Autism and Floortime:
An Adlerian Perspective

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Amy Roemhild

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Abstract

In this paper, Autism Spectrum Disorder and Floortime as an intervention will be explored. Adlerian Psychology will be utilized as a framework for understanding and responding to Autism. A literature review of the latest research on both Autism Spectrum Disorder and Floortime is included.
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Autism and Floortime:

An Adlerian Perspective

What is Autism Spectrum Disorder?

Autism Spectrum Disorder is a general term for a group of complex disorders of brain development. While every person with autism is different, children and adults with this disorder often have difficulty with social interaction, verbal and nonverbal communication, and repetitive behaviors. While children and adults with Autism Spectrum Disorder don’t look differently than other people, they may interact, behave and learn in ways that differ from most. From gifted to disabled, the abilities of each individual with autism is unique (Lord, Risis, DiLavore, Shulam, Thurm & Pickles, 2006).

This developmental disability has been coined as a “different-ability” by Temple Grandin, a famous scientist with autism (Grandin, 2006). Many people with autism are gifted in memory, visual, artistic and academic skills. Research has recently taken a broader and deeper view on the topic. In a recent study (Mottron, 2011), individuals with autism scored forty percent faster on a visual pattern test than those without the condition.

In his foreword to Temple Grandin’s book *Thinking in Pictures*, Oliver Sacks writes: “it had been a medical dogma for forty years or more that there was no “inside”, no inner life in the autistic, or that if there was it would be forever denied access or expression… she provided a glimpse, and indeed a revelation, that there might be people, no less human than ourselves, who constructed their worlds, lived their lives, in almost unimaginably different ways.

Causes

The United States Centers for Disease Control and Prevention estimate that today 1 in 88 American children are diagnosed with Autism Spectrum Disorder. (Centers for Disease Control
and Prevention, 2015). This is a ten-fold increase from forty years ago. While research shows that improved diagnostic skills and public awareness account for some of this, there is still no established explanation for this continued increase (CDC, 2015).

Just five shorts years ago, there were no definitive answers to the causes of Autism. While it remains mostly a mystery, careful and groundbreaking research has shown that some cases of Autism are cause by certain genes combined with environmental factors. This combination affects early brain development, resulting in delays in and problems with language and a range of emotional, cognitive, motor and sensory abilities (American Psychiatric Association, 2013; Rosenberg, Law, McGready & Kaufmann, 2009)

**Diagnosing Autism**

Autism is a social and communicative disorder determined by clinicians using the Diagnostic Statistical Manual, currently called the DSM-V. Criteria in several areas must be met: qualitative impairment in social-emotional reciprocity; qualitative impairments in non-verbal communication; deficits in developing, understanding and maintaining relationships; and restricted, repetitive patterns of behavior, interests, or activities. Symptoms must be present since early childhood and cause clinically significant impairment in daily functioning. Lastly, these symptoms must not be better explained by intellectual disability or global development delay (American Psychiatric Association, 2013).

According to the DSM-V (2013), qualitative impairment in social-emotional reciprocity can mean a reduced sharing of interests, emotions or affect. It can also refer to difficulty initiating and responding to social interactions.
Another area of criteria is qualitative impairments in non-verbal communication. The DSM-V (2013) states that this means a substantial delay or complete lack of spoken language, abnormalities in body language and eye contact, and difficulty interrupting social cues.

Deficits in developing, maintaining and understanding relationships are the third area of criteria, according to the DSM-V (2013). This includes difficulty with spontaneous, imaginative and peer based play; lack of or less than typical interest in peers and difficulty adjusting behavior to varied social environments.

The last area of diagnostic criteria from the DSM-V (2013) is restricted, repetitive patterns of behavior, interests or activities as manifested by at least two of the following: 1.) Stereotyped or repetitive motor movements, use of objects, or speech. 2.) Inflexible adherence to routines or ritualized patterns of behavior. 3.) Highly restricted, fixated interests that are abnormal in intensity or focus. 4.) Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.

Children with Autism Spectrum Disorder often show an uneven developmental pattern. For example- a four year old boy may be able to recognize the alphabet and put together a complex puzzle while being unable to answer open ended questions or play reciprocally with peers. Furthermore, each person with Autism Spectrum Disorder has unique abilities and disabilities. It is therefore essential for parents and practitioners to know the child they are working with very well.

Historically, outcomes for children diagnosed with Autism Spectrum Disorder were considered to be poor. Recent long term studies, however, have shown that children who received early, intensive, high-quality intervention for many years showed significant improvement (Greenspan, 1997).
An Adlerian Perspective on Autism

Alfred Adler M.D. (1870-1937) believed that human beings were first and foremost social beings with a natural sense of fellowship and interconnectedness. Adler was the first psychologist to note the impact that our perceptions and school relationships have on our own mental health and of the families and communities to which we belong. Adler believed that humans all have an innate human desire to belong and connect (Ansbacher & Ansbacher, 1956).

Premack and Woodruff (1978) created a term called “Theory of Mind”. This phrase indicates a person’s ability to predict other’s mental states. While most people are able to pick up on social cues that indicate how others may be thinking or feeling, it is incredibly difficult for most people living with Autism Spectrum Disorder. We know that Adler viewed people from a socially embedded perspective. From this outlook, both strengths and weaknesses in people are rooted in their relationships. Families play a crucial role in this, with parents and children influencing each other’s growth (Blackledge & Hayes, 2006; Young, Brewer & Pattinson, 2003).

Adlerians would equate Theory of Mind with Social Interest. A term coined by Alfred Adler, Social Interest means to “See with the eyes of another, to hear with the ears of another, to feel with the heart of another” (Ansbacher & Ansbacher, 1964, pp. 342). Adler proposed that Social Interest can be learned when a person is surrounded by others and feels a part of a community. Adler taught that the most successful families are friendly, warm and instill cooperation. While having a family member with Autism Spectrum Disorder creates a different style of living (including elevated levels of stress) Adler would still encourage those families to be successful in their own unique ways as well as allow the disability to bring them closer together (Strain & Danko, 1995; Soloman, Nechleles, Ferch & Brickman, 2007).
Because of decreased eye contact, poor theory of mind, limited language and inept socializing, it may appear that people with Autism are uninterested in relationships. This is not true. While it is difficult to form and maintain relationships, relationships are just as necessary to individuals with Autism as they are to those without it. The challenge to practitioners then, is to meet clients at their emotional and cognitive ability levels, while empowering their strengths, self-development and ability to be a part of their community (Stein & Edwards, 2003).

Practitioners and family members can encourage individuals with Autism Spectrum Disorder towards a healthy goal of knowing with in themselves that are “good enough”- a Rudolph Dreikur’s term. Children and adults with Autism Spectrum Disorder tend to think very rigidly. This means that their expectations of themselves and the world around them are often unmet. Perfectionism, helplessness, anxiety and depression are just a few of the issues related to black and white thinking. Practitioners and family members can teach that perfection is an unhealthy expectation. Rudolph Dreikurs taught that to encourage means to restore a patient’s faith in himself, the realization of his own dignity and worth.

Adlerians describe our fundamental needs as the Four C’s: Connection, Capability, to Count, and to have Courage. Whether they are able to express it or not, or show it in unusual ways, it is important to know that individuals with Autism Spectrum Disorder desire to Connect: to fit in, belong and feel secure. They also need to feel Capable: having competency to face life’s challenges. Individuals with autism Spectrum Disorder should not be underestimated. All people want to Count: to feel significant and of worth. Practitioners can show individual children and adults with autism how much they matter by allowing them to be exactly who they are. Most importantly, humans all need courage: the ability and belief in oneself to overcome fear and difficult feelings. For this reason, it is especially important not to pamper individuals
with autism. An individual’s interpretations of his or her own experiences are how he or she uniquely creates and contributes attitudes towards self, others, the world, and life itself.

**Floortime: An Intervention**

Play occurs naturally and easily for most children. For most children dealing with Autism Spectrum Disorder, play is often delayed, rigid, and lacking creativity and spontaneity. Challenges in motor planning, expressive and receptive communication, imitation and fine and gross motor planning are often barriers to overcome (Hess, 2012; Chhabria & Rubina, 2013).

Floortime is an evidence-based practice created by Dr. Stanley L. Greenspan. Because of its innovative and exciting approach to autism and play it is increasingly being incorporated into treatment for children. The program has demonstrated that children with Autism Spectrum Disorder do not have limited potential, but in many cases can join their peers and lead full healthy lives (Greenspan & Wieder, 2006; Hess 2013).

The Developmental, Individual, Relationship based (DIR) model is based on each child’s unique development and the creation of emotionally meaningful learning interactions. The objectives of DIR Floortime are to develop foundations for social, emotional, and intellectual, capacities. Practitioners and parents work with the child to meet and master six developmental (D) milestones: self-regulation and interest, intimacy, two-way communication, complex communication emotional ideas and emotional thinking (Greenspan, 2006; Josefi & Ryan, 2004). These six developmental stages can be described as such:

1. Regulation and interest: the ability to take in and respond appropriately to the world around him/her.
2. Engagement and relationship: the process of bonding to create trust and learn that relationships can be joyful.
3. Two-way communication: The child learns that his/her actions have an impact on those around him/her.

4. Complex communication: the child expands this knowledge to emotions.

5. Emotional ideas: the child begins to use his/her own creativity in play.

6. Emotional thinking: the ability to connect various ideas into logical sequence.

(Greenspan & Wieder, 2006)

Floortime is child directed and adult supported. It provides opportunities to expand limited and/or perseverative play into more meaningful and beneficial behavior.

There are five steps to Floortime:

1. The practitioner or parent observes the child’s play to determine how to approach him/her.

2. The practitioner or parent joins the child’s activity and attempts to match the child’s emotional tone.

3. The child directs the actions in play and the practitioner or parent follows their lead.

4. The practitioner or parent expands on the child’s chosen play theme without being intrusive.

5. The child builds on the practitioners or parent’s signals, thereby closing the circle of communication, and opens a new one (Lantz, J. 2001).

For example, if a child is fixated on lining up trains, the practitioner or parent may begin lining up trains in a new way. When the child continues the new direction, he/she has closed the circle of communication, thereby creating a new one (Gutstein & Sheely, 2002).
Research Support for Floortime

According to a study conducted by Greenspan and Wieder in 2005, the majority of 200 children who were studied learned to relate and engage with warmth and trust; were able to interact and respond to social cues; and a subgroup of the children formed capabilities for imaginative play, creative use of speech communication and reflective thinking.

A case study, conducted by Josefi and Ryan (2011), involved a six year-old boy with Autism Spectrum Disorder. The researchers analyzed sixteen videotaped play sessions, both qualitatively and quantitatively. This study concluded that the boy learned to enter into a therapeutic relationship with his practitioner, exhibiting attachment behaviors, pretend play and development of autonomy and empathy. His ritualistic behaviors, however, showed only moderate improvement.

Another study done in Thailand that included Floortime intervention for preschoolers at the rate of 15.2 hours per week for three months. The intervention group made significantly greater gains than the non-intervention group in all of the measures employed in the study (Pajareya & Nomaneejumruslers, 2011). Measures included the Functional Emotional Assessment Scale, the Childhood Autism Rating Scale, and the Functional Emotional Questionnaire

Reflection

I presented a workshop on Autism and Floortime from an Adlerian perspective to practitioners and parents. Using the powerpoint presentation included in this paper, I taught what Autism Spectrum Disorder is, how it can be viewed from an Adlerian perspective, and that using Floortime as an intervention will benefit children.
My goal was to teach practitioners and parents how to implement Floortime; with the understanding that the objectives of Floortime are to build healthy foundations for social, emotional, and intellectual capacities rather than focus on traditional methods of skill building and isolating behaviors. I wanted to encourage practitioners and parents to trust their intuition, connect with their children, have fun with them, and believe that their hard work matters.

While I did feel nervous presenting in front of others, I did feel well prepared and knowledgable on the topics presented. Several parents asked questions throughout the presentation. I found that this made the presentation feel more engaging, personal and conversational. I found it easy to answer their questions and encouraged audience members to comment on or answer questions as well. All members of their audience has children diagnosed with autism Spectrum Disorder or worked with them professionally.

Upon reflection, and in reading the feedback I was given, I feel mostly satisfied with my presentation. All audience members reported understanding that it was a relational form of interventions.

Most members reported being unfamiliar with Adlerian theory. I also found explaining it to be my largest stumbling block during the presentation. This may be because I am used to thinking and utilizing Adlerian Psychology and may need to learn how to simplify its concepts. While my Powerpoint and presentation was quite easy and fun to do, my research paper was a daunting task. I started and stopped it several times over the course of two years, unable to believe in Rudolph Dreikurs’ “Courage to be imperfect” theory. I am relieved to have finally completed the most difficult portion of my master’s degree. I firmly believe Adlerian
Psychology and deeply honored and grateful for the learning experience I had at Adler Graduate School.
References


Autism and Floortime


Autism & Floortime

An Adlerian Perspective

ASD: what does that mean?

• Autism Spectrum Disorder is a General term for a group of complex disorders of brain development.

• While every person with autism is different, children and adults with this disorder often have difficulty with social interaction, verbal communication, and repetitive behaviors.

• This developmental disability has been coined by Temple Grandin as a “different-ability”. Many people with autism are gifted in visual, artistic and academic skills.
How common is Autism?

- The United States Centers for Disease Control and Prevention estimate that today 1 in 88 American children are diagnosed with Autism Spectrum Disorder.

- This is a ten-fold increase from forty years ago. While research shows that improved diagnostic skills and public awareness account for some of this, there is still no established explanations for this continued increase.

What are it’s causes?

- Just five years ago, we had no definitive answers to Autism’s cause. While it remains mostly a mystery, careful and groundbreaking research has shown that some cases of autism are caused by certain genes combined with environmental factors.

- This combination affects early brain development, resulting in delays in and problems with language and range of emotional, cognitive, motor and sensory abilities.
What would Alfred Adler say?

- We can only guess what Adler (1870-1937) would have to say about autism. But we do know that he certainly believed we all have an innate human desire to belong and connect.

- We know that Adler viewed people from a socially embedded perspective. From this outlook, both strengths and weaknesses in a person are rooted in their relationships.

- From this perspective, families play a crucial role, with children and parents influencing each other towards growth.

Family

- Adler taught that the most successful families are friendly, warm and instill cooperation.

- Families that have a member diagnosed with ASD face unique challenges that create a different style of living than most.

- Research tells us that elevated levels of stress and conflict occur in parents of a child with chronic conditions; but interestingly, in some families, research showed that having children with disabilities brought some families closer together.
Courage is a direct result of encouragement

- The “Courage to be imperfect” is an excellent Adlerian concept to apply to Autism Spectrum Disorder.

- Children and adults with ASD tend to think very rigidly. This means that their expectations of themselves and the world around them are often not met. Perfectionism, helplessness, anxiety and depression are just a few of the issues related to black and white thinking.

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The Courage to be Imperfect

- Practitioners and family members can encourage individuals with ASD towards the healthy goal of knowing within themselves that they are good enough. They can teach that perfection is an unhealthy expectation.

- Rudolph Dreikurs stated that to encourage means “to restore a patient’s faith in himself, the realization of his strength and ability and the belief in his own dignity and worth”.
The Four C’s

- Adlerians describe our fundamental needs as the Four C’s: Connection, Capability, to Count, and to have Courage.

- Whether they are able to express it or not, or show it in unusual ways, it is important to know that individuals with ASD desire to Connect: to fit in, belong and feel secure.

- They also need to feel Capable: having competency to face life’s challenges. Individuals with ASD should not be underestimated.

Connection, Capability, to Count, to have Courage

- All people want to Count: to feel significant and of worth. Show children and adults with autism how much they matter by letting them be who they are.

- Most importantly, we all need Courage: the ability and belief in oneself to overcome fear and difficult feelings and circumstances. For this reason, it is especially important not to pamper individuals with ASD.

- An individual’s interpretations of his or her experiences is how he or she uniquely creates attitudes towards self, others, the world and life itself.
Intervention: a new approach

- Social and communicative delays and problems are the main challenges for people with ASD. Experts agree that intensive early intervention helps children tremendously and it’s effects are often lifelong.

- Until recently, intervention efforts relied heavily on ABA (applied behavioral analysis). Despite its impressive results, parents and practitioners around the world have noted problems with generality. Individuals with ASD trained in ABA show difficulty using their skills out of the context they were learned in, often show a lack of spontaneity, and can be cue dependent and rote in their social responses.

DIR Floortime

- DIR Floortime, established by Dr. Stanley Greenspan, is a unique way of helping children with autism to communicate and relate to others in a meaningful way.

- The Developmental, Individual, Relationship-based (DIR) model is based on each child’s unique development and the creation of emotionally meaningful learning interactions.
Healthy Foundations

- The objectives of DIR Floortime are to build healthy foundations for social, emotional and intellectual capacities.

- Practitioners and parents work with the child to meet and master six developmental (D) milestones: self regulation and interest, intimacy, two-way communication, complex communication, emotional ideas and emotional thinking.

Follow My Lead

- Individual difference (I) is the incorporation of how each child responds to sensations and plans actions and ideas.

- Relationship (R) is the learning relationship the child with his or her parents and practitioners who tailor their affects and reactions based on the child’s developmental capabilities.

- Floortime is the play. It is led by the child in a natural environment. The parent or practitioner sits on the floor and follows the child’s lead in play.
A Way of Being

- Floortime is both a specific technique and a general philosophy for every interaction with the child.

- By following the child’s lead, we can become a part of his or her emotional world. Next, we create opportunities to help him or her create higher levels of relating, communication and thinking. Then, we find ways to keep the interaction going.

How?

- Here is an example of how to begin Floortime for the first time.

- A little boy with very little skills loves trains. He pushes them back and forth, back and forth. The practitioner or parent can get down on the floor with him and block the train’s way with their hand. This may surprise the child and cause him to look up at you. Now you are sharing engagement. Keep doing this in a silly, playful way. He will need to find a new route to get around your hand.

- Continue to obstruct and expand in your play together while attuning yourself to his interests. Eventually, you will be making “Choo Choo” sounds together, building railways and talking together with your trains.
The Joy of Play

- When a child with ASD learns the fun of playing together, it will feel so wonderful to them that they will seek it out more and more.

- The keys to this are patience, practice ad the ability of the practitioner or parent to be a calm and secure, yet fun and engaging playmate.

For More Information

- Autism Spectrum Disorder- www.autismspeaks.org
- Adlerian Psychology- www.alfredadler.org
- DIR Floortime- www.stanleygreenspan.com