

## Web-Based Radio Show

### DIR®/Floortime™ Basics Part I


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Welcome to our Web-based Radio Show. Thank you for joining us today. Today we are going to begin a new series entitled “The Floortime Basics” or “The Floortime Primer” – however way you want to think about it. Its full title is “DIR®/Floortime™ Basics or Primer.”

What we are going to focus on is what every baby and child requires from those growing up without any challenges at all to those who have significant challenges and may be diagnosed with autism or other special needs conditions including Downs Syndrome, Fragile X, Williams Syndrome, and many others. These DIR®/Floortime™ basics are the essential elements that all families need to provide for all their children and while we have described these in many other books and in many other talks, we haven’t actually divided them out in a very straight-forward way and explained the rationale or the reason why each one is essential for all children for those without challenges to those with the most severe challenges and also explain the ABC’s of how to do it. Again, we have touched on these in many of the books but I think amplification is necessary and underlining is necessary for some of the critical points for some of the critical issues.

For example, just to take one that comes up very frequently, while everyone has gotten the idea that Floortime means following a child’s lead and engaging the child and creating a warm relationship which is certainly essential, it often doesn’t include for most or many caregivers the importance of challenging the child to learn new abilities and to master new capacities so the child, in addition to playing and having their lead and interests elaborated with the caregiver by following the child’s interests, the child needs to be involved in a back-and-forth interaction with the caregiver. They need to be doing something to the caregiver, taking the initiative, and leading the caregiver. How does the caregiver inspire that; how do they challenge the child to do that; while at the same time following the child’s interests and lead. This is a paradox that’s not easy for many caregivers and even many of my colleagues, some of my most esteemed colleagues may have difficulty with negotiating this. I do too when I’m coaching parents. It’s not an easy matter to do.




We will probably be spending almost a show but not a whole show, maybe, on each one but we will let it play out as it plays out. We will be spending a fair amount of time on each of these basics of the DIR®/Floortime™ approach and the rational importance for each one from, again, those growing up without challenges to those with special needs.

First, I'm going to provide a quick overview of the elements we will be covering and then we will begin going into each one in great depth, hopefully today covering the first two – Shared Attention and Engagement – why we mobilize that in all babies and children and what Floortime techniques and basics we use for that and how that fits into our DIR®/Floortime™ Model, but first a broad overview of the overall approach.

The DIR®/Floortime™ Model is a way of thinking about children's development. It actually began with children without challenges – how to promote development. And I should add that what is going to following in the next series can also serve as a kind of manual for childhood development programs or as a curriculum for communities that want to start programs to build healthier development in all children. And help identify when a child is going off the pathway because it's only by having a foundation or framework of healthy, emotional, intellectual and social development can we understand the beginnings of even the slightest movement away from that pathway onto an alternative pathway that may not lead to healthy development.

Let's look at the overall elements. The overall elements begin with things we do at home. Not things we do professionally or for children with special needs. It's something that all parents can do and all caregivers can do, including grandmothers, brothers and sisters, uncles and cousins and volunteers and paid caregivers and helpers; it can occur in daycare settings; it can occur almost anyplace. All it requires is a commitment and a love of children.

So here are the elements that we will be covering. One is what we call the formal Floortime. This is where the caregivers are working and engaging with the child and forming that relationship. They are working on multiple elements at once – forming a relationship, helping the child focus and attend, and as you will see, helping the child learn to interact and initiate and problem solve, be cooperative, and eventually use ideas creatively and logically. So for the child it is play and even for the baby it is simple play like looking at mommy or peek-a-boo game; for the child's development, it's the meat and potatoes of the child's development. It's something that's often done informally, not even called Floortime but it's something that in this busy world is often helpful to systematize, even for children who don't have special needs; for children who are




growing up without challenges so we have enough time together with them and so this is an opportunity to master these essentials of development in the healthiest way possible. So we start with Floortime.

We try to do many, many sessions a day for at least 20 minutes or more because just two minutes here and there doesn't provide a depth of intimacy or that long focus or attention or the opportunity to learn; to be challenged to get into back-and-forth emotional signaling which we will explain later why all of these are so important.

Second, we call problem solving time. Here's where, with a slightly older baby, even an eight month old or certainly a 15 month old or 20 month old, we are teaching a child new things, whether its language or new motor skills or new social skills. We call it problem solving time because we are challenging the child to learn something new. An example would be challenging the child to say the word "open" by putting their favorite toy outside the door and saying, "Where is it? Where is it? To find out should we open the door – open? Or close?" And eventually the child is going figure out that "open the door" means open and discover their new toy behind the door. Well, here we have a motivated child learning a new word. It could be how to reach for something they want. Again we have to put something they want a little out of each. So this is what we call problem solving time. But it too, you will see, is connected to the child's desire just like following a child's lead and helping a child engage is connected to their desire.

Third, we involve the child in lots of motor and sensory play all the time so that their whole physical body is learning to be coordinated and move and do this in a way that it wasn't intended. I keep repeating that this is for all children, whether the child is with challenges or without challenges, so lots of motor and sensory play and games and with the children with special needs, these will take on a more specialized quality guided by a physical therapist or occupational therapist. But there will be a list of exercises when we talk about this so parents can begin it on their own.

The fourth element in our overall approach that we will come to and discuss in great detail in addition to the Floortime and problem solving time and motor and sensory play is educating the child. This will involve language development. It will involve, when a child is ready, a thinking based approach to mastering the academic essentials like math, reading, reading comprehension, and writing, but everything as you will see will be thinking based so we are producing or helping create or facilitating and participating in the creation of a thinker – a thinker who can use the tools at their disposal as opposed to a memorizer. Memory is great but we want memory to be used in the




service of thinking. So we will have educational approaches too at the right and the proper ages.

Also another element in our overall model and approach are proper biomedical approaches beginning with well baby check-ups that are routine and regular. It actually begins with pre-natal care and post-natal/pediatric care, and then specialized tests when needed to rule out any disorders that can be interfering with development and obviously appropriate treatment. So biomedical approaches will be very, very important for both our children growing up without challenges as well as those growing up with challenges.

If there are challenges, we will also have a team approach. Depending on the challenges it may involve an occupational therapist, a physical therapist, a speech pathologist; it may involve a visual special specialist working on helping a child use their eyes and comprehending or figuring out what they are seeing. So it may involve one or the other or all of the above elements.

Another component and a critical component that we will come to that is often ignored or overlooked is the importance of peer play. At certain ages, often between ages two and three, it is vital; and sometimes beginning earlier if the child is interested and ready even at 18 months or in the toddler phase, to not just have one playgroup a week but to have multiple peer play dates and as the child gets to be two to three, certainly by three it should be averaging four or more peer play dates a week. How else is the child going to learn to relate to peers? And there is a difference between being in a preschool program and a group which can be overloading or overwhelming to children where the child is operating under just under the guidance of the teacher in the group and spontaneous peer play where the child is learning to make a friend and have fun, giggle, laugh and chase and experiment and jump up and down and figure out turn-taking on their own or with a little help from mom or dad or another facilitator, so peer play is going to be seen to be vitally important in our overall program.

The other elements we will talk about as well, but these are some of the essentials that make up our team of healthy development. Also our DIR®/Floortime™ team for children with special needs including autistic spectrum disorders. The reason for each of these elements will become clearer in a few minutes, but I want to emphasize that the approach we are talking about is a comprehensive one; one that has many, many different elements in it, not just the Floortime technique although we will be spending a lot of time on Floortime techniques per se, but it involves an overall approach and it has a number of elements in it, and it fits into our DIR®/Floortime™ Model. Why does it fit into our DIR®/Floortime™ Model? Because our DIR®/Floortime™ Model stands for a




comprehensive understanding of each and every child, from those without challenges to those with special needs and autism. The “D” part stands for the development of emotional, social and intellectual development. We have a way of thinking about that development all within one frame of reference so when a child is a two-way communicator, for example, using gestures and emotional signals like smiles or sounds to communicate back-and-forth with caregivers, the child is exercising cognitive, emotional, social, motor, and sensory capacities all at once. So this is just a shining example of why we call this “D” part of our DIR® Model.

The “I” part of our DIR® Model stands for individual differences. We talk about children with motor or sensory challenges or doing motor and sensory exercises. We are addressing the child’s unique profile. Every child, those without seeming challenges, have different ways of experiencing touch, and smell and sound and movement and children with special needs often have ways that may interfere with their development so a child with special needs may have an extreme over-reactivity or over-sensitivity to certain kinds of sounds which leads them to look away rather than towards the caregiver, or may be overwhelmed by sights and may be overly vigilant with means they are so focused they get overloaded or overwhelmed very easily.

But a child without challenges may prefer one kind of touch to another, one kind of sound to another and be just a little aversive to this sound or touch so we want to know the “I” part for all children and it has to do with how they take in and how they respond to and how they also come to understand the different sensations and movement patterns of life.

The “R” part is the caregiver part and the family part and even the community part and the educator part and if therapists are involved, the therapist part. The “R” stands for relationships; relationships that are tailored to the child’s individual differences and help the child move to higher and higher levels of development of their “D.” When we go over our Floortime basics, our DIR® Model will be very prominent in all the basics so we will always be tailoring to the child’s unique nervous system, whether non-challenging or challenging. We will always be working on going to higher and higher levels of development, intellectually, socially and emotionally. And we will always be using our relationships as the key vehicle for helping the child move forward.

Having provided this brief overview, we are going to begin with Number 1 which we can call Segment 1 or Chapter 1 in our ongoing series and that’s going to be on Floortime, the techniques and the challenges; what it is and what it isn’t. We are going to begin with certain elements of it and actually spend quite a few sessions on each session




of Floortime before we go into the peer play and the motor and sensory activities and the other biomedical components and other aspect of our overall approach to child development.

When we talk about Floortime, we talk about following a child's lead to harness the child's natural interests. We also talk about challenging the child to higher levels of development and I mentioned that interesting paradox before. Let's begin with following the child's lead and why that's so important – following the child's natural interests.

Let's look at the first two stages of development for all infants and young children. We will call it shared attention and engagement. This is where with all infants we either look for or we try to promote and often do both, that interest of the child or the baby in the outer world. With the newborn, we are trying to help that newborn look at mommy and turn towards mommy and even give a little bit of movement of the mouth that looks like a beginning smile at one or two months for mommy and by three or four months we are looking for a big, broad, glorious smile of engagement, the lighting of the eyes, the eyes gleam with joy and love and happiness as opposed to a despondent or sad look that we may see in situations where there is a lot of deprivation or where there are biological challenges.

When we look for this in our baby and children or try to promote it in children who have a biological challenge that will make it hard, we are talking about the first foundations of healthy development. And we are talking about the first part of Floortime which is really engaging the child and harnessing that child's attention by following that child's lead. So these are both one and the same thing, the first part of Floortime, the first part of human development and the first healthy foundation for all children, those with special needs and those without, all have to do with the same basic phenomenon, the same basic ability of the child to look and listen and be happy and glorious and take an interest in human relationships.


Now, when we think about this we have to ask why this is so important. Why is this important for human growth and development? Why does this separate what human beings can do and what they will be from even the most sophisticated computer we are going to build in the next thousand years? Why dream of even a thousand years from now robots can do things humans can't do not be true; that human beings will always be unique and special. That's because of a quality that human beings have that they are born with; part of being a living biological entity. Human beings have affect or emotion or reactivity that's part of their living biology. Our cousins in the animal kingdom have it too – some different – some very, very similar to human beings. And from probably pre-



natal time but certainly from day one when we can see a baby, we can see a difference from that baby who looks at mommy and a baby that doesn't. A baby that finds pleasure in mommy's voice or daddy's voice or a caregiver's voice, and finds pleasure in the sight of their smiling face will tend to look towards it. One that doesn't may tend to look away so a baby that's sensitive to high pitched sounds may look away from that seemingly wonderful, "Oh my little darling" (mommy's voice) and we may not know why until we experiment with different pitches of sound until we find one that works for that baby or child. Or a child who can't hear may have difficulty, maybe the first sign of a difficulty with hearing.

And from day one it's that emotional interest, the affect, the emotion that harnesses that ability to look and to listen and to take an interest in the world outside yourself. And that's what fosters the initial engagement or intimacy with caregivers and with others. It's the beginning of falling in love with the human race and feeling part of a shared sense of humanity even before you know what that means because you are becoming part of it by participating in it. So for the first four months of life, these two first stages of shared attention and learning to be calm and regulated and becoming engaged or intimate is beginning to form, our emotions are guiding us. So when we follow a baby or child's lead, or even a four year old or five year old who is self-absorbed or is withdrawn who we are trying to help master this first stage of development, you are basically not simply following a child's lead, you are tuning into a child's emotions or their affects, you are tuning into their natural interests; you are tuning into their pleasure and you are trying to harness that. And there are many ways to do it, simply find the sights or sounds that work; getting into a rhythmic pattern with that baby or child where you are doing what they are doing; just simply having fun with that baby or child; all of which tend to promote these first two critical stages of development. You have got to find what creates the gleam in the child's eye; what creates that happiness; what creates that sense or look of excitement in the infant or child's face.

So our first aspect of Floortime of following a child's lead is really another way of saying tune into the child's emotions or their affects. To underscore why this is so important in a more elaborate way, let's just take a slight departure and look at the role of affect or emotion in development. It's the child's affect or emotion that guides their initial – as a baby, a one month old – looking and listening and moving. When the baby looks at mommy's voice because it's pleasurable or listens to her voice, they are coordinating these two senses. And we have every reason to believe they are forging pathways in the mind and in the brain that connect looking and listening and moving; turning. So it becomes the unifier of how the mind and the brain work; it becomes the




orchestra leader of the way the mind and the brain works. So our emotions or our affects are actually the leaders of our central nervous system – our minds and our brains. As such, what can be more important; and what could be more important to tune into? So when we tell a child what to do as a four year old, versus tuning into their natural interests and inspiring them with what to do, in the first instance when we are telling them, we are working with a small part of their mind and the brain; one that may actually be oppositional or negative, but even if it's compliant it's only a very small part of their mental capacities. On the other hand, when we tune into their emotions or affect and inspire them, we are getting their whole mind and the whole brain to work together as a smooth running team, as I like to use the analogy as a great opera company or a great basketball team working all together, all in harmony.

So our affects or our emotions are critical. And as we will see later, they are critical for things like learning to form ideas or symbols and our learning for moving from impulsive actions to negotiation and being thoughtful and they are even critical for overcoming the tendency to be upset easily or get into what we call disregulated. So our affects and emotions are probably the most vital part of our human functioning and here we're tuning into it initially with our Floortime techniques. Our initial ones are simply following a child's lead and figuring out what a child's interests are.

How does this begin? How does this start? This starts with observing the child as you are playing and interacting – see what kind of playing and interacting and doing what comes naturally, whether it's a baby doing goo-goo gaga look at me game, or with a four year old on the floor with pretend play or with just moving trucks back-and-forth or just chasing a child with special needs aimlessly around the room and trying to get in front of them so they have to see you and get around you, or getting stuck behind a door if they are opening or closing it in a repetitive way. Whatever the game is, you are thinking to yourself, “What is it that my little guy or my little gal or my little baby or my little four year old is enjoying here? What are they doing?” Even if they are jumping up and down and flapping their hands, how do I turn that into something pleasurable and fun and exciting for both of us? So I'm harnessing those affects, those emotions, those organizers of my child's or the child if it's a caregiver doing it, the child's mind and brain.

So this is essential as a first step – following the lead of the infant or child to harness that child's emotions or affects. It's what's going to promote development and that does not mean, as we say, not challenging the child, not helping the child learn new things or learn to take initiative, but it does mean tuning in and observing as you're playing and saying, “Where is the interest” and it requires an assumption that whatever the child is doing – flushing the toilet or jumping up and down and flapping their hands






or wandering around the room – whatever the child is doing, try to see purpose in that; try to say, “What’s bringing pleasure to the child in doing that? What is helping the child develop in doing that?” Because, it seems like it’s an “inappropriate behavior” if it’s a child with special needs and even if it’s a child who is growing up without challenges, it may seem like a not very productive kind of behavior, like the child wants to simply look out the window and you don’t know what the child is doing. A little interaction that is mommy and baby making sounds together and waving their arms together and moving together in rhythm with one another, similarly here, we use rhythm and synchrony to get that interaction cooking, to tune into the child’s affects or emotions. We are following the child’s lead, we are doing that first step of our Floortime approach, and most importantly, we are harnessing our old friend affects or emotions, which is so critical as we pointed out for organizing and being the architect of that mind and that brain.

So this is very, very vital and you can probably think of hundreds of other examples. You probably want me to come up with hundreds of additional examples right now and I’ll try to add a few more in a little bit later but this is the general idea of that first aspect of Floortime. But it doesn’t stop there. As I mentioned, it means also challenging the child to get to higher levels of development.

So before we talk about the second step in Floortime which is challenging the child, we’re really talking about how to harness those first two stages of early development – what we call the functional emotional developmental capacities of shared attention and engagement – by following the child’s lead and by observing the child and making sure that you assume that everything the child is doing has a purpose behind it or a reason and try to tune into that, and try to join the child in the activity, and we want to mobilize some pleasure. In mobilizing that pleasure, we are harnessing that child’s affect. The techniques that we use is joining the child, trying to use rhythm by tuning into the child’s rhythm, we try to figure out the child’s individual differences – what type of sensations they will enjoy – sounds, touch, sights, what sort of movement patterns – so we profile the child. Again, we try to match our own patterns to the child’s patterns, almost so that the child feels we are a part of them and we are a part of the child. It is like we are joining the child and we are big “whole” together.

Some of the other techniques that we use in forming an engagement are getting between the child and what the child is trying to do and helping the child achieve their goal. If the child is aimlessly wandering around the room – okay we can wander with them but then we can get kind of caught in front of him and the child has got to go around us so we seem like we’re blocking the child but we’re actually making a more interesting pathway for the child to go around that room; to go around us. We are the obstacle




course. If the child is opening and closing the door, we are getting stuck behind the door and the child is using a gesture to have us go away, again we are still letting the child close the door, but we are making it a more interesting interaction with us involved in it. So we are becoming a part of the child's action, by becoming mildly playfully obstructive, but we are nonetheless part of the action itself.

And as we're doing all this, first of all we are making sure to mobilize that positive emotion; that pleasure. We are making sure to pay attention to all the sensations the child is experiencing – sight, sound, touch, smell, and movement (the child's own movement), and we're joining the child in their movement and in their rhythm and in their activity. And, critically we are joining a child with a gleam in their eye. We are trying to have fun and we're being very playful. This is serious business on the one hand but it is playful activity. We want to be having fun too. A child may just be rolling on their tummy – we are lying side by side and a newborn baby may be crawling up our bellies; a four year old or five-year old may be leaning against us while not looking at us, but we are enjoying that physical contact; we are being very playful with it. We are offering our fingers and our hands as play things. So there are a million ways in which we can harness this first stage of joining the child; following the child's lead. The key to remember is no matter what the child is doing, they are leading. They are the leaders and we are the followers but we soon are going to be challenging the child as well and we'll come to that.

We've been talking about following the child's lead and why that is so important as a first step of the DIR®/Floortime™ approach, particularly in the Floortime component. We talked about how by following a child's lead you harness and tune into the child's natural interests which means their emotions or their affects and how emotions or interests help the child determine where to look and how to listen and how to move like a newborn baby turning the mommy's voice because it sounds so good and looking at her big smiling face because it looks so good, and that coordinates movement, sight, and sound. If mommy is touching the little baby's hand at the same time, it's coordinating touching, and how this unifies or brings together the different parts of the mind and helps the different parts of the mind also form; the parts that experience all these sensations and organize them.


So when we're following a child's lead, we're doing a great deal and we talked about some strategies to do this. I wanted to add on some strategies further to this important first step before we talk about how this is only step one because then we challenge the child after we follow the child's lead or as we are following the child's lead to help the child move to higher and higher levels of development.



One strategy we talked about is matching the child's rhythm; the rhythm of movement; rhythm of sounds. So a child who is a little baby moving their arms and legs, we tend to move our heads without even thinking about it in rhythm with the movement of their arms and legs and often by three or four months or even two months sometimes we seen them moving – or even earlier – we see them moving with us and we don't know if it's us leading them or them leading us but we're in rhythm with each other and its really that neither one of us is leading the other; it's a synchrony; it's a harmony; it's like two members of an orchestra playing in perfect synchrony with each other. So the rhythm of movement and of sound are two very good examples.

We can also try to match the texture of sound; frequency of sound – high-pitch, low-pitch, gurgling – and help our baby or our older child tune in. We talked about examples of an older child who is wandering around the room; we wander with them, maybe getting ahead of them so they can see us. We may walk backward as they are walking forward. While they were, a moment ago, walking in isolation, now they are walking together with us in a little bit of a dance because every place they walk, we walk too, only we're walking backwards as they are walking forwards. Most four and five years olds, or three year olds, even those diagnosed with all kinds of special needs conditions, including autism, often get a little smirk on their face after awhile, because we're not really interfering with what they're doing, we're simply joining them in what they're doing. There are a zillion different specific techniques, once we accept the general premise that whatever they're doing is worthwhile; whatever they're doing is important; whatever the child is doing has some meaning for them and we join them in it and they are basically – they'll say eventually, "Welcome to my world." As we are joining their world, we bring them into a shared world where we welcome them into our world as well.


Once we match rhythms and match frequencies, we can then experiment or explore variations to further that shared attention; and beginning of that engagement, that pleasurable emotion we see in a newborn or a three or four month baby with the big smile, and a four year old whose eyes light up for the first time as they delight in being close to one of their parents or both their parents. So we may vary our sound frequency from high to medium to low; we may vary the rhythm a little bit. So it doesn't have to be exactly the same as what the child is doing, it may be a kind of a counter-rhythm. Again, like members of a band or orchestra where it's "boo ba ba, bob a" or boobaploobop" and what's going to work best will depend on the baby or child and the caregiver. So we explore; we explore with different sights too. We may put a flashlight on our heads and we may put a little flashlight if we're brave enough and it's clean in our mouth and let the



baby look at the light if they like lights. If they don't like lights we may put the red rattle in our mouth and see if they look at it, or the blue one, and make different sounds with it; enticing the baby to look at us. So we experiment with different sights or experiment with different sounds – I mentioned high pitch, low pitch, different frequencies of sound.

Also we may explore and experiment with different types of touch – very gentle tickling touch to our three month old; a little firmer but very gentle holding of the arms or the legs; different movement patterns with rhythm as we move each little piggy, each little toe or move their arms and move their legs, hopefully with them but maybe they move one way and we start moving it with them another way to see if they want to move it back and to the movement we're getting actual relating. Very gentle touching and sometimes what's called infant massage, done very gently can be very effective here. But it need not be limited to just quiet touching; we're talking and we're exploring different textures of pressure with our newborns; or we can be doing that with a four year old or a six year old too if they enjoy it; if they don't, we won't do it. We are constantly looking for that gleam in the eye to light up with pleasure as we join the child and the baby in their world and that's what following the lead means. Joining them in their world – harnessing affect or emotion which is going to organize the mind and the brain and also help the mind and the brain develop because it's going to be helping the child take in all the different sensations and movement patterns, all guided by the pleasurable emotion. And when the child is a little upset or not a happy camper, we try to get into a soothing rhythm, we try to get into a little bit of what I call a balanced rhythm with them where we're trying to help soothe them, helping calm them down. We try to do what works best – moving slowly or moving a little quicker; holding them; holding their back with a little firm pressure; moving with different rhythm. So if it's a newborn baby, a four year old or six year old; obviously if it's a 16 year old it's a little harder to pick them up and rock them, but here we are getting into a balance rhythm so we can get back to pleasurable affect from unpleasurable emotion or unpleasurable affect.


So in summary, we follow the child lead in order to help that child basically be a happy camper. But in being a happy camper we're really talking about tuning into the child's positive emotions and beginning to form a relationship with the child. Simply put, we do what it takes. But the more we know about the child's profile; how they respond to sights and sounds and touch and movements, the better. Whether it's a "neuro-typical child" or a child with special needs including children with autism, all children have variations in how they respond to sights and sounds and touch and their own movements. Whether they're over-reactive, whether they seek out these sensations; whether they are a little under-reactive to them and need a little more energy with the



touch or the sound; if they're over-reactive they need a little more soothing; how they comprehend the sights and sounds; simple sounds – “bump, bump” rather than a “bump-badadala-bump-bump bump bump” rhythm better for the newborn baby or even the older child. But we want to get that rhythm going. We want to get the interaction going. For example, a common error is to talk very slowly in a monotone to a child with a language problem; a four year old, let's say, talking like “Pleeease commmmme heeeere” (slowly talking) figuring it will be easier for them to understand it but that's like a monotone in a lecture; it puts us to sleep and it will put the child to sleep. It will help them tune out. It's better to say with great passion in your voice, with a child who needs high energy, “Susie, come here! Come here!” and repeat the word with different variations of emotion and energy so Susie may hear it more than once, and we may combine it with a gesture like arm waving and moving, “Come here, come here!” and if we move our arms and vary our voice and our pitch together we have a better chance of Susie comprehending and understanding us.

So again in short we follow the child's lead in order to tune into their emotions; in order to begin that relationship and that state of shared attention; we're involved with one another. Somebody said, for example, “But what if the child isn't doing anything worthwhile?” and that's an oxymoron, I guess that's the right word for it? That's an impossibility. We start off with the assumption that everything the child is doing is worthwhile. We may not like everything what the child is doing. It may not be what we want the child to do. But from the child's perspective, we are assuming purpose and reason and worthwhileness behind everything the child is doing. That's a beginning assumption for the first step of following the child's lead.


Then we get to a second step, which is challenging the child. Why do we want to challenge the child? And really this issue of challenging of the child begins almost a separate chapter in our primer or Floortime Basics discussion. Challenging the child is important for a variety of reasons. When we challenge the child, we're helping the child master higher and higher levels of emotional, social, and intellectual cognitive development and that includes language, that includes motor skills, that includes the way they take in sensations, that includes their social skills with friends – not just social skills with adults. So as you will see later, it includes academic skills too, eventually. So as we challenge a child, we are now saying, “Okay, we played your game for awhile. Now we're going to help you master the world; become a kingpin of your world and help you enter the world by entering your world. Now we're going to help you master the world we all live in and all share.” That's part of human development – mastering that world so that's why we challenge the child.



So we tune in the child's world and then we challenge the child. This involves a number of steps and the first step with a newborn baby to challenge is to move from just shared attention and engagement and being happy campers together and being in sync with your rhythm to getting involved in back-and-forth interaction. It's also the first step we take with children with special needs or children on the autistic spectrum who are not yet in a very interactive rhythm. We want to get what we call a continuous flow of back-and-forth interaction. We're not concerned about words right away. We're concerned about gestures; any form of communication – it could be back-and-forth exchange of sounds or hand gestures or looks or little facial expressions; different emotional expressions coming out through one's voice or in facial expressions.

There can be a variety of back-and-forth interactions and the real question is how do we challenge the child in a way that keeps us loyal to following the child's natural interests; to following the child's lead but still getting out a quarter step ahead of the child and challenging the child to new heights; the first one being back-and-forth interaction. A simple example of that, just to bring it home, is with an eight month old who is looking at mommy and smiling and mommy knows that that eight month old loves a particular red rattle and puts it on top of her head, and the eight month old looks to the top of her head. That look is already a back-and-forth interaction because the eight month old is responding to what mom has done after mom responded to the eight month olds interest in that rattle. So it starts a circle of communication. We start with the child's natural interest. We then build on it, like put the rattle on our head or we might hide it in our hands and the eight month old might look at the hand and then put their hand on our hand trying to open it; there we're getting a wonderful back-and-forth interaction. We might do the same thing with a four year old, or five year old, a three year old with special needs.


Now why is it so important to challenge a child not only in a general sense to move to higher level of development; that's self-evident – we talked about that just a moment ago. But when you take it step by step – how do you climb the ladder of development? How you improve emotional, social, intellectual, including cognitive and language development, in a step-wise progression. It's like a pyramid where each step builds on the prior step and if you don't have the foundation pieces, you can't get to the higher pieces. So now we're going through each step in this process to know what has to be mastered in both typical development and in development of children with special needs, including autism, who we want to promote healthy development. The goal is creating the foundations of healthy development. This is a model of healthy development where we're helping children with special needs, as well as children without special



needs, to move up the ladder to the highest levels they are capable of. As we have often said, we don't know what a child is capable of until they arrive. So we don't predict...WE DO! We engage with the child and we challenge the child.

So the first step in the challenge process is to make sure we have this back-and-forth interaction cooking with a four to ten month old baby or a four year old or six year old or eight year old, or 28 year old or 48 year old older individual. We have to have a back-and-forth rhythm. Why is this so critical to have a back-and-forth rhythm going; to have communication? I should add that this back-and-forth rhythm has to involve the infant or the child or the adult or the teenager initiating their half of the bargain. It can't be all where mommy or daddy or a therapist or a caregiver is stimulating the individual to just react, because reacting is not the same as a back-and-forth interaction where one person is initiating and the other person is responding and the other person is initiating and you get that back-and-forth rhythm going. So when a little eight month old is making sounds and mom is making a sound back and you get this back-and-forth rhythm cooking, you know you're cooking and that little junior is helping with their share of the initiative.

So we do that by inspiring the infant or child to do something to us, not just us doing something to them. So we start it with their taking initiative. For example, if we tickle a baby and the baby giggles and laughs, we're getting a reaction; we're getting interaction, but we're doing to them. On the other hand, if we put our hand almost near their tummy as though we're going to give them a big tickle and they take their little hand, whether it's a four year old or eight month old and they take it and then put it on their belly where they want you to tickle or make a sound like, "tickle me here" so you're going, "Do you want a little tickle, tickle here, here, here? A little tickle here?" They do that and they're initiating because they are doing something to you to get you to do something to them and we get into this two way back-and-forth interaction. If you're stuck behind the door that your four old is perseveratively opening and closing, and they gesture for you to move or give you a gentle touch or even a big shove out of the door, with a "Arrrrr," they're initiating – they're doing something to you. If you put the enticing hat on your head and they reach for it, they're doing something to you. And if the child is aimlessly wandering around the room and you get in front of the child like we talked about before to engage the child, so now you're dancing together because you're walking backwards in front of the child and then all of a sudden you stop and they're going to bang into you and they have to go around you or gently nudge you to the side – who's doing to who? They're doing to you. So they're taking their share of the initiative.



Now the question then becomes, can we keep this going? Can we go from one or two of these to four of these, to eight of these, to sixteen of these, to twenty of these? Once you get past 20, it's easy to get to what we call a continuous flow, where you can get lots and lots of back-and-forth interaction. But we have to get to the point where we get to this continuous flow as a foundation for all the next steps in healthy development and for helping children with special needs overcome as many of their difficulties and challenges as they can.