

How Does Floortime Differ From RDI?

How Does DIR/Floortime Differ From RDI?

This is a common question, since both interventions talk about building relationships as a means for improvement for the child. Every parent wants a child that can be related, show warmth and joy, and that can participate actively in relationships. So if both interventions strive for the same thing, what are the critical differences?

Even beyond the similarities in their names (and initials for that matter!), there are other things that bring these therapies together in peoples' minds. First of all, both programs are developmental, meaning that they look beyond the child's age and strive to determine where they are developmentally, and begin treatment there. So, unlike ABA or other programs that strive to build skills appropriate to the child's age level, both of these interventions will strive to determine where the child's function actually compares to typical development. Then, they will meet the child there, in order to help the child build capacities that somehow did not develop when they should have.

Another similarity is that both programs are designed to have parents do the bulk of the treatment with the child. Each approach works this a little differently though. For RDI, you have a therapist who guides the program, does assessments, etc. The parents agree to videotape themselves and their child doing RDI activities at least every other week and send it off to their RDI consultant for feedback. DIR/Floortime does not have that kind of structure. Parents often have a DIR clinician that does assessments, treatment, and helps the parent create a home program. There are no contracts and, while they are often encouraged to tape their play sessions and give a copy to their therapist for feedback, it is not required. RDI recommends about 5-6 hours/week of sessions with structured activities and then incorporating RDI activities into your day or developing an RDI "lifestyle." Floortime recommends 15 hours/week of DIR Floortime (some of which can include session done by a psychologist, occupational therapist, speech pathologist, and/or developmental therapist). These sessions, however, are unstructured, spontaneous and dynamic. Once the child is engaged and regulated (and the Floortime process becomes more intuitive for the parents), the program's focus shifts gradually to include more semi-structured activities, peer play dates, and more incorporation of Floortime into your natural day - "Floortime, all the time."

So there are some clear similarities. There are also clear differences. RDI, for example, is parent and therapist-led. The parent acts as Master, and the child as the Apprentice. Activities, while geared to be interactive, are chosen by the parent and the child must follow through. DIR/Floortime is child-led, which means that the child chooses activities that are interesting and motivating to them. The parent then strives to join that activity, but also to use specific strategies to "woo" the child into joyful, interactive exchanges, to make the child's actions purposeful, and to challenge the child to move developmentally. The child-led aspect is used to leverage and harness the child's motivation, while challenging the child to work at their highest capacity and to improve that capacity over time. It provides a balance between supporting the child (taking into account their individual sensory and language profiles) and getting the child to move. Floortime adds in parent or therapist-led activities, but not until the child is regulated, engaged, and shows the ability for creating their own ideation. And, even then, the emphasis is on having the child develop their own internal controls and ideas, vs. a focus that is on compliance.

Probably the biggest difference between RDI and DIR/Floortime, though, is the scope. While RDI clearly is billed as an intervention focused on improving the social skills of children with autism, it claims to have many other benefits as well. Dr Gutstein claims it will improve pragmatic communication, flexible thinking, creative information processing, and self-development (http://www.rdiconnect.com/RDI/FAQ_General.asp). DIR/Floortime, however, is more comprehensive still. It focuses on all aspects of a child's development, including language, motor, sensory, cognitive, and social-emotional. And, it very specifically outlines the child's strengths and areas for improvement, so that the parent can clearly see what is impacting their child's development (and causing certain behaviors). Each child is given a comprehensive functional assessment, where each area is matched to a developmental level.

One other critical difference between the intervention approaches is that RDI doesn't consider the sensory to be part of autism. While Gutstein acknowledges that some children have sensory issues, and that occupational or physical therapy can help, he doesn't consider it part of autism, and therefore it isn't directly addressed in RDI activities (www.rdiconnect.com/chat/Public/2004/092304.asp#si). DIR/Floortime, on the other hand, considers the child's symptoms of autism to often be secondary to their individual, underlying biological processing difficulties. Therefore the intervention not only encourages addressing these deficits through occupational therapy, but that all interactions with the child be tailored with the child's sensory and language profiles in mind. The child will be better able to engage and learn if they are not overwhelmed, and if they are provided with appropriate sensory support. An occupational therapy evaluation and a questionnaire filled out by the parent creates the "sensory profile." The sensory profile provides key information for developing interactions that will leverage the child's strengths, yet be aware of the child's vulnerabilities, so that the interactions can be challenging and engaging, yet not overwhelming to the child.

DIR/Floortime
RDI

Developmental

Yes

Yes

Structured

Not at lower levels.

During levels 1,2,3, spontaneous, child-led activities are used. This child's natural motivations are leveraged and strategies are used to both support and challenge the child. Once the child becomes engaged and related, DIR/Floortime adds in semi-structured activities that can be parent-led. And, DIR encourages that a Floortime approach be the basis for interactions during the day. Yes and No.

Therapy centers around structured activities. However, RDI is recognizing the value of natural interactions and is now encouraging an "RDI lifestyle," that has parents using RDI strategies during many activities throughout the day.

Ex. RDI in a store or during home chores.

Parents do therapy?

Yes &dash;

Parents are often guided in therapy by a clinician, but do the majority of the sessions at home, on their own. Some parents do not have access to a clinician and do the program completely on their own. Some parents hire paraprofessionals to supplement some of the therapy they do at home. Parents are encouraged to do "Floortime, all the time." Yes ‐

Parents do the activities at home ‐ 5-6 hours/week is recommended, at minimum. Parents enter into a contract with a therapist to do videos every two weeks, in order to get coaching on how to do RDI. Parents are encouraged to adopt a "RDI Lifestyle," doing RDI at the store, doing household activities, and interacting with their child in an "RDI" way..

Comprehensive?

Yes &dash;

DIR focuses on all aspects of the child ‐ social-emotional development, cognitive development, language development, sensory processing, and gross motor development. All these aspects are integrated into a comprehensive, interdisciplinary treatment plan, so only one robust methodology must be employed.

No &dash;

RDI, as its name implies, focuses on the relational aspects of intervention. It is often used as an adjunct to, or the next step after a child has finished their behavioral program, which does not tend to focus on relationships, but works more on rote skills. RDI's focus is on interpersonal interactions and helping the child to move forward developmentally in that area.

Acknowledges Emotions?

Yes &dash;

Greenspan and Weider assert that emotions are the underpinnings of intellectual growth, and therefore must be part of the therapeutic process ‐ in the lower levels as it relates to motivation and its link to creating symbols and images for language, and at the higher levels as it relates to the development of the self. Emotional growth is critical to the Floortime child.No ‐

RDI certainly acknowledges that emotional benefits can come from a more related child, on both ends. However, the therapeutic approach does not acknowledge and work with the emotional motivations of the child, nor does it work on underlying emotional causes for behavior.

Child-Led?

Yes &dash;

At the lower levels, floor is geared to join the child in his/her interests in order to harness their natural motivation to engage the child at their developmental level. Play is unstructured and the parent uses strategies to challenge the child to expand their interactive capabilities, and to move up the developmental ladder. Once the lower, foundational levels are

mastered, parent/therapist-directed semi-structured activities are added to the child-led activities.No –

RDI utilizes a Master/Apprentice relationship where the parent is in the leadership position.