

DIR/Floortime

The DIR®/Floortime™ model is a framework that establishes developmental expectations for clinicians, parents, and educators who treat children with developmental disorders. While behavior analysis focuses on the function of behaviors, the objective of the Floortime model is to build healthy foundations for social, emotional, and intellectual capacities. In this way the two methods work beautifully together.

The D (Developmental) part of the model describes the building blocks of the foundation. Nine developmental milestones are at the heart of the Floortime approach.

1. Security and the ability to be regulated by the parent
2. Engagement and the ability to maintain attention in another
3. Two-way purposeful interaction
4. Two-way purposeful problem solving
5. Symbolic thinking and the ability to elaborate ideas
6. Building connections between ideas
7. Multi-causal thinking
8. Gray area thinking
9. Reflective thinking and a stable internal standard

The I (Individual differences) part of the model describes the unique biologically-based ways each child takes in, regulates, responds to, and comprehends sensations such as sound, touch, and the planning and sequencing of actions and ideas. Some children are hyper-responsive to touch and sound, while others are under-responsive. Some children avoid sensation while others seek it.

The R (Relationship-based) part of the model describes the relationships with parents, teachers, therapists, siblings, and peers. Children with developmental disorders require just the right amount of affect—and this varies from child to child. A very big focus in Floortime is increasing what Greenspan and Wieder (1998) call “turns of communication” in order to extend the child’s development to the next level.



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