

DIR C2 Long Term Case Presentation Guidelines

Please use the general guidelines below to prepare your presentations. These guidelines are for experienced clinicians and educators who have been using the DIRFloortime™ model across a range of children, have received consultation and/or individual/group tutoring and have been recommended to do a long term integrated presentation. Each candidate should address the specific goals within their discipline and setting (e.g., home, office, group, school, etc.) as well as DIR goals and principles.

- Long term case presentations should cover **18 months of intervention** or longer. This is considered the minimal length necessary to reflect on the course and process of development and interventions. If you see children on a shorter term basis in educational settings, then compare two children as an alternative.
- During the course of completing the Certificate requirements, you will be expected to **present a minimum of four cases** (the vignette, the long term case presentation, clinical reflection and the written case). These should **include at least four different children with varied challenges in different groups in order to reflect your experience across a range of children. If doing a comparison, then one or two more children are needed. Given time constraints, present one case fully and then contrast with selected points and videos with another case.** It is important to focus on the key points you are comparing or contrasting and to show the difference this makes in your intervention education goals, classroom plans, individual and group experiences, progress during the year, etc. given their different profiles. Use the handouts to provide comparative descriptive information. Your goal is to show your thinking and work based on the different profiles during the time of treatment.
- When considering which case you may present, keep in mind that you will also need a two year case ready after you complete the long term presentation for the final requirement for your certificate, a written case. You may be asked to proceed with the written case when you receive feedback so it is very important you also identify the possible written case now before the summer. This way you can save your longest case for your write up.
- The case you select should reflect progress in development relative to where the child and family started. Please select a child who has received comprehensive services so that you can address the contribution of various intervention efforts, the course of the intervention (may have ups and downs) and family dynamics. Eighteen months of intervention does not necessarily constitute outcome and not all children advance at the same rate or reach all levels during this time. It is very important to examine the child's developmental course within each of the core capacities (developmental levels) given that child's sensory processing and family profile and discuss what supported or impeded the child's functioning at each level. Be sure to address the developmental process as it pertains to your specific interventions. Please do consider presenting a more challenging complex case which may be moving more slowly but raises challenges and considerations for intervention. Remember we are concerned with process and dynamic formulation and not just rapid progress cases.
- Approach your case with the **conceptual** issues you want to focus on. Indicate why you chose this case, your questions, how you guided the case, how you worked with other interveners, how you worked with the family, the leadership you provided within your team, and what we can learn from it. Address what could and could not be addressed in the given time frame and what you see as the strengths, challenges and intervention needed in the future. Address how the case affected you. **Stay focused on the case. This is not meant to be a training on the general DIR Model.**

The longer the time you have worked with the case, the more opportunity you have to reflect upon long term processes in development, the turning points or vacillations, the impact of changing or adding interventions at different points, the

Permission for Use of Video Tape for Educational and Training Purposes

Client Name: _____

DOB: _____

I hereby authorize _____, a participant in a DIR[®] Floortime[™] Training Program, to video tape my child for educational and training purposes only. This video tape will be used for the sole purpose of _____'s participation in a DIR[®] Floortime[™] Training Program.

Name of DIR[®] Floortime[™] Training Program participant

Name of DIR[®] Floortime[™] Training Program participant

I understand that our faces and first names may be revealed to faculty, facilitators, participants, readers and other staff associated with the DIR[®] Floortime[™] Training Program. The faculty, facilitators, participants, readers and staff agree to maintain the family's confidentiality. This video will not be used for any other purpose without the expressed consent of the persons in the video.

A photocopy of this document shall be considered to be as valid as the original.

Parent/Guardian Name (Please print): _____

Relationship to the child: _____

Parent/Guardian Signature: _____

Date: _____

impact of the rate of progress (slow or fast), the ways in which you worked with the child and family over time, the way you worked with the team and/or school over time, your leadership role, as well as reflect upon your experiences.

You have flexibility to present the case in any way which will best illustrate the key points the case represents. Feel free to be creative and compelling.

Start at any point you like in order to make the points you want. The presentation does not have to be chronological as long as you prepare time lines with relevant information as background. These should include the challenges and concerns you had, the varying rates of progress, when you felt stuck, when you felt you moved forward, when you sought help, and how you reflected on the impact of the case on you, etc. You will be presenting to a small group of peers with skilled faculty who help keep the group safe and confidential.

Keep the following points in mind as you prepare your case.

- One purpose of the presentation is to demonstrate how you would use your case for helping others learn the DIR model. Present the reasons you have selected the case for this purpose, your conceptualization of the case, and what you will illustrate.
- It will be necessary to organize the presentation, including the videotapes, within the time frame allowed. **We are estimating 90 minutes for longitudinal cases with 25 - 30 minutes case presentation, 10-15 minutes of video at different points in time, with the balance of time for group discussion.** This means really keeping to the point and keeping track of the time. You will have the opportunity to present your entire case with minimal interruptions. The discussion leaders will help!
- **Please prepare an MP4 video file and bring it with you on your USB flash drive. Do not submit the video clip to the DIR Institute but bring it with you for the training. To ensure the confidentiality of your clients, please do not email your consent form, as it is like sending a postcard in the mail!**
- Be sure to hide all identifying information related to the child of whom your case is based and **be sure to obtain a written consent to show the video for this limited purpose. It is important that you fax (301-979-7011) or send a copy of the written consent form to the ICDL Dropbox (see website for date due)!!!** For your convenience, this form is attached as an appendix to this document.
- Video excerpts should be edited or well marked so that searching is at minimum. As a long term case we would like you to present video at the start and currently. Videos should include the child's interaction with parents (and yourself) when you first met (do include home videos if available or as an alternative) and at present showing your work with the child as well as the parents. If possible, also present short selections over time which reflect shifts in the child's developmental level, increased interactions, deepening of the level (e.g., expanding symbolic ideas), relative strengths and weaknesses, etc. Be sure you have written consent to show the tape for this limited purpose.
- Videos should include samples of your direct work with the child. **We want to see you at work, as well as coaching and guiding interactions where applicable.**
- When you present for each selection of video you show tell the group know **in advance** what they will see or what you want them to look for and what the video segment illustrates. Comment on the affective flow and co-regulation, noting the number of circles of communication and the capacity for shared social problem solving. In addition note what supports or impedes interaction at different levels, including any challenges in following the child's lead. Synchronize your video with your time line. ***It is up to you to get a written release from parents to use the video for this educational purpose.***

- **Handouts: (We will let you know how many copies to bring with you)**

1. Time line starting at birth which indicates when parents became concerned, when and which assessments were initiated, when interventions were initiated, intensified, added, etc., other important events, etc. Use initials or alternative names only (no real names) and disguise identifying information. Include a family chart reflecting essential family information when useful.
2. Summary of profiles (see below) at the start and at present.
3. Submit copies for your profile. Faculty will collect.

Content to Cover:

Use the DMIC (DIR® Diagnostic Manual for Classification) to organize the information below – apply as many axes as fits your case. Use information obtained from other disciplines when needed. We understand this may be new to many of you and will take that into account.

Use the list below as a checklist while you prepare:

- Assessment: Describe your assessment approach and related information you gathered.
- Relevant history - developmental, family and health (consider using handouts for these details) as this can be time consuming and so you may find it better to highlight the critical features in your presentation.
- **Developmental Levels:** Indicate if level present solidly, constricted, emerging, not evidenced (though expected), not expected for age. **Comment on Quality** (You can use the FEDL form to share this information on the child)
 - A. Shared Attention and Regulation _____
 - B. Engagement & Relating _____
 - C. Two Way Intentional Communication (Affect, gesture, vocalizations, language to convey intent) _____
 - D. The Capacity to Stay in a Long Continuous Flow of Interaction and Shared Social Problem Solving _____
 - E. Creating Representations (ideas) and elaboration _____
 - F. Representational Differentiation and Emotional Thinking _____
- **NDRC Group** at start and at later points if changed.
Also other diagnostic classifications or assessment criteria you use related to you discipline (DC 0-3, DSM, CARS, ADOS, Neurological, Speech and Language, Sensory Motor, Sensory Integration, etc.). Summarize this information in your handout using the DMIC outline.
- **Sensory/Motor Profile:** Describe all sensory processing and motor planning areas, give specific examples and indicate impact on developmental levels (You can use the Individual Differences Form to share this information on the child)
 - A. Under-reactive _____
 - B. Over-reactive _____
 - C. Mixed Reactivity _____
 - D. Motor Planning _____
 - E. Motor Development _____
 - F. Language _____
 - G. Visual Spatial Thinking _____

- **Family functioning and dynamics** with respect to impact on child's development on the family and how effectively interventions are implemented (relative strengths and weaknesses). Take **cultural issues** into account and address how these may affect parent child interactions on the “floor” and at other times. Also focus on how you work with the family and their relationship with you.

Caregiver Patterns: Rate 1 (low) to 5 (high) and Comment on the following:

- A. Comforting _____
- B. Finds appropriate level of stimulation _____
- C. Engages in relationship _____
- D. Reads cues and signals _____
- E. Maintains affective flow (for co-regulation) _____
- F. Encourages development _____

- Development of a comprehensive intervention plan: give rationale and how phased in with a team, referrals, etc... Describe your component of the treatment. Indicate how you used DIR functional levels and regulatory/sensory profile for treatment formulation and evaluation of progress.
- Course of Treatment: Describe how child moved from level to level given relative strengths and weaknesses within each developmental capacity. Describe the rate of progress in different areas and continuing challenges. What are your predictions for longer term progress, outcomes? Why?
- Educational plan - IEP goals: Describe educational program and adaptations when applicable. If you have an IEP, illustrate DIR related goals.

Either at the end or during your presentation please reflect on your experience working with this child and family.

Consider the following:

- Establishing a therapeutic alliance with parents
- Coaching role according to parents’ needs and strengths
- Phasing in and engaging family, school and therapists in treatment plan
- Collaboration with multidisciplinary team and your role
- What you learned from other disciplines which was most helpful
- Overall quality of therapeutic relationship with child, parents, and family – address any boundary or transference issues
- Self-reflection on your relative strengths and weaknesses in conceptualizing and treating this case. Compare to other cases you treat.

Tell us how the DIR model made a difference in your work with this child and family. Tell us what else you would like to learn to enhance your work.

Some “pitfalls” –

- Not having your videos ready to go. **Be sure to do your editing at home** so you don’t lose time looking for sections. . You will have access to the rooms to check out your video in advance and you will be given your schedule for presenting when you arrive. You are welcome to bring your computers as a back up. **Be sure to have your video clips in MP4 format.**
- Not staying 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. Even if you are used to presenting, we encourage you to **do a trial run** and see how long it takes.