

## The Southern California DIR®/Floortime™\* Regional Institute



### General Presentation Outline for Cases (version 4.1):

*The first presentation is a very brief video clip of no more than 2 minutes that you will introduce with a one minute introduction that tells us the age and no more than three main points about the clip and what you hope to think about by showing the clip. You will present for about 5-10 minutes and we will have 20-25 minutes of reflective group discussion.*

*The following outline is for your SECOND presentation, which is a 20 minute presentation followed by 30 minutes of reflective group discussion. There is no time to spare. The goal is to allow you to develop your skills at presenting a clear, concise case while learning more about the DIR®/Floortime model. You will see many examples of presentations. For demonstration purposes, this guideline of an 'ideal' presentation has explanations in italics and some example bullets from two different cases (one DIRB and one DIRC1 type) given in two different colors for the first sections.*

### Tell us about the person (2 min):

Thesis: *(tell in one sentence what this case is about)*

*Example:*

- Three years old Sally , not connecting with mom – DIR® helping them both

*Or*

- Jerry, a seven year old with autism, biting aide at school – focus on engagement over compliance makes it better

How the person came to see you: *(again just one quick line)*

*Example:*

- Pediatrician – b/c not talking yet

*Or*

- Parents worried about the school placement

A synopsis of the person's difficulties: *(another quick line)*

*Example:*

- Little affect, not talking, poor feeding

*Or*

- Perseverative, trouble with transitions, echolalic

A synopsis of the person's history: (*family history, developmental, medical, educational, course of treatment to date - a last quick line, noting only abnormal issues*)

*Example:*

- Family history of Aspergers, 35 week gestation, febrile seizure at 18 months, mild developmental 'delay' at 22 months, , starting early intervention

*Or*

- Bipolar dad, child with regression at 14 months, ear infections, special day classes since age 3, has had intensive discrete trial for years

**Show us some video clips (5 min):** (*Floortime - only one clip needed for DIRB – for DIRC1 need Floortime and coaching Floortime*)

*Example:*

- June 2009: my Floortime with Sally (5 min)

*Or*

- November 2008: Jerry biting aide (20 seconds)
- December 2008: my Floortime with Jerry (2 min)
- January 2009: Coaching aide with Jerry (2 min 40 sec)

**Give us a summary of your assessment:**

**D** - Where the person is functioning at the FEDL levels (see example below).

**I** - Summary of the person's individual differences (see example below).

**R** - Review how the family fits in (see guideline below).

### FEDL 'SHORT SHEET' (2 min)

*(IMPORTANT NOTES: these short sheets are used for graphic purposes only, not meant to replace the official FEDL and Individual Differences forms used by ICDL. Here the examples are marked with dates as appropriate to show change over time – please note that these examples are NOT related to Sally nor Jerry – maybe in version 3.0...)*

	1 (not there)	2 (barely)	3 (islands)	4 (ok w/ support)	5 (comes back)	6 (ok unless stress)	7 (ok)
Regulate			3/08 9/08				
Engage		3/08	9/08				
Circles		3/08	9/08				
Flow	3/08	9/08					
Symbols	3/08	9/08					
Logic	3/08 9/08						

3/08 – moments of gleam and a couple of circles when I .....

9/08- shifts.... somewhat symbolic.....

### INDIVIDUAL DIFFERENCES SHORT SHEET (2 min)

*(for graphic purposes only, with dates to show where appropriate):*

<i>Sensory</i>	<i>Postural / Motor Planning</i>	<i>Response to Communication</i>	<i>Intent to Communicate</i>	<i>Visual Exploration</i>	<i>Executive Function</i>
<b>Auditory</b>	1 indicate desires -----9/08-----	1. Orient ----3/08----	1. Mirror vocalizations -----9/08-----	1. focus on object -----9/08-----	Ideation -----9/08--
<b>Visual</b>		2. key tones -----9/08-----	2. Mirror gestures		Planning, (using sensory experience)
<b>Tactile</b>	2. mirror gestures	3. key gestures	3. gestures	2. Alternate gaze	Sequencing
<b>Vestibular</b>		4. key words	4. sounds		
<b>Proprioceptive</b>	3. imitate gesture	5. Switch			

<b>Taste</b>	<b>4. Imitate with purpose.</b>	<b>auditory attention back and forth</b>	<b>5.words</b>	<b>determine intent.</b>	<b>Execution</b>
<b>Odor</b>	<b>5. Obtain desires</b>	<b>6. Follow directions</b>	<b>6. two –word</b>	<b>3. Switch visual attention</b>	<b>Adaptation</b>
	<b>6. interact: - exploration - purposeful - self help -interactions</b>	<b>7. Understand W ?'s</b>	<b>7. sentences</b>	<b>4. visual figure ground</b>	
		<b>8.abstract conversation.</b>	<b>8. logical flow.</b>	<b>5. search for object</b>	
				<b>6. search two areas of room</b>	
				<b>7. assess space, shape and materials.</b>	

**Famliy /Caregiver Patterns (2 min):** Rate 1-7 and comment on the following:

	Not yet able to support	Just starting to support	Islands of support	Moderately effective in supporting "50%"	Becoming consistent in ability to support	Effective except when stressed	Very Effective in supporting
Comforting the Child	11/08	Early June 2009	1/09	Late June 2009			
Finding appropriate level of stimulation							

Pleasurably engages the child							
Reads child's emotional signals							
Responds to child's emotional signals; maintains flow							
Tends to encourage the child's Development							

Comforting:

- (Sally) early June 2009: mom unsure how to comfort; late June: tuning into gestures;
- (Jerry) November 2008: aide requires compliance; January 2009: hears Jerry's frustration

Finds appropriate level of stimulation

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- 

Engages in relationship

- 
- 

Reads cues and signals

- 
- 

Maintains affective flow (for co-regulation)

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Encourages development

- 
- 

**NDRC level (2 min): I II III IV**

*(pick 1 and explain –use the DMIC to understand these levels)*

- (Sally) NDRC level II - a bit soon to tell, but improving already when mother has good support.

### Good support:

- (Jerry) NDRC level III – initial frustration and biting are better with lots of support to staff, however further progress, while clearly possible if excellent support continues, will likely come over a longer period of time.

### Reflection (5 min):

What doesn't work, what does work, why, and how can we build on it?

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How you feel about the work and how that informs the work (*is it hard? Is it fun?*)

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- 

Where you feel you are successful, and where you want to grow and improve

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- 

Describe the bigger picture: broad goals, an organized multimodal intervention

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What you want to see happen, what you might want help with (*not advice but observations so you can find solutions in the spirit of reflective process*)

- (Sally) - not sure how to get dad involved now.
- (Jerry) – how to expand the moments of engagement with peers.

### Reflective Discussion (20-25 min):

Other people can offer their observations and reflect on FEDL and individual differences that they see

### SEE TIPS BELOW!

### Tips:

- **Be sure to do your editing at home** and not have to lose time looking for sections. Also remember to test your **DVD+R format**. You are welcome to bring your computers as a backup. Do trial runs at home to avoid technical difficulties when

computers as a back up. Do trial runs at home to avoid technical difficulties when you are presenting

- **Professionalism: keep your language and characterizations always neutral / always kind, as if the family is in the room with you.**
- **Don't talk during your video – let your work speak for itself!**
- Stay within the time frame. Every effort will be made not to interrupt your presentation because we want to be sure there is time for discussion. Your handouts which include the time line and profiles will be very helpful in saving time. **Do several trial runs at home** and see how long it takes. Remember: you do not need to present every fact about your case. Know it in case there is a question, but present only the minimal salient points.
- Handouts: bring handouts that you can use to help people track your talk, but keep them extremely short and bulleted so that people listen to YOU instead of reading the handout. Spell out any acronyms so people will be stuck e.g. “APE (Adaptive Physical Education)” or “AAC (Augmentative and Alternative Communication devices and strategies).