有效扶助自閉兒需由父母先做起

To help autistic kids succeed, coach their parents

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香港嬰幼兒心理健康協會 www.hkaimh.org

自閉兒的三個核心問題

- 1. 能否建立親密感及溫暖感情?
- 2. 能否使用表情動作及表達情緒與別人溝通?
- 3. 能否有意義地使用字彙,及這些字彙或象徵是否帶有情感或願望?

這些問題能否會改變??

能夠,並確實會改變!!

自閉幼兒出現的徵狀

社交

溝通

障礙

- 缺乏眼神交流
- 缺乏牙牙學語或指示
- 缺乏社交模仿
- 當別人呼叫他的名字時,不作回應
- 不跟隨成人手指方向
- 缺乏運用手勢溝通
- 缺乏與他人分享樂趣

有限行為、 興趣和活 動模式

- 固執於某些特殊行為
- 沉溺於某些刻板、有限的興趣
- 持續專注於物件的某些部份

嬰兒天生就喜歡接觸人

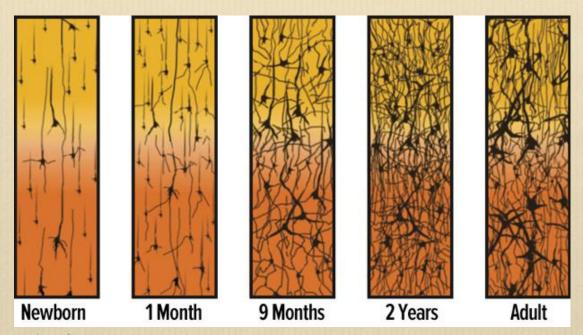


透過無數次與照顧者相互調節的溝通



增加他們的動機、興趣、好奇、樂趣和意慾

配合嬰兒腦部發展的關鍵時期



資料來源: Corel, JL. The postnatal development of the human cerebral cortex. Cambridge, MA: Harvard University Press; 1975.

- 嬰兒腦部的可塑性極高
- 删减: 經常被使用的突觸比較容易存活, 不常被用的卻會被淘汰

需由父母先做起

三大原因:

I瞭解孩子的發展階段

II 掌握孩子的獨特之處

III跟隨孩子的帶領互動

I瞭解孩子的發展階段

社交情緒發展階段

第六階段:情緒感受的思想

第五階段:共享意義和象徵性遊戲

第四階段:有目的地解決問題的溝通

第三階段:有意義的雙向溝通

第二階段:投入參與互動及與人產生聯繫

第一階段:自我調節及對周遭世界產生興趣

延展溝通回合

第3階段: 有意義的雙向溝通

以有來有往的方式溝通情感訊號來表達動機、與趣和需要





第4階段:有目的地解決問題的溝通

創造複雜的手勢,把一連串的動作串連 起來,以精巧地解決問題

經常保持鎮定及投入參與

第1階段: 自我調節及對周遭世界產生興趣

對周圍的影像、聲音和感覺 感到好奇,並能夠在生氣或 難過的時候安撫自己



第2階段:投入參與互動及與人產生聯繫

和他人建立起適當而愉快的人際關係



更進階的發展階段

第5階段: 共享意義和象徵性遊戲 領悟並了解抽象概念,用語言 和假裝遊戲表達情感意慾

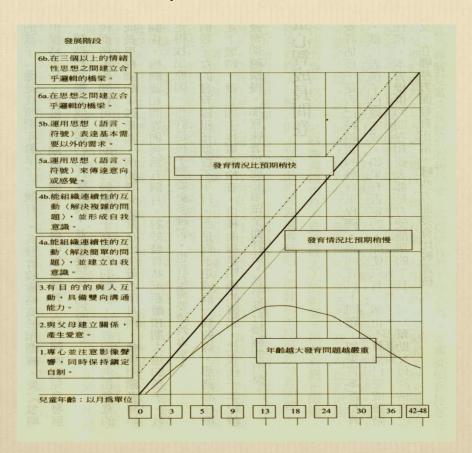


第6階段:情緒感受的思想

能找出概念之間的關聯,並將此關 聯應用於日常生活.例如:發表意 見、參與辯論或有組織的角式扮演



幼兒社交情緒的發展路線圖



喜悅的情感會連結語言、認知及情緒技能等「心智夥伴」組合成一個發展路線圖

II掌握孩子的獨特之處

感覺動作系統

反應 過弱

反應過強

個別特性

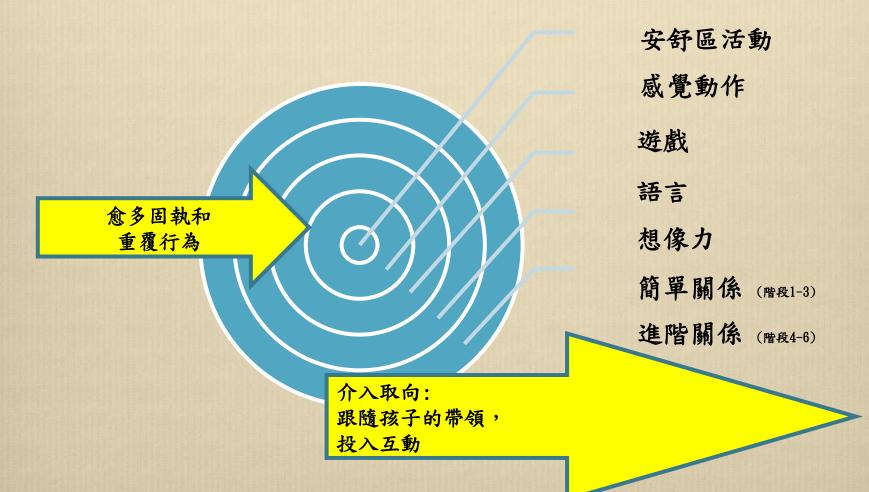
感覺調節 及 調整能力

感覺 及 情感 處理能力 動作計劃 及 連貫性

不愉快情感

退回安舒區

孩子就會退回自己的安舒區



III跟隨孩子的帶領互動

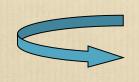
- 1. 清楚識別孩子的安舒區活動、感覺動作系統的特性、和功能性情緒發展階段
- 2. 父母每天投入適當的時間
- 3. 按照孩子的情緒發展階段進行相關遊戲
- 4. 父母與孩子一起享受互動的樂趣

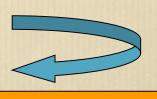
DIR®/地板時間TM模式 一個發展性的生理心理社會模式

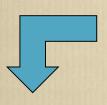
孩子的獨特 感覺動作系統



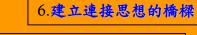
家庭、社會、 文化











5.象徵、想法及字彙

4.社會性解決問題

2.產生愛的感受

3.雙向溝通

專注和好奇心

情緒





Evidence base for DIR/Floortime

Randomized controlled studies worldwide (2011-2016)



HK local paper (2014)



Thailand (2011)

Solomon, et al. (2014). PLAY project home consultation intervention program for young children with autism spectrum disorders: A randomized controlled trial. *Journal of Developmental and Behavioral Pediatrics*, 35, 8, 475-485.

Casenhiser DM, Binns A, McGill F, Morderer O, Shanker SG. (2015). Measuring and supporting language function for children with autism: Evidence from a randomized control trial of a social-interaction-based therapy. *Journal of Autism and Developmental Disorders*, 45, 3, 846-857.

Pajareya, K., & Nopmaneejumruslers, K. (2011). A pilot randomized controlled trial of DIR/Floortime parent training intervention for pre-school children with autistic spectrum disorders. *Autism*, 15, 5, 563-577.

Sealy, J, & Glovinsky, IP (2016), Strengthening the reflective functioning capacities of parents who have a child with a neurodevelopmental disability through a brief, relationship-focused intervention. *Infant Mental Health Journal*, *37*, 2, 115–124.

Mok, JWS, & Chung, KH. (2014). Application of DIR/Floortime model in the psychiatric service for very young children with autism in Hong Kong. *Hong Kong Journal of Mental Health*, 40, 1, 23-30.

For more information about the DIR research, please visit http://www.icdl.com/research

Application of DIR/Floortime Model in the Psychiatric Service for Very Young Children with Autism in Hong Kong

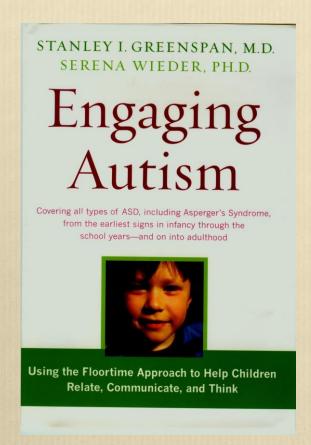
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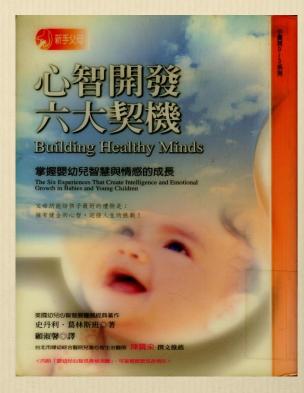
Child and Adolescent Mental Health Service, United Christian Hospital

Abstract

In recent years, children suspected of autism referred to our service have been getting younger, and some are toddlers at the time of referral, so there is a need to provide an age-appropriate intervention program for this very young age group. The DIR/Floortime model, which encourages caregivers to follow their child's emotions and interests and to interact with them in a natural social environment, fits well to the young children's developmental characteristics. This helps children develop along the roadmap of the functional emotional developmental milestones, in which a child has to master the basic ones in order to build healthy foundation for higher levels of social, emotional, and intellectual capacities. This paper shares our experience in applying the DIR/Floortime model in a local psychiatric setting for very young children with autism, and states how it helps to address the current service gaps. Some local preliminary data indicating the need of interaction coaching for caregivers, and future directions for local autism services for very young children are also discussed.







www.icdl.com www.floortime.org www.profectum.org

無時不在、無處不見的「地板時間」

Floortime all the time everywhere!

Thank you!



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