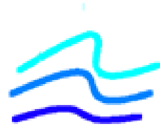
The Southern California DIR®/Floortime™* Regional Program



General Presentation Outline for Cases (version 5.1):

	Minimum Length of time with client	a brief written outline	video clip	Length of your presentation	Show	Total time including discussion
DIRB	--	ü	3 min	8-10 min	Your FT	30 min
DIRC1	9-12 months	ü	5 min	15 min	FT + coaching	45 min
DIRC2	18 months	ü	10 min	20 min	FT + coaching	60 min
DIRC2 Clinical challenge	---	---	1 min	5 min	Clinical challenge	15-20 min
DIRC3	2 years	ü	10 min	20 min	FT + coaching + Community role	60 min

Clinical challenge

The clinical challenge first presentation is a very brief video clip of no more than 2 minutes that you will introduce with a one minute introduction that tells us the age and no more than three main points about the clip and what you hope to think about by showing the clip, per guidelines for a DIRC2 clinical challenge. You will present for about 5-10 minutes and we will have 10-15 minutes of reflective group discussion.

DIRB, C1, and C2 presentations

The following outline is a general outline for your presentation. Exact time frames differ for DIRB, DIRC1 vignette, DIRC2 long term case, and DIRC3 presentations. Please reference the table above for guidelines. In any case there is never any time to spare. For demonstration purposes, this guideline of an 'ideal' presentation has explanations in italics and some example bullets from two different cases (one DIRB and one DIRC1 type) given in two different colors for the first sections.

Introduce yourself and tell us about the person (2 min):

Tell us your name, your profession, and whether you are DIRB, DIRC1, DIRC2, etc.

Thesis: *(tell in one sentence what this case is about)*

Example:

- Three years old Sally , not connecting with mom – DIR® helping them both

Or

- Jerry, a seven year old with autism, biting aide at school – focus on engagement over compliance makes it better

How the person came to see you: *(again just one quick line)*

Example:

- Pediatrian – b/c not talking yet

Or

- Parents worried about the school placement

A synopsis of the person's difficulties: *(another quick line)*

Example:

- Little affect, not talking, poor feeding

Or

- Perseverative, trouble with transitions, echolalic

A synopsis of the person's history: *(family history, developmental, medical, educational, course of treatment to date - a last quick line, noting only abnormal issues)*

Example:

- Family history of Aspergers, 35 week gestation, febrile seizure at 18 months, mild developmental 'delay' at 22 months, , starting early intervention

Or

- Bipolar dad, child with regression at 14 months, ear infections, special day classes since age 3, has had intensive discrete trial for years

Show us some video clips: (variable min) *(Floortime - only one clip needed for DIRB – for DIRC1 need Floortime and coaching Floortime)*

Example:

- June 2009: my Floortime with Sally (5 min)

Or

- November 2008: Jerry biting aide (20 seconds)
- December 2008: my Floortime with Jerry (2 min)
- January 2009: Coaching aide with Jerry (2 min 40 sec)

Give us a summary of your assessment:

D - Where the person is functioning at the FEDL levels (see example below).

I - Summary of the person's individual differences (see example below).

R - Review how the family fits in (see guideline below).

FEDL 'SHORT SHEET' (2 min)

(IMPORTANT NOTES: these short sheets are used for graphic purposes only, not meant to replace the official FEDL and Individual Differences forms used by ICDL. Here the examples are marked with dates as appropriate to show change over time – please note that these examples are NOT related to Sally nor Jerry – maybe in version 3.0…)

	1 (not there)	2 (barely)	3 (islands)	4 (ok w/ support)	5 (comes back)	6 (ok unless stress)	7 (ok)
Regulate			3/08 9/08				
Engage		3/08	9/08				
Circles		3/08	9/08				
Flow	3/08	9/08					
Symbols	3/08	9/08					
Logic	3/08 9/08						

3/08 – moments of gleam and a couple of circles when I ……..

9/08- shifts…. somewhat symbolic…..

INDIVIDUAL DIFFERENCES SHORT SHEET (2 min)

(for graphic purposes only, with dates to show where appropriate):

Sensory	*Postural / Motor Planning*	*Response to Communication*	*Intent to Communicate*	*Visual Exploration*	*Executive Function*
Auditory **Visual** **Tactile** **Vestibular** **Proprio-ceptive** **Taste** **Odor**	**1 indicate desires** ------9/08----- **2. mirror gestures** **3. imitate gesture** **4. Imitate with purpose.** **5. Obtain desires** **6. interact:** **- exploration** **- purposeful** **- self help** **-interactions**	**1. Orient** -----3/08----- **2. key tones** ------9/08----- **3. key gestures** **4. key words** **5. Switch auditory attention back and forth** **6. Follow directions** **7. Understand W ?'s** **8.abstract conversation.**	**1. Mirror vocalizations** ------9/08----- **2. Mirror gestures** **3. gestures** **4. sounds** **5.words** **6. two –word** **7. sentences** **8. logical flow.**	**1. focus on object** ------9/08----- **2. Alternate gaze** **3. Follow another's gaze to determine intent.** **3. Switch visual attention** **4. visual figure ground** **5. search for object** **6. search two areas of room** **7. assess space, shape and materials.**	**Ideation** ------9/08-- **Planning, (using sensory experience)** **Sequencing** **Execution** **Adaptation**

Famliy /Caregiver Patterns (2 min): Rate 1-7 and comment on the following:

	Not yet able to support	Just starting to support	Islands of support	Moderately effective in supporting "50%"	Becoming consistent in ability to support	Effective except when stressed	Very Effective in supporting
Comforting the Child	11/08	Early June 2009	1/09	Late June 2009			
Finding appropriate level of stimulation							
Pleasurably engages the child							
Reads child's emotional signals							
Responds to child's emotional signals; maintains flow							
Tends to encourage the child's Development							

Comforting:

- (Sally) early June 2009: mom unsure how to comfort; late June: tuning into gestures;
- (Jerry) November 2008: aide requires compliance; January 2009: hears Jerry's frustration

Finds appropriate level of stimulation

-
-

Engages in relationship

-
-

Reads cues and signals

-
-

Maintains affective flow (for co-regulation)

-
-

Encourages development

-
-

NDRC level (2 min): I II III IV

(pick 1 and explain –use the DMIC to understand these levels)

- (Sally) NDRC level II - a bit soon to tell, but improving already when mother has good support.
- (Jerry) NDRC level III – initial frustration and biting are better with lots of support to staff, however further progress, while clearly possible if excellent support continues, will likely come over a longer period of time.

Reflection (5 min):

What doesn't work, what does work, why, and how can we build on it?

-
-

How you feel about the work and how that informs the work *(is it hard? Is it fun?)*

-
-

Where you feel you are successful, and where you want to grow and improve

-
-

Describe the bigger picture: broad goals, an organized multimodal intervention

-
-

What you want to see happen, what you might want help with *(not advice but observations so you can find solutions in the spirit of reflective process)*

- (Sally) - not sure how to get dad involved now.
- (Jerry) – how to expand the moments of engagement with peers.

Reflective Discussion (variable min):

Other people can offer their observations and reflect on FEDL and individual differences that they see

SEE TIPS BELOW!

Tips:

- **Be sure to do your editing at home** and not have to lose time looking for sections. Also remember to test your **DVD+R format**. You are welcome to bring your computers as a back up. Do trial runs at home to avoid technical difficulties when you are presenting
- **Professionalism: keep your language and characterizations always neutral / always kind, as if the family is in the room with you.**
- **Don't talk during your video – let your work speak for itself!**
- Stay within the time frame. Every effort will be made not to interrupt your presentation because we want to be sure there is time for discussion. Your handouts which include the time line and profiles will be very helpful in saving time. **Do several trial runs at home** and see how long it takes. Remember: you do not need to present every fact about your case. Know it in case there is a question, but present only the minimal salient points.
- Handouts: bring handouts that you can use to help people track your talk, but keep them extremely short and bulleted so that people listen to YOU instead of reading the handout. Spell out any acronyms so people will be stuck e.g. "APE (Adaptive Physical Education)" or "AAC (Augmentative and Alternative Communication devices and strategies).