

CLINICAL EDITOR: The author provides the reader with a foundation for using play in the treatment of children with Autism and other spectrum disorders. This article emphasizes the healing that happens through play.

Floor Time

A Play Intervention for Children with Autism

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Autism is part of a spectrum of developmental disabilities in which symptoms generally become apparent in children by 2 to 3 years of age. It is a developmental disability that affects several areas of the brain, including the cerebellum (the movement center of the brain), the hippocampus and the limbic system (the emotional centers of the brain). The disorder causes sensory information from the outside world to come in fragments or pieces that often seem too fast for these individual children to process. Consequently the information that is received from the environment often feels like a barrage of stimuli, which can easily overwhelm them. To cope, they often exhibit behaviors like screaming, covering their ears and/or running to a quiet place to shut off this massive and confusing sensory overload.

Because of these difficulties in coping with external stimuli, a misnomer has arisen that suggests that play therapy for

children on the autism spectrum cannot be helpful. Many of these children engage in repetitive, stereotypic play with toys. How can play therapy 'break into' these stereotypic behaviors to create a play environment that encourages a co-regulated interchange between the impacted child and the clinician? In addition, it is not uncommon for individuals with autism to have the co-morbid diagnosis of mental retardation. Consequently these children have often been thought of as not being physically or mentally able to work in a play therapy modality (Kenny & Winick, 2000). Therapists must deal with these and other challenges to implement developmentally appropriate practices and interactions for children with special needs.

Emerging modern developmental, relationship-based approaches to working with children with autism spectrum disorder and other disorders of relating and communicating





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attempt to help children master the basic foundations of relating, communicating, thinking and of course, playing. Symptoms, such as self-simulations, perseveration, and self-absorption, are worked with by strengthening these basic foundations that, in turn enable the child to master his or her symptoms. For example, as a child learns to engage and enjoy being part of a relationship, she decreases her self-absorption. Most importantly, as symptoms are being mastered, the child is developing the essential foundation of healthy emotional and intellectual functioning.

The Developmental, Individual-Difference, Relationship-Based (DIR) approach operationally known as Floor Time, as developed by Dr. Stanley Greenspan and Dr. Serena Weider, is a comprehensive model that identifies the individual differences (i.e., the strengths and weaknesses) of particular children and their families. The term “Floor Time” refers to the process, or concept, through which therapists, parents, and other caregivers make a special effort to tailor interactions to meet the child at his unique functional level and within the context of his processing differences. Floor Time sessions focus on having partners get down on the floor and follow the child’s lead to encourage the child’s initiative and purposeful behavior, deepen engagement, lengthen mutual attention, and develop symbolic capacities.

The following are basic Floor Time principles that when applied and expanded upon, in a thoughtful continuous manner, can lead to both the cultivation of a spontaneous interactive

relationship between child and play partner as well as an improved functional developmental level within the child himself:

- Follow the child’s lead.
- Join in at the child’s developmental level and build on his/her natural interests. Through you own affect and action; woo the child into engaging with you. It is critical to be aware of the child’s current functional developmental level and to meet the child where he/she is at, as a way to encourage further developmental progress.
- Open and close circles of communication (i.e., build on initially into the child’s interest and then inspire the child to, in turn, expand the initial interaction built on what you have done or said).
- Create a play environment with rattles, balls, dolls, action figures cars, trucks, schools, etc. that will provide a vehicle for the child’s natural interests and facilitate opening and closing circles of communication. Avoid very structured games that reduce creative interaction.
- Interact playfully, but obstructively, as needed (when the child is avoiding interaction, position yourself between the child and what he wants to do to encourage him to interact with you, e.g., hide the child’s car in your hand so he is inspired to search for it, or build a little fence around the child with your arms so that he needs to duck under, push up or say “out” in order to return to moving around the room). It should be noted that playfully obstructive does not mean intruding upon the child’s sensitivities

to the point of the child breaking down into a tantrum or meltdown.

- Challenge the child to engage in neglected or avoided types of interactions (e.g., for a passive child who avoids taking the initiative, slowly and smilingly move away the toy the child is playing with, thereby challenging the child to take the initiative and come after it).
- Tailor your interactions to the child's individual differences in auditory processing, visual-spatial processing, motor planning and sequencing, and sensory modulation.
- Engage the child with sound and/or words, vision, touch, and movement (e.g., while playing with cars, make racing sounds or discuss where the cars are going; look for the house or school the cars are going to visit).

Work with the individual differences by utilizing the natural strengths for interaction (e.g., visual experiences for the child with relatively strong visual-spatial capacities. Gradually remediate vulnerabilities e.g., provide extra practice in listening to and using sounds and words for the child who has a receptive language or auditory processing challenge. Be extra soothing for the sensory-over reactive child and/or extra compelling and animated for the sensory-under reactive child), (Greenspan, 2000).

As a child begins to become more regulated and able to sustain his/her engagement with their play partner, the play can become more elaborate and move into the realm of symbolism

and higher developmental thought capacities. Here are additional strategies and tips to use the Floor Time model in therapy with withdrawn and autistic children:

- Identify real-life experiences your child knows and enjoys and have toys and props available to play out those experiences.
- Respond to the child's desires through pretend play.
- Encourage role-playing with dress-up props, use puppets, etc.
- Use specific set of figures/dolls to represent family members.
- Give symbolic meaning to objects as you play.
- Substitute one object for another when props are needed.
- As you play, help the child elaborate on his/her intentions.
- Make use of breakdowns.

As an example of Floor Time in a real life circumstance let me share a short vignette of a father who was coached by a play therapist versed in the DIR principles, in his attempts to engage and play with his very withdrawn child. This child would not, despite the best efforts of this parent, play with his father. Instead, the boy would perseverate for hours by lining up toy cars in a row, with no apparent purpose or direction. The therapist initially suggested trying simple gestural interactions. The father was directed to get down on the floor and put his hand on a toy car very gently, as his son was exploring it. Without words, the father pointed to a particular part, as though to say, "What's that?" But, in pointing, the father actually moved the car, so that the son felt the car moving in his hands and

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noticed, without upset, his father's involvement. The son took the car back, but looked at where the father had touched with his fingers. The more physical, gestural communication seemed to get a faint circle of communication-the son's interest in the car and the father's pointing to a spot on the car and moving it a little opened a circle of communication. The son's looking at that particular spot and taking the car back closed a circle of communication. These opening and closing circles of communication created a foundation for subsequent communication.

After getting this minimal interaction going, as the son was moving the car back and forth, the father got another car and started moving it back and forth next to his son. The father and his car moved towards his son's car, but did not crash into it. The son initially pulled his car out of the way but then moved his car fast as his father had, towards his father's car. Now three or four circles were closed in a row and real interaction was beginning.

After that, the engagement took on more complex qualities, with the father, for example, hiding his son's car in his shirt pocket and his son pointing, searching, and vocalizing to find it. The father began to expand on the original exchanges, by using a higher degree of affect, and upped the ante by starting to say, "fast" and "slow" to describe his own actions. When he moved the car fast, he said "fast," and when he moved it slow, he said, "slow." After four or five repetitions, the boy rammed his car into his father's car and said "fast!" (albeit with poor pronunciation). The father beamed. He was amazed that his son could learn a new word and use it in his play so appropriately

and so quickly (Greenspan and Weider, 1999).

With incidences of autism on the rise, it behooves play therapists to become aware and adept at reaching children with challenges, and through their interactions develop a relationship that helps pull these children both up the developmental ladder and the into the world at large. Through the methodology of Floor Time, clinicians can also help families become better attuned to the small and large nuances of their child while increasing their own awareness of their capacities to play.

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