



## ***The BEST PRACTICES***

Newsletter  
Of

*The Interdisciplinary Council on  
Developmental & Learning Disorders*

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*The Best Practices Newsletter of the Interdisciplinary Council on Developmental and Learning Disorders is written to provide regional updates and networking opportunities to professionals and parents working with young children with communication and relating challenges. We hope to provide information and support and welcome any feedback or contributions that you may have. Please address your comments to Jo Raphael, MSW, Editor at: 3213 Midfield Road Baltimore, MD 21208, E-mail at [JO@ICDL.COM](mailto:JO@ICDL.COM), phone or fax at (410) 486-1251. Thank you.*

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### **Editor's Note**

Jo Raphael, M.S.W.

Molly Romer Witten, Ph.D.

Dear Readers,

The fall is off to a wonderful start with the annual ICDL Annual Scientific Meeting and preconference Institute offered November 5-9, 2003 at the McLean Hilton in Tysons Corner, VA. The theme was: *Autism and Disorders of Relating and Communicating: Pathways to Communication, Thinking and Mood Regulation*. It was a great place to learn about the most innovative happenings in the field and to network with professionals and parents. Attendance was good with professionals and parents from many different countries.

This issue of the newsletter has Clinical Insights from Dr. Stanley Greenspan, Reflections from a participant of the ICDL Summer Institute, *Contributions from Our Children*, Possibilities for Parents, written by a parent and a description of a DIR school starting this month in New Jersey.

ICDL continues to grow and expand. At the conference the Floortime Foundation was launched. The Floortime Foundation, a partner agency to ICDL, seeks to develop and make available DIR programs, resources and technologies for children with social and communications challenges. For more information please go to their new website at [www.floortimefoundation.org](http://www.floortimefoundation.org). The conference also announced more training opportunities planned for parents and professionals.

Your feedback is important to us. Please write to us to post information, to submit an article for consideration or to share your thoughts. Please send us contributions for consideration for publishing.

You can reach us by e-mail at (Molly) [besobeso@enteract.com](mailto:besobeso@enteract.com) or (Jo) [jo@icdl.com](mailto:jo@icdl.com).

Best regards,

*Jo and Molly*



## ***Clinical Insights***

Stanley I. Greenspan, MD

In addition to working with children towards a continuous flow of back-and-forth gesturing, one of the biggest challenges we see is helping children with their transitions from one activity or one type of exchange to another. The most challenging situation is when the child abruptly switches activity without any logical bridges from one type of interaction to another, for example, playing and interacting with a particular toy with a caregiver and all of a sudden going to the other side of the room or saying something like, "Give me ball" and then turning around and saying, "Go car." The natural tendency is to either try to keep the child in the original activity or conversation or jump into the new one and open and close circles there. But this type of challenge will continue if those are the only solutions.

The child requires instead a focus on the transition itself in making the transition more purposeful and logical with either gestures or words or, preferably, both. For example, the child is about to dart in a seemingly distracted way to the other side of the room or playground and the caregiver, through gesture, voice, and, if necessary, interference with the child's movement, challenges the child to indicate where he's going and what he wants to do there, and, if the child has the language ability, "why" he prefers to do the new thing. At a minimum, even if the child is not verbal, such a tactic may lead to the child pointing or gesturing in the direction of the new activity. If he has a few words, he may even say, "Go slide" or "Go car," indicating what he wants to do. This purposeful use of gesture and/or word to indicate the transition will enable the child to connect his

otherwise fragmented world together. Hopefully, over time, he will spontaneously point or gesture in the direction he wants to go in or use a word or two to indicate his intent, rather than just shift direction or content without any communicative bridge.

The overall goal is to work very, very hard at helping the child use his gesturing and interactive capacities, as well as emerging verbalization, in the microcosm of transition and not just in the contained interactions or verbal exchanges themselves. If one could picture a series of islands with water between them, we are helping the child communicate both on his islands as well as during the ride from island to island. In other words, he learns to communicate while in the water (or moat) between his islands. Now, he begins through this process to connect his ideas together.

In addition, it's useful to consider a few other strategies that often help children elongate or increase the number of circles in their communicative interactions. One of these, particularly for the active, sensory-craving child who tends to be very distracted, is to offer the child firm and gentle pressure to his back or his back and tummy in a rhythmic, pulsating pattern (5 seconds of gentle, firm contact and 5 seconds of relaxation). Sometimes one parent may be offering the gently bear hug with pulsating pressure, while the other is attempting to engage in back-and-forth pretend play and conversation. This has worked quite well for children who are very active, sensory-craving, and distractible.

In addition, gross motor-based imaginative play (crawling in and out of



spaces, climbing and jumping, etc.), all as part of two-way imaginative play and conversation, also works well with the sensory-craving, active, distractible patterns. Furthermore, following the insights of Arnold Miller, using platforms, such as a wide balance beam an inch or two off the ground or employing another type of platform or a hard couch or bed—anything where the child is elevated off the ground—appears also to help him focus and attend and engage in longer two-way communicative interactions.

In addition, to help children with motor planning problems learn to point and gesture more intentionally, it may prove useful to explore two types of innovations. One is to attach a long paper or cardboard pointer to the index finger. The child is actually able to touch, with his new extended finger, objects off in space that, in the past, he could only have pointed to (i.e., it makes it easier to connect the spatial

perceptions with the motor act [motor planning]). Along these lines, a little micro flashlight attached to such a pointer might also facilitate purposeful gesturing, as would holding a flashlight with one's whole hand. The idea here is to facilitate motor actions by making the spatial part of the motor act a bit easier for the child.

Also, it should be noted that rhythmic motor support, as described a few paragraphs above, may, in general, facilitate verbal communication, just as it can facilitate communications through typing or writing. Many colleagues have now observed that simply holding a child on the shoulder or firm pressure on the elbow may enable a child to communicate through typing or writing. It may be that the sensory input works in a more general way to facilitate focus and attention and thinking capacities and, in this way, might facilitate oral communication as well. (More about how this might work later.)

### ***Contributions from Our Children***

Editor's Note: This is a new column created to share the beautiful thoughts and artwork of children with disorders of relating and communicating and their siblings. Please send contributions for consideration for publishing to: [Jo@icdl.com](mailto:Jo@icdl.com). Thank you!

## **The Feeling-Detector**

Katherine Flaschen

In a flurry of floating feathers and fluffy whiteness, a giggling 11-year-old boy bounds down the stairs. His fingers tightly grasp the edges of a gigantic, down "white blankie" (as he calls it) that would surely be black by now if it weren't for his mother's rule – "You can only carry your blankie around in the house!" Peeking out from under the enveloping cloud of blanket, I can see his face with its wide, toothy grin spreading from ear to ear. His big, hazel puppy-like eyes brighten as he catches sight of me looking up at him.

Suddenly, in a flood of laughter and happiness, he shouts, "Hey Katie! Tickle me! Tickle me!" From the second to last riser he jumps into my arms, and the fact that he's quickly growing up is evident, judging by the groan that escapes my lips.

"Hey DJ!" I exclaim and kiss his short, fuzzy brown hair. After a long, hard day at school, I smile the first smile that I've smiled all day. I just stand there for a moment, squeezing him tightly and my brother becomes my very own stuffed, squishy teddy bear – I



could just hug and kiss him forever and everything would be all right. He never ceases to be good for a heartwarming cuddle.

Suddenly, he jumps out of my arms and starts running down the hallway while looking back over his shoulder and calling, "Come chase me!" I burst into laughter as I watch him rush through the house in this goofy position, and his warm smile becomes even more cheery for his mission in life is to make people giggle. Watching him, I am reminded of a silly, bouncing Jack-In-The-Box, popping out at you and making you grin whenever you seem to need an uplifting feeling. As I catch up to him, he laughs so hard at the thought of being pinned down and tickled relentlessly that he has no more energy left to run. He falls down on the polished floor in hysterics, holding his aching sides. I dive on him and don't stop tickling until he has no more breath to beg for mercy.

I notice that he's wearing his usual attire – his "white jammies." This consists of a long-sleeved, white T-shirt and colorfully-patterned boxer shorts which he keeps in the downstairs bathroom. The second my brother gets home (after ringing the doorbell 20 times, of course, even if the door is open), no matter how long he's staying for, he rushes to put on his "white jammies." Because my brother is especially unique, being that he has a learning disability, he has many obsessive-compulsive habits. For example, every time he gets into the car, he *has* to lock the back doors and roll down all the windows. Additionally, he hates when people roll up their sleeves and proceeds to roll them down immediately. He also buttons people's shirts all the way up to the top. Whenever we sit down to a meal, DJ pokes his nose in at least one person's food and inhales the aroma through his nose, taking pleasure in the things that

he can only smell and not eat because of his never-ending list of dietary restrictions. He hates the smell of mint and always slams my bathroom door whenever I'm brushing my teeth. He goes through phases of being obsessed with certain movies, and has to watch them over and over and over again, his impeccable memory taking in every detail. Then, he uses phrases from these movies such as "That's not fair!" or "The end" and says them at the perfect times, making everyone double over in laughter. And the list doesn't even stop here!

But the most wonderful thing about DJ is the fact that everyone (and I mean *everyone*) loves him. It might be because he's as mischievous as Curious George (a personal family nickname for him) and constantly looking for trouble, or the fact that he's as imaginative as Dr. Seuss. It might be his adorable little face and his funny phrases that make him so cute and lovable, two adjectives that are showered on him by my friends. Perhaps it's because he appreciates fun more than anyone I've ever met – he's been labeled as "The happiest kid in the world" by numerous people. Maybe it's because he is never shy and completely open to new people, or maybe because he has a way of walking into a room and lighting the whole place up with his glowing personality. It could be the fact that he's so inspiring, being the hard-worker that he is and accomplishing new things everyday.

The most important thing to me, however, is the way that DJ can sense people's feelings like a metal-detector, only he's the "feeling-detector." When I'm curled up on my bed and tears are streaming out of my eyes, DJ will burst into my room (even if the door is closed) and just cuddle up next to me, his puffy white blankie surrounding us in an ocean of feathers. He'll stroke my hair and wipe the tears from my face, and





## **DIR Summer Institute – 2003**

### **Reflections**

**Judy Drop, SLP**

What a power packed four days in July! The wealth of knowledge and experience available among the faculty and attendees was amazing. The opportunity to share and learn left me wanting more, but maybe after a break.

From my perspective as a Speech Language Pathologist (SLP), I was thrilled to be among so many professionals eager to learn and struggling with many of the clinical challenges I have experienced. Often speech pathologists get the first referral for a child with challenges in relating and communicating. Rallying the professionals necessary to mobilize the treatment plan is no more important than supporting the family's journey to communicate and relate with their child.

The presentations and breakout sessions provided insight, ideas and challenges for problem solving intervention through all six levels of Functional Emotional Development. One of my personal "ah ha" moments as I processed all the information was the major impact of incidental learning as it applies to language. I realized, as other participants presented their clinical cases, that linguistic elements (verbs, adjectives, prepositions etc.) begin to pop up in the right place at the right time and apparently out of order. Instead of linguistic Swiss cheese, the language of the children on the clinical tapes was emerging with physical movements to mark an omitted verb etc. The surprise of these 'ah ha' moments was delicious, and I wanted to stay in many of our groups longer to ask questions, follow up and understand the phenomena that surprised me, but more importantly to listen to the creative problem solving process that other clinicians brought to our clinical discussions.

I've been a speech pathologist for a number of years and have learned to suppress my urge to "fill" the silence. Many of the clinical cases and vignettes presented at this conference served as testimony to the importance of gestural language leading spoken language. Additionally, I really came to appreciate that the balance of waiting long enough to allow for processing and not so long as to lose the child, is an art form.

Modulation and regulation were concepts that almost every presenter used in discussing their clinical work. It was exciting to be with a group so eager to understand the individual differences within each child. Sensory modulation, motor planning and processing and the strength and weaknesses in each area of functioning, depending on the environment, individual biology, simply pointed to the necessity of observation. While many of us struggle with families who do not want us to video tape, the value of being able to objectively view the child, a treatment session or to aid in coaching cannot be overstated. The tapes presented were invaluable learning aids. More than once a presenter stated how often they had studied a video.

I learned a great deal about the value of reflective supervision. While my mental health colleagues are used to this, I must confess that the word "supervision" in my experience is not a term that I equate with personal or professional growth. However, the idea of being able to reflect and consult with a respected peer is exciting, albeit scary.

I came to understand the NDD types and they became more accessible for me during this conference. As I prepared for this summer's Institute, I



began to see my patient's growth or movement within the four types and then subtypes was in fact the better measure of progress than test scores. I find myself referring to them often as treatment plans and progress notes are written. More importantly I can refer to them when a problem presents.

Getting the opportunity to listen to Dr. Greenspan well, WOW!! What a privilege to have him share his thoughts and allow us to feel part of the process. Dr. Wieder and her wonderful staff tolerated the attendees with their usual

grace and kindness. Dr. Wieder has a wonderful way of making everyone feel valued and appreciated. We should all have her passion for the work and her patience to share her knowledge.

I left the conference more tired than I had been in a long time. Interestingly enough, the cafeteria and the bar were fairly easy to find in the maze that is the National Conference Center. My experience at the 2003 DIR Summer Institute was time and money well spent. It would be great to organize some regional follow-up to keep people connected.

## ***Education***

Monica Osgood

### *Celebrate the Children*

School to open November 2003

#### *The Unique Nature of the Program:*

The demand for intervention programs for children with relating and communicating disorders is growing rapidly. One reason is that more children are being diagnosed now than in previous years. The second reason is that, with more children receiving early intervention, there has been an increase in the number of these children entering regular school settings. As more of these children become integrated into the community, the ability for them to be independent takes priority. Parents and professionals need the tools to facilitate independent thinkers and problem solvers resulting in successful experiences for these children. Currently, there are not enough trained professionals or established programs offering these services to the children who need them.

It has been argued that children need cognitive skills, such as independent thinking, problem solving

and understanding of social relating, as a foundation to all other learning (Greenspan, 1997). The DSM-IV identifies these areas of deficit in children on the autistic spectrum and other disorders of relating and communicating. However, the lack of teaching in these areas is a weakness in some of the most popular interventions now being used with these children. Traditional approaches to intervention often focus on remediating disruptive behavior and the acquisition of academic skills. These programs accomplish change through teaching isolated skills. As such there seems to be little attention given to the development of social thinking skills. In contrast Celebrate the Children is a multi-disciplinary, developmental approach designed to meet the needs of the individual child by providing them with the foundations to be independent thinkers and problem solvers. The backbone of the program is the Developmental Individual Relationship-based (DIR) intervention created by Drs. Stanley Greenspan and Serena Wieder. However, structured social skills



training, behavior modification techniques, speech and language and academics are incorporated into the DIR model to maximize the child's success. Currently, parents and professionals are recognizing the limitations of traditional approaches and requests for DIR services is increasing at a rapid and steady pace. It is the goal of Celebrate the Children to expand the use of DIR through direct intervention services and the training of other professionals.

The new school will provide direct intervention with children as well as the continued training of other professionals and parents in DIR. The site itself will include classrooms for students 3 to 13 years old.

Celebrate the Children has been supporting children on the autism spectrum (PDD-NOS), MSDD (Multisystem Developmental Disorder), Regulatory Disorder, ODD, OCD, ADHD, Down's Syndrome, expressive language delay, and mild physical disabilities for twelve years. The goals we wish to achieve by our expansion include: 1) the provision of a comprehensive education to children who do not have appropriate programs in their home districts, 2) work with school districts and other professionals in the training, development and implementation of DIR programs, and 3) to conduct research that will further develop and support DIR methodology. Celebrate the Children is a unique program in that it is one of the first to implement the DIR model (the Greenspan-Wieder Developmental Individual Relationship-based therapy) in a comprehensive school program. We are at an important time in the history of education as many people, including public school districts, are recognizing the need for approaches for special needs children that look at overall development and target documented deficit areas such as abstract thinking, problem solving,

independence, self esteem, emotions, language, and social interactions in a natural and supportive setting. At this time the demand for this type of intervention is much greater than what educators are able to supply. Celebrate the Children alone must turn down requests for services on a daily basis due to the lack of space and professionals trained in this model. Therefore, it is crucial that we further develop the program to serve more children and provide training to professionals and parents.

*Program Description:*

On-site classrooms will provide a comprehensive education for their students that meet New Jersey core curriculum content standards. These classrooms will provide a supportive learning environment for students who are not ready to participate in their home district programs or their home districts do not yet offer a program that supports their needs. Although these classrooms will provide students with a comprehensive education, it is the mission of this service to create independent individuals and prepare students to return to their public schools and inclusive settings as soon as they're ready. The curriculum will incorporate all components of the Celebrate the Children program with a heavy focus on independence, abstract thinking and social skills preparing them for less restrictive environments. For a detailed description of existing Celebrate the Children classroom activities and instructional strategies see our website.

Parent and sibling training and support will include on-site DIR and behavioral training for parents, advocate services, facilitated play sessions with siblings, and support groups for both parents and siblings. The goal behind this service is to empower family members with an understanding of the



student's needs that will result in positive and meaningful relationships.

Research projects will include 'Developing Theory-of-mind in Children with Social Difficulties' (already in progress), 'The Efficacy of DIR programs in Educational Settings' (already in progress), etc.

*Additional services provided at/by the CTC Center in Netcong, NJ include:*

Training and consultation services to other private and public school districts is a service currently offered by Celebrate the Children. This service includes staff training, program set up, implementation and monitoring. Many parents, professionals and school districts are recognizing the benefits of the DIR approach and are eliciting training in the model. Some schools require services for individual students while others require assistance in developing comprehensive DIR programs. Celebrate the children will continue to consult to other schools to develop these programs and further support the growth of DIR in private and public school settings.

Early intervention for children 0-3 years old will include on-site assessment, DIR intervention and parent training. Home programming will also be offered to provide therapy to students and support other therapists and parents working with the students in the home. Parent training will be a priority within this division of the program. The philosophy of DIR supports the parent-child relationship from the first stages of life building a strong foundation for all areas of development. DIR intervention with the child will focus on facilitating the first stages of life including the child's ability to regulate themselves, connect with the

world and engage in relationships. Even in these early stages of life, these children will be encouraged to be initiators, thinkers and problem solvers. Therapists and consultants working in home programs will support behavioral and social development within the home environment and may include shadowing children to typical mainstream programs. This service aims to prepare students to successfully enter their preschool district programs as soon as they are ready and eligible.

After school programs offers social skills groups, peer and sibling play groups, music, art and sports clubs, and individual therapy(to support children in other programs) after school hours, holidays and weekends. All after school programs follow the Celebrate the Children curriculum. The goal of this service is to provide students with off-hours social opportunities to maximize their overall development.

Annual summer camps have been a popular aspect of the existing Celebrate the Children program for the past three years. Our camps are something we, the parents and students look forward to all year. We are the only camp in North New Jersey that provides all day social skills development to children with special needs. Many of the children who participate in our summer camp attend academic programs throughout the school year. As many of these children suffer significant social developmental deficits, the summer camp is a desperately needed service. Our goal is to help these children develop the cognitive and social skills needed to make them successful individuals in the community and with their peers. The proposed center will continue to offer summer camps yearly.



## PUBLICATIONS

### ICDL Training Videotapes on the DIR Model and Floor Time Techniques

This 13 tape series, nearly 20 hours in length, features Stanley I. Greenspan, M.D. and Serena Wieder, Ph.D. demonstrating the Developmental, Individual Difference, Relationship-Based (DIR) model and Floor Time strategies for different types of children and families with special needs. Included with the videotapes is a guide highlighting what to look for in each of the tapes.

**\$530 members, \$585 non-members.**

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### Clinical Practice Guidelines:

#### Redefining the Standards of Care for Infants, Children, and Families with Special Needs

For professional, parents and others concerned with improving the care of children with developmental and learning disorders. The Guidelines are available on our website, [www.icdl.com](http://www.icdl.com) and for purchase.

**\$35.50 members, \$42.50 non-members.**

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### The Functional Emotional Assessment Scale (FEAS)

#### For Infancy and Early Childhood: Clinical and Research Applications

By Stanley I. Greenspan, M.D., Georgia DeGangi, Ph.D., OTR & Serena Wieder, Ph.D.

A systematic in depth approach to assessing emotional functioning during infancy and early childhood. It enables clinicians, educators and caregivers to assess the child's functional, emotional, developmental level and create a treatment plan based on the child's individual profile and measure their progress. The FEAS not only delineates the emotional functioning of the infant and child but captures the richness of the interactions between the child and his or her caregivers.

**\$39.50 members, \$47.50 non-members.**

**Additional Protocol Booklets are \$8.00 each.**

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### For Parents by Parents

A resource guide for parents and professionals to aid parents as they search for assistance for their special needs children, written by The Parent Steering Committee of The Interdisciplinary Council on Developmental and Learning Disorders (ICDL). Information is presented in seven tabbed sections: Overview, Therapeutic Approaches, Biomedical Interventions, Sensory Processing, Educational Interventions, Law and Advocacy, and Glossary.

**\$19.00 members, \$22.00 non-members**

**Membership information and publication order forms are available at [www.icdl.com](http://www.icdl.com)**

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**All prices include shipping within the continental U.S. For shipments outside the continental U.S., contact ICDL for additional charges.**

### The Affect-Based Language Curriculum (ABLC): An Intensive

#### Program for Families, Therapists, and Teachers

By Stanley I. Greenspan, M.D. and Diane Lewis, M.A., CCC/SLP

An innovative approach to the development of language that integrates the affect-based model of human development, developed by Stanley I. Greenspan, M.D. (e.g. the Floor Time Model), with the development of receptive and expressive language, imitation, pragmatics, and engagement. The curriculum incorporates the principles of Systematic Instruction and Applied Floor Time as the primary teaching strategies. It also includes supplemental oral motor and augmentative communication techniques that support the development of language.

**\$42.00 members, \$47.00 non-members**

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### The Core Deficit in Autistic Spectrum Disorders

The 2002 special issue of the *Journal of Developmental and Learning Disorders*, with articles by Simon Baron-Cohen, Ph.D., Christopher Gillberg, M.D., Peter Tanguay, M.D., Nancy Minshew, Ph.D., Andrew Zimmerman, M.D., Barry Gordon, M.D. and Stanley I. Greenspan, M.D.

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### Early Indicators of Autistic Spectrum Disorders

#### and Related Challenges

The 2002 issue of the *Journal of Developmental and Learning Disorders*, with articles by T. Berry Brazelton, M.D., Joshua Sparrow, M.D., Philip Teitelbaum Ph.D., Stanley I. Greenspan, M.D., Stuart Shanker, D. Phil. And Lonnie Zeltzer, M.D.

You can read both issues of the Journal on the ICDL website, [www.icdl.com](http://www.icdl.com). Hard copies are available from ICDL.

**\$42.50 members, \$45.50 non-members**

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### The Psychology of Global Interdependency; A Framework for International Collaboration

By Stanley I. Greenspan, M.D. and Stuart Shanker, D.Phil.

An examination of the new psychological challenges created by our growing interdependency, with a series of practical suggestions that will enable groups to work together to preserve civilization and create a future of peace and cooperation.

**\$15 members, \$19 non-members**

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### Bipolar Patterns in Children: New Perspectives on Developmental Pathways and a Comprehensive Approach to Prevention and Treatment

By Stanley I. Greenspan, M.D. and Ira Glovinsky, Ph.D.

A developmental bio-psychosocial framework for the early identification, assessment, preventative intervention, and treatment of children with bipolar patterns.

**\$30.00 members, \$35.00 non-members.**



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