

Emerge



A Child's Place

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Occupational Therapy
Speech Therapy

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New Research Confirms Effectiveness of Floortime for Autism



Bonnie Hacker, OT
Founder / Director

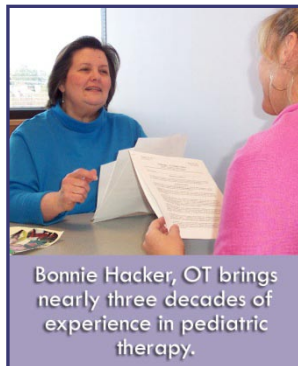
In 1997, Stanley Greenspan, MD published a case series demonstrating his individualized, relationship-oriented model for helping children with autism.^{1,2} After working with 200 autistic children for two years, Greenspan and Wieder found that **58% of their patients improved so dramatically that they scored as non-autistic on key measures.** Since then, authorities have adopted the consensus that young children (age 18 months to 6 years) with autism spectrum disorders (ASD) benefit substantially from comprehensive, intensive therapies.³⁻⁹ "Intensive" is characterized by 20-40 hours per week and therapist to child ratios of 1:1 or 1:2. Comprehensive is characterized by addressing multiple areas of developmental delay (i.e. sensory, language, social, educational) and often by having multiple people involved in treatment (i.e. clinicians, occupational therapists, speech therapists, and active parents).



While Floortime has been independently used and praised by leading therapists for the past decade, *Autism* recently published the first verification of Floortime's effectiveness.¹⁰ Solomon and colleagues found that **45.5% of their 68 children experienced good to very good functional development** progress after 8-12 months of Floortime-based play. They reported progress of their children with ASD in terms of established developmental scoring hierarchies such as the Clinical Functional Development Levels (FDL). For example, when a child progresses from FDL 2 to FDL 3, this represents the difference between being self-isolating and being able to consistently communicate in a two-way interactive fashion. Nearly half of Solomon's group made clinically significant gains, and most made greater than 1.5 FDL of progress.

One interesting feature of Solomon's report is that their program only asked for 15 hours of 1:1 time with the child per week. This is considerably less than the 20-40 hour gold standard but certainly more practical from a cost and lifestyle standpoint. Several parents did not adhere to the 15 hour per week recommendation, and their data was not excluded from the results. Researchers found a trend toward a dose related response. In other words, the more Floortime play the child received; the better progress the child made. The authors noted that previous research found that less than 10 hours per week of intensive intervention did not substantially improve the course of development.¹¹ They cited the body of evidence suggesting inadequate 1:1 time as the reason that **school-based therapy alone cannot typically achieve the results cited in Greenspan's and Solomon's reports.**¹¹⁻¹⁴ Another interesting feature is that the amount of FDL progress was not statistically different between cases of mild, moderate, and severe autism. Even children with severe autism made significant progress with Floortime.

The therapists at Emerge have specific experience working with children with autism spectrum disorders, and Emerge therapists have received continuing education in Floortime intervention. Floortime provides a comprehensive framework for understanding and treating children challenged by autism spectrum and related disorders. It focuses on helping children master the building blocks of relating, communicating, and thinking, rather than focusing on symptoms alone. The intervention allows the child to pick activities and teaches parents/therapists to participate in the child's games in specific ways that strengthen the building blocks of relating and interacting. While every treatment plan is tailored to each individual child, Emerge has enjoyed considerable success with Floortime for ASD and related disorders.



Bonnie Hacker, OT brings nearly three decades of experience in pediatric therapy.

**Please tell parents about Emerge – A Child's Place
Believing in a Child's Potential to Flourish**

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