There were 170 responses to the DIR survey sent through ICDL. Following is an overview of the responses and trends noted

* Of the respondents, 51.18% remained anonymous.
* 48.82% were comfortable sharing their names

1. Of 170 respondents, 7 were from NJ as indicated by zip code. The remainder were from the USA, Canada and international representatives.
2. The backgrounds of the participants are as follows

* 32.25% from OT/PT. This may be the highest grouping since OT and PT were combined
* 25.29% SLP
* 18.24% education or special education
* 16.47% mental health providers
* 7.65% unspecified

1. Of respondents, the graduate levels were very mixed. Since the question was formatted as a fill in the blank there is a lot of diversity in the wording of responses
   * 76 respondents reported Master’s level training
   * 22 reported Bachelors degrees
   * 16 reported Phd or doctorate degrees
   * the remainder used varied language- post graduate, graduation, university, or unanswered
2. Of respondents, the levels of training were as follows. Levels are based on the ICDL model and training organization. Currently there is little field regulation monitoring the level of DIR training, training level to work guidelines, and reimbursement based on training hierarchies. There is questionable motivation for advancing formal training levels.

* 51.8% reported basic ICDL training
* 25.29% reported advanced ICDL training
* 23.53% reported expert ICDL training

1. Many DIR practitioners are working with a broad range of ages. the overall trend is towards infants, toddlers, and school age children. High school age and older have far fewer respondents. It is unclear if this is due to the disposition of developmental practice overall or indicates a general service trend in the field. Perhaps both?

* 68.82% are working with infants and toddlers.
* 87.65% are working with preschool aged students
* 78.24% work with school age students
* 16.47% work with adults

1. There was overlap in the location of work question. Many practitioners are working in more than one setting.

* 61.8% work in clinics
* 41.8% work in homes
* 41.76% work in schools
* 14.71% work in other, unspecified locations

1. In listing their strengths and weaknesses, followed by; areas of greatest stress, greatest satisfaction and self reported areas of research; an interesting pattern emerges. As you will see, relationships are listed as the area of least strength. However, supporting relationships is listed highly as an area of great satisfaction. Furthermore, self reporting on areas of research was highest in the area of relationships. Finally, parental stress, linked to relationships, was listed frequently as an area of greatest stress.

* Knowledge of Development 43.53% felt strongest in this area
* Knowledge of individual differences 41.18% felt strongest in this area
* Knowledge of relationships 15.29% felt strongest in this area

1. In identifying strategies and techniques for working with children within the DIR model, respondents reported as follows. It is worth noting that the areas listed; identifying and targeting deficits, working/playing with the child, and parent coaching; are all included and touted as ‘developmental tools.’ Behavior management, a common complaint, was also listed, but it is not generally included as part of DIR philosophy and training. DIR philosophy believes that through adequate use of strategies and good intervention at every developmental level, there will be little need for behavior management.

* 59.41% listed working with the child and strategies for play as their most comfortable skill
* 22.94% listed identifying and targeting specific deficits as their most comfortable skill
* 13.53% listed parent coaching as their most comfortable skill. According to DIR training, knowledge of relationships plays closely into parent training and coaching.
* 3.53% listed behavior management as their most comfortable skill.

1. DIR practitioners report high levels of interdisciplinary value in their treatment and treatment teams. Notably, interdisciplinary value diminishes to less than 50% of respondents when asked about paraprofessionals. This is interesting as paraprofessionals are spending the bulk of school time with autistic individuals. Also interesting is the lowered value of Primary care providers, psychiatry and neurology. This is consistent with DSM VI diagnostic criteria of autism as being behavioral rather than physical. Perhaps most notable were the amount of practitioners valuing BCBA input, 21.76% felt BCBA input was valuable.

* 95.88% valued parents and family as part of team approach
* 87.06% valued OT/PT input
* 81.76% valued SLP input
* 74.71% valued the education team
* 64.12% valued mental health providers
* 49.91% valued primary care providers
* 48.24% valued para professionals
* 41.18% valued psychiatry
* 40.59% valued neurology
* 21.76% valued BCBA
* 15.29% specified other areas of valuable input. These included; audiologists, music therpists, crania sacral practitioners and others.

1. In areas of research, the majority of respondents self reported as being either ‘very informed’ or ‘somewhat informed’ in the areas listed. Combining the somewhat informed responses with very informed responses yields interesting totals. Precision in this question is limited to the respondents understanding and access to research in each of these areas. They may misrepresent themselves as being more informed than objective measures based on their own exposure to the area of study.

* relationships- 44.71% listed themselves as ‘very informed.’ 30% listed themselves as somewhat informed
* 42.94% listed themselves as very informed in the area of neuroscience. This is a significant number, 73 respondents. 35.29% listed themselves as somewhat informed.
* 34.91% list themselves as very informed in the area of trauma and stress. 40.83% list themselves as somewhat informed.
* 29.41% list themselves as very informed in the area of medical research. 55.88% list themselves as somewhat informed.
* 40.83% list themselves as very informed in the area of behavioral research. 43.79% consider themselves somewhat informed. A combined total of 84% consider themselves at least somewhat informed on an area of knowledge that only 21% value as part of their treatment team. Why stay so informed on an area of so little value?

1. 69.41% of respondents worked in settings which support developmental approaches. 22.94% felt somewhat supported in their work setting

4.71% did not really feel supported

2.94% did not feel supported in their work settings

1. 82.74% of respondents were open to a model which combines approaches; 17.26% were not
2. 85.29% were interested in sensors to measure stress and connectedness during an interaction; 14.71% were not
3. The format of this question was fill in the blank; this led to more variety in responses. The responses were eye opening. Age groupings are often grouped 0-3,3-6, 6-9 and onward. Notably, there were many responses specifying 2-5. This is more important if it correlates to nervous system research on nervous system development and motor signature timing. I counted the responses and grouped them in the most common groups that appeared in the responses.

* 55 respondents specified 0-3
* 64 respondents specified 2-5
* 29 respondents specified 3-6
* 6 responded 5-7
* Two responded 6-9
* One responded13-15
* Two responded 18-21

1. I did not tag and organize the responses into categories for this response. (I can do so if it is helpful.) Many responses incorporated similar themes. Some common themes were relationships and supporting connection, making progress, and offering hope and help to families,
2. I tagged the responses to this question into general categories based on the overall themes. Several response had multiple items listed or fell into two categories.

I categorized the responses as follows. Included are the number of responses which fell into each category.

* Difficulties within the family units being worked with- accepting diagnosis, financial stress, participating in therapy carryover, and coping with family or autistic difficulties. I sub categorized
  + - acceptance of the diagnosis and participation in treatment- 31 responses
    - coping with family, disabilities, or family stress- 34 responses
* Difficulties surrounding conflict between approaches in autism; a lack of comprehensive approach- 49 responses
* difficulties related to the limitations of practice or service ability- inability to meet the need, inability to address specific issues- 43 responses
* Personal work stress- paperwork, administration issues, time limitations etc- 54 responses
* difficulty with judgement of outsiders toward the disability- 2
* 10 responses were difficult to categorize

1. I did not tag these responses. Many of the themes matched the tags in the question surrounding highest stress levels. There were added components of mental health concerns in parents, understanding the DIR approach, and families struggling with rate of progress
2. I categorized some of these responses where it seemed possible. Many responses fell under the same themes- less ABA, more relationship or developmental approaches, better family support, and a push for a blended model.

* 14 responses connected the themes of bettering family support
* 14 responses called for more combined approaches and interdisciplinary work. They did not specify which discipline.
* 17 responses called for a reduction in behaviorally based work or in ABA
* 47 responses called for an expansion of relationship or developmentally based work. Relationships were often specified instead of development
* 39 referenced furthering research. The topics to be researched varied from increased DIR research, to greater SI research, to more neuroscience research, and several other areas mentioned
* 66 responses were hard to classify and were not tagged as part of a category
* Many responses which were categorized were part of more than one theme.

Takeaway- the field seems ripe for interdisciplinary work and for clear, organized, personalized treatment. In particular, family stress and relationships do not seem adequately supported.

DIR is designed to be a relationship based intervention. Its practitioners do not list relationship based knowledge and supports to be a strong part of their training and knowledge.