

## **INTEGRATING RELATIONSHIP AND SOCIAL SKILLS APPROACHES INTO THE DEVELOPMENTAL, INDIVIDUAL DIFFERENCE, RELATIONSHIP-BASED (DIR™) MODEL**

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The Developmental, Individual Difference, Relationship-Based (DIR™) model is a framework for a comprehensive, developmental approach to working with children with special needs, learning disabilities, and learning differences, as well as for promoting the development of all children, including children with special strengths. The cornerstones of the DIR model are:

1. The formulation of primary functional emotional developmental capacities in the early years of life and additional ones throughout the course of life;
2. The description of individual processing differences that express biologically based constitutional and maturational variations; and
3. The conceptualization of, and emphasis on, affectively-based, caregiver-child learning interactions that mediate family, community, and cultural influences.

As a systematic model that makes it possible to explore and harness the interplay of these dynamic factors, the DIR approach can also include specific contributions from a range of relationship based interventions. Many innovations in working with infants, children, and families are extremely worthwhile and should be considered for incorporation into a DIR based, comprehensive program, depending on the individual profile and needs of a particular child and family. For example, once a child undergoes an assessment and the formulation of his or her profile, a comprehensive program will be developed that will contain a number of elements. One of these elements involves semi-structured, problem-solving interactions. Under this broad category, for many children we recommend problem-solving interactions to teach particular social, language, and cognitive capacities. For example, to teach a child the difference between up and down, we might place a favorite object high up on a shelf and, as the child is reaching for it, try to teach him what “up” means in comparison to “down.” By setting up a problem that a child wants to solve, we’re creating affect (i.e., motivation), which the child can then connect to the verbal and motor problem-solving strategy he is learning. It’s this connection that makes the new learning meaningful.

At the heart of the DIR model is the challenge to create learning interactions that mobilize and facilitate the six primary functional emotional developmental capacities and the advanced ones through affect-based learning interactions with others. These affect-based interactions, however, must be tailored to the child’s unique processing profile. In addition, the affect-based interactions must be carried out in a relatively continuous back-and-forth manner (i.e., opening and closing a continuous flow of circles of communication in a row). When these conditions are met, semi-structured problem-solving interactions can effectively teach specific skills and, at the same time, facilitate the developmental foundations that are described in the DIR model.

Therefore, the DIR model involves components where the child takes the lead (e.g., Floortime) and components where the caregiver, educator, or therapist takes the lead (e.g., semi-structured problem-solving interactions) to create new skills. This dual focus is often unappreciated when only the key component of Floortime—to follow the child’s lead and harness his interest in natural interactions—is viewed as the only focus of a DIR program.

There is another facet of the DIR model that’s often not fully appreciated. When a child learns to master a continuous flow of back-and-forth interactions (co-regulated affective interactions), i.e., Level 4, the child is learning to respond as much to the caregiver’s lead as the caregiver is to the child’s. The interactions begin with the child’s natural interests, but then the

child, in closing the circle, is learning how to respond to the caregiver's emotional gestures, behaviors, and/or words. For example, a child is moving a car and a caregiver says, "Red light! You gotta stop, buddy" and if the child ignores this verbal and gestural overture, he has not yet mastered true interaction. Similarly, during pretend play, when the child has the dollies kissing and the mommy dolly says, "I want a kiss right here on my head," and the child ignores the request, the child has not yet mastered two-way symbolic communication.

This pattern is even more clear when caregivers and children are trying to master connecting ideas together (i.e., Level 6). If the parent asks the child why he wants to go outside or why the dolly is hitting all the other dollies and the child ignores the question or attempts to script the answer, he hasn't yet mastered building bridges between ideas.

As two-way interaction begins to occur, a true reciprocal process means the child and the caregiver influence each other and both co-construct the interaction. Many caregivers, including many seasoned therapists, control the rhythm of the interaction to such a degree in the context of what the child seems to want to do, that a paradox occurs. On the surface it appears that the child is having his way completely as the caregiver or therapist is simply repeating or copying what the child says or does. But at times, in a subtle way, the caregiver is actually controlling the rhythm or content of the play and the child is taking very little true initiative. He doesn't deal with the caregiver's communications. In either case, whether the child is truly having his way or whether the caregiver is controlling the action in such situations, the goal of true two-way communication is not occurring.

True, two-way communication is essential for higher-level emotional, social, and cognitive skills such as social awareness of others, empathy, true problem-solving, logical thinking, and reflective thinking.

With these clarifications in mind, it's possible to consider how to incorporate other relationship-based approaches into the overall DIR model. For example, there are many useful strategies that have been formulated in a number of frameworks, including social stories, role-taking and turn-taking, various social skills groups, exercises to support "emotional intelligence," theory of mind tasks, and more recently, Relationship Development Intervention (RDI). Many parents and clinicians find many of these specific exercises helpful in promoting relationships and interactions, as well as higher levels of socialization and thinking. All of these strategies can be considered, depending on the needs of the particular child and family in the broad category of problem-solving, social interactions.

The key point to remember, however, is that to be incorporated into the DIR model, these problem-solving interactions should:

1. Be part of a continuous flow of back-and-forth interaction and communication;
2. Involve the child's affect, either natural or in response to a challenge;
3. Be tailored to the child's individual processing profile; and
4. Be understood in the context of which functional emotional developmental capacities it's promoting.

For example, a particular exercise to understand someone else's perspective done this way could very well promote higher levels of empathy and reflective thinking consistent with advanced functional emotional developmental capacities.

### How the DIR Model Facilitates Specific Goals

When the fundamental principles of the DIR model are followed, namely to support true reciprocal interaction and back-and-forth communication (i.e., the child builds on the caregiver's input), many capacities that are part of individual interventions are learned as part of the process. This includes an awareness of others, responding to the initiative of others, and having empathy for the feelings of others.

For example, the capacity for empathy starts with the recognition of the existence of “others” as part of reciprocal interaction. The awareness of their existence takes on an emotional or affective quality to the degree to which the reciprocal partner responds to the child’s natural affect (i.e., interest) and then builds on it. The caregivers, in turn, provide affects for the child to build on. As the child responds to the caregiver’s affects and then initiates more of their own intents and affects, we see a continuing set of circles of communication. The process, however, won’t occur unless initially the child’s affect is harnessed. Harnessing the child’s affects, as indicated, is not sufficient, however. The child must also be challenged by the caregiver’s affect and initiative in a way that enables the child to build on these and open and close more circles of communication.

Through this process, the child develops an emotional awareness of the other person, not simply as a single responder or as a person directing them, but as a dynamic, living human being made up of many different feelings, interests, and related, interactive sequences. As a child learns to use ideas, she can describe her awareness of the “other” verbally or in pretend. The recognition of the “self” is part and parcel of the recognition of the other person, because it’s the back-and-forth affective interaction between the child and the other person that defines both the sense of self and the sense of the “other.” As a child moves to a higher level in the use of ideas and connects ideas together logically and reflects on ideas, he can become involved in true empathic reasoning. He can actually project himself into someone else’s shoes. To do this at a higher level requires the child mastering a number of levels of reflective thinking, including thinking off an internal sense of self and internal standards. The pathway to this accomplishment, however, begins with the earliest reciprocal affective interactions. As indicated, these affective interactions, if truly reciprocal, not only involve following the child’s emotional interests, but challenging the child to build on those interactions and, in turn, respond to the caregiver’s emotional inclinations and communications.

If the process is not begun with an interest in the child’s affects and interactions, the child may not become motivated or drawn into truly caring about the caregiver’s affective interests or intents. In other words, true empathy begins with a feeling of being cared for and having the experience of someone expressing true emotional interest in one’s own feelings. This is a process of the reciprocal exchange of gestures and feelings. Words are “icing on the cake.” The real affect is in the quality of relating. It serves as a basis for challenging the child through the processes described to become interested in others.

Where the child is simply taught to look at or do what the other person wants, or share in a rote way without a true understanding of the needs of the other person, a child may go through the motions. It will be an empty set of gestures or words, however, rather than true empathy or compassion. Many caregivers, therapists, and educators, understandably, might take rote learning of or the appearance of cooperation as significantly better than a completely self-centered attitude. What needs to be emphasized, however, is that we have an opportunity to teach true compassion and understanding, which will generalize into many more situations and serve as a basis for true reflective thinking far better than rote learned sequences. Discipline and structure is a necessary part of learning. To the degree, however, it is implemented in the context of truly compassionate relationships that take an interest in the child’s natural inclinations, a child is more likely to learn to be understanding, compassionate, considerate, and disciplined.

## Semi-Structured Problem-Solving Approaches to Build Social and Emotional Skills in the Context of the DIR Model

Even though many of the specific goals of a number of relationship-based intervention models, such as promoting theory of mind thinking, sharing, role-playing, various social skills, etc., will be learned as part of successfully mastering the different stages of functional emotional development. It may be very helpful to implement specific semi-structured problem-solving strategies to facilitate learning specific skills. One such problem-solving strategy that we've described elsewhere {Greenspan 2002 421 /id}{Greenspan 1993 20 /id /d}{Greenspan 1995 290 /id /d} is the "thinking about tomorrow" exercise, where a child is helped to visualize what might happen tomorrow, in terms of good things and difficult things and picture how he feels, how the other person feels in the situation, what he routinely does, and alternatives. In this way, he can learn to understand others as well as himself in a reflective manner.

Specific techniques from many innovative colleagues can also be used in this semi-structured, problem-solving manner (e.g., theory of mind exercises, social stories, RDI interactions, etc.). When these are done, however, it's critical to do them as part of an overall DIR approach, rather than in addition to or as another approach alongside the DIR/Floortime approach. The reason for this is that the DIR model is not simply a set of techniques. It is first and foremost a framework for understanding the child and his family and for tailoring approaches to the child's functional emotional developmental level and his individual processing profile in the context of caregiver and family-based affective learning interactions.

If strategies or techniques are practiced without integrating them into the DIR framework, it creates the possibility of ignoring the child's individual processing profile (e.g., ignoring the child's sensitivity to touch or sound or need for extra visual-spatial support or motor planning support) or, even more importantly, ignoring the child's relative weakness in a critical, primary functional emotional capacity, such as being involved in a continuous flow of back-and-forth, affectively-mediated problem-solving interactions. If these foundations are ignored and particular intervention tactics that teach a particular skill are employed, there is a likelihood of the child's learning skills in a rote or mechanical manner and missing out on the basics that will build the foundations for truly reflective thinking and higher levels of empathy. In addition, new opportunities to promote higher level reflective thinking and social skills may be missed.

On the other hand, when specific problem-solving strategies, including novel interventions are incorporated into the DIR model, the child and family may have the benefit of both the framework to build strong foundations and innovative strategies to promote specific skills within those foundations. For example, if a game is played where the child has to guess what the other person is thinking and this is done as part of a warm pattern of relating and ongoing back-and-forth affective gesturing with lots of use of ideas and connecting ideas together, and is tailored to the child's nervous system (e.g., especially soothing or energizing, depending on the needs of the child), we may see a child learn a particular skill and, at the same time, strengthen his overall foundations and higher levels of thinking.

Some children and caregivers have mastered enough of the basic foundation skills that they do it automatically. When a specific new learning exercise is implemented, it should be part of a DIR approach. When this is done the child is mastering the specific learning challenges and the foundations for relating, thinking and communicating at the same time. For example, a fully-related, thinking child and a caregiver who is energetically pulling that child into a pleasurable debate or negotiation is enhancing all the child's basic foundations plus their capacity to build bridges between ideas in addition if the negotiation or debate involve solving and obstacle course or a treasure hunt game they are exercising motor planning and visual processing capacities at the same time. They would also be ready for the mastery of advanced emotional developmental capacities, such as multi-causal thinking, gray-area thinking, and thinking off an internal standard.

Therefore, innovative approaches that further relationship skills and thinking should always be incorporated into the general DIR model, rather than done alongside it or instead of it. The DIR model promotes true reciprocal interactions and higher functional emotional capacities in the context of the child's individual differences. It, therefore, provides an overall structure for incorporating a variety of innovative techniques that facilitate a child's emotional and intellectual growth.<sup>◊</sup>

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<sup>◊</sup> For a full description of the DIR™ model please see the accompanying article, *The Developmental, Individual-Difference, Relationship-Based (DIR<sub>tm</sub>) Model, by, Stanley I. Greenspan, M.D. and Serena Wieder, Ph.D.*