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TESTIMONY SUBMITTED BY:

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The 2000 report from the surgeon general states that:

Because autism is a severe, chronic developmental disorder, which results in significant lifelong disability, the goal of treatment is to promote the child's social and language development and minimize behaviors that interfere with the child's functioning and learning. Intensive, sustained special education programs and behavior therapy early in life can increase the ability of the child with autism to acquire language and ability to learn. Special education programs in highly structured environments appear to help the child acquire self-care, social, and job skills. Only in the past decade have studies shown positive outcomes for very young children with autism. Given the severity of the impairment, high intensity of service needs, and costs (both human and financial), there has been an ongoing search for effective treatment.

The good news is that the surgeon general goes on to report that thirty years of research demonstrates the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.

Currently, methods derived from the science of ABA meet the standards of scientific proof that are required by IDEA 2004, and there are no other scientifically valid treatments for autism that produce similar treatment, educational, or outcome results.

- Metz, Mulick, & Butter, (2005); Newsom & Hovanitz, 2005; Smith, 2005

In a study conducted in our own state of Connecticut and published in the journal "Behavior Modification" in 2006 reported that greater gains in child functioning and quality of life were reported when children receive higher quality treatment based on ABA.

- Dyer, Martino, & Parvenski (2006) Behavior Modification)

Why should we support this bill?

A study in the journal "Behavioral Interventions" reports that the NET SAVINGS for a child with autism/PDD who achieves normal functioning is \$1,475,791. The NET SAVINGS for a child with autism/PDD who realizes partial effect is \$1,036,013

(Cost-benefit Estimates for Early Intensive Behavioral Intervention for Young Children with Autism John W. Jacobson, James A. Mulick, and Gina Green In Behavioral Interventions, 1998, Volume 13, 201-226).

We ask the question on final time-Why should we support this bill?

Like effective treatments for other severe childhood disorders, such as cancer, early intensive behavioral intervention can be described as aggressive, intrusive, expensive, and necessitate a high level of specialized expertise for effective delivery. However, If a child with a major disorder needs treatment, cost is usually not a major factor--various and private resources are typically made to cover the costs.

For the sake of our children with autism, for their families, for our communities and for society as a whole, it is time to insist that that these same considerations apply to the treatment of children with autism/PDD.

Dr. Kathleen Dyer