Comprehensive Model: DIR/Floor Time

Brief Introduction
The Developmental, Individual-Difference, Relationship-Based (DIR) intervention model, also known as Floor Time™, is designed to help children work around processing difficulties to reestablish effective contact with caregivers or play partners and begin to master developmentally appropriate skills. It is designed to increase socialization, improve language, and decrease repetitive behaviors.

Description
Children with autism (AU) often lack the most basic foundation for interpersonal experiences. Greenspan and Wieder (1997a) suggested, “The child’s interactions in relationships and family patterns are the primary vehicle for mobilizing development and growth” (p. 5). Greenspan and colleagues developed the Developmental, Individual-Difference, Relationship-Based (DIR) intervention model, also known as the Floor Time™ approach, to facilitate understanding of children and their families by identifying, systemizing, and integrating the essential functional developmental capacities (Greenspan & Wieder, 1999; 2000).

Floor Time™ was created (Greenspan & Wieder, 1997a) to increase socialization, improve language, and decrease repetitive behaviors (Greenspan & Wieder, 1997b). Its name is derived from Greenspan’s philosophy of the importance of adults “getting down on the floor” to interact with the child.

Joint attention and the promotion of contingent interaction form the methodological core of the model (Kasari, 2002; Siller & Sigman, 2002). Specifically, the primary goal of this intervention is “to enable children to form a sense of themselves as intentional, interactive individuals and to develop cognitive language and social capacities from this basic sense of intentionality” (Greenspan & Wieder, 2000, p. 289), and to progress through the six functional emotional developmental milestones.

These milestones are the ability to (a) self-calm and process environmental information, (b) engage in relationships, (c) engage in two-way communication, (d) create complex gestures and connect a series of actions into an elaborate and deliberate problem-solving sequence, (e) create ideas, and (f) build bridges between ideas so that they become reality-based and logical (Greenspan, Wieder, & Simon, 1998). Furthermore, Greenspan et al. proposed four specific goals corresponding to these six milestones:

- Attention and intimacy
- Two-way communication
- Expression and use of feelings and ideas
- Logical thought

Floor Time™ is a play-based interactive intervention in which affect and interactive relationships are the primary components. It emphasizes individual differences, child-centered interests, and affective interactions between a child and a caregiver or play partner. During Floor Time™ sessions, the caregiver or play partner takes an active role in spontaneous and fun activities that are directed by the child’s interests and actions. The intervention can be used in nearly any setting and at any time. In addition, it may be used as a component of other comprehensive therapy programs (Greenspan et al., 1998).

Elements of Floor Time™ are shared by other methods, including Pivotal Response Training or PRT (Koegel & Koegel, 1995). Greenspan suggests implementing 6 to 10 sessions per day, each lasting 20 to 30 minutes, particularly for children with severe challenges (Greenspan et al., 1998).
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Research Summary: DIR/Floor Time

<table>
<thead>
<tr>
<th>Ages</th>
<th>Skills/Intervention Goals</th>
<th>Settings</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>0–22 years</td>
<td>Social, communication, joint attention, behavior, play, cognitive, school readiness, self regulation, motor, adaptive</td>
<td>Home, school, community</td>
<td>Components that make up this curriculum are evidence-based practices from NPCD</td>
</tr>
</tbody>
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Research


References


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**Resources and Materials**

The Floor Time™ website provides information about Floor Time™ and has resources for parents and professionals alike. http://www.stanleygreenspan.com/
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Steps for Implementation

Step 1. Identifying the Intervention Goals

A. Refer to the learner’s IEP/IFSP to identify potential intervention targets.

B. Discuss goals with team members, including family and learner.

C. Target goals that are (a) functional, (b) usable across settings with different people and materials, and (c) part of the learner’s natural daily environment.

Step 2. Defining the Target Behavior or Skill

A. Clearly define the target behavior or skill so that it is observable and measurable.

Step 3. Collecting Baseline Data

A. Determine the type of data needed to assess the target skill.

B. Collect data on at least three occasions over three to five days to determine the learner’s skills prior to intervention.

Step 4. Implementing the Intervention

The Floor Time™ process consists of five steps:

A. *Observation*. The caregiver or play partner watches the learner’s facial and body expressions and listens to his or her voice tone and verbal expressions to determine how best to approach him.

B. *Approach*. Based on the learner’s mood and communication/behavior styles, the caregiver or play partner approaches the learner using suitable words and gestures and opens a circle of communication through acknowledging the learner’s emotional stage and interest at the moment. The caregiver or play partner may introduce a “creative obstruction,” such as moving a preferred item out of the learner’s reach, for the purposes of capitalizing on the learner’s greatest interest during this step.

C. *Follow the learner’s lead*. The learner is encouraged to guide the activity as the caregiver or play partner provides support. It is in this stage that the learner experiences feelings of warmth, connecting with others, and being understood, thus further increasing his or her self-esteem and assertive abilities. A sense of personal influence on the world also develops during this stage.

D. *Extend and expand play*. The caregiver or play partner makes encouraging comments about the learner’s play and extends and expands his or her play without being intrusive. The primary goal of this step is to assist the learner in expressing his or her own ideas, clarify the emotional themes involved, and stimulate
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creative thinking by asking questions. For example, if the learner is dressing a doll for a party, the caregiver or play partner may empathetically respond, “The doll has a beautiful dress on. Is she going somewhere?”

E. **Learner closes the circle of communication.** The learner closes the circle of communication when he or she builds on the comments and gestures of the caregiver or play partner with comments and gestures of his or her own. Interactions with the learner allow many circles of communication to be opened and closed in quick sessions. When the adult and the learner build on each other’s ideas and gestures, the learner’s sense of appreciation and understanding of the meaning and value of two-way communication emerges.

**Step 5. Monitoring Learner Progress**

A. Collect data to measure the effectiveness of the intervention on the target behaviors or skills for a minimum of two weeks.

B. Ask others who work or live with the learner to collect data on the target behaviors across settings.

**Step 6. Reviewing Data and Modifying the Plan if Necessary**

A. Depending on intervention findings, continue or adapt the target behaviors or instructional techniques employed.

B. When procedures are altered, change only one variable at a time.

C. Collect and review data following each adaptation or change.