



The BEST PRACTICES

Newsletter
Of

*The Interdisciplinary Council on
Developmental & Learning Disorders*

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*3213 Midfield Road, Baltimore, Maryland 21208
Phone & Fax: (410) 486-1251 E-Mail: jo@icdl.com
Stanley I. Greenspan, M.D., Chair
Serena Wieder, Ph. D., Associate Chair*

*Jo Raphael, M.S.W., Editor
Molly Romer Witten, Ph.D., Clinical Editor*

The Best Practices Newsletter of the Interdisciplinary Council on Developmental and Learning Disorders is written to provide regional updates and networking opportunities to professionals and parents working with young children with communication and relating challenges. We hope to provide information and support and welcome any feedback or contributions that you may have. Please address your comments to Jo Raphael, MSW, Editor at: 3213 Midfield Road Baltimore, MD 21208, E-mail at JO@ICDL.COM, phone or fax at (410) 486-1251. Thank you.





EDITORIAL NOTE

Jo Raphael, MSW

Well, it has been a long time since our last newsletter and a lot has happened. The ICDL Eighth International Conference on Autism and Disorders of Relating and Communicating in November was well attended and had many informative and interesting speakers. The pre conference workshops were filled to overflowing and many parents and professionals gleaned great information on Floortime theory and practice as well as biological information, sensory integration, SLP strategies and techniques and utilizing Floortime in schools.

During the winter there was a week long series on autism on NBC that featured DIR®/Floortime as one of three major interventions available. Several of our leading clinicians and families were featured including Dr. Greenspan & Dr. Robinson.

Upcoming events include the DIR Certificate Program offered to clinicians to be held July 6-10, 2005, and the ICDL Ninth International Conference on Autism and Disorders of Relating and Communicating to be held November 9 – 13, 2005 at the McLean Hilton in Tysons Corner, Virginia.

As we know, the number of people diagnosed with autism and related disorders are on the rise. The current CDC numbers state that 1 child in 166 are diagnosed with autism spectrum disorders. This is an epidemic rate and it seems like in the past few months there has been a lot more interest in the press and media about diagnoses, research, theories and therapies. There is a growing awareness and with it a growing concern. The work that you do-as clinicians and caregivers-is crucial.

We would like to know what you are doing, where and how you are working, what is working for you, what is not. We would like to share your insights with our readership so that we can network and learn from one another. In the past the Best Practices Newsletter (BPN) has been organized to bring a diverse set of articles to you, for your consideration. However, we are hoping to attract new contributors, as well as to widen our scope of topics by shifting from surveying the field four times a year, to producing topic based issues. For example, the next issue of the BPN will focus on the concept and issues regarding clinical supervision and mentorship. In the future we hope to look at other topical issues, for example, challenges in eating, sleeping, and play. We urge you to e-mail either one of us with the topics that you are interested in reading about and individuals you would like to have writing the articles. We are actively recruiting feedback and contributions; please share your thoughts with us.

If you have enjoyed receiving and reading the Best Practices Newsletter please take a few minutes to let us know your thoughts. Please e-mail us at jraphael1@comcast.net (Jo) or beso1948@sbcglobal.net (Molly).

Best regards,

Jo & Molly



Rhythm and Rhapsody: Music's Power in the DIR® Model

Kaja Weeks

Music is foremost a matter of the heart. Individually and often collectively it stirs, plays upon, and even profoundly engages our emotions from cradle to bier. That it does so is wonderfully opportune for those working developmentally within a high-affect, individual-difference, relationship-based approach, the DIR® model formulated by Greenspan & Wieder (Greenspan & Wieder, 1998).

In conversations about music's impact, a DIR®-based colleague who was searching for words to define his impassioned emotions and gestures, exclaimed to me, "Music is ... magic! ... the rhythm, the rhapsody of it ..." How many times have we heard ourselves or others (particularly parents) reflect on this magical quality? And yet, while paying homage to music's power, to leave it solely in a magical realm would also leave its powers undefined for our best use. "The rhythm, the rhapsody of it," however, is a perfect metaphor for the kernels of power embedded in music and their relevance to our work in DIR®. Thus, we may consider "the rhythm" as an apt representative of numerous technical elements that comprise music (others are melody, harmony, timbre, dynamics, and form). Creatively interwoven (as when repetitive patterns are set off against change in an infinite number of ways), these properties often result in "the rhapsody" -- a state in which music elicits strong emotion. Further, rhapsody as a form of musical composition, like our interactivity with children in Floortime, is highly improvisational in nature. With these images in mind, we can begin to delineate significant aspects of the musical medium for our use.

My intent in this overview of a vast topic is to highlight attributes that allow the medium of music to be a complementary partner for DIR®, with principles and applications relevant to clinical, educational, and caretaking settings. An interspersed vignette illustrates the impact of music when used in an integrative, cumulative way within the DIR® model. (These occurred in the context of comprehensive treatment not detailed here but which included speech/language, occupational therapy, physical therapy and other services which incorporated our routine communications.) In addition to the specifics presented here, an underlying aim is to promote the developing body of written thought (Garwood, 2004; Weeks, 2004), and clinical and educational work by music specialists in the DIR® framework, and to encourage trans-disciplinary use, observation, and dialogue. Clear insight may be gained by exploring the medium's reach into each of the "D", the "I", and the "R" components of this model.

Developmental Capacities and Musical Development

In terms of "D" (Developmental), it is necessary to understand the expected path (the phases and adaptive strategies) of typical early development to guide our use of the functional emotional milestones in the DIR® model. Making the best use of music involves specific consideration of how it can support any given functional emotional level. At Level I, where we are aiming for co-regulated attention, what we extract from music (even from the same piece of music) may be very different than at Level 5, where we are focusing upon abstractions. As we



know, in aiming for solidification of a child's functioning, the need to support one level while simultaneously spiraling up and down again can happen often and quickly. Having a rapid adaptability to apply the best strategies makes an enormous difference in our functioning as Floortime partners or coaches. Thus, just as it is crucial to have an understanding of fundamental development, so too, in this context, it is vital to understand early musical development.

"Musical acculturation" is the term used to describe children's first stage of musical experience (Gordon, 1997). It consists of a substantial period of absorbing musical sounds from the environment followed first by random babble and movement and then by more purposeful responses. Later stages (see Gordon, 1997) involve conscious imitation (including a "breaking of the code" in order to imitate specific tonal and rhythmic patterns) and then a conscious assimilation of music, which prepares the way for audiation (comprehensive, meaningful internal hearing) and active output.

Similarities to language acquisition and use are apparent. In that vein, I would like to emphasize a vital developmental point regarding musical acculturation: children need the opportunity first to absorb from a profuse fabric of *live and interactive music-making*.ⁱ Just as we could not imagine leaving a child to acquire spoken communication from recordings, so too the richness and meaning of music will come from repeated real-time, real-life contexts. Picture how different it is to hear a song dissociated from its source (however pleasing or invigorating) from an experience of watching the intake of breath, seeing the lips move, body movement in synchrony with sound, facial expressiveness and eyes recognizing your presence. In this

context, live singing is musical gold! Only the human voice (combined with facial expressions) elicits and responds in such minute, timely and attuned ways to a child. Especially for children who have heightened sensory-integration needs, we must provide many such opportunities and provide them as long as the musical stage expectancy requires it. Singing (or simple instrument play) can easily and abundantly be connected to the rhythms and opportunities of daily living (washing, dressing, cooking) and to the sounds, sights, textures, and cycles of nature. This is achievable in the home, class, or clinic and providing it should be considered one essential component of music in a DIR® approach.

Music and Individual-Difference

Keeping the "I" (Individual-Difference) component of DIR® in mind propels the use of music with children to a new level. While it is crucial to provide an environment teeming with musical sounds, the individual profile of a child asks that we also find ways to transcend broad, indiscriminate uses of music. It is here that the exciting, fine-tuned, back and forth work of Floortime can be paired with fluid musical applications.

VIGNETTE

Jessica, a three-year old girl, presents a subdued, compliant emotional tone. Her facial expressions and mannerisms are strikingly under-reactive when spoken or gestured to, though she occasionally shows satisfaction in being held. She does not seek out toys or show particular interest in the larger environment and prefers being stationery. Upon entering an OT/Music co-session she reclines into the center of a large inner tube and rubs her index finger in a tiny circle on the rubber, a favored repetitive motion.



I move into her line of vision and track her finger movements. Synchronizing my voice coloring and loudness to what I feel she can bear and my tempo to her steady circling motion I begin singing "Round and round the garden goes the teddy bear ..." Jessica's gaze lifts toward my mouth as the tune begins and then, for an instant, to my eyes as she pauses and then resumes her finger movement.

I can now up the ante by retaining those alerting/acceptable musical (aural) elements with which I've joined her tactile sensory play and join with my own finger playing right next to hers. As she moves her finger, I see her also watching my finger, and on the next phrase I break my circling to tap onto the tire surface: once on the words "one step," then a second time a little closer to her on "two steps." The tapping makes a distinctive rubbery rap that corresponds with my light, staccato vocal articulation. Jessica has stopped circling, and when I suspend my singing and pull my finger way up into the air (before finishing with "tickly under there,") she looks right up at me and holds her gaze.

Jessica's interest is certainly piqued at this point. What is it that is catching her attention? At this initial juncture we can already speculate and mentally note some of the possibilities: perhaps it is the steady, reoccurring basic beat underlying my singing that sparks her attention; perhaps her auditory system welcomes being able to process the simple repetitive rhythmic patterns that are laid on top of the beat; perhaps it's so with the sequential (ascending step-wise) melodic phrases; perhaps it is any one of those combined with gesture. The question, from a DIR®-musical point of view is, what can we do to help sustain it or ignite a higher affective connection? We don't just want to entertain her with singing – an easy trap

for many of us using music – leading only to a habituated, gratified place that also ends there with her passivity. We also don't want to direct her, but to capitalize on her interest and allow her continued involvement to be intrinsic in the way that her initial response to hearing the music was when she gave the tiniest, first signal with her pause and gaze. This will be achieved by adjusting – literally fine-tuning – specific musical elements to her unique responses and what we know of her profile. The point worth repeating here is that we must be careful not to allow musical interactions that we are aiming to use for the nitty-gritty, fine-tuned, back and forth work of Floortime to become a series of predictable "musical flashcards." If we automatically use songs (either recorded or sung) in the same manner every time, they cease to be true vehicles of two-way communication.

Music sung or played by most of us under most circumstances is highly ritualized without our even thinking about it. This is especially true of music directed at young children (Trehub, 2003). Although this can have its advantages and uses, in DIR®-based work it bears being very mindful of retaining the soothing and satisfying aspects of those structures while also taking full advantage of the malleable facets of music to make minute, subtle but critical changes. In a way, it is the difference between what happens when a mother sings a lullaby to her baby versus when she vocalizes in response to her baby's vocalization. The former applies a familiar entity that soothes, satiates, evokes remembered care that bridges a sense of caretaking-other to baby's self; the latter uses *split second adjustments* in an improvisatory dance of mirroring, acknowledgment and often subsequent re-working of emotions (Stern, 1985). Both forms of co-regulation are important, but we need to



know when to use which application (or whether to use both in tandem) and, musically, to recognize the difference. We have many musical tools at our disposal.

In Jessica's case, her display of temporal elements (moving in time and space with her finger) lead me to play around further with characteristics of tempo, not only fast, slow, etc. but with a use of acceleration or deceleration that is exquisitely timed to her movements. I also apply properties of articulation as a simultaneous sound layer which I use to match as well as to encourage change. Sometimes her movements evoke smooth and legato singing or detached and staccato sounds, and at other times onto those I superimpose marcato – strong, marked accents -- when I wanted to ensure attention to details of affect or sequence of actions. With these transforming patterns we are employing concepts of "different but same." By virtue of the song's melody and rhythm the fundamental patterns remain recognizable and constant, though varied by changes in tempo and articulation similar to looking through a Piagetian lens at water in a long, thin container looks which appears different from that in a short, wide container and yet is the same amount and content.

Though adult concepts of musical renditions may be measured and predictable, a child's rhythmicity may not yet be. Beginning with musical and affective mirroring is especially important here as it accords intent for the child's actions which may be slight, subtle, or even erratic. This is where it is critical to apply DIR® principles in matching the child's unique profile and actions. They will be much more attracted to sound if we first match the reality of their movements and affect. Jarring effects of the child's quick

(spontaneous) changes can musically be acknowledged (as illustrated above) yet simultaneously stabilized when we consciously emphasize cohesive features.

This can be accomplished even when a child changes activities. For example, using the same tune for a trot-like articulation and tempo (adjusted with slowing, quickening, stop and go) for a child's running round and round the room which evolves to a quieter, rhythmically lilting version of the same melody on the swing or in your arms. This kind of musical matching and nuanced alteration tells the child, "I continue to see you, hear you and I am here playing *with* you with my sounds." Once joined and contained together in sound, movement, and affect by these unique, moment-to-moment connections, we can also begin to stretch our role as developmental partners. The infinite combination of these elements are what empower our musical responsiveness and, when applied judiciously to affect signals and sensory-motor phenomenon, form the vital foundation of individual-difference ("I") interactions using music.

Music in a Relationship-based Model

Once "I" (Individual-difference) elements are initiated by using highly contingent responses toward a child who is at all moved by music, the flow of an "R" (Relationship-based) approach is eased and often grows almost irrepressibly with music's infusion. Those are precisely the situations where we sense that "magical feeling." It is as if "the rhapsody" of music stimulates affect which then opens a path for intentional communications. These states are most often observable on a fundamental level through such characteristics as a striking alerting to musical sounds by a child who is otherwise under-responsive; a high level of engaged



affect displayed most often by smiles, bright eyes that make contact, squeals or other appreciative sounds; rhythmic body movements; visual tracking of movement to music; pairing gestures, arm, and hand motions to music; and increased vocalization especially of elongated, pitched vowel sounds (reminiscent of infant sounds and foreshadowing singing.)

Already, at this nascent level where “the rhapsody” of music makes its first mark, we need to capitalize quickly and deftly on it in order to sustain and propel the relational impact. The value of music is not in a vacuum; Indeed, the more any single piece of music (same patterns) can be paired with 1.) multiple experiences (which transform patterns) - - such as other sensory play, full body movement, rhythmic body percussion, social games such as ball rolling, etc. -- and 2.) experienced within the dynamics of a relationship (eliciting unique emotional responses) the more music can help a child’s discrete and possibly chaotic responses evolve as part of an *interconnected* terrain that supports personally meaningful emotional and cognitive growth.

Several weeks along ... Sometimes inside the tube and sometimes out, Jessica relishes having the beat and rhythms of the song transferred onto her clothing-covered thigh. Alternately, she delights in experiencing a full body circling motion when her OT rotates her own bottom to the first two phrases and then bumps up and down on “one step, two steps” while Jessica is securely snuggled in her lap or in the tube placed inside a swing. Jessica signals with happy squirms and vocalizations when we slow the last phrase leading to the anticipated tickle (or kiss, blown breath or raspberry by now.) Once when she thought the tickle was advancing toward her underarm, her OT gently teased at the last second and headed downward,

all the while stretching out the word “under” with long descending, bouncy “uh-uh-uh-uh’s” to represent the finger’s movement pattern and to support focus. She had not yet thought where to land the tickle when Jessica initiated an offer by thrusting one foot out at her!

In time, we began to incorporate stuffed animals to make the highly-prized tickles, and one day she (the child who had no idea what to do with toys except toss them away) surprised us by moving from just “tolerating” the animal’s brief appearance to holding onto a duck with a feathery tip and tickling her own chin. Her grin made us smile and then each take turns leaning over to be tickled, quacking, and laughing in the process. The sounds soon repeatedly offered by Jessica were not quite enunciated as “quacks,” but were definitely intentional sound-effect markers in an emotion-filled game.

The high-affect and sustained back and forth interactions were in such marked contrast to the first encounter. This musical experience that began for Jessica as a welcomed but simple response to musical patterns transformed into a warm social experience with many variants and increasing depth which led through the first three functional emotional levels and toward the fourth. At this point she was not only experiencing a heightened affective state, but also using signals to communicate desires and intent based upon that state. It should be noted that with all the value derived from it, the song still functioned aurally as a form of musical acculturation (for Jessica herself was not singing or even moving precisely to it but rather taking it in, along with many other songs we were using in either similar or simpler ways.)



Musical Relationships in the Wider Social Arena

Another important aspect of musical work in the relationship arena concerns involvement of parents, siblings, and peers, etc. Music, with its characteristic accessibility to different tastes and abilities, is particularly well suited to help support the child's relationship with others. Although we would like to imagine that just the mere fact of introducing music into a social setting would be enough, without the foundational work with the child as described above, results are only a fraction of their potential. Knowing the child's developmental and musical profile and having sown musical seeds with care truly provides a fertile social landscape.

Jessica attended a small inclusion-based preschool. Once our musical work had solidified, I visited her classroom and offered activities that I knew Jessica enjoyed in a variety of formats and that, in all likelihood, her peers would as well. We did "Round and round the garden" as a simple circle game, all holding onto a stretchy band while circling, and taking steps inward until the "tickly under there" part, where tickles were freely proffered. Although more reserved in this group setting than the OT and I had become used to seeing her, Jessica participated happily and ably through the entire game; her teachers commented that they had rarely seen her so attentive and engaged. The foundation that led to this musically and socially interactive point along with all her newly emerging motor planning skills was an integration of thoughtfully applied music with essential DIR® components.

A curious obstacle for music's more frequent inclusion into a child's life who clearly could benefit from it comes from

adults with their own "music anxiety." Working musically with hundreds of parents, paid caretakers, and teachers over the years, and more recently with clinicians, I hear the anxiety expressed as the individual perceiving him or herself as "not being good enough musically" to sing or make music. This fear, most often influenced, I believe, by the "spectator status" that music has drifted towards especially in western culture is quite reversible. Once people actually begin actively making ordinary music on a regular basis, it is remarkable how sensitivity and lost skills kick back in. (Note, I am not referring here to artistic or professional caliber.)

Initially, Jessica's mother was hesitant in her participation. Sensing her musical self-consciousness, I introduced many activities that used sing-song chanting as opposed to outright singing. Sometimes these were Mother Goose rhymes, sometimes traditional song texts chanted without the tunes, and sometimes long chains of syllabic alliterations ("diddle diddle dum-ditty doo!") or elongated vowel play. I modeled their use in a way that was attuned with body posture, movement, gestures, facial expressions, etc. By chanting rather than singing, mother was relieved of having to produce discrete pitches yet we could emphasize many other musical elements, such as contour, rhythmicity, vocal coloring, tempo, dynamics and overarching structural form (with patterns forming sections such as ABACAD). When songs were introduced, we tape recorded them so she could be reminded of the tunes later. Much like Jessica, her mother needed time first for "vocal play" and musical absorption. With this kind of attentive support, mother's learning curve and inherent musical re-connection was rapid. In a kind of natural circular domino effect, daughter's ensuing heightened affective responsiveness also elicited a dramatic



positive reaction from mother, and soon mother was able to become a much fuller musical partner, using both standard songs and improvisatory vocal play. Musical activities came to be a meaningful part of their shared daily life.

Music is a *natural* part of the human experience and musical elements play an intrinsic, detailed role in early human caretaking (Fernald, 1990; Papousek, 1981). Examples of music's natural role in extended early childhood abound and is evidenced by cultures around the world. This includes the rich legacy of regional American folk repertoire with music designed for everything from tunes to lull a baby, dandle a youngster, and encourage socialization through musical play-parties. And even earlier than that, in infancy, maternal messages have been analyzed for communicative musicality in their use for coordinated companionship (Malloch, S. N., 1999).

Further, musical messages are said to be *primarily affective, yet provide extra-musical associations and learning rooted in a social context* (Trehub & Nakata, 2001-2002.) Greenspan and Shanker (Greenspan & Shanker, 2004) offer formulations regarding important elements of human and societal development being embedded in the transmission of social and emotional meaning by cultural means from one generation to the next. Music resonates most harmoniously in such a space.

On a daily basis music can provide a powerful organizing and communicative structure within a model that unites developmental, individual, and relational components with high affect (DIR®). Optimal individual development in a social context is found through music by linking its myriad technical facets with the highly personal, emotional appeal of its rhapsodic qualities.

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¹ *Regarding recorded music, I am not discouraging all use of it and acknowledge the convenience and pleasure of being able to produce diverse sounds, performances, etc. But, because it is used so frequently it is important to consider that the only way most people can vary the output of any given piece is by changing the volume! This pre-packaged format truly deprives children of a rich musical palette which spontaneous, interpersonal music interactions offer. Frequently generating music ourselves also provides a foundation that can enhance moving, singing along, playing along or listening to recorded music when we do use it. Further thoughtful uses of recorded music have been advanced through therapeutic auditory integration programs.*

From the 2004 ICDL Conference on Autism & Disorders of Relating & Communicating:
Summary of Presentation by Dr. Temple Grandin 11/6/04
Michele Havens, Ed. D.

Dr. Temple Grandin began her presentation by confirming that she had been diagnosed with autism as a child. In her talk, she shared her insights regarding the learning and teaching strategies that have been successful for her, and might benefit others with autism spectrum disorders (ASD).

Dr. Grandin first discussed sensory issues that impact on the learning process for persons with ASDs. She observed that sensory input for a person with an ASD, may not reflect expectable perceptual experience. Sensory input may seem like a "jammed up radio station" and that providing sensory activities may assist a child with an ASD in sorting out the "static". These sensory activities might productively include heavy exercise or deep

pressure. She described her thinking as being sensory-based, rather than language-based and explained that she sorts information by smell or sound, rather than through language-based cues, as neurotypical individuals might.

She described her experiences with the speech of others as being "like she was at a rock concert". Although hearing thresholds for people with ASDs may be lowered, the discrimination of individual sounds is often impaired. This requires the individual to focus on looking at the speaker's mouth, rather than attending to the whole face. Attention shifting during listening, can also be impaired, and may negatively impact on conversational skills. Dr. Grandin discussed her preference for learning by listening to television, where



there is often a lot of repetition, with similar words and phrases used repeatedly. The meaning of specific utterances may often be lost, but tone of voice can communicate meaning, which may be understood by some persons with ASDs.

In the visual modality, Dr. Grandin described visual thinking (her strength), as being like searching through Google (on the Internet) for visual images. The images will be very specific and detailed instances, not the generalized concept. For example, a search for a 'church', will bring up the image for specific, detailed churches she has seen, not a generic "church" image. Visual information may also be received in a "mosaic" fashion, that is, although they see an image, they may lose the ability to hold the image and process the gestalt accurately.

Dr. Grandin hypothesized that if a child is observed to squint, this may be a sign of a visual processing difficulty. She suggested strategies to help deal with visual difficulties including: consider using pastel colored paper, rather than white paper to cut down on glare avoid using fluorescent lighting; using a laptop rather than a PC as the screen of a computer may be seen as flickering (as when viewed on a video recording) and can contribute to visual perceptual difficulty. She explained that the visual modality can also be used successfully to teach concepts, such as learning abstract concepts ("hurry up"-visualize missing a taxi).

Dr. Grandin explained that movement, or vestibular input, may be perceived as either pleasurable or painful, with speed of the movement as an important factor for those with ASDs. This issue of vestibular perceptual processing constitutes another important consideration during learning tasks.

Another topic that Dr. Grandin addressed was the issue of generalization in learning, and incidental

learning. She suggested that children with ASDs would benefit from learning in many many settings and interactions to promote generalization. She theorized that initially, learning involves rote memorization and scripting. She suggested that helping a child with and ASD to develop categorization skills will follow the capacity to use imitation, rote memorization and scripting. The flexibility and expansion of thinking inherent in developing categorization and generalization skills must be taught; it does not occur spontaneously. Dr. Grandin suggested teaching through games that encourage this flexibility, for example, teach sorting by color, then encourage the student to think of other categories for sorting (i.e., size, shape, material made of, etc.). Then, expand sorting to other related, but more abstract concepts, e.g., sort by work versus play. Teachers need to make learning concrete to be understandable.

Dr. Grandin refers to people who work with children across all disciplines, as "teachers". She recommended using a variety of methodologies to teach persons with ASDs. A good teacher should be "gently insistent". She believes that frequent turn taking is essential and should be an integral part of the school day. Children with ASDs need to be "connected" at all times; down time is not productive, but wasted time.

Dr. Grandin strongly believes that discipline is critical for all persons on the spectrum. She expressed the opinion that there is no excuse for bad manners or rudeness simply because rules are misunderstood. Persons with ASDs need to learn the "rules" of society along with everyone else. She finds that rules have become more confusing recently. Individuals with ASDs will have difficulty generalizing a rule in spontaneous ways, and they often fail to see the difference between what is "really bad" versus "illegal-but not bad". Also critical are concepts such as: what are the rules



in certain locations: where are drugs not accepted, where is sexuality displayed in public more acceptable? Concrete learners such as those with ASDs have difficulty with these more subtle discriminations.

Dr. Grandin stressed encouraging the talents of persons with ASD, looking ahead toward having a productive job as an adult, using mentors when possible, and considering medication for those who need it. She suggested that an individual with an ASD might take online college courses at the Community College level if the student has difficulty being in public environments. Similarly, she suggested exposing students with ASDs to a variety of career options that incorporate their very specific interests. She discussed the creative uses of an individuals 'fixations' and incorporate them productively into the individuals job choices; a student who loves maps could have a career related to mapmaking, giving directions, etc. A person with an ASD can "sell" their strengths through developing a portfolio showing their abilities and applying straight to the technical experts, rather than through the typical application process for college or a job.

Emotions were another topic of behavior that Dr. Grandin touched upon. Her impression was that for a person with ASD, feelings or emotions may be

relatively simple; they can feel sadness, fear, happiness or anger. Just as with neurotypical peers, it is important to teach children with ASDs how to transform their less socially acceptable responses to feeling angry, for example, having a temper tantrum, into a more socially acceptable behavior, such as crying. Some social issues that Dr. Grandin touched upon included the idea that desensitization to touch which is critical to develop interpersonal relationships. Socially, the best and most productive interactions for persons with ASDs may be at a 10 year old level. Also, teaching the subtleties of what to talk about in public versus in private also needs to be taught, to encourage appropriate conversational skills.

At the conclusion of the presentation, Dr. Greenspan commented, citing "enormous wisdom" in Dr. Grandin's words. He questioned her regarding the fine tuning of emotional signaling between caregiver and child. Dr. Grandin

responded that eye contact is critical, but feels it is impossible when a child needs to be listening at the same time. Dr. Grandin suggested teaching a child to turn their dominant ear toward the speaker, and to visualize what is being said. She suggested also that tone of voice be taught, in terms of its ability to convey meaning.

WEB-BASED RADIO SHOW

WITH

STANLEY I. GREENSPAN, M.D.

TUNE IN THURSDAYS FROM 10:30 TO 11:30 a.m. EST

A new call in, web-based radio show with Stanley I. Greenspan, M.D., featuring discussions and answers to questions on infants and children with special needs and learning disabilities as well as on facilitating development in all children (those with and without special challenges). The broadcast will include in-depth discussions of critical topics such as language, intelligence, peer relationships, and handling aggression.

Periodic video illustrations will be provided.

Listen as Dr. Greenspan interviews colleagues on new discoveries and programs and offers practical advice for parents and clinicians.

Tune in live to each broadcast or view archived shows at: www.floortime.org.



My Best Friend's New Car

Jacob

**Editor's Note: This story was written by Jacob, of Jacob's Story, now age 14.*

To read Jacob's Story please go to www.floor-time.org.

Ring-ring-ring. I felt for my alarm clock, even though I was still mostly asleep, I touched the "sleep" button. *Ring-ring-ring.* It was at that minute that I realized my alarm clock makes an annoying beep, not an annoying ring. So it had to be my phone. *Ring-ring-ring.* Wondering who was stupid enough to call me at three o'clock in the morning. I picked up the phone.

"WHAT" I snapped into the microphone. (As you can tell I'm not a morning person.)

"Alex, it's me, Bert. I finally got that new car I've been saving up for," It was my best friend Bert. He'd been saving up for a car for a year now, and yes he was referring to me. "Come down to the campus parking lot as soon as possible." (We're on a collage campus if you're wondering.)

About three hours later I walked down to the parking lot to see Bert standing next a large object with a sheet over it.

"Alex, where have you been? I've been waiting forever" he said, sounding like I was late for a movie.

"Sorry for sleeping at a normal hour", I replied sarcastically. "Where's your new car?"

"Of course" Bert said, sounding like he was going to present a famous painting. "I present to you... the Panzer" taking the sheet off of the large object.

"That's your new car" I said, gawking at a massive, black painted titanium box with treads and two decals, one saying "The Panzer," the other saying "V 120."

"Beut isn't she? Import from Germany."
"That explains a lot." (I said, under my breath.)

"230 air bags". (Like he'd need them, I thought.)

"Gets one mile to the gallon" he said.

"That's not a very good deal," I pointed out.

"True," Bert replied, "but she does have 1,000 gallon engine". (Figures.) "And best of all she's got a nuclear powered sound system. Well, what do you think?"

I just stood there for a couple second's, looking for something to say. Finally I asked, "Why aren't there back seats?"

"They had to put the engine somewhere" Bert replied. "Wanna go for some breakfast?"

"Okay." I said.

So we went in and Bert pulled out. Here's where it gets interesting. We got onto the main road. After a little while we saw a traffic light, it was green so we kept going, as we passed under it though... *crrrr stirk stii.*

"What was that?" Bert asked.

"The traffic light", I replied.

It wasn't long after that we started to go over bumps accompanied by crunching sounds and screams of pain and horror, if you know what I mean.



“Since when were their speed bumps on this road?” Bert asked, completely unaware of the screams.

“Those aren’t speed bumps” I said, “Those are the car you’re crushing”.

“Sweet” Bert said, “Now I never have to worry about getting stuck in traffic ever again”.

It wasn’t long after that Bert said, “ I’m bored” and put on the stereo. *Thunka-thunka-thunka* was all I could hear for the rest of the rest of the car ride.

Meanwhile we passed John’s china shop, and with a crash, their entire inventory broke. Then we passed Jacque’s Soufflé house and there Jacque was breaking the world record for biggest Soufflé ever, but it just so

happens that his life dream was lost when we passed by.

Then we passed Sushi house and with a chop and a scream of pain they lost one of their employees. After that we passed the Aquarium and all the glass broke losing the lives of some of the exhibits along with the lives of those who visited the Shark exhibit, if you know what I mean. Meanwhile NASA satellites got some weird interference that sounded like *Thunka-thunka-thunka*.

Finally, we got there, got breakfast and decided to go back to our apartments. Then we hit a bit of a snag. The Police arrested Bert; his only words were “Not again.” Afterwards I hailed a taxi, went back to my apartment and went back to sleep.

THE END.

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Finding Neverland: A Film Review

Jo Raphael, MSW

I recently saw the newly released film, Finding Neverland. I am not sure what I was expecting other than some bonding time with my husband and our 17 year old daughter, who is a Johnny Depp fan. I was very pleasantly surprised by this lovely, thoughtful film that turned out to be a Floortime movie.

It is the story of J. M. Barrie's life during the time when he conceived of, wrote and directed his play, Peter Pan. He befriends a family of four boys and their widowed mother and through the use of affect, the power of his imagination and of play he helps this family to heal and grow. They become a new family only to face losing their mother. While this is a sad ending we are left with the feeling that the boys will make it through this as Mr. Barrie helps them navigate their emotions and ensuing transitions.

The message that resonated for me is that play is essential for us all and we all need to play and to utilize our imagination to lead full, rich lives. Through raising their affect, through play and imagination Mr. Barrie woos the boys, particularly Peter, into engaging with the world,

communicating on many levels, using gestures and symbolic play and frees them to unleash their own imaginations.

The film's tagline is:

Unlock your imagination.

How far can your imagination take you?

Where will your imagination take you?

These are questions that each of us must ask ourselves as we begin to utilize the DIR®/Floortime approach. In order to help those with communication and learning challenges you must unlock your own imagination as well as those you are working with. How and where your imagination takes you is the ultimate question. As Stanley Greenspan, MD, has said: "Place no ceiling on their capabilities".

I highly recommend this film. It helps to recapture the joy found in adults who are able to use their imaginations. It reminds us of the importance and joy found in play especially when it is shared with others so that they may proceed along the developmental ladder.



***Interdisciplinary Council on
Developmental and Learning Disorders***
4938 Hampden Lane, Suite 800
Bethesda, MD 20814