



# DIR® and DIRFloortime® Evidence-Base Quick Facts

The following is a brief sample of the evidence-base supporting DIR and DIRFloortime (Floortime). The research includes the highest levels of evidence and includes case studies, group design studies, randomized controlled trial studies, and a systematic review. Unlike behavioral approaches which narrowly focus on specific behaviors, DIR is an interdisciplinary, individualized, whole-child, developmental approach that is broad in both its approach and its impact, making it more complex to quantify in research. Nevertheless, DIRFloortime is evidence-based and the research that supports it is strong and continues to mount.

Multiple randomized-controlled studies were published since 2011 identifying statistically significant improvement in children with autism who used Floortime versus traditional behavioral approaches (Solomon, et. al., 2014; Casenheiser, Shanker &Steiben, 2011; Lal and Chhabria, 2013; Pajareya and Kopmaneejumruslers, 2011). These studies also showed the effectiveness of addressing the caregiver (Casenheiser et. al., 2011; Solomon, et. al., 2014) and specific skill improvement including turn taking, two way communication, understanding cause and effect and emotional thinking (Lal and Chhabria, 2013).

*DIRFloortime has the strongest research of any intervention to support its effectiveness in improving the core challenges of autism including relating, interacting, and communicating while decreasing caregiver stress and improving parent-child relationships.*

Solomon, Necheles, Ferch, and Bruckman (2007) conducted a pre-post survey of the Play and Language for Autistic Younsters (PLAY) Project Home Consultation program. This program, based on the DIR model, is used in fifty agencies across seventeen U.S. states. Results indicated statistically significant improvement in the children's Functional Developmental Levels and 100% of the parents reported satisfaction in participating.

The cost associated with the DIRFloortime-based weekly intervention program as described in Casenheiser et al. (2012) is approximately \$5000 per child per year, which is considerably less than the estimates of therapy for most therapist-delivered programs that typically provide 20–30 weekly hours of treatment (Flanders et al., 2005; Motiwala et al., 2006).

Case studies have also been effective in supporting the use of DIRFloortime with children with autism. Dionne and Martini (2011) demonstrated statistically significant improvement in communication between parent and child. Wieder and Greenspan (1997, 2005) did comprehensive case studied that spanned from 8-15 years. These studies supported the long lasting results DIRFloortime had on individual child skills, as well as, the emotional connections the families were able to develop over time using this approach.

Floortime and related DIR based approaches are listed on evidence-based treatment reviews. Most recently, the Journal of Clinical Child and Adolescent Psychology published an article entitled, "Evidenced Base Update for Autism Spectrum Disorder" where they categorized Floortime as a "Developmental Social Pragmatic (DSP) Parent Training" and listed focused DSP Parent Training in their second level evidence base category indicating it as "Probably Efficacious." (Smith & Iadarola, 2015) In addition, a systematic review of developmental social pragmatic approaches including DIRFloortime was published in January, 2019 that supported the efficacy of developmental social pragmatic approaches for children with autism (Binns and Cardy, 2019).

The evidence is strong and building – DIRFloortime works! Learn more at [www.icdl.com/research](http://www.icdl.com/research).

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## References

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