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The **AUTISM** magazine  
TAP INTO IT.  
**perspective**

# “A Gifted Autistic!”

A Candid Interview with **Johnny Seitz**  
How He Helped American Icon **Dick Clark**



Living from  
the Heart

**FLOORTIME:**  
What It Is and What It Isn't

**Wanted:**  
Parent for Autistic Child

PLACING OUR  
**CHILD**

Growing Up Aspie

By  
Esther B. Hess,  
Ph.D.

# I Look At Life From Both Sides Now

*As I lecture extensively around the country on the subject of autism, I specifically teach and support families, through the methodology of Floortime (as created by Dr. Stanley Greenspan), on how to deal with the challenges associated with their child's autistic diagnosis. Floortime is the application of Dr. Greenspan's developmental relationship approach to the treatment of children with Autism Spectrum Disorder that is entitled D.I. R. The initials are an acronym for the developmental, individual differences and relationship elements that are the critical base of consideration when treating children with this disorder.*

**A**s part of my intervention, I coach parents, grandparents, siblings, teachers and other interventionists to interact with the child effectively by encouraging them to become active play partners. They are guided as to how to get down on the floor and engage in a high affect, gestural, back and forth manner that ultimately lets the child know that they (the play partners) are empathic and attuned to the challenges that make normal engagement so difficult.

Autism, a social communication disorder, traditionally impacts children at around 14-18 months of age. At about the time developmentally, when parents expect their toddler to begin to share with them the delights of traditional environmental exploration, these children withdraw into a state of self-absorption. Parents and families, understandably, of-

ten experience a sense of rejection.

I recently shared a story about a dad who as a child was greatly disappointed in his own father. He felt that his dad, a busy salesman, never found the time to play ball with him. This man promised himself that when he would become a father that he would have a son who would play ball with him and in essence repair the hurt feelings of rejection that he had experienced from his own dad.

When his first and only child was born, this dad ran out to get the biggest baseball mitt and ball that he could find. Although he had been graced with the birth of his son, there were problems. The child was physically very awkward and low tone. He never seemed to be able to make direct eye contact with his parents and often the father would express that it seemed as if his little boy looked right through him. Eventually

the child was diagnosed with autism.

Reeling from the initial diagnosis, the father was beside himself. This was the child who was supposed to be able to “fix” the damage of his earlier relationship with his father. This dad had to face the harsh reality that aside from having very little interest in any kind of ball game, it appeared that his son had very little interest in him.

The brilliance of Dr. Greenspan’s DIR model is that it takes into consideration three critical components when dealing with a child impacted by developmental delays. These areas include understanding the specific functional emotional developmental level of the child, considering any underlying neurological differences that might be impacting the child’s ability to move forward up that developmental ladder, and the impact of the relationship between child and caregiver. As a clinician, I am aware that autism impacts both the individual child and his/her family. Consequently, I felt that to help this father heal from the wounds associated with hearing his son’s diagnosis, that it was critical to have him look at all of the potential reasons associated with his child’s isolating behaviors.

I offered the possibility of looking at both sides of the child. I suggested reasons as to why this little boy appeared so indifferent to his father (such as severe underlying neurological challenges), and posited a different parental direction. Instead of expecting the child to meet Dad’s agenda of playing ball and repairing this daddy’s earlier psychic injuries, I suggested that the father turn things around and meet the child where he was at. As Dr. Greenspan has so eloquently suggested, the idea of following your child’s lead is to see what the child is interested in and build a relationship based on that reality.

Shortly thereafter, I began to coach the Dad to notice the small minute gestures of his son. Lo and behold, this father began to notice that although his son was indifferent

to baseball, his child did enjoy playing with pirate figures. I enthusiastically encouraged the dad to play pirates with his son. The boy was cautious at first, even turning his back away from his father’s initial overtures. But with my encouragement, this dad persisted, and eventually both father and son were rewarded with a different kind of a game. These two people were not throwing a ball back and forth, but rather they were engaged in a back and forth of co-regulated interchange around pretend play, that both could consistently and enthusiastically participate in.

Autism has impacted me personally by giving me a perspective to consider alternative possibilities to many common breakdowns in relationships. Before I studied Dr. Greenspan’s DIR model and took into consideration that there were three components that create the necessary relational ingredients that make up a co-regulated inter-

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change, I too could jump to conclusions as to why a child appeared particularly rejecting in his/her gestures and/or actions towards another. It’s normal to want to run with your own conclusions for whatever is going on in another person’s mind. Now, however, I stop to consider the alternative possibilities. Children impacted by autism are not necessarily rejecting those around them. Rather, one explanation as to why these children can appear as if they are not in tune with the world, is that perhaps the world’s demands are perceived as too hard or too intrusive. We need to learn, like the daddy in my story, to stop demanding that our autistic children “play ball” with us on our terms, and instead, learn to consider both sides of the story and figure out how to get down on the floor and play a game of pirates. **TAP**



**Esther B. Hess**

*Dr. Esther B. Hess is a licensed clinical psychologist. She specializes in the assessment, diagnosis and treatment of individuals with developmental delays, and application of a developmentally based psychotherapy (the DIR model) as devised by Dr. Stanley Greenspan. This model takes into consideration the various underlying elements that may be impeding the child including where he/she is at developmentally, various biological constraints, and the relationship between the child and the parent. In addition to working with the impacted person, Dr. Hess interfaces with the entire family and coordinates the efforts of the various members of team specialists who assist in boosting the impacted individual’s developmental lag. Dr. Hess is certified in the D.I.R./Floortime model and is currently one of Dr. Greenspan’s Senior Clinicians on the West Coast. She has trained parents, interventionists and clinicians throughout the United States in a method known as Floortime. Dr. Hess has a private practice in West Los Angeles. You can reach Dr. Hess through her e-mail address: [Drhess@drhessautism.com](mailto:Drhess@drhessautism.com).*