A Step-by-Step Guide to Obtaining School Funding
Dear Parents,

In an effort to support you in the process of obtaining school funding for your Son-Rise Program®, we have created the following packet of materials. We have gathered information from interviews with parents who have successfully obtained funding throughout the United States. We are excited to share this information with you and to assist you in the process of obtaining funding for your Son-Rise Program.

The enclosed information includes specific directions on where to begin and how to effectively navigate the process of obtaining funding. Families who have successfully obtained funding from their school system have been happily persistent, non-confrontational and well-prepared in their presentations. We hope that the following materials will help you to be the same.

While we encourage you to be persistent in pursuing school funding, we also suggest that you reconsider this pursuit if you are not making headway with the school system. It is important to keep the search for funding in perspective; funding is important and helpful but not necessary. The most important way to help your child is by doing The Son-Rise Program.

We celebrate your passion and your dedication and wish you all the best throughout this adventure. We send you good thoughts as you embark on your journey with your school system, and hope that the enclosed information will greatly assist you along the way.

With warm regards,

Kate Wilde
Director of Intensive Programs
Autism Treatment Center of America™
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The information contained in this document is intended to be helpful to parents seeking funding for their home-based program. It is not intended to replace legal advice. The authors can not be responsible for changes in state or federal policy or availability and accuracy of listed web sites.
How to be the Most Effective Advocate for Your Child

There are families all over the world running home-based Son-Rise Programs®. Some families in the US have financial support from their local schools systems; some do not. Many families have simply never attempted to obtain school funding for their programs. We are providing you with this packet of information because we know it is possible to get substantial financial help to run your Son-Rise Program and we want to help you feel prepared and inspired to pursue this for your child.

The very first step in this process, as in everything, is creating an empowered, comfortable attitude. Feeling easy and comfortable as you follow this process will a) make it a more pleasant experience for you and your family and b) make you a more effective communicator.

You Have Nothing to Lose and Everything to Gain

It is important to remember that receiving funding for your Son-Rise Program from the local school system is not the only way to fund your program and is not a requirement for your being able to run this program. It would be wonderful to get the funding but it is certainly not necessary and will not hold you back from running a great program. This is a win-win situation. You have nothing to lose and everything to gain by pursuing school funding. There is money out there that you could use to fund your Son-Rise Program; if you don’t ask for it, you will definitely not get it. If you do ask for it, you have the possibility of receiving funding. It’s not guaranteed that you will get the funding, but at least you will know that you did everything you possibly could to pursue this opportunity.

Be a Force of Nature™

This is another area of your program where you can practice being a Force of Nature, which will help you be more of a Force of Nature in the playroom! There are five essential components to being a Force of Nature:

1. Clarity of Purpose. Your purpose is clear—to show your child’s school what you believe to be the most effective way to help your child and ask the school to help you financially.

2. Unswerving Conviction. First, it is important that you feel confident that this program is right for your child. Second, know that your child is entitled by law to a free and appropriate education.

3. Daring Action. The action you will take is to tell the school system what you want for your child and ask them to be a part of it by re-directing the money they are already spending on educating your child into your Son-Rise Program.

4. Passion. Bring excitement for this possibility to all your communication with the school. Your passion can be a source of inspiration to others (see Appendix H).

5. Persistence. The more persistent you are the more likely you will get what you are asking for. By being willing to continue to ask for funding and by being willing to try various approaches, you heighten your chance of success.

That’s it! All the components of being a Force of Nature—you can do it!

Build Bridges

Remember that everyone on your child's IEP team is doing the best they know how for your child. You are not there to criticize them; you are there to get what you believe to be the best
for your child. As you embark on this journey with the school system, remember that it is important to build bridges with the people you encounter along the way. The intention is not to wage war on the school system and ‘fight’ them but to communicate to them what you know will be helpful for your child and offer them a chance to be part of this with you. Each person from the school with whom you interact is a potential ally. Some will choose not to join you, and others will want to help. Maintain an openness to everyone you meet in the knowledge that each person has the potential to help you reach your goal.

As you read the rest of this information, keep these perspectives in mind. Also remember that you are not alone. There are many families who have done this process before you and many who are starting now as you are. Some of these people can be found on The Son-Rise Program® Message Board at http://www.Autismtreatmentcenter.org/cgi-local/ikonboard/ikonboard.cgi. It is important to access the community of people around you who want to help and support you.
Step-by-Step Guide to Obtaining School Funding

1. Familiarize yourself with state special education policy and procedures

The Individuals with Disabilities Education Act (IDEA) 2004 (a federal law) states that all children in the US are entitled to a “free and appropriate public education” regardless of their ability. (See Appendix A for a summary of this legislature). If you want your local school system to fund your home-based Son-Rise Program®, you must show them that this is the most appropriate education for your child. The following information has been compiled to help you achieve this.

The Department of Education funds numerous regional Parent Training and Information Centers whose mandate is to inform parents of special education law and their rights. The website listed in the resources section will connect you to your local parent training and information center. Many centers have detailed parents’ guides available through their websites and all offer free information to parents. Look for information specifically about how to request a “due process” or impartial hearing if you disagree with the content of your child’s Individualized Education Plan (IEP). These centers will also put you in contact with Autism advocates who can help with the process of gaining school funding for your program. There are many people out there who want to help you; all you need to do is ask them.

It is important that you are aware of the law and of your rights. Do not assume that professionals who work at your child’s school are up to date on the law. These people are often so busy educating other children that they do not receive the necessary training. If you are fully informed, it will make this process easier for you.

2. Individualized Education Plan (IEP) – Preparation for Meeting

It is the legal requirement of the school system to create an IEP for each child who is evaluated as eligible for special education. It is also the legal requirement of the school system to provide placement or services in accordance with the IEP. Thus, in terms of achieving funding for your home-based Son-Rise Program, the IEP is a very important document.

Your intention is to show the IEP team that the program you propose to run at home for your child is more “appropriate” than that which is being offered at school. This will then be reflected in the IEP and the school mandated to aid you in providing that service to your child. The contents of the IEP are determined by a team of people. As a parent, you are an essential member of this team. The IEP team must meet annually but can convene any time at your request. You are entitled to invite people to the IEP meeting whom you believe will be helpful to you. Although the people in the IEP team will have formal training in education and a lot of collective experience with children, you are the foremost expert on your child and you will probably know more than they do about the Son-Rise Program. In order to show them that what you propose is in fact the most appropriate education for your child, you will need to help them learn more about your child as an individual and the Son-Rise Program as a treatment approach.

There are four main points that will be most beneficial to communicate to the IEP team. These are outlined below along with the documentation you will need to gather to support these points. When you write to the school to request your child’s IEP be reviewed, include copies
of the following documents for the IEP team to review before the meeting. The points you want to communicate in your letter and at the meeting are:

a) The home-based Son-Rise Program® is more appropriate for your child than the placement offered by the school system.

In order to show the IEP team that this is the case, you will first need to educate the team members about The Son-Rise Program in general and second to present evidence that your child is making more developmental progress through The Son-Rise Program than through the school placement. In order to do this, you can use the following documents:

General Information about The Son-Rise Program (enclosed in Appendix B)
• The Son-Rise Program brochure
• Press articles about The Son-Rise Program
• Copy of the BBC documentary, “I Want My Little Boy Back”
• Letters of professional endorsement of The Son-Rise Program
• Letter of invitation to visit the Autism Treatment Center of America™
• Raun Kaufman’s biographical information and recent lecture dates
• Bryn Hogan’s biographical information
• A list of districts and education authorities where parents have received funding

Specific Information about your Child
• Son-Rise Program Social Developmental Evaluation of your child (see below)
• An independent professional’s evaluation of your child (see below)
• An independent professional’s recommendation for a relationship-based program for your child (see below)
• Son-Rise Program bi-weekly evaluations for your child (see below)
• Current Son-Rise Program Goals (see below)
• Assessment of current education placement in contrast to your home-based Son-Rise Program (see below)

The first set of documents will educate the IEP team about The Son-Rise Program in general and ideally should be given to key members before the IEP meeting. The second set of documents is specific to your child; you can create these before the IEP meeting following the guidelines below.

Completing a Son-Rise Program Social Developmental Evaluation (from The Start-Up Manual) for your child is important to show the IEP team that you are fully aware of your child’s challenges and that your home-based program is working towards the measurable goals outlined in this evaluation. Explanation for how to do this can be found in The Start-Up Manual. You are entitled to a copy of any evaluations of your child performed by the school. Get copies of all evaluations they have made of your child before the IEP meeting so you can use this evaluation to show how your home-based Son-Rise Program addresses the challenges outlined in this evaluation. You can also use any evaluations of your child performed by independent professionals (e.g. doctors, neurologists, speech therapists, educational psychologists, etc.).

You could also ask your doctor, or other licensed professional, to write a letter recommending your child be placed in a Son-Rise Program. If your doctor does not
know about our approach, provide copies of The Son-Rise Program General Information and a letter of invitation (see Appendix B). It is important that all letters of recommendation use the words “relationship-based program” to show a clear distinction between The Son-Rise Program and behavioral programs. If your doctor does not want to specifically recommend The Son-Rise Program, ask him or her to recommend a “relationship-based program.”

In addition, prepare documentation showing that your child is progressing developmentally through use of The Son-Rise Program®. This will be recorded on The Son-Rise Program Bi-weekly Child Evaluation (see The Start-Up Manual for instructions). You can use this information to create a summary of how your child has progressed since using The Son-Rise Program. These changes can also be demonstrated by completing two Son-Rise Program Social Developmental Evaluations—one completed at the time you began your Son-Rise Program and one completed recently to show the changes in your child. If available, you can then contrast this change with changes your child made during his or her school placement (if you have more than one evaluation from them). Also, include a copy of your most recent Son-Rise Program Goals (see The Start-Up Manual). Doing this will be incredibly helpful to you, regardless of the school, as it will help you be much clearer about the focus for your child.

In order to make an assessment of your child’s current education placement in contrast to your home-based Son-Rise Program, you can observe your child in his or her current educational placement. If your child is not currently attending a school program, become familiar with the programs and schools proposed by your school district and observe the class anyway.

i. Visit your child’s school three or four times and observe for a minimum of one hour each time. Make accurate observations of how much one-to-one attention your child receives in the school day:
   • Calculate the minutes where your child is not engaged in an interactive activity during the day.
   • Calculate the amount of time your child spends on a school bus, in recess, snack or lunchtime, or at field day events.
   • Make a note of the ratio between teachers and pupils.

ii. Note how your child is distracted by the busy and over-stimulating environment of the school setting (e.g. wall decorations, other children, noise level, windows, etc.).
   • Example: Johnny could not attend to what the teacher was asking him although he is typically capable of attending. He kept looking at the colorful pictures on the walls, or looking out the window, or watching other children.

iii. Note how many opportunities during the day your child is given to look at, talk to, or socially interact with another person. (For example, how often do his teachers ask him to interact with others versus asking him to complete tasks or projects that do not include social interaction?)
   • How often does your child vocalize without being celebrated or encouraged to talk more? (Are your child’s vocalizations not heard over the noise of the other children, or is the vocalization deemed not appropriate for that activity?)
   • How often are your child’s small initiations to interact not utilized or celebrated (e.g. because the teachers were busy with all the other children and did not notice)?
iv. How often is your child told “no” or physically manipulated during his day? (By physical manipulation we mean that he/she is moved physically without warning or against his/her will, e.g. picked up or taken by the hand or arm, or forced to sit down, etc.)

In all of these observations, it is important to write down specific details such as the date and time of day, what was said and by whom, and how your child reacted.

Compile a similar summary of a comparative amount of time you have observed your child in The Son-Rise Program® playroom. Clearly highlight the difference to show that The Son-Rise Program environment a) provides more opportunities for social interaction and b) is more responsive to your child than the school environment.

There are two sources of additional information to which you are entitled that may help your case. Request a copy of the class profile for your child’s current or proposed placement. This will list the functioning levels of your child’s classmates (names not included). The law states that your child can not be in a class where students are academically functioning more than three years above or three years below your child in a subject area or if any child is older or younger that your child by 36 months or more. You are also entitled to general information on the school’s performance. Web sites for obtaining this information are listed in the resources section.

b) The home-based Son-Rise Program qualifies as the “least restrictive environment”, not the placement offered by the school system.

IDEA mandates that all children with disabilities should be educated, as much as possible, with children who do not have disabilities. This is considered the least restrictive environment unless, the law states, “the nature or severity of the disability is such that education in the regular class with the use of supplementary aids and services cannot be achieved satisfactorily.”

Your intention is to show the IEP team that the nature and/or severity of your child’s Autism is such that his or her educational needs will be served more effectively in a home-based Son-Rise Program than in the school placement. The document “Why the Playroom Environment is so Important in The Son-Rise Program” (Appendix C) will help you explain why a Son-Rise Program playroom is a more optimal learning environment, and thus less restrictive for a child with Autism, than a classroom. If you would like to read about the scientific research behind these ideas, please refer to Appendix D.

c) The home-base Son-Rise Program employs evidence-based practices that address all your child’s current developmental and educational needs.

The document “From Autism Research to Autism Treatment: The Son-Rise Program under Scrutiny” (Appendix D) presents scientific research supporting the efficacy of the principle techniques of The Son-Rise Program. To date, there is no empirical research directly investigating how The Son-Rise Program as a whole works. However, there is plenty of research showing that the principle techniques of The Son-Rise Program have been shown to help children with Autism to develop. It is important that the members of your IEP team are aware of this research.

The Son-Rise Program Social Developmental Model shows clearly how you will help your child with his or her social challenges. The IEP team may also raise questions about your
child's social development with his or her peers and how s/he will learn academics. Both of these questions, and more, are answered in Appendix E.

d) Funding a home-base Son-Rise Program for your child will cost no more than the current (or suggested) school placement.

It is important to clearly show the IEP team that you are asking for the same amount of money, or less, than the school system is already spending to provide your child with his or her current educational placement. The work sheet in Appendix F will help you show this. Remember that your child is entitled to have his/her education paid for by the state. This is part of why you pay taxes. The state will spend that money in the same ways they always have unless you make it a point to ask for something different for your child.

3. Contact your school district or local education authority

Once you have gathered the above information, make copies of all the documents and find out who is in charge of awarding funding for your child's school – you want to contact the person who can actually make a decision on your case without asking a supervisor. In Appendix G, there are sample letters enclosed from parents who have successfully received funding to help you write your letter to the school district. When you write the letter, remember to communicate how grateful you are for all the school has done so far for your child and convey to them the sense of excitement you have for your child's continuing development at home.

When writing the cover letter:
- Begin by reading the sample letters in Appendix G.
- Thank them for taking the time to read and consider your request for funding.
- Request an IEP meeting to change your child's current IEP.
- Include a list of all the documents you are enclosing and an brief explanation of each one
- Your intention is not to blame or undermine any program, teacher or therapist at your child's school. Clearly state your confidence in the fact that each teacher is doing his or her best given the amount of children that are under his or her care.
- Explain that your intention in running a home-based Son-Rise Program® is to help your child be able to benefit fully from being in a classroom. Our goal is to help children gain the necessary social skills to be able to integrate fully into a classroom upon completion of his or her home-based Son-Rise Program. Include information from the Frequently Asked Questions section (Appendix E) of this packet, Question Number 6.
- Ask them to arrange a meeting with you once that they have familiarized themselves with all the information you have just sent them.

You may also choose to write to your mayor or member of Congress. In your letter, include information about your situation and ask your mayor or Congressperson to be of support to you. Often, the mayor is also on the school board and can become a great advocate for your case.

We strongly suggest that you communicate with other parents who are involved in the same process. Many parents are active on The Son-Rise Program Message Board at www.Autismtreatmentcenter.org. They can be a great resource to you during your negotiations. Although there are people who may disagree with how you choose to educate
your child, there will be just as many people who agree and want to wholeheartedly support you—all you need to do is seek out people who want to help you.

4. Be happily persistent

Allow a couple of weeks to go by after you have contacted your school district. If you have not received a response to your letter within two weeks, happily persist in creating an appointment to meet with your school district. This may mean that you will make numerous phone calls to set up an appointment. Keep a log of the dates and times you made the phone calls, with whom you spoke and what they said. We have found that the people who are successful are those who maintain a friendly and non-confrontational attitude while remaining persistent. Remember that getting annoyed or frustrated will not help you be a more effective communicator. It is more likely to make people not want to help you.

If you do not receive a response to your calls, send another letter requesting a meeting to discuss your previous proposal. State the date of your previous letter and dates of any phone calls you have made during the course of your request.

While waiting for the actual meeting date you could:
- Locate, if possible, an advocate who will come with you to the IEP meeting. Advocates can be found through your regional parents training and information services or other local disability/Autism advocacy organizations.
- Read the articles suggested in the Resources section on “Getting the most from an IEP meeting”.
- Anticipate any questions or counterarguments and prepare answers to these questions before your meeting with the school officials. Answers to some of the most commonly asked questions are included in this packet in the Frequently Asked Questions section (Appendix E).
- Remind yourself that being awarded funding from the school is one of many different options. It would be wonderful to receive it and if you don’t receive it, you will find other sources.

5. Individualized Education Plan (IEP) – The IEP Meeting

- Bring with you two copies of every document you sent with the IEP meeting request
- If possible, attend the meeting with a knowledgeable Autism advocate.
- Remain calm and open minded throughout the discussion—even when you may disagree with what other team members are proposing or their view of your child.
- If they seem in agreement with the overall proposal of running a home-based Son-Rise Program for your child, be flexible in the details of the negotiation.
- If you do not come to an agreement during this meeting, do NOT sign the proposed IEP but request mediation be sought. When you return home, put this request in writing.

6. Mediation

At your request, the chair of the IEP team will schedule mediation—another meeting chaired by an impartial mediator. This mediator is not a judge and can not make the decision for you but will be trained to help you and the IEP chairperson come to an agreement.
Any agreement reached during mediation by you and the IEP team chair is binding, but no agreement must necessarily be made. If you are still unable to come to agreement as to the content of your child’s IEP, request a “due process” or impartial hearing. Again, state this in writing. Your local regional parents training and information center will be able to tell you with how to file for a due process hearing in your school district. Many families who have been through this process have informed us that after filing for a due process hearing, the school district has dropped the case before the hearing date and agreed to fund their program.

7. Due Process / Impartial Hearing

If the case does go to a due process hearing, it is recommended that you hire a lawyer to represent you at the hearing. Your local Autism advocate will be able to recommend low-cost lawyers to you if necessary. The decision reached by the impartial hearing officer at a hearing is final. If they rule against you, then you will not receive funding for your home-based Son-Rise Program®. This does NOT mean you have to put your child in the placement recommended by the IEP team. It just means the school system will not pay for your program. It is possible for both sides to appeal a hearing decision.

When you file for a hearing (your lawyer will help you with this), send all the documents you previously supplied to the IEP team with any necessary updates. At the hearing, you (and your lawyer) will present your case and the school district will present its case. You are entitled to bring any witnesses you think will be useful to your case and submit documents to aid your case. Your lawyer will guide you through this process.

8. The Result

Hopefully, now all you will need to do is make arrangements to receive the funds the school district has agreed to supply in order to run your home-based Son-Rise Program. If, however, you did not receive the result you were looking for, remember that there are many other ways you can find the resources you require to run this program for your child. The next step is to begin looking at other sources of funding outlined in Appendix I. There are hundreds of families around the world who have funded their Son-Rise Programs without any assistance from their school districts. A visit to The Son-Rise Program Message Board will remind you that you are not alone in this journey; there are families all over the world running home-based Son-Rise Programs for their children. The letter in Appendix H is from a mother who pursued school funding for her program. She reminds us that in the end, what matters is not the result but your experience of trying.

9. Resources

18 tips on getting the most from IEP meetings
http://ldonline.org/Id_indepth/special_education/18tips_en.html

10 common mistakes in IEP meeting
http://www.kidstogether.org/iepd-10-mistakes.htm

Tips for successful IEP meeting
http://www.kidstogether.org/ieptips.htm
List of web sites providing information on school choice, including statistics on school performance:
http://www.ed.gov/parents/schools/find/choose/pub_pg12.html#websites

Find Regional Parent Training and Information Centers
http://www.taalliance.org/centers/index.htm

Department of Education site for parents of children with special needs

Parent’s guide to the IEP

Disability Law and Advocacy
http://www.wrightslaw.com/

Many links to information about IEPs

Why you have the right to disagree with the school’s suggested methodology
http://www.geocities.com/fishstep/method.html

10. Feedback

We aim to be as helpful as we possibly can to all parents who are seeking funding from their school district for a home-based Son-Rise Program®. We can do this even more effectively with your feedback. We ask that you take a few minutes to complete the School Funding Parent Feedback form in Appendix J and return it to us. Even if you have decided not to go after school funding, we would appreciate your comments.
Appendix A: Summary of the Law

The Individuals with Disabilities Education Act (IDEA)
(Formerly the Education For All Handicapped Children Act or Public Law 94-142, 1975)

The first national piece of legislation mandating appropriate and free education for students with disabilities was signed into law by President Gerald Ford in November 1975. The law was to be in effect by September 1, 1978. This single piece of legislation has been the cornerstone of special education legislation for the past twenty-five years. Below, you can read about the law and its impact on the major stakeholders involved in the education and lives of individuals with disabilities.

Overview and Synopsis of the Law

Federal legislation, such as PL 94-142, served as a tool for the government to provide improved and equalized learning opportunities for all students and to "bring qualified people into special education" (Kirk, Gallagher, & Anastasiow, 2000, p. 71). The federal government assumed responsibility and laid the foundation for states to enact policies and guarantee services for the appropriate education of students with disabilities. Six key mandates are outlined in 94-142 and continue to serve as the guiding principle in serving students with special needs (Kirk, et al., 2000; Turnbull & Turnbull, 1998). States receiving federal funds were required to comply with the federal mandates. These include:

1. **Zero Reject/FAPE.** This mandate specified that all children, regardless of ability, are guaranteed a **free and appropriate public education** (FAPE). Local school systems were mandated to serve children ages 6-17 (and ages 3-5 and 18-21 if the state also educated non-disabled children in those age groups).

2. **Nondiscriminatory Identification and Evaluation.** In order to address inequitable practices resulting in misidentification and placement of individuals into special education (such as culturally and linguistically diverse children), this mandate identified several essential safeguards. These included assessments which were: (a) administered in a child's primary language, (b) given by qualified personnel, (c) tailored to assess specific areas of need (not just IQ tests), (d) composed of more than one procedure, (e) selected so as not to discriminate against the child's disability and (f) administered by a multidisciplinary team in all areas related to the suspected disability.

3. **Individualized Education Program (IEP).** An IEP must be written for each student with an identified disability. Each IEP is uniquely designed to meet the individual needs of a particular student. A team of individuals known as the IEP team meet annually to develop or update the IEP for all students receiving special education or related services. The IEP team consists of professionals, parents and child, as appropriate. IEPs must include the following statements or information: (a) present levels of educational performance, (b) measurable annual goals including benchmark or short term objectives, (c) objective criteria and evaluation procedures, (d) specific special education and related services, (e) extent of
participation in general education and an explanation of non-participation, (f) modifications to the general education environment, (g) projected dates for initiation and duration of services and (h) annual evaluation of progress made on the IEP. IEP teams can convene at any time, but must meet at least annually.

4. **Least Restrictive Environment (LRE)**. PL 94-142 mandates that "To the maximum extent appropriate, children with disabilities, including children in public or private institution or other care facilities, are to be educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occur only when the nature or severity of the disability is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." The concept of LRE necessitates that children with and without disabilities should be educated together unless it does not meet the child's needs. "The philosophy is to move as close to the normal setting (regular classroom) as feasible for each child" (Kirk, et. al, 2000, p. 73).

5. **Due Process**. Due Process is a system of checks and balances to ensure accountability and fairness for students with disabilities and their families. "Families and school districts can exercise their Fourteenth Amendment rights to due process..." (Hunt & Marshall, 1999, p. 15). These procedures include the following: (a) written parental permission for evaluation for special education, (b) written parental permission prior to placement in special education program, (c) parental right to review and question any of their child's records, (d) parental right to an independent educational evaluation for their child, (e) parents (and school officials) have a right to a hearing, to present evidence, to have a lawyer present, and to call and confront witnesses, (f) parents and school officials have the right to appeal and (g) confidentiality concerning students and their families must be maintained.

6. **Parental Participation**. Parents have the right to be included in placement decision, IEP development and evaluation. Schools should collaborate and communicate consistently with family members. Parents also have the right to access their child's educational records.

**Impact of the Law on Children and Families**

One of the fundamental impacts of 94-142 involved a provision of services to children. No longer could the absence of a particular type of "service," "setting" or "professional expertise" serve as an excuse for denial of educational services or opportunity. Families were provided with assurances and a means of redress if educational services were believed to be less than appropriate or adequate for their child. The parents and family members were also identified as vital members of the IEP team in designing an educational program for their child.

**Implications for Teachers and Professionals**
In designing an appropriate education for students with disabilities, 94-142 underscores the importance of the collaborative process. This is evidenced in the nature of the multidisciplinary and IEP teams. Membership on these teams includes professionals from a variety of backgrounds (e.g., teachers, administrators, related service personnel) as well as students, parents and other advocates. Team members must utilize the resources and expertise of their colleagues in improving educational outcomes for students with disabilities. Effective, on-going communication and collaboration among all team members is essential in order for the mandates and the spirit of the law to be upheld.

Additionally, the law clearly outlines the need for an individualized planning process. Clearly, appropriate pre-service preparation and in-service training is needed in order to best meet the needs of students with disabilities. Finally, 94-142 holds educators and other professionals accountable for the education of all students and provides a means to address any perceived inadequacies in the process.

**Resources and References on PL 94-142**


Appendix B: General Information about *The Son-Rise Program*®

To introduce the school district professionals to *The Son-Rise Program*, we recommend you use the following documents:

- **The Son-Rise Program** Brochure (available from [http://www.Autismtreatmentcenter.org/contents/getting_started/request_a_free_brochure.php](http://www.Autismtreatmentcenter.org/contents/getting_started/request_a_free_brochure.php), if you don’t already have one)
- Video of the BBC documentary “I want My Little Boy Back” (available by calling 413-229-2100)
- Letter of invitation to visit the Autism Treatment Center of America™ (see Appendix B:2)
- Press articles about *The Son-Rise Program* (an extensive variety of newspaper and magazine articles about *The Son-Rise Program* can be found at [http://www.Autismtreatmentcenter.org/contents/reviews_and_articles/articles.php](http://www.Autismtreatmentcenter.org/contents/reviews_and_articles/articles.php). Select and print a few that are relevant to your situation.)
- Letters of professional endorsement of *The Son-Rise Program* (see Appendix B:3-7)
- Raun Kaufman’s (CEO) biographic information (see Appendix B:8-9)
- Bryn Hogan’s (Director of *The Son-Rise Program*) biographical information (see Appendix B:10-11)
- List of districts and LEAs that have funded home-based *Son-Rise Programs* (see Appendix B:11)
- Parents and professionals review the training programs (see Appendix B:11-12)
To Whom It May Concern,

If you are a professional educator working with a family pursuing *The Son-Rise Program*, we would like to extend an open invitation to you to visit our center. During this visit, we could give you a tour of our property. If you would like, we would be happy to show you our specially designed playrooms and how this environment facilitates each child’s continued social development. You will also get the opportunity to observe one of our trained child facilitators working with a child, and we would make ourselves available to answer any questions you might have.

We look forward to hearing from you in the near future.

Sincerely,

Kate Wilde
Son Rise Program® Director of Intensives
The Autism Treatment Center of America™
June 17, 2002

Terry R. Spence  
Speaker of the House  
House of Representatives  
Legislative Hall  
Dover, Delaware 19901

Dear Mr. Spence,

I appreciate the opportunity to respond to your questions regarding the Son-Rise program, and its role in the treatment of children with Autism. I am a board-certified psychiatrist, currently in private practice, as well as the father of an autistic boy, Noah (age 8). I have personal experience with several different treatment interventions, including the Son-Rise program, Applied Behavioral Analysis (also known as ABA, Lovaa, behavioral therapy, discrete trials), Occupational therapy, Speech therapy, dietary modification, and medications. I have had contact with approximately 50 other parents of Autistic children, either through professional or personal interactions.

I will briefly summarize my son's treatment course, and then offer some observations and considerations that you may find helpful. Noah was diagnosed at age 2 ½ with Autism. We did not start definitive treatment until a year later (dealing with the shock, grief, and looking into available local resources). We started with ABA, and Noah made significant progress for 6 months. Then, suddenly, he refused to participate. He became angry and aggressive, destroying property and assaulting care providers. We used medication, but it caused side-effect problems.

We found the Son-Rise program and started using it when Noah was 5. Within 2 months, most of the aggression stopped, and he began to make progress again in language, eye contact, and interaction. We continued the Son-Rise program for 2 years, and then transitioned to public school. Noah continues to use adjunct services, such as Speech therapy, Occupational therapy, and dietary modification. He remains functionally impaired and "moderately Autistic," but I believe that without the Son-Rise program, he very well might have been institutionalized.

As you are probably aware, there is a paucity of truly "good" scientific data regarding just about all treatment interventions in Autism. This disorder is only now getting the infusion of attention and research capital it deserves. The ABA data, mostly replication studies of Lovaa's original studies, shows "response" rates of around 50%. Noah's story is not uncommon. Autism is a heterogeneous disorder, and treatment interventions must "fit" the child to a greater extent than in many other medical conditions. Recent data suggest that many interventions can be effective, especially when started early (age 2-4).
In my personal and professional opinion, the Son-Rise program is a valuable and reasonable alternative to ABA, despite the lack of specific outcome data. In fact, such data will be increasingly difficult to obtain, because almost all families employ multiple interventions concurrently, as we have. We were very lucky, as our state-financed treatment agency was open to our trying the Son-Rise program, and it "worked," in the sense that Noah resumed a course of progress when he was at risk of being sent to a residential placement (at state expense) due to his aggression and self-harm. In our case, the agency, Wisconsin Early Autism Project, is funded through state Medical Assistance, with the agency providing staff to work with the child. We received no money for training or treatment directly. We did, however, train agency staff in the Son-Rise methods, and supervised the treatment in our home.

I believe the Son-Rise program is a very effective treatment for several reasons. First, it is truly child-centered. The emphasis from the beginning is on building connection and relationship, then using that connection to foster learning. This is the inverse of ABA, which starts with an educational "agenda," and tries to foster connection as it goes along. You can see intuitively that each intervention might appeal to children with different personal styles. The Son-Rise program is always tailored specifically to the particular child, and utilizes the "natural" motivation of that child to enhance interaction.

Second, the Son-Rise program is the only intervention I know of that places a premium on parent training and involvement. As a parent, I can tell you that there is nothing more valuable than feeling empowered to work with my own child. Fear and helplessness are almost universal experiences among parents of Autistic children. An active, involved, hopeful parent is going to make a much bigger difference in the treatment of that child. The training I received in the Son-Rise program has helped me across settings, such as in the public school system.

Third, the staff members of the Son-Rise program make themselves available in a number of ways to consult, continue training, and problem-solve. A family that lives in a rural area, or one that for any reason has less access to traditional treatment resources, can continue the "quality improvement" of their program through telephone consultation, video feedback, or an outreach visit.

I have not received training to teach the Son-Rise program to others, but I have shared my experience with numerous other parents. As more people become certified to teach the program, more opportunities will exist for learning beyond the campus of the Option Institute. Because the attitude of non-judgmental acceptance is the cornerstone of the method, the training for teachers must be fairly rigorous and well supervised.

Another word about "scientific" data and Autism: In Wisconsin, to my knowledge, there is no monitoring by the state of "progress," or "outcome" of treatment. Eligibility for Medical Assistance is determined by "disability" criteria, but the state relies on the local clinical agencies, such as the Early Autism Project, to determine whether the clinical intervention is helpful, and whether to continue treatment. This determination is based in part on annual testing scores, which in many cases do not accurately reflect a child's progress in many areas. Thus, in most cases, there is a significant subjective component to the determination.

My point is that the state is paying for treatment based on the alleged "scientific" data supporting that treatment, but there is no monitoring of whether the money is being spent "wisely" in any specific case. Treating an Autistic child is not like treating an ear infection, or treating diabetes. We simply do not have extensive, large population studies to support a specific treatment. Doing outcome studies on the Son-Rise method, even if started now, would take years to be of use in funding and clinical decisions. There is an exponential increase in the numbers of Autistic kids coming into the public school systems of this country. Can we really afford not to try some new ways of impacting this situation now?
In summary, my experience with the Son-Rise program has been overwhelmingly positive, as has been the case with the majority of parents I know and have spoken with about the program. If you listen to enough stories from parents, you will hear that "miracles" can occur with a number of different interventions. I don't envy your job of having to decide what to fund based on so little good data. All I can say is that in the treatment of Autism, choice (for parents and families) is a blessing. I encourage you to give the Son-Rise program a try in Delaware.

Sincerely,

[Signature]

Philip N. Lomas, M.D.
Clinical Instructor
Department of Psychiatry
University of Wisconsin School of Medicine
October 15, 2002

To whom it may concern:

I am writing this letter in order to express my support for the Son-Rise Program as a highly effective method for treating children with autism spectrum disorders. In my profession as School Psychologist within the Cambridge Public Schools system in Cambridge, MA, I have encountered an increase in the number of students diagnosed with Pervasive Developmental Disorders. Many of our students experienced significant difficulties in the school setting and required specialized therapies in order to make progress. As a psychologist, I felt it would be imperative for me to acquire additional training in order to be able to support these students, their teachers and parents.

I spent many months researching various methods of working with our students. I explored programs including ABA and Lovaa as well as the Son-Rise Program. I was extremely impressed by the philosophy and effectiveness of the Son-Rise Program as well as the opportunities it provided for parents. Many parents described to me their frustration and inability to connect with their children. With the Son-Rise Program, parents found an opportunity to not only connect with their children but also to be a part of their treatment. In addition, the child appeared to be more relaxed and comfortable when working within the Son-Rise guidelines as opposed to other programs explored. In my opinion, the Son-Rise Program provides a caring, nurturing, safe environment for the child to develop in while at the same time empowering parents to be leaders and advocates for their children.

At this time, I would highly encourage parents seeking to develop Son-Rise Programs for their children. I understand financial constraints are often a burden these parents experience and in many circumstances, it presents as the primary obstacle for them to implement the program of their choice. Something must be done to support these families. I would be happy to speak to anyone regarding my opinion of the Son-Rise Program. I can be reached in my office at 617-349-6857.

Respectfully,

Olga M. Garriga M.S., C.A.G.S.
School Psychologist

The Cambridge School Department is an equal opportunity / affirmative action employer.
September 20, 2002

To whom it may concern,

I have been a Masters-level educator for over 30 years and I work with families, medical professionals and school systems through private consultation, workshop development and presentation, and speaking to large groups, meeting the specific educational needs expressed. I know through my work, nationally and internationally, and my extensive training, that each child diagnosed with an Autistic Spectrum Disorder presents in an individual and unique way. Each child is a puzzle made up of endogenous and exogenous factors, family and medical history. This is a multi-factorial disorder which requires that a treatment plan be developed for each child individually and up-dated on an ongoing basis. For the most positive outcome, a child must have an optimal program, which is why I so often suggest The Son-Rise Program as the center of a multi-disciplinary, individualized approach.

The Son-Rise program, through their talented, creative and extraordinarily trained staff, provides some of the most crucial aspects of optimal program development:

- **Parent Empowerment**: the best outcomes are always in programs where the child’s parents take a central role in the development and implementation of their child’s treatment plan.

- **Parent Education and Support**: parents are trained to become keen observers of their child and how to use this awareness to encourage forward movement. The on-going support offered by the Son-Rise staff is at a level like no others-insightful, thoughtful and easily available.

- **The Option Process Dialogue**: this is considered by many professionals to be a state-of-the-art method of enabling parents to move through the fear and emotional roadblocks that this diagnosis can cause. This enables them to focus on and access their own observations and creativity in order to offer the best possible program for their child.

- **Training Volunteers**: The concept of developing a team of volunteers ensures that each hour the child is offered fresh, consistent energy and ideas, which not only gives parents a much needed respite, but enables families to maximize every hour of the day while keeping costs down. A therapist may only be able to see a child one hour per week. This team can reinforce, through play, the goals set throughout the week.

When I say I speak from experience, it is not only from my work with so many families over the years, but because I too am a Son-Rise parent. My child was diagnosed at 13 mos. at the severest end of the Autism Spectrum and clearly would have been one of the majority who fail in the state supported program-seen as a self-fulfilling prophecy. Today he is considered a 'gifted child' who cares deeply for his many friends. His teachers tell us that he is near genius, incredibly creative and thoughtful with a true love of learning. This child who I was told "...will never form words, will be severely retarded and will never know who you are," recently chose to participate on his camp’s debating team, writes poetry, reads beyond 12th grade comprehension, is a cartoonist, a self-taught computer animator and tremendously enjoys writing and performing anything from puppet shows to musicals. His 4 year Son-Rise program is well documented on video. We are in awe of the loving, sensitive person he is and I’ve had the good fortune to see many children over the years who, through the Son-Rise program their parents have created, are blossoming.

In conclusion, as a professionals working with many families who want to offer the best they can to their child and as a parent myself, who has experienced the benefits of the Son-Rise program many times over, I feel very strongly that families need to be educated consumers and have access and the funding to offer the program which will offer their child the greatest possibilities. I also know, even as I teach a multi-disciplinary approach, it is all made tremendously more effective under the umbrella of a Son-Rise program.

Please feel free to contact me if any further information is needed. I appreciate the opportunity to share my experiences with you. I hope this will help other families be able to make the best choices for their children.

Sincerely,

Shelley A. Stravitz, MS Ed.

320 Central Park West, #11F/G New York, NY 10025
Phone: (212) 595-7018 • Pager: (917) 956-2710 • Fax: (212) 595-7019 • e-mail: sas.msed@usa.net

Appendix B: 7
Biography – Raun K. Kaufman

As a CEO, writer and teacher at The Option Institute and the Autism Treatment Center of America™, Raun K. Kaufman works with individuals, families and groups, as well as lectures internationally on Autism treatment.

In his work with people from around the world, Mr. Kaufman brings a distinctive qualification to the realm of Autism treatment—his own personal history.

Complete Recovery from Autism

At 18 months, Raun was diagnosed as irreversibly autistic. Though advised to institutionalize Raun, his parents, authors/teachers Barry Neil Kaufman and Samahria Lyte Kaufman, instead created an innovative home-based, child-centered program in an effort to reach their son. Their work, which developed into a unique methodology now known as The Son-Rise Program®, enabled Raun to recover completely from Autism—transforming him from a mute, withdrawn child with a tested I.Q. of less than 30 into an outgoing, social boy with a near-genius I.Q. Raun’s story was recounted in Barry Neil Kaufman’s best-selling book, Son-Rise: The Miracle Continues, and was also the subject of an award-winning NBC-TV movie, Son-Rise: A Miracle of Love, which has been viewed by 300 million people worldwide.

Post-Autism

After graduating from Brown, a leading Ivy League university, with a degree in Biomedical Ethics, Kaufman served as the director of an educational center for school-aged children. Now, as a Certified Son-Rise Program Teacher, he presents and lectures worldwide, teaching the very techniques and tools responsible for his own complete recovery.

Chief Executive Officer of The Option Institute and the Autism Treatment Center of America™

The Autism Treatment Center of America is the worldwide teaching center for The Son-Rise Program since 1983—a powerful, effective and totally unique treatment for children and adults challenged by Autism Spectrum Disorders and other developmental difficulties. This educational treatment pioneered the modality of joining children in their world instead of going against them, as well as using their particular motivations as a doorway to learning (rather than forcing them to learn on someone else’s terms). As well, The Son-Rise Program is the only treatment modality that prioritizes the attitudes and emotions of the parents and child facilitators as a key factor in effectively bonding with and teaching children and adults with Autism. Over the last 25 years, the Autism Treatment Center of America has worked with more than 22,000 parents and professionals from around the world.
The Autism Treatment Center of America now provides several different levels of innovative training courses for both parents and professionals. Each course teaches educational techniques and principles for designing and implementing a highly interactive, one-on-one, child-centered program.

**Writer**

Articles and chapters by Raun K. Kaufman have been featured in journals such as the *Good Autism Practice Journal* and *Autism File*, as well as in the books, *Silver Linings* and *Son-Rise: The Miracle Continues*.

**International Speaker**

Mr. Kaufman, who brings a rare combination of inspiration, compassion and technical expertise, has spoken at universities and conferences, and completed lecture tours in the U.S., United Kingdom, Ireland, the Netherlands, Sweden and Norway. His interactive lectures, designed for parents and professionals, focus on effective methods of Autism treatment, including an introduction to the techniques of *The Son-Rise Program®*—thus enabling participants to put their newly-acquired tools into practice immediately.
Biography – Bryn Hogan

Executive Director of the Autism Treatment Center of America™

As the Executive Director of The Son-Rise Program® at the Autism Treatment Center of America™ (ATCA), Bryn Hogan has worked with hundreds of children and families from all over the globe. Her first experience in this field began with the first ever Son-Rise Program for her brother Raun K. Kaufman, who was diagnosed with Autism and was “mute, withdrawn, and functionally-retarded,” with an under-thirty IQ. She witnessed her brother grow into a highly verbal, socially interactive boy with a near-genius I.Q. He is now the CEO of The Option Institute and teaches and lectures worldwide.

After graduating from the University of Massachusetts with a degree in Sociology, Bryn Hogan continued her professional development as a Special Education Teacher and Case Manager for mentally challenged adults.

Teacher and Lecturer

Bryn has been teaching and training staff at the ATCA since 1990. In addition to teaching parents of children with special needs, she has also trained teachers, speech therapists, school principals, occupational therapists, psychologists and other professionals to use The Son-Rise Program with their clients and students. As an expert in the field, she has also presented and taught in Europe and the Middle East and regularly presents to groups of over 300 people.

Ms. Hogan is a charismatic and dynamic presenter. She is an experienced keynote speaker who has spoken at events such as the Caudwell Charity Ball in the United Kingdom, which raised over 1 million pounds (2 million dollars) to help children with Autism and life threatening illnesses. She was also the keynote speaker at the NOAH Project dedication ceremony in Texas and for the Inland Empire Autism Society’s annual conference, entitled “Hope For The Future,” which was held in Ontario, California.

In addition, Bryn has offered training to professionals at the New York Presbyterian Hospital William Randolph Hearst Burn Center, at their pediatric burn unit. She has also done staff development trainings with the executive team for Open Reach, a high tech start-up company, where she was able to help facilitate enhanced working relationships and cohesion among the senior executive staff.

Bringing it Home

In 1995, Bryn and her husband William adopted their daughter Jade, only to later discover that she had severe learning challenges and exhibited autistic behaviors. Jade cried inconsolably, had very limited speech, moved away from physical touch, lacked facial expression and repetitiously played with toys. Bryn yearned to be close to her daughter and longed for even simple things like holding her hand, smiling and looking
into each other’s eyes and hearing the sound of her laughter. They proceeded to implement the same program that had been pioneered for her own brother 30 years before and that she has been teaching throughout the world for years. Today, you would not know Jade is the same child! She laughs, speaks in full sentences, plays interactive games easily, and is tender and physically affectionate. She cuddles, sings and dances. Jade currently attends elementary school and is an active participant in her community, taking part in the talent show, baseball games and horseback riding.

Bryn Hogan brings a unique blend of personal experience and professional expertise to all of her endeavors.

**School districts in the US funding home-based Son-Rise Programs®**

- State of Minnesota
- Gaston County Schools, North Carolina
- Washington Township Public School District, New Jersey
- Edison County School District, New Jersey
- State of Pennsylvania
- ELWYN early intervention program, Pennsylvania
- State of Illinois
- School District of New York
- State of Vermont

**Parents and Professionals Review the Training Programs**

“After hundreds of hours of research on every type of treatment or therapy available around the world, I chose The Son-Rise Program® and will always be indebted to the Kaufmans and staff for showing me the way for Blake to join our family. What a wondrous life this is.”

_Name: Sam T._
_Occupation: Sales Branch Manager_
_State: Georgia_

“These 5 days are way up there among the most moving and professionally and personally relevant to my life. What a privilege to be surrounded by such joy, love, hope and extraordinarily crafted teaching. What a thrill to watch 50 parents move from pain and confusion to confidence and commitment, determined to be the loving agents of change for their special children and their entire families. The attitudes, principles and techniques are those I teach and use daily in my work—and I have now learned how to convey them with a whole new level of energy, excitement and enthusiasm. Thank you!”

_Name: Linda B. H., PhD_
_Occupation: Child Psychologist/Play Therapist_
_State: Florida_
"Before the Autism Treatment Center of America™, I was frustrated beyond belief. Everyone would offer a speedy diagnosis along with a grim prognosis but NO HELP! No information on how to help my child and being told it was out of our hands. **The Son-Rise Program®** was like a road back home. I know my child better than any professional—**The Son-Rise Program®** let me use my power to reach my son and be awed by him. He's already doing things 6 months into the program that were deemed impossible."

**Name:** Shelley B.  
**Occupation:** Mom  
**State:** Texas

"**The Son-Rise Program® Maximum Impact** gave me a much deeper understanding of the tools I would need to keep going. I now know I can maintain energy and focus and be a force of nature on behalf of my child for the long haul. There is a great sense of peace and satisfaction knowing that I generate the ideas and beliefs that create and maintain a powerful program for my child and an exciting, fulfilling life for myself."

**Name:** Linda B.  
**Occupation:** Homemaker  
**State:** Illinois

“Before I attended **The Son-Rise Program® Maximum Impact** I felt like a failure, as I thought I could never find passion in my life. I felt unable to bring success to the goals in my life and to bring those goals to completion. I felt like a cup half full. **The Son-Rise Program® Maximum Impact** gave me a full cup. I found passion and I realized that my achievements and my child's achievements are limitless. I learned that I choose my beliefs, my feelings and my values by choosing the filters that are useful to me."

**Name:** Sonali M.  
**Occupation:** Homemaker  
**State:** California

“As a mother of 5 children, 2 with Autism/PDD, I can truly call **The Son-Rise Program® Intensive** the most honest, unpretentious, hope-inspiring atmosphere I have ever encountered. This program guide families and teaches parents how to help their special child. I now can do what was in my heart all along. I can move mountains and dream dreams, all through love, the most healing power of all.”

**Name:** Eileen C.  
**Occupation:** Full-Time Mom  
**State:** Delaware
Appendix C: The Importance of the Physical Learning Environment

*Why the Playroom Environment is so Important in The Son-Rise Program®*

*The Son-Rise Program* advocates the use of a specifically designed playroom in which to work with children with Autism and related developmental disorders. There are two fundamental design criteria to *The Son-Rise Program* playroom that are shown to be supported by scientific research.

1. An Environment Minimizing Sensory Distractions

Autism is referred to as a “spectrum disorder” because there is such a wide variation among people with the diagnosis. Researchers using technology that allows them to be able to see how our brains are structured also see that the brains of people with the label ‘Autism’ are vastly different from one another. Because of this, some scientists have suggested we need to look below the level of the brain’s structure to the way individual neurons (brain cells) are connected to find the “miss-wiring” that affects all people with Autism.1,2,3

Researchers have found evidence that the way some neurons are connected in the brain of people with Autism may lead to a low signal-to-noise ratio.2,3,5,6 This means that many of the signals brain cells are sending to each other may be accompanied by “noise”, like static in a radio signal. This is one explanation for why children with Autism become hyper-aroused (overwhelmed) by sensory information and why they may find it more challenging to choose between two different sources of information.7,8,9,10 For example, it is often more difficult for a child with Autism to be able to listen to the teacher when other children in the class are making noise. Studies recording brain electricity in autistic people have shown that even when they are trying to ignore certain aspects of their environment (such as noise in the classroom) their brains respond to this information in the same way they respond to the information the child is trying to attend to (the teachers voice).11,12 The problem for many children with Autism seems to be one of “filtering”, that is, they are less able than typical children to filter out sensory information that is irrelevant to what they are trying to focus on13.

The result of this is that all stimuli are given equal priority by the brains of those with Autism, causing an overwhelming flood of sensory information that the child must handle.2 The brains of typical children learn to filter out irrelevant stimuli early on in life, so by the time that they go to school, children are able to focus their attention on what they are asked to focus on. It is very hard for many children with Autism to learn in environments where there is a lot of competing sensory information (including noises, sights, touches, smells, etc.) such as a classroom.

Children with Autism are taking in a lot of information all the time; this means that at some stage, they have to sort through this information to see what they really need. Studies have seen that people with Autism tend to do the sorting through at a much later stage in processing than neurologically typical people. This is like going down the aisles in the supermarket and putting one of everything into your cart, then arriving at the checkout and discarding what you do not want to buy. This causes a “processing bottleneck”.2 Studies using technology that allows us to see which parts of the brain are
being used in particular tasks help us to see that this is what is happening inside the brains of people with Autism. There is more activity in the brain regions designed for lower-order processing (going through the supermarket aisles) than in brain regions for high-order processing (moving through the checkout and going home with the items on your list). This may explain why children with Autism often show significant challenges in areas of high-order processing (e.g. memory, attention, organization, language, etc.), because they spend so much time trying to deal with the basic incoming sensory information that they don’t get time to practice the high-order thinking processing other children their age are practicing. Thus the brain of the child with Autism starts to develop differently than the brain of his typical brother. There is some evidence that this processing style is already present when children with Autism are born, even though the concurrent behaviors may not be recognized until 18-24 months later.

Psychologists call this style of processing (over-relying on lower-order processing) “weak central coherence.” Central coherence describes the ability to process incoming information in context, pulling information together for higher-level meaning often at the expense of memory for detail. Weak central coherence then is the tendency of those with Autism to rely on local feature processing (the details) rather than taking in the global nature of the situation. For instance after viewing identical pictures and then being asked to remember what was in the picture a typical person might describe the scene as “a forest at sunset” while a person with Autism might remember “shiny leaves, orange light and a branch you could hang a swing from”. This processing style is the reason people with Autism outperform people without Autism on specific tasks. One of these tasks is The Embedded Figures task. In this task, people might be shown a line drawing of a car which everyone can identify as such. When asked to point out the three triangles in the picture, people without Autism are much slower than those with Autism. This is because the typical people can not see “past” the car to label all it’s constituent parts. The people with Autism will identify the three triangles quickly because this is how they are practiced at seeing the world.

Research involving people with Autism ranging from studies of how individual brain cells are connected to how people perform in psychological tests paints a picture of the world occupied by those with Autism as fragmented, overwhelming and filled with “noise”. This is corroborated by autobiographical reports from people with Autism. Understanding the autistic child’s fragmented and overwhelming world shows how important a child’s external environment is when designing treatment and education for children with Autism.

Physical environments with higher amounts of sensory stimulation (e.g. bright visual displays, background noise, etc.) will add to the “noise” in an already overloaded sensory system making any new learning extremely challenging—like trying to learn Japanese in a shopping mall. The extent to which rooms can be tailored to meet the needs of these children is highly limited in a typical classroom setting, mainly due to the presence of other children and the subsequent size of the room. Even fluorescent lighting has been shown to affect the behavior of children with Autism. These environmental considerations are either overlooked and their importance underestimated when placements are suggested for children with Autism or it is beyond the scope of the school district to provide any other type of physical environment.
The Son-Rise Program® bypasses the restraints of the classroom by employing a specially designed room (usually in the child's home) that is specifically designed to lower sensory stimulation. Only neutral colors are used and distracting patterns or highly contrasting colors are avoided. There are no distracting visual displays or noises and only incandescent or natural lighting is employed. All toys and objects are kept off the floor on wall-mounted shelves to provide a distraction-free floor area for play.

Most importantly, play sessions in the playroom usually include one adult and one child. This means that the child does not have to try and filter out the noise and movement of other children but deals only with a predictable adult whom s/he trusts. This additionally allows the adult’s full attention to be directed towards one child and not distributed over several children. In The Son-Rise Program® environment, the adult social partner becomes the most captivating stimulus in the room. The child is not distracted by other stimuli and does not have to work hard to filter out other sensory input. This environment then facilitates enhancing the salience of social stimuli by dampening down the “noise” inherent in more typical learning environments. The Son-Rise Program playroom then becomes an optimal learning environment for a child with Autism as the primary focus for that child becomes social interaction.

These simple measures aid in soothing the autistic child’s over-active nervous system by making the world digestible and manageable. These environmental considerations then set the stage for social interaction and subsequent learning.

2. An Environment Maximizing Child's Control

The second fundamental design feature of The Son-Rise Program playroom is that it is set up to give the child maximum amounts of control. This means that the playroom is set up in such a way to allow adults working with the child to be responsive (following the child’s interests and giving them control) rather than directive (trying to get the child to follow the adult’s agenda).

Again, there is scientific research showing that being responsive (giving control) is highly beneficial to the development of children with Autism and related developmental disorders. Being responsive means two things. First, the adult responds only to the child’s production of a behavior. This means that the adult responds only after the child makes a physical gesture (e.g. waves, smiles), a vocal sound (e.g. a coo, a word) or an action (e.g. throws a ball, picks up a toy). Second, the adult’s response to this action is sensitive, that is, appropriate in its level of intensity. A sensitive response is one in which the intensity level matches the child’s developmental level and mood. For example, if the child is crying, the adult may offer a soothing song; if the child is excited and laughing, the adult might offer a swing in the air. This type of responsive interactive style is not possible in a classroom to the degree it is in The Son-Rise Program playroom because typically the teacher is trying to respond to more than one child and because teachers are mandated to follow a directive curriculum rather than having the freedom to follow the child’s cues and interests.

In a meta-analysis of 13 studies looking at the effects of this style of interaction, Trivette concluded “that a responsive caregiver style of interaction positively influences
the cognitive development of children with, or at risk for, developmental disabilities” and also “has a positive influence on the social-emotional development of these children” (Trivette, 2003, p.5). All 13 studies meeting inclusion criteria for this meta-analysis (1,336 children in total) showed the same result—that caregiver responsiveness helped these children develop cognitively and socially-emotionally. Subsequent research has continued to support this finding and found that responsive interactive style also has positive outcomes on language development. In a long-term study, researchers found that the more mothers of children with Autism engaged in responsive interaction with their children, the higher the levels of communication functioning their children attained at 1, 10 and 12 years of age. In a large scale, multi-site, early intervention research project, researchers reported that maternal responsiveness accounted for six times more of the variance in the developmental functioning of low birth-weight children than did the children’s participation in an intensive (25 hour per week) high-quality school program.

Some authors suggest that this responsive style of interaction has such a positive effect on children's development because it facilitates the child's feelings of control and self-efficacy. This contributes to the child's sense of competence and so increases the likelihood of the child engaging in more interactions and learning situations. It is also suggested that this responsive style of interaction enhances social behaviors that may be the same as the pivotal response behaviors seen to enhance the effectiveness of discrete trial training interventions. Pivotal behaviors “are the processes children employ to learn and practice new behaviors during spontaneous interactions. Following this line of reasoning, it seems possible that as parents engage in higher levels of responsive interaction with their children, they are actually encouraging children to learn and use pivotal developmental behaviors, which are the processes that enable them to acquire untrained socioemotional competencies” (Mahoney and Percales, 2003, p. 84) This would explain why studies using interventions focusing on these pivotal developmental behaviors show children learning skills that they then generalize to other learning situations.

The Son-Rise Program® employs, exclusively, a responsive style of interaction that they call “giving control”. In a Son-Rise Program playroom, each time a child makes social contact, the adult responds in a “sensitive” manner as described above; additionally, when a child disengages from social contact, the adult responds by respectfully withdrawing and waiting for a social cue from the child before pursuing any further interactions. Each time this happens, the child learns that s/he has control over her/his social environment. Considerable research shows that children develop to the degree to which they have control over their behavior and their effects on the environment. A child inhabiting the fragmented, unpredictable, chaotic perceptual world described above, who is also extremely challenged by communicating his/her wants, and whose autonomic system appears to be out of control does not have a sense of being in control of the world or even his/her body in the way a typical developing child does.22 Thus the importance of providing an environment maximizing the child’s sense of control can be seen.

When consistently immersed in an environment of this nature, it appears that children learn they have control over the previously uncontrollable social world. This puts the child in the driver's seat and shows the child that s/he can indeed effectively elicit a
response from another person when s/he chooses; this sense of control forms a foundation for reciprocal interaction.\textsuperscript{38}

It is for these reasons that The Son-Rise Program suggests that children with Autism be worked with in a Son-Rise Program playroom. Experience of using The Son-Rise Program playroom with children representing the entire autistic spectrum and many other diagnoses suggests that children find this environment much easier to manage over time as they become more socially connected and are thus able to learn more social, language and cognitive skills.

References


Since Autism was first outlined (Kanner, 1943), an agreed-upon definition of Autism has been reached and standardized diagnostic methods produced. To date, however, no clear etiology has been established, and proposed treatments vary widely. Research has uncovered enough about Autism’s underlying neuro- and cognitive psychology to allow us to outline treatment implications to benefit those families seeking help now who are unwilling to wait for the elusive ultimate answer.

The Autism Treatment Center of America™ has been using *The Son-Rise Program®* (SRP) with families since 1983 in order to fulfill this need. The SRP was developed by parents experimenting with ways to reach their severely autistic child (Kaufman, 1976). Science at this time offered no guidance on facilitating the social development of children with Autism. Since their son emerged from Autism after 3 years of intensive work, the Kaufmans have offered SRP to families internationally. To date, no rigorous longitudinal testing of the efficacy of SRP has been performed yet it can be seen that the key principles of this approach draw support from the current research literature. This paper will discuss some key principles of SRP in the context of current research in Autism to create a platform for quantitative investigation.

**Principle: Create an Optimal Physical Learning Environment**

Hyperarousal to sensory input among those with Autism (Belmonte and Yurgelan-Todd, 2003 Hirstein et al, 2001; Tordjman et al, 1997) accompanied by an impairment to choose between competing stimuli is widely observed. EEG studies involving tasks requiring people with Autism to selectively attend to relevant stimuli and ignore irrelevant stimuli have shown either an abnormal heightened P1 evoked potential to the relevant stimuli or an abnormally generalized response to irrelevant stimuli (Townsend and Courchesne, 1994). Additionally, the N2 to novel stimuli is heightened in children with Autism, even when these stimuli are irrelevant to the task (Kemner et al, 1994). Similar results have been seen using auditory stimuli (Kemner et al, 1995). This supports behavioral observations that children with Autism can either be overly focused on one aspect of a task or greatly distracted by stimuli irrelevant or peripheral to the task. During tasks requiring shifts of attention between hemifields, those with Autism have been shown to exhibit both hemispheres activating indiscriminately instead of the usual hemispheric-specific patterns of activation (Belmonte, 2000). Physiological measures suggest that perceptual filtering in Autism occurs in an all-or-nothing manner with little specificity in selecting the location of the stimulus, for the behavioral-relevance of the stimulus or even the sensory modality in which the stimulus occurs (Belmonte, 2000). It has been suggested that this tendency for hyperarousal to sensory input must result from some pervasive underlying abnormality in neural processing rather than one specific brain locus (Belmonte et al, 2004; Johnson et al, 2002; Akshoomoff et al, 2002). Some authors suggest this neuronal dysfunction to be low signal-to-noise ratio developing from abnormal neural connectivity (Bauman and Kemper, 1994; Raymond et al, 1996; Casanova and Buxhoeveden, 2002; Belmonte et al, 2004).
The result of this type of processing is that all stimuli are given equal priority by the autistic brain causing an overwhelming flood of sensory information to be handled. The typical brain is able to identify and ignore irrelevant stimuli and focus valuable attention on that which is task-relevant creating a much more efficient processing system. The autistic brain, on the other hand, takes it all in and then must actively discard irrelevant information at a later processing stage causing, in effect, a processing bottleneck (Belmonte, 2004). Functional neuroimaging studies show that the brains of those with Autism tend to show increased activation in areas that rely on primary sensory processing and decreased activity in areas typically supporting higher-order processing (Ring et al, 1999; Critchley et al, 2000; Schultz et al, 2000; Pierce et al, 2001; Baron-Cohen et al, 1999; Castelii et al, 2002).

It has been proposed that this low-level processing disruption underlies the higher-level abnormalities exhibited in Autism (Belmonte, 2004) and that the widely observed symptomology of Autism (including issues of Theory of Mind and executive function) is an emergent property of abnormal neural growth (Akshoomoff, 2002). There is molecular evidence that this abnormality is present at birth (Nelson et al, 2001) even though obvious behavioral symptoms often do not typically arise until 18-24 months. A child born reliant on this over-aroused, under-selective sensory processing is open to a flood of stimuli that is thought to overload the newly emerging higher-order cognitive processes (Belmonte and Yurgelun-Todd, 2003). When faced with this processing constraint, the developing and plastic brain is forced to re-organize to accommodate that constraint (Johnson et al, 2002). This is manifested in the abnormal organization of the autistic brain as described above and the cognitive style characteristic of Autism that relies heavily on lower-order, local feature processing at the expense of higher-order, global information processing known as weak central coherence (Happe, 1999; Frith and Happe, 1994).

Central coherence describes the ability to process incoming information in context, pulling information together for higher-level meaning, often at the expense of memory for detail (Happe, 1999). Weak central coherence then is the tendency of those with Autism to rely on local feature processing (the details) rather than taking in the global nature of the situation. Kanner (1943) saw, as a universal feature of Autism, the “inability to experience wholes without full attention to the constituent parts.” It is this cognitive style that makes people with Autism superior at resisting visual illusions (Happe, 1999), have a higher occurrence of absolute pitch (Heaton et al, 1998), excel at the Embedded Figures Task (Shah and Frith, 1983; Jolliffe and Baron-Cohen, 1997) and possess the ability to copy “impossible” figures (Mottron et al, 2000).

These neurophysiological and neuroanatomical studies paint a picture of the world occupied by those with Autism as chaotic, overwhelming and filled with “noise”. Coupled with this is an internal environment of hyperarousal (Hirstein, 2001; Cohen and Johnson, 1977; Hutt and Hutt, 1979; Hutt et al, 1965; Kootz and Cohen, 1981; Kootz et al, 1982). This is corroborated by autobiographical reports from some people with Autism (Bluestone, 2002; Williams, 1994; Gillingham, 1995; Jones et al, 2003). Considering this fragmented, chaotic and overwhelming world implies then that a child’s external environment is a key and primary factor to be considered when designing a treatment program for children with Autism. Physical environments with higher amounts of sensory stimulation (e.g bright visual displays, background noise,
etc.) will add to the “noise” in an already overloaded sensory system, making any new learning extremely challenging. While there is acknowledgment that children with special needs do require specifically designed environments (Carbone, 2001; Reiber and McLaughlin, 2004; Schilling and Schwartz, 2004), the extent to which rooms can be tailored to meet the needs of these children is highly constrained by a typical classroom setting, mainly due to the presence of other children and the subsequent size of the room—even something as ubiquitous as fluorescent lighting has been shown to affect the behavior of children with Autism (Colman et al, 1976). These environmental considerations are often overlooked and their importance underestimated.

The **SRP** bypasses the constraint of the classroom by employing a room (usually in the child’s home) that is specifically designed to lower sensory stimulation. Only neutral colors are used and distracting patterns or highly contrasting colors are avoided. There are no distracting visual displays or noises and only incandescent or natural lighting is employed. All toys and objects are kept off the floor on wall-mounted shelves to provide a distraction-free floor area for play. Most importantly, play sessions in the playroom usually include one adult and one child. This means that the child does not have to try and filter out the noise and movement of other children but deals only with a predictable adult whom s/he trusts. The **SRP** holds that these simple measures aid in soothing the autistic child’s over-active nervous system by making the world digestible and manageable. There is evidence for a sub-set of children with Autism who do not exhibit an overactive autonomic system but instead display unusually low levels of arousal (Hirstien et al, 2001). These are the children who tend to engage in “extreme” activities (e.g. climbing very high, constantly moving, etc.) in order to “kick-start” their arousal levels. The **SRP** playroom provides a safe and contained environment in which to do these activities, many of which are not feasible in a typical classroom.

It can be seen that this treatment principle of **SRP** is supported by the current neuroanatomical and physiological data. Direct investigation of the effects on children with Autism of the **SRP** playroom in contrast with traditional classrooms has not yet been undertaken. Children in home-based *Son-Rise Programs®* often instigate going into the playroom, will play in there even when they are alone and talk about how much they enjoy their special room. There is much anecdotal evidence supporting this claim but to date, no study has looked at either qualitative measures of children’s perceptions of their playrooms or quantitative physiological measures of nervous system activity of children with Autism in these environments.

**Principle: Create an Optimal Social Learning Environment**

This weak central coherence processing style may then impede the development of joint attention and shared affect in children with Autism (Klin et al, 1992; Rogers and Pennington, 1991). These are two fundamental components of social interaction in which accurate response to stimuli depends crucially on social context. This explains why social situations are incredibly challenging for those with Autism and why even high-functioning adults who score well on explicit measures of social reasoning fail to translate this to their everyday social interactions (Klin et al, 2000).

A precursor to joint attention and shared affect is social orienting—that a child will spontaneously, or upon request, direct attention to another person. Children with
Autism show social orienting impairments early in life by preferentially orienting to non-social over social stimuli. Osterling et al (2002) found 1 year olds, who were later diagnosed with ASD, looked at people and oriented to their own name less frequently than children without a subsequent diagnosis. Lack of interest in faces at 6 months (Maestro et al, 2002) and lack of orientation to the human voice at 24 months (Lord, 1995) have both been shown to be robust predictors of later ASD diagnosis. Dawson et al (2004) found that autistic children tended not to respond to a variety of stimuli more often than typical or developmentally delayed children, but that the effect was more severe in response to social stimuli. Numerous studies have shown deficits in basic visual processing of faces in Autism that were not paralleled by failures in developmentally equivalent non-social processing tasks (Langdell, 1978; Hobson et al; 1988, Klin et al, 1999; Boucher and Lewis, 1992; Weeks and Hobson, 1987). Children with Autism have been similarly shown not to respond as typical children do to the human voice (Klin, 1991, 1992; Osterling and Dawson, 1994; Werner et al, 2000).

When children and adults do orient to social stimuli they have been seen to process the information differently than their typically developing counterparts. Typically developing children show a differentiated brain event-related potential when viewing familiar and unfamiliar faces; children with Autism do not show this effect (Dawson et al, 1994). Klin et al (2003) found that autistic adults viewing a naturalistic social scene focus twice as much on the mouth region of faces than controls and 2.5 times less frequently on the eye regions than controls. Preferential looking at eyes rather than mouths has been shown in typically developing infants as young as three months (Haith et al, 1979). Typical children will show large skin conductance responses when looking at a person who looks back and much lower responses when looking at neutral objects. Children with Autism have been found to show no difference in skin conductance response whether they are looking at a person or looking at a cup (Hirstein et al., 2001).

These basic processing differences then translate into higher order reasoning and attribution-making tasks. When viewing an animation of geometric shapes acting like humans, typical viewers recognize the social nature of these interactions and provide narratives describing relationships portrayed by the shapes and attributions of mental states. Viewers with Autism tended to use physical explanations of the movement of the shapes (e.g. “because it’s heavy”) even though these individuals had all earlier passed explicit social reasoning tasks (Heider and Simmel, 1994).

It is not clear why children with Autism avoid social stimuli. It may be due to a general impairment in attentional functioning (Bryson et al, 1994). Others believe that the rapid shifting in attention required to process social stimuli is to blame (Courchesne et al, 1995). An additional suggestion holds that children with Autism avoid social stimuli because they are complex, variable and unpredictable and are thus difficult to process (Dawson, 1991; Dawson and Lewy, 1989; Gergely and Watson, 1999).

The autistic bias towards non-social stimuli is well documented in psychology and serves as illustration for the autobiographical descriptions offered by writers with Autism (Williams, 1994; Grandin, 1986). This body of evidence shows how children with Autism selectively attend to non-social aspects of their environment—seemingly to take care of their over-active perceptual systems—and in so doing, deprive themselves
of learning about the social world from an early age. Klin points out that “to impose social meaning on an array of visual stimuli is an adaptive reaction displayed by typical children, from infancy onwards, at an ever increasing level of complexity. This spontaneous skill is cultivated in countless hours of recurrent social engagement.” (Klin et al, 2003, p. 356). It is widely accepted that typically developing children develop through reciprocal social interactions that involve the child's active participation (Stern, 1977; Bronfenbrenner, 1979; Piaget, 1963; Vygotsky, 1978; Bandura, 1986; Brunner, 1977; Wertsch, 1985). These theories view developmental learning to be dependent upon children’s voluntary involvement in social interaction, not upon the specific activity or information to which children are exposed (Kim and Mahoney, 2004). It is becoming more widely recognized that this principle holds true for children with Autism (Greenspan & Wieder, 1998; MacDonald, 2004; Williams, 1988; Koegel et al, 2001) as theorists and therapists begin to develop treatment approaches that recognize the importance of voluntary social orienting and joint attention in the way SRP does.

It seems that due to their perceptual processing challenges, children with Autism are selectively avoiding this social education which negates the learning of “pivotal developmental behaviors” (i.e. attention, persistence, interest, initiation, cooperation, joint attention and affect) (Koegel, Koegel and Carter, 1999). This lack of development subsequently impacts all further learning. The development of the joint attention skill is considered essential to language, cognitive and social development in all children (Tomasello, 1995). The more time a child spends engaged with a significant adult, the more that child will learn. Children with Autism who demonstrate greater skill with joint attention have been seen to reach greater levels of language development (Mundy et al., 1990; Sigman and Ruskin, 1997; Dawson et al, 2004). Individual differences in social orienting also predict the degree to which children with Autism process non-verbal affective information (Dissanayake et al., 1996) crucial to comprehending any social situation. A 25-year follow-up of a group of 91 individuals originally showing serious social or mental challenges showed that the best predictor of outcome was social impairment—those who were socially impaired, particularly those in the aloof category, showed a poorer outcome (Beadle-Brown, Murphy, Wing, 2005).

The implications for treatment are clear—to provide an environment that consistently and intensively favors social information and endeavors to increase the salience of the social world for children with Autism. Theoretically, the SRP fulfills the treatment implications drawn from this body of work. The SRP suggests that through hours of immersion in this type of social environment, children with Autism a) increase their frequency of spontaneous social orienting, b) maintain joint attention for longer and longer durations and c) intentionally initiate social interactions more frequently. Rigorous, empirical testing must be performed to substantiate these anecdotal observations.

This treatment implication then raises the question of how to provide an environment that consistently and intensively favors social information and endeavors to increase the salience of the social world for children with Autism. The SRP proposes a unique method, some key principles of which will be outlined below in the context of current research.

1) A Child-Centered Approach Makes Social Interaction Motivating
Facilitators and parents employing the SRP make social interaction their primary focus when working one-on-one with a child with Autism, recognizing that social avoidance is the crux of the autistic challenge. There are two ways in which a child-centered approach makes social interaction motivating.

a) Follow the Child: Start with the Child’s Motivation

The SRP works with objects and activities for which the child is internally motivated. This play-based approach starts with the child’s area of motivation (e.g. jumping on a trampoline). The adult joins in with this area of play until the child spontaneously socially orientates to the adult (e.g. makes eye contact, physical contact or a vocalization attempt). This spontaneous expression of social interest from the child is then responded to by the adult in a manner designed to be motivating to the child (based on the individual child’s interests and previous response patterns), for example, jumping on the trampoline while pretending to be a monkey. Any subsequent responses by the adult to the child’s expressions of interest are similarly fine-tuned to be motivating to the child. Thus ensues a cycle of reciprocal social exchange within the area of the child’s motivation. The SRP proposes that this approach raises the salience level of social interaction by tying the child’s internal motivations to social interaction.

Autistic children can become very focused on their particular areas of motivation, often to the point of being termed “obsessional” or “perseverative”. Many traditional approaches have tried to steer children away from their areas of motivation in an attempt to broaden the child’s range of interest. The SRP instead recognizes these interests as doorways into that child’s world, a means of forming a connection to become the foundation for more spontaneous and flexible social exchange. Support for this perspective comes from Koegel, Dyer and Bell (1987) who found a negative correlation between social avoidance and child-preferred activities in autistic children. That is, when prompted to engage in activities the children had already demonstrated an interest in, children were much less socially avoidant than when prompted to engage in activities chosen by the adult.

Baker, Koegel and Koegel (1998) further underlined the effectiveness of the child-centered approach with autistic children in a group setting. They took the obsessional interests of a group of children with Autism (e.g. US geography) and made them into common games that could be played by the autistic child and his/ her peer group (e.g. tag game on a giant map of the US). From very low levels of social interaction in the baseline condition, the percentage of social interactions increased dramatically during the intervention period and continued to be high at a 2 month follow-up. These increases in social play interactions continued even in the absence of the adult who had done the initial prompting. Furthermore, the autistic children began to engage more in other non-obsession themed games after the intervention. Baker et al (1989) conclude that “the obsessional themes of children with Autism, which are typically viewed as problematic, can be transformed successfully into common games to increase positive social play interactions” (p.306-307).

The parents of the autistic children involved in this study reported either no increase, or a decrease, in the child’s engagement in the target obsessional theme at home, after the initiation of the obsessional themed games. This finding is consistent
with Charlop et al (1990) who used obsessional themes as reinforcers for children to complete other tasks and found no increase in the children's use of these particular obsessional themes. The SRP similarly maintains that using a child's obsessional theme or topics of perseveration as a platform for social interaction does not encourage further perseveration but instead helps transform perseverative, rigid play or conversation into socially appropriate, flexible, reciprocal interaction, because it makes social interaction more motivating than previously. Again, direct empirical observation is required to assess these observations.

**b) Give Control: Be Responsive and Sensitive to the Child**

The second crucial factor in facilitating the emergence of a genuine and spontaneous interest in the social world is giving control or employing a responsive style of interaction (Beckwith and Cohen, 1992). The SRP is child-centered. This means a) the topic of play is derived from the child’s individual interests, and b) the child actively chooses when to begin and end that interaction. This is critical and the juncture at which traditional approaches to special education tend to differ. Trivette (2003) defined this responsive style of interaction as involving two important components. First, the adult responds only to the child's production of a behavior. This means that the adult responds only after the child makes a physical gesture (e.g. waves, smiles, touches), a vocal sound (e.g. a coo, a word) or an action (e.g. throws a ball, picks up toy). Second, the adult’s response to this action is sensitive, that is, appropriate in its level of intensity. A sensitive response is one in which the intensity level matches the child’s developmental level and mood. For example, if the child is crying, the adult may offer a soothing song; if the child is excited and laughing, the adult might offer a swing in the air (Trivette, 2003).

In a meta-analysis of 13 studies looking at the effects of this style of interaction, Trivette (2003) concluded “that a responsive caregiver style of interaction positively influences the cognitive development of children with, or at risk for, developmental disabilities” and also “has a positive influence on the social-emotional development of these children” (Trivette, 2003, p.5). All 13 studies meeting inclusion criteria for this meta-analysis (1,336 children in total) showed the same result—that adult responsiveness substantially helped these children’s cognitive and social-emotional development.

Subsequent research has continued to support this finding (Mahoney and Perales, 2003; Mahoney and Perales, 2005) and found that responsive interactive style also has positive outcomes on language development (MacDonald, 1989; Manolson et al, 1995). In a long-term study, Siller and Sigman (2002) found that the more mothers of children with Autism engaged in responsive interaction with their children, the higher the levels of communication functioning their children attained at 1, 10 and 12 years of age. Mahoney, Boyce, Fewell and Wheeden (1998) reported that in a large scale, multi-site early intervention research project (Infant Health and Development Program, 1990), maternal responsiveness accounted for six times more of the variance in the developmental functioning of low birth-weight children than did the children's participation in an intensive (25 hour per week) high-quality school program. Investigating responsive teaching is especially important in the light of findings that mothers of developmentally delayed children tend to be more directive (not responsive) when interacting with their children (Spiker, et al., 2002).
Lewis and Goldberg (1969) suggest that this responsive style of interaction has such a positive effect on children's development because it facilitates the child's feelings of control and self-efficacy. This contributes to the child's sense of competence and so increases the likelihood of the child engaging in subsequent interactions and learning situations. Mahoney and Perales (2003) propose that a responsive style of interaction enhances social behaviors that may be the same as the pivotal response behaviors seen to enhance the efficacy of discrete trial training interventions (Koegel, Koegel, Shosan and McNerny, 1999). Pivotal behaviors “are the processes children employ to learn and practice new behaviors during spontaneous interactions. Following this line of reasoning, it seems possible that as parents engage in higher levels of responsive interaction with their children, they are actually encouraging children to learn and use pivotal developmental behaviors, which are the processes enabling them to acquire untrained socioemotional competencies” (Mahoney and Percales, 2003, p. 84). This would explain why studies using interventions focusing on these pivotal developmental behaviors show children learning skills that they then generalize to other learning situations (Koegel, Koegel and Carter, 1998; Kaiser, Carter, Koegel, 2003).

The SRP employs, exclusively, a responsive style of interaction that they call “giving control”. Under the SRP, each time a child makes spontaneous social contact, the adult responds in a “sensitive” manner as described above; additionally, when a child disengages from social contact, the adult responds by respectfully withdrawing and waiting for a social cue from the child before pursuing any further interactions. Each time this happens, the child learns that s/he has control over her/his social environment. Considerable research shows that children develop to the degree that they have control over their behavior and their effects on the environment (MacDonald, 2004). A child inhabiting the fragmented, unpredictable, chaotic perceptual world described above, who is also extremely challenged by communicating his/her wants, and whose autonomic system appears to be out of control, does not have a sense of being in control of the world or even of his/her body in the way a typically developing child does (Blustone, 2004). Thus, the importance of providing a social environment maximizing the child’s sense of control can be seen.

That children with Autism do not have a sense of control in the world could explain why they seek out patterns—meaning, predictability and order in a chaotic world. Baron-Cohen (2004) found the content of rituals and topics of perseveration (of higher-functioning children and adults with Autism and Aspergers Syndrome) is not random, but tends to cluster in the domain of systems (including technical, natural and abstract systems). These systems are underlain with rules and regularities more easily grasped by the autistic mind (Baron-Cohen, 2004). The social world is not an organized system regulated by fixed rules but rather a fluid, ever-changing bombardment of sensory input. If the autistic child is to feel comfortable in the social world, then the social world must be made as controllable as possible to encourage the autistic child to participate. This is exactly what is done by the SRP. So when a child in an SRP playroom disengages from the social interaction, the facilitator respects this and allows the child to disengage, does not keep pursuing the interaction as recommended in other relationship-based approaches (Greenspan & Wieder, 1998) and waits for the child to re-engage before continuing to build social interaction. When consistently immersed in a social environment of this nature, SRP proposes the child learns that he
has control over the previously uncontrollable social world. This puts the child in the driver’s seat and shows him that he can indeed effectively elicit a response from another when he chooses; this sense of control forms a foundation for reciprocal interaction (Dawson and Galpert, 1990). Koegel, Koegel and McNerney (2001) review data suggesting that “when children with Autism are motivated to initiate complex social interactions, it may reverse a cycle of impairment, resulting in exceptionally favorable intervention outcomes” (p.19).

2) A Positive Attitude Facilitates Deeper Social Connection

According to the SRP, the next vital factor in facilitating the emergence of a genuine and spontaneous interest in the social world is the use of a positive attitude. A positive attitude is one of acceptance of the child, appreciation and enjoyment of the child and the animated expression of such. The SRP stands alone in its assertion of the critical importance of a positive attitude. There are two fundamental reasons for this emphasis.

a) Acceptance Promotes Responsiveness

The SRP suggests that only an attitude of acceptance and appreciation of a child will allow parents to maintain consistently a responsive style of interaction. Acceptance is defined as non-judgment, i.e., not labeling the child, or his/her condition, with any value-judgments (good/bad, right/wrong). The SRP does not view this type of acceptance as a passive resignation to the child’s condition but instead as the first step to actively encouraging the child to develop. Professionals teaching the SRP consistently observe that when a parent lacks acceptance (as defined here), they instead label the child as “wrong” in some way (“needs fixing”, “abnormal”, “defective”, etc.). The SRP holds that a parent with that perspective will find it very challenging to be responsive, that is, not to be directive, not to “teach” something to his/her child, even when the parent cognitively understands the importance of being responsive and giving the child control. The cognitive architecture behind a responsive style of interaction has yet to be addressed in the literature and points to another avenue of research crucial for training parents to run home-based interventions.

This importance of a positive attitude is empirically supported by the work of Gerald Mahoney and colleges using the Maternal Behavior Rating Scale (MBRS; Mahoney, 1992). The MBRS has been used in a variety of studies to assess the link between parents’ interactional styles and the development of their children. It has 12 items assessing four dimensions of interactive style: responsiveness, affect, achievement orientation and directiveness. Use of the MBRS has been instrumental in highlighting the importance of caregiver responsiveness in children’s development. These studies additionally show the “affect” dimension is similarly correlated with increases in various developmental performance outcomes.

In the MBRS, the affect dimension is composed of five measures: Acceptance, Enjoyment, Expressiveness, Inventiveness and Warmth. Mahoney and Perales (2005) found both responsiveness and affect to be significantly related to increases in children's levels of language development, social competence, joint attention and self-regulation. Kim and Mahoney (2004) again found maternal responsiveness and affect to
be significantly correlated with the child’s level of engagement, with maternal responsiveness accounting for 33% of the variance and affect accounting for 30% of the variance. This research still requires replication with larger and more diverse samples; nonetheless, the emerging direction of this new field of research is in line with the observations of the SRP—a positive attitude goes hand in hand with responsiveness in facilitating development in children with developmental disabilities.

\[ b) \text{ Appreciation Encourages Engagement} \]

The other key component of a positive attitude in the SRP is a genuine appreciation and enjoyment of the child; this builds on the foundation of acceptance. The SRP advocates the use of animated expressions of appreciation, enjoyment and delight in the child. The SRP proposes that this will encourage a greater frequency of social orientation, extend periods of joint attention and increase child affect and motivation level within a social interaction. This, it is suggested, leads to more and longer periods of social interaction that result in the child learning more new behaviors and skills.

Typically developing children who naturally orient to social stimuli and engage in joint attention with adults experience the displays of positive affect that typically accompany these periods of joint attention (Kasari et al., 1990). Shared affective experience serves to motivate the typically developing child to attend to and engage in joint attention with adults (Dawson et al., 2004; Trevarthan and Aitken, 2001). These experiences then facilitate the child’s development into a social ‘expert’ as s/he attends to more and more initiations from adults and remains engaged in these interactions for longer and longer. Typical development revolves around mutual affective exchanges that both the child and adult find rewarding (Mundy et al., 1992). This process goes awry in children with Autism for two reasons that interact to create a negative feedback loop. First, the child with Autism engages in joint attention less frequently and for shorter periods than the typically developing child (Dawson et al., 2004), so has less opportunity to experience the positive affect associated with this social engagement. Dawson and Lewy (1989) suggest that this is because the affect-laden social interaction may be too over-stimulating for the autistic child due to the unpredictable and complex nature of these stimuli. Second, it appears that children with Autism are less likely to display positive affect when engaged in joint attention (e.g. smile while making eye contact) (Kasari et al., 1999) and are much less likely to smile in response to their mother’s smile than typical children (Dawson et al., 1990). The result is that mothers of autistic children are less likely to respond to their children’s smiles than mothers of typical children (Dawson et al, 2004), probably because the children’s smiles were not viewed as communicative as they were not accompanied by eye contact. Thus, from an early age, children with Autism seem not to experience the delight and joy typical children are bathed in from birth that motivates them to keep moving towards deeper and deeper connections with other people. When this process is disrupted in otherwise typically developing children, for example when the mother suffers post-natal depression and does not engage as much in these affective exchanges, there can be serious effects for that child’s development (Goldsmith and Rogoff, 1997).
The implication for treatment from this research again is clear: to redress this imbalance—to link joint attention to positive affect and motivate children to move towards more frequent and longer periods of joint attention in the way a typical child does. This is what the SRP claims to do. Whenever a child in an SRP playroom makes social contact (eye contact, language attempts or physical communication), he is greeted with a celebration: a visual and auditory display of positive affect and an expression of joy and delight from the adult to the child's initiation of joint attention. This is fine-tuned to the individual child's particular sensory requirement to maintain its function as a motivator and not allow it to become over-stimulating for the child.

The affect dimension of the MBRS (Mahoney, 1992) has five items, four of which—acceptance, enjoyment, expressiveness and warmth—involve directly, animatedly expressing positive affect and attitude to the child. It is this dimension (along with responsiveness) that has been closely linked to promoting child engagement and cognitive and language development. The fifth item on the MBRS affect dimension is inventiveness—the number of different approaches the adult uses, his/her ability to find different games and activities to interest the child, different ways of using toys and inventing games with and without toys. This is also an important part of the SRP. Once a child is engaged in a social interaction, the adult's intention is then to maintain that interaction for as long as the child will allow. Expressing positive affect is one way that those trained in the SRP maintain interactions; the second is through inventiveness or creativity. Decades of training people to use the SRP leads their trainers to assert that a positive attitude underlies the ability to be creative in the ways described on the MBRS. The logic is that when one is truly enjoying an interaction, one is more inclined to think of ways to add to the interaction to maintain it, whereas when one is not enjoying an interaction, one tends to be thinking of ways to end it. Again, the cognitive architecture underlying “inventiveness” warrants empirical investigation as an avenue for increasing the efficacy of professional and parental training.

The SRP suggests that the principles of taking a child-centered approach and having a positive attitude, when used in an optimally designed physical environment, have the effect of encouraging children with Autism and other developmental delays to engage more in social interaction. This has the effect of helping these children be more motivated to initiate and engage in social interaction and grow stronger in pivotal developmental behaviors which pave the way for learning new skills and information. Longitudinal studies involving children actively engaged in home-based SRPs are needed to investigate these observations more fully.

The SRP asserts (as do other proponents of home-based programs, e.g. Lovaas, 1973) that this approach must be applied intensively and consistently over time for maximum efficacy. A 30-minute session twice a week will not retrain a brain that for years has skewed itself away from the social world. Children in the SRP typically spend from 15 to 50 hours a week in the playroom being responded to in this way. Facilitators and parents are trained to be exceptionally observant and attentive to the child to maximize the number of spontaneous social orienting events that are responded to in this way.

3) Joining Exclusive and Repetitive Behaviors Promotes Social Interaction
This core principle of the **SRP** extends the principles of child-centeredness and responsiveness and takes them from a position radically different from that of any other treatment approach known by this author. A key behavioral symptom of Autism, not yet addressed by this paper, is the engagement in stereotypical, repetitive movements or activities. Traditionally, the approach to these behaviors has been to attempt to eliminate them, the rationale behind this being the more “normal” the child looks, the more likely s/he is to be accepted by peers, and thus increase the likelihood of successful social experience. This perspective, however, seems to have negated attempts to understand the function of these behaviors, and this aspect of Autism has received much less scientific scrutiny than any other (Turner, 1999). This perspective goes against the principle of acceptance and enjoyment of the child that has proved to be so fruitful.

The research that does exist in the domain of stereotypical and repetitive behaviors suggests that these repetitious behaviors are helpful to the child and are not, in fact random byproducts of the disorder that serve no function (as has been suggested, e.g. Lewis et al., 1987). Repetition is a natural part of any child’s development; Piaget (1952) noted that typically developing infants will repeat activities that affect the environment in ways that inspire their interest. Thelen (1979) found that typically developing infants show a variety of rhythmic and pronounced stereotypic behaviors, each with a characteristic age of onset, peak performance and decline. These behaviors appear to mark unmistakable phases in the stages of neuromuscular development. Children seem to move through these behaviors until they have gained a full sense of mastery over their muscles and, presumably, until they can predict the effects of their own movements on the environment. Militerni et al (2002) looked at repetitive behaviors in two age groups of children with Autism. They found that the younger children (age 2-4 years) exhibited motor and sensory repetitive behaviors while those in the higher age group (7-11 years) had more complex repetitive behaviors. Similarly, those children with estimated higher IQs also showed more complex repetitive behaviors. Militerni et al (2002) suggest that these repetitive behaviors may be equivalent to the motor and cognitive behaviors seen in typical development.

Needless to say, in children with Autism and related disorders, these behaviors are much more pronounced, more intense and engage more of the child’s attention than in typically developing children. Herstein et al (2001) suggest that children with Autism may employ repetitive behaviors in an attempt to control an autonomic system that fails to govern itself. Herstein et al (2001) measured skin conductance responses (SCR) in normal and autistic children in a variety of situations. They found that the SCRs of children with Autism started rising at the beginning of the experiment and continued to rise, whereas the typically developing children’s SCR returned to normal baseline level with the progression of the experiment. It appeared that the children with Autism where not able to bring their SCR levels down once they had started to rise. Attempts at interaction with people exacerbated SCR levels. The researchers found, however, that the children with Autism could bring down the SCR levels by plunging their hands into a container of dry beans. Similarly, sucking sweets, being wrapped in a heavy blanket and receiving deep pressure helped the children with Autism lower their SCR levels. They also discovered that a subset of children with Autism was characterized by a flat level of SCR that was only increased by extreme behaviors (e.g. self-injury, climbing, etc.).
Herstein et al (2001) additionally found that interruption of these self-stimulatory and calming activities by other people “often produced extremely large responses with agitated behavior following immediately” (p. 1885). They go on to suggest that “the resistance to change one sees in autistic children may be caused by or exacerbated by bursts of sympathetic activity, which the child actively tries to avoid or dampen down” (Herstein et al., 2001, p.1886). Herstein et al (2001) suggest that the autonomic nervous system of the autistic child is on constant alert; every incoming stimulus is tagged as relevant and so the child acts to shut the system down (conversely in the subset of children with low autonomic activity, it seems that nothing is tagged as relevant and extreme behaviors are engaged in to produce a sense of relevance). This is consistent with the research on perceptual filtering challenges in those with Autism cited above. It has been suggested that the amygdala-limbic system may be involved, as this system typically is responsible for attaching a sense of value to incoming perceptual stimuli and is found to be abnormal in those with Autism (Schultz, 2005; Critchley et al., 2000; Pelphrey et al., 2004; Akshoomoff et al, 2002; Baron-Cohen et al, 2000).

This work indicates that the repetitive, self-stimulatory behaviors of children with Autism are not random or functionless but actually help the child to regulate his own autonomic system in a quest for homeostasis (Nijhof et al., 1998). Autobiographical reports from adults with Autism again support the idea that repetitive behaviors serve to calm and soothe (Bluestone, 2004). Judith Bluestone likens these activities to meditation—turning off parts of the mind or body by intensely focusing on one thing—and points out that meditation has been accepted by the Western medical establishment for over 30 years as one of the best ways to reduce stress and increase mental organization (Bluestone, 2004). Willemsen-Swinkels et al (1998) found that autistic children who were negatively excited showed a slower heart rate after they began engaging in a repetitive activity. Herstein et al (2001) predict that if children are prevented from engaging in these calming activities, one would expect to see signs of chronically high sympathetic activity. The biochemical consequences of this are elevated levels of cortisol and adrenaline. These hormones interfere with the ability to concentrate, learn and remember and increase vulnerability to viruses, over-reactivity to medications, and heightened sensitivities to certain foods or food additives (Bluestone, 2004), all of which are commonly observed in children with Autism.

From a treatment standpoint, this research points to the need for a new perspective on repetitive behaviors. Rather than seeing these behaviors as something holding the child back from social acceptance and thus to be eliminated, this new perspective sees repetitive behaviors as useful to the child—something to be worked with rather than fought against. The SRP sees repetitive behaviors as functional and an avenue for building rapport which will form the basis of more expansive social interaction. Rather than trying to eliminate repetitive behaviors from the autistic child’s repertoire to make the child more socially acceptable, the SRP facilitator starts with acceptance of the child—a deep, genuine appreciation for that child and holding the perspective that all his/her behaviors are attempts to take care of him-/herself. This attitude allows the SRP facilitator to a) not attempt to stop the child when he is engaging in repetitive, self-stimulatory behaviors, but wait for the child to spontaneously engage in social interaction and b) physically demonstrate this acceptance by joining in with the repetitive activity. This, the SRP suggests, is a more powerful way of communicating to the child that s/he is accepted and appreciated than
a solely verbal communication and of demonstrating to the child that s/he has control over the interaction. This is a radical departure from more traditional approaches to Autism, but is one that has been shown to be effective in helping children with Autism to engage in social interaction more and, seemingly paradoxically, to spend less and less time engaging in repetitive, self-stimulatory behaviors.

Numerous studies have found that imitative play facilitates social responsiveness in children with Autism; that is, joining in with their self-stimulatory, repetitious behaviors encourages children to engage more in social interaction. Dawson and Adams (1984) found that autistic children who had a low level of imitative ability were more socially responsive, showed more eye contact and played with toys in a less perseverative manner when the experimenter imitated the child instead of modeling other either familiar or unfamiliar actions. A similar study found that children with Autism would look at the experimenter more frequently and for longer periods when the experimenter imitated the child’s play (Tiegerman and Primavera, 1984). Dawson and Galpert (1990) took this line of investigation even further. They asked mothers to imitate their child’s play for 20 minutes each day for two weeks. At the pre-intervention assessment, they found, as predicted by the earlier research, that autistic children’s gaze at their mother’s face was longer, and their toy play more creative, during imitative play sessions as compared to free play sessions. After only two weeks of this intervention (20 minutes a day), the post-intervention assessment found significant cumulative increases in duration of gaze at the mother’s face and of creative toy play. Parents of children using the SRP are instructed to engage in imitative play (“joining”) whenever their child is playing in an exclusive or repetitive way.

Another study experimenting with imitating autistic children split children into two groups; those of one group spent time with an adult who imitated their play, while members of the other group spent time with an adult who simply tried to play with the child on three separate occasions. In the second session, children in the imitation group spent a greater proportion of time than the other children showing distal social behaviors towards the adult—looking, vocalizing, smiling and engaging in reciprocal play. In the third session, children in the imitation group spent a greater proportion of time than the other children showing proximal social behaviors towards the adult—being close to the adult, sitting next to the adult and touching the adult (Field et al, 2001).

These results, that imitative play increases social responsiveness and joint attention, should not be surprising to those who study the development of typical infants and children. Parents of typically developing infants commonly imitate their infants’ expressions, often in an exaggerated way (Malatesta and Izard, 1984; Papousek and Papousek, 1977; Trevarthen and Aitken, 2001). In fact, infants of 3 and 5 months old have been seen to prefer interaction with people who have been responsive to them in the past and avoid interaction with those who were unresponsive or whose responses were not congruent with the infant (Bigelow and Birch, 1999). This imitation forms the basis of communication and further growth by promoting a sense of shared mutuality, an experience of congruence by both partners that is mutually motivating (Nadel et al., 1999; Uzgiris, 1981; Panksepp et al., 1994). This normal interplay of non-verbal imitation between mother and infant is widely documented to be essential to promoting the child’s neurological, cognitive, social and emotional growth (see
Studies with typically developing (Rollins and Snow, 1998) and autistic children (Mundy et al., 1990; Rollins, 1999) suggest that emotional engagement and joint attention are more critical to language development than is instrumental use of language. Emotional engagement and joint attention are increased by imitative play. Trevarthen & Aitken state, “Imitative responses are found to be attractive to autistic children and can act as a bridge to collaborative play or communication, and improve the child’s access to language (Dawson & Galpert, 1990; Nadel, 1992; Nadel and Peze, 1993; Tiegerman & Primavera, 1982, 1984)” (Trevarthen & Aitken, 2001, p.32). Siegel (2001) states simply that “Children need such joining experiences because they provide the emotional nourishment that developing minds require” (p.78).

Studies with typical adults indicate that this intuitive use of imitation continues into adulthood, maintaining its function of building rapport between two people. Chartrand and Bargh (1999) found that participants mimicked, non-verbally, by a confederate in a variety of situations reported liking that confederate more than confederates who did not mimic them. Those who were mimicked also described the interaction as more smooth and harmonious. Similarly, Bernieri (1988) found a strong relationship between reported rapport and degree of reported movement synchrony. When looking at non-conscious mimicry, Larkin and Chartrand (2003) found that in situations where participants had either a conscious or non-conscious desire to affiliate with their experimental partner, they were more likely to non-verbally mimic that person than when they had no desire to affiliate with that person. It seems that mimicry can build rapport between adults. It has been suggested that this behavior evolved from initially having survival value (learning new skills) into a form of social glue that holds relationships together and allows access to a particular group (Larkin et al, 2003).

Imitation helps build rapport between typical adults, typical infants or children and their caregivers and between adults and autistic children. Dawson and Galpert (1990) postulate that imitative play works so well for autistic children because it puts the child in control (one of the fundamental principles of the SRP). This gives the child a predictable and salient response to his actions. “This strategy maximizes the possibility that the child will learn to expect and effectively elicit a response from another person, in this way providing a foundation for reciprocal social interaction” (Dawson and Galpert, 1990, p.152). Additionally, imitative play is sensitive to the child’s optimal range of sensory stimulation; the child can adjust the amount of sensory stimulation by adjusting his or her own actions creating an easy, controllable and predictable form of social interaction that is more digestible for the autistic child. Field (1977, 1979, cited in Dawson and Galpert, 1990) studied the effects of maternal imitation with pre-term infants who showed high levels of gaze aversion, negative affect and elevated tonic heart rates. When mothers imitated their infants’ behavior, the infants became more attentive than when mothers spontaneously interacted with their infants. Decreases in tonic heart rate were recorded during imitative play. Applying this research to the autistic population by examining physiological measures during imitative play has yet to be done.

Dawson and Galpert (1990) conclude that “imitative play may be used to provide a foundation for establishing social interest and interactive play. This foundation can then be built upon by using other, more sophisticated, interactive strategies and games”
This is exactly how imitative play, or "joining," is used by the SRP. Children are "joined" or imitated while they are playing in a self-stimulatory and exclusive way because the SRP recognizes the curative, calming and organizing nature of this self-stimulatory play. Through joining the child rapport is created and a social bridge is built. A relationship of trust is formed as the child learns that s/he is in control of the interaction and can initiate and end it at will, without the need for language. It follows then that children will start to initiate social contact more and more when immersed in this environment. This will open up increasing opportunities to build on this connection in a manner motivating to that child (as described above) and thus increase the frequency and duration of joint attention that leads to the child's neurological, cognitive, social and emotional development. Observational analysis of parents and SRP facilitators working with autistic children is required to fully understand the subtle variables involved in this type of interaction.

The technique of joining builds on the principle of being responsive. In Trivette's (2003) definition of the responsive style of interaction, an appropriate response is one that matches the child's developmental level and mood. The SRP adds a further requirement—that the adult's response be sensitive to the child's level of exclusivity, exclusivity being the child's level of motivation for social interaction. The SRP maintains that all children, regardless of diagnosis, have the capacity to move along an exclusive-interactive continuum. At the exclusive end of this continuum the child is not motivated for social interaction, and is absorbed in his own world; this state is usually accompanied by repetitive behaviors and activities or perseveration on repetitive topics. At the interactive end of the continuum, the child is motivated for interaction with another person and shows interest by maintaining joint attention, displaying positive affect and participating in an interactive and fluid activity or conversation. Observing the child's level of motivation for interaction, or degree of exclusivity, is the first vital step in the SRP to responding in a manner that will facilitate a) the maximum amount of responsiveness from the child and b) the maximal degree of new learning.

When the child is exclusive (not motivated for social interaction), the SRP holds that the most effective response is to join with the child's behavior. This type of response allows the child to use their repetitive activity to gain control of their autonomic system and facilitates more spontaneous social orienting from the child. As the child's level of motivation for social interaction increases, s/he will start to spontaneously orient to the adult more (e.g. by making eye contact, attempting verbal or non-verbal communications or making physical contact). The SRP trained facilitator will begin to respond to these behaviors in the manner described by Trivette (2003)—by offering an activity they believe the child will find enjoyable. As the child's level of motivation for social interaction increases, the frequency and duration of the child's spontaneous social orientations will increase, as will their displayed positive affect. Once the child has reached a level of motivation for social interaction characterized by frequent or sustained eye contact, positive affect and non-verbal or verbal attempts to re-initiate the activity, the SRP-trained facilitator will move into a style of interaction that combines responding to the child to maintain the level of motivation, and requesting the child to participate in new ways (e.g., use more or clearer language, use more eye contact, be more flexible, use academic or friendship skills, etc.). The Son-Rise Program® Developmental Model (Hogan and Hogan, 2004) provides guidelines indicating which skill to focus on depending on the child's
developmental level. Once the child is motivated for social interaction and for the particular activity on offer, s/he will make attempts at the new skill in order to maintain the interaction. When the child's level of motivation changes, the facilitator will be responsive to this, observe where the child is on the exclusivity-interactive continuum, and respond accordingly.

It is through this subtle dance between maintaining a responsive interactive style, giving control, and excitedly requesting new skill use that the SRP claims to be able to facilitate extraordinary development in children with severe developmental disorders, as documented in the case studies by the founders (Kaufman, 1981; 1994). To the knowledge of this author, there is no research to date investigating the efficacy of changing one's responsive style based on the child's level of motivation for social interaction or an empirical investigation of the concept of an interactive-exclusive continuum. This is a gap in the literature that demands attention and could create a deeper understanding of children with Autism and the most effective way to facilitate social interaction with this population.

Conclusion

A wealth of research spanning half a century has painted a clearer picture of the disorder first outlined by Kanner in 1943. This has helped us gain a deeper understanding of the physiology, neurology and cognitive psychology of those with Autism and allows us to see some clear implications for treatment. The SRP developed over the past thirty years via a different route—from two parents' desire to reach their autistic child. Through their intensive experimentation, observation and deep longing to connect with their son, they developed a treatment approach that can now be seen to be supported by the more recent scientific literature. These two pathways—to essentially the same solution—have remained separate as the SRP has not been subjected to rigorous scientific study by independent researchers until very recently. The current work shows that the principles of SRP are solidly grounded in accepted theories of child development and supported by empirical study of the individual principles, although no study has yet addressed SRP in its entirety. The sheer number of families who have chosen to use SRP (over 8,000 to date) is testament to the fact that parents are looking for something other than what is offered by traditional approaches to Autism. Approaches such as the SRP thus warrant more empirical investigation.

The SRP is parent-led; that is, parents are empowered to act as facilitators, trainers and managers of their home-based programs. In the eyes of the SRP, training parents to implement therapy with their children is more effective than relying on schools or specific professionals to implement therapies because, as discussed above, the intensity of the approach is essential. A parent trained in the SRP is able to implement the principles and techniques inside and outside of the playroom, intensifying the child's immersion in a responsive, socially enhancing environment. Again, the literature supports the efficacy of home-based programs. One study assessing the relative efficacy of behavioral programs with autistic children compared residential, out-patient and home-based programs. They found that only the home-based group
showed significant improvements on the behavioral observation measures (Sherman, Baker, Lorimer, Swinson and Factor, 1987). Another study matched children receiving home-based behavioral treatments with those receiving conventional school-based and brief one-on-one interventions. Children receiving home-based treatments had significantly higher post-intervention IQs than their school-based counterparts; significant reductions in symptom severity were also found (Sheinkopf and Siegel, 1998).

More recent research has looked at changing the conventional discrete-trial format of traditional behaviorist approaches, to make them more adaptable to the home environment and thus more in line with the responsive nature of the SRP. Delprato (2001) reviewed eight studies looking at normalized behavioral language interventions, defined as consisting of loosely structured sessions of indirect teaching with everyday situations, child initiation, natural reinforcers and liberal criteria for reinforcer presentation. In all eight studies with children with Autism, this method of language training was found to be significantly more effective than discrete-trial training. Kaiser and Hancock (2003) similarly found that teaching parents to implement naturalistic language intervention strategies at home can be highly effective. Furthermore, in the two studies in the Delprato (2001) review looking at parental affect, the normalized treatment yielded more positive affect than the discrete-trial training. In a study of families using The Son-Rise Program® in their homes, Williams (2004) found that the families felt generally more positive since implementing the SRP and reported that interaction among the whole family had also improved.

The current literature supports an intervention for children with Autism that emphasizes a specifically designed physical environment, with a focus on enhancing social relationships, having a positive attitude and joining a child’s repetitive behaviors. The SRP focuses on precisely these principles.

References


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Appendix E: Questions about *The Son-Rise Program®* Frequently Asked by School Systems

The following questions are those that *Son-Rise Program* families are most commonly asked by school system representatives as they endeavor to understand the program. Below are our answers to these questions to help you be able to show your school system how *The Son-Rise Program* will help your child.

1. **What are the recommended minimum hours of intervention and number of weeks per year?**

   *The Son-Rise Program* is designed to help a child gain the language, self help, social and cognitive skills that are necessary for a child to interact fully with peers and manage his or her surroundings. To learn these skills, each child spends time in a specially designed playroom within the home that provides a non-distracting and predictable environment in which the child can focus more easily on learning. The Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, The Surgeon General, and The National Academy of Sciences have all called for early intervention including one-to-one therapy for children with Autism. A panel of experts convened by the National Research Council recently recommended a minimum of 25 hours per week, 12 months a year (National Research Council (2001) *Educating Children with Autism*. National Academy Press: Washington, DC).

   From our experience of working with children with special needs, we have found that a greater number of hours of one-to-one facilitation results in greater growth in children. The larger amount of hours means that there will be more time where a child is available to interact in games based on his or her particular motivations. Within each of these activities, our facilitators focus on several specific goals to aid in the child’s social development as based on *The Son-Rise Program Developmental Model*. We therefore recommend that parents determine the greatest number of hours that they can comfortably maintain within the framework of their family and professional lives. We would consider a home-based *Son-Rise Program* to be a full-time learning program if the child is in the playroom a minimum of six hours per day, similar to the requirements of public school classrooms. Due to the nature of challenge that Autism presents for each child, we recommend that parents continue this program every week of the year (again, based on what is comfortable within the family setting) to provide the greatest possible consistency for each child.

   As each *Son-Rise Program* is individualized based on the child’s specific needs, the number of hours recommended for a home-based *Son-Rise Program* will change according to the child’s skill level. As a child nears the end of his or her home-based program, the hours in the playroom will decrease to allow for more play time with peers, and a gradual transition back into school, to help each child generalize all social skills learned in the playroom.

2. **What is the recommended support program (e.g. supervision, advice and support)?**
We recommend several elements to support each parent-based Son-Rise Program. Each parent begins by attending The Son-Rise Program Start-Up, our initial week-long training program. This training is comprehensive and is the foundation upon which parents set up and run a home-based Son-Rise Program. Parents attend this program without their children and take classes with other parents and child-care professionals. This training gives parents the tools and understanding of The Son-Rise Program® to help their child in areas such as language acquisition, extended attention span and behavioral challenges. Additionally, parents are taught to recruit and train a support team in order to have additional help in running a Son-Rise Program for their child.

We suggest that parents continue their training by attending two additional group training programs: The Son-Rise Program Maximum Impact and Son-Rise Program New Frontiers training courses, both intended for advanced training. During the Maximum Impact program, parents spend a week at our facility without their children, taking classes with other parents and professionals in order to move their child's program to the next level. The program focuses on teaching parents to hone their skills as support team trainers, create a clear direction for their child's curriculum and be a powerful program leader.

During the New Frontiers five-day training program, parents strengthen their ability to define clear goals for their child based on The Son-Rise Program Developmental Model and to inspire growth through dynamic games and activities based on their child's motivations. New Frontiers gives parents the tools of self-studentship and child evaluation to continuously update their goals and activities to match their child's ongoing growth.

Additionally, we recommend that parents remain active on The Son-Rise Program Message Board, a forum for parents to discuss questions relating to their home-based programs. This forum is provided at no cost to the parents. Additionally, one of our teachers spends two hours each week answering urgent questions. By participating in ongoing discussion with other parents, with guidance from our teachers, we have seen parents have a more consistent grasp of the techniques that are most effective in helping each child.

Finally, to help parents maintain consist effectiveness in The Son-Rise Program methods, we suggest that parents participate in two In-Home Outreaches per year, and a Consultation Package including a monthly Phone Consultation or Video Feedback Session. These additional support services will provide ongoing support for each program and will allow a Son-Rise Program® Teacher to oversee, guide and specifically design future goals for each program.

3. Given the time involvement of being the director of a home-based program, do parents experience stress and attitudinal burnout while running a full-time Son-Rise Program?

Many parents have reported feeling much less stress once they begin their home-based Son-Rise Program. First, we offer attitudinal support and help parents create perspectives that help them feel positive. Second, we help families with specific strategies to change the physical environment of their home to help make life with their child more
manageable. We help each family create a program that fits their individual schedule and with help from their support team, parents actually gain more free time than they would have without the support team. For families who do experience attitudinal burnout during the course of their program, we offer phone consultations with teachers and mentors to help them regain their positive outlook. In a study of families using *The Son-Rise Program* in their homes, Williams (Williams, K., 2004, *The Son-Rise Program intervention for Autism: An investigation into prerequisites for evaluation and family experiences*. PhD Summary, University of Edinburgh, UK) found that the families felt generally more positive since implementing *The Son-Rise Program* and reported that interaction among the whole family had also improved.

**4. Is it possible to create a Son-Rise Program® playroom at school?**

The three main intentions of a *Son-Rise Program* playroom are to create an environment that 1) is low on sensory stimulation, 2) maximizes the child’s sense of control and 3) emphasizes social interaction (see Appendix C for a full explanation). It may be theoretically possible to create this type of environment in a school setting, yet there are difficulties inherent in a school situation that tend to make it more logical to create the playroom in the child’s house.

Transitions are inherent in a school setting: transitioning from the home to transport to school; transitioning from school arrival to classroom/playroom; lunch time and again leaving school and taking transportation back home. It tends to be challenging to create an environment that is truly low on sensory stimulation in a school designed for neuro-typical children. Each of these transitions is a source of interruption to the consistency of the child’s environment and need not happen if the playroom is in the child’s home. Hallways can be visually and auditorily distracting and even if in a playroom, noise will come in from outside unless the room is sound-proofed.

However, due to the inherent design of most public schools, *The Son-Rise Program* can not be easily replicated in a school setting, due to staff and funding limitations, the challenge of providing complete training for all staff members involved and finding a room that could be dedicated to one child. We have seen schools occasionally offer one hour of one-to-one therapy for children based on *The Son-Rise Program* methods, and then provide a larger group setting for the remainder of the day. We have not seen this option to be as effective in a child’s development because of the over-stimulating environment of a group classroom. We have worked with several schools and caring professionals who have the best of intentions to create the one-to-one therapy environment of *The Son-Rise Program*, but due to financial and environmental limitations, these professionals are unable to maintain the level of intensive therapy that we have seen to be most effective. We therefore recommend that parents create their own home-based programs, potentially with the support of the local school, to provide a consistent learning environment in which each facilitator is directly trained by the parent or by *Son-Rise Program* staff.

**5. What is the effect on a child of running a part-time home-based program while a child is in school for some hours each day?**
The effects of running a part-time home-based *Son-Rise Program* combined with school vary depending on the individual child and that child’s social developmental level. The school environment has traditionally been designed for the typical child: a child who by 4 years old is able to attend to one task and another person for 15-20 minutes at a time, is able to answer simple questions, follow simple instructions and will use group activities and break times to form friendships with his peers. Most children on the autistic spectrum are very challenged by these requirements and so struggle in the school environment. Even when a child with Autism reaches these developmental requirements, it can still be very challenging for him/her to be in school for long periods due to the physiological challenges outlined in Appendix D.

The two environments can be combined very successfully in children who are evaluated as closer to the higher functioning end of their social development. Once a child in a home-based *Son-Rise Program* has reached the requirements outlined above, s/he will typically start to integrate into a school setting on a part-time basis. Making a gradual transition to the classroom helps parents and teachers identify skill areas the child is still challenged by when placed in the classroom setting. The parents and support team will then be able to focus on these skill areas in the home-based program. Through close and open communication with teachers, many families have been able to gradually transition their child out of a home-based *Son-Rise Program*® and into a full-time school setting.

Combining the two environments tends not to be effective for the child when this is attempted too early in the child’s social development, i.e. before s/he reaches the above requirements. Before children with Autism reach this social developmental level, we have found that the most effective learning environment is *The Son-Rise Program*® playroom (as explained in Appendix C). If the environments are combined too early the child will potentially received conflicting messages which can either slow down his/her progress in the home-based program or may create added challenges at school. This is due to the radically different stances taken by the two environments on “control”. In *The Son-Rise Program*® playroom, the child is in control—adults follow the child’s area of interest and engage in an activity with the child for only as long as the child wishes. In the classroom, the child is expected to follow the adult’s agenda and remain attentive until given permission to break. Some children seem unable to reconcile these two different approaches and do not progress as quickly in the part-time home-based program as they do when they are placed in a full-time home-based program. In these cases, our staff typically recommends a full-time home-based program until the child reaches a social developmental level more conducive to gradual transition into a full-time school placement.

6. How does a child transition to a classroom environment from the one-to-one playroom environment?

During ongoing **Phone Consultations**, our Son-Rise Program® Teachers guide parents toward a gradual end to their home-based program whenever parents are ready to place their child back in a classroom setting. We suggest that parents run a full-time home-based program, without their child attending school, until the child meets the following general criteria:

a) Able to follow two-step instructions  
b) Able to make self understood with language
c) Able to sit at a desk for 20-60 minutes (depending on age)
d) Able to listen to an adult talking for 20-60 minutes (depending on age) amid distractions
e) Ability to appropriately manage the unpredictable or the unwanted
f) Ability to interact with a peer, specifically:
   i. Is able to respond to a peer’s comments and requests
   ii. Shows motivation to interact with peers and the skills to initiate interactions

When a child has met these criteria, we suggest that a parent gradually introduce their child to other children within a controlled, supervised environment. Parents facilitate the play date between their child and a peer, and once their child is successful in these small interactions, we suggest a parent move gradually to larger groups (e.g. visit a local park or playground with a few other children, then attend a small dance or gym class, etc).

We then suggest that a child is slowly integrated into a mainstream classroom. We have found that when children begin by transitioning into a classroom for only a few hours per week, they are more successful in this new environment and continue to grow with their peers. We suggest ongoing evaluation by the parents of the child’s ease and success within the classroom in order to gradually work up to full time school.

7. How do children in a home-based Son-Rise Program® learn to socialize with their peers?

Through working one-on-one in a Son-Rise Program playroom, children will learn all the skills necessary to be able to interact with their peers. Children will learn how to enjoy making eye contact, share joint attention with others, communicate through language and physical affection and imitate others. It is widely believed that an autistic child will learn how to interact with peers by simply being around peers. However, this appears to not be the case as there is no evidence that putting children with Autism in class with typically developing children causes them to learn to be as social as their peers. The reason this does not work is because most children with Autism are not open to interacting with their peers because other children provide a larger array of unpredictable sensory stimuli than adults do. Thus, children with Autism will tend to shut down more around their peers. Typically developing children do learn how to interact with their peers from merely being around other children. This is because they are motivated to be with friends, have the ability to imitate their peers and to communicate easily.

Children with Autism can learn all the skills necessary to build relationships with peers by working one-on-one with a predictable, motivating adult trained to use The Son-Rise Program. These skills are learned more readily in a low-sensory stimulation environment that does not include highly-sensorially stimulating children. Once the child has reaches a certain level of social development through a Son-Rise Program, parents are guided through the process of introducing that child to playing with peers. This is done gradually and with the support of the familiar one-on-one adult sessions. Children will begin to have play-dates with specifically chosen peers for longer and longer durations. Next, they will move on to playing with 2 children at once. When ready, they will then learn how to interact with a small group of children. So the process continues until the child is ready to begin integrating into school (as described in Q 6). Our experience has shown that this
method makes learning to interact with peers much more motivating and manageable for children with Autism than just placing them in a classroom with a group of their peers.

8. How do parents ensure that a child's academic goals are being met while in a home-based Son-Rise Program?

The Son-Rise Program is a social development program; the focus is on enabling a child to participate in social interaction and communication. Social interaction is a foundation for all further learning in both typical children and those with developmental delays. Children learn through interaction with other people. Typically developing children usually have developed enough socially to be able to form interactive social relationships with adults and peers through which they can learn academic information by the time they are school age. Children with developmental delays, including ASD, tend to require longer time periods and intensive work on developing social relationships before they are ready to tackle academic information. It is for this reason that The Son-Rise Program focuses on social interaction before everything else. We have seen that when children become more socially adept, they are more motivated to learn academic information.

Some higher functioning ASD children are extremely motivated by learning academic information. If this is the case, then their learning would be encouraged in a home-based Son-Rise Program and used as a motivation for engaging in more socially interactive activities and as a platform from which to help broaden a child's areas of interest. The goal is to get the child to a point where he can function socially and academically in school.

Many parents will begin to incorporate academic activities into their home-based programs as their children progress socially. As children approach a developmental level that would allow them to begin transitioning into school, parents will begin to add academic activities into some of the play activities. The primary focus is still social development; the academic learning occurs alongside. Many parents begin to incorporate activities with academic content into their child's play much earlier because their children show a motivation for this information. Our staff trains parents how to use this motivation to develop more social interaction while children learn academic information.

9. How does The Son-Rise Program® help children with diagnoses other than ASD?

Although we are known mainly for our work with children on the Autism spectrum, we have worked with a myriad of children who have been diagnosed with numerous other challenges and disabilities. These challenges include, but are not limited to, Down Syndrome, Tourette's Syndrome, Tuberous Sclerosis, Rhett's Syndrome, Epilepsy, Fragile X Syndrome, Angelman's Syndrome, Global Developmental Delay, Sensory Integration Disorder, Pervasive Developmental Disorder, Prader-Willi Syndrome and Marfan Syndrome.

Due to the one-to-one nature of a home-based Son-Rise Program, we design each program to specifically fit the needs of each child, including any special physical or learning challenges. All children with Autism or related developmental disorders have
individual complex learning difficulties. All our staff is trained to observe and assess an individual child's challenges and fine-tune treatment on this basis.

With any child who has special physical limitations or precautions, we make amendments and changes to the program depending on that child’s needs. For example, we have worked with young girls with Rhett’s Syndrome whose muscles were deteriorating and therefore required extra stimulation. We therefore suggest that each family work closely with their physician or physical therapist to design an exercise regimen to be included in the child's Son-Rise Program. This would mean that a child with a diagnosis like Rhett’s Syndrome would leave the playroom daily for outdoor exercise including running, jumping, swimming, etc., based on the doctor's recommendations. We then teach parents how to maximize their child’s responsiveness to all additional forms of therapy.

Additionally, we suggest that all families consider biomedical interventions such as dietary intervention, vitamin supplements, etc., to aid in their child’s development. We recommend parents work closely with a physician, or, preferably, a DAN doctor.

10. What is the success rate of children in home-based Son-Rise Programs? How many children show changes from home intervention?

We have gathered statistics from 580 parents who attended The Son-Rise Program Intensive with their children. From these statistics we have compiled the following numbers.
Of the parents surveyed:
- 92% reported an increase in their child’s use of language,
- 90% reported an increase in their child’s attention span,
- and 92% reported an increase in their child's eye contact.

How this translates into home-based program has yet to be independently scrutinized (although pilot studies began in November 2005). Many parents testimonials can be found at [http://www.Autismtreatmentcenter.org/contents/reviews_and_articles/parents_share_their_experiences.php](http://www.Autismtreatmentcenter.org/contents/reviews_and_articles/parents_share_their_experiences.php)

11. What empirical research supports The Son-Rise Program® methods?

- To date there has been no large scale, longitudinal, empirical investigation into the efficacy of The Son-Rise Program. The main principles of The Son-Rise Program are supported by many empirical studies from a wide range of fields including physiology, neuroanatomy and psychology (see Appendix D).
- In January of 2006, a UK based research team began running pilot studies to determine the best way to conduct a large-scale investigation into the efficacy of The Son-Rise Program.

12. What training does The Son-Rise Program staff undergo?

The staff members at the Autism Treatment Center of America™ collectively represent an extensive background of professional experience including developmental psychology, sociology, education, counseling and the like. Due to the unique principles and strategies of The Son-Rise Program, all staff members go through an extensive training process on campus, regardless of their professional background.
Our comprehensive 18-month training program covers all of the concepts, methods, approaches and techniques necessary to learn how to implement \textit{The Son-Rise Program} with any child or adult with special needs. Through highly individualized instruction, video-assisted learning, comprehensive presentations and extensive hands-on experience with children and adults with special needs, our staff is trained to the highest standards. Our Child Facilitator training program emphasizes the personal and professional growth of each student, not simply by having trainees master techniques, but by making them a beneficiary and a model of the attitudes and techniques that they will ultimately teach.

It has been our experience that the most powerful way to learn to work with children with special needs is through a practical approach, one in which we provide trainees with the experience of working directly (one-on-one) with children of varying ages and diagnoses. Each certified Son-Rise Program ° Child Facilitator, by the time they are certified, will have spent over 350 hours working one-on-one with about 150 different children representing a wide variety of diagnoses, ages and developmental levels. Each week, trainees are observed by a staff trainer who then reviews and discusses the session during scheduled training classes. Additionally, each student is required to review relevant literature and complete written assignments designed to deepen his/her understanding of Autism, developmental difficulties and \textit{The Son-Rise Program}.

Once a member of staff is certified as a Child Facilitator, s/he then becomes eligible to apply for Teacher training. This additional 4-year training program gives him/her the skills and experience necessary to be able to teach parents how to set up and run a home-based program for their child with special needs. This training program focuses on helping students develop the communication skills and emotional stability necessary to facilitate deep emotional change and new learning in parents of children challenged by Autism. During this 4-year program, students are again observed by staff trainers as they work with parents. Sessions are reviewed in detail and homework assignments individually tailored to best serve the particular teacher trainee.

\textbf{13. How can parents be effective leaders of home-based programs? Can they be objective and how do they know in which direction to guide their child?}

We find that parents are in fact the best leaders for a home-based program for two key reasons. First, parents are highly motivated to see their own children progress. This makes parents dedicated and passionate leaders who will work hard, often doing the majority of the one-on-one sessions themselves. Because of their love and dedication to their children, parents then become inspirational leaders to their support team. In general, being objective is desired as a way to avoid “bias”. We have found that all parents are “biased” towards loving their children and wanting the best for them. They tend, from this bias, to see the beauty and possibility that live inside their child. The most highly effective therapists and educators share this bias as well. We have found that being close to the child you are working with and caring deeply for them, is only ever an asset.

Second, parents are the people who know their children the best. A professional evaluating a child with ASD or a related developmental disorder will only see a small fraction of how that child functions and will form an opinion based on this snapshot. A
parent sees a child 24 hours a day and so is more fully aware of the range of that child’s capabilities and under what circumstances that child is best able to learn and develop.

We provide all parents who embark on a home-based Son-Rise Program® with a method of continually evaluating their children. All parents are trained to use The Son-Rise Program Developmental Model (see Start-Up Manual) which helps guide parents through the social developmental process. Using this document, continually evaluating their child and holding regular team meetings provides parents with the necessary tools to successful direct a home-based intervention for their child.

In addition, the Autism Treatment Center of America™ has a service whereby parents can choose to have their program overseen by a certified Son-Rise Program® Teacher via a series of phone consultations, video-feedback sessions and outreaches.

14. What training is available for parents?

Parents and other professionals can participate in several in-depth weeklong training courses at the Autism Treatment Center of America including The Son-Rise Program Start-Up, The Son-Rise Program Maximum Impact: Advanced Training Program, Son-Rise Program New Frontiers and The Son-Rise Program Intensive, all of which will be described in detail below.

During the initial training course, The Son-Rise Program Start-Up, parents and professionals receive approximately thirty-five hours of training. This training is comprehensive and is the foundation upon which parents set up and run a home-based Son-Rise Program. Parents attend this program without their children and take classes with other parents and professionals. This training gives parents the tools and understanding of The Son-Rise Program to help their child in areas such as language acquisition, extended attention span, behavioral challenges and social skills. Additionally, parents are taught to recruit and train a support team in order to have additional help in running a Son-Rise Program for their child.

Following their initial training at The Son-Rise Program Start-Up, parents and professionals can continue training by attending one of two Son-Rise Program Advanced Training Programs. These two programs can be taken in whatever order best serves the parents. During one of these programs, Maximum Impact, parents spend a week at our facility without their children, taking classes (35 hours in total) with other parents and professionals in order to move their child’s program to the next level. The program focuses on teaching parents to hone their skills as support team trainers, create a clear direction for their child’s curriculum and be a powerful program leader.

The other advanced training program is New Frontiers; this program focuses primarily on curriculum and social education. During New Frontiers, parents receive approximately 35 hours of training. Parents learn to define clear goals for their child based on The Son-Rise Program Developmental Model and to inspire growth through dynamic games and activities based on their child’s motivations. New Frontiers gives parents the tools of self-studentship and child evaluation to continuously create goals and activities that match each child’s ongoing challenges.
After the completion of *The Son-Rise Program Start-Up*, parents may also continue their training by bringing their child to the Autism Treatment Center of America for *The Son-Rise Program Child Intensive* or *The Son-Rise Program Family Intensive*.

During *The Son-Rise Program Child Intensive*, each child receives approximately 39 hours of one-on-one therapy from trained Son-Rise Program® Child Facilitators. Parents attend with their child and have the opportunity to observe the application of *Son-Rise Program* techniques as they specifically apply to their child. *The Son-Rise Program Child Intensive* is specifically tailored to the individual needs and challenges of each child. The following are among the services each family receives.

1. During the one-on-one sessions with each child, our staff members focus on some of the components below, which the child’s parents continue at home:
   - Developing socialization skills
   - Developing language skills
   - Increasing a child’s attention span
   - Increasing duration and frequency of eye contact
   - Increasing response to requests by parent or facilitator
   - Increasing comprehension level/increasing receptive language level

2. Parents participate in meetings with *The Son-Rise Program* staff for in-depth discussion and evaluation of the child.

3. Accommodations and meals are provided for each family.

During *The Son-Rise Program Family Intensive*, parents receive approximately 35 hours of training, while their child simultaneously receives nearly 40 hours of intensive one-on-one stimulation by trained Son-Rise Program® Child Facilitators. *The Son-Rise Program Family Intensive* is specifically tailored to the individual needs and challenges of each child. The following are among the services each family receives.

1. During the one-on-one sessions with each child, our staff members focus on some of the components below, which the child’s parents continue at home:
   - Developing socialization skills
   - Developing language skills
   - Increasing a child’s attention span
   - Increasing duration and frequency of eye contact
   - Increasing response to requests by parent or facilitator
   - Increasing comprehension level/increasing receptive language level

2. Teaching sessions with the parents cover the following:
   - Daily evaluation of each parent and training on how to help their child develop socialization skills, language, and communication skills
   - Impact of different environments on their child and how to set up an optimum learning environment
   - How to evaluate their child’s progress and establish on-going program goals accordingly
   - How to recruit, screen, and train a support team to participate in their home-based program
3. Parents participate in meetings with The Son-Rise Program® staff for in-depth discussion and evaluation of the child.

4. Accommodations and meals are provided for each family.

To supplement each home-based program and ensure consistent delivery of the most effective teaching methods, we suggest that each family schedule in-home support services including In-Home Outreaches and three- to six-month Support Services Packages. Details for each of these services are listed below:

- During an **In-Home Outreach**, a certified Son-Rise Program® Teacher spends a weekend teaching at the family’s home, answering questions, working directly with the child and training the parents and the support team. The cost of an **In-Home Outreach** depends on the number of days scheduled and the travel expenses.

- A **Support Services Package** is a three-month combination of Phone Consultations and Video Feedback Sessions where parents receive instruction and supervision on the implementation of their particular program via phone conversations with Son-Rise Program® Teacher. This allows parents to work with the same certified Son-Rise Program® Teacher at regular intervals over an extended period of time in order to receive continuous personalized training. The cost of each **Support Services Package** varies depending on the type and length.

For reviews of these programs from parents and professionals, please see Appendix B.
Appendix F: Home-Based Son-Rise Program® Cost Analysis

Use this template to show the IEP team that running a home-based Son-Rise Program for your child will cost the school district no more than if your child remained in his or her current education placement (or the one suggested by the most recent IEP meeting).

The figures used in this calculation are estimates based on sources listed below. The cost of services can vary widely throughout the US. It is important that you use the actual figures the school district spent educating your child in the previous year. These figures can be obtained from the school’s director of special education or a school administrator and are a matter of public knowledge. Get these figures before the IEP meeting and create a document similar to this sample cost comparison.

Cost Comparison of Home-Based Son-Rise Program and Current School Placement

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost per year</th>
<th>Service</th>
<th>Cost per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time one-on-one classroom aide</td>
<td>$17,137 - $20,736</td>
<td>Child Facilitators – 35 hours per week, 52 weeks</td>
<td>$10-13 per hour = $18,200 - $23,660</td>
</tr>
<tr>
<td>Speech-Language Therapy 2 x week</td>
<td>$50 per week x 40 weeks = $2,000</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy 2 x week</td>
<td>$50 per week x 40 weeks = $2,000</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>?</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Special Equipment</td>
<td>?</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>?</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>?</td>
<td>Monthly consult. Maximum Impact AND/OR Outreach</td>
<td>$___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$___</td>
</tr>
<tr>
<td><strong>Total Cost:</strong></td>
<td>$ 21,818- $24,736</td>
<td><strong>Total Cost:</strong></td>
<td>$20,064 - $27,696</td>
</tr>
</tbody>
</table>

(more if included transport, etc.)

In addition to this comparison, you should also clearly outline which aspects of the program you intend to pay for yourself and which you are asking the school district to cover. The following table is provided as an example to help you. This is not necessarily the recommendation of The Son-Rise Program staff for your child. There are many other details that will need to be considered and negotiated. For example, will your child facilitators be paid to attend group meetings? Will the school district agree to pay the full cost of an outreach or only for the teaching service and not travel expenses?
## Parental and School District Contributions to Home-Based Son-Rise Program

<table>
<thead>
<tr>
<th>Parent’s Contribution</th>
<th>School District’s Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Playroom:</strong> We provide specially designed playroom in our home and pay for all necessary remodeling (cost?)</td>
<td><strong>Playroom:</strong> n/a</td>
</tr>
<tr>
<td><strong>Child Facilitators:</strong> We provide ongoing feedback and support for 3 hours a week for each Child Facilitator (2 hrs Group meeting time + 1 hr individual feedback time) 15 hours covered by parents to form total of 50 hours per week of one-on-one intensive therapy.</td>
<td><strong>Child Facilitators:</strong> Hourly wage of $10-$13 to cover 35 hours of one-one-one time in playroom.</td>
</tr>
<tr>
<td><strong>Monthly consultations:</strong> We provide long-distance telephone fees and video camera equipment when necessary</td>
<td><strong>Monthly consultations:</strong> <em>Son-Rise Program</em> staff’s fee $___</td>
</tr>
<tr>
<td><strong>Outreach:</strong> We provide travel expenses and accommodation for Son-Rise Program® Certified Teacher.</td>
<td><strong>Outreach:</strong> Teaching services fee $___</td>
</tr>
<tr>
<td><strong>Educational Materials:</strong> We will provide all necessary materials to be used in the playroom</td>
<td><strong>Educational Materials:</strong> n/a</td>
</tr>
</tbody>
</table>
Appendix G: Sample Letters

Identifying information has been removed from the following letters to preserve the privacy of the families and school systems involved.

Dear Mrs.  March 21, 2001

Enclosed please find materials for your consideration, to establish a home program for Carter.  As per our recent conversations, we have concluded that the current and past programs for Carter truly do not meet all of his needs.  Although, we are sure with great effort we may be able to find a private school that may meet his physical and medical needs......we question if this approach will be beneficial to Carter over time.  Currently, the programs offered in school settings for the type of child that Carter has been labeled, offer Carter to be "trained" to have "appropriate" behavior.  The expectation is to help Carter obtain self-help skills, so that he may function through life.  Our home program will offer quite the opposite in attitude, we say...."we have no expectations about how far or how much Carter can achieve"...and we will offer much more than we dare to dream even possible....and then see what this child may be truly capable of accomplishing.  In other words, the programs offered thus far, have a limit as to what is expected in way of expectations and accomplishments, therefore offering limited resources.

I wish to stress that we as parents, in no way "expect" or "demand" this new approach will work for Carter.  We only suggest and request that after 4 years of the "same" approach, with out significant results, that perhaps a new approach is warranted.  We would like to approach this new program with a minimum request of one year and our hope will be that at the end of that time, you will agree that it will be beneficial to continue.

Our approach to Carter's illness and disabilities has always been and will continue to be, that "there must be more we can offer this child".  We have tried other programs in the past and have no regrets....each program we try offers Carter a totally different and unique approach and we hope to never stop looking for options that may help Carter
reach his potential......whatever that may be for him.

The Son-Rise Program is a home-based program. It is a 7 day a week—every waking hour program. It takes place in a specially designed room and it’s approach, in the most simplistic terms, is to see and appreciate the child at his current level with love, respect and enthusiasm and to build a trusting relationship incorporating an appropriate learning/teaching environment without expectations, conditions or judgements. The full spectrum of this program is provided for your consideration in the enclosed pamphlets, video, audio tapes and book. This is a unique program and unlike any other approach that has been tried with Carter before. Sometimes, it is a matter of trial and error to find the exact method that will work for/with a particular child. We appreciate the opportunity to facilitate this program for Carter.
Enclosed please find a pamphlet entitled "The Option Institution 2001 Programs."

Beginning on page 19, you will find the cost of the various Son-Rise programs.

I have currently booked Michael and I into the Start-up program from June 10-15, 2001.

We would request that instead of Carter attending the offered summer program, that he begin the Son-Rise program at this time.

We, of course, have a lot of questions, as to what the school will be able to offer us in terms of financial and staffing support... and we will try to address some of these below.....

1.) The program begins as a three step process. Start up program... cost $ _____ per person, for one week, includes meals and lodging. This program is designed for parents and or helping professionals to learn exactly how to teach the child. (the child does not attend this course.) At the end of this course, the participants will have enough knowledge to begin the program with Carter. Will the school pay for us to attend? We will have enough information at this seminar, to train those available to work with Carter... but we are also wondering if the school would be willing to pay for aides to attend this program in the future? (assuming dedicated, enthusiastic aides were to be found and the program proved fruitful.)

2.) The next program offered is an optional program called Maximum Impact... cost $ _____ per person and offers additional in-depth training. We hope to forgo this program and skip to the next program, which allows you to bring your child to the program with you. We, of course, want to ask if we would have the option to have the school pay for us to attend this program, should we find it warranted?

3.) The last program offered is the Intensive Program... cost is not listed in the catalog... but have been told it is approx. $ _____ for a family of three for an entire week, including all
meals and lodging. This program allows you to bring your child and is extremely beneficial and the program we most look forward to attending. We again, ask, will this be covered? And reserve the option as to who might attend...perhaps Kathy and a dedicated aide may be better served in attending this, however it is too soon to tell.

4.) At this time, with all the knowledge we are privy to, we feel it would be most beneficial for Carter to have two separate aides during the course of a day, as opposed to one aide, who could easily "burn out" with such an intensive program. What would be the hours of two aides?

5.) Enclosed are the training materials we ordered and paid for costing $______. These materials are necessary for both explaining the program to the school for reimbursement purposes and to train future aides. Are these covered? And will the school be willing to cover the cost of future training materials as they may be needed? A booklet of those materials and costs are enclosed for your consideration.

6.) At anytime throughout this program, for a fee, phone consultations are encouraged to answer specific questions or to solve specific problems regarding our child. Would these be covered?

7.) From listening to the tapes (please find enclosed) we understand they offer a visit to the home by one of their professionals to work with both aids, parents and volunteers to facilitate this program. This sounds like a very beneficial program. Although, we have no idea of costs yet, we hope the school would be considerate of this extremely beneficial concept.

We are sure to have many more questions regarding what costs will be covered by the school, and hope you will be open to expenses that are necessary to make this program successful. Especially since there are so many areas that will be cost effective for the school.
We would like to state at this time, that we are NOT requesting any outside services...ie: physical therapy, speech therapy, occupational therapy. Nor are we requesting the school fund the special room that needs to be built before Carter can begin this program. (Details of which are enclosed strictly for your information.)

In closing, we would like to point out that most of these costs are one time fees, and once the program is in place and up to full speed.....the years that follow are extremely LOW COST. The next step for Carter would be a private school to meet his complex needs.....we are hoping to avoid this with the Son-Rise Program. We hope you find this information helpful and informative and we look forward to discussing the program with you in detail in the very near future.

Sincerely,
Dear

Given Jacqueline’s upcoming IEP meeting next week, Tuesday August 26, 2003, this is an excellent time for a review of her program and expectations for the next year. Although it is understood Jacqueline has a long way to go we thought it would be enlightening to review certain portions of her Multidisciplinary Assessment Report from 11/12/02.

- “Jacqueline’s behavior in the team assessment was very difficult and she did not want to participate in any suggested activities. Jacqueline had tantrums and overall irritability the whole time the team assessed her.” (italics mine)

- “The screaming was present for the entire evaluation with limited exceptions.”

- “The crying and shrieking continued intermittently despite her mother’s attempts to hold and calm her. Jacqueline arched her back in attempts to escape her mother’s hold, would throw herself to the floor writhing, arching, and kicking, and would bite herself on the back of the hand.”

- “She had limited eye contact.”

- “Jacqueline did not produce any words or sounds that indicated she was trying to communicate using words.”

- “She is nonverbal.”

- “Jacqueline was unable to tolerate therapeutic handling from the examiner and would become quite agitated upon attempts of interaction. She made several attempts to bite the examiner, and bite her own arms repeatedly throughout the assessment period.”
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- "Jacqueline's movements were hampered by intention tremors and were very ataxic in nature. These tremors appeared to increase with her agitation."

- "Throughout the assessment, it was noted that Jacqueline moved about her surroundings with much hesitation."

- "She can walk independently on even surfaces, but rather unsafely... She has difficulty with balance."

After approximately eight months of implementing a Son-Rise Program for our daughter it is accurate to state:

- Screaming and tantruming is generally an extremely small part of her daily routine, probably consisting of less than 5% of her waking hours while in the playroom.

- Jacqueline's eye contact is exceptional and the district's speech therapist questioned the need for continuation of this area as an IEP goal.

- Jacqueline is no longer non-verbal. She attempts to use language at most opportunities and with cues attempts to use language approximately 100% of the time. Her speech consists primarily of babbling with several word approximations.

- Play and human-contact skills continue to expand. One of her favorite interactions with adults is selecting a book and having them label what's on the page (as she turns pages). She shows delight at the sound of certain words and has at times attempted to imitate them.

- Jacqueline now actively accepts most people entering the playroom, welcoming them into her space through the use of smiles and gestures such as taking their hand or laying down to play a favorite game. Jacqueline will also closely approximate the word 'Hi' and 'Bye' when therapists/volunteers arrive and leave.

- Jacqueline's physical strength, balance and coordination have greatly improved, especially in the area of trunk and hand function. She now has the ability to bend over to pick up a toy or small item on the floor and return to a standing position approximately 60% of the time!

None of the above is meant to suggest Jacqueline's problems have been completely resolved, but simply to demonstrate the exceptional progress which has taken place in the last few months.

With the above in mind we present what we believe is necessary to continue Jacqueline's program from the district and also a listing of what contributions are made by us.
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Please note: Prices of Son-Rise Program services are subject to change. Those quoted in these letters do not necessarily reflect current rates. Please call 413-220-2100 for current prices.
August 25, 2002

VIA HAND DELIVERY

Director of Pupil Services

Dear Gail:

As discussed, we are contacting you to give you a progress report on our home-based summer program. We hope at this point that you have had a chance to review the video-tapes as well as the brochure and book that we provided you which outlines the history of the son-rise program at the Autism Treatment Center of America located at the Option Institute in Sheffield, Massachusetts. We have spent approximately the last four years searching for an effective way to help Jamie reach her maximum potential. We feel that we are extremely informed parents. We have gone to countless doctors, autism conferences and support groups. We have tried floor-time and ABA and listened to several "experts" in each field. We have seen teachers come and teachers go. Jamie is now 7 years old and we feel more than ever that the optimal learning environment for Jamie is here at home using the son-rise method. She is less anxious, has far less tantrums and seems to interact more with her family simply because she is not in an over-stimulating distracting environment.

We are excited about the future using this method. We are building a "son-rise" room in our home along with an observation window. This room was constructed exclusively for this purpose. This summer our other two children have been watched by reliable baby sitters and family 5 days a week so that we can spend more time with Jamie. Our four year old went to day camp at Tufts 5 days a week through the end of July. Our toddler is going to day care in the fall. This is something we are very passionate about and are taking very serious steps to make it work. Although this will be a big short-term adjustment for our family, we are looking at the big picture and believe that this is going to provide a happier family life, not just for Jamie, but for all of us. In order to have this program run properly it is costing substantial start-up costs for construction, day-care and baby sitting, not to mention materials needed, as well as the $ we spent on our week of training at the center. We fully expect to assume all of these costs. We intend to have a full time - year round program coordinated by us and overseen by the Autism Treatment Center of America starting in the fall.

We are enclosing information describing the support services offered by the Autism Treatment Center of America. A large part of running a Son-rise program will be taking notes and studying those notes to see what Jamie has made progress with. We will also periodically be video-taping sessions of ourselves and others working in the room with Jamie and giving feedback to anyone working with her. There will be meetings to discuss strategy, planning and progress of the program.

We also enclosed an estimate of the yearly cost of the home-based program that we want to start in the fall with the help of the City of and the staff at the Sun-Rise program. The costs of supporting our program are far less than if she stayed in your school-based program and had transportation, and definitely less than private placement. Our sole intentions are to benefit our special child and we would like to think that the school department also sees this as an opportunity to help Jamie.
Please review the enclosures and get back to us at your earliest convenience. We are available to meet to discuss any thoughts or concerns you may have and to answer any questions. We can be reached at Thank you for your attention to this matter.

SON-RISE PROGRAM COST ESTIMATE
JAMIE - 2002-2003 SCHOOL YEAR

Two day consultation (Son-Rise "Outreach")
$2,100.00 X 6 times per year $________ *

Intensive one week program -once a year
(CURRENTLY A WAITING LIST EXISTS) $_______

Consult/video feedback packages (2 @ $87.50 each)
(consists of 1 phone consult per month for 3 months plus 1 video feedback)

TOTAL $_______

* The outreach program is designed so that a certified son-rise teacher/child facilitator from the Autism Treatment Center comes to our home and works, instructs, comments and advises on our program. These costs are $_______/day for a full day of consultation. An outreach is a two day event, usually a Saturday and Sunday. We are requesting 6 outreaches. There is also a cost of $_______/outreach for teacher prep time. In addition, there are costs for hotel, travel time and meals which we will incur.
Appendix H: One Parent’s Perspective on School Funding

This message was posted on The Son-Rise Program® Message Board in March 2006 by a mother from North Carolina who is running two very successful Son-Rise Programs for her sons.

“As a Son-Rise Family, we embraced the school with love and acceptance. In the end, the school denied our proposal for funding and labor. During a dialogue to clarify my purpose for asking for funding—I decided that I could pursue legal assistance with a loving attitude. I am not piling up judgments against the school; I truly believe that they are doing the best, based on their beliefs at this time. They are also offering my sons, the best that they believe there is to offer. Having said that, I still believe that I can ask for what I WANT, and I BELIEVE is the BEST. And, I can do that without yelling, arguing or getting angry if I get denied. These are the steps I have taken, to get what I want.

1. I got my own independent evaluations
2. I got the school funding package from Carolina, at The Autism Treatment Center of America™ (VERY HELPFUL)
3. I went to 2 pre-IEP conferences to go over the evaluations (including the evaluations I got from our Intensive)
4. I documented all of our sessions with the forms I received at the Son-Rise Start-Up, New Frontiers, and Max Impact.
5. I typed a report every 3-6 months on what our goals were (based on the 4 fundamentals) and what goals had been met and not met. (By the way, NONE were unmet!!)
6. At the IEP meeting, I gave a typed version of the IEP written in Son-Rise language based on our 4 fundamentals— which they took and asked for a second IEP meeting. I offered them the videos, brochures, cassette tapes, and other family’s testimonials in the SRP.
7. At both first and second IEP meetings, I listened, asked questions, and answered all questions about the SRP
8. In the end, they denied all of my requests and I thanked them all for their input.
   THEN, I told them that from my experience with the SRP, I believe that my son will accomplish all and, that they helped me along that process by getting together and putting into writing all of the things we want for my son. They all had tears in their eyes. I have no idea what that meant!!
9. I got a beautiful letter thanking me for being so gracious to listen to them even if I disagreed.
10. I asked an attorney to consider doing our case pro bono and, he has agreed!!!!
11. I hope to always want to ask for what I want. You see the thing is I gained 4 very important things from this exercise.
   • First, ask for what you want, and you can be happy even if you don't get it.
   • Second, I can do the program if the school funds it or not. I cannot lose anything by asking!!!
   • Third, I found out I can love the school and accept them for who they are even if they tell me I am “hurting my child by not putting him in the school-setting”
   • Fourth, by writing all of the goals out for myself, and dialoguing along the way I BECAME MUCH CLEARER on my own intentions for my boys!! I am SURE I gained a lot out of that experience—even though we did not win.”
Appendix I: Other Sources of Funding

If you decide to stop pursuing funding from the school district, there are numerous other avenues to investigate—this is a brief overview of some of them.

Federal Benefits
There are several federal benefit programs that you may be eligible for:

1. Aid to Families with Dependent Children (AFDC)
   More information at http://www.acf.dhhs.gov/

2. Supplementary Security Income (SSI)
   More information at http://www.ssa.gov/

3. Medicaid
   Various waivers are available in many states to make families with children with disabilities eligible for Medicaid. Katie Beckett waivers and TEFRA are two such programs; these are not available in all states.

Tax Benefits
You may also be eligible for certain tax benefits for which you can file amended returns retroactively for up to three years. Seek advice from your tax advisor on the following:

1. Deductions
   Revenue Ruling 78-340, 1978-2 C.B.124 – tuition costs for a special school and amounts paid for a child’s tutoring by a teacher specially trained and qualified to deal with severe learning disabilities may be deducted from your federal tax return. This can also include special instruction or therapy (e.g. sign language, speech therapy etc) related books and materials and diagnostic evaluations.

2. Credits
   The Child and Dependent Care Credit is allowed for work-related expenses incurred for dependents of the taxpayer. There is no child age limit if child has a disability. Expenses up to $3,000 per year for each qualifying dependent may qualify. These can include expenses for regular childcare service, after-school programs and summer camps. Payments to a relative to care for the child are allowed as long as the relative is not a dependent of the tax payer.

3. Flexible Spending Plan (FSP) Benefits
   Medical Flexible Spending Plans are offered by majority of US workplaces. These allow workers to set aside earnings for family medical and psychological services including schooling and tutoring if recommended by a doctor. Flexible Spending Plans for dependent care allows workers to set aside earnings for child care – up to $5,000 a year per family. All money in FSP accounts is taken out of earnings before tax thus lowering taxable earnings. All FSPs operate on a “use it or lose it” basis; any money put aside must be used within the calendar year.

   For more information on tax benefits see http://www.wrightslaw.com/info/tax.2005.benefits.oconnor.htm

Fundraising
Many families have funded their Son-Rise Programs® by holding various Fundraising events. Ideas of how to do this are contained in the “Fundraising Guide” available from http://www.Autismtreatmentcenter.org/contents/getting_started/raising_funds_for_your_tuition.php
Appendix J: Feedback

On what date did you receive the “School Funding Packet”?

Did you find it useful? If so, why? If not, why not? (The more specific you can be with your feedback, the more we will be able to help other families.)

What could we add to this packet of information to make it more helpful to families in the future?

Did you decide to pursue funding from your school district or not? Please explain why you made this decision.

If you did pursue funding, what was the result?

Please return this form to: Carolina@option.org
or mail to: Carolina Kaiser
2080 S. Undermountain Road
Sheffield, MA, 01257