

FR

Number & Title of bill Senate Bill 974, Health Insurance Coverage For Alternative Therapies For Autism:
Mandate

Position I support this bill

This legislation has support from the perspectives of treatment focus, evidence basis, and cost effectiveness.

Treatment focus: Unlike behavioral approaches, developmental/relationship-based interventions focus not on just correcting behaviors. Research continues to emerge that confirms autism as a disorder of thinking, not behaving. In autism, information processing is compromised for thinking processes that involve the coordination of information between and among different areas of the brain involved in different functions. For example, in looking at a human face, a typical person thinks of the face in many dimensions – not only recording the physical features, but how large the nose is relative to others he has seen, whether the person reminds him of Aunt Millie, remembering that he misses Aunt Millie and he should call her, etc. Some refer to this multifaceted thinking ability as “multichannel processing.” As you are reading this document, you are probably doing the same thing – not only reading the words, but wondering how long the document will be, how similar it is to other testimony you have read, how you can confirm the information, whether you are really taking it in or whether you need to re-read it to get enough meaning, etc. For a person with autism, thinking is much more one-dimensional, or “black and white.” This limitation explains the overriding need for routines and rituals, the difficulty adapting to social situations, the difficulty regulating emotional level, and the difficulty with transitions. In a nutshell, the brain cannot adapt to information related to change the way a typical person’s brain does. The autistic brain relies on rote, memorization-based learning strategies. Using a program to develop and control behaviors may help with some areas, for example, developing vocabulary-based language and functional skills. But overwhelmingly, behavior programs face difficulty with “generalizing” behaviors. In many cases, this is because the thinking processes have not changed. The brain is still “autistic.” Targeting only behaviors without addressing the core issues is akin to treating diabetes by giving the patient a glass of water to treat the thirst.

In the case of my son, who has autism, a behavioral program taught him skills and gave him more language, but did not address his core deficits. In fact, after two years of a high-quality ABA program through the school system (supervised by a BCBA), his behaviors got worse, and his score on the Autism Diagnostic Observation Schedule (ADOS) got worse, moving him from the Moderate Autism range to the Severe Autism range. When he was five, we started Relationship Development Intervention (RDI)®, a developmental/relationship-based program. We very quickly started seeing improvements in areas that had not been addressed in the behavioral program, critical areas of relatedness such as joint attention, reciprocal conversation, social referencing, empathizing and understanding another’s perspective. Objectives that we targeted were mastered through my teaching. I was trained by a certified RDI consultant. The feeling of empowerment from knowing that it was my teaching that made the difference with my son was amazing. It was also a relief to know that I did not have to rely on behavioral methods centered on operant conditioning and reinforcers, methods I was never comfortable with philosophically

Evidence basis: RDI® and other developmental/relationship-based interventions have scientific support in a number of ways: 1) a number of clinical studies demonstrating validity of the interventions as a whole, 2) a strong body of scientific evidence for the treatment focus (i.e. core information processing deficits of autism), parent training model as a superior and cost-effective way of generalizing treatment effects and saving money and resources; and 3) a strong body of evidence validating the importance of targeting specific areas of social development, such as joint attention, social referencing, and emotional regulation, which have a cascading effect on all aspects of social development and ability to function independently later in life. In addition, these programs are objective-based and have specific, observable mastery criteria. Video tape evidence is available to thousands of individual children demonstrating mastery of developmental objectives. In my own practice as a certified RDI consultant. I have such evidence. I will be happy to provide further documentation of the evidence basis upon your request. My own son is now classified as “mild” autism on the ADOS and is nearly indistinguishable from typical peers to persons who meet him.

Cost Effectiveness: Because RDI and other developmental/relationship-based interventions are centered on training parents how to be the primary therapists for their child, cost savings are dramatic compared with therapist-delivered intensive interventions. If families had this option available, the maximum cost to the insurance industry per year would be \$10,000 compared to \$50,000 for an intensive behavioral program. Over the lifetime of the benefits, cost savings per child could approach a half million dollars. Also, as these developmental/relationship-based interventions target the core areas needed for independence later in life, long term implications in terms of support needed for these persons through the lifetime are significant.