

Floor Time: A Play Intervention for Children with Autism

By Esther Hess, PhD

Clinical Editor's Note: In this article, author Hess shows us how play can be used with autistic children.

Play is the foundation of creative intelligence, but, like any intelligence, it must be developed. The child who is played with will learn to play. The child who is not played with will be unable to play and will be at risk on every level (Pierce, 1998). Studies have shown that children learn communication skills, social skills, problem solving, and abstract thought, all through the use of play (Rubin, 1986; Fein & Vanderberg, 1983). But what happens when the child, with whom you would be playing, has a special challenge, specifically autism? Often a child impacted by autistic spectrum disorder has great difficulty interacting and playing appropriately with either family or friends.

Autism is part of a spectrum of developmental disabilities, in which 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) are affected. Symptoms generally become apparent in children by 2 to 3 years of age. The disorder causes sensory information from the outside world to come in fragments or pieces that often seem too fast for these children to process. Consequently the information that is received from the environment often feels like a barrage of stimuli, which can easily overwhelm the children. To cope, they often exhibit behaviors, such as 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 misunderstanding has arisen that suggests that play therapy cannot be helpful for children on the autism spectrum. Many children on the autism spectrum engage in repetitive, stereotypic play with toys seemingly unable to expand their use into normalized interactions. A reason-

able question might be, 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 dual diagnosis of mental retardation. Consequently children on the autism spectrum have often been thought of as not physically or mentally able to work in a play therapy modality (Kenny & Winick, 2000).

In contrast to this rather pessimistic view of the play capacities of children with challenges, emerging modern developmental, relationship-based interventions that work with children with autism spectrum disorder and other disorders of relating and communicating are being used to successfully help children master the basic foundations of relating, communicating, thinking and of course, playing. Symptoms, such as self-stimulations, perseveration, and self-absorption, are worked with by strengthening these basic foundations that 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 Wieder, 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 capaci-

ties.

The following is an introduction to basic Floor Time principles that, when applied and expanded upon, 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 your 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 s/he is, 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, initially ac-

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