Son-Rise Program Expanded Main Bar – Jason Townsend-Rogers

Arriving in a room full of observers dressed as Cookie Monster from “Sesame Street” is not something many people would attempt. Yet it proved the best way for Susan Nelson to communicate with her son Jake, and it gave her the reassurance she needed to address her audience.

“If I can go into a playroom dressed up as Cookie Monster, sing, dance and act like a crazy person with an observation room full of people watching me, then I can stand up here and express to people that I love how grateful I am for the experiences of the last 18 months,” she said.

Nelson delivered this speech at the Autism Treatment Center in Sheffield, Mass. The center is the home of the Son-Rise program, a method of treatment for people with autism, a disorder that affects the brain’s development of social and communicative skills.

Autism is also a spectrum disorder, meaning that it affects different people in different ways. Individuals with autism diagnoses can display repetitive behaviors and possess obsessive interest in specific subjects or topics. One autistic person can turn his fixated interest in bone structure into a Ph.D, while another can have problems speaking from birth, thus having difficulty developing mentally.

The varying presentations of autism have made settling on a definitive means of treatment difficult. Research into the nature of autism has yielded both official and unofficial therapies for handling this disorder, with each of these treatments its own specific stories of both success and failure.

Autism’s unpredictability in terms of its diagnosis and its treatments leaves parents at a loss as to the choice of the most effective method of therapy. Susan Nelson faced this situation with her 3-year-old son Jake, and recounted her earliest experiences with his diagnosis, when she received her certification as a Son-Rise Program Child Facilitator.

“He didn’t speak or look at us,” she said. “He rolled his little toy cars around, and he stared at the wheels.”

After doctors told her that Jake would never be able to function normally, Susan began searching for ways to help her son. When she found the Autism Treatment Center of America, she knew she had made the right choice.

“I thank God every day that this place exists and that you people are here,” she said, “and now I thank God that I am a part of it.”

Many of the parents interviewed for this story echo Susan’s sentiments about the impact of the Son-Rise program on their children and endorse the program's methods and principles.
These parents have also looked to the program when other methods of treatment, such as ABA (Applied Behavioral Analysis) Therapy, proved unsuccessful.

The Son-Rise program, originated by Barry and Samahira Kaufman, centers on complete respect and acceptance of a child, regardless of his or her disability. It also encourages parents, whom the program describes as the child’s best advocates, to look at autism as a disorder that inhibits social interactions rather than a disorder that results in unusual behaviors.

According to the Son-Rise program, children on the autistic spectrum – the range of syndromes related to autism – benefit best in a distraction-free environment that counters the excessive stimuli present in the outside world. The main advantage of these environments is increased interaction, which helps children on the autism spectrum, the Kaufmans say.

Son-Rise’s approach of emphasizing the role of children and parents in autism treatment contrasts with applied behavioral analysis, the more scientifically familiar and endorsed method of autism treatment.

Where ABA mentions the role of therapists in treatment and highlights the skills that these therapists teach to their children, Son-Rise encourages parents to have an active role in their child’s treatments and encourages them to set the pace during their time together.

This child-centered approach would appear to fit parents who distrust the influences of therapists and specialists’ views on autism treatment. However, these perceived advantages of the Son-Rise program also have caveats. Steven Wertz, who has served as a Son-Rise teacher for 13 years and is now the founder of the Growing Minds Program in Jupiter, Fla., believes that Son-Rise is a valuable method for helping children with autism spectrum disorders, but views the program as merely a facilitator that addresses some problems, but not others.

“The Son-Rise program is strong in strengthening the quality of relationships which the child with autism shares with people. It can also help children develop better eye contact, attention, affection and communication,” said Wertz.

“However, Son-Rise is weak on effectively assessing developmental skills, cognitive and core language and motor difficulties, along with visual anomalies. It is also weak in designing core therapeutic programs and core curriculum that would effectively address the problems that are left over after a child is enjoying greater intimacy with their adult teachers and caregivers.”

The significant improvement in relations between children and their parents are cited as a key benefit of the Son-Rise program, one that scholarly articles are quick to point out in their observations.

K.R. Williams and J.G. Wishart analyzed the effect that the Son-Rise program has on families in a research study titled “The Son-Rise Program Intervention for Autism: An Investigation Into Family Experiences.” Their method of study involved them giving three
questionnaires during a single year to parents who attended a Son-Rise start-up course. They found that most parents felt that much closer to their children, with one respondent noting that as they got to know their child, it helped in them becoming closer as well.

However, other parents who participated in the study pointed out that as much time as they spend with their autistic child, it can come at the expense of their other children. One such group of parents noted that their daughter felt jealous that no one came to spend time with her.

This last response highlights one of the key challenges of the program: the fact that it requires a significant investment in time, money and human resources.

“In addition to taking care of Narottam and running his Son-Rise program, I also have to tend to the needs of his younger brother, Chaitanya,” said Marie Trempe.”

“This is in addition to focusing on fund-raising for Son-Rise. It is too much for me to handle at one time, as we can’t afford to pay out-of-pocket.”

This difficulty is why Son-Rise parents seek out helpers and volunteers to spend time with their children when they are unable to do so. Understandably, Son-Rise parents hold these individuals in high regard.

“I look at my volunteers as props. Each one that you bring has different qualities, and thus able to deliver the Son-Rise program to my daughter in different ways,” Barbara Fernandez said.

However, much like time and money, volunteers are also a finite resource, since many of them have other commitments that sometimes conflict with their Son-Rise duties. Managing these resources is a challenge that every Son-Rise parent faces.

The risks that are present in Son-Rise mirror the inherent challenges present in implementing any autism treatment program. There is never complete certainty that the child will respond to any treatment method offered. Parents may want to quit because of the tremendous commitment of time and money that are required in the treatment of autistic children.

In fact, these inherent challenges in implementing an autism treatment program often lead parents to experiment, adding their own unique traits to established norms. This is a point that K.R. Williams makes clear in “The Son-Rise Program Intervention for Autism: Prerequisites For Evaluation.”

The goal of Williams’ study was to profile parents who adopted the program and gain a better understanding of how they apply it. A parent named “Mrs. B” noted that in her application of Son-Rise, she included her daughter or the children of volunteers, which contrasted from Son-Rise’s typical one-on-one approach. Another pair of parents, code-named “Mrs. E” and “Mrs. F” emphasized academic progress in addition to Son-Rise’s main goals of socialization.
The Autism Treatment Center’s web site encourages parents to combine the principles of
the Son-Rise program with other complementary therapies, such as adopting alternative diets,
sensory integration and biomedical intervention. Most Son-Rise parents adopt at least one of
these therapies.

For instance, the Rogenys employ a GAPS protocol diet for their 8-year-old son, Zane,
alongside their Son-Rise program. This approach, originated by Dr. Natasha Campbell McBride,
emphasizes diet, detoxification and supplementation.

In applying this approach, McBride first states that all dairy products be eliminated from
the diet of an autistic child because she has seen that their removal has resulted in children that
have better eye contact and communication, as well as corrections in eczema and asthma.

In addition, other parts of the GAPS protocol include implementing supplements such as
Vitamin A & D in the form of fermented cod liver oil, which can help in building strong bones in
children and in the development of the brain and nervous system, and eliminating all sources of
exposure to toxic chemicals. This can include actions such as avoiding swimming pools with
chlorine in them and only purchasing items made out of cast iron or stainless steel, rather than
aluminum.

Implementing these alternative means speaks to the flexibility of these families, who are
willing to do what it takes to reach their children, all while maintaining the core Son-Rise
program concepts of unconditional love and acceptance.

Adhering to these mainstay views proved especially important for the Kaufmans when
they received a diagnosis of autism for their then 2-year-old son, Raun. Even though Raun
displayed no interest in the world around him and refused to interact with others, Barry and
Samahria said they saw a child full of spirit aching to be set free, but lacking the means to do so.

Ignoring the advice of medical experts who insisted that Raun’s condition would forever
limit him, the Kaufman family worked with Raun at home for 2½ years. By the time Raun was 4,
he would show no signs of his autistic condition.

Raun is now a Harvard graduate and the CEO of the Option Institute and his parents have
parlayed their success with Raun into movies and books that describe their story. Their efforts
also have been praised by parents and recognized by publications such as Parenting Magazine
and Self Magazine.

The Autism Treatment Center’s website states that since the program’s inception in 1983,
it has helped more than 22,000 parents and professionals around the world for the past 25 years.
Parents who participate often pay $2,000 for the Start-up program, $18,400 for the Intensive
Training class, $2,000 for the Maximum Impact course, $2,000 for the New Frontier course and
an additional $550 for phone consultation.
Given that high cost, parents need to be sure that the program is right for them. To help them, Susan’s husband, Brian, who works at the Autism Treatment Center as a family counselor, consults with parents who wish to incorporate the Son-Rise program into their lives.

“What I do is offer free consultations to parents that are interested in the Son-Rise program,” Brian Nelson said. “These consultations are designed to make sure that what we are offering is, one, what they are expecting and, two, really going to be relevant and helpful for their child.”

That there are many parents interested in an autism treatment program is borne out by statistics. For example, the Centers for Disease Control and Prevention note that 1 out of 110 children in the United States have an autism spectrum disorder. Reports of such statistics have raised awareness of autism around the world and have increased the importance of autism treatment programs like Son-Rise.

However, though these reports paint a bleak picture of the autistic condition, Brian Nelson believes autism is a temporary condition. “The symptoms present in children, while different, all stem from one thing: These children have trouble relating and connecting with people. As we create an environment with less distraction, situations where interaction is fun and interesting, and prioritize building a connection, that impacts a change,” he said. “When you have a child’s attention, when they choose to play with you, they will learn more than if they are forced or acquiesced into doing so.”

Jennifer Marks Borshiansky, who is adopting the Son-Rise program as a means to treat her 6-year-old son Eidan, believes that the program’s emphasis on distraction-free settings will greatly benefit autistic children.

“Children with autism have very sensitive sensory systems and are frequently overwhelmed by unpredictable and over-stimulating environments,” Borshiansky said. “Hence, a distraction-free space like the Son-Rise Program’s playroom is incredibly beneficial for children like these. Son-Rise playrooms create an environment where special children have space to learn, grow, love, connect, and eventually find their way to our world.”

The actions these parents are taking in adopting the Son-Rise program to help their children recover from autism are a testament to their determination and persistence. One such goal that each of them hope to achieve, along with steering their children on the road to recovery, is to encourage individuals to obtain a better appreciation for individuals with autism.

“Individuals with autism have a sincere desire to connect with others,” said Denise Skinner, whose son Nathan received an autism diagnosis; “However, for that connection to take place, they need to be accepted for who they are. Unfortunately, there is a stigma that exists which says that individuals with autism do not want to connect with others, which is completely false.”
Trying to remove this stigma has taken on increased importance in our society, especially considering the fact that more individuals are receiving diagnoses of autism.

Advocacy organizations, celebrities and political figures have contributed in various ways to raise the awareness of individuals diagnosed with autism and its related disorders, and thereby reduce the stigma. Each has dedicated its efforts to informing the public of the challenges in dealing with an autism spectrum disorder, and providing resources to aid parents in taking care of their autistic children.

One such group, Autism Speaks, provides a weekly 100-day kit that provides aid to parents taking care of their children in the days immediately following an autism diagnosis. Components of the kit include how to establish a competent team of therapists, as well as how to protect your home from your child’s unpredictable behaviors.

Another organization, the Interactive Autism Network Project, focuses on removing the isolation that families experience with an autism diagnosis, by connecting them with researchers whose goals are to gain a better understanding of autism and share said understanding with these families. The network’s goal is that this research will help improve social services for people with autism spectrum disorders.

Celebrities who have spoken out against the autism stigma have done so through the lens of their own personal experiences. Actresses Jenny McCarthy and Holly Robinson Peete have children with autism, and they have used their fame as a springboard to share their experiences with the management of the disorder.

Both have written books, with McCarthy detailing her experiences in helping her son overcome his autism diagnosis in her book “Louder than Words: A Mother’s Journey in Healing Autism.” Peete, along with her husband Rodney, also have a son with autism, and have contributed a pair of books about better understanding autism, titled “My Brother Charlie” and “Not My Boy!: A Father, a Son and One Family’s Journey through Autism.”

In addition, both McCarthy and the Peetes have founded non-profit organizations to raise awareness for autism. McCarthy founded, along with her former husband, Jim Carrey, Generation Rescue, a non-profit organization dedicated to empowering parents of autistic children and giving them the tools necessary intervention. The Peetes have since dedicated their joint charity, the HollyRod Foundation, to greater autism awareness.

The government has directed their efforts towards research and treatment of autism. In 2000, then-president George W. Bush approved the Children’s Health Act, with sections dedicated to the funding of additional research and information on autism and pervasive developmental disorders. In 2001, U.S. Reps. Chris Smith R-N.J., and Mike Doyle, D-Pa., founded the Congressional Autism Caucus to raise national attention for autism. In 2006, then-president Bush would sign the Combating Autism Act in 2006. This act would allow for an
estimated $920 million for the next five years to go toward combating autism through biomedical and environmental research, awareness campaigns, surveillance and early identification.

In 2007, then-Sen. Hillary Clinton introduced the Expanding the Promise for Individuals with Autism Act, which dedicated $350 million in federal aid to improving autism treatments, interventions, and services for individuals with autism spectrum disorders.

Along with the additional federal funding dedicated to autism treatment, research and intervention, the Expanding the Promise for Individuals with Autism Act allows for the creation of a task force that meets with Congress and the President and gives updates on the status of biomedical and behavioral autism research. This act also allows for grants and protections for families dealing with autism and other developmental disabilities. The House version of this act is now in the House Energy and Commerce Committee, while the Senate version remains in the Senate Committee on Health, Education, Labor, and Pensions.

Currently, President Obama is pledging to dedicate even more funding to autism research, promising $210 million that will go toward funding studies that will help in increasing autism awareness.

Pledging money toward research is an admirable goal. However, it is likely that little of those funds will go toward funding for autism treatment programs, Son-Rise or otherwise. This is because the majority of additional autism funding goes toward research.

Many parents say they would greatly appreciate any form of governmental assistance for their Son-Rise program, especially if that assistance came in the form of additional funding.

“I would love to have government support for my Son-Rise program,” said Becky Givens. “Even though I have my own agency, we struggle with finances.”

Of course, should the government decide to fund programs like Son-Rise, it could lead to increased government stipulations for these programs, a scenario that would not sit well with Karey and Kelley Rogeny.

“While government funding would be great to offset costs and provide assistance for early intervention, taking on government funding ties you to government regulation, meaning that strings will always be attached to said funding,” Kelley Rogeny said.

Though opinions diverge as to how far they should go, allowing the government to contribute in some capacity to autism treatment programs, specifically in offsetting costs, would prove a boon to parents. This is especially so considering that an autistic individual can accumulate $3.2 million costs over his or her lifetime, and that autism costs society $35 billion a year in direct and indirect expenses each year, according to an April 2007 report in the Archives of Pediatrics & Adolescent Medicine.
However, while more attention is being paid to autism awareness, understanding and research thanks to the efforts of notable individuals in government and the arts, not enough notice is being given to the inherent complexities that exist in autism. This lack of attention to these intricacies makes it problematic for meaningful action to be taken. One such individual who emphasizes this is Erin Healy of the Bureau of Autism Services in Pennsylvania.

In her report titled “Improving Autism Policies beyond the Enigma,” she observes that the inherent complexity in an individual autism diagnosis means that there are no federal standards for diagnosing and treating autism or its related disorders. Although extensive research has yielded greater understanding of autism and possible treatment solutions, the lack of a definitive federal standard will result in families losing resources spent on treatments that have little scientific support, according to Healy.

In addition, while young children with autism spectrum disorders are likely to obtain some form of early intervention, adults on the autism spectrum are far less likely to get help. That is because adults lose their access to special education services. The lack of assistance forces them to fend for themselves, with not always favorable results. This is even more devastating if there has not been early diagnosis and treatment.

Finally, the services provided by the government for autism treatments, specifically Medicaid and other services, require the families to fit specifications such as income brackets, or go through special education programs. In addition, the programs offered tend to either focus on autism spectrum disorders directly, while others tend to adopt a one-size-fits-all approach, which ignores the unique aspects present in autism.

The inherent complexities that are present in autism, whether they exist in its treatment programs, or research, mean that finding a straightforward means to comprehend and ultimately overcome this disorder will prove difficult. This lack of understanding, however, should not have to translate to fears surrounding the perceived limitations of autism.

“Autistic children are not crazy,” Marie said. “They simply have trouble understanding the world around them. They have tremendous potential, so do not sell them short simply because you do not understand them.”

“What I wish people knew about autism,” David Borshiansky said, “is that the things that they do that we may not understand actually do have a purpose, and we can use these things as a starting point for getting to know more about them.”

“In particular, we can use this information to change our view of autism as a cold and unfeeling way of being by considering that these ‘behaviors’ or ‘isms’ are often means of coping with an unpredictable, or even hostile, world.”
Barbara Fernandez: Proving that Son-Rise is effective for parent and child alike

Barbara Fernandez and her 8-year-old daughter Anna have much in common. They both have short, black hair, slender figures, black eyes and a curiosity to experience the world around them.

Barbara and Anna Fernandez also share one more thing: Both of them have been diagnosed with autism, and both of them have seen it affect their lives.

The Son-Rise program has helped in uniting two distinct individuals who happen to share a common diagnosis, while also proving that its methods are effective regardless of age.

“The Son-Rise program has helped me to recover off the spectrum, to the point where I can feel normal both inside and out,” she said.

Specifically, Barbara has been diagnosed with a higher functioning form of autism known as Asperger’s syndrome. She credits her personal experiences, coupled with the tools provided by the Son-Rise method, in allowing her to reach her daughter.

Achieving that connection proved difficult at first because Anna, diagnosed at 3 years of age, proved initially distant.

“She was emotionally disconnected from me,” Barbara said. “We lived in the house together, but we essentially had no relationship.”

This disconnection extended to Anna’s social behavior.

“Anna was socially isolated and would spend most of her time lying down, looking out the window and making bird sounds,” Barbara said. “She would also spend lots of time with her dog, along with toys and electronics.”

Anna’s speech was also limited. Her first word was “cup” and she said nothing else after that. She refused to have any type of conversation with Barbara, preferring instead to run away.

Anna’s situation was complicated further by the fact that she also suffered from claustrophobia. Her discomfort of being in enclosed spaces would lead to tantrums, so much so that her mother ultimately decided against taking her anywhere.

The determination to reach her daughter led Barbara to seek the services of DAN (Defeat Autism Now) doctors and to employ the gluten-free/casein-free diet. However, the results of this diet were far from successful.
“We tried the diet, but it did not really help or work much. In fact, we tried many other diets, with most of them yielding only subtle results.” Barbara said.

Barbara found out about the Son-Rise program through an article in Mothering magazine, a parenting publication. The article was part of a series that covered alternative autism treatments. The article intrigued her, but she still had doubts.

“Doing this program meant that I had to invest a lot of my money and time, so if the program did not work, it would be a huge gamble,” she said.

“Also, $2,500 and a week’s worth of time is a huge investment, especially considering that other autism treatment programs are similar to this one in some way and do not always work.”

Objections aside, Barbara said her time with the Son-Rise program has paid dividends for her and her daughter.

“My biggest change with the Son-Rise program is that I have become more understanding and patient,” Barbara said.

Anna smiles more frequently than she once did, Barbara noted. She has a more positive attitude, has improved her mastery of sentences and words and spends far less time “imming,” or stimming, which describes an autistic child’s repetitive body movements that stimulate the senses, such as flapping hands or slapping fingers.

“She now has an average of five- to six-word sentences and can say 12-word sentences as well,” Barbara said.

However, Barbara said, Anna’s greatest improvement is her increased level of empathy.

“She now says ‘I love you, mom!’ to me,” Barbara said.

These advances were possible through Barbara’s efforts, along with her five-person volunteer team. Barbara regards her volunteers highly because, she believes, they are important to the Son-Rise experience.

“My volunteers are like props in that each one you bring in has different qualities. Each of them is delivering the Son-Rise program in a different way,” she said.

Barbara said that she hopes success stories like hers will get greater attention.

“I think that those people who draw the unlucky card of autism should receive some type of assistance, as autism is something that can be cured, treated and helped.”

**Becky Givens: An ABA therapist embracing the warmth of Son-Rise**
If knowing is half the battle when it comes to autism, then Becky Givens’ level of knowledge has allowed her to be more prepared than most when it comes to facing the challenges inherent in this condition.

The source of this knowledge is due to Givens’ time as an Applied Behavioral Analysis therapist – a therapy that involves using behavioral methods to measure behavior, teach functional skills and evaluate progress.

Becky’s experience as an ABA therapist proved especially advantageous when deducing the early condition of Isaiah, her dark-skinned, brown-eyed 4-year-old son.

“I have been training children in autism for over 20 years, so I knew that he had autism when he was 12 months old,” she said. “However, we lost him when he was 9 months old. At that time, he did not respond but instead stared at us blankly. He also failed to hear our voices.”

Isaiah’s autistic conditions were complex. He was self-injurious and non-verbal, lacked eye contact with everyone except Becky, had no level of interaction and cried frequently. To make Isaiah’s living environment more favorable, Becky moved to a new house, which did little to change the situation.

The move, she said, actually made his condition worse.

“The chemicals in the environment were making him sicker,” she said.

In response, Becky tried modifying his diet and giving him various supplements.

“We started out by giving him Max GXL, a supplement that would boost his gluteus-iron level. This resulted in a lot of positive changes, such as him being able to brush his teeth,” she said.

She then tried azithromycin, an antibiotic that improved his speech. Becky noted that this medicine, along with the Max GXL, contributed positively to his development.

“He could talk with the antibiotics, but adding the Max GXL made him a different child,” she said. “He was able to hold a pencil and do lots and lots of things.”

These positive results with azithromycin were unexpected, Becky admitted.

“I gave it to him one night, and he said ‘Good morning,’ to his brother Joshua the next day,” she said.

Becky’s meeting with the Son-Rise program occurred at a conference in Orlando, where she met Raun Kaufman. She was unfamiliar with the program despite the amount of time she spent working with autistic children. “That conference changed my life,” she said.
Becky has been a Son-Rise parent with Isaiah since June 2008. She has a series of paid assistants, who are mainly college students. Becky pointed to Isaiah’s improved speech, increased willingness to let others engage, and a greater attention span as indicators of the program’s effect on him.

These positive results tend to clash with Becky’s ABA training. She said it was difficult to adapt to the differences in practice between Son-Rise and ABA.

“My biggest concern was that I was trained in not allowing the child to run the house,” Becky said.

However, despite the fact that ABA and Son-Rise have their differences, Becky also noted some similarities between them as well.

“For ABA therapy, we do certain things that we also do in Son-Rise. For instance, we don’t reinforce negative behavior.”

As Becky continues with her Son-Rise training, she hopes the two schools of thought can eventually merge into one, specifically having a Son-Rise philosophy achieve ABA results.

Becky is aware of the role that biomedical treatments have had in supplementing her Son-Rise experience. She hopes that people see her success with the Son-Rise program, through the eyes of a dedicated ABA therapist, will inspire other professionals to take a second look at cases of autism.

“Kids with autism can recover,” she said. “We professionals have programmed them to think that this is not the case, which is absolutely not true.”

Greg Milk: “I love and swear by Son-Rise”

In reflecting on his Son-Rise program experiences, Greg Milk came to a singular realization: It was never about his children, it was always about the reactions of him and his wife.

The serene looks given by Greg’s kids, 5-year-old Caleb and 9-year-old Trinity, whom Greg affectionately refers to as “his goats,” were best reflected in their faces. While Trinity and Caleb, two African-American children who each possess brown eyes and short black hair, reacted to their autism diagnoses calmly, Greg and his wife were anything but.

“Trinity and Caleb were happy, almost in a state of peace,” Greg said. “My wife, Isis, and I, were the ones that were expressing concern.”

Concerned about their condition, Greg and Isis Milk set out to obtain answers. They initially tried Applied Behavioral Analysis therapy, a decision that Greg quickly regretted.
“It was almost like dog training,” Greg said. “Every time Trinity would do something, they would tell her ‘no, no, no’ and then forcibly show her the correct action. What they did kind of weirded me out.”

The Milks then tried Relationship Development Intervention therapy, which focuses on relationship training that encourages the child to form bonds with his or her parents. To Greg, this “made more sense” than ABA therapy.

One treatment method that did not make much sense to them was adopting the gluten free/casein free diet. “We tried it for two years straight, almost becoming diet monks, but we did not see any remarkable results,” he said.

The Milks learned about the Son-Rise program when Isis read “Son-Rise: The Miracle Continues” during a trip to the library. After reading about what the Kaufmans had gone through for Raun, she discussed the program with Greg, who agreed to apply the book’s principles to their children.

“My wife and I love and swear by this book,” Greg said.

The Milks have been Son-Rise parents since February 2009. Greg manages the program with Caleb and Trinity while Isis works. Caleb gets 25 hours a week of Son-Rise time while Trinity receives his full attention on the weekends.

Greg said the time spent with Caleb has resulted in him achieving greater eye contact and an increased attention span. Nevertheless, he noted, one of the greatest changes that has occurred since applying Son-Rise program principles has come from within himself.

“I love my kids more now,” he said, “and I am more accepting of them.”

To Greg, this greater acceptance and ability to connect with his children is far more than any specific “goals” that are set on a timeline.

“People tend to look for quantitative results,” he said. “When you hear three years, you are instantly expecting results. Results might come, they might not; for me, it is all about connecting with my kids.”

Greg does not actively seek volunteer assistance in his Son-Rise program, preferring to think of himself as an “artist” and see the results of his efforts first-hand.

He would appreciate, however, if the government played a more active role in funding the Son-Rise program.

“There needs to be funding for families who have income that can’t support their autistic children,” Greg said.
Denise Monert-Feliciano: “There is more to Son-Rise than just the technique.”

Lack of eye contact and hearing, running in circles, and delays in speech are common traits in children with autism, and they were present in Denise Monert-Feliciano’s then 2-year-old son, Joshua.

When observing the actions of her son, who possesses brown skin, black eyes and wavy black hair, Denise was quick to notice that something was wrong, even though her occupational therapist and pediatrician thought otherwise.

“I would continually ask them whether or not he was autistic,” she said, “and they would reply, ‘No, we have seen autistic children before.’”

This skepticism did not stop Denise from looking to help her son, and once he received his autism diagnosis when he was 3, she immediately began looking for treatments that would benefit him.

Denise tried ABA therapy for a year, hoping that it would help Josh’s development. The results said otherwise, much to her disappointment.

“I was not happy with what was going on,” she said. “I was not happy with the results and the progress. I could see that my child was not motivated, and he looked like he was in a depressed and tired state all of the time.”

Undaunted, Denise continued researching. She came upon a Web site called “Kyle’s Tree house,” a 501c3 organization that had been put together by Jenifer and Jeffery Westphal, who are from Newtown Square, Penn., to help their autistic son, Kyle. Denise noted she had visited this site one year earlier, but that something stood out with this return trip.

“This time, there was an actual video of Kyle talking and telling about the Son-Rise program, as well as how to reach these children,” she said.

The video proved inspirational for Denise, who then ventured to the source of the Son-Rise program, the Web site for the Autism Treatment Center of America.

“The more I read about Son-Rise, the more I just knew that it was what we were going to do,” she said. “If I hadn’t found this program on the Internet, I am afraid to even think about where we would be.”

Denise and her husband, Rico, have been Son-Rise parents for two years, starting after returning from the Son-Rise Start-up Program at the end of February 2008. Her team consists of her and her husband, along with three other volunteers, and they adhere to a 45-hour-a-week program designed to help Joshua achieve his potential.
Denise describes her dedication to Son-Rise as “relentless,” believing that applying the program’s principles of love, respect and acceptance should be done in and out of the playroom.

“We don’t just do Son-Rise in the room. We live Son-Rise, and I think that makes a difference,” she said. “The Son-Rise program also encourages us to work on ourselves because the better we are, the better attitudes we have, that will ultimately reflect on our children, whether they are autistic or not.”

Denise uses a video camera during her son’s playroom sessions to monitor his actions, noting such factors as eye contact and interactions with others. She then uses these reactions to dole out feedback to the people that work with her on a frequent basis.

Denise makes sure that she pays those who contribute to her cause because she finds that it helps in maintaining consistency and stability in her program.

“We have found that paying people is easier and more effective because we can help dictate the hours and it is more of a set schedule in terms of training,” she said.

These efforts by Denise and her team have strongly affected Joshua for the better, who is now a happy child who possesses considerable energy, Denise said.

Denise also has observed that Joshua has greater eye contact than before, along with an increased willingness to interact with others and greater speaking capabilities.

Denise said that she hopes that more individuals will look at stories like hers and draw a different impression of autism.

“I want people to know that autism is not a tragedy,” she said. “Recovery is possible, and the way to achieve that recovery is to do it in a loving and accepting manner.”

The Borshianskys: “Eidan is once again curious about his environment”

“Let’s wait and see.”

So said the very first pediatrician Jennifer and David Borshiansky consulted in an attempt to figure out what was wrong with their son, Eidan. The Borshiankys needed answers as to why their then 4-year-old son, the eldest of their children who is thin, wears glasses, and possesses green eyes, was choosing not to speak, look at others, and have little interest in his environment.

Unwilling to accept this passive response, the Borshianskys sought out the counsel of geneticists, developmental pediatricians, neurologists and medical officials who would be willing to give them clues to their son’s condition.

“We were hoping to receive a treatable diagnosis, rather than an incurable disorder like autism,” David Borshiansky said.
Jennifer and David Borshiansky also had to manage his cerebella hypoplasia and hypotonia. The former left him with underdeveloped motor skills, while the latter meant he possessed less muscular strength than other children his age.

Treating Eidan’s ailments required the Borshianskys, of Scottsville, Va., to seek the assistance of their state’s early intervention program, which allowed him to receive aquatherapy, vision therapy and hippotherapy, in which a therapist uses horse-style movements to assist in sensory input.

The Borshianskys supplemented Eidan’s early-intervention program with digestive enzymes, nutritional supplements, shots and hyperbaric oxygen treatments. These would help in caring for Eidan’s other symptoms, but would prove ineffective in treating his autism.

The Borshianskys initially sought the services of an applied behavioral analysis specialist to treat Eidan. They were not satisfied with the results, however, because they felt that the regimented structure of ABA therapy did not fit in with Eidan’s needs.

“We discontinued the therapy because the methodology did not respect Eidan in the way that we wanted,” David said.

“While the ABA therapist that worked with Eidan genuinely loved him, she would also get very frustrated with him at times and manipulate him in a way that was too rough for our tastes.”

The Borshianskys felt that the ABA therapy failed them because its practices did not approach Eidan by accepting him, wanting his best, and working with him so that he is able to achieve it.

After trying ABA therapy, the Borshianskys tried to focus their efforts on spending individual time with Eidan, using the lessons learned from their ABA therapist. However, this effort also proved disappointing.

“In the end, everything was expensive and disappointing,” David said.

The Borshianskys then sought a program that could help them better understand Eidan’s autism diagnosis. Finding the right solution was important because their insurance was also proving insufficient in terms of financing Eidan’s various treatments and medical tests.

The Son-Rise program seemed to be a viable solution when they learned about it from Suzanne Evans Morris, a speech therapist who did some work with the Autism Treatment Center. Morris was referred to the Borshianskys by a therapist who knew Dr. Stanley Greenspan, a psychiatrist who invented floor time therapy. They said they were excited about the program, but hesitant about the financial commitment and the time and effort it required.
“An ideal Son-Rise program runs 10 to 12 hours a day, seven days a week, for an average of three to five years,” David noted. “Additionally, the training involved a costly weeklong trip to Massachusetts that was well beyond our means, especially after years of medical expenses.”

The Borshiankys turned to their family and friends for support, which allowed them to obtain enough moral and financial backing to attend the Son-Rise Start-up program in Massachusetts and return home with the resources necessary to start the program.

Since attending that start-up session on the last week of February 2008, the Borshiankys have been dedicated Son-Rise practitioners. Their team, which includes them and three volunteers, aims to equip Eidan with the social skills necessary to survive in an unpredictable world.

“Our goals are to develop the social fundamentals that form the basis for all learning and are generally understood to be deficient in people with autism,” David said.

Achieving this goal requires the Borshiankys and/or their volunteers to spend 50 to 60 hours a week with Eidan in a distraction-free playroom, allowing those inside to focus their attention exclusively on Eidan.

Thanks to the program, Eidan has changed from a child who lacked curiosity and interest in the world and the people in it, to a happy, vocal and fulfilled individual, his parents say. Indeed, David praised the program for helping with improving his eye contact and allowing him to walk independently.

“All, Eidan is no longer non-verbal, and he has shown interest and curiosity about his environment and he is now playing with toys that he has ignored for years,” David said.
Melinda Clerico: Son-Rise helped break the language barrier

Melinda Clerico has made it clear that the Son-Rise program has greatly enhanced the life of her 4-year-old son, Riley Sheridan, and she is particularly effusive when recounting his greatest achievement.

“Language, language and language,” she said with pride in her voice.

Her singling out of language is fitting, considering that Riley’s lack of speech initially served as a key barrier during his early development.

“Other than language, the early stages of life for Riley were mostly normal,” she said. “He was a stiff baby and cried fairly often. He also had an affinity for me and no one else.”

Yet everything changed 10 months later.

“Around 10 months after he received his MMR (measles, mumps and rubella) shots, he lost the only word that he had – ball,” she said. “After that, he became a super stiff baby, needing to be held even more. There were days that he was never out of my arms.”

Riley was literally at a loss for words.

“His tears became the norm for him, as if they were his only words, yet they were never accompanied by ‘Mommy’, ‘Daddy’, or ‘I love you’,” she said.

Riley also had problems adapting to his environment. He had to cover his eyes when entering light and cover his ears when dealing with sounds. When Riley was 14 months, Melinda expressed even more concern when, during a visit to the pediatrician, Riley could not identify certain parts of his body.

“I asked the pediatrician why he could not find his nose,” she said. “I have four other children and they could all find their noses, but for Riley, no nose, ears or eyes.”

Riley’s situation forced Melinda to dedicate all her attention to him.

“All of this, plus much more, equaled no time for anything else,” she said. “I couldn’t leave him and we couldn’t go anywhere, so we didn’t.”

However, her extra time with Riley did not yield any additional clues as to how to handle his condition. “We had no tools to deal with or understanding of whom or what he was,” she said.
Melinda first attempted to alter Riley’s diet. Going on advice that she had received from her in-laws, Melinda put Riley on a gluten free/casein free diet and gave him cod liver oil. With this change in diet, Riley became less agitated and held his dad’s hand for the first time.

She also gave Riley a weighted vest and a stabilizing pressure input orthosis (SPIO), a flexible compression bracing system that helps with stability. The SPIO, along with the weighted vest, helped in improving Riley’s physical awareness by making him more cognizant of his limbs and stabilizing his core and joints. Despite this progress, Melinda was still concerned that he could not go anywhere easily.

Reading Jonathan Levy’s book “What You Can Do Right Now to Help Your Child with Autism” helped her better understand Riley’s condition. She read and reread it and then showed it to her family members.

Levy, a certified Son-Rise Family Trainer who has worked with autistic children since 1993, used his book to condense the Son-Rise method into 10 easy-to-understand principles, a practice that Melinda quickly embraced.

“It was our first autism book, and it has shaped everything we did,” she said. “It is very simple, gracious and respectful of you and your child.”

Newly inspired, Melinda placed several calls to Jan Marie Gundacker, a Son-Rise Family Counselor, and after completing some forms her Son-Rise journey began. Her approach to the Son-Rise Program is more family-based. She admits to never having a volunteer, an idea that she herself finds “a bit scary,” but finds that the lack of volunteers does not mean Riley lacks outside support.

“My other son, Gabriel, who is 5, is his number one therapist. He has taught Riley everything,” she said. “We have also had team members from Riley’s school, such as the director of the developmental playschool, come to play with Riley every week.”

After adopting this approach, Riley has since become patient and can go to the store or library without any difficulty. Melinda said that these gains complemented Riley’s substantial language progress.

“He went from 15 words at 2 years of age to 78 by June of 2008,” Melinda said. At this time, Riley was 2 years and 11 months old.

“After returning from the Son-Rise Start-up Program, a five-day training session that gives parents the tools to start their home-based Son-Rise programs, Riley blossomed to 350 words in two weeks and now has a vocabulary well over 2,000 words,” Melinda said.

*The Rogenys: We did not want to be spectators in Zane’s development*
Every parent wants the best for their children, even when adversity threatens to limit their promise. In Zane Rogney’s case, his diagnosis of autism meant that there would always be a ceiling on his potential.

“There was never a hope of anything more than teaching Zane to cope or gain skills that would help him to be successful,” Kelly Rogeny said. “There was no hope of healing or recovery for him.”

This was not enough for Karey and Kelley Rogeny, who were willing to do whatever it took to see their 8-year-old son reach his potential.

They first tried taking Zane to speech therapists, occupational therapy and early intervention. This meant Zane spent much of his early development under the care of professionals, which did not please the Rogneys.

“We felt like spectators during this entire time,” Karey said.

Karey and Kelley believed that they had to take a more active role in their son’s development. The first step in this process, they decided, was in altering his diet.

“We found with Zane that there could be biomedical imbalances due to the nutrition that he is getting, so we removed gluten, casein, dyes and preservatives from his diet,” Karey said. “We also removed soy and sugar. In fact, after taking out sugar, we decided to take it a step further and instituted the GAPS protocol, which is similar to a specific carbohydrate diet that limits all carbohydrates.”

Dr. Natasha Campbell McBride originated the GAPS protocol. It emphasizes a three-pronged approach that includes diet, detoxification and supplementation. Applying this three-way approach, McBride states that all dairy products be eliminated from the diet of an autistic child, as she has seen that their removal has resulted in children that have better eye contact and communication, as well as corrections in eczema and asthma.

McBride’s other parts of the GAPS protocol include implementing supplements such as Vitamin A & D in the form of fermented cod liver oil, which can help in building strong bones in children and in the development of the brain and nervous system, and eliminating all sources of exposure to toxic chemicals. This can include actions such as avoiding swimming pools with chlorine in them and only purchasing items made out of cast iron or stainless steel, rather than aluminum.

The Rogneys originally heard about Son-Rise through a local friend of theirs who had attended the start-up program. The Rogneys researched Son-Rise and then decided to move forward.
They said that given how much they had spent on speech and occupational therapy and with diet alterations and specialist visits, Son-Rise had proven a good investment.

Still, one challenge the Rogenys have faced in their Son-Rise program is maintaining a steady set of volunteers.

“Our Son-Rise program is not consistent as some of our volunteers have come and left. Most have come for projects, others for service, but none have stayed on permanently,” Kelley said.

Fortunately, the Rogenys have friends who ably contribute their time and efforts to Zane’s development, which has made it easier for Karey to focus on his job and take care of Zane at the same time.

Since adopting the Son-Rise program, the Rogneys said they have seen the positive strides Zane has made.

“There has been a large growth in attention span for Zane since Son-Rise,” Kelley said, “He also has greater eye contact and has become more comfortable in his own skin.”

Zane enjoys the company of others a lot more since Son-Rise, Kelley adds, but he still faces some minor challenges with social flexibility.

Challenges aside, Kelley hopes that Zane’s progress will inspire other parents with autistic children to view their situation more positively.

“So many think that there is nothing that you can do about autism, when that is not the case,” Kelley said. “There are many solutions that exist. The problem is that these solutions are not common knowledge, thus parents choose not to pursue them or do anything about it.”
Marie Trempe’s Son-Rise Story – Jason Townsend-Rogers

*Marie Trempe: “First seek to understand, and then be understood.”*

Narottam Cecil’s defining characteristics are his boundless energy and cheerful spirit, traits that ably complement his slender figure, brown hair, blue eyes and gentle, caring smile. He loves running around, bouncing on his trampoline, laughing and telling stories, especially when they are about his favorite topic – dinosaurs.

Narottam was not always this way, however, as obstacles more formidable than any dinosaur or imaginary monster threatened to limit the energy this 10-year-old’s ebullience would bring into the world.

It all started at 21 months, an age at which many parents are merely concerned with readying their children for new experiences and environments. Narottam’s mother, Marie Trempe, had a far more serious matter on her hands. At 21 months, Narottam suffered from neuroblastoma, a cancer of the nerve cells, along with opsoclonus myoclonus syndrome, a rare autoimmune disorder.

“Basically, his immune system was attacking the tumor, and then it went into overdrive and started attacking the brain, thinking it was the tumor because the brain and the tumor are both made up of nerve cells,” she said.

“Narottam lost his speech and he could not walk because his immune system was attacking the brain stem and the cerebellum,” she said. “As these two parts deal with language and emotions, Narottam would get rage attacks.”

“He could not walk or talk and was shaking all over. His eyes were also moving all over the place.”

Marie was able to find a physician to treat Narottam’s cancer, as well as another one who cured him during its remission stage. Now, Narottam’s cancer no longer threatens his life.

However, that victory failed to prepare Marie for what would happen next.

“Because of what happened with Narottam’s auto-immune disorder, he could not talk, so when he returned to school, people saw some ‘autistic-like’ behaviors,” she said. “They thought that these behaviors were leftovers from the opsoclonus myoclonus syndrome, as they affected his brain.”

These behaviors led Narottam, 7 years old at the time, to be diagnosed with Asperger’s syndrome – an autism spectrum disorder in which an individual has difficulties in social interaction, combined with restricted and repetitive patterns of behavior and interests. This diagnosis, along with his frequent visits to the hospital, made it difficult for him to keep and retain friends.
“When Narottam was 4 or 5, he had no problem playing with kids his age,” she said. “At that time, kids are still innocent. Once those kids got older, though, they became more sophisticated socially and they and Narottam grew apart.”

Narottam’s interest in dinosaurs failed to captivate his older peers. The fact that he did not share in the pursuits of his older friends did not help matters.

“Narottam is not as physical as the other boys,” Marie said. “The Opsoclonus myoclonus impeded the development of his gross and fine motor skills. He does not like sports. As he grew up, his interest in dinosaurs became narrower. He would know everything about them!”

Knowing everything about dinosaurs would be invaluable for anyone aspiring to be a paleontologist, but it did not endear him to other children his age.

“Other kids would think that Narottam talks too much,” Marie said. “They would also tease him, but he would not realize it as he is not as socially perceptive as they are.”

“He would laugh with the other kids, not knowing that they are really laughing at him.”

These challenges, brought on by a combination of Narottam’s complicated health and his autism diagnosis, represented a significant hurdle for Marie to overcome.

“I was a little lost after everything that we went through,” Marie said.

Her quest to find answers for Narottam’s condition led her to seek the services of various specialists. That, along with the dietary changes she made that consisted of removing specific minerals and additives, brought mixed results.

The dietary changes led to positive gains. Already health conscious, Marie only had to make incremental changes to Narottam’s eating habits.

“Considering everything that I had already done regarding his health, I did not have to change anything in his diet after realizing that he had autism,” Marie said.

“Narottam was already on a sugar-free diet,” Marie added. “I made sure to never give him any processed food, or anything that contained white sugar or white flower.”

Marie also eliminated acidic foods from his diet, including tomatoes, potatoes, eggplants and bell peppers. Narottam’s diet after these changes would consist mainly of gluten free/casein free foods.

Along with these foods, Marie also employs medicinal herbs to supplement his diet.

“I give Narottam ayurvedic herbs, which are an ancient medicine from India,” she said. “These herbs help with his immune and nervous systems, along with his brain.”
In addition to these dietary changes, Marie also employs craniosacral therapy. This involves the use of a soft touch to enhance the craniosacral system, which includes membranes and cerebrospinal fluid that surround and protect the brain and spinal cord.

Marie’s visits to various specialists were not as constructive because she ended up meeting specialists who focused more on the disease and less on the person.

“I first tried visiting a DAN (defeat autism now) doctor,” Marie said. “Not only are they extremely expensive, but they mainly deal with the problems rather than the child.”

“The allopathic doctors that I visited were so used to treating children a certain way, that when someone that is different shows up, they do not know what to do.”

This realization forced Marie to take the lead in managing her son’s health.

“Much of Narottam’s healing has come from my research on the Internet,” she said.

This research has also led to Marie finding a neurologist who researched Opsoclonus myoclonus disorder.

Marie’s visit with the first doctor led to mixed results. While she credits him with diagnosing his Opsoclonus myoclonus correctly, she was surprised that he possessed limited experience in treating his condition.

“The neurologist who first diagnosed Narottam had never met a child that had Opsoclonus myoclonus before,” Marie said.

This led Marie to do her own research to find a neurologist that did research on this disorder. Marie had to fight with her insurance in order to get them to approve his treatments because he was out of state.

“It took a month and a half for them to give their endorsement,” Marie said.

The ordeal that Marie had to go through to treat her son revealed the challenges of the medical process, specifically how difficult it is to find treatment for an unfamiliar diagnosis. However, this instance also reinforced her determination, as well as how far she was willing to go to help her son.

“You really are on your own in this process,” she said. “However, I am lucky to have an amazing husband who stuck by us and fully supported us and in that I live in a wonderful community where people are extremely supportive. Also, I am the type of mother that never takes no for an answer.”

This resolve and persistence would serve Marie well when it came to finally seeking the key to figuring out Narottam’s autism.
Marie first heard about the Son-Rise program when a friend of hers, Marie Glasheen, visited the Option Institute in Massachusetts. While there, she saw the movie “Son-Rise: The Miracle of Love.”

Marie then invited Glasheen’s daughter to babysit at her house. Once she arrived, she presented Marie with a copy of the movie and a Son-Rise flier. At that moment, Marie knew that she had struck gold.

“This program blew my mind,” she said. “It was exactly what I wanted. A program based on love and care. Other programs that I have tried have tended to force children to do things, a method that I do not agree with.”

Programs that help children with autism should focus on getting to know them, and not vice versa, Marie said.

“Steven Covey once said that you should first seek to understand, and then be understood,” Marie said. “Many autism programs tend to focus on applying this saying in reverse. That is why I found Son-Rise so great. It encourages you to go into the world of an autistic child to try and understand them.”

Marie called Brian Nelson, a family counselor with the Autism Treatment Center of America, to learn more about the program. Brian instructed her on various Son-Rise techniques, including how to use Narottam’s motivations in a positive way. Marie found this delivered instant results once she applied it.

“The day before his FCAT, I wrote a letter to Narottam and signed it ‘T-Rex of the Canyon,’” Marie said. “That letter motivated Narottam to focus for the test and he ended up scoring higher than he had ever before.”

That experience encouraged Marie to go forward with the Son-Rise program. She sped through the transition thanks to a stable community of friends, discounts from the Option Institute and help from her parents, who assisted in planning fundraisers that would help in paying for the program’s costs.

Marie has since dedicated a year and a half to the Son-Rise program. The results of her efforts have led to a calmer, more patient child, one that is more flexible and willing to engage with his environment, she said.

“Narottam used to have a lot of outbursts and tantrums every night before I started the Son-Rise program,” Marie said. “That has since stopped. His eye contact has increased tremendously, and he is far more flexible than he was before. He used to have blinders on him and he does not have that anymore.”
These blinders refer to Narottam’s laser-like focus on dinosaurs. Marie is trying to encourage Narottam to appreciate the lives of others, and to be able to discuss topics other than whether T-rexes are the most powerful beasts on the planet.

Crucial to Narottam’s progress, Marie believes, are the addition of volunteers to her program. Marie has three volunteers that she believes greatly enhance Narottam’s Son-Rise experience.

“Volunteers are great for the program as it allows other people to get to know Narottam and see how great he is,” Marie said. “Narottam also gets to learn about different types of personalities, and he will also behave differently depending on the volunteer.”

As Narottam continues to make progress, Marie hopes that more people will gain a greater understanding and appreciation for individuals with autism.

“Autistic children are not crazy,” Marie said. “They simply have trouble understanding the world around them. They have tremendous potential, so do not sell them short simply because you do not understand them.”
Alternative Autism Treatments

The Son-Rise program is unique among methods of autism treatment, emphasizing child-centered therapy and distraction-free settings over rote repetition. Yet it is not the only means of therapy for children with autism spectrum disorders. Four distinct treatments are listed below, and additional information on these and other therapies can be found at the National Autistic Society at http://www.autism.org.uk/.

Applied Behavioral Analysis (ABA Therapy)

- The most familiar of the autism treatment methods because of extensive research and scientific analysis, along with its being the only form of autism treatment recognized by the Food & Drug Administration.

- Teaches social, motor, verbal behaviors and reasoning skills using careful behavioral observation and positive reinforcement, as well as prompting; when children perform a specific behavior correctly, they are rewarded.

- More information can be found at http://www.centerforautism.com/getting_started/aba.asp

Relationship-Development Intervention Therapy (RDI Therapy)

- New, trademarked therapy developed by a husband-and-wife team of clinical psychologists, Steven Gutstein, Ph.D., and Rachelle Sheely, Ph.D.

- The program’s central focus involves improving quality of life through the enrichment of social skills, adaptability and self-awareness. This progression encompasses six main objectives, which are emotional referencing, social coordination, declarative language, flexible thinking, relational information processing, along with foresight and hindsight.

- More information about can be found at http://www.autismspeaks.org/treatment/rdi.php and http://www.rdiconnect.com/

TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children)

- Eric Schopler, Ph.D, who is a professor of psychiatry and psychology at the University of North Carolina, Chapel Hill, founded the program in the 1970s. The program is unique for establishing the “Culture of Autism,” a distinctive approach to interpreting the various characteristics associated with autistic individuals.
• Key attributes of this culture include a preference for processing visual forms of information above all else, along with difficulties in combining ideas, organizing materials and activities and strong sensory preferences and dislikes.

• The program’s main goals include skill development while achieving a sense of confidence, self-efficacy and a conscious engagement in fulfilling activities. Achieved through employing the “Structured Teaching” method, which includes concepts such as creating a personalized plan, rather than relying on a structured curricula, and including visual supports in daily activities.

• More information can be found at [http://www.teacch.com/](http://www.teacch.com/)

**Growing Minds Autism Program**

• This program was founded by Steven R. Wertz, who worked with the Option Institute for 23 years, from 1983-1998, as a senior teacher. He holds certification in both Son-Rise program training and Applied Behavioral Analysis therapy.

• Some of the program’s key principles are that systematic education must be a part of treatment for autistic children, effective therapy for autistic children must include nurturing relationships for their parents and teachers, and programs must be tailored to fit both the parent and the child rather than the parent or the child.

• The Growing Minds Program advertises itself as an “alternative” to Son-Rise by offering to balance social development with skill development, offering access to a broad selection of methodologies and providing less of a financial strain.

• More information can be found at [http://www.autism-programs.com/index.htm](http://www.autism-programs.com/index.htm)
Helpful Information Related to Autism

Autism Treatment Center of America, Home of the Son-Rise Program:  
http://www.autismtreatmentcenter.org/index.php

Autism Speaks:  http://www.autismspeaks.org/

Autism Society of America:  http://www.autism-society.org


Centers for Disease Control and Prevention (Autism Spectrum Disorders):  
http://www.cdc.gov/ncbddd/autism/index.html

The Option Institute:  http://www.option.org/index.php

Kyle’s Tree house:  http://www.kylestreehouse.org/


Relate to Autism:  http://www.relatetoautism.com/

Son-Rise: A Miracle of Love Movie (accessible on YouTube):  
http://www.youtube.com/results?search_query=Son-Rise+a+miracle+of+love&aq=f


What You Can Do Right Now to Help Your Child with Autism by Jonathan Levy:  