




Autism
TREATMENT CENTER
OF AMERICA™
HOME OF THE SON-RISE PROGRAM® 1974

2080 S. Undermountain Road, Sheffield, MA 01257
1-877-SON-RISE • (413)-229-2100
www.autismtreatment.com


The Diagnosis

- Severe autism
- Tested I.Q. of less than 30
- Mute/non-verbal
- No eye contact
- Moved away from any physical contact
- Spent his days performing repetitive behaviors:
 - Spinning plates (and other objects)
 - Rocking back and forth
 - Flapping his hands
 - Moving his fingers in front of his face



The Prognosis

- His autism was an irreversible, lifelong condition
- He would occupy his own separate world for the rest of his life
- He would never:
 - Learn to speak
 - Prefer people over objects
 - Learn to read or write
 - Go to a typical school
 - Laugh at a joke
 - Go on a date
 - Have a circle of friends
 - Drive a car
 - Have a career
 - Live on his own
 - Recover and live a "normal" life



The Recommendation

Eventual *institutionalization*




What Did His Parents Do?

- ❖ Defied the doomsday prognoses
- ❖ Developed their own home-based, child-centered program:

The Son-Rise Program®

- ❖ Worked with him for over 3 years




The Son-Rise Program: Key Differences


- Was created by parents
- Began with the premise that children with autism are capable of limitless growth
- Started by joining their child in his world rather than forcing him to conform to ours
- Utilized their son's motivation, rather than repetition, as the doorway to learning and growth
- Addressed their attitude as the platform for effective program implementation
- Addressed the *whole* child – education *and* physiology
- Prioritizes human interaction over academics and tasks

The Results

- ❖ Full recovery from autism
- ❖ No trace whatsoever of his former condition
- ❖ Went on to live a "typical" life
- ❖ Graduated from Brown University with a degree in Biomedical Ethics



In My Own World

In My Own World

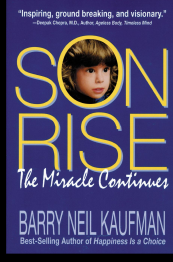
The First Son-Rise Program




Coming Full Circle





After My Recovery



"Inspiring, ground breaking, and visionary."
—Helen Caplan, M.D., Author, April 1999, *Time* Magazine

My father, Barry Neil Kaufman, wrote the book, *Son-Rise* (recently expanded as *Son-Rise: The Miracle Continues*) documenting our story.

Our story was recounted in an NBC TV movie seen by over 300 million people worldwide.



The Autism Treatment Center of America

A division of The Optum Institute, a non-profit, charitable organization
Located in Sheffield, Massachusetts



The Son-Rise Program *START-UP*

A 5-day training program for parents and professionals

PRINCIPLES AND TECHNIQUES COVERED:


- ◆ Facilitate interaction
- ◆ Eye Contact
- ◆ Reactions vs. Non-Reactions
- ◆ The Isms & How To Join
- ◆ Your Child's Sensory Environment
- ◆ Inspiring Growth
- ◆ Using The Social Dev. Model
- ◆ Training others
- ◆ Videos With Real Examples
- ◆ Q & A Sessions
- ◆ The 3 E's
- ◆ Using The Social Dev. Model
- ◆ Creatively Challenging Your Child
- ◆ Handling "real world" situations

◆ Create and sustain an attitude of hope and optimism about your child. ◆



The Son-Rise Program is based upon this simple idea:

The children show us the way in, and then we show them the way out.



An important Son-Rise Program difference:

- ◆ The focus of more traditional programs: Change behavior
- ◆ The focus of The Son-Rise Program: **Create relationship**

Rather than forcing our children to conform to a world that they don't understand, *we enter their world first.*



JOINING



Participating in your child's repetitive & exclusive behaviors




The "ism"

- ◆ Repetitive
- ◆ Exclusive
 - Useful to each child
 - Can be curative or palliative
 - The key which unlocks the door to your child's world!



Backed by Published Studies

University of Washington 1984, 1990
 Geraldine Dawson (et al)
 Journal of Abnormal Child Psychology
 Development and Child Psychopathology

Mothers imitated child for 20 minutes/day for 2 weeks → Significant increases in duration of gaze at mothers' faces and creative toy play

When facilitator engaged in imitative play with children →
 More socially responsive, more eye contact, and played with toys in a less perseverative manner

University of Miami 2001
 Tiffany Field (et al)
 Autism

2 groups of children for 3 sessions: 1 group imitated, 1 group adults tried to play with them
 2nd session: Imitation group → More time than the other children looking at adult, vocalizing to adult, smiling at adult, and engaging in reciprocal play.
 3rd session: Imitation group → More time than the other children sitting closer to adult and touching the adult.



MOTIVATION


Customize the presentation of curriculum to match your child's highest areas of interest



Motivation is the Single Largest Factor for Growth

HOWEVER:

- For children on the autism spectrum, traditional teaching is rarely motivating
- There is a mismatch between how something is being taught and what the child's motivation is.
- The time is wrong – no green light.



Advantages Over The "Reward Principle"

Spontaneous, self-generated communication and action
 (instead of "programmed", "robotic" responses)

Generalization of skills
 (instead of requiring a prompt or reward)



One Beginning Technique:

1. Join your child until he/she gives you a sustained look.
2. Invite your child to participate in an activity involving something he/she likes (wrestling, airplanes, chasing, Disney)
3. *If and only if* your child gets involved: Enjoy the activity with your child, encouraging him/her to participate as much as possible for as long as possible.

Thus: We work *with* our child instead of *against* our child


Backed By Published Studies

University of California 1998
 Robert Koegel (et al)
 Seminars in Speech and Language

Game based upon child's obsessional theme → Increase in social interaction...
 And generalized to non-obsessional themed games

University of California 1987
 Robert Koegel (et al)
 Journal of Applied Behavior Analysis

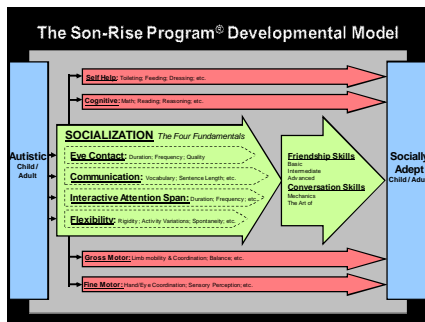
Activities chosen by adult → Child more socially avoidant
 Child-preferred activities → Child less socially avoidant



SOCIALIZATION

Social Goals BEFORE Academic Goals





ATTITUDE

Non-judgmental + Optimistic

Not judging where our children are today

while believing they can go anywhere tomorrow



"Could we kiss the ground that the others had cursed?"
 Barry Neil Kaufman, *Son-Rise: The Miracle Continues*

Discomfort + judgment = more withdrawal


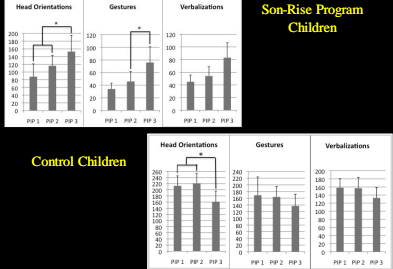
Comfort + acceptance = more interaction

A non-judgmental, optimistic attitude
 → **interaction magnet**

Backed By Published Studies

Case Western University in Ohio 2005
 Gerald Mahoney (et al)
 Developmental and Behavioral Pediatrics

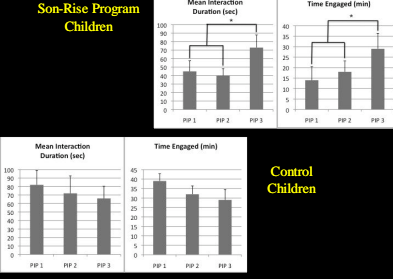
The facilitator's (parent, other) having a visible affect of acceptance, enjoyment, expressiveness, and warmth →
Significantly related to increases in the child's language, social competence, joint attention, and self-regulation.

Son-Rise Program Children

Control Children

Houghton, Shuchard, Lewis, & Thompson (submitted 2010)



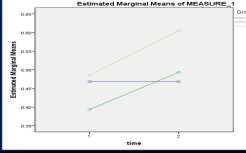
Son-Rise Program Children

Control Children

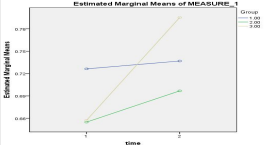
Houghton, Shuchard, Lewis, & Thompson (submitted 2010)

ATEC Scores

Speech/Language



Sociability



Creating Treatment Synergy

To create treatment synergy, we need two things:

- 1) Help our children willingly take their biomedical interventions by
 - Giving control
 - Bonding/trust-building
 - Using fun games
 - Maintain a non-threatening attitude
 - Persistence without pushing
 - Modeling
 - Starting at a distance
 - Exploration
 - Integration (of the intervention into your child's world)
- 2) Get our children's bodies in a state where they can maximally utilize the interventions

The Recovery Mode

Using The Son-Rise Program To Enhance Biomedical Intervention

- Dr. Scott Faber: Found chronically high stress hormones (cortisol, adrenaline)
- In perpetual "fight or flight" survival mode
- 3 Problems:
 - 1) Learning and social interaction are nearly impossible
 - 2) Cannot engage in Sustained Physiological Repair (SPR)
 - 3) The hippocampus issue
- Child's body must absorb supplements, rebuild the gut, eliminate toxins, build the immune system, etc.

The key: Shift your child to **RECOVERY MODE**

- Dr. Faber: Found that in joining, giving control, going with motivation, having a deeply comfortable attitude → *stress hormones dropped into normal ranges*

Therefore:
 Learn to administer biological interventions (diet, enzymes, biomedical, etc.) in ways that are relaxed, non-coercive, and fun

The Recovery Mode

The Hippocampus
 Responsible for the formation of new memories

Interesting fact:
 • The hippocampus is one of the first regions of the brain to suffer damage in people who have Alzheimer's disease.

Crucial point:
 • Chronically elevated levels of cortisol cause the atrophy of the cells in the hippocampus
 • This also prevents the genesis of new hippocampal cells

The good news:
 • When cortisol levels are returned to normal, this process ceases, and the cells in the hippocampus begin to grow and reproduce again.

The key:
 • Shift your child from "fight or flight" survival mode to **RECOVERY MODE**

Autism Doctor Checklist

Your doctor's approach is vitally important!

10 Questions to ask:

- Do they deeply and sincerely respect your role and your knowledge as the parent?
- Do they see the value in building a bonded relationship with your child and helping your child to do this with others?
- Do they seem interested in your emotional state?
- Do they see your questions as inquiries and not challenges?
- Are they gentle and relaxed with your child?
- Do they value your child's emotional state and not just see your child as an immune system and digestive system to be fixed?
- Do they value other parts of your child other than the parts they are treating directly?
- Do they value other treatments besides the ones they are providing?
- Do they recognize that how and intervention is administered to your child can be as important as what intervention is administered?
- Since any intervention only works if it can be administered, do they check in with how you are doing with delivering their protocol?

Mirror Neurons

What they are:

- Mirror neurons are cells in the brain that enable us to identify with others, learn from others, and connect with others

Children with autism spectrum disorders:

- There is much evidence that our children have a mirror neuron problem
- If their mirror neurons aren't firing, then our children would have difficulty identifying with others, being interested in others, being motivated by social things, looking in others' eyes, knowing what to look for in social situations, imitating and learning from others, etc.

The good news:

- One of the key ways that mirror neurons begin to fire in the developing brain is when children are "imitated" or joined.
- Babies → immediately more interested in those who do what they do

The key:

- If you want to promote mirror neuron firing and growth → join

Mirroring People: The Science of Empathy and How We Connect With Others
By Marco Iacoboni

The Son-Rise Program **START-UP**

A 5-day training program for parents and professionals

PRINCIPLES AND TECHNIQUES COVERED:

- Facilitate interaction
- Eye Contact
- Reactions vs. Non-Reactions
- The Jsms & How To Join
- Your Child's Sensory Environment
- Inspiring Growth
- Using The Social Dev. Model
- Training others
- Videos With Real Examples
- Q & A Sessions
- "High Functioning" Children/Adults
- Using The Social Dev. Model
- Creatively Challenging Your Child
- Handling "real world" situations

♦ Create and sustain an attitude of hope and optimism about your child ♦


The Son-Rise Program **START-UP**

A 5-day training program for parents and professionals

WHAT MAKES OUR TEACHERS UNIQUE:

- Thousands of hours working directly with children
- Our two main teachers recovered their own daughter from autism
- Most of our teachers have been doing this for more than 15 years
- Not academics / not just directorial – rather, they learned from doing
- Trained in counseling parents, not just in implementing techniques
- Any experience you've had with your child – they've had 50 times

♦ This isn't their job. It's their life. ♦



Upcoming **Start-Up** Programs:

- June 12 – 17
- August 21-26

At My Booth: Talk To Me or Brian

- Ask us anything!
- Take an info packet with videos, techniques, etc.

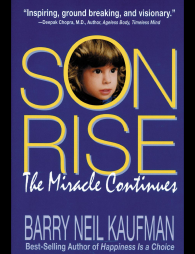
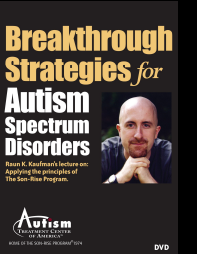
OR:

- Register for the Start-Up program
- At Autism One: \$325 tuition assistance

OR:

- Get a phone appointment (no charge) with a Family Counselor
- Get help overcoming financial and other obstacles to attending a Start-Up

Take-Home Resources

www.autismtreatment.org

- Webcasts (free of charge):
 - Me and other teachers
 - Find a topic that interests you
- Interviews with parents – and, in some cases, their children!
- www.autismtreatment.org/research
- www.autismtreatment.org/fundraising

The Myth of "False" Hope

Hope is the spark that ignites the human spirit!

Hope leads to **action**.

My **recovery** from autism is the product of **hope**.

There is no false hope, only false pessimism.

You don't ever have to apologize for hoping for your child.



There is no "false" hope! Let's give our children a chance!

