

Son-Rise-Based Floortime Model to Improve Social Skills of Autistic Children

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Histori Naskah:

Submit: 2026-07-01

Accepted: 2026-07-20

Published: 2026-08-04



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Abstrak:

Children with autism often experience difficulties with greeting, eye contact, sharing, turn-taking, emotional expression, and reciprocal communication. At the same time, special education teachers require a structured instructional guidebook to organize these skills into classroom learning and support social participation. This study aimed to develop and preliminarily evaluate a Son-Rise-based Floortime learning model for supporting children's social development. A Research and Development approach using the 4D stages of define, design, develop, and disseminate was employed. The needs analysis involved five children, three teachers, two parents, and one principal. Three experts assessed feasibility, three teachers evaluated practicality, and a developmental trial was conducted over four meetings with five children after a preliminary trial involving three of them. Data were collected through observation, semi-structured interviews, questionnaires, field notes, and documentation and were analyzed qualitatively and descriptively using percentages, mean scores, raw score increases, indicator-level changes, and meeting-based development. The guidebook integrated engagement, interaction, communication, expansion, and reflection. Expert validation averaged 91.67%, teacher practicality reached 90.83%, and mean social-skills scores increased from 10.8 to 11.8, 13.8, and 14.8 across four meetings. The model was feasible, practical, and showed preliminary promise in supporting children's social skills. However, the small sample, single-school setting, and absence of a comparison group limit causal interpretation and generalizability.

Keywords: Developmental Trial; Instructional Guidebook; Reciprocal Communication; Social Participation; Special Education

Introduction

Children with autism experience complex developmental barriers, particularly in social communication, social interaction, and restricted or repetitive behaviors. Autism spectrum disorder is characterized by persistent difficulties in social communication and social interaction, accompanied by restricted or repetitive patterns of behavior, interests, or activities (Association, 2022). These barriers may appear in difficulties with eye contact, greeting and responding to greetings, sharing with peers, turn-taking, and expressing emotions appropriately. Social skills are essential because they are directly related to children's ability to build interpersonal relationships, participate in learning activities, and adapt to social environments. In special education, these barriers require learning support that addresses not only academic achievement but also social communication, emotional regulation, and meaningful interaction. (Hodges et al., 2020) explain that autism spectrum disorder is characterized by deficits in social communication and restricted or repetitive interests and behaviors, while (Silveira-Zaldivar et al., 2021) emphasize the importance of social skills and social competence for participation in educational and social settings.

Communication barriers in children with autism are not limited to speech delay but also include difficulties in the social use of language, understanding nonverbal cues, and responding appropriately to social situations. (Vogindroukas et al., 2022) show that language and communication profiles among autistic individuals are highly heterogeneous, indicating that intervention should be adapted to each child's characteristics. (Pelzl et al., 2023) also found difficulties in integrating verbal and nonverbal emotional cues during social interaction. Evidence from intervention studies and recent reviews indicates that structured and needs-based social-skills interventions can improve targeted social abilities among children with autism, although the transfer and maintenance of these skills across different contexts remain important concerns (Wang et al., 2025; Nejati et al., 2024; Alahmari et al., 2025).

Empirical findings from Indonesia also indicate that social interaction remains a concern. (Iskandar, S., 2020) reported that, before associative play intervention, 75% of nine autistic children were categorized as having poor social interaction, reflected in limited eye contact, facial expression, and peer play. (Kirana., 2019) likewise documented social-skill limitations among two school-age autistic children and reported qualitative improvement following DIR/Floortime intervention, although the small sample limited generalization. At the study site, a preliminary needs assessment involving five children with autism at SLB Negeri Tanjung Selor showed an overall mean social-skills score of 2.56 on a four-point scale. The lowest scores were found in turn-taking (2.0) and eye contact (2.4). Interviews with three teachers, two parents, and one principal also indicated difficulties in greeting, sharing, taking turns, and expressing emotions, while the school had no structured learning model specifically designed to develop these skills. These findings describe the local research context and are not intended to represent all children with autism or special schools in Indonesia.

One relevant approach is Floortime, which emphasizes emotional relationships, child-led play, and reciprocal communication. (Pajareya & Nopmaneejumrulers, 2011) showed that a home-based DIR/Floortime intervention supported functional emotional development in children with autism. More recent findings by (Barghi et al., 2023) also showed positive changes in social skills and emotional regulation. The Son-Rise Program similarly emphasizes acceptance, child-centered interaction, and adult engagement in the child's world. (Mirzakhani et al., 2022) found that Son-Rise and Floor-Time programs positively affected social interaction skills and reduced stereotyped behaviors.

Although previous studies have demonstrated the benefits of Floortime, the Son-Rise Program, and social-skills interventions, most have positioned them as therapy, clinical intervention, or parent training. Limited attention has been given to transforming their principles into a systematic learning model for teachers in special-school settings. Therefore, this study aimed to develop a Son Rise-based Floortime learning model with five structured stages engagement, interaction, communication, expansion, and reflection to improve the social skills of children with autism. The model offers a practical guide for teachers by integrating emotional engagement, child-centered play, reciprocal communication, gradual social participation, and positive reinforcement.

Literature Review

Social skills are essential for children with autism spectrum disorder because they support communication, interpersonal relationships, participation in learning, and adaptation to social situations. In this study, social skills include greeting and responding to greetings, maintaining eye contact, sharing with peers, taking turns, and expressing emotions appropriately. These abilities represent interconnected competencies that develop through emotional engagement, reciprocal communication, repeated social experience, and meaningful participation. (Silveira-Zaldivar et al., 2021) emphasized that social skills and social

competence are important for the participation of children with autism in educational and social environments.

The social-communication barriers experienced by children with autism are heterogeneous. (Vogindroukas et al., 2022) explained that autistic individuals may differ in pragmatic language, expressive communication, and the social use of language, while (Pelzl et al., 2023) identified difficulties in integrating verbal and nonverbal emotional information during interaction. These findings indicate that a uniform and highly directive approach may not adequately address individual differences. Learning should therefore be responsive to children's verbal and nonverbal initiatives and provide gradual opportunities for relationship-based, play-based, and reciprocal interaction.

Floortime provides an important conceptual foundation for such learning by emphasizing emotional relationships, following the child's lead, child-led play, and reciprocal communication. (Pajareya & Nopmaneejumrulers, 2011) demonstrated that a home-based DIR/Floortime parent-training intervention supported functional emotional development in preschool children with autism. More recent evidence also supports its relevance. (Barghi et al., 2023) reported positive changes in social skills and emotional regulation through DIR/Floor Time play therapy, while (Divya et al., 2023) identified potential benefits for engagement, communication, and social-emotional development in a systematic review. However, differences in participant characteristics, research designs, intervention intensity, and implementation procedures limit direct comparisons and indicate the need to operationalize Floortime principles clearly within an instructional model.

Broader play-based research also supports the use of play as a context for social-communication development. (Gibson et al., 2021) found that play-based interventions may support the social and communication development of young autistic children. (Armaijn et al., 2024) reported that play-based interventions in educational settings may improve social communication, although outcomes depend on intervention structure, implementation conditions, and children's individual characteristics. Thus, play should not be viewed merely as an enjoyable activity, but as a systematically organized context for emotional engagement, shared attention, reciprocal communication, and social participation.

The Son-Rise Program provides complementary principles through unconditional acceptance, joining the child's activity, intrinsic motivation, child-centered interaction, and a supportive environment. Whereas Floortime emphasizes the development and expansion of reciprocal interaction, the Son-Rise Program strengthens the emotional and environmental conditions that may encourage children to engage with others. (Mirzakhani et al., 2022) found that Son-Rise and Floor-Time programs positively affected social interaction skills and reduced stereotyped behaviors among children with autism spectrum disorder.

The relationship between Floortime and the Son-Rise Program can therefore be understood as complementary rather than merely additive. Floortime contributes emotional engagement, following the child's lead, reciprocal communication, and gradual expansion of interaction, while the Son-Rise Program contributes acceptance, joining, intrinsic motivation, and a supportive child-centered environment. Their integration is expected to create emotional safety, strengthen interest-based engagement, promote shared attention and reciprocal responses, and gradually expand interaction into greeting, eye contact, sharing, turn-taking, and emotional expression.



Figure 1. Conceptual Framework of the Son-Rise-Based Floortime Learning Model

As illustrated in Figure 1, this conceptual integration is operationalized through five learning stages. Engagement builds emotional safety and initial attention through acceptance, joining, and following the child's lead. Interaction uses shared play to facilitate eye contact, shared attention, and social contact. Communication encourages reciprocal verbal and nonverbal responses. Expansion extends interaction toward sharing, turn-taking, cooperative play, and group participation. Reflection provides positive reinforcement and records the child's development. The syntax therefore represents the operational relationship between the theoretical principles and the targeted social skills.

Previous studies have mainly positioned Floortime, the Son-Rise Program, and play-based approaches as therapy, clinical intervention, or parent-mediated training. Limited attention has been given to transforming their complementary principles into a systematic instructional model for teachers in special-school settings. This study addresses that gap by developing a Son-Rise-based Floortime learning model consisting of engagement, interaction, communication, expansion, and reflection. Its contribution lies in translating emotional relationships, child-centered play, acceptance, reciprocal communication, gradual social participation, and positive reinforcement into a structured and practical learning model for special education teachers.

Research Method

This study employed a Research and Development approach to develop and preliminarily evaluate a Son-Rise-based Floortime learning model for supporting the social skills of children with autism. The development process followed the 4D model proposed by (Thiagarajan, 1974), consisting of the define, design, develop, and disseminate stages. This model was selected because it provides systematic procedures for needs analysis, product design, validation, revision, developmental testing, and limited dissemination. The resulting product was a guidebook containing the model rationale, objectives, learning syntax, user roles, social and reaction principles, support system, evaluation procedures, and child-development monitoring formats.

The study was conducted at SLB Negeri Tanjung Selor, Bulungan Regency, North Kalimantan. The needs analysis involved five children with autism, three teachers, two parents, and one school principal. Product feasibility was assessed by three validators representing special education, child developmental psychology, and language expertise. A preliminary trial was conducted over four meetings with three children coded A1, A2, and A3. After product revision, a main developmental trial was conducted over four meetings with five children coded A1–A5. The three children in the preliminary trial were therefore included in, rather than added to, the five-child main trial. Three teachers also participated in the practicality assessment. The classroom teacher implemented the learning activities, while the researcher observed and documented the process.

Data were collected through observation, semi-structured interviews, expert-validation questionnaires, teacher-practicality questionnaires, and documentation. Observations were used to identify children's initial social-skills conditions and record their development during implementation. Interviews with teachers, parents, and the principal explored social-skills barriers, current learning practices, and the need for model development. Expert questionnaires assessed product feasibility, while teacher questionnaires evaluated clarity, flexibility, ease of use, and applicability. Documentation included field notes, learning records, photographs, product-development documents, and implementation records.

The procedure was conducted chronologically. The define stage identified children's social-skills conditions and the needs of teachers and parents. The design stage produced the learning model, guidebook, five-stage syntax, learning activities, and research instruments. The develop stage included expert validation, product revision, the four-meeting preliminary trial, further revision, teacher-practicality testing, and the four-meeting main trial. The disseminate stage consisted of limited socialization and distribution of the guidebook to teachers at the research site.

Children's social skills were assessed through five indicators: greeting and responding to greetings, maintaining eye contact, sharing with peers, taking turns, and expressing simple emotions. Each indicator was rated on a four-point scale: 1 = never, 2 = sometimes, 3 = often, and 4 = always. Mean scores were interpreted as follows: 1.0–1.9 = poor, 2.0–2.5 = fair, 2.6–3.3 = good, and 3.4–4.0 = very good. Scores were recorded across four meetings; the first meeting represented the initial observation, the second and third meetings described progress, and the fourth meeting represented the final observation. Qualitative data were analyzed through data reduction, data display, and conclusion drawing. Quantitative validation and practicality data were analyzed using percentages, while children's development was analyzed descriptively using meeting-based means, raw score increases, indicator-level changes, and category changes. Because the study involved only five children from one school, without a comparison group or inferential statistical analysis, the findings were interpreted as preliminary descriptive evidence rather than conclusive or generalizable evidence of effectiveness.

Results

The findings are presented according to the stages of needs analysis, product development, expert validation and revision, preliminary developmental trial, teacher-practicality testing, main developmental trial, and limited dissemination.

Needs-Analysis Findings

The needs analysis involved observations of five children with autism, interviews with three teachers, two parents, and one school principal, and an analysis of school learning documents. The observation focused

on five social-skills indicators: greeting and responding to greetings, maintaining eye contact, sharing with peers, taking turns, and expressing simple emotions.

The overall mean indicator score was 2.56 on a four-point scale. Emotional expression obtained the highest mean score of 3.2, followed by greeting and sharing at 2.6, eye contact at 2.4, and turn-taking at 2.0. These findings indicated differences in the children's social abilities, with particular difficulties in eye contact and turn-taking.

The interviews supported the observation findings. Teachers reported that the children rarely initiated greetings or conversations and continued to require assistance when sharing and taking turns. Parents indicated that the children interacted more frequently with familiar family members and generally responded after communication was initiated by others. The school principal reported that the school had not yet implemented a structured learning model specifically designed to develop social skills.

Document analysis showed that social skills were included in the school's learning objectives. However, learning activities remained focused primarily on basic academic skills and activities of daily living. Social activities, such as free play, singing, and group activities, had not been organized through systematic instructional stages. These findings indicated the need for a structured, flexible, and child-centered learning guide.

The needs-assessment observation was conducted during the define stage to inform product development. It was separate from the initial observation in the main developmental trial because the two assessments were conducted at different stages and served different purposes.

Development of the Learning Model

Based on the needs analysis, a Son-Rise-based Floortime learning model was developed in the form of a guidebook. The guidebook contained the model rationale, objectives, learning syntax, teacher and parent roles, social system, reaction principles, support system, evaluation procedures, and a child-development monitoring format.

The learning syntax consisted of five stages: engagement, interaction, communication, expansion, and reflection. Engagement was designed to establish emotional safety by following the child's interests. Interaction facilitated eye contact, shared attention, and social contact through play. Communication encouraged verbal and nonverbal responses. Expansion extended interaction toward sharing, turn-taking, cooperative play, and joint activities. Reflection provided positive reinforcement and documented the child's development.

Expert Validation and Product Revision

The guidebook was evaluated by three validators representing special education, child developmental psychology, and language expertise. The validation and practicality results are presented in Table 1.

Table 1. Expert-Validation and Teacher-Practicality Results

Assessment aspect	Percentage	Category
Special education expert validation	87.50%	Highly feasible
Child developmental psychology expert validation	96.88%	Highly feasible
Language expert validation	90.63%	Highly feasible
Average expert validation	91.67%	Highly feasible

Teacher-practicality test	90.83%	Highly practical
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The average expert-validation score was 91.67%, indicating that the guidebook was highly feasible after minor revisions. The revisions included clarifying the integration of Floortime and the Son-Rise Program, intended users, participant characteristics, social-skills indicators, terminology, reinforcement strategies, procedures for addressing learning barriers and child distress, examples of learning activities, and the child-development monitoring format.

Preliminary Developmental Trial

A four-meeting preliminary trial involved three children coded A1, A2, and A3. Their mean total social-skills score increased from 11 at the initial observation to 14 at the final observation.

Field notes showed that the children participated more actively when activities began with preferred toys or games. A1 demonstrated more frequent eye contact and responses to greetings. A2 became more involved but continued to require verbal and nonverbal prompts. A3 showed stronger participation during preferred block-play activities. The children also tended to lose attention when activities continued for too long.

Based on these findings, the guidebook was revised by adding activity variations and clearer instructions for adjusting learning activities to children's interests, attention spans, and emotional conditions.

Teacher-Practicality Test

Three teachers assessed the practicality of the guidebook after using it. The practicality score reached 90.83%, categorized as highly practical. The teachers considered the five-stage syntax clear, systematic, and applicable in classroom activities. They also reported that interest-based play helped them establish interaction with the children.

Short attention spans and distractibility remained the main implementation challenges. The teachers therefore recommended adding more varied activities and learning media, which were incorporated into the final guidebook.

Main Developmental Trial

The main developmental trial involved five children with autism and was conducted over four meetings. The classroom teacher implemented the learning activities, while the researcher observed and recorded the children's social-skills development.

Table 2. Individual Social-Skills Scores Across Four Meetings

Participant	Meeting 1	Meeting 2	Meeting 3	Meeting 4	Raw increase
A1	11	12	14	15	+4
A2	10	11	13	14	+4
A3	12	13	15	16	+4
A4	11	12	14	15	+4
A5	10	11	13	14	+4
Mean	10.8	11.8	13.8	14.8	+4.0

The mean total score increased progressively from 10.8 in the first meeting to 11.8 in the second meeting, 13.8 in the third meeting, and 14.8 in the fourth meeting. The mean indicator score increased from 2.16 at

the initial observation to 2.96 at the final observation, corresponding to a change from the fair category to the good category.

These scores were analyzed descriptively and showed an increasing pattern during the implementation period. Because the study did not use inferential statistical testing or a comparison group, the observed changes cannot be interpreted as statistically significant or attributed exclusively to the developed model.

Changes in each social-skills indicator are presented in Table 3.

Table 3. Changes in Mean Scores by Social-Skills Indicator

Social-skills indicator	Meeting 1	Meeting 4	Change
Greeting and responding to greetings	2.2	3.0	+0.8
Eye contact	2.0	3.0	+1.0
Sharing with peers	2.0	3.0	+1.0
Turn-taking	2.0	2.6	+0.6
Expressing simple emotions	2.6	3.2	+0.6

Descriptive increases were observed across all five indicators. Eye contact and sharing showed the largest increases, each rising by 1.0 point. Greeting and responding to greetings increased by 0.8 points, while turn-taking and emotional expression each increased by 0.6 points. Although turn-taking increased, it remained the lowest-scoring indicator at the end of the trial.

Individual Response Patterns

Although all participants showed a four-point increase in total scores, their final profiles differed. A3 achieved the highest final score of 16 and demonstrated the strongest emotional expression. A1 and A4 obtained final scores of 15, whereas A2 and A5 obtained scores of 14 and continued to require support in turn-taking.

Field observations also showed differences in preferred activities and levels of prompting. A1 became more active in making eye contact and responding to greetings. A2 showed greater participation but continued to require verbal and nonverbal prompts. A3 responded strongly to activities aligned with personal interests. A4 became more involved when preferred games were used, while A5 participated more actively when the teacher provided varied and attractive play activities.

These findings indicate that similar total-score increases did not represent identical developmental patterns. The model should therefore be implemented flexibly according to each child's interests, responses, and learning needs.

The participants were not systematically classified according to autism support levels, receptive or expressive language profiles, cognitive characteristics, or co-occurring conditions. Therefore, their responses could not be compared across diagnostic or developmental subgroups.

Limited Dissemination

The finalized guidebook was disseminated on a limited basis by providing it to teachers at SLB Negeri Tanjung Selor and explaining its use as a guide for social-skills learning. Wider dissemination and testing in other educational settings were beyond the scope of the study.

Discussion

The Son-Rise-based Floortime guidebook obtained an average expert-validation score of 91.67%, indicating high feasibility in terms of content relevance, suitability for children with autism, language clarity, and classroom applicability. However, expert validation represents product feasibility rather than evidence of effectiveness. The validators' qualitative comments were therefore important for strengthening the product, particularly by clarifying the conceptual relationship between Floortime and the Son-Rise Program. Floortime emphasizes emotional engagement, following the child's lead, reciprocal communication, and gradual expansion of interaction, whereas the Son-Rise Program emphasizes acceptance, joining, intrinsic motivation, and a supportive child-centered environment. Integrating these complementary principles strengthened the theoretical coherence of the learning model and prevented it from becoming merely a collection of play activities.

The teacher-practicality score of 90.83% indicates that the three participating teachers considered the guidebook understandable and applicable. The five-stage syntax engagement, interaction, communication, expansion, and reflection provided a clearer structure for social-skills learning than the spontaneous activities previously used at the research site. Nevertheless, this result reflects the perceptions of only three teachers from one special school. Their responses may have been influenced by familiarity with the researcher, involvement in the development process, or positive expectations toward the new product. The practicality findings should therefore be interpreted as preliminary evidence of user acceptability.

The model's flexible and child-centered structure is relevant to the heterogeneous communication characteristics of children with autism. (Vogindroukas et al., 2022) explained that autistic individuals differ in expressive communication, pragmatic language, and social language use, while (Pelzl et al., 2023) identified difficulties in integrating verbal and nonverbal emotional information. These differences indicate that a uniform instructional approach may not meet every child's needs. The developed model responded to this diversity by allowing teachers to begin with children's interests and accommodate verbal and nonverbal responses. However, the study did not systematically document participants' language abilities, cognitive profiles, autism support levels, or co-occurring conditions, limiting analysis of how these characteristics influenced individual outcomes.

The four-meeting developmental trial showed a progressive increase in mean social-skills scores from 10.8 in the first meeting to 11.8, 13.8, and 14.8 in subsequent meetings. This meeting-based pattern provides a clearer description of development than a comparison between only two measurement points. However, the analysis remained descriptive. Because only five children participated and no comparison group was used, the observed changes cannot be interpreted as statistically significant or attributed exclusively to the model.

Indicator-level findings showed that eye contact and sharing had the largest increases, whereas turn-taking and emotional expression improved more slowly. Turn-taking remained the lowest final indicator. This difference suggests that social skills may develop at different rates. Eye contact and sharing can be practiced directly through preferred play and immediate interaction, whereas turn-taking requires behavioral regulation, tolerance of delay, understanding of social rules, and repeated participation with others. Four meetings may therefore have supported initial behavioral changes but were unlikely to establish stable and complex social participation.

Individual responses also differed despite all participants showing a four-point increase in total scores. A3 achieved the highest final score and demonstrated stronger emotional expression, whereas A2 and A5 continued to require assistance in turn-taking. Field observations further indicated differences in preferred

activities and levels of prompting. These findings show that equal total-score increases do not necessarily reflect identical developmental patterns. The model should therefore retain the same general syntax while allowing activities, media, assistance, and expected responses to be individualized.

The observed changes may be associated with several mechanisms. Engagement may have reduced interactional pressure by beginning with the child's interests. Interaction and communication provided repeated opportunities for shared attention and reciprocal responses. Expansion encouraged sharing and turn-taking, while reflection and positive reinforcement may have strengthened emerging social behaviors. These interpretations are consistent with (Barghi et al., 2023), who reported positive changes in social skills and emotional regulation through DIR/Floor Time play therapy, and (Mirzakhani et al., 2022), who identified positive effects of Son-Rise and Floor-Time programs on social interaction. However, unlike previous studies that primarily positioned these approaches as therapy or parent-mediated intervention, the present study translated their principles into a structured instructional guide for special-school teachers.

The findings also support the view that social competence should be developed through meaningful participation rather than isolated behavioral training. (Silveira-Zaldivar et al., 2021) emphasized the importance of social skills for participation in educational and social environments. In this model, greeting, eye contact, sharing, turn-taking, and emotional expression were practiced through shared activities. However, the study assessed these behaviors only within the implementation setting and did not determine whether they generalized to other teachers, family members, classrooms, homes, or community environments.

External factors may also have influenced the outcomes. Family support and opportunities to practice at home may contribute to greeting, communication, emotional expression, and turn-taking. Parent-mediated play-based interventions have also been associated with improvements in children's social communication and language development. Concurrent therapies, teacher prompting, repeated exposure to the same activities, increasing familiarity with the setting, maturation, and daily changes in attention or emotional condition may also have affected the scores. These factors were not systematically measured or controlled, so the observed improvements cannot be attributed exclusively to the Son-Rise-based Floortime model.

Several methodological limitations should therefore be acknowledged. The study involved only five children and three teachers from one special school, was conducted over four meetings, and did not include a comparison group, random assignment, blinded observation, or follow-up assessment. Three participants had also previously joined the preliminary trial, which may have increased their familiarity with the activities and procedures during the main trial. In addition, the researcher's involvement as an observer may have introduced expectancy bias. These limitations restrict causal interpretation, external validity, and conclusions regarding the maintenance and generalization of the observed changes.

Despite these limitations, the study contributes to special education by translating the complementary principles of Floortime and the Son-Rise Program into a structured five-stage instructional guide. Its main contribution is not definitive evidence of intervention effectiveness, but a theoretically grounded and practically acceptable framework for organizing emotional engagement, child-led play, reciprocal communication, gradual social expansion, and positive reinforcement in classroom learning. Larger and more diverse studies with comparison groups, longer implementation periods, follow-up measurements, and documentation of family involvement, concurrent therapies, and participant characteristics are needed to establish the model's effectiveness, generalizability, and long-term impact.

Conclusion

This study developed a Son-Rise-based Floortime learning model through the 4D stages of define, design, develop, and disseminate to address children's social-skills difficulties and teachers' need for a structured instructional guide. The guidebook achieved an average expert-validation score of 91.67% and a teacher-practicality score of 90.83%, indicating high feasibility and practicality. During the four-meeting main trial, the mean social-skills score increased descriptively from 10.8 to 14.8, with changes observed in greeting, eye contact, sharing, turn-taking, and emotional expression. The study's theoretical contribution lies in integrating Floortime and the Son-Rise Program as complementary approaches that connect emotional safety, child-led engagement, shared attention, reciprocal communication, and broader social participation. These principles were operationalized through five instructional stages: engagement, interaction, communication, expansion, and reflection. Practically, the study produced a guidebook containing learning activities, reinforcement strategies, evaluation procedures, and child-development monitoring formats for special education teachers. However, the findings remain preliminary because the study involved only five children from one special school, without a comparison group, extended implementation, or follow-up assessment. Further research with larger and more diverse participants is needed to examine the model's effectiveness, generalizability, sustainability, and long-term impact.

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