



**THE PLAY PROJECT™**

**Parent Implemented Models of Autism Early Intervention—  
How You Can Join the Quiet Revolution**



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[www.playproject.org](http://www.playproject.org)

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## What's New

- **Recent announcements and events:**
  - Illinois and Ontario workshops
  - Texas Presentation to the Committee on Developmental Disabilities
  - Join our PPC Facebook group - make sure you have a current license and agree to the "rules" : <https://www.facebook.com/groups/playprojectconsultants/>
- **Announcements and upcoming events:**
  - Remaining 2019 Events:
    - Workshops: Champaign, IL (November) & Columbus, OH (December)
    - ASHA Conference (November)
  - 2020:
    - Automation of the 'Video Review Form (VRF)' and 'FDL Scoring Form'
    - Intensive Workshop Online
    - Workshops: California (January) and British Columbia (March)
    - Spring Advanced Training and Reunion Retreat (May)

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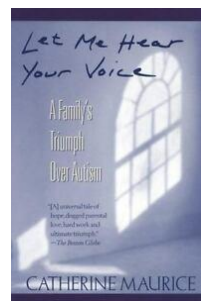
## The Big Revolution in ASD

- The big revolution in autism intervention began with Lovaas' early studies in the 1980s that showed that ASD could be treated successfully with ABA
  - Aka: Early Intensive Behavioral Intervention
- Children could get better was dramatized by Catherine Maurice's 1993 book *Let Me Hear Your Voice: A Family's Triumph Over Autism*

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## *Let Me Hear Your Voice: A Family's Triumph Over Autism* by Catherine Maurice



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## The Big Revolution Continues

- In 2005 came *Autism Speaks*
  - State autism laws followed
- Over the last 15 years nearly all states have implemented services based on ABA



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## The Dirty Little Secret

- The problem that is now apparent to most observers of the autism scene is that ABA can't meet the need
  - Too hard to administer - a big ABA program serves 100
  - Not enough personnel
  - One type of intervention is not effective
  - Not as effective when done outside the university
  - Too expensive: \$50,000-\$100,000/year/child!
  - Not meeting the need/long waitlists
- The dirty little secret is that ABA is not working as public policy with thousands of young children on waitlists\*

\*Mandell et al, 2019)

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## No Waiting During the Critical Years!

- This webinar is designed to give you the tools to make 5 public policy arguments for
- Parent Implemented Models that use a Developmental, Relationship-Based (PIM DRB) approach
- To get kids off the waitlists



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## The Definition: PIM DRB

- Parent Implemented Models that use a Developmental, Relationship-Based approach (PIM DRB)
- “Intensive” early intervention model for young children (ages 18 months - 6 years) with ASD
- Parent training/coaching model: 10-15 hours/week
  - Intervention in the home/naturalistic environment
- Focus is on social interaction (social pragmatics)
- Follows the child’s intent with ‘just right’ challenges
  - Uses typical child development to promote growth
- Several recent rigorous studies - evidence-based

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## Parent Implemented Models



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## The Quiet Revolution

- Over the last 5 years, research on parent implemented models of intervention that use a developmental relationship-based approach (PIM DRB) has increased\*
- Over a dozen RCT of PIM DRB have been published in the peer reviewed scientific literature
- There are four systematic reviews concluding that PIM DRB are ‘evidence-based’\*\*
- More states are implementing PIM and more insurance companies are paying for them

\*See Binns & Oram Cardy, 2019

\*\*Solomon, 2018

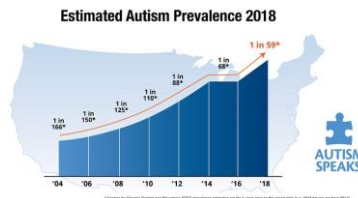
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## 5 Arguments for Parent-Implemented Models Using a Developmental, Relationship-based (PIM DRB) Approach

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## Argument 1: Unmet Need

- Given ASD prevalence (1 in 59 in the USA)



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**The Need: Intensive Intervention**

**National Research Council (2001)**

- Begin early: 18 months - 6 years
- 15-25 hours/week
- 1:1 or 1:2 Adult: Child
- Engaging
- Strategic and evidence-based
- Comprehensive programs address ASD

Educating Young Children with Autism, NRC 2001

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**Mandell, et al, JAMA Pediatrics (2016)**

- Mandell D, Barry C, et al. (2016).
- *Effects of Autism Spectrum Disorder Insurance Mandates on the Treated Prevalence of Autism Spectrum Disorders*
- *JAMA Pediatr.*  
doi:10.1001/jamapediatrics 1049.  
Published online July 11, 2016.

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**Mandell, et al, JAMA Pediatrics (2016)**

**CONCLUSIONS AND RELEVANCE**

Implementing state ASD insurance mandates resulted in increases in the number of children diagnosed with ASD; these numbers increased each year after implementation. Even 3 years or more after implementation, however, treated prevalence of ASD was much lower than community prevalence estimates. This finding may allay concerns that mandates will substantially increase insurance costs, but it suggests that many commercially insured children with ASD remain undiagnosed or are being treated only through publicly funded systems.

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**The Emperor's New Clothes**



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**Better Public Policy is Needed**

- Clearly better public policy is needed
- There are too many children without intervention
  - Thousands of young children are on waitlists
  - Heartbreaking for families who know that EI can change the life course of the child with ASD



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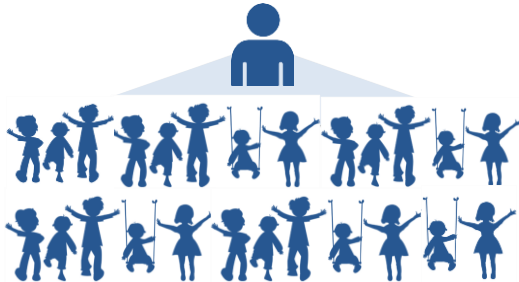
**Argument 1: Unmet Need**

- Given ASD prevalence (1 in 59 in the USA), too many young children (18m to 6y) are not being served through therapist-based interventions because they are too costly and difficult to administer
- PIM are indicated as public policy based on unmet need (see Mandell et al, 2016)
- PIM is less costly than therapist delivered services, is easier to implement, and can be broadly disseminated

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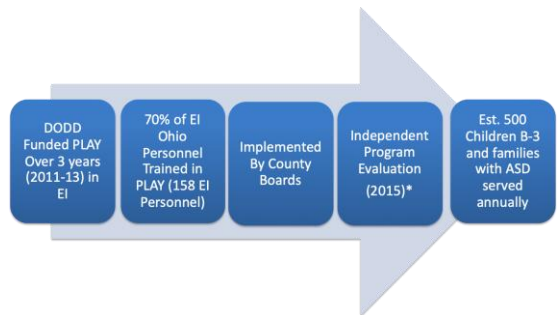
## PIM DRB Efficiency

1 Parent Consultant can serve 25 children



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## Dissemination of PIM DRB



\*Espe-Scherwindt et al, Evaluation of the Ohio PLAY Project (2015)

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## PLAY Project in Ohio



2019

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## Argument 2: PIM Provide Intensity

- ASD requires intensity (NRC, 2001) of 15-30 hours/week
- PIM DRB and ABA are intensive models
- PIM provide intensive intervention at 1/10<sup>th</sup> the cost of therapist delivered services
- Working, single, divorced, parents spend 40+ hours minimum with their child
- Complements other therapies

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## Comparison: Parent Versus Therapist Delivered Models

Key Elements	Parent Implemented Models (e.g. PLAY Project, PACT, SCERTS)	Therapist Delivered Models (e.g. EIBI, VB, PRT, ABA, ESDM)
Theoretical Framework	Developmental, Relationship, & Play-based	Behavioral/Operant Conditioning
Primary Focus of Intervention	<b>Social interaction</b>	<b>Language, IQ, Behavior</b>
Intervention methods	<b>Child centered</b> Promote social interaction through play	<b>Program centered</b> Teach child skills using rewards/reinforcement
As Primary Intervention	< 3 yr. olds (18m-6y)	3-6 yr olds
Programmatic Approach	Trained professionals coach parents	Professionals supervise front line staff who provide service
Provider of Services	<b>Parents</b>	<b>Therapists</b>
Annual Cost	<b>\$5,000</b>	<b>\$50,000</b>
Treatment Sessions	4 hrs./mo. of parent training. <b>15 hours/wk. of intervention provided by parents</b>	<b>15-30 hours/week provided by therapists</b> who work directly with the child
Assessment of Progress	Objectives achieved. Focus—Social functioning	Objectives achieved. Focus—Pre-academics, Language
Evidence	Very Good	Very Good

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## Argument 3: PIM Address Social Deficits

- According to the DSM 5, ASD is a condition characterized primarily by social deficits
- Interventions that focus on social interaction are essential
- PIM DRB address social interaction and emotional development

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**ASD DSM 5**

**Challenges in social communication and social interaction:**

- Social emotional reciprocity
- Back-and-forth conversation
- Maintaining relationships
- Non-verbal/gestural communication
- Imaginative play



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**Argument 4: One Type of Intervention Inadequate to Treat ASD**

- ASD is a very diverse condition and one type of intervention cannot meet the need of all children with ASD
- Evidence-based PIM DRB should be an option for families who have a child with ASD
- PIM DRB are complementary with ABA, SLP, OT, Behavioral Health

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**Argument 5: PIM Research Evidence**

- Recognized as evidence based by the *National Professional Development Center*
- Four recent systematic reviews
- Over a dozen Randomized Controlled Trials\* evaluated PIM DRB and show consistent findings:
  - Parents can be coached to help their child with ASD
  - Children improve in social interaction
  - Mixed evidence for improved language
- Binns & Oram Cardy study the most rigorous

See *Binns and Oram-Cardy (2019)*; Solomon "Commentary" (2018)

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**Summary of Binns & Oram Cardy**

**Studies had to:**

- (a) be peer reviewed,
- (b) be published in English,
- (c) be a randomized control trial (RCT),
- (d) evaluate social communication and/or language treatment effects of DSP-based treatment for children or for caregivers,
- (e) report effects using quantitative data, and
- (f) include preschool children (0–5 years) with a diagnosis of ASD.

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## Summary of Binns & Oram Cardy

- Eighteen treatment approaches were either self identified as being a DSP-based intervention or identified in other literature as being DSP and were examined during phase one of our search.
- A total of 10 brand named treatments met all the DSP criteria, and thus were included in phase two of our search.
- Core to DSP: Treating all forms of communication as intentional and avoiding explicit prompting for communication.
- Not based significantly on operant conditioning

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## Summary of Binns & Oram Cardy

- Intervention Impact Reviewed Foundational Social Communication Skills:**
- Social interaction or social communication
  - Attention, interest, engagement and involvement
  - Initiations
  - Reciprocity
  - Gestures, nonverbal, and intentional communication

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## Summary of Binns & Oram Cardy

- Caregiver Interaction Outcomes:**
- Responsiveness
  - Parent control/directiveness
  - Synchrony/joining and share attention
  - Affect and co-regulation

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## Summary of Binns & Oram Cardy

- Of the 18 studies, 10 were considered 'true' PIM DSP
- These 10, based on quality of research, were rated as compelling, suggestive, or equivocal.
- 4 were rated as compelling
  1. Green et al (2010)—PACT
  2. Schertz et al (2018)—JAML (Joint Attention Mediated Learning)
  3. Solomon et al (2014)—PLAY Project
  4. Weatherby et al (2014)—SCERTS

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## Summary of Binns & Oram Cardy

- “Consolidation of results from the studies identified as being compelling reveal consistent empirical support for the effectiveness of DSP interventions for enhancing foundational social communication capacities. . .”
- Positive changes in children’s attention,
  - Focusing on faces,
  - Responding to bids for joint attention,
  - Use of affect,
  - Engaging in reciprocal interactions, and
  - Initiating communication.

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## Insurance Implementation

- Due to research and public policy arguments several insurance companies now cover PIM DRB including:**
- Kaiser Permanente, California
  - TRICARE, military (pending)
  - Minnesota Medicaid
  - Behavioral Health Agencies

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### Public Policy Implications

- The evidence for PIM DRB raises the public policy implications:
  - If there is evidence for PIM DRB
  - If it is efficient, practical, less costly than current models paid for by insurance and easy to disseminate, then. . .
  - Public policy should support programs that train parents.

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### Insurance Implementation

Several states are in the process of providing PIM DRB as part of public policy initiatives:

- Ohio
- Minnesota
- California
- Illinois
- Ontario, Canada
- Texas
- (and hopefully Michigan!)



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### What PLAY Consultants Can Do

- Know the research and public policy arguments
- Contact PPHQ with names/emails of state EI leaders
  - Especially 'Training Directors'
- Encourage your families to contact their insurance carriers (See 'Family Insurance Letter') & ask for PIM
- Contact Diagnostic Centers and send them the attached letter and research articles (see 'To Diagnostic Centers')
- Join our Facebook and other social media groups

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### Summary: PIM DRB & Public Policy

- Recognized as evidence based by the *National Professional Development Center* and multiple research reviews
- Provides intensive intervention by empowering parents in the natural environment of the home to address social deficits
- Can address the problem of waitlists/unmet need
- Less costly, practical, efficient, and capable of broad implementation

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### Let's Support Our Families



With Parent Implemented Models!

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 **References**

Binns, Oram-Cardy (2019) Developmental social pragmatic interventions for preschoolers with autism spectrum disorder: A systematic review. *Autism & Developmental Language Impairments*. 4(1): 1-18 DOI: 10.1177/2396941518824497

Mandell D, Barry C, et al. (2016). Effects of Autism Spectrum Disorder Insurance Mandates on the Treated Prevalence of Autism Spectrum Disorder MPP; *JAMA Pediatr*. doi:10.1001/jamapediatrics.1049. Published online July 11, 2016.

Espe-Scherwindt, M, et al (2015), *Evaluation of the Ohio PLAY Project*: <https://www.playproject.org/assets/PLAY-Evaluation-Final-Report.pdf>

Solomon, R (2018) *Commentary: Evidence based interventions for children and adolescents with Autism Spectrum Disorders in Current Problems in Pediatric and Adolescent Medicine*. 48: 267-269 <https://doi.org/10.1016/j.cppeds.2018.08.017>



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# Thank you!

\*This webinar will be uploaded to our website

Upcoming webinars:  
Wednesday, February 19<sup>th</sup>, 2020



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