linked together; how the world works. The child is beginning to understand that there is cause-and-effect in the world. If I do “A” it will lead to this. If I do “B” it will lead to that. So the child is beginning to understand that if I flush the toilet it will make a noise. If I take off my diaper, I’ll tinkle on the floor. If I sit here, I can urinate or tinkle in this little potty. So the child can understand what is going on. They can use their understanding to either cooperate with you and to make the whole chore easier, or to become more deliberately negative and to become more difficult. But that understanding enables you to help the child and so the child won’t be so scared.

It also opens up one new dimension that you can use as an ally in toilet training. That new dimension is to use pretend play and discussion as a helpful helper in mastering this new experience. So with our child who is now able to answer the beginning “why” questions, this is a child who is able to play on the floor with their toys; this is a child who can have some simple discussions and tell you what they like and what they don’t like. So remember before we said it’s very important for the child to make choices and take initiative. So the child now, because they are a little bit verbal, can tell you that they like the baby potty seat better than the big potty seat. Or that they want to play to flush the toilet or not flush the toilet. They want to try it this way or that way. They can even protest and say, “No, no, no, no, no!” and you can negotiate. “Well, if you try just a little bit, then we can go out and play in the backyard with the hose” or something they like to do like go on the slide or have a favorite treat that they like or a favorite toy they can play with. Each day you can get them to try just a little bit more. So you can create that soothing, regulating atmosphere by doing the basic Floortime, and also then, negotiate with the child’s small steps and they can exert their choices more. But here is another added feature. Because a child can now do pretend play, you can have the dolls or the toy animals or the action figures involved with activities that have to do with potty training, both indirectly and directly. So as you are introducing this new challenge, be very alert to your Floortime play. If the child is at this age that I’m talking about, the child is capable of doing some pretending. Initially, introduce the potty seat or the potty dolls, or I just got in my own play material a wonderful little plastic tiny potty seat for the dolls that actually has all the utensils on it. You can press down on it and it makes a flushing noise – it’s really neat and the kids love it. They are all playing with it. I was amazed at how it was actually given to me as a gift by a colleague at one of the conferences, and I put it out and it has been the favorite toy with a lot of the kids. I’m sure it’s available in most toy stores. So in the pretend play,



but before you even introduce that, you'll see themes emerging in the play that will be related to the new challenge. In fact, anytime there is a new challenge, you'll always see that there are themes in the play that are related to the new challenge. If that is an important part of the child's life, it will come out in the play themes. So what you might see is issues of control or issues of aggression. There was one little child, for example, who started his play with ships that were always submarines, always beneath the surface and always secret. As we played and I just was encouraging the play and the expression of his feelings, having to do often with ships fighting one another, as he got more comfortable with that theme, all of a sudden the ships went from submarines to battleships with the guns and the rocket launchers outside, out in the open. As he did that, interestingly, he became more comfortable in urinating in the potty and became less scared. So for this child, the act of going to the bathroom had to do with anxiety he had about his own aggression; about his own assertiveness; about his own "battleships" so to speak where they had to be hidden and beneath the surface in order for them to come out in the open and shoot it's rockets where someone could see them. As he played this out, we never had potty seats, we never had potty play in the pretending; he got more comfortable in life in general with assertiveness, and it made it much easier and he naturally began his potty training and reduced the power struggles. He wasn't so negative; always guarding, he was more comfortable with being assertive and making his needs known and negotiating with his parents.

With another child, we did that kind of play and they become more comfortable with general issues of control and assertiveness and power, but then we got out the potty utensils in the play and the child had the doll going to the potty and doing the flushing and playing all kinds of games – we got comfortable – and then they went to the bathroom and started playing in the bathroom for awhile – playing with the toilet. Gradually, after that, they told their mommy, "I think I'm ready to start learning to be like mommy and daddy." Then the mommy and daddy used a very gradual routine like I suggested to you before, where they let this little girl go in her diaper first, sit on the potty with her diaper, and gradually removed the diaper. They were very calming and regulating, played some favorite music she liked, they actually held her hand while she was on the potty so she wouldn't be scared, and moved their hand rhythmically with her bodily movements to help her relax her sphincters. She mastered this, and then within six months, she was doing it quite independently and now she is a teenager and she is an independent little girl and doing quite well. But she needed a lot of slow help in this




initial mastery of her potty training. The key is, then, the gradual approach. With this little girl, we were doing the basic Floortime all the time.

So here are the steps, just in summary:

1. Always start off with your Floortime basics where you do a lot of basic Floortime play involving all the levels up to the highest level the child is capable of – shared attention, engagement, purposeful interaction, problem solving interactions, using ideas if the child is verbal, and using ideas logically if the child can. You do this in a calm, regulating, soothing way, and with emphasis on the child’s taking mastery and initiative and having intent, so the child is the boss of the drama; the child is taking intentionality.


2. Next you apply this to the new chore or new task, which is potty training. Letting the child have control and make choices, and if you follow my advice and wait until the child is close to the “why” level, even if it is a child with special needs or takes longer to get there, then you will be able to do pretend play as well and help the child verbalize their feelings as well while you are beginning to move gradually step-by-step to the new challenge of potty training. The key here is step-by-step-by-step and breaking big steps down into smaller steps and small steps into even smaller ones so that there is always mastery and always a sense of comfort and the child is not getting overwhelmed.

3. Within this general approach, you can build in lots of incentives and rewards for the child’s mastery for the different steps, and also you can bring in your own favorite techniques and use some of the many books out there that have different techniques, like the one I mentioned about following the child around with a portable potty seat without his or her diapers on, if you choose that. But that should be family-specific family choices, cultural choices, religious choices – we have to respect individual differences.



4. The next principle is to always know your child's nervous system – their sensory over-reactivities or under-reactivities. We mentioned the over-reactivities and I forgot to mention children who are under-reactive to things like touch or sound. It is hard for them to know, sometimes, when they have to go to the bathroom because their body's sensations don't register well within their bodies. They don't know sometimes when they are hungry and don't know sometimes when they have to defecate or urinate. So there, sometimes helping them identify these sensations becomes important. Having a few days where they drink a lot of water and you practice identifying how it feels. If they are verbal, they can begin telling you that they need to go a little bit or a medium amount or a whole lot or not at all. Sometimes it surprises the child – they don't think they have to go, and suddenly they say, "Mommy, I'm going!" Don't be angry, don't be mad, don't think it's personal, and don't think the child is acting out with deliberately trying to foil you. Just say, "Gee, sometimes it really does sneak up on us. Then make it easy for the child to make it to the bathroom. As you take that supportive approach and you help the child identify what they felt in their body, this is for the verbal child, what let them know it was already happening, they will get better and better at identifying the sensations. So for the under-reactive child that doesn't identify the sensations and therefore goes in their diaper or pants, help them identify that by accepting what they can identify, going into what that feels like inside because you may be surprised that their sensations in their body are very different than yours, and as you do that, they will get more aware of their own body's sensations. You can also help them become more aware as you talk about other things – how it feels to be tired, how it feels to be hungry, how it feels to be happy or sad. As you respect them describing their own physical states, they will become better and better at also describing what it feels like when they have to urinate or defecate. Again, having days when you have lots of fluid, lots of water, so they have to urinate more, gives them more practice at identifying those states. It is always more healthy for a child to drink more water rather than less water anyhow. So I forgot to mention that earlier. So that is the other principle – respect and work with those individual differences and the way the child processes sensory information. And also the child's motor planning challenges, as we talked about.


5. Then, as we discussed, make this a sense of pleasure and mastery and one of accomplishment for the child overall, not one of fear, not one of power struggle. This



can be a positive mastery experience that is gradual, that is step-wise, and that can enhance the child's self esteem, even if it takes the child a long time. Just remember that the biggest source of humiliation and the biggest source of, later on for some children, of negative self esteem based on humiliation, is the feeling of "I can't control myself; I'm out of control." As adults, all of us know that one of our worst feelings is when we feel out of control with our anger or with exhaustion. We lose our temper with our kids or with our spouse or we feel overwhelmed and disorganized and we can't figure out what to do and we get stressed. That feeling of being out of control leads us to feel embarrassed and humiliated, particularly when it is in relation to other people. Well, what do you think for a child some of those first feelings are? It's around eating, around potty training or toilet training, it's around getting basic needs met. So let's make this an experience that is the opposite of humiliating – that is the sense of mastery. One of the best experiences children have, whether it's learning to tie their shoes or learning how to read or learning how to throw a ball in a hoop or learning how to dance is that sense of mastery. Some of the earlier sense of mastery comes from master over what? Over your own body. Eating and going to the bathroom are some of the most primary and essential and basic bodily functions. So let's make that set of first experiences, mastery-oriented. Then let's remember these principles for all other experiences.

Now we have some questions for today, but before we go to the questions, what I want to do is apply these same principles to another challenge, another bodily function. Because it is the same principles and if we do this in the same show, it will save us time later. Let's talk about getting dressed. All parents complain that their little Johnnie or Susie won't cooperate in getting dressed or they are very finicky. They won't wear these socks or these clothes and it's a power struggle in the morning and I have to do it for them or to them, then they are crying and screaming and then I have to get them on the school bus or get them into the car to take them to school and the whole morning turns into a power struggle of crying, screaming, and everybody is miserable and we have everyone being unhappy campers – mommies and daddies and little Susie or Johnnie all together.


Now getting dressed involves the same challenges as toilet training, and as we talked about in earlier shows, eating. So rather than repeat myself, apply the same sequence:



Never start mastery of a new experience for a child without making sure you are doing your basic Floortime. So same thing we talked about for toilet training. Do the Floortime at least a few times a day for 20 minutes or more, but for children with special needs it might be 6-8 times a day, working on the basics of calm, engaged regulation, warm pleasurable involvement in engagement with you, back-and-forth two-way purposeful communication, many circles of back-and-forth problem solving, if the child is verbal – using ideas creatively and pretending and using ideas logically to the highest level the child is capable of. Before we start anything new like having them dress themselves, make sure you do that for a couple of weeks. We have goodwill, we have cooperation, we have a presumably happy camper and hopefully a happy caregiver.

Then, we take into account the child's individual differences. Is the child having trouble dressing because they are so sensitive to touch that only certain kinds of socks or only certain kinds of pants are going to work for them because they don't like wools or they don't like synthetics and they like soft cottons or velours or things that feel very gentle against their skin. Or they may like things that are tighter because they hold their skin tight and they don't rub loosely against their skin. So you have to know your child in terms of what they tolerate well and what they don't tolerate well. They may have, because of visual sensitivity, certain color preferences, etc. Remember, with a new challenge, if you put the child in a panic mode where they are on-guard, where they are vigilant, where they are already scared, there is no cooperation. So anytime you are rushing it like first thing in the morning, you've lost the ballgame. So the time to negotiate choices is in the evening when you have plenty of time. It could be in the afternoon – pick the time your child is in his best mood, most cooperative, maybe right after dinner, maybe right before dinner and say, "Let's pick out the clothing for tomorrow." And lay it out in the room – the color choices, the texture choices. Then also, you want to gradually practice dressing and undressing. It could be through pretend play with the dollies. It could be the child dressing mommy. Remember, the first step in mastering a new challenge is giving the child choices and giving the child control over what they do. So rather than you dressing the child – you putting on the pants, you putting on the jersey, let the child do it to a dolly, let the child do it to you, let the child pick out your clothes. Make it real collaboration.

Then bring in the pretend play level like we talked about. In terms of the pretend play level, do just general pretend play and then with dressing dollies and see how the dollies feel, etc. Then, as the child is making choices and taking initiative –




small steps, if the child puts on one little garment of clothing on the first day, just one little sock or gets one arm through the shirt – that’s terrific! That’s wonderful. “Should I help you with the other one?” Let the child direct you as you are helping them and so forth and so on.

In another time, we will talk about dressing issues in more detail, but I want to express here that it’s the same basic principles we’ve talked about – small steps, keep the basic Floortime principles cooking, take into account the child’s individual differences, use imaginative play, and use talking to negotiate and let the child feel in control and in mastery. And, do it in plenty of time. It’s not the worst thing in the world to get to school late. I’d rather have a happy camper at school a little late than a child having temper tantrums and at school on time.

Now what I want to do is we have a caller waiting. So I want to take our first call, and again, we will return to this topic of mastering new experiences many times, but I want to emphasize these basic principles we have been covering. Hello? Hi, this is Dr. Greenspan. Do we have our caller on the line? Hello? Those who are listening in, please be patient for a second, we are still working on our technology here and we are still relatively new at this web-based call-in on the radio. So while we are waiting to get our caller – we have our caller on the line but we aren’t able to connect her into the general line, but while we are waiting, let me just read a question. Hold on a second. Again I apologize to our listeners that we are having this technical glitch. Maybe she can ask you the question and we can answer it. I have the question here from email. I’m going to read the question and this is actually a long question so I’m going to highlight it a little bit. This is Yvonne’s question, I’m sorry we can’t get her on air. She is waiting, but we are having an electronic glitch here. So we are not going to try to panic.

*I have a 9 year old son who has autism. We have been doing the combination of school and home for the last four years. We have a training with classroom staff two out of the four years and we have been successful in applying the Floortime approach in school mainly because of the teacher. She was very involved in the program. He has had the same tutor from last x number of years and in the same classroom. This past year he has started a new school and we didn’t have much involvement with the teacher. We wanted to keep him in the same classroom for consistency basis, and out of the two other choices this was actually the best one. My son gravitates toward smaller children and he shows more interest and affection for them rather than older children. The district wants him to move onto another campus into the 4-6 year grade level, even*




*though he has been categorized as a second grader this past school year. I have a couple of important questions. How important is consistency for a child with autism? And how do we get school districts to cooperate with us? And how can we make Floortime more successful in the classroom and help a teacher feel like a partner in the process?*

Let me talk more generally about this challenge. The question goes on in more detail but the concerns are broad and I hear them from all over the country. The concerns are:

1. What should a proper educational program for a child be who has an autistic spectrum disorder?
2. How do we have really good parent/school partnerships?

Here is the basic principle. And this is important for school districts and important for all families. There are two components to a child's life where the child spends enormous numbers of hours at home and at school. These are the two most vital parts of his life when he is young. For children with special needs, this is especially vital. The home program has to be active and involve the elements we described before – Floortime, problem solving time, motor, sensory, and spatial play, and practice in the areas of the specific therapies that the child is receiving and peer play. That's a lot for a home program, but it needs to involve that for a child with special needs.


The school program needs to involve the same components – spontaneous Floortime, a lot of problem solving activities, for many children it requires a lot of one-on-one interaction to draw the child in or small group work. It does require a consistent teacher over hopefully a period of years because it is hard for children to get comfortable with an adult, and once they do you would like to have the same teacher with the child. Certainly, you want to preserve the same school setting and the same physical setting and the same familiarity. So we want to have a school program that emphasizes spontaneous play, relationships, interaction, problem-solving learning, and as the child masters academics – conceptual thinking approaches to the academics that focus on the child's different processing areas and strengthen the underlying processing abilities, for motor planning, for visual spatial thinking, for auditory processing and language. These have to be the fundamentals upon which the academics are built. That requires a lot of one-on-one and small group work.



But for the home program and the school program to work together, as is essential, they have to be part of one integrated program, which means parents and teachers have to meet at least once a week, have to often exchange notes or talk daily, and they have to operate like husbands and wives almost. The notion of a school excluding parents and not letting parents come in and observe in the classroom or help out, or a notion of parents not sharing with the school what is going on at home when they are working with the child at home and the school not being receptive to that – that undermines adequate educational progress for children. So there is a federal mandate that we have to provide environments that allow each child to make at least adequate progress. I hate the word “adequate” – I want optimal progress. But since the laws state “adequate”, I’ll state this categorically: All parents who are having the same challenges as Yvonne, which is that to make adequate progress, schools and families have to work together. This means families have to be willing to come in and talk to the teachers and schools must, must invite parents in at least once a week to talk to the teacher and to exchange daily information about the child and to match programs between home and school as much as possible. If either one pulls rank and the school says that they know how to work with kids and you don’t and they’ll do it their way and it’s our way or the highway, that will undermine adequate progress for the child because the child lives at home too and you’ve got to find a combined approach. If the parent says the same thing, that too may undermine progress. They have to find the way that works for that child. Where they can’t do it, they need to bring in some help – have some of the professionals working with the child.

In general, though, there are general principles that both parents and schools can use in finding that common ground, which is, that children need to master the foundations of healthy functioning, which is to focus and attend, to engage with others, to communicate with gestures, to sequence and problem solve, and to use ideas creatively and then logically. Without these foundations, they can’t really master much of the academic skills. These are the foundations of relating, thinking, and communicating that are part of every academic skill, whether it is reading or math or reading comprehension or science or social studies. So schools and parents have to work on this.

For children who can’t yet verbally interact in a group, this means one-on-one work, working with gestures interactively, and working with words and language interactively until the child has enough language to interact in a group or else the child




will not make adequate progress. It also means that the child needs to communicate both spontaneously as well as responses to specific structured situations. So the program can't be all structured and all memory-based because then we can't build the conceptual pieces. It can have a little bit of that around certain tasks, but a child has to master the spontaneous use of relating, thinking, and communicating.

So with these common frames of reference, we can find programs, even where school districts or parents come from different philosophies. Some children, where school systems cannot provide enough one-on-one work, or enough of the spontaneous work the child requires, then parents need to consider the option of shortening the school day as part of negotiation with the school where the child is in school for part of the day and gets home schooling for part of the day so the child can get the one-on-one work that they need. Many parents out of frustration have elected to home school entirely. It is unfortunate when that has to happen. Schools have to be flexible and work with parents. If both parents and schools can both work with each other, and realize that the federal law challenges them to do that, and probably we need a little more federal and state guidelines to help schools and parents reach out to each other more effectively so that nobody feels they have all the answer. This is a collaborative endeavor and you work on it and work on it and work on it until you find a solution that works for everyone.

When I get called in on hearings and litigations between schools and parents, it shows me how many families there are and if I have to urge one thing, I'll urge this: Schools, as we know it, please try to be more flexible and tailor your approaches to meet the needs of the different families you are working with and reach out to them and invite them in, create those linkages, and really develop collaborative approaches. Schools, because you are the institution, you are the professional, you have to make that first step in reaching out.

So Yvonne, thanks for your question. Sorry we couldn't get you live. We'll keep working on our technology. I haven't diagnosed our processing problems yet here at the Floortime Foundation Web-Based Radio Show, but as is obvious to our loyal listeners, we have some. Thank God our expressive language outflow is working. We are having a little hard time on the receptive side and I know some of you have been frustrated because the archived shows in the website have gotten into a bit of disarray over the last week, again due to technological glitches. But everything is up and running, I understand, again. So all the old shows are archived and should be available.



And this show should be up there hopefully in a few days. Again, just to remind people, we will be doing these shows up until the end of July, and then August we will be taking a vacation and then we will resume again in September. I invite you to email in your questions and also you can call in your questions and let me give you the numbers on the website for the call-in of the questions. It's 1-877-907-8889 and this number, you can call anytime during the show, that's for live call-ins during the show if you want to be spontaneous, we will put you on hold during the formal part of the talk until I get to the question part. Usually the second half hour is for questions. So you are welcome to call in spontaneously now, but those of you who can't, you can email questions in advance so we can select a few for advance preparation and set you up to call in at a certain time. Again, we will speak to you next week. Next week we are going to talk about a topic we have touched on before but not gone into in enough detail, which is how you put together a program and how you really decide what program your child needs. Every child has a different profile that requires a different program and I get a lot of questions about whether a child should have this or that approach. There are so many different therapies out there now. The question is how to integrate different therapies that may be helpful for a particular child into an overall comprehensive approach. Next week we will talk about tailoring the approach to your child rather than tailoring your child to the approach and how to pull in different helpful therapies into a comprehensive approach. That will be the topic for next week. Thank you very much.