

## FLOORTIME

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## **Floortime: A 'Breakthrough' on Autism Treatment**

### **An Interview with Dr. Stanley Greenspan on the New "Floortime" Approach**

**Autism and the spectrum of disorders associated with it is now believed to affect one in every 166 children. It's one of the most common developmental disorders in the United States.**

*By Alison O'Leary Murray*

The sixfold increase in autism spectrum diagnoses over the past 12 years has parents and educators understandably worried: What's the best way to care for and educate children with this developmental and communication disorder, and what is the best we can expect for them during their adult years?

Enter Stanley Greenspan, M.D., a child psychiatrist with decades of experience, ranging from his leadership posts at the National Institute of Mental Health to his current position as clinical professor of psychiatry and pediatrics at George Washington University Medical School. A world-renowned expert in child development, Greenspan and clinical psychologist Serena Wieder, Ph.D., have created a new approach to treating autism, called "DIR Floortime" - the "DIR" standing for "developmental, individual differences, relationship-based approach." Their new book, *Engaging Autism: The Floortime Approach to Helping Children Relate, Communicate and Think* (DaCapo Lifelong Books), explains the therapy in detail and is due in bookstores soon after April 15.

Greenspan calls DIR Floortime a "breakthrough" approach. He claims that the therapy can actually prevent a child from becoming fully autistic. We recently spoke with Greenspan about his innovative techniques.

### **You've publicized the DIR Floortime approach as therapy that can prevent autism. Is that true?**

Yes, I believe we can prevent it. I believe we have done that in many cases. But we have to be careful. We say we can prevent a child from becoming fully autistic. We still have to do a definitive study and show that we can reduce the rates by using these approaches. But certainly, in every case we've worked with so far, we have helped the child to do better than they would have done; their autism is less severe.

### **How does this therapy work?**

Floortime focuses on foundation-building, rather than concrete tasks of the sort that are often used in therapies. We use the child's natural emotional interactions as an entry point into the child's world, rather than trying to get the child to do what we want.

The idea is to get a continuous flow of back-and-forth interaction going between the child and parent or therapist, using gestures, perhaps, or facial expressions. Therapists often pursue cognitive tasks such as matching shapes, but you need to move that from sensory to cognitive. They become wedded to the task rather than the process. It's subtle, but so pivotal.

[The therapy is] profound in the effect it has on children and their relationships with therapists and their parents, and the effect it has on their growth.

If you're trying to get a child to sort shapes and he gets up to go out the door, what can you do? If you stand in his way, he may point to show he wants to go out the door. That starts an exchange, a back-and-forth interaction. Soon, you teach him that he has to sort the shapes before he can go out the door, like a bus driver taking a fare. It profoundly changes everything therapists do with the child and how they teach.

**How long have you been developing the DIR Floortime approach?**

This started even before I began working with children with autism, about 30 years ago. At the National Institute of Mental Health, I studied babies and children, [including] some children with pre-autistic features, and developed an understanding of the foundations for healthy development, which became this theory and the framework of emotional and social development and how that can orchestrate all other development.

**Is DIR Floortime helpful for every child on the autism spectrum?**

Yes. We have been able to help all children. In one subgroup, we helped to such a degree that they became fully verbal, very bright, creative and empathetic. They did better than our wildest expectations. Others made more modest progress, but they still made progress. And for others, it made their symptoms less severe. We haven't encountered any children who haven't been helped to some degree; they've all improved considerably in relation to where their starting point was.

**Your book's discussion of Floortime as centered on the child's emotional development seems to create a big role for families in using this therapy.**

Yes. It makes families feel better because they can become more involved. There are a lot of other therapeutic approaches that only allow minimal involvement by the parents. There's a lot that parents can pick up on their own from this book, and our Web site [[www.floortime.org](http://www.floortime.org)], and training classes that are held every April in the Washington, D.C., area. Many parents write to me about the things they are doing differently with their children as a result of my books, and they tell me what effect it's had.

*Alison O'Leary Murray is an editor for United Parenting Publications.*

## Floortime--Building Play Partnerships

Source: [www.polyxo.com](http://www.polyxo.com)

[ by [Crisler Lovendahl, M.A., CCC-SLP](#) ]

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### Introduction

I developed this handout as an aid to parents and prospective Play Partners - who clearly needed an overview of the Greenspan model as they tackled the 438 pages plus appendices of *The Child with Special Needs* as well as its supporting body of literature and training materials. There is no substitute for the book itself - it is the authoritative reference in the authors' own words. Appendix A, photocopied with the permission of the authors, has been attached as a quick guide to Floor time techniques. However, the book does not contain a comparable handy conceptual reference to the developmental model that underlies "Floor time". Once again, these notes, with liberal excerpts, both quoted and paraphrased, are not a substitute for the primary texts, and the reader is encouraged to avail themselves of the originals, to attend workshops, and to view videotapes.

*Most of the following references are from [The Child with Special Needs](#); however, a few references are from other sources and are specified as such. Outside references are used to clarify concepts in *The Child with Special Needs*.*

The Child with Special Needs is divided into three parts: Part One: Discovering Each Child's Unique Strengths, Developmental Capacities, and Challenges; Part Two: Encouraging Emotional and Intellectual Growth; and Part Three: Family, Therapy, and School.

### **Part One: Discovering Each Child's Unique Strengths, Developmental Capacities, and Challenges**

*"During the past 20 years, [the authors] have created a developmental approach that engages a child at his current level of functioning, works with the unique features of his nervous system, and utilizes intensive interactive experiences to enable her to master new capacities." (p.1)*

#### **The Six Emotional Milestones**

Greenspan describes six emotional milestones or stages of development that form a developmental ladder. "Children achieve these milestones at different ages - there is wide variation even among children without challenges. What is important is not so much the age at which a child master each skill, but that each one is mastered, for each skill forms a foundation for the next" (p.89).

"Once a child has mastered all six milestones, he has critical basic tools for communication, thinking, and emotional coping. He has a positive sense of self. He is capable of warm and loving relationships. He is able to relate logically to the outside world. He can express in words a wide range of emotions (including love, happiness, anger, frustration, fear, anxiety, jealousy, and others) and is able to recover from strong emotions without losing control. He can use his imagination to create new ideas. He is flexible in his dealings with people and situations, able to tolerate changes and even some disappointments and bounce back. Obviously not all children do all these things equally well, but a child who has mastered the milestones will have important foundations for loving and learning" (pp.89-90).

#### ***Milestone 1: Self-regulation and Interest in the World***

*"The dual ability to take an interest in the sights, sounds, and sensations of the world and to calm oneself down" (p.3)*

"The dual ability... to take in [the] sensory panorama...of light and sound, movement and touch, taste and smell...while regulating his response and remaining calm. All of this information is exciting and stimulating, but at the same time he has to learn not to be overwhelmed. This ability to self-regulate enables us to take in and respond to the world around us" (pp.3,72).

Some children fail to master this skill because sensory stimulation is overwhelming so they either become irritable or shutdown. Other children [seem] "to take little interest in the world...his muscles are a little on the loose side or his attention wanders" (Essential Partnership, p.8).

#### ***Milestone 2: Intimacy***

*"The ability to engage in relationships with other people" (p.3)*

"Along with interest in the world comes a special love for the world of human relationships ... [Mastery of this milestone indicates that the child knows] warmth and love are possible [and] that relationships with people can be joyful ... This ability to be intimate allows us to form warm and trusting relationships with people that grow throughout our lives" (pp.3, 74).

"[Some children fail to master this skill because] processing difficulties have made ... contact ... confusing, scary, or painful" (p.75). Children who have difficulty sometimes are more mutually engaged with adults who adjust their communication according to the cues the child gives. Peer relationships are often more difficult because other children are less successful in reading affect cues and adjusting their social register.

### ***Milestone 3: Two-way Communication***

*"The ability to engage in two-way communication"* (p.3)

As a child enjoys intimacy in a safe and calm manner, an "interesting thing happens. He realizes he can have an impact on [others]... The [child] expresses a feeling or intention, and his [partner] responds. This is the beginning of communication; the [child] and his [partners] are having a dialogue. [In these early efforts], we learn to communicate with our gestures and understand the intentions and communications of others" (pp. 3, 76)

Greenspan calls these dialogues "opening and closing circles of communication". "When a child reaches out -- with a look, for example -- he opens the circle. When his partner responds -- by looking back -- he builds on the child's action. When the child in turn responds to the parent - by smiling, vocalizing, reaching, or even turning away - he is closing the circle" (p.76-77).

Children who do not master these skills may seem hard to engage. They may seem to be oblivious to others or they may stand by as an onlooker as if they would like to be involved. They need help facilitating interaction and taking initiative. Once again, difficulty with sensory processing may result in difficulty reading the cues of others or misinterpreting them making two-way communication difficult.

### ***Milestone 4: Complex Communication***

*"the ability to create complex gestures, to string together a series of actions into an elaborate and deliberate problem-solving sequence"*(p.3).

"Once a child has mastered the basics of two-way communication, the number of circles she can open and close grows rapidly. And with their number, so grows their complexity...For the first time the child has a vocabulary for expressing her wishes" (p.78).

Once a child has mastered the basic skills of remaining calm and organized, enjoying intimacy, and two-way communication, it would seem this milestone would be a natural. But to learn "to convey [one's] wishes and intentions, [one] must first organize behavior into logical sequences and [also] must learn to read the sequenced behavior of others" (p.79). However, for children with sensory processing difficulty, motor-planning and logical thought, as well as reading the behavior of others, may not come naturally. Auditory processing difficulties may make it hard to interpret sounds and words may be lost on the child. As the complexity of two-way communication increases, it may become overwhelming and a confusing intrusion. The child may feel defensive and be irritable or retreat (p.80).

### ***Milestone 5: Emotional Ideas***

*"the ability to create ideas"* (p.4).

"The child's ability to form ideas develops first in play. The child uses toys to weave stories, and through these stories he experiments with the range of intentions and wishes that he feels. Baby dolls are fed by Mommy dolls. People inside a house are threatened by giant bears. Cars crash into other cars.

"Along with this idea-laden play comes expanded use of words...He adds dialogues to his play. Later, with help from his parents, he puts names to his range of intentions, wishes, and feelings...["I want juice!"].

"Through idea-laden play and expanding use of words the child is learning that symbols stand for things...Each symbol is an idea, an abstraction of the concrete thing, activity, or emotion with which the child is concerned. As he experiments more and more with pretend play and words, he becomes increasingly fluent in the world of ideas...With this new ability to manipulate a world of symbols, he has made the leap to a much higher level of communication and awareness" (pp.82-83)

A child who is still fragile in mastery of previous milestones, may fail to achieve this milestone without help. He may need more time to respond before adults supply the answer. He may need more room to initiate play with peers. Engagement, interest, and state of arousal/organization may need to be ideal in order for the child to begin directing the play and offering ideas. They adult may need to optimize the environment so exchanges remain warm, intimate, and pleasurable for the child. Ironically, it is through opening up to the world of emotional ideas, that skills at intimacy and communication are strengthened.

### ***Milestone 6: Emotional Thinking***

*"The ability to build bridges between ideas to make them reality-based and logical" (p.4).*

"In the previous stage, the child's expressions of emotion are like little unconnected islands. Play moves from a happy, nurturing tea party to an angry crashing of cars to a monster threatening to tear down a house all within a few minutes, as the child uses whatever caught her eye to play out emotional themes. In this sixth stage, the child builds bridges between those islands. Ideas are linked together into logical sequences and play, and imagination is also more logically connected. Whereas in stage 5 a child might dress up a doll, then, seeing a crayon, scribble, then, seeing a drum, pretend to be a drummer, a child at the stage of emotional thinking connects the pieces together. For example, she might have the drummer play for the dressed-up little girl and use the crayon to make invitations for the performance; or, the doll might have a tea party, call friends to invite them, prepare refreshments, set the table, and determine the seating pattern.

"At this stage the child is able to express a wide range of emotions in her play, and through experimentation she begins to recognize more and more what makes "me." She can even predict some of her feelings, and she begins to see that her feelings and behavior have an impact on others. She strings ideas into logical, original thoughts: ' am mad because you took my toy."

"She also begins to understand emerging concepts of space and time in a personal, emotional way ... The ability to conceptualize space and time and to link actions and feelings enables the child to develop a sense of self that has logical bridges between different perceptions, ideas, and emotions. She is also able to connect ideas in terms of spatial and verbal problem solving; instead of seeing separate block towers as isolated structures, she can link them together to make a big house. She can answer what, when, and why questions, enjoy debates, logically articulate an opinion, and begin the long journey to higher and higher levels of abstract thinking. Both verbal and spatial problem-solving abilities rest on emotional problem-solving skills. As with the earlier stages, emotional interactions create the thinking strategies that are then applied to the more impersonal world.

"During this stage the child becomes more fully verbal. She still resorts to gestures to express her feelings -- especially negative feelings such as anger and aggression - but she is now comfortable in the realm of words and understands that ideas and feelings can be communicated verbally.

At first we see children master islands of emotional thinking. Over time these islands coalesce into continents and the child's view becomes more cohesive, integrating more experiences into a sense of self and problem-solving ability. Higher levels of thinking build on this foundation" (pp.86-87).

*"Three aspects of the child's world come together to influence how well he masters these functional emotional milestones. The first is the child's biology, the neurological potential or challenges that enhance or impede his functioning. The second is the child's own interaction patterns with his parents, teachers, grandparents, and others. The third is the patterns of the family, the culture, and the larger environment" (p.4).*

In Greenspan's model, the therapy program strengthens all three areas.

## **Biological Challenges**

"Children with special needs have a variety of biological challenges that impede their ability to function in the world. Although there are many ways to describe these biological challenges, for the purpose of considering how they influence development it is useful to divide them into three types.

1. **Difficulty with sensory reactivity.** The child may have difficulty with modulating information received from the world through his senses of vision, hearing, touch, smell, taste, and body awareness ( i.e., the child may be under- or overreactive).
2. **Processing difficulty.** The child may have difficulty making sense of the sensory data she receives.
3. **Difficulty creating and sequencing or planning responses.** The child may have trouble making his body move the way he wants.

Each type of challenge makes it difficult for the child to relate to and communicate with his parents, caregivers, teachers, and peers and thus impedes his ability to learn, to respond, and to grow. Therefore, to help a child progress, we must understand how he functions in each of these areas. Once we have pinpointed his specific challenges, we can begin to design treatment programs to ameliorate them. Even more important, we can help parents, teachers, and professionals learn how to work around these challenges to help the child learn, relate, and grow" (pp.4-5).

## ***Sensory Reactivity***

"We rarely stop to think about how vitally important the five senses are in terms of giving us information about the world. Without the ability to see, hear, touch, smell, and taste we would live in total isolation, unable not only to sense, but also to think, for we would lack any experience with which to develop ideas. In addition to these five common senses, there are the body senses: the vestibular system, which is sensitive to gravity and movement and influences muscle tone, balance, and arousal; and the proprioceptive system, which provides awareness of movement and the position of the body in space and influences motor control and body schema. These systems govern our ability to feel sure of our own body in space, to sense where "I" stops and the world begins. These systems enable us to feel balanced and safe as we move, sit, and stand, to let other people get close, and to protect ourselves if we feel endangered. In addition, our affects or emotions also function as a way to sense what is going on around us ...

"Within each of these senses, people can be under- or overreactive depending on their sensory threshold (the point at which the combined sensory input activates the central nervous system and we see a response). People who are underreactive don't respond to small or even moderate amounts of stimulation in the area of their sensitivity; people who are overreactive find small or moderate amounts of stimulation overloading or irritating...Children will often compensate for their under- or overreactivity. A child who is overreactive to certain stimuli may try to avoid those sensations, whereas a child who is underreactive may seek them out" (pp.35-36).

*Children whose senses function fully read and interpret billions of tiny sensory cues as they master the skills of human interaction. But children with sensory impairments may miss or misperceive these critical bits of information as they learn to interact with the world. Learning to pay attention, learning to engage with others, and learning to communicate may all be affected" (p.37).*

### ***Sensory Processing***

"Our senses enable us to 'take in' information from the world, but it is our processing system that enables us to make sense of what we receive ... [Examples include]:

- ... bits of light are translated into colors, pictures, faces, and other understandable images;
- ... sounds waves are translated into words, music, sirens, and other meaningful sounds;
- ... stimulation of the nerve endings in our skin is translated into gentle caresses, bear hugs, and other meaningful types of contact;
- ... the compression of our joints, the feel of the floor beneath our feet, and the sensation of air against our skin translate into an awareness of where our body is in space ...

"*Sensory processing* is the earliest form of processing that takes place in the brain...A second kind of processing [is] cognitive processing -- the ability to see patterns and create connections between things ... As children grow, their cognitive-processing skills become much more elaborate. Ideas form, and by the age of four or five most children are able to manipulate abstract ideas, that is, they are able to think about things that are not right in front of them. They can remember the past and imagine the future; they can link two or more abstract ideas together; they can use language to put their ideas into words" (p.37-38).

Some common processing problems include: auditory and visual processing problems. Greenspan describes "a child with a severe auditory-processing problem, [as hearing but not understanding] most of what is said to him...experience[ing the world as] a hostile place, filled with sounds that make demands on him but to which he can't respond. He may come to feel shut out from the world of people, or, worse, people may seem frightening, always yelling because he is so often angering and disappointing them. Gradually he may draw more and more into himself and into the world of silent, inanimate objects. Here at least he can feel safe and secure" (p.42).

Likewise, a child with "**visual processing problems**" experiences difficulty but "may exhibit a very different type of behavior. Because visual information helps us form mental images of things it is an important component of a child's ability to organize behavior and see the big picture. Without this ability a child may be easily distracted or get lost in details. Her capacity for problem solving and abstract thinking may be affected. The ability to visualize may also help children calm themselves...As a result, this child may be excessively demanding, and later in life may become depressed when confronting strong feelings and conflict because she loses the inner image associated with being loved and can't easily reconstruct it" (p.42).

"It is also possible to have trouble processing at more cognitive levels. Children with **cognitive-processing impairments** may have difficulty in the realm of ideas. They may have trouble forming abstract ideas (visualizing things that are not right in front of them) or making connections between ideas (understanding when two or more abstract ideas are related). They may have difficulty learning language because language requires abstract thinking, using words to stand for things" (p.42).

"... A third, equally important, type of processing [is] **affective, or emotional, processing** ... [This] refers to our ability to interpret the emotional signals we receive from others -- the ability to know, when we see a smile, that a person is friendly or to determine, when we hear a loud cry, whether it is a cry of warning or of distress...(p.37-38). ... The child who has affective-processing difficulties faces challenges reading other people's emotional signals. He might cower in the classroom when the teacher talks loudly, believing that the teacher is angry and about to punish

him. Or he might misread another child's helpful offer to push the swing as a hostile gesture...From hugs to back pats, smiles to frowns, laughs to cries, the child may feel besieged by sensations that he doesn't understand. And when he responds [it's] often in unexpected ways ... Trapped in this escalating dialogue, the child can easily feel out of control and may react with tantrums, inappropriate body movements, or flight" (p.43).

"... One reason children with disabilities have trouble with cognitive and emotional processing is that both types of processing rely on sensory input, and in children with disabilities the sensory input may be especially confusing. On the way in, the sensory signal may go unheeded, may be overwhelming, or may be without form or a recognizable pattern" (pp.37-38).

"Children who have difficulty processing sensory information can't manage the sensory teamwork that is required for higher-level cognition. They may misread signals, mistaking a smile for a grimace or a gentle pat for an aggressive swat. Or they may have difficulty combining the many signals they take in into a useful pattern ... Children with sensory-processing difficulties are unable to integrate incoming emotional data and interpret it from multiple points of view. Emotional processing can be greatly skewed by over- or underreactivity...Sensory reactivity or processing difficulties can cause a child to misinterpret emotional information from those around him, resulting in inappropriate -- sometimes extreme -- emotional reactions" (p.39-41).

### ***The Motor System***

*"The sensory system enable us to take in information from the world; the processing aspect of that system enables us to interpret that information. The motor system is what enables us to respond"* (p.40)

Our ability to formulate a motor response depends on a number of factors including: **muscle tone, motor planning and sequencing.**

*"Muscle tone* refers to the ability of our muscles to support our bodies without effort. Children with low tone, whose muscles are very loose, have to put great effort into holding their heads up and walking [or talking or eating]" (p.40).

*"Motor planning* refers to the ability of a person to plan and execute a series of movements ... A person will be able to figure out what action is needed and execute it ... Problems with motor planning can make even the simplest tasks difficult. Acknowledging Daddy when he leans over the crib means turning to face him, making eye contact, and responding with gestures or a smile -- sequencing numerous motions together ... Any activity that requires sequencing actions or behaviors presents similar challenges. Hence eating, exploring toys, playing games, and interacting socially are made more difficult for children with motor-planning or sequencing challenges. Later in life, complex social sequences -- greeting new people, engaging in give-and-take behaviors such as two-way conversations, sports -- require skills in motor planning and sequencing. Even our ability to sequence ideas into a logical flow may be related in part to this ability" (p.40-41).

### **The Child's Interaction Pattern**

"A child's biological challenges influence his interactions with others. A child who is underreactive to sound is unlikely to turn toward his mother's wooing voice. A child who is overreactive to touch may shrink, even shriek, when her father tries to hug her [or guide her]. If a child continually withdraws from the mother...the mother may feel confused and believe he prefers to be left alone ... The mother may decrease the degree to which she tries to woo the child into loving interaction ... It's easy to understand how these reactions can influence a child's development" (p.5).

## Family and Social Patterns

"All parents [teachers, siblings, friends] bring certain tendencies with them to [interaction] ... Some of us are naturally demonstrative and "touchy"; others are more reserved. Some of us are born talkers; others are naturally quiet ... These tendencies...can make it easier or harder for our children to master the emotional milestones" (p.5).

## Part Two: Encouraging Emotional and Intellectual Growth

*"As we have worked with many different types of children, from the time they were babies until they were eight, nine, or ten years old, we have evolved a developmental model for working with children ...*

*"This approach focuses on helping each child climb the developmental ladder; specifically, it works to help each child master the six fundamental developmental skills that underlie all our intelligence and interactions with the world. The achievement of each of these skills represents a new level, or milestone, of development" (p2-3).*

*"Children without special needs often master these skills relatively easily. Children with challenges often don't, not necessarily because they can't, but because their biological challenges make mastery more difficult" (p.3).*

## Typical Development

*From First Feelings: Milestones in the Emotional Development of Your Baby and Child):*

Requirements [to achieve milestones]:

0-3 Months

Protection, comfort, and interesting sights and sounds to *feel regulated and interested in the world;*

3-7 Months

Wooing and loving overtures to *fall in love;*

4-10 Months

Sensitive, empathetic reading of cues to foster *purposeful communication;*

9-18 Months

Admiring, organized, intentional interactions to foster *a complex sense of self;*

18-30 Months

Pretend play and functional use of language to foster *emotional ideas;*

30-48 Months

Effective limits and use of logic in pretend play and language to foster *emotional thinking.*

## Children's Emotional Goals

From *The Essential Partnership* (p.4):

"Four-year-old children should be capable of:

1. Forming healthy, warm, and trusting relationships with others - peers as well as adults.
2. Experiencing self-esteem, feeling good about themselves and what they do.
3. Using good impulse and behavioral control.
4. Exhibiting a rich, emotional imagination and using words to express needs and feelings.
5. Separating make-believe from reality and beginning to adjust to reality's demands.
6. Beginning to deal with loss and beginning to show empathy and concern for others.

7. Concentrating, focusing, and planning as a basis for learning in both informal and formal educational settings."

## **The Floortime Approach**

### ***What is Floor Time?***

"Floor time is a special play time that you set aside for the child. During this period, play is a spontaneous, unstructured activity when you get down on the floor with the child and try to follow his/her lead. Your initial goal is to tune in to whatever motivates or is of interest to the child ... This time allows you to reaffirm a rhythm and sense of connectedness and enables you to elaborate growing empathy and shared meanings" (Essential Partnership, p.19).

"Floor time [is] a systematic way of working with a child to help him climb the developmental ladder ... By working intensively with parents and therapists, the child can climb the ladder of milestones, one rung at a time, to begin to acquire the skills he is missing ... [During floor time, children at first learn] the pleasure of engaging with others and the satisfaction of taking initiative, making wishes and needs known, and getting responses. [Floor time then creates opportunities for children] to have long dialogues, first without words and later with them, and eventually to imagine and think" (p.121).

"Floor time is like ordinary interaction and play in that it is spontaneous and fun. It is unlike ordinary play in that you have a developmental role. That role is to be your child's very active play partner. Your job is to *follow your child's lead and play at whatever captures her interest*, but to do it in a way that *encourages your child to interact with you* ... Your role is to be a constructive helper and, when necessary, provocateur by doing whatever it takes to turn her activity into a two-person interaction" (p.123-124).

"Floor time can be implemented, both as a procedure and as a philosophy, at home, in school, and as a part of a child's different therapies" (p.121).

### **The Nuts and Bolts of Floortime**

*"First we describe floor times as an intensive, one-on-one experience; then we discuss the overall therapeutic team and educational approach"* (p.121-122).

"Floor time is ... a 20-30 minute period when you get down on the floor with your child and interact and play ... By interacting with your child in ways that capitalize on his emotions -- by following his interest and motivations -- you can help him climb the developmental ladder. You can help him want to learn how to attend to you; you can help him want to learn how to engage in a dialogue; you can inspire him to take initiative, to learn about causality and logic, to act to solve problems ... and move into the world of ideas ... In helping him link his emotions to his behavior and his words in a purposeful way, instead of learning by rote, you enable your child to relate to you and the world more meaningfully, spontaneously, flexibly, and warmly. He gains a firmer foundation for advanced cognitive skills" (p.122-123).

"Children with special needs require a tremendous amount of practice in linking their intent or emotions to their behavior and then to their words ... Floor time is your child's practice time. Each time you get down on the floor and interact -- spontaneously, joyfully, following your child's interests and motivations -- you help him build that link between emotion and behavior, and eventually words, and in doing so move forward on his journey up the developmental ladder" (p.123).

"Following a child's lead means building on the child's natural inclinations and interests. **It does not necessarily mean going along with what a child wants to do** [my emphasis]. Many parents and professionals frequently follow a child's lead passively, without generating a lot of opening and closing of circles. Active following of a child's lead means building on what the child does in a way that literally compels the child to want to open and close more circles of communication ... Initially this won't be easy ... You may have to be playfully obstructive -- literally get in your child's way -- to create an interaction ... Once that happens you can work on extending your interactions, prodding him through play to close multiple circles of communication. As his joy in engaging, emotional expressions, and gestural communication grows, you can introduce the world of ideas. By putting a puppet on your hand or a doll in the car he is rolling, you can woo your child into complex imitation and pretend play; by being a character in his dramas, you can continue to foster interaction while introducing words. As his dramas become more complex and his language ability grows, you can help him begin to verbalize his feelings rather than act them out. You can encourage him to close verbal circles, just as he closed gestural ones. In this way, you may gradually entice him into the world of ideas and logical thinking" (p.124).

### **How Often?**

"Children with special needs often need many sessions of floor time a day. Many family members, as well as friends, other caregivers, or students, can be a part of your floor-time team ... For many children, especially for those with severe challenges, in addition to a floor-time philosophy during all waking hours, six to ten 20-30 minute floor-time sessions a day is optimal. One to two sessions a day is often not enough" (p.129).

### **Four Goals (p. 125-126)**

#### **Goal 1:**

**Encouraging attention and intimacy.** Beginning with the ability to feel calm, focused, and intimate ... Maintaining mutual attention and engagement. Your goal is to help your child tune in to you and enjoy your presence. (This goal contributes to milestones 1 and 2.)

#### **Goal 2:**

**Two-way communication.** Next you will help your child learn to open and close circles of communication, at first with subtle facial expressions and a gleam in the eye, a dialogue without words ... Your task is to encourage a dialogue, to help your child use his affects or emotions, hands, face, and body to communicate wishes, needs, and intentions. Over time, you try to help your child open and close many circles of communication in a complex, problem-solving dialogue. (This achievement correlates with milestones 3 and 4).

#### **Goal 3:**

**Encouraging the expression and use of feelings and ideas** ... Your goal is to encourage dramas and make-believe, through which your child can express her needs, wishes, and feelings, and gradually to help her express these in words. (This goal corresponds with milestone 5.)

#### **Goal 4:**

**Logical thought.** Finally, you can help your child link his ideas and feelings to come to a logical understanding of the world. Your goal is to encourage him to connect his thoughts in logical ways. (This ability corresponds to milestone 6.)"

Chapters 9, 10, 11, and 12 are entitled:

Floor Time I: Attention, Engagement, and Intimacy. Helping a Child Become Interested in the World and Connect with People

Floor Time II: Two-Way Communication. Helping a Child Communicate with Gestures and Expressions

Floor Time III: Feelings and Ideas. Helping a Child Develop and Express Feelings and Ideas

## Floor Time IV: Logical Thinking. Helping a Child Connect Ideas and Develop a Logical Understanding of the World

*These chapters "show the developmental approach in action ... describ[ing] how floor time is used to create experiences for the child at each level of development that optimize his strengths and work around and improve his areas of challenge" (p.14). The "vivid case histories" that are included are inspiring.*

### **Part Three: Family, Therapy, and School**

"In Part 3 we describe how the individual-difference model can be used to organize the efforts of the child's intervention team, as well as of the child's school, and we discuss challenges to the family that commonly surface when a child has special needs" (p.14-15).

### **Chapter 19: School and Other Children**

"Today there are more opportunities for inclusion of children with special needs in general-education classes ... An appropriate educational program will have the following features.

- A developmental and individual-difference approach or philosophy that encourages a developmental progression in each child, beginning with mutual attention, engagement, and interactive reciprocity ...
- An approach that incorporates the general principles of floor time ...
- Teachers who know how to facilitate relationships with children [between peers and] with children with significant delays ...
- Teachers who are sensitive to each child's individual [biological] differences and who respect each child's strategies for calming himself down ...
- Small groups led by adults ...
- An environment that provides or permits aides to work one-on-one with the children ...
- A policy that encourages parental involvement ...
- Openness to parents' suggestions ..
- An inclusion setting, mixing children with and without special needs..." (pp. 406-408).

### **Floortime in the Classroom**

*"The most critical point to emphasize ... is the importance of spontaneous rather than rote learning. At every step ... teachers should be interacting with your child, opening and closing circles of communication ... learning should be tied to real, interactive experiences -- real objects, real activities, pretend play -- not to pictures or flash cards ..."(p.409)*

*"Mini-learning environments inherently promote hands-on, spontaneous learning. Each environment should include a range of toys and learning materials that children and teachers can explore together, at a variety of levels, to practice developmental, cognitive, social, language, and motor skills ... The classroom should be a miniworld that invites curiosity and exploration in small steps. Shelves should be open and full of materials to prompt exploration and initiative". (p.412)*

## Setting Up the Classroom

Suggested areas include:

the pretend corner

dolls, dress-up clothes, hats, and props (p.412)

a math area

big and little objects, fast- and slow-moving items, light and heavy objects and scales for comparing them, containers holding a lot and containers holding a little, and other materials that have to do with size, quantity, and sequence (p.413)

a spatial concept area

objects to climb on, over, and under, places to hide inside, tall and short structures, balance beams of different sizes, boards with cut-out spaces to navigate, and other materials to help children explore space with their bodies (p.413)

a listening and reading corner

listen to sounds and match them to objects, sound and alphabet blocks (recognizing letters, then stringing them together to make words), small toys with names that are easy to spell (p.413)

sensory, music, and art area

materials to smell, touch, listen to, and see; rough, smooth, hot, cold, squoshy, firm, noisy, and quiet items; water, ice, and sand tables; large boxes of beans and corn with hidden objects, arts and crafts center with glue, paint, yarn, textured treasures; drums, keyboards, instruments to blow (p.413)

oral-motor area

an area near the sink with musical instruments, party-favor blowers, bubbles, vibrating toys, and foods with different textures (p.413)

motor planning, gross motor, and vestibular (balance) functioning

mini-obstacle courses; swings, mattresses, trampolines (p.413)

## Helping Your Child Play with Another Child

1. *Use floor-time principles to follow the children's lead, looking for opportunities to encourage interaction, between the two.*

Comment on what they are doing, joining in whenever you can. As soon as you see an opportunity, try to bring one child into the game of the other. For example, if your child is playing with toys cars, hand the other child one of the cars. If this doesn't get an interaction going, try to draw your child into the activity of the other child. Eventually they'll find a way to play together, even if only for two or three circles of communication. From these you can gradually build more.

2. *Use your voice to help each child pay attention to what the other child is doing.*

Say things like, "Look! Did you see that? Wow!" The more drama you put into your voice, the easier it will be for both children to attend. And don't limit yourself to positive emotions; include negative emotions, too, such as anger, frustration, and jealousy.

3. *Get both children involved in problem solving.*

Plead, play dumb, exaggerate, or do whatever is necessary to make your voice compelling enough to draw both children into the problem-solving activity. "Oh no! The car is missing a wheel! What should we do?" "Help! Help! The door to the house is stuck! The soldier is locked in! How can we help him?"

4. *Help both children become aware of each other's feelings.*

Put a lot of drama into your voice and gestures, don't be afraid to shed pretend tears or make angry or jealous faces, and always use the name of the child you're describing. "Oh, poor Seth! He looks so sad!" Or, making an angry face and gesture, "Wow, Jason looks really mad right now!" Your child may be surprised at first, since he's not used to noticing other children's feelings. But if you do this regularly, he will become more comfortable and turned in to his friends' emotions.

5. *Help the children engage with each other.*

The children may tend to do parallel play at first - playing side by side but not interacting. Try to draw them into interactive play by calling each one's attention to what the other is doing ...

6. *Try to hold each child's attention for as long as possible in order to delay her moving away.*

If you sense one of the children is getting ready to leave, create some suspense or excitement to try to lure her to stay...If those efforts fail, try asking, "Why are you leaving - what's the hurry?" Or, "Is Maria yelling too much? Does it hurt your ears?" Or, "Was that a scary idea?" ...

7. *Help both children understand the other's behavior by translating that behavior into simple words.*

Both children may become confused at times by the other's behavior. You can help them by explaining what the other child is doing. "Sarah screams when she hears someone cry; it hurts her ears." "David looks mad. He's throwing the tea set down so no one will have tea." "Uh-oh! Mary is stuck. She doesn't know what to do next."

8. *Help the children interact by using shared interests ...*

9. *Help the children stick with their play by helping them bypass tangential ideas.*

Once the children have a play theme going (for example, taking a family of dolls to the park), take on a role yourself in order to help them keep it going. If another theme surfaces (an alligator comes by who has escaped from the zoo), either ignore it and return to the original theme ("When are we going to get to the park?") or incorporate the new theme into the original ("Let's take the alligator with us to the park!").

10. *Help each child notice the feelings and actions of the other by reiterating what each one said or did.*

Children often miss the actions or reactions of other children because those actions may be quiet or subtle. To help them notice, point out what each child has done or said. You might even ask the child to repeat what he just said or did ("Evan, did you really say that?").

11. *Help the children share symbolic ideas.*

Encourage playing around themes that you know both children can handle symbolically (perhaps you've already played pirate or doctor with each of them). If you remind them of these experiences, then they can elaborate on them together ...

12. *Pick up on highly emotional themes (such as separation, fears, body damage, and aggression), and help the children play these issues out symbolically.*

These highly emotional themes are shared by all children because they are part of a developmental progression. As children grapple with them, they define their sense of self and reality. Symbolic play that addresses these issues will be of great interest to the children. They may react actively or anxiously (by becoming overreactive, or passive and avoidant).

13. *Identify each child's coping strategies and solutions, and offer symbolic solutions to difficult situations.*

Perhaps you notice that every time pirates approach looking for gold, one child falls asleep. You might say, "Jesse goes to sleep every time the pirates come. Jesse, if you go to sleep now you won't be scared. But maybe you'd also like to use a magic sword?"

14. *Help the children resolve conflicts together ...*

... Explain that it is important for each child to understand how the other one feels, then help them come to a solution to the problem.

15. *Create opportunities for the children to work together.*

For example, if you are the bad doggy that is trying to mess up their house, they might need to build barriers together to keep you out. Or they might have to tickle you to see if they can make you laugh.

### **Hierarchy of [School] Goals**

- Rapid, back-and-forth affect-gestural interactions;
- Complex, multiple circles of communication, social problem solving, initially involving simple motor or gestural sequences, but then advancing to two- and three- step motor and gestural problem solving;
- Spontaneous, self-generated, interactive pretend play and imagination, beginning with simple sequences such as kidding a doll or putting a doll in the car for a ride and moving to more complex pretend, such as good guys fighting bad guys; and
- Generating ideas from desire or emotion as opposed to repeating ideas (from simple ideas, such as asking for juice when ...thirsty, to complex ideas, such as making up a word to get someone to laugh as he hams it up with big smiles at his first joke)

### **Ready for Floortime, What Do I Do?**

From *The Essential Partnership*:

"Floor time is not always easy, [your] goal is to become a good and active play partner. If you watch parents, teachers, or even child psychiatrists try to become play partners, we all fall into the same pitfalls. Some of get too passive and just watch the child. Our thoughts drift as she gets involved in a theme that is not very compelling to us ... The child needs your emotional presence ...

"Others of us get overly controlling and bossy. We are all energized, wanting to make the most of the time taken out of our busy schedule. We start asking questions about the child's play and helping to direct the action, stepping up the pace whenever possible" (p.20)

1. Be a play *partner* ... not overly controlling or overly passive. Follow your child's lead and join in. Be careful not to ask too many questions or to direct the action. Also, do not step up the pace. (p.20)
2. You may want to *describe* what the child is communicating, especially *on an emotional level*. Curiosity, assertiveness, closeness, dependency, the human body, separation, rejection, learning about the world are themes that commonly characterize children's pretend play and verbal communications. (p.20-21)
3. Help your child *actively use his/her imagination*. Wonder out loud what the dog is going to do next or what you will find behind the tree. (p.21)
4. *Transform the one-way activity into a two-way one*. Pretty soon, she/he may be telling you stories, asking the questions, or arranging the blocks into cities. (p.21)
5. Just being there is worthwhile as dramatic play. Your gestures - pointing, smiling, frowning, and vocalizing ideas - all add an interactive component and complexity and depth to the play. When your child becomes repetitive, he needs more, not less, floor time and more, not less, patience. (p.21)
6. The children are the coaches; you are an active partner, always trying to *expand the activity further* than they would on their own but without taking charge. (p.21)
7. Express *empathy for emotional themes*. If the child is expressing a theme of anger and aggression, you don't interfere by saying "Why is he so mad? Why doesn't he behave nicely?" Instead you say, "Gee, he really wants to bomb those bad guys. He's going to destroy them in a hundred different ways. He must have a good reason for that." You acknowledge the range of anger and the fact that there must be a good reason. Your empathy will enable your child to feel you are on his side rather than a proponent of your own agenda. (Your acknowledgment does not imply approval. Recognizing a child's "pretend" agenda will strengthen your ability to set relevant limits on his aggressive behavior at a later point in time.) (p.21-22)
8. Foster your child's ability to *express a range of emotions, a balance of feelings*. Alongside your acknowledgment of "negative" feelings may come your child's introduction of the opposite theme. Dependency, love, and concern will spontaneously emerge alongside aggression. (p.22) Help your child explore the reasons for his/the teddy bear's feelings, e.g., "you must have good reasons for being so mad" (p. 23).
9. Contribute to a sense of *mutual pleasure*. Be animated, silly, involved, joyous, as well as explore aggression in an imaginative way. Share his smile or pout. Human relationships can be characterized by a quality of connectedness that allows for a great range of feeling and exploration. (p.22)
10. Help your child *elaborate on the theme of his play*. For example, your child may explain that "the bear is mad." In response, you might ask, "very mad?" ... ("Yes.") and then follow with "What does he want to do?" ("Put you in the ocean and make sure the pieces never come back together again.") then comment "Sounds like a big anger." ("It is.") (p.22)
11. Help your child *amplify each side of a theme that involves conflict*. Explore the ways both sides behave and feel. For example, if the play theme is "the cat hates the dog, but the dog insists on playing with the cat," it may relate to a child's insistence on playing with the one person in his class who is mean and rejecting. You can learn about the 100 ways the cat shows his hate for the dog, and discuss how the dog must play with anyone he wants to irrespective of the cat's feelings. (p.23)
12. You want to respond to your child's overall emotional tone. So, part of your role is to make *comments that help you understand the play more and help the child elaborate more*. You could say, "Oh! What will the pig do when the hurricane comes? How does he feel?" Or better yet, you could just comment on his drama, "Oh, the pig sees the hurricane coming." These are questions or comments that may help the child elaborate his feelings and add one more piece to his play. You are expanding his drama just a little, by summarizing the action and by empathizing with the child's interest. (p.28).

From [The Child with Special Needs](#)

- Join the Object/Games/Activity of the Child's Attention (p.141-143)
- Don't Entertain - Interact (p.144)
- Enjoy the Moment (p.144)
- Work from the Bottom Up. Return to the sensory profile and make interaction offer pleasure. (p.145)

- You Can't Force Closeness (p.146)
- Be Playfully Obstructive: playfully insert yourself in a way that makes it harder to ignore you, e.g., being a doggy and getting between her legs (p.147)
- Increase the Complexity of Behavior (p.168)
- Use Times of High Motivation (p.169)
- Be Animated! (p.172)
- Communicate the Whole Range of Emotions (p.178-179)
- [Use] gestures as the foundation for communication and speech (p.179) Build a gestural vocabulary (p. 188-189)
- Become a character in the drama (p.194)
- Ideas for Pretend are everywhere (p.195)
- Thicken the plot to keep the drama going (p.196)
- Introduce Conflict or Challenge (p.197)
- Increase the number of verbal circles (p.201)
- [Begin] Negotiating: questioning intent (p.202)
- Recognize your own feelings (p.220)
- Don't try to "fix" your child's feelings (p.221)
- Don't merely tolerate feelings; encourage them (p.221)
- Separate feelings from behavior (p.221)
- Remember the risk of communicating strong (and scary) feelings directly with words (p.221)
- Remember that feelings are transitory (p.221)
- Stick with the pretend play: "If your child touches on a sensitive spot during pretend play, remember that it's only play. Stay with the game and respond as your character would - supportively. If you treat her character's aggression or fears as real, you remove the safety of the play" (p.222).
- Don't slip into parallel play or running commentary; become a character in the drama (p.223).
- Don't feel embarrassed or stymied. [Many people] have a hard time with pretend play because they feel silly or unimaginative. (p.224) [As you practice, it will become easier.]
- Avoid repetition. [If your child tends to be repetitive] throw a curve ball to take the familiar routine in a new direction (p.224).
- Don't talk mechanically or too slowly (p.224).
- Don't encourage rote learning...displays of knowledge...avoid quizzing your child on academic skills...Acknowledge her accomplishment and then move into a more interactive conversation. (p.225).
- Stretch dialogues during day-to-day interactions (p.234)
- Ask open-ended questions (p.235).
- Combine actions and words...e.g., hold up things you know he doesn't like (p.235)
- Form bridges between ideas (p.242)
- Create multifaceted characters in play (p.242)
- Ask emotion-based questions: ...Instead of asking "What did you do at school?" ask, "What was fun at school?" (p.248)
- Use emotion to categorize ideas, ...e.g., "My sword's better than your sword." (p.248-249).
- Encourage "seeing the forest as well as the trees" (p.249-250)
- [Build] cause of effect into the process of thought (p.251)
- Don't simply tell ...what to do...give him plenty of time to argue his viewpoint (p.265)
- Explore feelings behind viewpoints (p.265)
- Don't stick to questions to which you know the answer (p.265)
- Don't solve problems for your child; let her solve them herself, with your help as a coach or brainstorming partner (p.265)
- Help your child learn about people, places, and ideas...Provide experiences suitable to your child's highest developmental level (p.265)
- Help your child grapple with your ideas (p.280).

## **Emotional Themes**

*(Themes that commonly underlie children's play)*

From [The Child with Special Needs](#) (p. 206-208)

Theme 1: Nurturance and dependency.

Theme 2: Pleasure and excitement.

Theme 3: Curiosity.

Theme 4: Power and assertiveness.

Theme 5: Anger and aggression.

Theme 6: Limit setting (containing feelings - aggressive feelings, excited feelings, yearning feelings).

Theme 7: Fears and anxieties.

Theme 8: Love, empathy, and concern for others.

Theme 9: Control.

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## **Autism and Developmental Disorders: A Developmental Approach**

A site maintained by [David G. Nelson, MS, LPC](#) in Atlanta, Georgia.

<http://www.mindspring.com/~dgn/davefaq.htm>

### **Relationship-Based Intervention, or Floor-Time**

#### **Questions and Answers**

I've responded to a lot of questions across the Internet about my work with my own son Graham and with other families. Although the answers to the questions I've posted here are not structured in any particular way, they may help to provide a more complete understanding of floor-time play. Keep in mind that I am an experienced parent, have been working with other families for some time, and am working on a degree in counseling, but I do not claim to be an unqualified expert.

#### **"How does "floor-time" interaction prepare children for mainstreaming?"**

One of the challenges in comparing different approaches to intervention is that the goals and measures of success can be quite different. The goal of floor-time is not (primarily) to create appropriate behaviors in a child, nor is it to get a child mainstreamed. Instead, the primary goal is to create sustained two-way communication, which will then lead a child up the developmental ladder. As the child becomes better able to interact with others, he or she will begin to understand the common context for relating that most of use share. This developing motivation and understanding will help the child take his or her part in the community, which ultimately will mean being in a mainstream school setting.

Consequently, when I engage in therapy with a child, I am just as interested in helping the child be as highly functional as possible. I currently believe that many children have the potential to recover completely, or nearly so. I do not, however, see my job as mainstreaming a child. There are plenty of people who are mainstreamed who are not recovered. It makes no sense to me to work hard to get a child to comply with instructions from an adult if they don't have the social understanding to thrive in a community environment. I want to develop a child's fundamental skills

first--responsiveness, social awareness, contingent behavior--before I worry about whether or not he or she will sit still long enough for me to tell him or her something. If children don't understand why they are sitting there, why another person might be talking to them, why they should care about doing what other people say, and so on--then there is no value to mainstreaming them. Mainstreaming is a benefit of a recovered child; it is not a goal in and of itself, and it is certainly not a strategy to recovery. (I define mainstreaming here as being in a typical life situation, like school, without benefit of any atypical support, like a facilitator.)

#### **"What does a "floor-time" therapist do (if the child does not sit in a chair or pay attention to the therapist)?"**

I will first say that when you are talking about very young children, the idea of making them sit in a chair to receive therapy is probably developmentally inappropriate. All children learn through play! It is our adult perspective that leads us to believe that the best way to teach a child is to sit them down so they can pay attention to our adult delivery. Children learn by exploring, experimenting, playing. Just because children with autism explore a narrower range of things, or explore in an unusual way, that doesn't mean that they don't learn by exploring and playing. Therefore, a child-centered therapist sets about the task of creating awareness in the child of the therapist. The therapist tries to find the developmental level and interest level at which the child can relate. By finding this, the therapist will then help the child to become aware of the therapist, begin to look at and wonder what the therapist is doing, respond to the therapist, engage in contingent behaviors, and so on.

If a child is lying on the floor kicking the wall, she may be doing it because it feels good, because the sound is rewarding, because she is disorganized and needs the organizing feel of the kicking--there are many other possible reasons. If a therapist moves the child up out of the kicking, he is indicating to the child that the behavior is inappropriate; for that child, that behavior may be the only way she has to express her particular need. Instead, a therapist might choose to lie on the floor and kick with the child. This achieves a couple of things:

- Helps the child to become aware of another individual operating in her own sphere.
- Helps the child to see that her behaviors are contingent, and that others' are contingent also. For example, the therapist might kick and then stop, kick and then stop--encouraging the child to fill the gap, or to copy the kicking pattern. When the child kicks, the therapist kicks (or claps!). This is contingency.
- Removes any element of compliance from the situation. You don't have to get the child to comply with something she doesn't understand. Instead, you build on the child's motivation to develop that understanding.

If a child is not sitting in a chair and is not paying attention to a therapist, I do not see these things as pre-conditions to effective therapy. I see them as some of the manifestations of the disorder that indicate a need for therapy! Sitting in a chair and paying attention to people (and understanding why paying attention is a fun and useful thing) are the goals of therapy, especially with a young and hard-to-reach child.

It may be that some people assume a greater level of basic social understanding on the part of children than I do. I see autism as the apparent inability to understand and engage in human social interaction, probably caused by a variety of factors. The core issues may be related to processing, motor planning, or other events or challenges. The core issue is not compliance, and it's not lack of ability to identify objects, and it's not lack of ability to speak. These are all serious parts of autism, and I am not suggesting that they are not important. I believe, however, that many of those problems occur because of the lack of reciprocal social interaction.

Many people seem to see "social issues" as one subset of autism issues. I really see it as something that underlies autism.

### **How can autistic spectrum children learn appropriate play from other people when they don't have words?**

Don't forget that language is not really a prerequisite for social interaction. There are plenty of people in the world who can't talk who are social. I have worked with a number of children who were highly verbal, but not social. These children frequently use language to self-stimulate and withdraw.

In addition, I would say that "appropriate play" is not really the goal. The goal is consistent engagement and two-way communication, which ultimately leads to typical, or "appropriate," play.

### **Won't child-centered therapy, rather than extinguish inappropriate play behaviors, necessarily reinforce inappropriate play behaviors?**

First, child-centered therapy does not reinforce inappropriate play behaviors in the sense that it encourages and tries to develop them. It is not the goal to develop the skill of kicking the wall. The goal is to develop social interaction (which ultimately means "appropriate play behaviors"). A therapist does not try to extinguish inappropriate behaviors as a first approach. Rather, he creates connection from those behaviors before then moving towards more typical activity.

### **Have you been able to help your own son Graham in the areas of social and emotional development?**

I believe we have been able to help him in those areas. The thrust of our home program was almost entirely on social and emotional understanding, expression, and communication. Graham's cognitive abilities have always been fairly evident (in relative terms), and we decided early on with the help of a good developmental psychologist that we

would much rather have a happy, social child who needed extra help in cognitive abilities than a splinter-skilled child who could not relate to anyone else.

In our work/life/play with Graham, we spend a lot of time commenting on our own feelings and expressions, those of others, and his. We write a lot of books with him (or sometimes ourselves that we then read to him) that explore social interaction and emotional expression ideas. The "book" might be as simple as "Graham hit his head. He cried. Later, he felt better." Often, that alone will spur some discussion or clarification from him. Sometimes we can encourage him to draw the pictures--you always learn so much (and I think he does too) about him.

One thing Graham used to do: when he would bump his head on the wall, he would get upset and say, "Daddy, why didn't you move that wall! You didn't help me!" He really seemed to think that we knew in advance what was going to happen, or that we could control things. One technique (if you want to call it that) that has helped Graham develop a better ability to understand how he feels is the praise and celebration we have always tried to provide for any expression of emotion. When he tantrumed, cried, laughed, whatever, we would spend a lot of time telling him that we knew what he was feeling when he did that (or that we didn't know and could he tell us). Rarely have we chastised him for getting angry or distressed. I like to think that the freedom he has had to express whatever he was feeling has given him the opportunity to really explore what those feelings feel like, and to come up with useful and appropriate ways to express those feelings.

Much of our work in the play room with Graham has focused on the fundamental social interaction elements--helping Graham to become motivated to look at us, respond to us, share with us, take turns, etc. We don't set out to "teach" those skills (no drilling), but we do put a tremendous amount of effort into creating an environment that will motivate Graham to do them, and when they happen, they get recognized with great excitement.

#### **How did your son's early struggles impact your family, especially in terms of child management?**

We had been struggling with Graham for his first three years, wondering why parenting was so unsatisfying, yet not being confident enough to go to a doctor and say, "something's wrong here." Actually, our pediatrician kept reassuring us that things were fine, even though raising Graham was a remarkably awkward thing to do--he was distant, unhappy, uncommunicative (not totally, but enough to make us feel weird).

We felt like nothing that we had heard about or had read about parenting really applied. We went out and bought child-proofing stuff for our house, and we never needed it. He just never explored things that way. He had very limited, non-dangerous interests, and we just convinced ourselves he was a beautifully behaved little boy. No matter that he sat and watched the ceiling fan for hours at a time.

The whole issue of guidance, discipline, correction, teaching, whatever you want to call it, just never really came up. He was so hard, but so easy too. As long as you didn't cross him, everything was smooth and easy. We simply did not develop any kind of give and take relationship with him. In fact, we didn't realize exactly how much we had shaped our lives to accommodate his unusual needs and behavior until our younger son David was born. Suddenly, everyone's life was thrown into chaos, and we became aware of what we had been doing to make it seem like things were "normal."

#### **Do you feel the severe ear infections illness your son experienced immediately after his little brother was born were brought on in response to the new sibling?**

Yes, pretty much. As I understand that time period now, Graham was reacting to the incredible stress of a disrupted schedule, of unpredictability. He must have had no clue what was going on. I remember that, when David was born and brought home, Graham stopped sleeping. He would get up over and over and over, coming out of his room like a zombie. We progressed from cuddly returns-to-bed to firm, consistent march-back-to-bed to putting a gate on the door and letting him cry for 5 minutes, then 10 minutes, then 15 minutes. After about a week, we were trying things like blocking him into the bottom bunk of the bed, and he was climbing out like Houdini. Now I would call it an obsessive-compulsive ritual kind of behavior, but at the time it was just creepy and rebellious, we thought. We finally put a lock on his door and suffered through horrible crying, screaming for several hours, for many nights.

Eventually he calmed down, but by then he had gotten so sick that we were attributing everything to the ear infections.

Anyway, I do feel like David's arrival probably turned Graham's very limited, protected, predictable world into a mess, and he responded by getting sick and by really becoming outwardly autistic.

**Does Graham now or does he have the potential threat of later displaying self-injurious behavior? In either case, what do you suggest as a technique to handle a mild to medium display?**

Graham has never been truly self-injurious, although I have seen behaviors in him that, taken to an extreme, probably would be. He sometimes gets so "disorganized," laughing, silly, unresponsive, that his tolerance for pain skyrockets--like he's a drunk falling down in the street and not knowing that his face is bleeding. I think a lot of SIB stuff is probably experienced as something other than pain as we understand it in these kids (and I am definitely not an expert here--this is just from what I know about sensory integration). I do believe that the best way to treat much of this behavior is to try to respond to the underlying sensory integration dysfunction, to try to normalize the child's response to sensory input. Some kids bite themselves or pinch themselves or bang their heads (I believe) because the stimulation, the input, gives them something that they crave. I do not think you can control it by extinguishing it. A lot of people struggle to stop their kids from hurting themselves, and I don't have a good perspective as a parent on that struggle. As a general rule, I would say that you want to create an environment for every child that is safe, protected, and enables him to meet as many of his needs as possible (while you work with them to help them find alternative ways to meet those needs). I am not one to try to extinguish behavior, certainly not without understanding the underlying cause.

One example of a child I have worked with recently may be useful. This child, who is six years old, has a history of pulling his sibling's hair, pinching or hitting his parents, and sometimes biting himself. In an early training session with the mother and child, she was driving a toy car gently over his body. When the car reached his arms, he reacted suddenly, as if in pain. He quickly reached over to pinch his mother, and subsequently also bit his own arm. As we explored this situation further, it became clear that the child enjoyed the car game very much, as he directed the mother to drive on his back, his head, and his legs. Every time she made a gentle motion to drive on his arms, however, his reaction was aggressive.

Imagine how this child might react in a school setting when unexpectedly grabbed or touched on the arm, and imagine what the response might be from an adult who has no awareness of the tactile sensitivity this child clearly experienced.

**I love the idea of giving my child more of the control in hopes of him "wanting" to respond instead of feeling like he has to. Is this how you understand floor-time to work?**

Perhaps a better way to phrase this is to say that you are going to put all of your effort and energy into "motivating" him to respond. You aren't just wanting it to happen--you are going to do a lot of creative interacting in order to tap into his motivation. He won't ever have to respond, but you want to focus so intently on his interests and behaviors that you find the motivational keys--even if a lot of what you do is act "playfully obstructive."

**Now that my child has made so much progress, we once again have been thinking about school - possibly with a 1:1 facilitator as you speak about. What additional tips and information could you share with us about doing this?**

Wow, that's a big question, and I've added a whole year of experience (as a facilitator for my own son and as a supervisor for the woman who helps me) since I posted that web site material. In brief, here's what I suggest:

1. Aim for the most flexible school environment possible. You want to focus on reciprocal social interaction—your child's connection with other kids and with the sense of community overall. You don't want to get hung up trying to

force him to conform to lots of rigid schedules, behaviors, curricula, and so on. Spend as much time as you can helping the teachers understand what you're trying to achieve and how they can help. You don't need them to do a lot of extra work, but they need to understand how to support your facilitator, and how to support your child's goals.

2. Find a facilitator who is comfortable in a room full of kids, and who is equally comfortable playing with them or directing them. This is a tall order, but you want someone who has total confidence maneuvering the kids around him/her. The facilitator must be sensitive to the demands and norms of the class and the teachers, but also savvy enough to work around them and take advantage of them (and I don't mean that in a dishonest way). The facilitator must be able to remain focused on your social/emotional goals for your child, and not get hung up on the behavioral goals that will distract from the important stuff. Remember, if the social/emotional piece comes into place, the behavioral stuff will follow.

3. Observe as much as you can, give the facilitator lots of support, and especially make sure the facilitator has time with your child outside of school. As the structural demands rise for him, you must also increase the floor-time, and the facilitator needs to have this kind of relationship with him.

4. Just because you begin sending him to school, don't get fooled into thinking you have to do it all day every day. To the extent that the school allows, have him there only when it is helpful to him. don't sacrifice the valuable stuff you do in other contexts just to have him at school all the time. In my view, school is much less "therapy" and much more "testing grounds." Don't replace all of your most efficient therapy with stressful, testing environments. Add it in a little at a time.

#### **What is your opinion on Greenspan's floor time vs. Lovaas/Behavior Modification?**

I have a strong opinion on this, as you probably already know. The Lovaas approach does not account for how children develop. It is a "method" based on fairly limited techniques of behavior modification, and the drill-oriented intervention that I have seen does little to actually support the child's development. Behavior modification techniques have their place, but they do not constitute an effective way to mobilize a child's development, and I would argue that a Lovaas approach actually overlooks the most critical areas for these kinds of kids. People who see "success" with Lovaas see a certain kind of positive growth that is focused on too much on isolated skills and obedience. Even if you ultimately work with a Lovaas approach, reading and understanding Greenspan's work on developmental stages will enhance whatever you do.

**I just came back from visiting with my sister. She has begun the A.B.A. program. She is working through Rutgers. Already she sees an unbelievable improvement. I'm very curious as to the reasons you are not so sure about this program.**

Basically, I think ABA is reductionist in focus. By that I mean that its techniques, while useful in some situations, don't address the underlying issues that these kids face. Whatever "causes" autism, and it is certainly different for different kids, the common factor is that these kids have not received the tremendous number of interactive experiences that typically developing kids seek out and receive from infancy on. To try to drill appropriate behaviors into a child whose emotional development (led by basic back-and-forth interaction with others) is impaired is not going to lead to long-term improvement in the real deficits (i.e., reciprocity, emotional expressiveness and flexibility, interactivity). ABA may appear to facilitate development, but I believe that in most cases it leads to apparently appropriate behavior in children who still need much more attention at a lower developmental level. ABA will not reduce a child's "need" to tantrum or to stim or to become obsessive-compulsive. It may reduce that child's manifestations, but ABA does not address the underlying developmental problems.

**I have spent most of the last year confused and depressed. I am not sure if my child's problem is the result of bad mothering. I have felt very alone in this situation, like there is nobody else in the world with a child like this. I could not relate to the other parents in my child's classes, because their children had different developmental issues than him. I'm not sure what to do at this juncture. There doesn't seem to be much hope or help.**

Before I say anything else, let me tell you right now that “bad mothering” is not what you want or need to be thinking about. You did not create your child’s issues, and the wonderful news is that you are, in fact, the best person to help him through his issues. There is hope and there is help, and I encourage you (as best as e-mail allows) to believe that both of those things are available to you. First, don’t hesitate to call Dr. Stanley Greenspan in Bethesda, Maryland to make an appointment. He will provide you with excellent counsel and a wonderful way to begin to understand (and work with) your child. You can also check the Multidisciplinary Directory at <http://www.saveachild.com/> for professionals who live in your area who have been exposed to Greenspan’s work. Greenspan is an MD, and his initial evaluation should be covered by insurance.

I also highly recommend Greenspan’s book *The Child With Special Needs*, as well as a book by Carol Kranowitz called *The Out of Sync Child: Recognizing and Coping With Sensory Integration Dysfunction*. You should find in these sources a nice way to understand your child without having to pigeonhole him into an inappropriate label.

There are plenty of kids in the world like yours, and plenty of parents who have gone through (and come through) what you are going through. Do not despair. Look at your child as a human being that you don’t fully understand--go to his level to communicate with him. Interpret what he says and does without judgment or condemnation. Through this process you can begin to foster a real dialogue with him (mostly nonverbal, perhaps), and help him to grow. Resist the temptation to fight him. Instead, join him, stretch him, enjoy him. I know that all sounds too simple and easy, and I know from experience that it is not always easy. But you can have hope and you can help him yourself, as well as find help for him.

**As I have read through Greenspan's writing, I am beginning to understand the opening/closing of circles of communication pretty well, but am having a hard time getting a clear picture on how this works with a non-verbal, non-motivated child. I am trying to figure out how to teach others about opening and closing circles with my child and I don't get it myself. The facilitator at school then tends to drop back to a completion of task orientation because she can't see how to facilitate anything with the other children. My child is already starting to resist going to school. Any thoughts/suggestions would be greatly appreciated.**

One of the most important things to understand about how humans develop communication is that gestural (non-verbal) communication comes first. Typically developing infants open and close many, many circles at the gestural level--smiling, pointing, touching, reaching, etc. etc. Although I understand your tremendous desire to help your child to develop words, you can actually help her to do this most effectively by focusing on the gestural level. Your attempts at opening and closing circles of communication must focus on gestures--exaggerated facial expressions, body movements, pointing, tone of voice (as opposed to the words themselves), and so on. You must foster an interaction based on affect--use your own emotion and energy to arouse your child's affect.

Depending on the sensory profile of the child, you may find that very simple chase games or tickle monster games work to generate this gestural level of communication. Alternatively, for a sensitive, over-reactive child, quieter, more cautious approaches might work better. You have got to engage her at a level that she finds motivating. Her apparent lack of motivation to engage with you is because you may be trying to engage her at a level that is too complex (perhaps too word-oriented?).

With respect to the school situation, her attempts to engage with peers will be shallow and hard to sustain until a more solid gestural level of communication exists. To the extent possible, however, her aide should work to arouse your child's affect. Tell her to be flirtatious, irreverent, and not at all focused on task completion. Your child’s ability to complete tasks is not the critical problem here. The aide should coach the other kids to include your child whenever possible, rather than prompting her to do things. (“Hey, you guys are building a store? Well, maybe [name] could be your checkout person. Why don't you ask her?”--then the aide can shift back to your child’s team to help her respond in some way.)

If you are struggling to open and close circles, think simple, think non-verbal, and think affect. Find the level of stimulation that arouses her to a point where she anticipates you, reaches for you, engages with you.

**I do not believe that it is at all possible to engage in an ABA type program in a non-judgmental way. The ABA methodology is all about what people are SUPPOSED to be like, not about who they really are. Essentially, people who engage in these programs do not accept their children the way that they really are,**

**but wait to be happy with their children when they are who they (the parents) want them to be. In order to do an ABA program, one must first decide what is "normal" and what is not, taking out of account the marvelous new ideas and perceptions of the world that little (or big) person offers. Would you agree?**

Don't we all interact with kids, not just to share and appreciate their world, but to help them begin to understand and relate in "our" world? In other words, I engage kids with the hope of kick-starting their developmental growth. I happen to believe that this growth is a normal and appropriate direction for all people. I certainly differ with a lot of behaviorists with respect to what is "normal and appropriate," but aren't we all striving to create healthy children?

To me, the difference between Greenspan and Lovaas is that Greenspan views the process of interaction as inherently developmental. Lovaas views it as a prerequisite to therapy. I'm not completely sure how The Option Institute approach falls in this scheme. Option certainly regards an attitude of non-judgment as a prerequisite for effective interaction, and I would agree with that. Nevertheless, a nonjudgmental attitude does not mean that we don't challenge kids to develop in healthy directions (regardless of where they are, and regardless of how much we love and accept them for who they are). I think Option would agree with that also.

A behaviorist also tries to move a child in a healthy direction, but because the child is regarded as a collection of behaviors, issues of personhood (i.e., acceptance) and relationship (i.e., interaction) never become central.

It seems to me that you could, in theory, practice ABA in a nonjudgmental way, although you'd want to eliminate negative correction ("No. Try again.") and similar techniques. I suspect that a nonjudgmental ABA practitioner would still be missing the boat, because as long as one believes that humanity exists within the behaviors themselves, then a key focus will never materialize, which is interaction between humans.

I've been reading a lot about behavioral therapy recently, which has led me to this common discussion (the one above, I mean). It strikes me, though, that without autistic disorders, it is much easier to believe in behaviorism, because most other disorders occur in situations where more developed interactive capability exists. Autistic spectrum disorders are lacking in interaction, which means that autistic behaviors take on a different depth of meaning than non-autistic behaviors. In other words, if you have other communication channels available to you, then a modification of your behavior might, in fact, easily lead you to access those alternative channels. If behavior is your only means of communicating, however, then it will probably be less likely that it can be modified effectively (or with meaning) until other communication channels are developed.

**Well, in so many ways, the Option/Greenspan techniques are very behavioral in nature-- behaviors we want to perpetuate, such as eye contact and playing with others are nurtured, others get no real response, or a response of "go ahead if you need to, but I don't have to get involved with this emotionally because I'm separate from you".**

Actually, I see something of a difference in Greenspan and Option. Let me qualify that by saying I see a difference in what I remember learning at Option (and what we did with Graham for 2+ years) and what I understand Greenspan to be saying. While both would argue that the emotions of the therapist can inhibit the interaction, Option always seemed to be saying that an idealized state would be to never feel or express negative emotions. Practically, this puts a lot of pressure on people to act ways they don't always feel, and developmentally puts the cart before the horse (i.e., changing your thoughts and behaviors can then change your emotional response--which is actually a behavioral understanding of the world). Greenspan is much more comfortable with people having and expressing the full range of emotions--in fact, he would argue that healthy development requires that individuals develop the ability to feel, understand, and express functionally all feeling states.

The way to do this (and to help others do it) is to engage with them interactively--to create back-and-forth communication, and through that interactive process (laden with affect) foster emotional development. So, for example, if Graham gets angry in the play room, the Option and Greenspan responses are not radically different. Both would suggest that the therapist should engage around that affect, probe it, play with it, not take it personally, and so on. Option's reasoning for this response, however, would focus on the importance of the therapist not accepting the burden of Graham's anger, and would focus on Graham understanding the effects of his behavior (tantrumming won't get you an irate, exciting response, it won't get you the juice, and so on).

Greenspan's reasoning for this response would focus on the need to keep the interaction going solely to give Graham more time to access those feelings--to make the connections between his sensory/somatic feelings and his emotional ones. In other words, Greenspan sees interaction as the path to Graham developing from a behavioral state (stimulus=response) to a representational state (stimulus=thought, or representative, symbolic idea=chosen response).

Ahh, I think I've just cracked a code I've been struggling with. A Lovaas approach doesn't really acknowledge that people are (or can be) representational in their thinking (that's a big Greenspan word). People simply function as responders to given stimuli. In many ways, Option seems to operate from the same philosophy, only they are dealing with feelings as behavioral responses to stimuli (which is what cognitive behaviorists do).

**ABA/DTT discounts for the most part where the client is in all of this-- the client's needs are basically forgotten in favor of the more concrete, scientific, and attractive goal, regardless of who the child really is. In working with the AS population, children are discouraged or redirected from stimming, though they may need this.**

I would agree with this, especially the idea that the fact that the approach is apparently concrete and scientific (i.e., measurable) is a large part of what makes it attractive. It's a lot like the guy who lost his contact lens in the grass but decided to look for it under the lamppost in the street because the light was better. However, it's difficult to generalize about what "all Lovaas practitioners do"; I actually believe that when Lovaas programs create success, it is primarily a function of the affect-laden interactions that a particular therapist generates in the midst of the drills. Any time you have a caring, emotionally aware person trying to communicate with your child in loving ways, this has got to be a positive.

**As a therapist, I see big differences when I work with a child who I truly love and accept, no matter what, and catch myself when working with children who I want to change or fix. The children become objects in a way when they need "fixing" and who am I to tell them that they need to be fixed? What is important is that they are happy and realizing their potential through the guidance of others who nurture them and lead them in a world that does not make as much sense to them as it does to us.**

I agree with this to a large degree, but as people who have climbed the developmental ladder relatively successfully, we are in a good position to help others up that ladder. You may not be telling someone that they need to be fixed, but you can tell whether or not they are engaging with the world in a way that fosters their own development to the best of their ability. You can create an environment and a way of interacting with someone that does something more than just show them love and acceptance and nurturing. You can create a world that actually enables them to develop more effectively. I know you know this, but as a therapist, one does have the opportunity to help people make specific steps up the developmental ladder.

**I've always looked at The Option approach as encouraging that people have a choice to how things "make" them feel-- an empowering thought, really. Needing things from people can cause lots of misplaced emotions. I never really understood from Option that a range of emotions is inappropriate, but that we do choose how we feel about everything, and that there is always another side to every emotion. If I want to be angry in an Option world, it would be okay, but the other person would not HAVE to respond to that in the form of granting a request. Same in the Greenspan world, right? Things are sad in our world, just as things are exciting. I have come to recognize that we choose this response as well. We also tend to express our needs in a fashion that gets us the most response. Isn't that behavioral?**

The thing is, I'm not convinced that people do have a choice about how they feel--at least not in the sense of being able to make a conscious decision about it. Our feelings are a function of our early (and ongoing) sensory perceptions and our interactive experiences. When we are in emotional states (e.g., high stress, such as someone cutting in front of us on the highway), we are not choosing how we feel. We can, in many cases, choose how we act, but the feeling (both physiological and mental) is more automatic. I'm not suggesting that these processes can't be changed--they definitely can--but they can't be changed just by deciding to feel differently. The only way to change your feelings at that level is to engage in supportive interactive experiences (in environments that foster growth) that help you to better sense and understand those feeling states, and to begin to make concrete connections between those feeling states and your common resulting behaviors.

When we feel emotionally constricted, we act behaviorally instead of representationally. We may, for example, automatically flip the bird at the guy who cut us off, never really making a conscious decision to do so. In calm times, we may even say to ourselves, "gee, I shouldn't do that," but in the heat of the moment, our representational thinking deserts us (that is, our ability to abstract our feeling state and generate behavioral alternatives--I could do this or that when I feel this way).

Back to Option: to suggest that we can choose our emotional response to a given situation is only partially true, in my opinion. We cannot control our feeling states to any great degree (at least not the vast majority of us); we can choose our behavioral reactions, but only if we are able to operate from a representational mode--that is, being able to picture ourselves in our head having a certain feeling that leads us to want to act in a certain way, but then making a choice to act in another way.

**How is the tantrum viewed in the Greenspan world of opening and closing circles of communication? Is it an opener or a closer, or is it dependent on the child or the interaction?**

A tantrum is the mode of communication that a child has available to him at a given moment to express how he feels. Your best response to it is to tease out the feelings behind the tantrum. You don't want or need to stop the tantrum, nor do you need to ignore it or let it play itself out without response. Instead, you want to be empathetic and supportive, and at the same time moving in to engage the child around their feeling. For some kids this may simply mean holding them supportively; for others, it might mean beginning to engage in some simple dialogue--wow, you look like you want to hit me! Where do you want to hit me? How many times? Hard or soft? What you are doing here is helping the child to more fully articulate how they feel. As I mentioned earlier, you may take the approach of drawing out some connections between body and feeling. Do you feel it in your head or your stomach? Is it a squeezing or a punching feeling?

You may ultimately give the child what he wants or not--that decision would be based on your previously defined limits, but would really be incidental to the "therapy" of the situation. The trick is to tease out the child as long as possible while keeping them engaged in a series of circles of communication.

**In situations that we cannot anticipate, we also use a learned response, but it is a tried and true response, and it is probably not an appropriate time (though not impossible) to decide to feel another way. Maybe it's because I personally work at this, so it's like riding a bike--it's hard to think of a time when I couldn't do it--but I must be one of those few that can change a response even mid-response if I am aware. If I am tired, I go with the default response-- the one that I have used before, not always the best one.**

Well, I think we are talking about feelings at a different level. As an adult and as a professional at what you do, I believe that you can control and adjust many of your responses to both anticipated and unanticipated situations. But you are still having an initial visceral reaction (a feeling) to each situation. Your body has a reaction--a tightening of the gut, a nauseous feeling, a jumpy, nervous twitch, whatever--to every situation in your life. These visceral feelings can change over time, especially as your awareness of them increases.

But when you are talking about helping a child to develop appropriate behavior, it is critical to recognize that their behavior is derived from those visceral feelings (those psycho-physiological reactions to stimuli), and that to try to change the behavior, or to teach a child how to "choose" to feel differently, is to not aim low enough. A therapist must help any child tease out his own awareness of and understanding of those feelings and their connection to higher level symbols (such as the words sadness, anger, and so on). This teasing out process occurs through the interactions themselves, not through the cognitive level teaching that we all do with kids.

Take Graham for an example. When David comes home and Graham is already there, Graham frequently these days begins a taunting routine--"I'm gonna give David a little kissy because I love him so much." I know, sounds ok in an e-mail, but trust me that it's an odious, inflammatory behavior. Graham cannot (most times) "choose" another behavior--even if a logical consequence is attached to the behavior (such as not being able to play with David, or getting hit with a baseball bat by David--true story). When David comes home, Graham is being bombarded with an affect surge that he cannot control or understand (and is mostly not aware of). Until he can become much more concretely aware of the physical/somatic reactions he has to David coming home and their corresponding emotional

causes (David will get more attention, I'll have to fight for my toys, it will be noisier, etc. etc.), Graham will not be in a position to choose anything. The feelings Graham has are probably jealousy, fear of not being loved, and many others all rolled up, and the most effective way to help him access those is through floor-time--pretend play, stretching his emotional thinking, flexibility, and awareness. We also have more direct conversations and role-plays and other sorts of things around all of these issues, and we also engage in some behavioral strategies, but all of these things occur within the context of Graham's struggling emotional development.

**I opted to put my child in a private special education school that does reverse mainstreaming. The school provides speech and occupational therapy and the student teacher ratio is 2:1. So at that school I know she gets a lot of attention. She is however one of the highest functioning children which is what Dr. Greenspan does not want. He wants these kids around typical children.**

If your daughter is getting a lot of personalized attention and is getting some opportunity during the day to interact with peers of any sort, then you're in great shape, especially since you provide her with some other typical opportunities. The most important thing she can get right now is one-on-one floor-time anyway; the peer component is less important, especially if she is resistant to it at this point. Once her engagement and communication capacities are more fully in place, this component can become more important.

**The private schools I called do not want the liability of a child like mine for fear she will not progress. Also she is not potty trained so they will not accept her. I am happy with the special school however am worried that she is not in a mainstreamed class. She does attend a regular Gymboree class on Saturday and goes to Sunday school weekly where I help her play with children. (Not easy she avoids children.)**

You are giving her plenty of opportunities to be around typical kids. If she is avoidant, then focus on developing her more fundamental capacities (i.e., mutual engagement and intentional communication). As you mentioned, she may be overwhelmed from a sensory standpoint or for some other reason, and you really need to play to her strengths.

My advice is not to lament the fact that she is not mainstreamed. She is just 3 ½, and you don't need to be thinking about school for her anyway (except perhaps to give yourself a bit of a break). You should focus intensively on providing her with as much warm, empathetic, challenging floor-time. Really help her develop her desire and capacity to stay related and communicative.

I cannot emphasize enough, both from my personal and professional experience, that your child will see the most progress from a lot of floor-time style intervention. The special class is fine, and the ST and the OT, but don't skimp on the one-on-one time.



[www.floortime.org](http://www.floortime.org)

### **What is DIR?**

Pioneered by Drs. Stanley Greenspan and Serena Wieder, DIR stands for the Developmental, Individual Differences, Relationship-based approach. It is a comprehensive, interdisciplinary approach that focuses on the emotional development of the child. It takes into account the child's feelings, relationships with caregivers, developmental level and individual differences in a child's ability to process and respond to sensory information. It focuses on the child's skills in all developmental areas, including social-emotional functioning, communication, thinking and learning, motor skills, body awareness, and attention.

The goal of treatment is to help the child master the healthy emotional milestones that were missed in his early development and that are critical to learning. Building these foundations helps children overcome their symptoms more effectively than simply trying to change the symptoms alone.

### **What is Floortime?**

Floortime, a vital element of the DIR/Floortime model, is a treatment method as well as a philosophy for interacting with children (and adults as well). Floortime involves meeting a child at his current developmental level, and building upon his particular set of strengths. Floortime harnesses the power of a child's motivation; following his lead, wooing him with warm but persistent attempts to engage his attention and tuning in to his interests and desires in interactions. Through Floortime, parents, child care providers, teachers and therapists help children climb the developmental ladder. By entering into a child's world, we can help him or her learn to relate in meaningful, spontaneous, flexible and warm ways.

A DIR/Floortime clinician may prescribe a number of 20-minute Floortime sessions a day as part of a comprehensive treatment program. In addition, Floortime provides a framework that can guide various daily interactions with children; bathing, playground time, meals, etc.

### **What makes the DIR/Floortime approach different from others?**

In contrast to older models, the DIR/Floortime approach recognizes that each child has a unique path to his or her challenges, and therefore each child's road to improvement must also be unique. In the

DIR/Floortime approach, the goal of treatment is to help the child build the healthy foundations for relating, communicating and thinking. DIR/Floortime clearly articulates the six basic developmental milestones that children must master for healthy emotional and intellectual growth. Mastering these healthy developmental foundations also helps children overcome their symptoms more effectively than simply trying to change the symptoms alone.

### **What are the components of a DIR/Floortime program?**

Children with special needs usually have processing differences that make it more difficult for them to master the foundations for relating, communicating and thinking that come relatively effortlessly to children without special needs. Therefore, a comprehensive treatment program needs to provide intensive opportunities to practice these skills. Components of a DIR/Floortime program include:

- *Parents do Floortime with their child*, creating the kinds of interactive experiences that help the child master the developmental milestones.
- *Professionals, such as speech, occupational, and physical therapists, special educators and psychotherapists, work with the child* using techniques informed by DIR/Floortime principles to deal with the child's specific challenges and facilitate development.
- *Parents work on their own responses and styles of relating to their child with regard to the different developmental milestones* in order to tailor their interactions with their child in a way that optimally supports emotional and intellectual growth.

### **Is there research demonstrating the effectiveness of DIR/Floortime?**

There is currently insufficient research on any of the treatment approaches for treating children with autistic spectrum disorders. Clinical studies are needed to compare various approaches and to demonstrate the validity of DIR/Floortime. However, in one recent chart review of 200 children with complex developmental challenges, over 50% of children originally diagnosed with autistic spectrum disorders and treated intensively with DIR/Floortime approaches for four to six years have become warm, engaged and loving. These children have become active learners with highly developed abilities in the areas of verbal skills, imagination, logical and abstract thinking, as well as pleasurable peer relationships. Many of them attend mainstream schools, and often their teachers are unaware of the child's original diagnosis. Other children, because of greater neurological challenges, make slow and steady progress. Nevertheless, even these children can become warm, loving, more connected and make more progress in their language, cognitive and social skills than previously thought possible.

## **What is the best program for my child...how do I know whether a behavioral approach (like ABA) or DIR/Floortime is right for my child?**

When parents confront the issue of how to help their child with serious problems of relating and communicating, it can be confusing knowing where to begin. Some approaches emphasize changing behaviors; others emphasize building relationships; others emphasize working on academic skills; and others emphasize specific therapies like speech or occupational therapy. Sometimes areas of the country tend to follow one approach or another. But each child's needs are unique, no matter what diagnosis he may have received, and one size, or one approach, does not fit all.

Determining which intervention program is right for your child requires that you first identify his or her profile, which can be done by answering the following questions:

- What are your child's problem behaviors? These are generally readily apparent, and may include perseverative (repetitive) behavior, self-absorption, avoidance, difficulty speaking or self-stimulation.
- Where is your child in terms of his mastery of the fundamental building blocks of relating, communicating and thinking? Is he able to calm himself so that he's able to share attention with others? Does he enjoy warmth and intimacy? Can he engage in two-way communication with gestures? Can he use ideas creatively and logically? Difficulties in these areas often underlie the more obvious symptoms or problem behaviors.
- What about your child's sensory and motor strengths and weaknesses? How does she take in sounds; how are her visual-spatial skills; is she able to plan actions and carry them out? Can she regulate basic sensations such as touch, sound and movement, so that she isn't overwhelmed all the time or underwhelmed to such a degree that she doesn't take an interest in the world? Difficulties in these processing areas often interfere with a child's ability to relate, communicate and think.
- How is your child doing within the family? What types of interactions with parents and siblings tend to help him share attention, relate and communicate with gestures? What kinds of experiences don't work?

Once you've identified your child's profile, you will be in a position to make an educated decision about whether to work on only some of the elements identified above (e.g., problem behaviors) or all of them, including the fundamental building blocks of emotional and intellectual health.

Behavioral approaches, such as ABA-Discrete Trial, work on addressing specific behaviors, such as repeating certain sounds or words or eliminating undesirable behaviors (e.g., staring at the fan). With relationship-based approaches, the goal is to build warm relationships with the child and help him learn to enjoy interacting and relating. Other approaches focus on improving various processing areas, such as auditory processing, motor planning, and sensory modulation.

The DIR/Floortime approach is a framework for understanding each child and creating a comprehensive program tailored to his needs. It is not a specific technique; rather, it often includes many different elements or approaches. The goal of the DIR/Floortime model is to help your child master the fundamentals of relating, communicating and thinking, based on your child's profile (i.e., answers to the questions outlined above). By creating learning relationships that are tailored to the child's unique profile, you help him master the fundamentals that build emotional and intellectual health. Following are some DIR/Floortime principles to guide you as you set out to build an optimal program for your child:

*Don't fit the child to the intervention; fit the intervention to the child.* A comprehensive program should include different interventions that are integrated into a program for that child. Be wary of a one-size-fits-all approach, or of only doing one thing when your child may have challenges in numerous areas.

Seek a comprehensive approach that addresses the fundamentals as well as the surface symptoms. Understandably, our instinct is often to emphasize treating the surface symptoms or behaviors. These get our attention because they make the child look different out on the playground or in the restaurant, and we want to change that right away. But that's like treating the fever with aspirin, but not treating the underlying pneumonia with proper antibiotics: you may get some relief from the symptoms temporarily, but the overall condition may not improve. You've got to do both. And when you work on the primary problems of relating, thinking and communicating, the secondary symptoms often get better on their own. A child who learns to relate and love will usually not want to be self-absorbed anymore. A child who learns to communicate purposefully tends not to communicate in a chaotic way. A child who learns to take actions to solve problems tends to not line up his toys repetitively because now he can use his toys to build houses and castles.

*Know your child first.* Know how he is unique. Know how he attends, relates, communicates, and thinks. Know how he processes information – auditory and visual. Know how he plans actions. Know your family's strengths and weaknesses. Then develop your program accordingly. It is a tall order, but a complex problem requires a complex approach.

*What goes in tends to be what comes out.* Children who learn something in a very structured, rote way tend to give it back in a very structured, rote way. Children who learn to relate with warmth, excitement and a sense of humor tend to enjoy relating warmly with excitement and a sense of humor.

*If at all possible find a professional who can help you put together a comprehensive program.* There are professionals who can be “co-quarterbacks” with your family, helping you put together a comprehensive plan for your child.

### **What does the research say about which methods are best for helping children with autism?**

According to the National Academy of Sciences, there are no definitive studies proving any one method. There is, however, evidence for the helpfulness of a number of approaches. These include DIR/Floortime and other relationship-based models, as well as behavioral models, such as ABA or discrete trial approaches.

The Academy’s report (“Educating Children with Autism”, 2001) points out that different approaches work on different areas of functioning. DIR/Floortime works on the fundamental capacities for relating, communicating and thinking, and tends to help the child use fundamental skills capacities in a wide range of naturally occurring situations. Behavioral approaches, in contrast, tend to work on specific behaviors in very controlled settings. The Academy’s report further notes that many behavioral approaches are moving toward using more spontaneous types of learning situations, though ABA discrete trial behavioral approaches, which tend to be more structured and controlled, are generally less a part of this growing trend toward more spontaneous learning situations.

What’s clearly needed are clinical trial studies comparing the different approaches. In the meantime, the Academy report emphasizes that parents need to select and tailor the approach to their child’s unique qualities and needs. The DIR/Floortime approach provides a framework for understanding the unique qualities of each child, regardless of his diagnosis, and for organizing a comprehensive program, including different techniques and therapies, that enables each child to climb the developmental ladder and achieve optimal growth.

### **Can I combine DIR/Floortime with other approaches and services?**

Yes. DIR/Floortime is not a specific technique; rather it is a framework for understanding each child and creating a comprehensive program tailored to his needs. This may include many different approaches and services. What is important is that the elements be integrated using the guiding principles of DIR/Floortime: understand where the child is developmentally in terms of his mastery of the foundations of relating, communicating and thinking; identify the child’s individual processing differences (such as auditory processing, motor planning and sensory modulation); and tailor relationships between the child and those important in his life in a way that promotes his mastery of the foundations.

- **For example, my child has problems with language but also needs occupational and physical therapies - can I combine these therapies with DIR/Floortime?**

The DIR/Floortime approach provides a framework for understanding each child's unique needs and tailoring a program ideally suited to help him advance developmentally. Within this framework there are many therapies, including speech, occupational and physical therapies, that may be appropriate for a particular child. DIR/Floortime lays out principles and guidelines for how to incorporate various therapies as well as other components in a comprehensive program.

**The biggest challenge I face is in dealing with my child's behaviors. I think he needs a lot of structure and behavioral management work...is this something that a DIR/Floortime program provides?**

Yes, the DIR/Floortime approach includes many different components, both structured and unstructured. Floortime, which involves following the child's lead, is only one component. There are also a number of semi-structured, problem-solving components that involve developing language, cognition, and sensory processing capacities (e.g., motor, visual-spatial, etc.) as well as regulating behavior, mood and attention. Overall, and long term, what helps children create the *internal* structure they need for success in school, family activities and life in general is mastery of their fundamental capacities for thinking, problem-solving and understanding the needs of others. Developing these internal capacities are the main goals of the DIR/Floortime approach.

**I really want to get started with a DIR/Floortime program but there are no DIR/Floortime clinicians in my area. Is there anything I can do?**

The first step should be to read *The Child with Special Needs*, which outlines in detail how to implement the home component of the [DIR/Floortime approach](#), as well as how to work with different therapists and the child's educational program. Much of the material from this book is also available on this website; you might want to start with the [Parents Road Map](#) and the Home Program Guide. Listen to the weekly [Web Radio Show](#), or read transcripts from earlier shows. Visit [www.floortime@yahoogroups.com](http://www.floortime@yahoogroups.com), a venue for parents seeking to implement the DIR/Floortime approach with their child.

An intensive DIR/Floortime home program can make a profound contribution to your child's progress, and can be begun very quickly once you understand the basics of Floortime. In the meantime, The Floortime Foundation, in partnership with the Interdisciplinary Council on Developmental and Learning Disorders, is working hard to train more professionals in all parts of the world to help families with the DIR/Floortime approach.

**The DIR/Floortime approach seems to ask so much of me as a parent – how do I know if I can do it?**

It does ask a lot. But most parents are able to provide the essentials of what's required. There's no "perfect" way to relate and communicate with a child to help him master the fundamentals of relating, communicating and thinking. Each parent and child will negotiate their own version. The key is to persist in your efforts to

find joy in engaging and interacting with your child. Persistence, flexibility, curiosity and a high tolerance for learning by doing are the key positive characteristics. The only way to go wrong is to become discouraged and give up. If you are feeling discouraged, and therefore doing less Floortime, or trying to have only others do it, try to get some support from family members or friends. Seeing the gleam in your child's eyes, watching her begin to climb the developmental ladder – these rewards make all the hard work well worth it, and will inspire you to persist in your efforts. Most parents of children with special needs are already doing heroic things to help their children. The DIR/Floortime approach recognizes how vital you, the parent, are in helping your child connect to the world around him.

### **How do I know if my child is getting better?**

The key to monitoring progress is to observe the fundamentals: how your child is relating, communicating and thinking. Improvements in these foundations are far more important indicators of progress than a lessening of surface symptoms (such as perseveration or self-stimulation), though the two often go together.

### **How can I get my school system on board with a DIR/Floortime approach?**

The key is to educate the school system, especially teachers and program coordinators most closely involved with your child. If there's resistance from the top, it's important to join with other parents and communicate with the different levels in the education hierarchy to show that there is a strong community need and desire for this type of approach. This may include communicating with the school board, superintendent of schools, principals, head of special education and others. The information on this website can provide scientific, administrative and training support for the school system.

### **Will my insurance pay for DIR/Floortime services?**

Insurance tends to be geared to the professional providing the service, rather than the service per se. For example, many insurance companies will support psychiatric, psychological, pediatric, and neurological services at least to some degree. Many insurance programs will support some degree of speech, occupational and physical therapy. With a prescription from a physician or sometimes from other qualified professionals, some insurance companies will cover some educational services. Some states have programs that pay for home visitors and helpers. Educational systems often support some of these services through Early Intervention programs.

## The "Greenspan" Floor Time Model

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### 1. Goals of Floor Time Intervention

- To help the child:
- become more alert
- take more initiative
- become more flexible
- tolerate frustration
- sequence longer actions - plan and execute them
- mediate process of finding solutions
- communicate gesturally and verbally
- take pleasure in learning

## 2. Glossary of Floor Time Terms

**Closing the Circle:** Allowing the child to close the circle when child brings your extensions and expansions to a close.

**Emotional Thinking:** The child leans to elaborate fantasies and to make connections between different ideas. (3 to 5 years)

**Engagement:** Babies coo, smile, gesture and exchange motor movements with their partners. (0 to 8 months)

**Extending and Expanding the Drama:** Tuning in to the child's imagination and ideas and taking them one step further through gestures and words.

**Floor Time:** A warm and intimate way of relating to a child. A floor time philosophy means engaging, respecting and getting in tune with the child in order to help the child elaborate through gestures, words, and pretend play what is on the child's mind. As a technique, floor time is a five step process that is used to support the emotional and social development of the child.

**Following the Child's Lead:** Seeing the child as the director and yourself as the assistant director of the activity.

**Observing:** Noticing how the child is special and unique in style, rhythm and mood.

**Opening the Circle of Communication:** Turning in and following a child's special interest.

**Shared Meanings:** The child begins to communicate ideas with words or pretend play. Emotional themes enter the child's play. The child uses themes not only to express wants and needs but also to expand fantasies and creativity. (18 month to 36 months)

**Stages of Relating:** Stages in emotional and social development of children.

**Two-Way Communication:** The child is able to have an emotional dialogue. Opening and closing circles can take place. You need to take an interest in and respond to the child, and the child responds with gestural and verbal reactions. (6 to 18 months)

## 3. Greenspan's Model of Stages of Relating and Communicating

**Stage 1: ENGAGEMENT** (Birth to 8 months)

- Does the baby smile joyfully in response to vocalization and facial expression? What are the kinds of gestures the baby uses to elicit responses?
- How does the baby use senses such as hearing, sight, and touch to form attachments? Is child beginning to exchange motor movements?
- How would you describe baby's temperament (stable, intense, irritable, unresponsive, assertive)?

**Stage 2: TWO-WAY COMMUNICATION** (6 to 18 months)

- What evidence is there that the child is reciprocating and copying your behaviors and emotions?

- Does the child begin to instigate activities based on own needs and wants, rather than by imitation alone? How?
- Provide examples of how the child combines gestures and words to communicate.
- What evidence is there that the child is beginning to understand basic emotional themes, such as whether child is being approved of, is safe and secure, or is being admired?

**Stage 3: SHARED MEANINGS (18 to 36 months)**

- Provide examples of how the child is beginning to communicate ideas through words.
- How does the child use pretend play to communicate emotional themes such as curiosity, independence and rejection?
- Describe ways in which child makes wants, desires, and emotions known through pretend play. Describe how pretend play becomes more complex.

**Stage 4: EMOTIONAL THINKING (3 to 5 years)**

- How are feelings expressed?
- What evidence do you have the child realizes the relationship between feeling, behaviors, and consequences?
- How would you describe the child's relationship with adults?
- How does the child control impulses and stabilize moods?
- How does the child interact with peers in pretend play?
- Does the child help to structure and organize play themes?

**4. Specific Goal Behaviors and Strategies to Attain Them**

<b>Goal Behavior for child to become more:</b>	<b>Floor Time Activities:</b>
<i>alert &amp; aware</i>	notice something is different  discriminating visual, auditory and other sensory information  recognizing that they are facing an obstacle  identifying the problem, etc.
<i>initiative taking</i>	encourage to be less passive in environment  do not allow process to proceed in more or less automatic way  assist child to become more critical and ready to take action to help self  it is critical to "wait" to give child chance to recognize

	problem and realize they must be ones to start doing something about it
<i>flexible</i>	create small changes and problems to help child notice, initiate and tolerate changes  help child to learn to cope with by solving problems and taking in more information
<i>able to sequence longer and more complex actions and communications</i>	Have experiences which require taking as many steps as possible to solve the problem at hand and to communicate:  <b>who</b> wants the problem solved  <b>what</b> they want solved  <b>when</b> they want it solved  <b>where</b> they want it solved  <b>why</b> they want it solved  <b>how</b> it can be solved  through actions, gestures and words
<i>able to mediate more ways to <u>solve problems</u></i>	guide child through the process of solving problems  do not tell or show how to do a skill (e.g., Where should we look?, Did you check all the sides? Is there a tab? Let's try pulling. Does it work? Is it stuck? Do you need a tool?)

## 5. Five Steps in Floor Time

### Step One: OBSERVATION

Both listening to and watching a child are essential for effective observation. Facial expressions, tone of voice, gestures, body posture, and word (or lack of words) are all important clues that help you determine how to approach the child, e.g.:

- is a child's behavior relaxed or outgoing?
- withdrawn or uncommunicative?
- bubbling with excitement?
- is child a real go-getter.

### Step Two: APPROACH - OPEN CIRCLES OF COMMUNICATION

Once a child's mood and style have been assessed, you can approach the child with the appropriate words and gestures. You can open the circle of communication with a child by acknowledging the child's emotional tone, then

elaborating and building on whatever interests the child at the moment.

### **Step Three: FOLLOW THE CHILD'S LEAD**

After your initial approach, following a child's lead simply means being a supportive play partner who is an "assistant" to the child and allows the child to set the tone, direct the action, and create personal dramas. This enhances the child's self-esteem and ability to be assertive, and gives child a feeling that "*I can have an impact on the world.*" As you support the child's play, the child benefits from experiencing a sense of warmth, connectedness and being understood.

### **Step Four: EXTEND AND EXPAND PLAY**

As you follow the child's lead, extending and expanding a child's play themes involves making supportive comments about the child's play without being intrusive. This helps the child express own ideas and defines the direction of the drama. Next, asking questions to stimulate creative thinking can keep the drama going, while helping the child clarify the emotional themes involved, e.g.: suppose a child is crashing a car: Rather than ask critically, *Why are those cars crashing?* You may respond empathetically, *Those cars have so much energy and are moving fast. Are they trying to get somewhere?*

### **Step Five: CHILD CLOSES THE CIRCLE OF COMMUNICATION**

As you open the circle of communication when you approach the child, the child closes the circle when the child builds on your comments and gestures with comments and gestures of own. One circle flows into another, and many circles may be opened and closed in quick succession as you interact with the child. By building on each other's ideas and gestures, the child begins to appreciate and understand the value of two way communication.

## **6. Strategies for Floor Time Intervention**

- follow child's lead and join them - it does not matter what they do as long as they initiate the move
- persist in your pursuit
- treat what child does as intentional and purposeful - give new meanings
- help child do what they want to do
- position self in front of the child
- invest in whatever child initiates or imitates
- join perseverative play
- do not treat avoidance or "no" as rejection
- expand, expand, expand - keep going, play dumb, do wrong moves, do as told, interfere etc.
- do not interrupt or change the subject as long as it is [interactive](#)
- insist on a response
- do not turn the session into a learning or teaching experience

## 7. Questions to Ask Yourself if You Are a Good Floor Timer

- Do I use a calm voice?
- Do I give gentle looks?
- Is my body posture supportive?
- Are my actions non-intrusive?
- Do I use encouraging gestures?
- Do I demonstrate calm and supportive listening?
- Am I aware of the child's rhythms and gestures?
- Am I able to help the child identify play themes?
- Do I expand and extend the child's drama by staying involved with the play theme and help to elaborate the details?
- Am I able to help the child extend the drama by summarizing main ideas of play themes?
- Do I observe the behavior, language, and gestures of the child?
- Do I observe the child's style of relating?
- Do I approach the child slowly, with respect and thoughtfulness?
- How often do I allow the child to take the lead? Do I follow that lead?
- Do I let the child know through gesture, facial expressions, emotional tone, and supportive body posture that I am there for the child?
- Do I know when to be verbally responsive, and when it is better to quietly share a child's emotion?
- Do I work to understand the emotional needs of the child?

## 8. Props Needed for Floor Time

### Food:

- plastic vegetables and fruits etc.
- plastic foods: chicken, hot dogs, eggs, bacon, french fries etc.
- plastic dishes, cups, forks, knives and spoons
- plastic or paper soup cans and boxes of foods
- plastic cooking utensils, pots, mixer, toaster etc.
- play kitchen with table and [chairs](#)

### Transportation:

- minimum of 12 match box size cars, trucks etc
- tool kit to fix cars, e.g.: screwdriver, wrench, pliers, etc.
- garage
- road signs, play road
- road construction equipment
- other forms of public transportation: airplane, boat, bus, train

**Empathy and Nurturing of others:**

- minimum of two dolls, one boy and one girl
- minimum of two bottles
- plastic figures of a family whose sex and number of members matches the child=s family
- plastic figures of helpers in the community: doctor, nurse, fireman, construction person, police
- doctors kit to help dolls
- tool kit to fix objects owned by dolls
- doll house for plastic family
- blankets and clothes for dolls
- play bath equipment for dolls
- play crib or bed for dolls

**Fantasy Play:**

- plastic animals from the jungle, zoo, water and farm
- plastic dinosaurs
- Fisher Price or Play School: farm, pirate ship, airport, school, store etc.

**Communications:**

- set of two telephones
- chalk or white board on easel

**Reading:**

- books on a variety of topics which are age appropriate
- word signs around the room
- display of letters of alphabet and numbers 1 to 10 in room
- school desk for dolls or child to go to school

**Aggression Fantasy:**

- toy soldier set with military transportation (e.g.: tanks, helicopter, boat, and armored trucks) guns, tents, etc.
- cowboy and Indian set with horses, tents, wagons, guns, bows and arrows etc

**Construction Play:**

- wooden block set
- plastic block set
- tool kit for construction e.g.: saw, hammer, screwdriver etc.
- Lincoln log set
- construction equipment: truck, earth mover, etc.

**Art Play:**

- crayons and paper
- watercolor tempera paints, brush and paper

- finger paints and finger paint paper
- clay or Play Dough for sculpting

### **Outdoor Play:**

- sand box, pails, shovels and other sand containers
- water play table
- gym set with slide, swings and ladder
- rubber football and/or baseballs to throw and catch
- rubber soccer ball and/or basketball to kick

### **Constructive Obstruction Props:**

- soap bubbles to be blown on child while playing with other props to create need to be flexible and attend to distraction in a coping way
- balloon or light ball to bounce on the drama which is occurring to create crisis
- blanket to hide the desired objects under
- rubber bands, to fix or bind things together
- tape, to fix or bind things together
- bunch of nerf balls to throw to create obstacle which needs to be attended to

**Prop Storage:** keep theme related props in "shoe box" size transparent plastic [containers](#) with covers so child can see inside and select theme to play with. This will make it easier to keep play room orderly and neat when floor time is ended. Enlist child to assist you in putting props in their respective containers.

## **9. Opening the Symbolic Door**

- get engaged at any level
- get intentional - build on any intent, problem solving, corner or undoing
- heighten affect - at every level, all emotions are equal

## **10. Follow the Child's Lead**

- have symbolic toys available
- recognize and create opportunities
- cue or model symbolic actions
- be meaningful
- make it easy
- persist through - affect cues - affect pacing-wait/speed up
- personalize
- be a player - join in
- expand and keep going
- do not change the subject

## 11. Creating and Expanding Ideas

- treat object or action as an **idea!**
- you do not need permission to play
- do not "read" or just describe
- talk to child in role - as actor or with figure
- take on a role and talk through the role
- build on real experiences - bridge to what would happen next
- wait for child to make the next move - then give choices or model next step
- resist the temptation to take over
- "Appreciate" child's need for control
- try to build bridges between ideas
- give reasons for your or child's actions
- problem solve and assist in the finding of a solution
- make ideas more complex and more elaborate

## 12. CONSTRUCTIVE OBSTRUCTION to Extend Problem Solving

- The child will be surprised, amused or frustrated when faced with the changes and obstacles you create for them.
- Approach child with a supportive attitude, sharing surprise, *Oh no what happened?, What's the matter?*
- Help child solve the problem, but wait for child to recognize the problem first and then encourage the process.
- Stretch the problem as long as possible by **playing dumb**
- Offering wrong solutions so child can check out several alternatives
- Asking questions and opinions about what they want, etc.

**Remember:** goal is not to frustrate child but to mobilize child's thinking and acting in face of something which matters personally to the child.

## 13. Opportunities for Doing Floor Time with Child

To assist child to solve problems and handle changes identify opportunities in the child's daily life which present a "stage" for problem solving and change accepting "dramas"

Brainstorm how you could utilize the following opportunities:

- all thing you routinely do for child
- all the things child expects or waits for you to do
- all the things child already expects to do for self
- all the things child desires or expects to have or go to
- daily challenges

#### 14. Home Based Opportunities for Floor Time

- **dressing and undressing:** giving child choices about what to wear or not or what to take off first, is following the child's lead.
- **mealtime:** chose one meal a time with enough time - talk may focus around food preparation, different foods being served, which foods are particularly enjoyable or any topic relating to the child's life.
- **car time:** engage child in a relaxed conversation in which child takes the lead, or sing-along for which child chooses songs
- **coming and going time:** plan to have at least a little time to get child settled on arrival to a classroom or in switching and transitioning from one activity to another by reading a short story, visit pet in classroom or at home, or look at special toy in classroom or at home. Show child support through your interest and warm clear good-bye if leaving in classroom. On picking child up from classroom give the child a chance to tell you something important about the day while you are still in the school setting.
- **bath time:** Bath toys are wonderful props as they float, get dunked, and come into contact with each other. The water is a great opportunity for play. The child will naturally relax in the water.
- **book time:** Read the book with the child on your lap or next to you on a chair or [bed](#). As you read, be aware of responses and questions that you can extend. (If the child is totally absorbed, however, it is best to continue reading and simply enjoy the sense of shared interest)
- **bedtime:** Bedtime is often accompanied by a ritual, but is also a moment to feel close and loving. Children sometimes share important thoughts and feelings during the last moments before falling asleep. Although you will not want to *rev-up* the child up prior to sleeping, you can respond with empathy and stay close until the child is calm and feels safe enough to sleep.

#### 15. Turning Every Day Activity into Problem Solving for Child

- chair not close to table, in the child's spot, when meal time arrives
- bottle not open when you are trying to pour juice
- bathtub empty of water when you tell child it is time to take a bath
- shoes hidden from usual resting place
- changing the shelf locations of favorite books, tapes etc.
- putting two socks on same foot
- putting shirt on feet
- give child adult shoes instead of their own
- use rubber band to hold together a spoon and fork when giving child tool for eating
- being sure cup is upside down when offering child a drink
- put markers in a new container which child has not yet learned to open
- mix puzzle pieces of two or three puzzles together

#### 16. Strategies for Engagement and Two-way Communication

- Give child seemingly random actions new meanings by responding to them as if they were purposeful.
- Use sensory-motor play -- bouncing, tickling, swinging, and so on -- to elicit pleasure.
- Use sensory toys in cause-and-effect ways: hide a toy, then make it *magically* reappear; drop a belled toy so that child will hear the jingle; bring a *tickle feather* closer, closer, closer until finally you tickle child with it.
- Play infant games, such as peekaboo, *I'm going to get you*, and *patty cake*.

- Play verbal *Ping Pong* with child, responding to every sound or word the child makes and continue the ping pong match to expand the number of circles closed.
- Pursue pleasure over other behaviors and do not interrupt any pleasurable experience.
- Use gestures, tone of voice, and body language to accentuate the emotion in what you say and do.
- Try to be as accepting of child's anger and protests as you are of child's more positive emotions.
- Help child deal with anxiety (separation, getting hurt, aggression, loss, fear, and so on) by using gestures and problem solving.

## 17. Strategies for Helping Child Build Symbolic World

- Identify real-life experiences child knows and enjoys and have toys and props available to play out those experiences
- Respond to child's real desires through pretend actions
- Allow child to discover what is real and what is a toy (e.g., if child tries to go down a toy slide, encourage child to go on; if child tries to put on doll's clothes, do not tell it doesn't fit; if child puts foot in pretend pool, ask if is cold)
- If child is thirsty, offer an empty cup or invite to tea party
- Encourage role playing with dress-up props, use puppets - child may prefer to be the actor before using symbolic figures
- Use specific set of figures/dolls to represent family members and identify other figures with familiar names
- Give symbolic meaning to objects as you play:
- When child climbs to top of the sofa, pretend child is climbing a tall mountain
- When child slides down the slide at the playground, pretend the child is sliding into the ocean and watch out for the fish
- Substitute one object for another when props are needed. Pretend that the ball is a cake or the spoon is a birthday candle.
- Resume use of gestures for props along with toy objects and substitutes
- As you play, help child elaborate on personal intentions.
- Ask who is driving the car,
- where the car is going,
- whether child has enough money,
- did child remember the keys to the car,
- why is child going there,
- why not somewhere else, etc.
- Expand as long as you can. (Use all of the Who, What, Where, Why, When questions, and keep them open ended)
- Make use of breakdowns.
- When a problem crops up during play, create symbolic solutions.
- Get the doctor kit when the doll falls so child can help the hurt doll, tool kit for broken car etc.
- Acknowledge child's disappointment and encourage empathy.
- Get involved in the drama.
- Be a player and take on a role with your figure.
- Talk directly to the dolls rather than questioning child about what is happening or narrating
- Both help the child and be your own player.
- Talk as an ally (perhaps whispering), but also have your figure oppose or challenge child's ideas.
- Insert obstacles into the play. (e.g.: make your bus block the road. Then speaking as a character, challenge child to respond. If necessary, get increasingly urgent (whispering to child to encourage to deal with the problem, offer help if needed by becoming an ally).
- Use symbolic figures child knows and loves, such as Barney, Disney or Sesame Street characters, to generate symbolic play. Reenact familiar scenes or songs, create new ideas, and notice characters and themes child may be avoiding or fear.

- Use play to help child understand and master ideas/themes which may have been frightening. Work on fantasy and reality.
- Let child be the director. Child's play need not be realistic (child may still be a magical thinker) but encourage logical thinking.
- Focus on process as you play; which character to be, what props are needed when ideas have changed, what the problem is, when to end the idea, etc. Identify the beginning, middle and end.
- As you play, match your tone of voice to the situation. Pretend to cry when character is hurt, cheer loudly when your character is happy, speak in rough or spooky tones when you are playing the bad guy. Remember, *drama, drama, drama* to give child affect cues.
- Reflect on the ideas and feelings in the story both while playing and later on as you would with other real life experiences
- Discuss child's abstract themes such as good guy/bad guy, separation/loss, and various emotions such as closeness, fear, jealousy, anger, bossy, competition, etc.
- Remember symbolic play and conversation is the safe way to practice, reenact, understand and master the full range of emotional ideas and experiences.

## 18. Strategies to Develop Abstract Thinking

- Follow child's lead, build on child's ideas
- Challenge child to create new ideas in pretend play
- Heighten affect and engagement
- Practice and expand rapid back and forth interactions and conversations (gesturally and verbally)
- Carry on logical conversations all the time (e.g.: while driving, at meals, during baths etc.) Content does not have to be realistic
- Encourage understanding of fantasy-reality:
- child will use toys as real objects for self as if real (e.g.: puts feet in play pool, tries to go down toy slide, tries on doll clothes, etc.)
- child may prefer to start with role play and puppets
- child will use toys in pretend fashion
- child will use symbolic solutions for problems and fears
- child will find safety to experiment with themes of aggression and power
- Recognize fears and avoidance of certain feelings, themes and characters.
- During play and conversations get beginning, middle and end of story or idea - identify problem to be solved, motives and feelings - accept all feelings and encourage empathy
- Select books to read that have themes, motives and problems to solve - discuss alternative outcomes, feelings
- Encourage abstract thinking:
- ask why questions
- ask for opinions
- compare and contrast different points of view
- reflect on feelings - come back to experiences again later
- don't ask questions you know the answer to
- don't tell child which dimensions to use
- Use visualization - picture yourself
- avoid rote, fragmented, academic questions
- Be creative
- if child puts foot in pretend pool, ask if it's cold.
- if child is thirsty, offer an empty cup or invite child to a tea party

- if child is hungry, open toy refrigerator and offer some food, pretend to cook, or ask if child will go to pretend market with you to get things to eat.
- if child want to leave, give pretend keys or a toy car
- if child lies down on the floor or couch, get a blanket or pillow, turn off the lights, and sing a lullaby
- Encourage role playing with dress-up props, use puppets - child may prefer to be the actor before the child uses symbolic figures.
- Use a specific set of figures/dolls to represent family members and identify other figures with familiar names.
- Get involved in the drama. Be a player and take on a role with your own figure. Talk directly to the dolls rather than questioning child about what is happening or narrating.

## 19. Strategies to Develop Motor Planning Abilities

- Encourage "undoing"
- move object in line
- cover desired object
- put puzzle piece in wrong place
- bury desired object(s) under other toys and very different objects
- hide desired object from the place where child last put it etc.
- Provide destinations for actions - treat as intentional and symbolic
- child throws - catch it in basket
- child holds figure (little person, animal) -bring over toy slide, school bus, food (if child does not use spontaneously, ask if the figure would like to... give choices if needed...ask figure directly...try not to direct)
- child taps - bring over *drums* (can be plate, plastic toy, sticks etc)
- child rolls car - bring over garage, crash into it, block with figure
- child reaches for hand - *play give me five*, variations, dance
- Create problems to solve - require multiple steps
- put desired objects in boxes to open, untie, remove tape or rubber band
- pretend object needs to be fixed using tools, tape, rubber bands, Band-Aids (symbolic)
- create obstacles to child getting around or mor or restore to correct position
- hold book to read upside down and/or backwards
- offer pens/markers which do not work
- sit in child's special place
- get to where the child is running first
- hide object child desires in one hand or the other so that the child can choose
- when child seeks your hand instead of using own hand, put your hands on your head or in your pocket
- put socks on child's hands instead of feet
- give child your shoes to put on
- make desired toy/object a moving target (move from place to place)
- Be playful and supportive as you encourage and expand these interaction
- Change environment frequently to encourage flexibility, create problems and expand discussion
- move expected objects (change drawer content, change content in baskets)
- rearrange furniture and create problems (child find chair upside down, or is told to sit down when chair is across the room)
- hang up pictures from magazines at eye level and change frequently
- Encourage child to initiate/continue action
- *Ready, set, Go!*
- put toy which child was using back in child's hand. (Oh, you dropped, forgot)
- provide cues - *uh oh, knock, knock, help*
- use indirect prompts (call the figures to come, *where are you?*)

- bring over next step (puppet to eat pretend food, mirror to see the hat etc.)
- trade objects, positions etc.
- Deal with consequences of actions symbolically
- baby doll fall (is dropped) - *Uh oh! He's crying. Are you hurt? Get a bandage. Go to the doctor. Call an ambulance...*
- car crashes - *Oh no, it's broken! Can you fix it mechanic?*
- Basket is dropped - *What a mess! What do we do now?*
- Model/mediate sequence of actions needed to solve problem
- Plan your idea - discuss what child will need for their idea
- get toys/props child will need
- identify setting and destinations
- while playing identify problems and sequence of solutions
- identify beginning, middle and end
- challenge, reason, negotiate
- Play interactive song-hand games
- *Itsy bitsy spider*
- *one potato two potato*
- *slap my hand*
- *sailor went to sea, sea, sea etc.*
- Play Treasure Hunt and use maps (use visual and verbal cues)
- Play games
- social playground/party games
- board games (cognitively challenging)
- cooking
- drama
- arts and craft activities
- Encourage athletic activities
- individual sports e.g. tennis, roller skating, shooting baskets, ice skating etc
- group sports e.g. soccer, baseball, basketball etc
- gymnastics
- Tae Kwon Do

## 20. Strategies to Address Processing Difficulties

Child's Actions	Adult's Solutions
<b>Avoids, moves away</b>	Persist in your pursuit
	Treat as intentional
	Provide visual cues
	Playfully obstruct
	Attract with "magic"
	Insist on a response

<b>Stays stuck, does not know what to do next</b>	<p>Provide destination</p> <p>Return object of interest</p> <p>Use object in some way</p> <p>Expand, expand</p> <p>Give new meanings</p> <p>Use ritualized cues to start ("<i>ready, set, go</i>")</p>
<b>Uses scripts</b>	<p>Join in</p> <p>Offer alternative scripts</p> <p>Change direction of script</p>
<b>Perseverates</b>	<p>Ask for turn, join, imitate, help</p> <p>Make interactive</p> <p>Ask "<i>how many</i>" more times</p> <p>Set up "<i>special</i>" time</p>
<b>Protests</b>	<p>Act sorry, play dumb, restore, blame figure</p>
<b>Rejects, refuses</b>	<p>Provide more things to say "<i>no</i>" to</p> <p>Expand, give other choices or time</p>
<b>Says something unrelated</b>	<p>Insist on a response</p> <p>Notice change or bring closure</p>
<b>Becomes anxious or fearful</b>	<p>Reassure</p> <p>Problem solve</p> <p>Use symbolic solutions</p>
<b>Acts out, pushes, hits</b>	<p>Provide affective cue ("<i>Uh, uh, uh</i>"; "<i>No, no, no</i>") to encourage self-regulation</p> <p>Set limits.</p> <p>Reward for absence of negative behaviors</p>

## 21. Developmental Stages of Greenspan's Functional Emotional Assessment Scale (FEAS)

- Regulation and Interest in the World (by 3 months)
- Forming Relationships and Attachments (by 5 months)
- Intentional Two-Way Communication (by 9 months)
- Complex sense of Self I: Behavioral Organization (by 13 months)
- Complex sense of Self II: Behavioral Elaboration (by 18 months)
- Emotional Ideas I: Representational Capacity (by 24 months)
- Emotional Ideas II: Representational Elaboration (by 30 months)
- Emotional Thinking I: (by 36 months)
- Emotional Thinking II: (by 42-48 months)

## 22. Structural and Thematic Characteristics of Greenspan's FEAS Developmental Stages

Stages of Development	Organizing Fantasies and Themes
<b>Regulation and Interest in the World</b>	Omnipotent control; being overwhelmed; falling apart
<b>Engagement and Relating</b>	Isolation; emptiness; inanimate objects; unconditional love
<b>Intentional Communication</b>	Part object pleasures or fears; chaotic, fragmented interactions
<b>Complex sense of self</b>	Narcissistic self-absorption; grandiosity; suspiciousness; somatization; global self deprecation
<b>Emotional Ideas</b>	Neediness, being taken care of and/or fear of separation and/or danger
<b>Emotional Thinking</b>	Power; being admired; respected; shame; humiliation; loss of love; injury or harm to self or others

## 23. Greenspan's FEAS Levels of Functioning and Corresponding Floor Time Strategy

Developmental Level	Child's Skills Needed	Floor Time Strategy
<b>Regulation and Interest in the World</b> <i>(by 3 months)</i>	Sense of protection, care and encouraged engagement in world	Provide one on one ping ponging and cuddling to set a pattern that is predictable and comforting
<b>Forming Relationships and attachment</b> <i>(by 5 months)</i>	Rich investment in human world; woos and is	Provide secure relationship which evolves into an attachment that survives negative feelings

	woed	
<b>Intentional Two-Way Communication</b> <i>(by 9 months)</i>	Reads and responds contingently to range of affective and behavioral cues	Provide experiences which help develop capacity to facilitate empathic reading of the "other"
<b>Complex Sense of Self: Behavioral Organization &amp; Behavioral Elaboration</b> <i>(9-18 months)</i>	Secure availability to others while admiring and supporting greater behavioral organization, initiative and originality	Provide experiences which encourage self-observing capacity and permits integration of affective opposites around dependency, aggression, passivity and assertiveness.
<b>Emotional Ideas: Representational capacity and elaboration</b> <i>(18-30 months)</i>	Using evolving, representational (symbolic) capacities across a wide thematic and affective range	Provide experiences which work at the use and elaboration of fantasy and pretend play
<b>Emotional Thinking: Representation, Differentiation and Consolidation</b> <i>(24-48 months)</i>	Using of representational capacity and reality orientation	Provide experiences to shift between fantasy and reality and integrate wide range of affective and thematic issues

## 24. READING LIST and ONLINE RESOURCES on Floor Time

### ONLINE RESOURCES:

For more information about Floor Time and other Greenspan Early Intervention concepts contact:

- Stanley Greenspan's Homepage: <http://www.stanleygreenspan.com/>
- The Interdisciplinary Council on Developmental and Learning Disorders at <http://www.icdl.com> or contact them at: *The Interdisciplinary Council on Developmental & Learning Disorders, 4938 Hampden Lane, Suite 800, Bethesda, Maryland 20814, or call 301-656-2667*

Greenspan's Floor Time Related Books:

- *THE CHILD WITH SPECIAL NEEDS: ENCOURAGING INTELLECTUAL AND EMOTIONAL GROWTH.* Stanley I. Greenspan, M.D. and Serena Wieder, Ph.D., Addison Wesley: (1998, Reading, MA). The most

recent, comprehensive, and parent oriented discussion of the use of floor time with children with special needs.

- *INFANCY AND EARLY CHILDHOOD - THE PRACTICE OF CLINICAL ASSESSMENT AND INTERVENTION WITH EMOTIONAL AND DEVELOPMENTAL CHALLENGES*, Stanley I. Greenspan, M.D., International Universities Press, Inc.(1997, 3rd Printing Madison, WI). The comprehensive coverage of the whole range of Behavioral, Sensory Spectrum Disorders which is addressed to clinicians. The FEAS scales used in this program were developed from material contained in this book.

**Other books by Stanley I. Greenspan, M.D.:**

- *THE CHALLENGING CHILD - UNDERSTANDING, RAISING, AND ENJOYING THE FIVE "DIFFICULT" TYPES OF CHILDREN*. Addison Wesley (1995, Reading, MA).
- *THE CLINICAL INTERVIEW OF THE CHILD*. Co-authored with: Nancy Thorndike Greenspan, American Psychiatric Press, Inc. (1991, Washington).
- *DEVELOPMENTALLY BASED PSYCHOTHERAPY*. International Universities Press, Inc. (1997, Madison, WI)
- *FIRST FEELINGS - MILESTONES IN THE EMOTIONAL DEVELOPMENT OF YOUR BABY AND CHILD*. Co-authored with Nancy Thorndike Greenspan, Penguin Books, (1985, NY).
- *THE GROWTH OF THE MIND - AND THE ENDANGERED ORIGINS OF INTELLIGENCE*. Addison Wesley (1997, Reading, MA).
- Floor time film with Greenspan:
- *FLOOR TIME - TUNING IN TO EACH CHILD*. Scholastic Inc, NY, 1990. Contact at Toll Free Number: 1.800.325.6149

**If you want to get copies of the above material please contact Dr. Stanley Greenspan through [www.stanleygreenspan.com](http://www.stanleygreenspan.com) only, please do not contact this site.**