

FREQUENTLY ASKED QUESTIONS ABOUT FLOORTIME

I know that Floortime is very helpful for children with autism. Does it work for children with other special needs?

Yes. We all develop and follow the same general path, just at different rates. Floortime focuses on basic developmental abilities regardless of the rate. It meets all children where they are and builds from there. For those who need to overcome challenges resulting from genetic disorders (Fragile X, Downs Syndrome, etc), developmental disabilities (autism, Aspergers, learning delays) or physical impairments (Cerebral Palsy), Floortime ensures the basic developmental steps are strong and gives tools to improve thinking and communicating. A diagnosis does not and should not decide the limits of what your child can achieve developmentally.

Is Floortime more than play therapy?

Yes. Play is an important ingredient of Floortime, but is only one piece. Play awakens the emotions of joy, excitement, curiosity that create positive interaction and warm engagement. Through play parents can enter a child's world and gradually expand it. But that is only where Floortime begins. We all learn best through experiences that interest us. Floortime nurtures interactions that let children develop thinking skills and generalize experiences. Floortime is a way to strengthen thinking. This takes more than play.

In Floortime do I just "follow my child's lead?"

No. Following the child's lead is the foundation. It begins the relationship and engages the child. Without this engagement it is hard, if not impossible, to build the abilities that foster learning. But much more needs to be

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built on top. Parents have to challenge the child to expand their world, and they have to bring in all the sensory experiences and movement. They also need to set limits where health and safety are concerned.

Can older children do Floortime?

Yes. The first principle of Floortime, to build on the child's interest, doesn't depend on age. Whether a young child loves to push cars or an older child is absorbed by model planes, the place to start is with that interest. Interests stir emotion and desire, the perfect glue for a relationship. With older children, Floortime uses the same principles—engaging, challenging, expanding—but different techniques. Likewise, evaluating the basic developmental stages is equally important for older children. A seven-year old child may still have problems with a stage that develops at age two.

Can Floortime be used with other therapies?

Yes. Other interactive therapies, such as occupational or speech, are very helpful. To be most effective, though, they should use the basic principles of Floortime. Go with the child's interest and expand from there. When the child is motivated, the therapy will be more beneficial. Every therapy can be done in a thinking-based format where you encourage the child to come up with the working idea rather than have them repeat a memorized pattern.

Can I use repetitive practice to help my child learn some skills?

Yes. Some children need to practice skills so they can do them on their own, such as tying shoes. Floortime includes semi-structured play for just this reason. It's practice that uses the Floortime principles. Turning practice into a game that includes the child's favorite activities or interests will be more successful and less aversive to the child than pure repetition. Sometimes parents use ABA for teaching skills.

It should be used only while maintaining the main principals of Floortime—engage, challenge, expand.

Does Floortime help with behaviors, such as aggression or children flapping their arms?

Yes. Children have reasons for behaviors. Discomfort, anger, anxiety and a sensory system that isn't under control will lead to various behaviors. If they flap their arms, they may be discharging anxiety and soothing themselves. Or they may be using movement to organize their feelings. Or other reasons. If only symptoms are addressed, another behavior often emerges to meet the child's emotional need. The Greenspan Assessment creates an emotional and sensory profile to understand the root of the problem.

Do you set limits with Floortime?

Yes. Limits can be firm, but they need to be applied with warmth and gentleness. Envision being the gentle giant. You don't need to scare a child one third of your size. They are probably already scared enough.

Is Floortime an evidence-based practice?

Yes. In 2011, 2 new randomized-controlled studies showed statistically significant improvement in children with autism who used Floortime versus a mix of behavioral approaches. In 2007, a pilot study looking at pre/post changes with Floortime showed significant gains in children with autism. A Scottish study on a similar developmental approach also found statistically significant results for those children using the developmental approach. Floortime has the strongest research of any intervention to support its effectiveness in improving the core deficits—relating and communicating—of autism.

For more information about the Greenspan Floortime Approach™, visit <http://www.stanleygreenspan.com>.