

Beyond the Spectrum: The DIR Model and its Therapeutic Application Outside of Autism Spectrum Disorders

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Buffalo Hearing & Speech Center serves young children with disabilities in their early childhood special education classrooms in a multitude of specialized, therapeutic programs where some use the DIR model/DIRFloortime approach. This model and its approach are widely used to support students with autism and their families; thus, this research brief explores DIR's potential with children who have other medical needs and disabilities.

Background

Buffalo Hearing & Speech Center is a non-profit agency specializing in audiology, language and communication disorders, and early childhood special education, serving the Western NY region with several schools and its community-based service program. It uses the DIR model/DIRFloortime approach in many of its classroom programs (*Preschool Special Education Programs for Children in New York*, n.d.).

The DIR Model

The DIR model, which stands for **“Developmental, Individual-differences, and Relationship-based”**, is a social-emotional development model that helps to understand how each person interacts with the world and uses relationship-building to support children’s learning (*Home of DIRFloortime® (Floortime) - DIR®*, n.d.). As seen in Figure 1, it uses six stages of social-emotional development to generate goals for the child. The approach based on this model is



called DIRFloortime. The DIR model was constructed using **cognitive development theory** as a guideline, which focuses on how people interact with their environment and how that helps them grow and develop (Kohlberg, 1968).

Agency Application

With Buffalo Hearing & Speech Center using the DIR model as a basis for many of its early childhood special education classrooms, the agency is following the research and seeing the benefits of using DIR in a group setting (Muratidis, 2009). Based on my review of available research, I encourage Buffalo Hearing & Speech Center to consider implementing this framework agency-wide across all its classroom programs. This framework should also be considered for its community-based programs, because the DIR model is flexible, adaptive, and family-focused, which aligns well with best practice for early intervention (Akulova, 2020).

As a current SEIT for Buffalo Hearing & Speech Center, I have enjoyed the opportunities to work alongside families, staff, and most importantly, the children of the City of Buffalo. My formal coursework and training in Applied Behavior Analysis (ABA) emphasized behaviorist perspectives, such as rewards and incentives to increase desired behavioral outcomes. Yet, consistent with DIR approaches, I have also always

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incorporated play and positive bonding experiences in my sessions. By using the DIR model, Buffalo Hearing & Speech Center has set itself up for its own growth in the community and it can stand out from all other local programs by using this model as an agency highlight across all early childhood special education programs.

Findings

Autism-Focused Studies

Eight studies concerning the benefits of DIR were reviewed, wherein five focused on children with autism specifically. The DIR model has been shown to increase joint attention, imitation skills, and affective social engagement for children with autism. (Hyman et al., 2020). Proficient social-emotional skills is important for other areas of development, such as language, cognitive, visual-spatial and motor (Boshoff et al., 2020). Families of children who are enrolled in DIR-based programs believe this to be a very effective approach, and that being taught this approach has given them the skills to play and interact with their children more authentically (DeWaay,

2011; Liao et al., 2014). Given these positive results, families should be informed of DIR model programs as a choice (Mercer, 2017).

Other Studies

The three other studies that were selected for this review show that the DIR model is beneficial for children with needs other than autism. DIR has been found to have a positive experience with children who receive palliative care in hospital settings (Akulova, 2020). DIRFloortime has been used to increase bonding between adoptive mothers and their toddlers who have been diagnosed with developmental delays through early intervention (Clancey, 2020). When compared to 1:1 DIRFloortime sessions, group DIR programs have been seen to be just as beneficial for students with sensory needs (Muratidis, 2009).

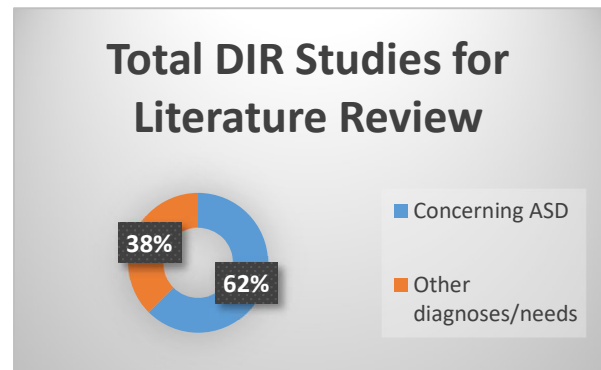


Figure 2

Summary

In sum, the DIR model has been primarily studied for its benefits for children with autism and their families. Relatively, fewer studies focus on DIR for children with other needs, but these studies support the appropriateness of this approach. This research brief summarizes these studies so that Buffalo Hearing & Speech staff can feel empowered to use DIRFloortime with populations beyond children with autism.

Social-Emotional Stages of Development

(S. Greenspan and S. Wieder)



Figure 1

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