

## **The P.L.A.Y. Project**

1. Introduction - Page 1
2. Our view on Autism here at A Total Approach in short – Page 1
3. The Vision of the P.L.A.Y. Project – Page 2
4. Ongoing Research – Page 3
5. Dr. Stanley Greenspan and Dr. Serena Wieder article on 4 truths and relationships – Page 3

### **Introduction**

The world of autism and developmental delays have grown in the past 2 decades. Prior to the 1990's, 4-5 children out of 10,000 had a diagnosis of autism. Recent numbers from the CDC quote numbers as high as 1 out of every 166 children. The National Academy of Sciences brought out a paper in 2001 that the best practices for the treatment of autism would be to begin treatment as early as possible. Treatment should consist of about 25 hours each week and it should be 1 adult to one child or one adult to two children, in other words highly individualized. It also spoke highly of treatment being engaging in nature. There should be a strategic direction to the treatment plan.

### **Our view on autism at A Total Approach in short**

We see many beautiful children on very varying and different places on the autism spectrum. We believe in their individual differences, and believe that they are very capable of communicating their needs to us if we would only listen and observe. Children on the autism spectrum are very adept in making decisions about their environment and highly capable of various different emotions. They are very honest and can feel whether you are serious about caring about them. We validate whatever they bring to the table and work from a place where we could join them. If they need to participate in self stimulatory activities, we do not remove their need, but work with them until they choose to use more functional replacement activities. We believe they should own their change and not behave in a certain way only to suit our society without understanding why. We believe that just like any other person, they have as much a need, if not more, to find control in their world as we do, yet every day

P.L.A.Y. Project PDF File August 2007

we find adults believing that they know the needs of children better than themselves.

The answer lies in facilitation of the growth process, not over structuring an environment, where the child has to use rote memory with no meaning to get a specific task done. For us it is about the child and his/her profile, not about the diagnosis.

Many parents arrive at our door having completed a myriad of programs, having listened to many people and professionals and some have gone from one treatment process to the other. We have lived through great success with the use of the DIR method, designed by Dr. Stanley Greenspan and Dr. Serena Wieder. These services are clinic based and we were looking for a program closer to the home that would train and empower parents to do this kind of program in their homes. We found Dr. Solomon's P.L.A.Y. project and decided that this was a good solid structured program making it much easier for parents to follow in their homes.

### **P.L.A.Y. Project**

***"The vision of the P.L.A.Y. Project is to be a community based/regional autism training and early intervention center dedicated to empowering the parents and professionals to implement intensive, developmental interventions for young children with autism in the most cost-effective and efficient way."***

The project embraces the DIR model and Functional Emotional Developmental Levels of Dr. Stanley Greenspan:

1. Self Regulation and Shared Attention
2. Engagement
3. Two-Way Communication
4. Complex Two-way Communication
5. Shared Meanings and Symbolic Play
6. Emotional Thinking

Dr. Solomon and his group has trained over 60 agency and school personnel (over 2000 Floortime Practitioners) in various parts of the country and is based out of Ann Arbor Michigan. He officially conducts a training process for the Floortime practitioners that consist of a 4 day weekend training, and a 1-year long supervision and certification. At our center at A Total Approach, our Floortime practitioners will work under the supervision of Maude Le Roux, who has the DIR Certification and also is a Faculty Facilitator for the National DIR Institute.

### **Ongoing Research**

Dr. Solomon conducted a research study consisting of a program evaluation of 400 families over a period of 5 years. A pilot of the first 74 children in this model of average ages 44 months (20 months to 6 years), all diagnosed with ASD by the DSM IV was completed. 68% of the parents were college educated.

The families were videotaped at baseline and again at 9 to 12 months by raters blind to clinical information. The Functional Emotional Assessment Scale (FEAS) was used along with the Childhood Autism Rating Scale (CARS), as well as a clinical rating of progress.

On the FEAS 46% of children showed good to excellent outcomes and 32% fair. 85% of parents were more sensitive to their children's cues and parent satisfaction rating was 87%. Based on these outcomes the National Institute of Mental Health has awarded Dr. Solomon the sponsorship of a robust clinical trial of the P.L.A.Y. Project consisting of a randomized controlled design, which has already commenced at 20 sites in 2006.

### **Dr. Stanley Greenspan and Dr. Serena Wieder article on 4 truths and relationships**

Dr. S. Greenspan and Dr. S. Wieder wrote an article in the professional 0 to 3 Journal titled: "Assessing and treating infants and young children with severe difficulties in relating and communicating". In this article they note 4 truths that we hold very dearly at our center:

1. "Every child has his or her own profile of development and requires an individualized approach."

2. "A child's symptoms and problem behaviors often stem from underlying problems in sensory modulation and processing, motor planning, and affective integration."
3. "All areas of development are interrelated"
4. "The child's interactions in relationships and family patterns are the primary vehicle for mobilizing development and growth."

Dr. Greenspan and Dr. Wieder further suggested a pyramid model consisting of the following layers (base layer first):

1. Basic services for safety, protection and security (e.g., physical and emotional contact, adequate food, housing, and medical care.)
2. The formation of ongoing trusting relationships.
3. The implementation of relationships geared to the child's individual differences in sensory reactivity, processing and motor planning.
4. Techniques to promote development. Interactions matched to the child's developmental level, which also promote the next developmental level.
5. Specific interventions.

"Relationships serve many functions in young children":

1. "Fosters warmth, intimacy and pleasure."
2. "Regulatory aspects of relationships help maintain pleasure in intimacy and a secure, alert state that permits new learning and development to occur."
3. "Provides the basis for communication."
4. "Are the context for learning which behaviors are appropriate and which are inappropriate."
5. "Relationships enable a child to learn to symbolize experience."

“Understanding underlying differences provide a basis for tailoring approaches to the child’s individual differences and underlying processing dysfunctions.”

“Everyone interacting with a child provides another relationship in which to learn.”

“There is emerging evidence that interventions that are intensive and deal with each child as an individual can help significant numbers of children.”