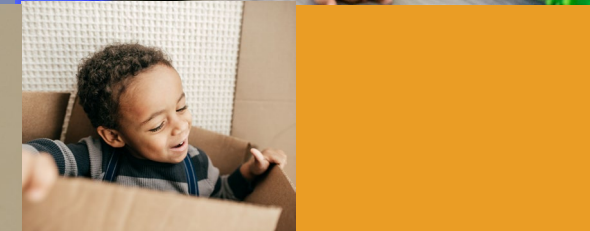


# Interagency Coordinating Council (ICC) on Early Intervention Meeting

January 18, 2024



# Housekeeping



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



ASL interpreters have been "Spotlighted" and live closed captioning is active.



This meeting is being recorded.



Materials are available at: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>.



Submit written comments via email to: [earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov).

# Housekeeping – Interpretation Services

## ● **ASL INTERPRETERS**

ASL interpreters will be spotlighted during the meeting.

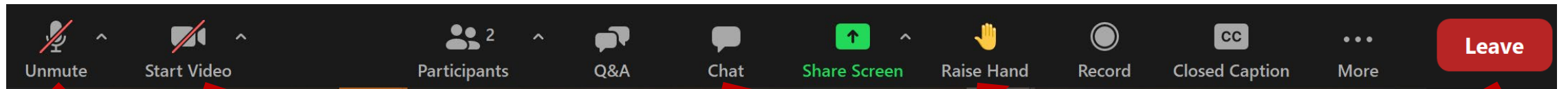
## ● **WHEN SPEAKING**

Please introduce yourself by stating your full name and who you represent.

## ● **PLEASE SPEAK SLOWLY**

To support our interpreters with accurately interpreting the information discussed during the meeting, please speak slowly.

# Zoom Tips



Unmute mic only when it's your turn to speak



Turn your webcam on/off

All attendees can type questions/comments in the Q&A

Chat is available for Workgroup members only

Workgroup members can raise your hand when you want to speak

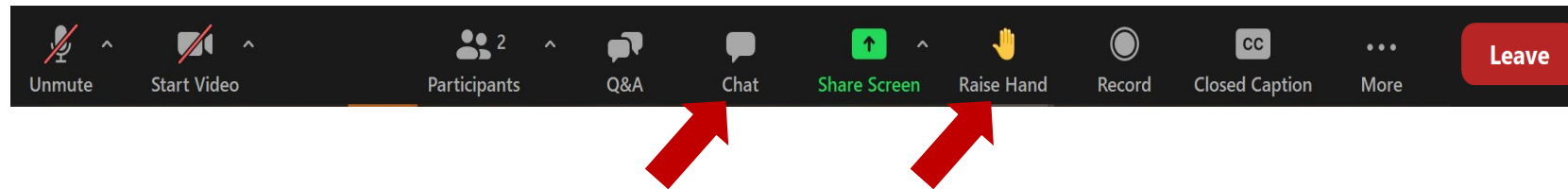
Leave the webinar at the end of the meeting



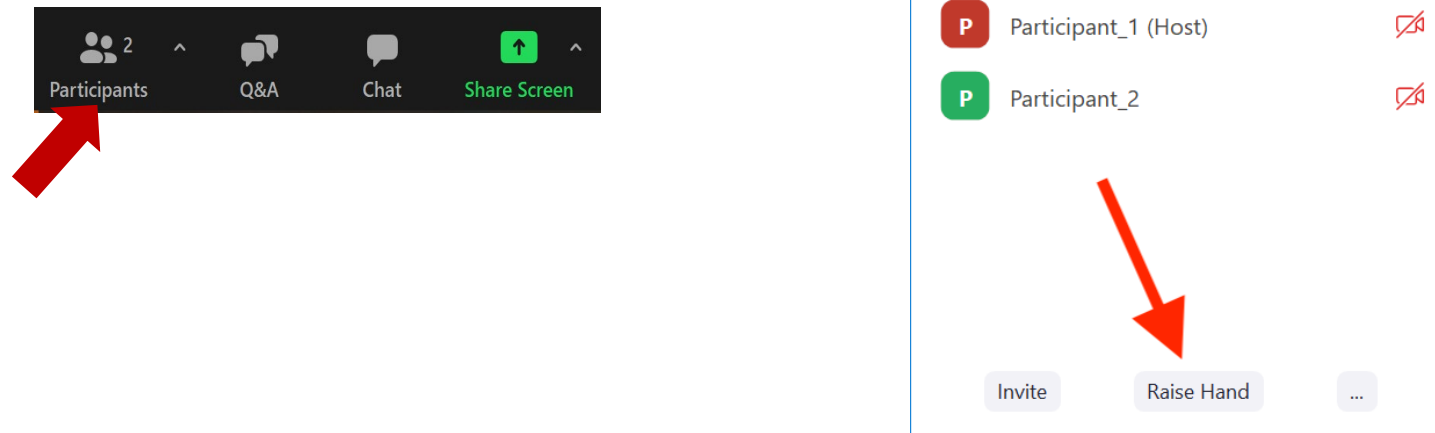
- For attendees, your video and microphone will not be available
- You will only see/hear workgroup members, DDS staff and presenters on screen
- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

# Providing Comments – Appointed Members

**Appointed Members:** Please use the “Chat” or “Raise Hand” to comment



You may need to click on “Participants” and a new window will open where you can “Raise Hand”



# Agenda

- I. Welcome and Roll Call
- II. Approval of Minutes
- III. Review ICC Mission and Purpose
- IV. Part C Literacy Article and Introduction of Meeting Theme
- V. DDS Updates and Information
- VI. Presentation: DDS Autism Services Branch

## **Break**

- VII. Presentation: Annual Performance Report
- VIII. Voices from the Field
- IX. Public Input

## **Lunch**

- X. Presentation: 5 Public Policy Arguments for Parent Implemented Autism Intervention Models
- XI. Announcement of Committee Composition and Goals
- XII. Committee Meetings

# ICC Mission and Purpose

**To promote and enhance a coordinated family service system for infants and toddlers, ages birth to three years, who have, or are at risk for having a developmental delay or disability, and their families, by utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration**



# Part C Literacy Article

“Mediating Parent Learning to Promote Social Communication for Toddlers with Autism: Effects from a Randomized Controlled Trial”

## Authors

Hannah H. Schertz, Samuel L. Odom,  
Kathleen M. Baggett, & John H. Sideris

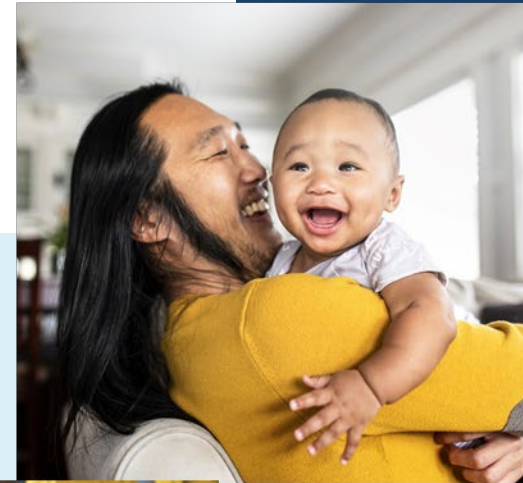


# DDS Updates and Information

# Early Start Program Updates

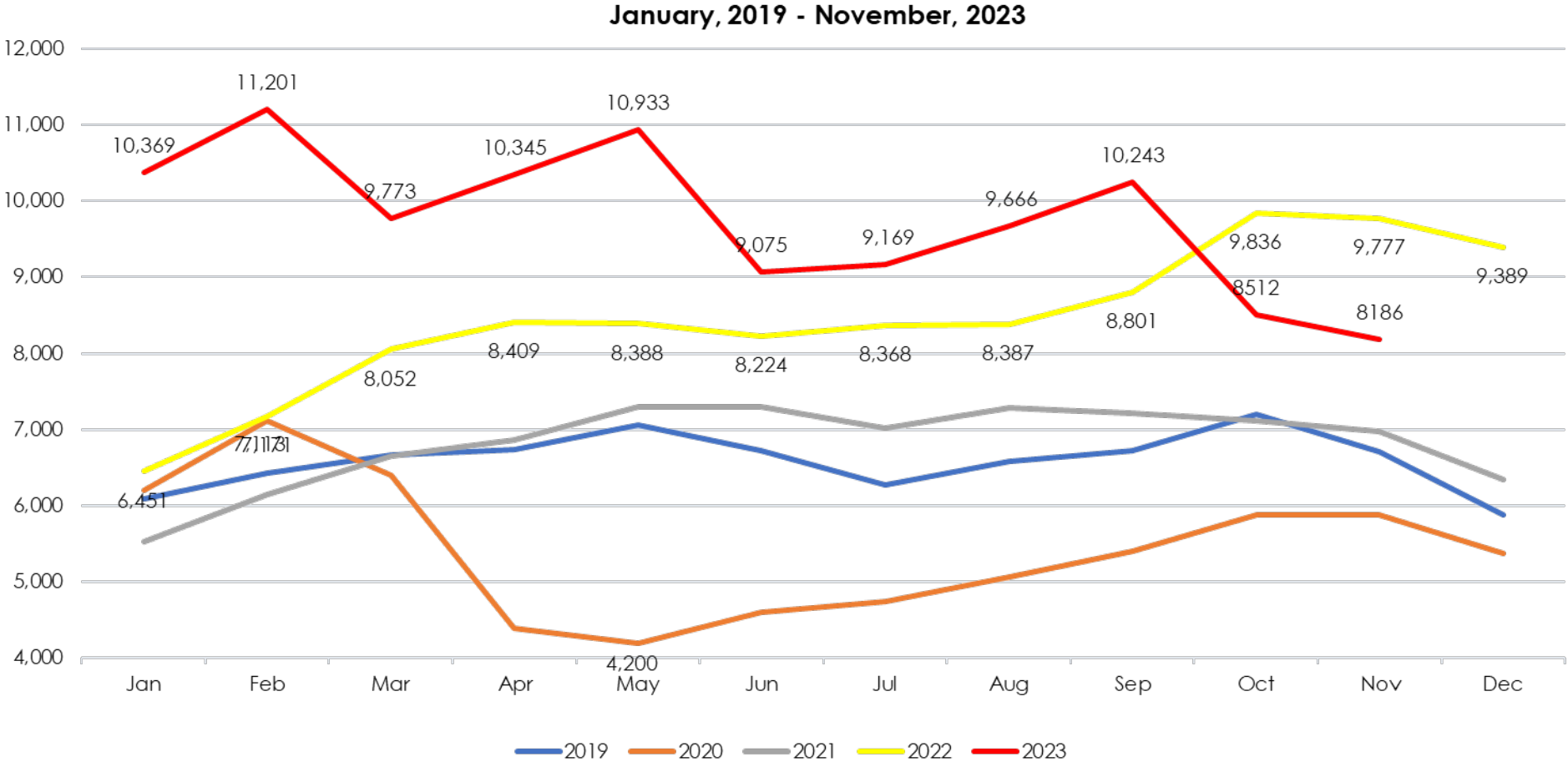
Maricris Acon, Deputy Director  
Children, Adolescents and Young Adult Services Division

January 18, 2024



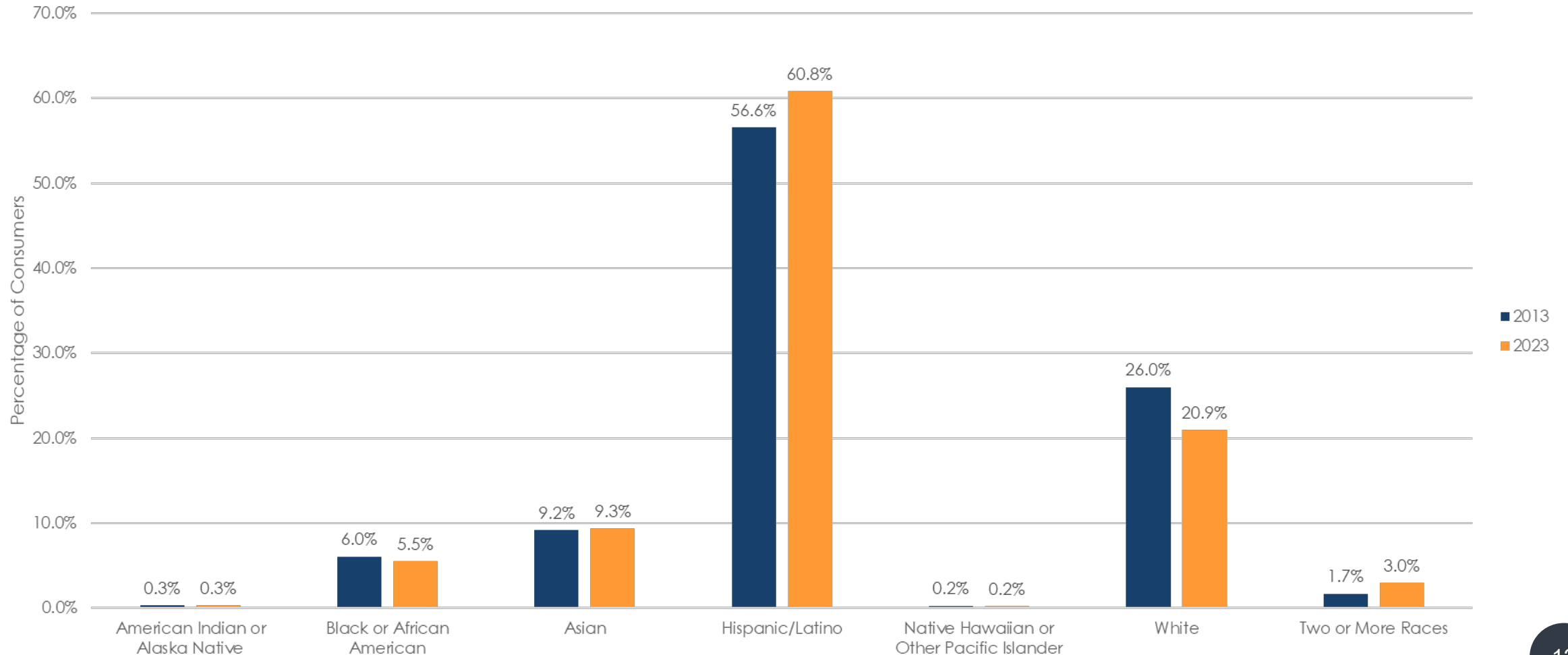
# EARLY START REFERRALS

The number of children referred to Early Start has decreased 16% since November 2022



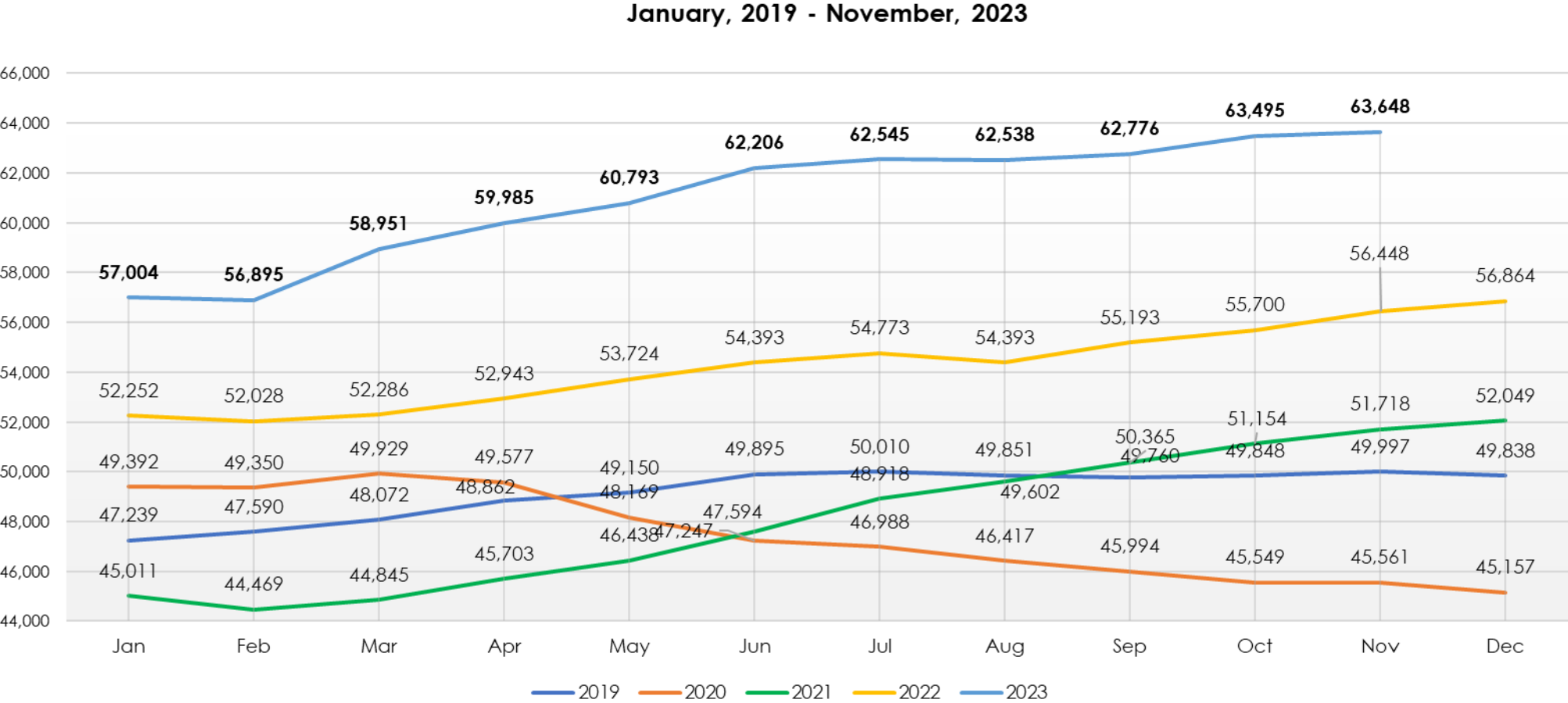
# CASELOAD BY ETHNICITY OVERVIEW

Early Start Population by Ethnicity (Percentage) - 10-Year Review



# EARLY START CASELOAD

As of November 2023, the number of children served per month has increased 13% since a year ago.



# Questions

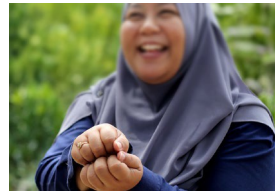
For more information, please contact the  
BABYLINE: 1-800-515-BABY (2229)  
[earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov)

For Children and Youth, please contact  
[childrenandyouthtransitions@dds.ca.gov](mailto:childrenandyouthtransitions@dds.ca.gov)



# DDS Quality Incentive Program: Early Intervention QIP Focus Group

January 18, 2024



# Agenda

- Overview of Early Intervention QIP and Measure Development Process
- Walkthrough of EI QIP Measure and Incentive Process
- Review Next Steps



# Summary of Early Intervention QIP

- \$300 incentive paid:
  - for each initial intervention service provided,
  - within 31 days of POS authorization,
  - to children less than 3 years old or their families.\*
- Effective for each newly authorized service starting July 1, 2023 through June 30, 2024.
- Applies to first instance of authorization of service, not reauthorized services or intake assessments.
- Date of authorization from POS.
- First date of service from eBilling.
- DDS will instruct regional centers, quarterly, to issue incentive payments for each eligible service by vendor number.
- Quarterly, DDS will provide service providers receiving an incentive with an accounting record of newly initiated services qualifying for an incentive.

# Early Intervention QIP Measure and Development

## **QIP Early Intervention Focus Area:**

- Desired Outcome: Children and families receive timely access to Early Start Services.

## **Measure Development**

- DDS worked with this Focus Group to develop this measure, including records to rely on to determine date of authorization and start of service.
- DDS developed an automated process for pulling data.
- DDS conducted test data runs to determine reliability of data process and likely % of services meeting the timeliness criteria.
- DDS reviewed the process with ARCA.

# Next Steps

- DDS will provide Zoom training sessions for service providers.
  - One training session will be recorded and available on DDS QIP website.
- DDS will post an FAQ document describing the incentive on DDS QIP website.
- Incentive currently limited to FY 23/24 only.
- FY 24/25, service providers are eligible to receive full vendor rate for participation in Service Provider Directory.
  - DDS considering how to extend focus measures in future fiscal years.
- Contact: Leslie Morrison, [Leslie.Morrison@dds.ca.gov](mailto:Leslie.Morrison@dds.ca.gov) or Josh Sudarma, [Joshua.Sudarma@dds.ca.gov](mailto:Joshua.Sudarma@dds.ca.gov) with questions.

# Presentation

## **DDS Autism Services Branch**

Dr. Lauren Libero

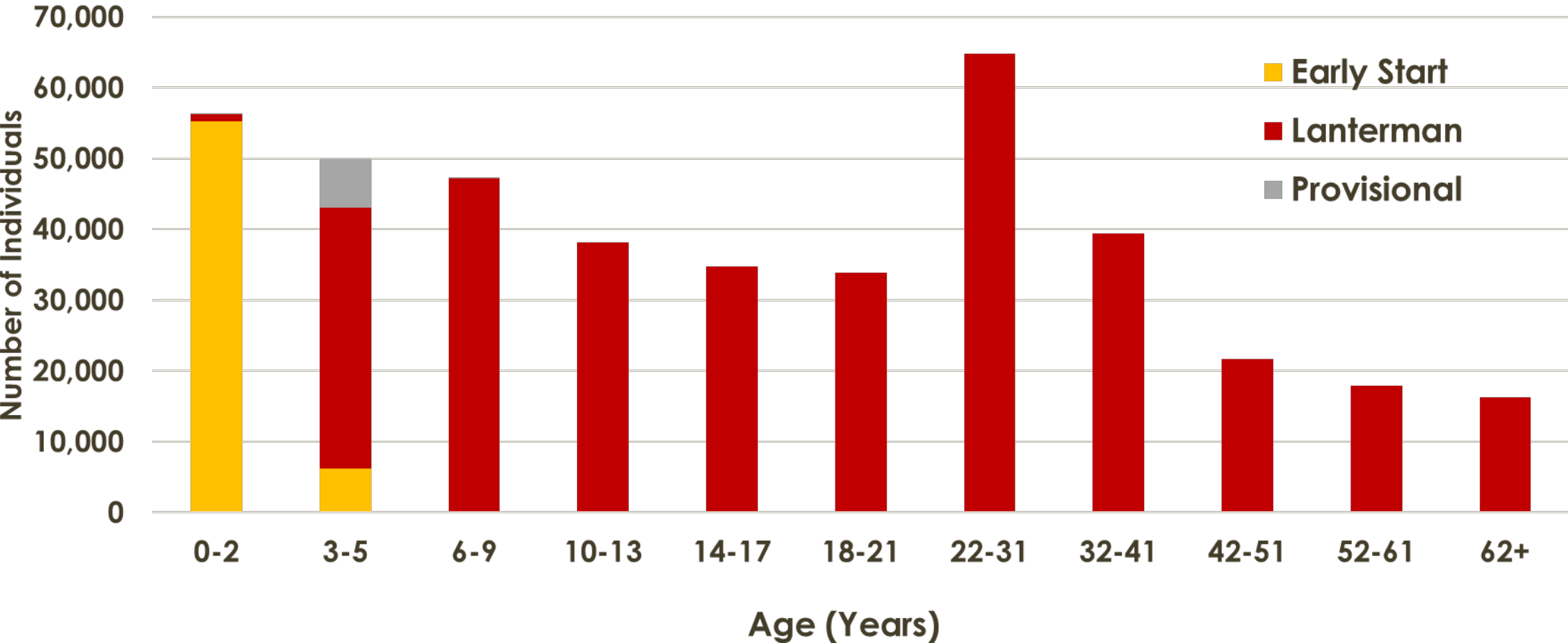
# Update on Autism in the DDS System

Lauren Libero, PhD, Autism Specialist

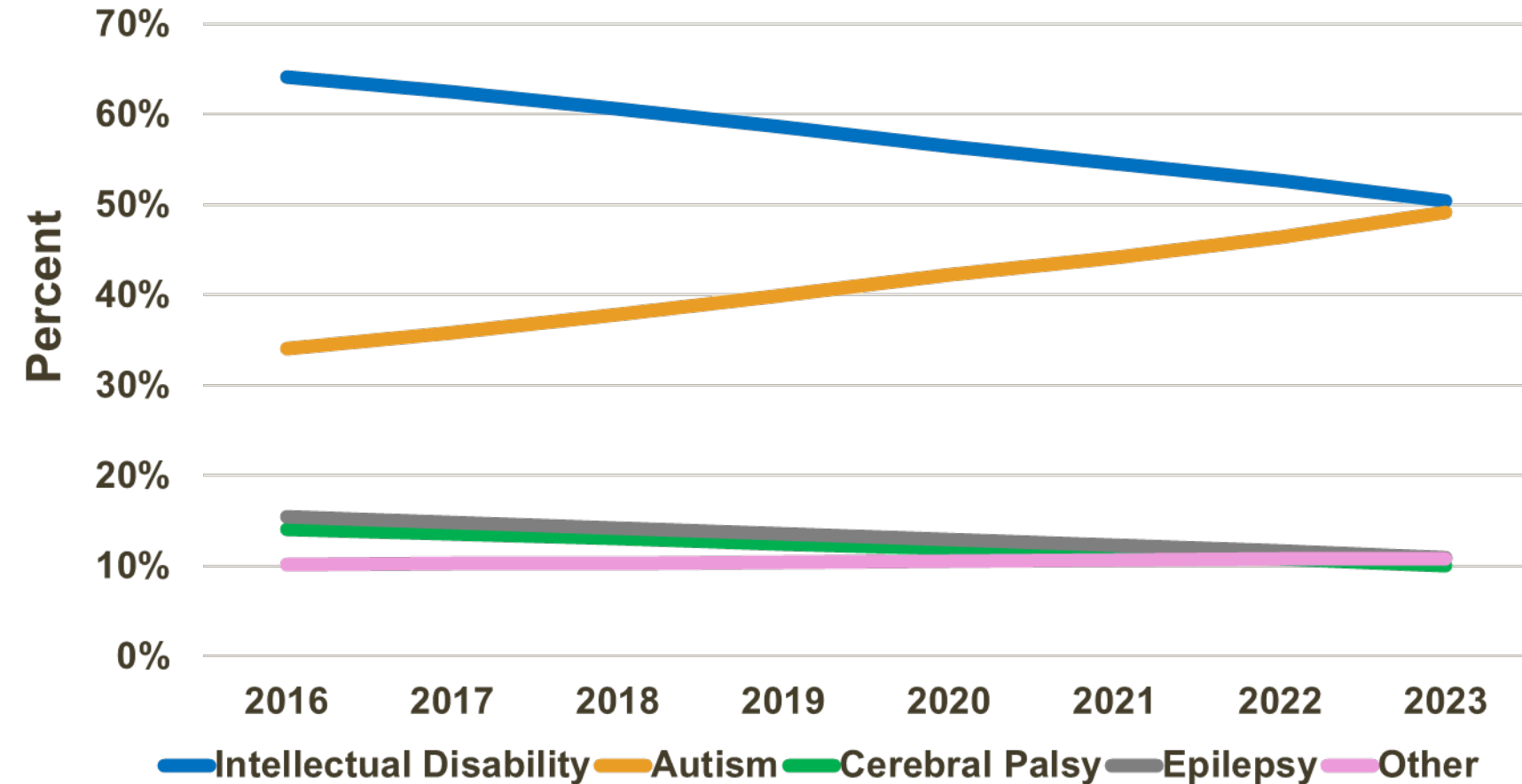
January 19, 2024



# DDS Service System



# Share of Each Lanterman Diagnosis Over Time

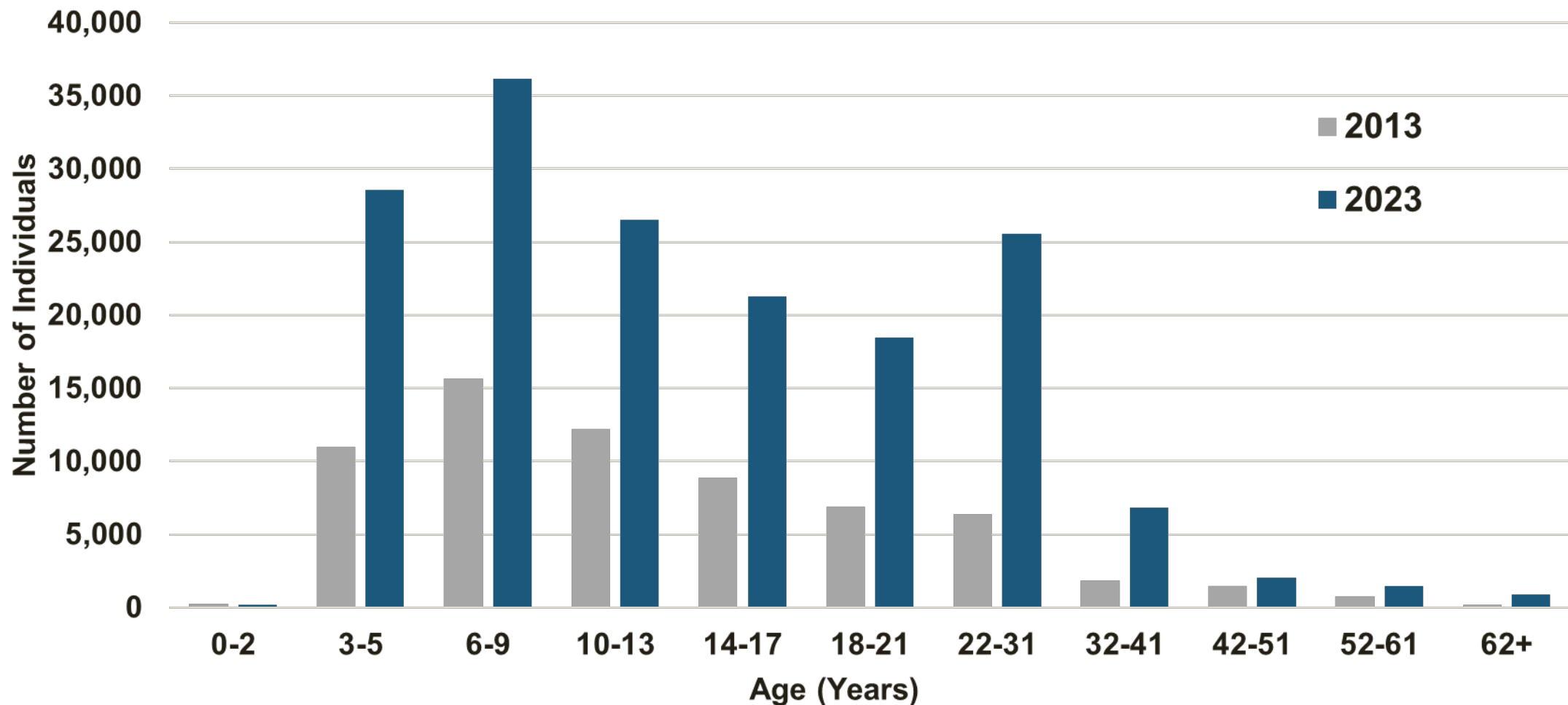


Share by Diagnosis in 2023	
Intellectual Disability	50%
Autism	49%
Epilepsy	11%
Cerebral Palsy	10%
Other (5 <sup>th</sup> Category)	11%

*Note: An individual may have more than one diagnosis and may be counted under multiple diagnoses, i.e., duplicated counts*

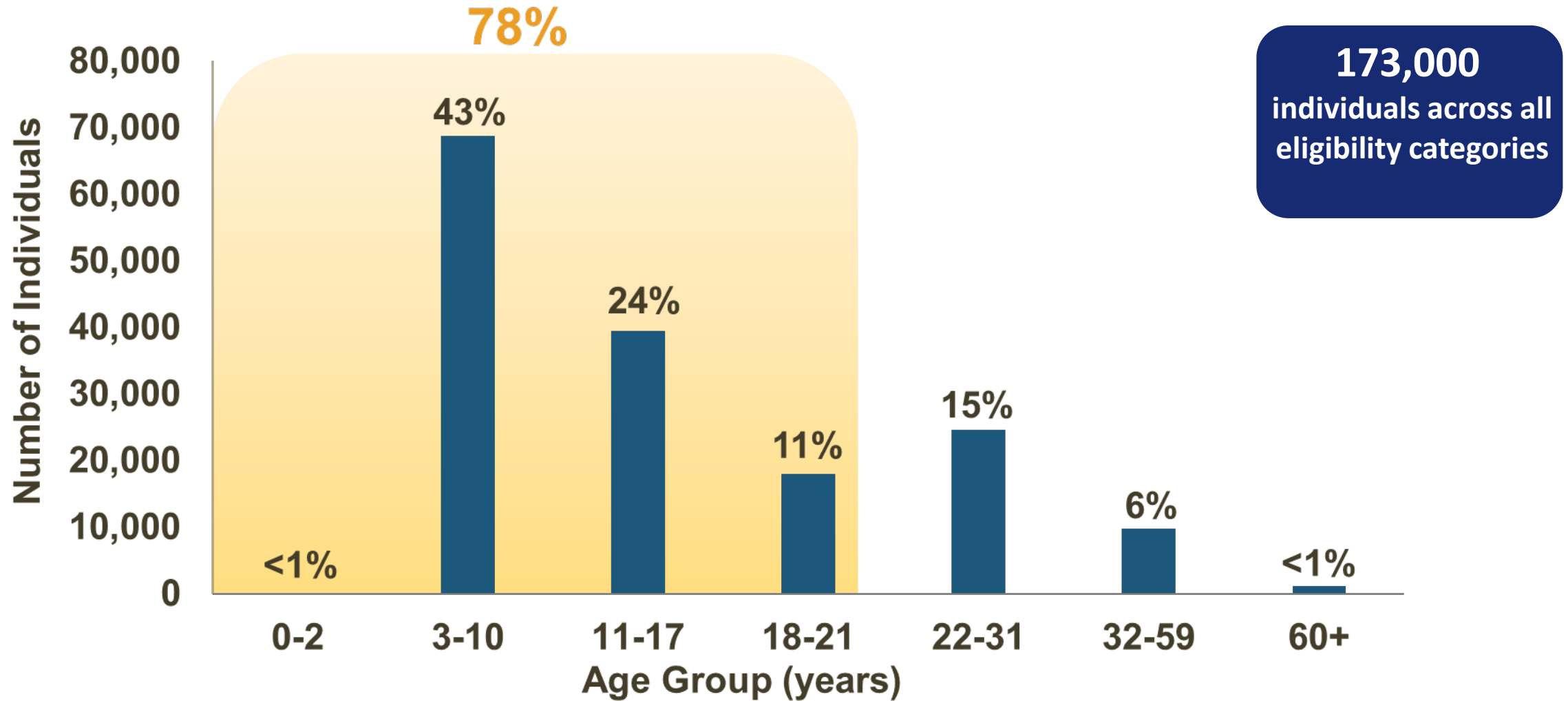
Source: CMF and CDER data for Status 2 in April 2016-2022 and July 2023.

# Autism in the DDS System

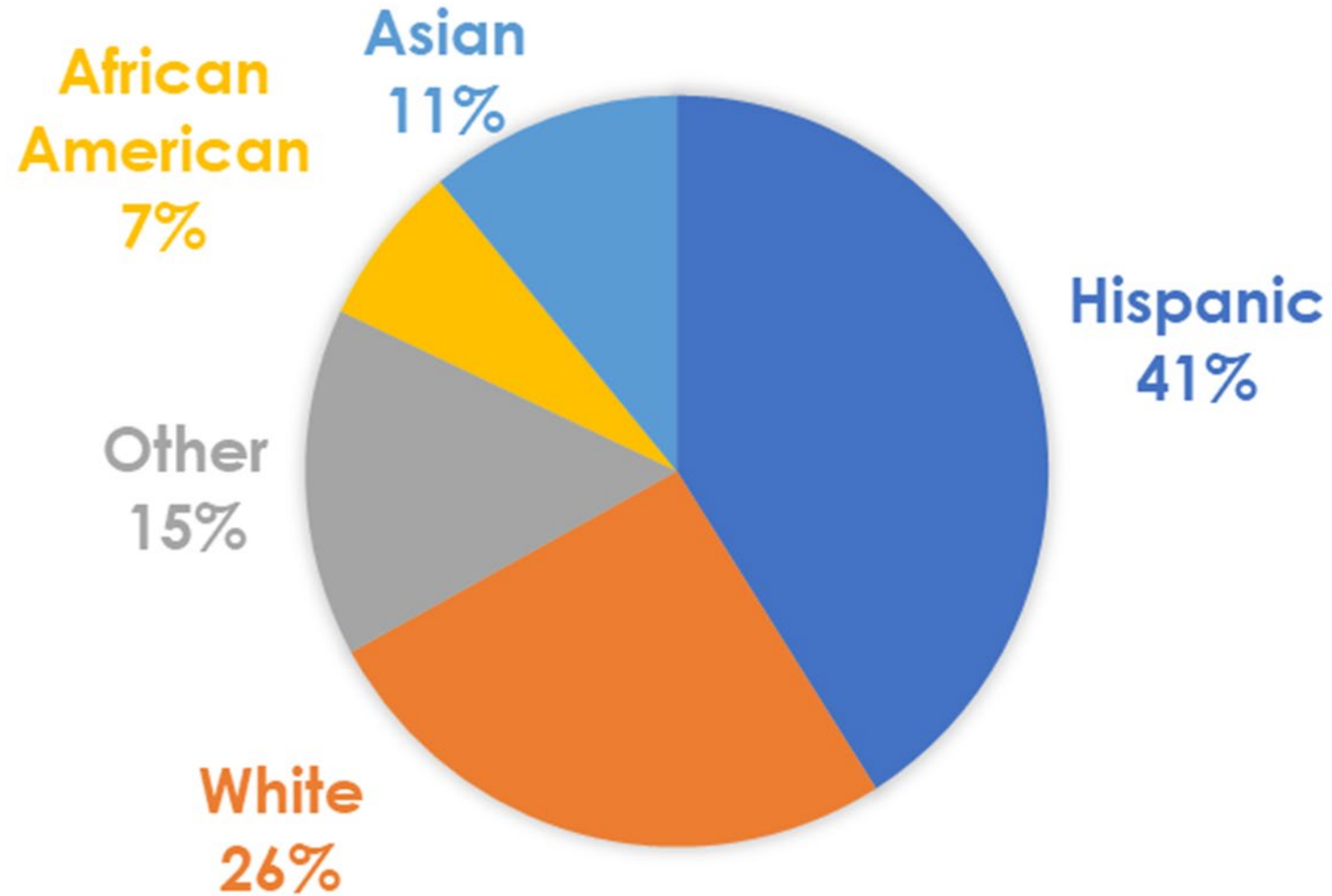




# Autism by Age



# Autism by Race/Ethnicity



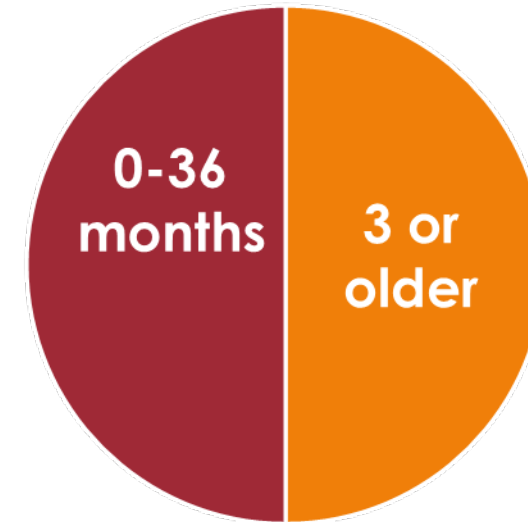
# System Entry

**1 in 5** children in Early Start will require lifelong services through DDS



Around **60%** of those transitioning to Lanterman services have a diagnosis of ASD

## Age at Entry



Approximately **50%** of children with ASD served by regional centers previously participated in Early Start

# DDS Autism Services Branch

Established by the  
California Budget Act 2023

July 1, 2023

## Our Focus

*Develop services and supports reflective  
of autistic individuals, to improve  
outcomes and choices*

*Build statewide capacity and expertise to  
meet the needs of a changing system*



**AUTISM  
SERVICES  
BRANCH**



# What We Do

Research and Data  
Tracking

Community  
Engagement

Policy and Strategy

Information, Outreach,  
and Training

Programs and Services

Communications and  
Technical Assistance

# Meet the DDS Autism Team



**Dr. Lauren Libero** *(she/her)*

**Autism Specialist**



**Linda Gutierrez** *(she/her)*

**Autism Services Branch Chief**



**Kel Avila** *(they/them)*

**Autism Community Engagement  
Coordinator**



**Matt Harnetz** *(he/him)*

**Autism Community Liaison**



**Dr. Yoyo Zhan** *(she/her)*

**Research Data Specialist II**

# Contact the DDS Autism Services Branch



**AUTISM  
SERVICES  
BRANCH**



## CONTACT INFO

---



**autism@dds.ca.gov**



**Autism Helpline  
(833) 815-2337**



## CONTACT INFO

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[earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov)



**Baby Line**

**(800) 515-BABY**

**(800) 515-2229**





## DDS Website Resources

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- **DDS**  
<https://www.dds.ca.gov/>
- **Find Your Regional Center**  
<https://www.dds.ca.gov/rc/lookup-rCs-by-county/>
- **Regional Center Eligibility**  
<https://www.dds.ca.gov/general/eligibility>



## DDS Early Start and Early Start Neighborhood

<https://www.dds.ca.gov/services/early-start/>

<https://earlystartneighborhood.org/>

- Information, resources, and contacts on early intervention for families and early childhood providers

## Family Resource Centers and Community Navigators

<https://frcnca.org/>

<https://www.dds.ca.gov/rc/disparities/community-navigator-program/>

- One-on-one support, coaching, and mentorship for families

# Contact Information

Contact me



[Lauren.Libero@dds.ca.gov](mailto:Lauren.Libero@dds.ca.gov)



(916) 202-0569

Contact the  
Autism Services  
Branch



[autism@dds.ca.gov](mailto:autism@dds.ca.gov)



(833) 815-2337

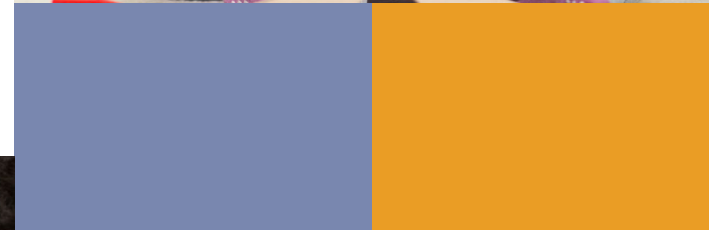
**BREAK**

Presentation

# Annual Performance Report

Nathaniel Taleon

# Early Start FY 2022 Preliminary Data Annual Performance Report

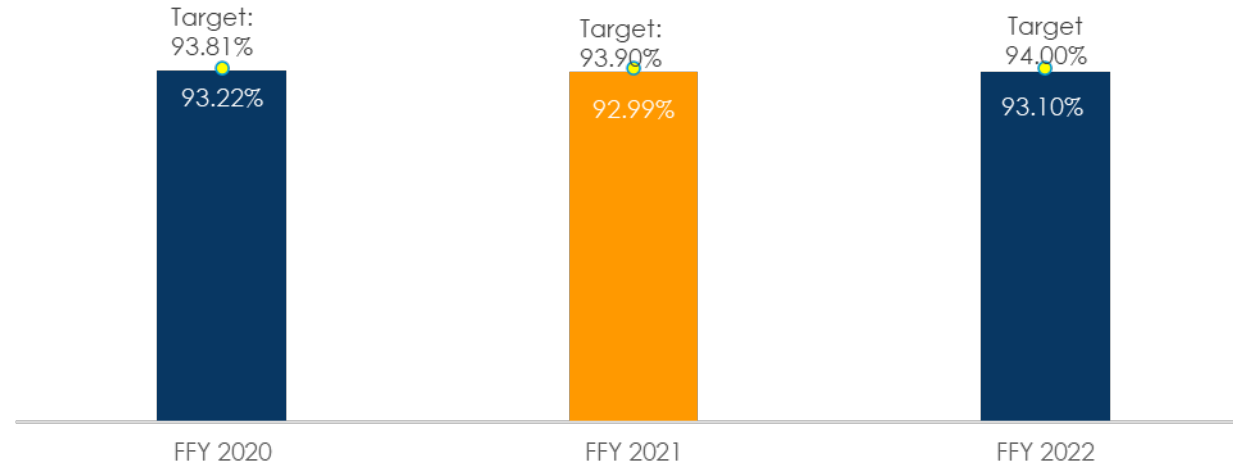


# Key Terms

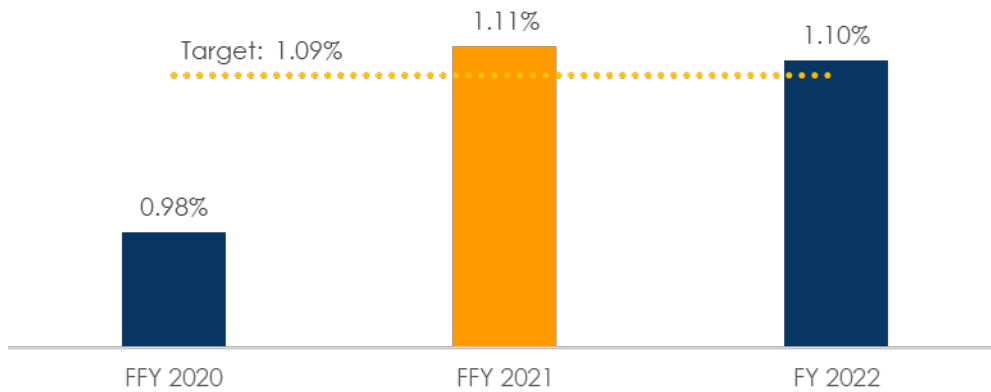
- **Annual Performance Report (APR)**- A report submitted annually to the Office of Special Education Programs (OSEP) providing information on the progress of California's Early Start program in meeting the established targets for each of the indicators.
- **Client Master File (CMF)**- Database that is the primary source for demographic, legal status, case status, and case manager information. Data entered by regional center personnel.
- **Early Start Report (ESR)**- Database containing data on progress and outcomes on children being served in the Early Start Program. The data is entered by regional center personnel.
- **Individualized Family Service Plan (IFSP)**- A document that describes a child's current level of development, goals developed by the team, and what types of services the child will receive.
- **Child Find**- Percentage of children (birth to 1 and birth to 3) with Individualized Family Service Plans (IFSPs) compared to the state's overall population (birth to 1 and birth to 3).
- **Federal Fiscal Year (FFY)**- The 2022-2021 fiscal year is from July 1, 2022, to June 30, 2023.
- **Targets** – Targets are set through a state process to determine benchmarks for results-based indicators to drive performance.

# Early Start Performance Indicators

## Indicator 2: Services in the **Natural Environment**

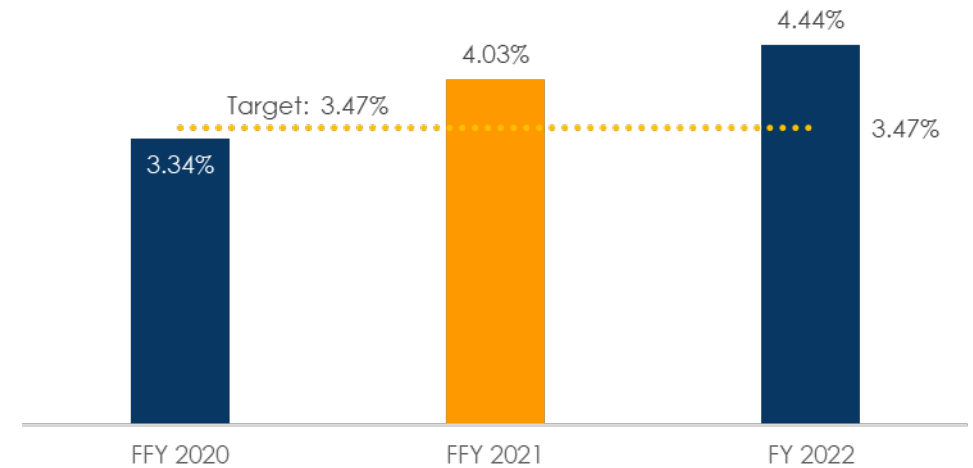


## Indicator 5: Child Find (Birth to One)



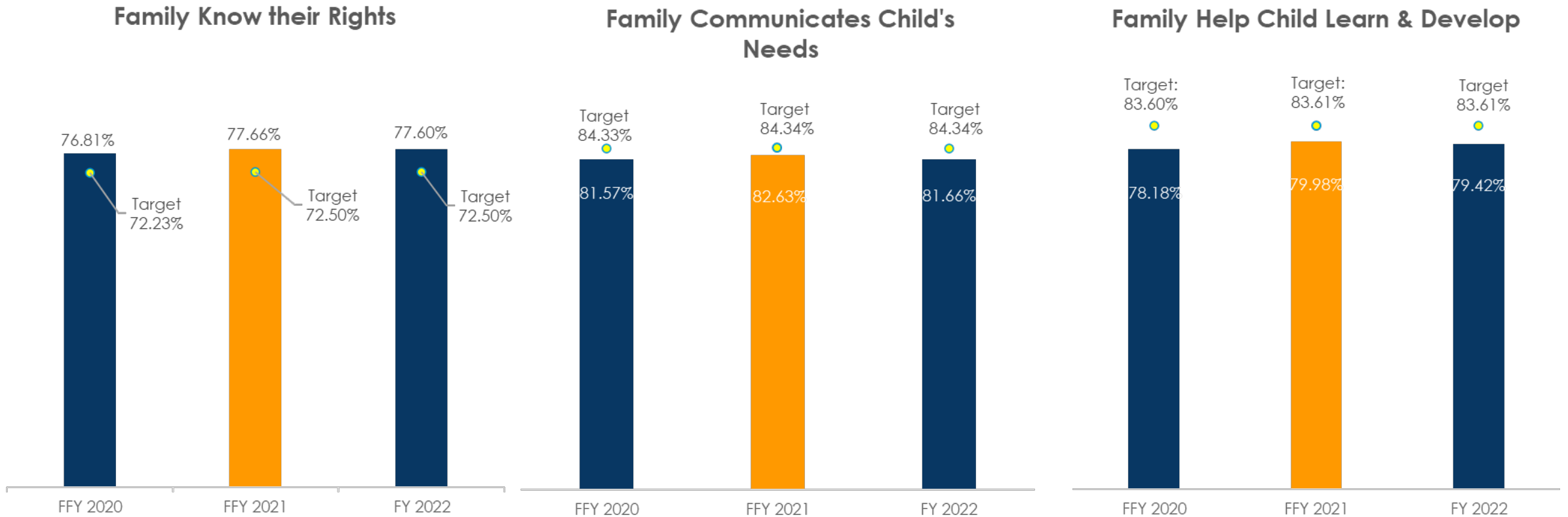
## Child Find

## Indicator 6: Child Find (Birth to Three)





# Indicator 4: Early Start Family Outcomes



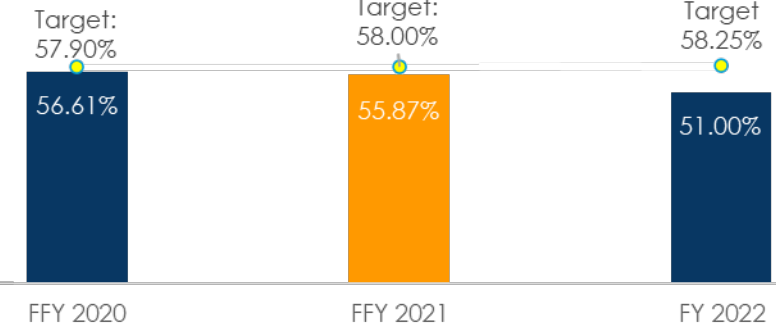
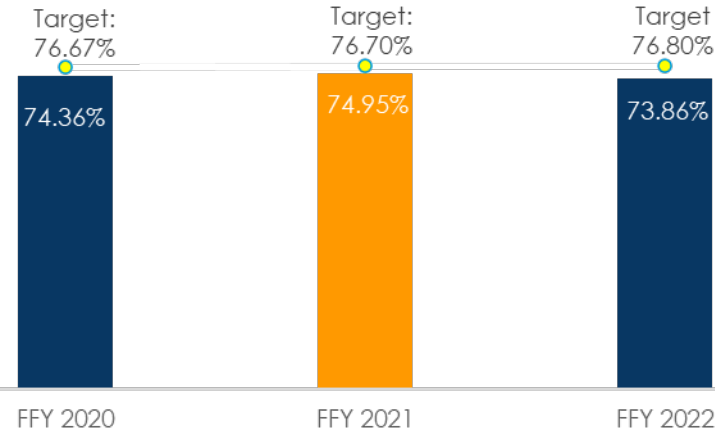
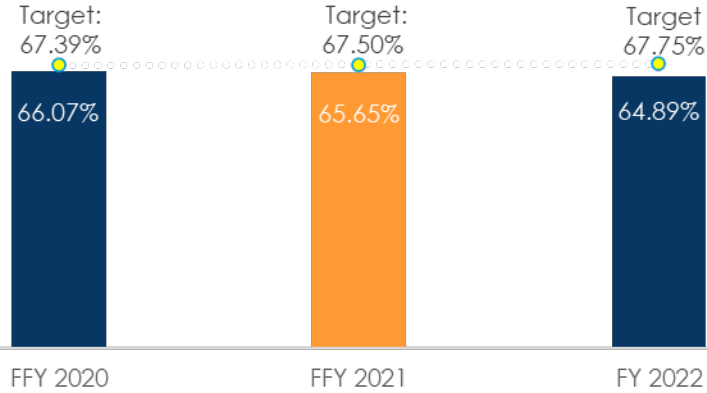
# Early Start Child Outcomes: Summary Statements 1 & 2

SS1: Made Substantial Gains

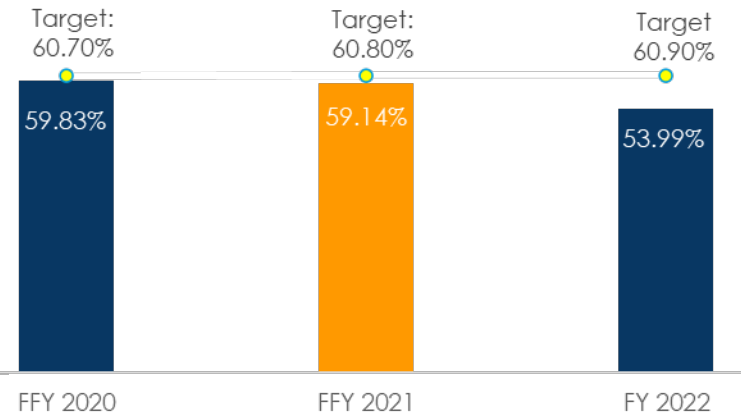
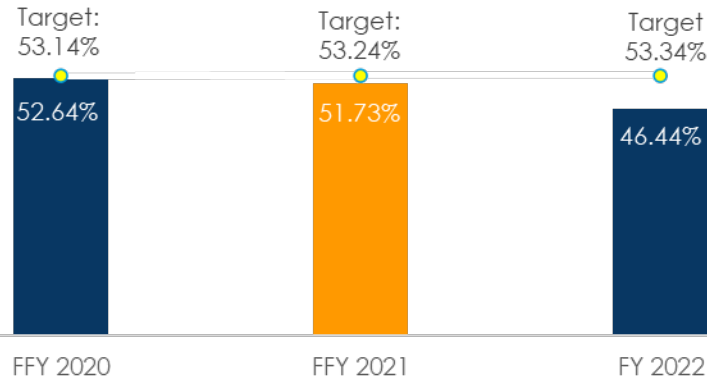
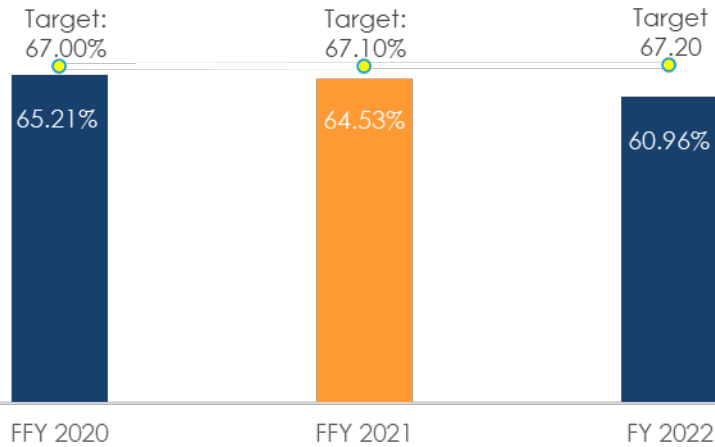
Indicator 3a: Social Emotional

Indicator 3b: Knowledge and Skills

Indicator 3c: Appropriate Behavior to Meet Needs



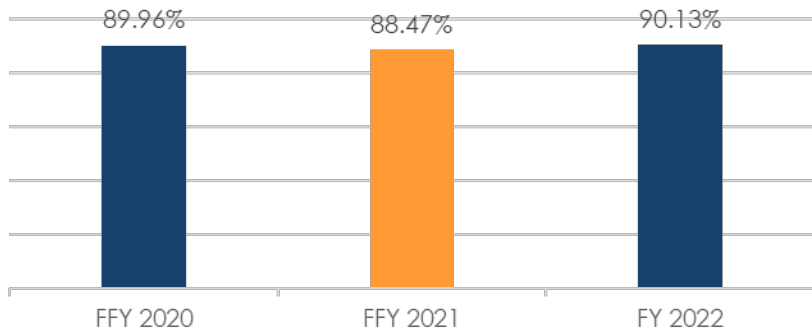
SS2: Exit at Age Expectation



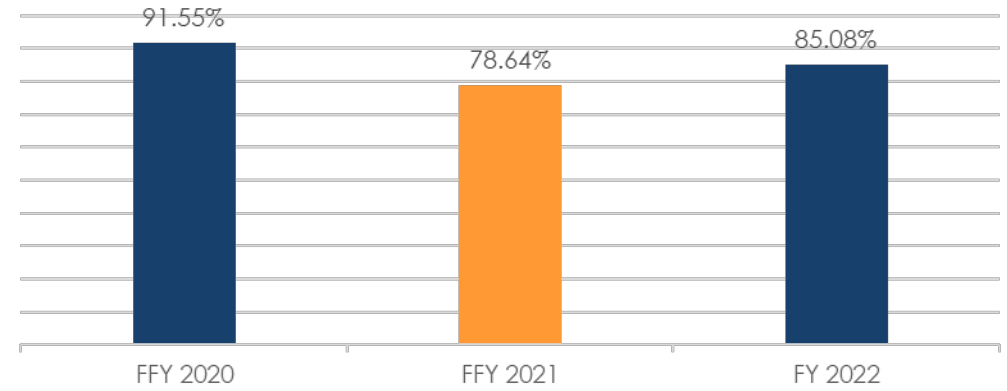
Data Source: Based on Child Outcomes data collected at entrance and exit in the Early Start Report (ESR) database used by all Regional Centers and data submitted by CDE

# Early Start Compliance Indicators

## Indicator 1: Timely Provision of Services

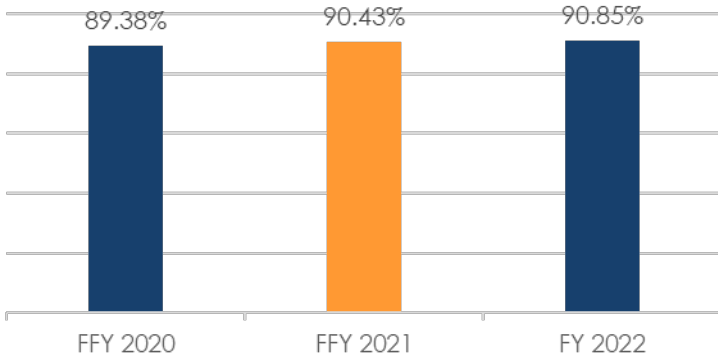


## Indicator 7: IFSP in 45 days

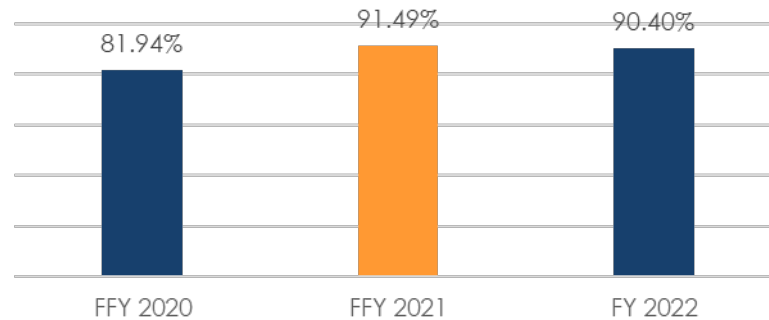


## Transition Indicators:

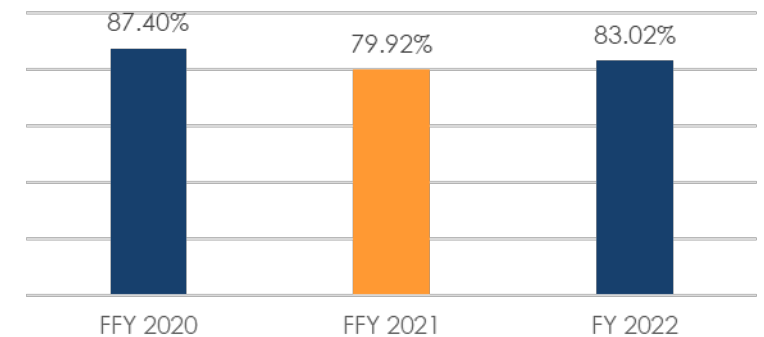
### Indicator 8a: Steps and Services



### Indicator 8b: Timely Notification for LEA



### Indicator 8c: Timely Conference



FFY 2020 and FFY 2021 Data Source: Monitoring performance of 7 regional centers and SLI children through CDE  
FFY 2022 data source: Monitoring reviews for 11 regional centers and SLI children through CDE  
Target is 100% Compliance

# Feedback

Feedback  
[earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov)



# Questions

For more information, please contact the  
BABYLINE: 1-800-515-BABY (2229)  
[earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov)

For Children and Youth, please contact  
[childrenandyouthtransitions@dds.ca.gov](mailto:childrenandyouthtransitions@dds.ca.gov)



# Voices from the Field Updates

# Fran Chasen

## Infant Development Association of CA

# Jim Frazier

## The Arc



# Marty Omoto

## CA Disability Community Action Network

# Yvette Baptiste

## Family Resource Center Network of California

# PUBLIC INPUT

# Public Input Guidelines

## COMMENTS CAN BE IN WRITING OR SPOKEN

All comments are published as part of the public record and provided to ICC members

## EACH PERSON HAS 2 MINUTES TO COMMENT

We want to make sure there's time to hear from everyone. Longer comments? Submit them in writing to ensure your full message is shared

## COMMENTING ON BEHALF OF OTHERS

One person is welcome to share input from others, please just be mindful of time, summarize key points and turn in any written statements

## PLEASE BE SPECIFIC

A clear statement-including specific suggestions for addressing any concerns you may have- is most helpful

## WANT TO SHARE A POWERPOINT OR VIDEOS AS PART OF YOUR PUBLIC COMMENT?

Email [EarlyStart@dds.ca.gov](mailto:EarlyStart@dds.ca.gov) at least 14 days in advance with any audio/visual needs

**LUNCH**  
**return by 1:00pm**

## Presentation

# **5 Public Policy Arguments for Parent Implemented Autism Intervention Models: From Clinical Practice to Research to Statewide Implementation**

Dr. Richard Solomon

# 5 Public Policy Arguments For Parent Implemented Autism Intervention Models

*From Clinical Practice to Research  
To Statewide Implementation*

**Richard Solomon, MD**  
**Medical Director, The P.L.A.Y. Project**  
**[www.playproject.org](http://www.playproject.org)**

**Let's start with a joke!**



Playful  
Developmental  
Relationship-based  
Parent implemented  
Early intervention  
Supported by public policy

# Case Study: Meet Julian

# What All Parents Want

A wonderful emotional connection with their child

Their child to reach their full developmental  
potential

# Agenda

- **5 Arguments for Parent-Implemented, Developmental, Relationship-based Models**
- **PLAY Project Model**
  - **Training of Consultants**
  - **PLAY Consultation to Parents**
- **Evidence for PLAY and PI-DRB Models**
- **Statewide Implementation**

**5 Arguments\* for  
Parent-Implemented Models Using  
A Developmental, Relationship-based  
(PIM DRB) Approach**

# Estimated Autism Prevalence 2023



\* The Centers for Disease Control and Prevention autism prevalence estimates are for 8-year-old children in the Autism and Developmental Disabilities Monitoring Network in 2020.

# Need: Intensive Intervention

## **National Research Council (2001)**

- **Begin early: 18 month-6 years**
- **10-25 hours/week**
- **1:1 or 1:2**
- **Engaging**
- **Strategic Direction**
- **Comprehensive programs address the needs of children on the spectrum**

Educating Young Children with Autism, NRC 2001

# 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) on the spectrum**
- **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**
  - **Promoting developmental growth and potential**
- **Several recent rigorous studies—evidence-based**



# Argument 1: Unmet Need

- **Given autism's prevalence (1 in 36 in the USA), *too many young children (18m to 6y) are not being served through therapist-delivered interventions because they are too costly and difficult to administer***
- **PIM DRB are indicated as public policy (see Mandell et al, 2016; Shenouda et al, 2022)**
- PIM is cost effective and easier to implement and can serve thousands of children.

# Mandell, et al, JAMA Pediatr (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.
- Shenouda, J, Bjrrett, E, et al (2022)
  - Disparities in Early Intervention Program Participation by Children with ASD in a US Metropolitan Area, 2006-2016
  - *JAMA Pediatr.* 176(9): 906-914.  
doi:10.1001/jamapediatrics.2022.2366

# Mandell, et al, JAMA Pediatrics (2016)

## CONCLUSIONS AND RELEVANCE

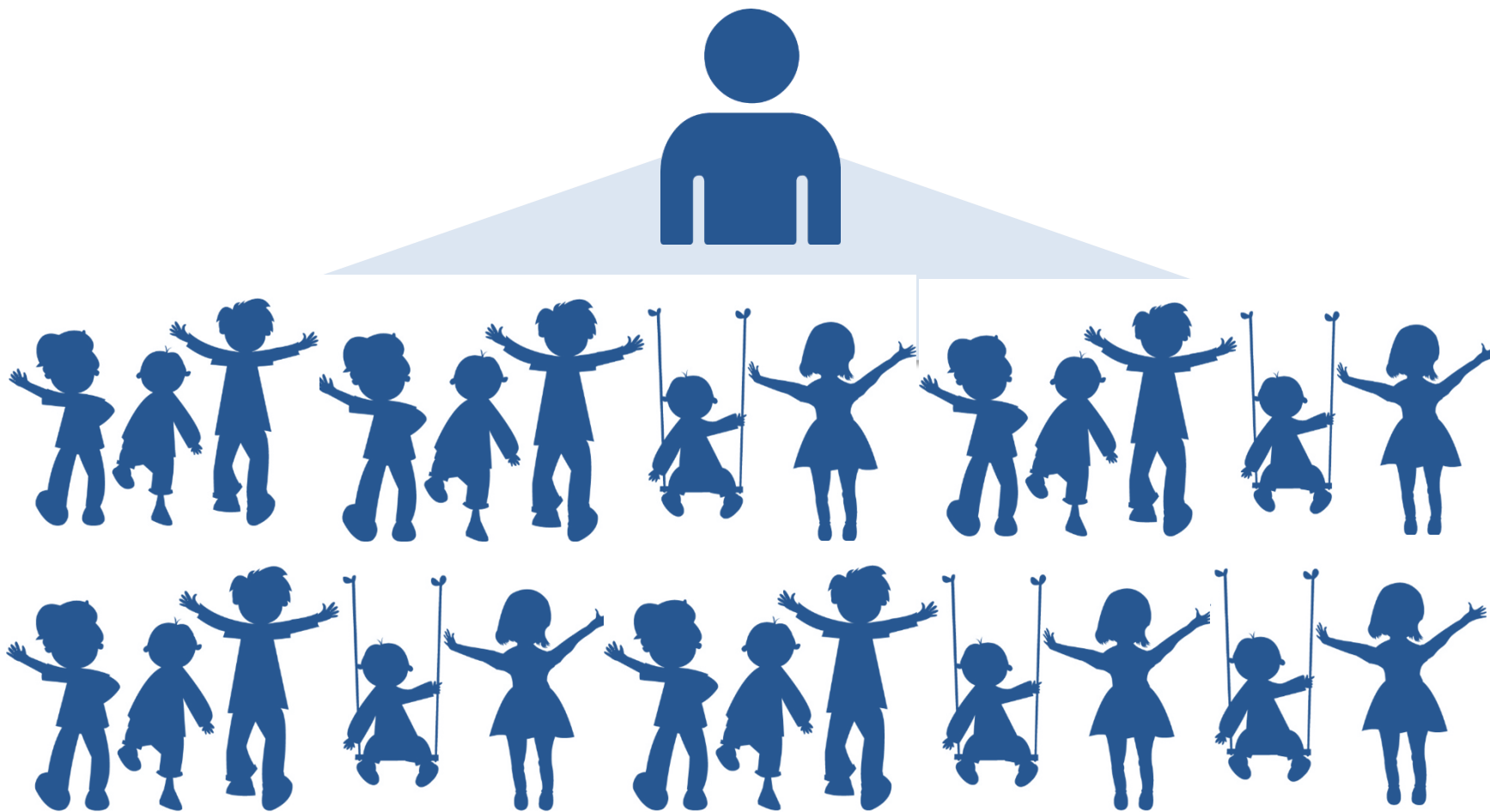
Implementing state ASD insurance mandates resulted in increases in the number of children diagnosed with ASD; these numbers increased each year after implementation. **Even 3 years or more after implementation, however, treated prevalence of ASD was much lower than community prevalence estimates.** This 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.

# Argument 1: Unmet Need

- Given autism's prevalence (1 in 36 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**

# PIM DRB Efficiency

1 Parent Consultant can serve 25 children by coaching parents 4-5 hours per month



# *PIM Dissemination*

- PIM DRB can be replicated and disseminated on a large scale with high fidelity
- Largescale Statewide dissemination:
  - Michigan, Illinois, Ontario Canada, Ohio
    - See Espe-Scherwindt et al “Evaluation of The Ohio PLAY Project” (Free access online)
    - California SB 805 APPROVED! Covers EB PIM DRB
- Large pool of child development professionals to provide PIM services.
  - EI, SLP, OT, Teachers

## Argument 2: PIM Intensity

- To help autistic children reach their full developmental capacities and growth potential requires intensity (NRC, 2001) of 10-25 hours/week
- PIM DRB and ABA are intensive models
  - Working, single, divorced, parents spend 40+ hours minimum waking time with their child
  - ***Can provide PIM interaction 1-2 hours/day***
- PIM provide intensive intervention at 1/10<sup>th</sup> the cost of therapist delivered services
- Complements other therapies

# Comparison: Intensive Approaches

Parent Implemented Models (PIM)	Therapist Delivered Models
Focus on social reciprocity	Focus on IQ, cognition, language
Unstructured: naturalistic	More structured/therapeutic
Follow child's lead/intent	Train child in small steps
Internal reinforcement: fun	External rewards often used
Intensive 15-20+ hrs/wk	Intensive 30-40 hrs/wk
One-on-one to begin	One-on-one to begin
Measurable, strong research*	Measurable, strong research
10 X Less expensive	More expensive

\*See list of research on PIM



## ***Argument 3: PIM Address Social Deficits***

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

# Autism Spectrum: DSM 5

## Challenges in social communication and social interaction:

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

## ***Argument 3: PIM Address Social Challenges***

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

# ***Argument 4: One Type of Intervention Inadequate to Treat Autism***

- The autism spectrum is very diverse, and one type of intervention cannot meet the need
- Evidence-based PIM DRB should be an option for families who have a child with autism
- PIM DRB complementary to all other therapies
- Thousands of licensed providers can deliver PIM
  - Early Intervention, SLP, OT, MSW, etc
  - Diagnostic centers need to recommend PIM
- **PIM can be delivered for children with ‘autism indicators’ (risk factors) w/out formal diagnosis**

# Comparison: Intensive Approaches

Parent Implemented Models (PIM)	Therapist Delivered Models
Focus on social reciprocity	Focus on IQ, cognition, language
Unstructured: naturalistic	More structured/therapeutic
Follow child's lead/intent	Train child in small steps
Internal reinforcement: fun	External rewards often used
Intensive 15-20+ hrs/wk	Intensive 30-40 hrs/wk
One-on-one to begin	One-on-one to begin
Measurable, strong research*	Measurable, strong research
10 X Less expensive	More expensive

\*See list of research on PIM

# Argument 5: PIM Research Evidence

- Recognized as evidence based by the NCAEP (Nat'l Clearinghouse for Autism Evid. & Practice)
  - <https://ncaep.fpg.unc.edu/>
- Over a dozen Randomized Controlled Trials\* evaluated PIM DRB and show consistent findings:
  - Parents can be coached to help autistic children
  - Children improve in social interaction

See \*[Binns and Oram-Cardy \(2019\)](#);  
Sandbank et al: <http://dx.doi.org/10.1037/bul0000215>

# 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, more easily disseminated than therapist delivered models then. . .
  - Insurance should support and pay for programs that train parents.

# Insurance Implementation

- Several insurance companies now cover PIM DRB including:
  - California SB 805
  - Minnesota Medicaid
  - New Jersey Medicaid
  - Illinois Medicaid
  - Behavioral Health Agencies
  - TRICARE, military (pending)
- Licensed medical providers (SLP, OT, PT) can bill for PIM DRB in the office/clinic setting





**The PLAY Project Model**  
*From Clinical Practice to Research to  
Statewide Implementation*

# Mission & Vision

## **The PLAY Project's Mission**

“To support families in having a joyous and playful relationship with their children with autism spectrum disorders so each child can reach his or her full potential.”

## **PLAY Project's Vision**

“To train a global network of pediatric professionals and child development experts to provide The PLAY Project's autism intervention program to serve as many families as needed.”

# Characteristics of The PLAY Project

- Evidence based
- Parent implemented
- In home, office, or virtual
- Autism early Intervention (18 mo-6year) model
- Serving 1000s of families
- Nationally and internationally
- Over the last 15 years
- Fun, Developmental & Relationship-based



# PLAY Mission: Caregiver Services

- **Training workshops**
- **Courses on parenting advice**
- **Webinars**
- **Blogs**
- **Books and Parent Coaching Manual**
- **TelePLAY: Virtual services**
- **PLAY Project Consulting**

# **PLAY Vision: Professional Training**

**We train pediatric professionals  
and child development experts**

**To coach parents**

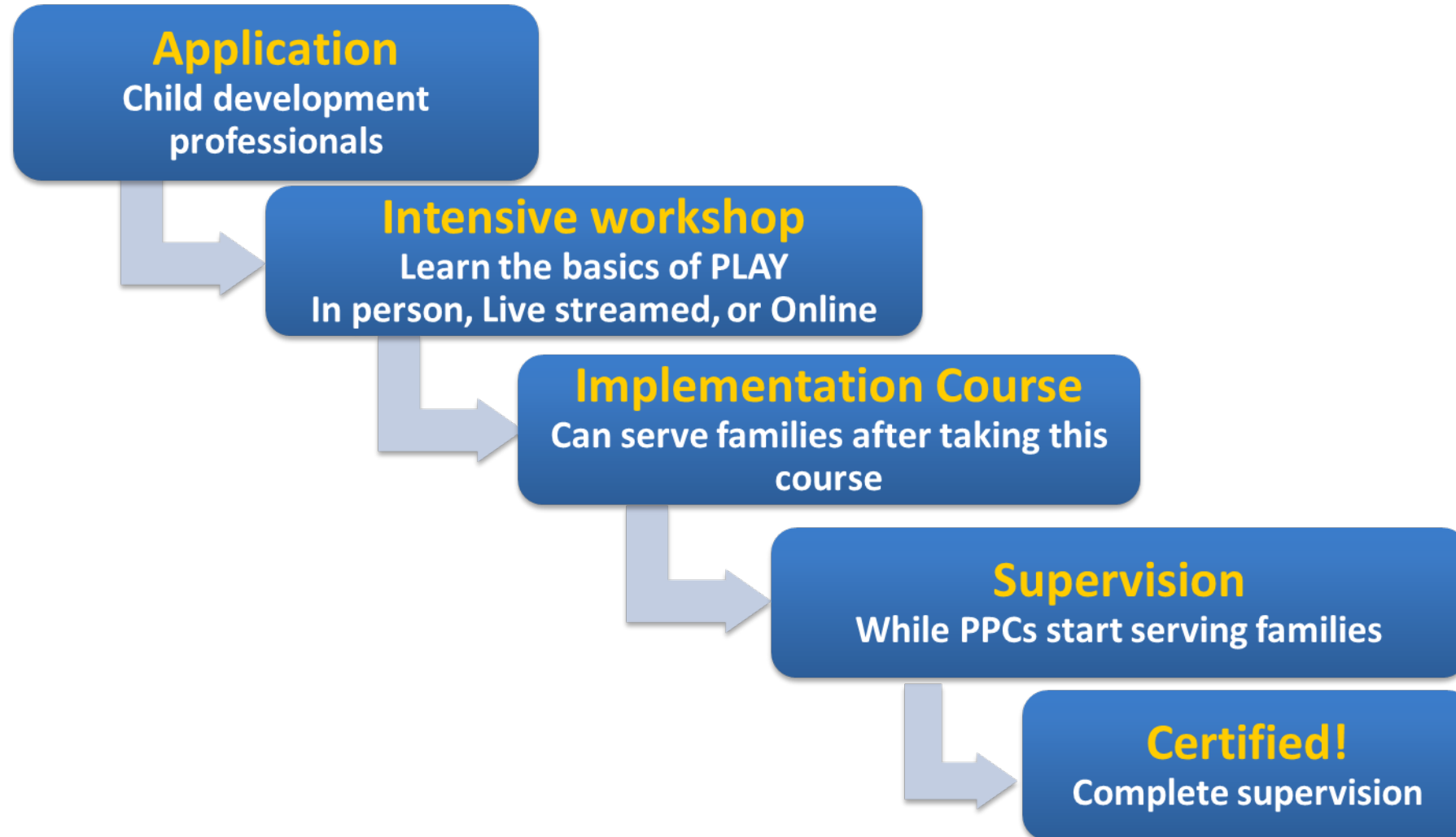
**To help their young children with autism**

**Through play!\***

# PLAY Consultants Provide the Service

- PLAY Consultants are pediatric professional and child development experts
  - Masters level education
  - Bachelors with experience
- Speech/Language Pathologists, Occupational Therapists, Social Workers, Early Intervention Providers, Psychologists, & Physicians
- Medical rehab, Early intervention (B-3), Community mental health, Behavioral health, state agencies.

# How are PLAY Consultants Trained?



# 7 Circles of the PLAY Project







# Circle 1: PLAY Project Principles

- **Fun with people—doing what the child loves**
- **Put in the time—2 hours per day broken up into 15-20 minute sessions**
- **Accurately profile the child in terms of their Comfort Zone, Sensory-Motor Profile & Functional Developmental Levels**
- **Based on the child's profile, play at the right level**



# Circle 1: PLAY Project Methods

- Read the child's cues and intent
- Slow the pace of play, observing and waiting for the child's idea
- Follow the child's lead, responding to what the child wants
- Open and close circles of communication (back and forth interactions)
- Build on the child's interests



# Case Study: Julian's 1<sup>st</sup> Circles

# 7 Circles of the PLAY Project



**Circle 2:  
Understanding  
Each Child's  
Unique Profile**



# Circle 2: Each Child has a Unique Profile

- **Comfort Zone (CZ)**
- **Sensory Motor Profile (SMP)**
- **Functional Developmental Levels (FDLs)**



# Circle 2: Comfort Zone

- Opening/closing doors, drawers
- Lining up cars
- Flipping pages of books
- Sensory self stimulation (hum, jump, spin. . .)
- Flipping through books
- Loves puzzles, letters, numbers, and/or colors
- Obsessed with You tube/videos
- Thomas the Tank Engine





## Circle 2: Sensory Motor Profile

**The unique way a child experiences the world through the various sensory modalities and movement:**

- **Visual Processing**
- **Tactile**
- **Auditory**
- **Oral**
- **Olfactory**
- **Motor Planning**
- **Vestibular**
- **Proprioceptive**





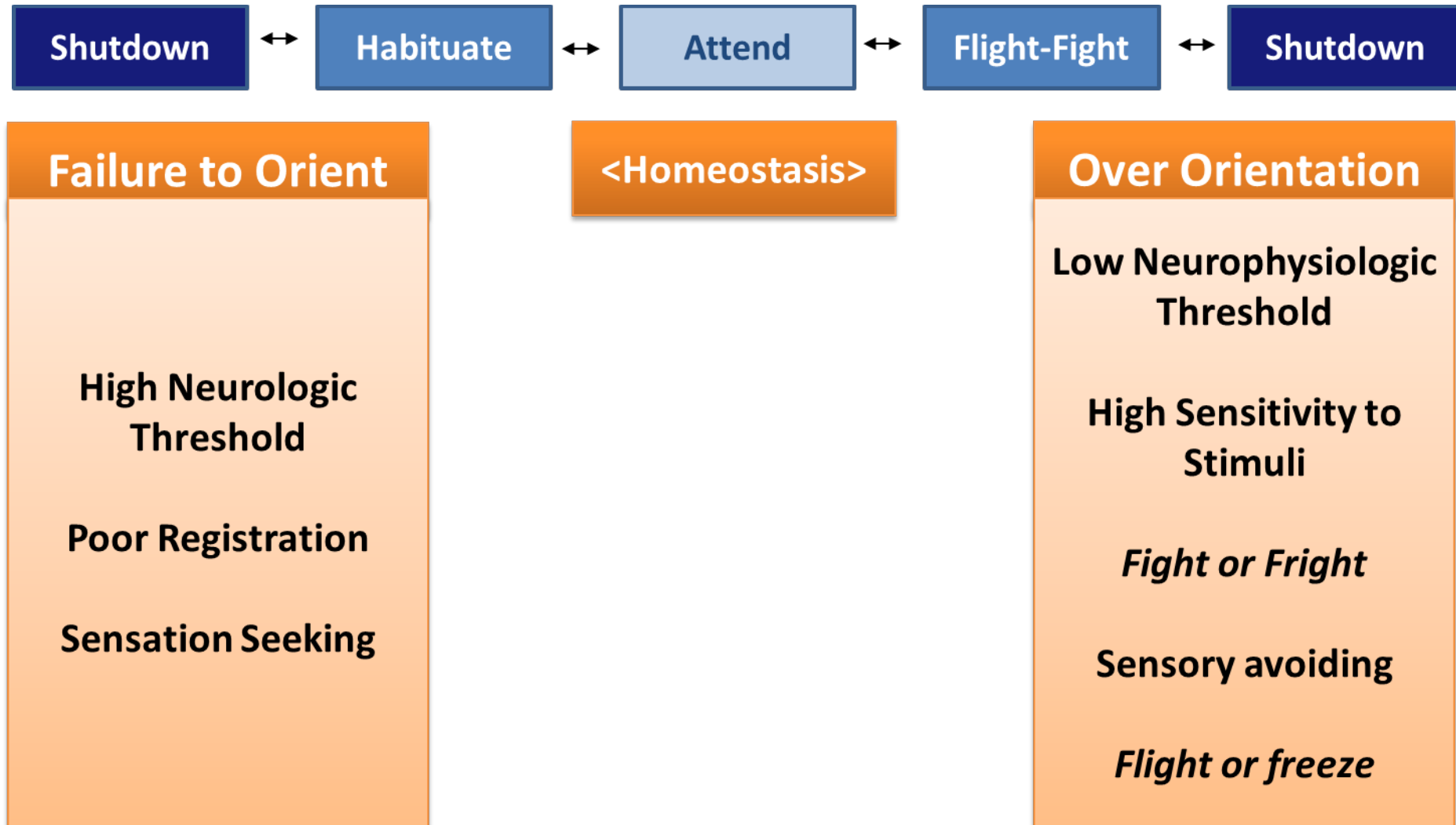
# SMP: Self Regulation

- **Self regulation: The ability (or inability!) to stay calm and attentive (i.e. regulated) during social interactions.**
- **Sensory diet means ‘feeding’ sensory needs**
- **Noisy chaotic environments are overwhelming**
- **3 Types of dysregulation—Lucy Miller PhD:**
  - **Sensory seekers**
  - **Over-reactive**
  - **Under-reactive**





# Sensory Modulation Continuum (Range of Response)



# Greenspan's

## 6 Functional Developmental Levels

- **Self regulation and shared attention (FDL 1)**
- **Engagement (FDL 2)**
- **Two-way Communication (FDL 3)**
- **Complex two-way Communication (FDL 4)**
- **Shared Meanings & Symbolic Play (FDL 5)**
- **Emotional Thinking (FDL 6)**



# Case Study: Julian Part 3

# 7 Circles of the PLAY Project



## **Circle 3: The PLAY Plan Individualized Techniques & Activities**



## Circle 3: PLAY Plan

- **Techniques and activities answer the question: “What can I do to engage my child?”**
- **Individualized techniques and activities based on the child’s profile.**
- **Activities answer the question: “What would be fun for Johnny/Susie?”**



# Activities Evolve by Functional Developmental Level

## LEVELS 1 & 2 Sensory/Cause and Effect

- Gently shaking arms or legs
- Gently squeezing arms, leg, head.
- Rolling child up in a rug
- Swinging in a blanket

## LEVELS 3 & 4 Sequences/ Simple Pretend

- Chase: “I’ m gonna get you”
- Get the bubbles, balloon, etc.
- Ball play (rolling it back and forth)

## LEVELS 5 & 6 1&2 Theme Pretend

- Pretend: dress up, crashing cars, tea party, dolly sleeping, dinosaurs chasing a man, etc.
- Real hide and seek, not just peek a boo. Hide a doll and say “Where is the dolly?”
- Duck, duck, goose

# Case Study: Julian's Turning Point



**It's fun but it's work!**





# 7 Circles of the PLAY Project

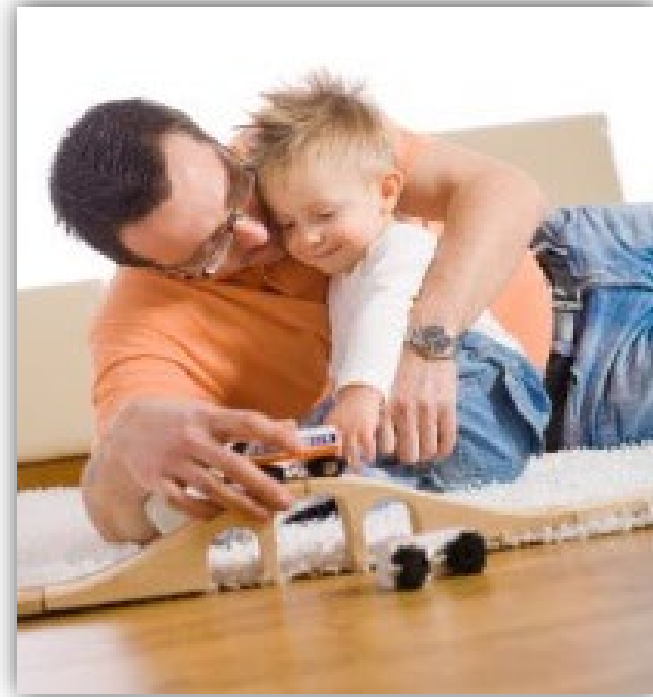


## Circle 4: Family Guidance Coaching, Modeling, & Feedback



# Circle 4: Family Guidance

- **PLAY Consultant**
  - **Models** PLAY Techniques
  - Observes and **Coaches** PLAY Partners (Parents)
  - Provides written **Feedback** on PLAY Session



# 7 Circles of the PLAY Project



**Circle 5:**  
**Engagement**  
**Adult & Child**  
**PLAY time**



## Circle 5: PLAY Time Engagement Between Parent and Child

- **Playful & fun: “When you do what the child loves, the child will love to be with you.”**
- **2 hours per day, broken up into 10-20 minute PLAY sessions**
- **Daily routines such as meal time, bath time, and bed time should be used for interaction**
- **Research says completely doable for families**



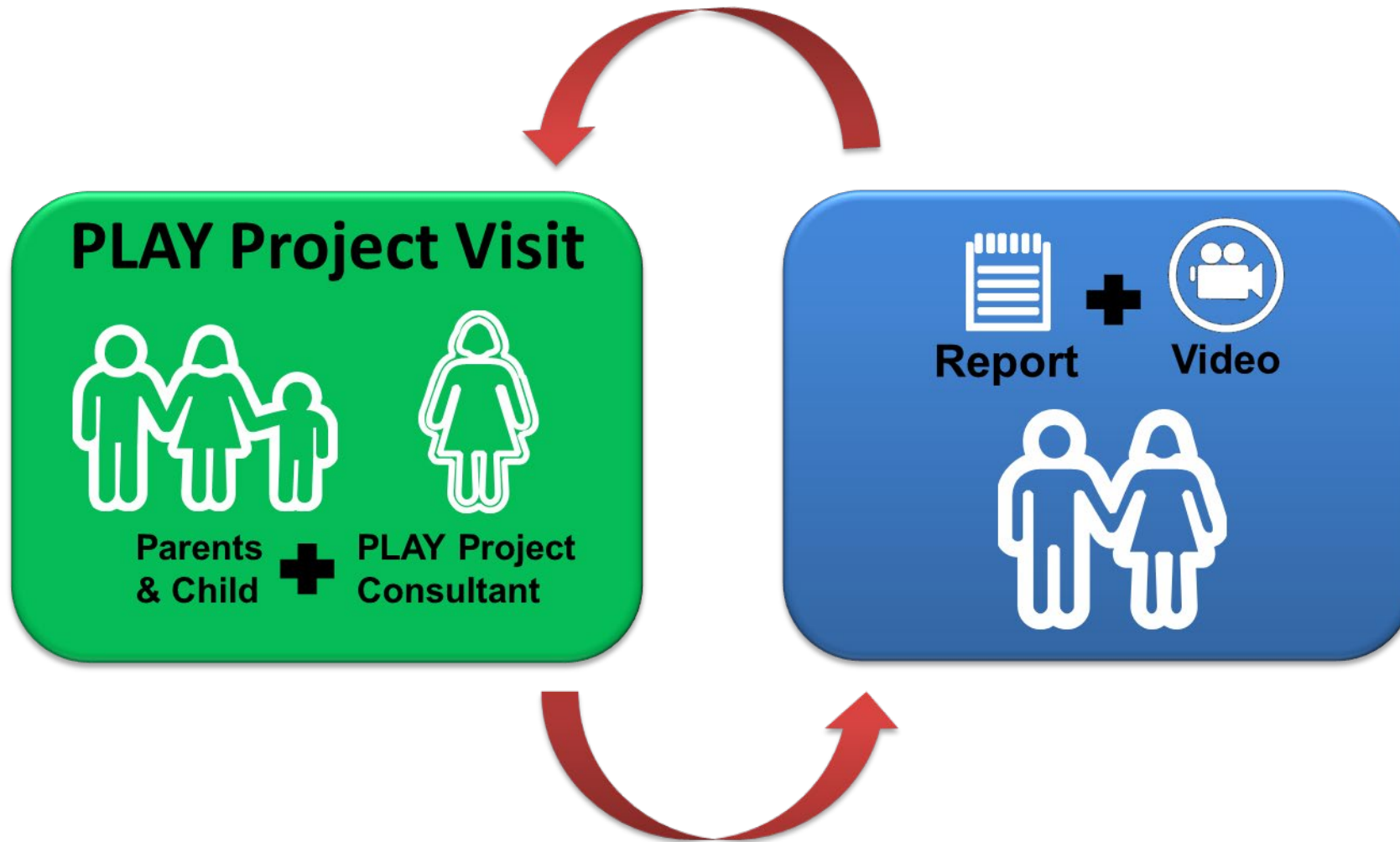
# 7 Circles of the PLAY Project



**Circle 6:**  
**Review**  
**Video & Written**  
**Feedback**

# Circle 6: Visit Review

## Video & Written Feedback





# Circle 6: Written Feedback

- **Video Review**
  - **Observations and Suggestions**
- **Written summary**
  - **Keys to the child's case**
  - **Child Profile (CZ, SMP, FDL)**
  - **Methods**
  - **Techniques**
  - **Activities**



# 7 Circles of the PLAY Project



**Circle 7:  
Change &  
Growth**

**Revise PLAY Plan  
As child develops**





# Circle 7: Change and Growth

- Reassess the child's progress
- Modify the PLAY Plan to best meet the changing needs of the child and family





# Circle 7: PLAY Clinical Goals

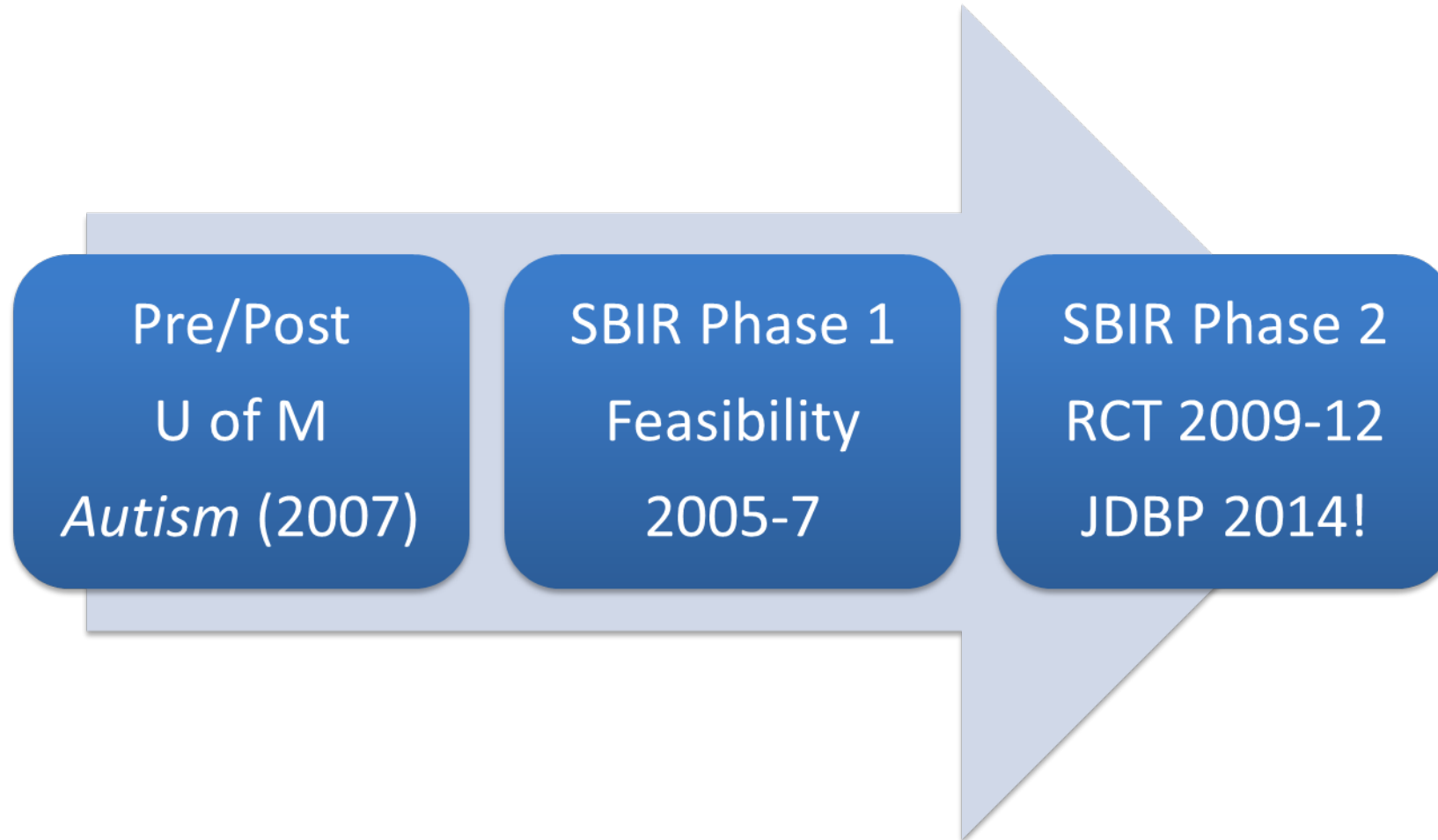
- Joyful relating
- Simple and complex nonverbal gestures
- Long interactive sequences (e.g. 50+)
- “Circles” of spontaneous verbal communication”
- Shared social attention (FDL 1-3)
- Symbolic language related to feelings (FDL 4-6)
- ‘With us’ continuously, not fragmented/stuck in CZ.
- Socially functional & interested in others.



# Case Study: Julian Becomes Symbolic

# Case Study: Julian Becomes Symbolic

# PLAY Project Research Timeline

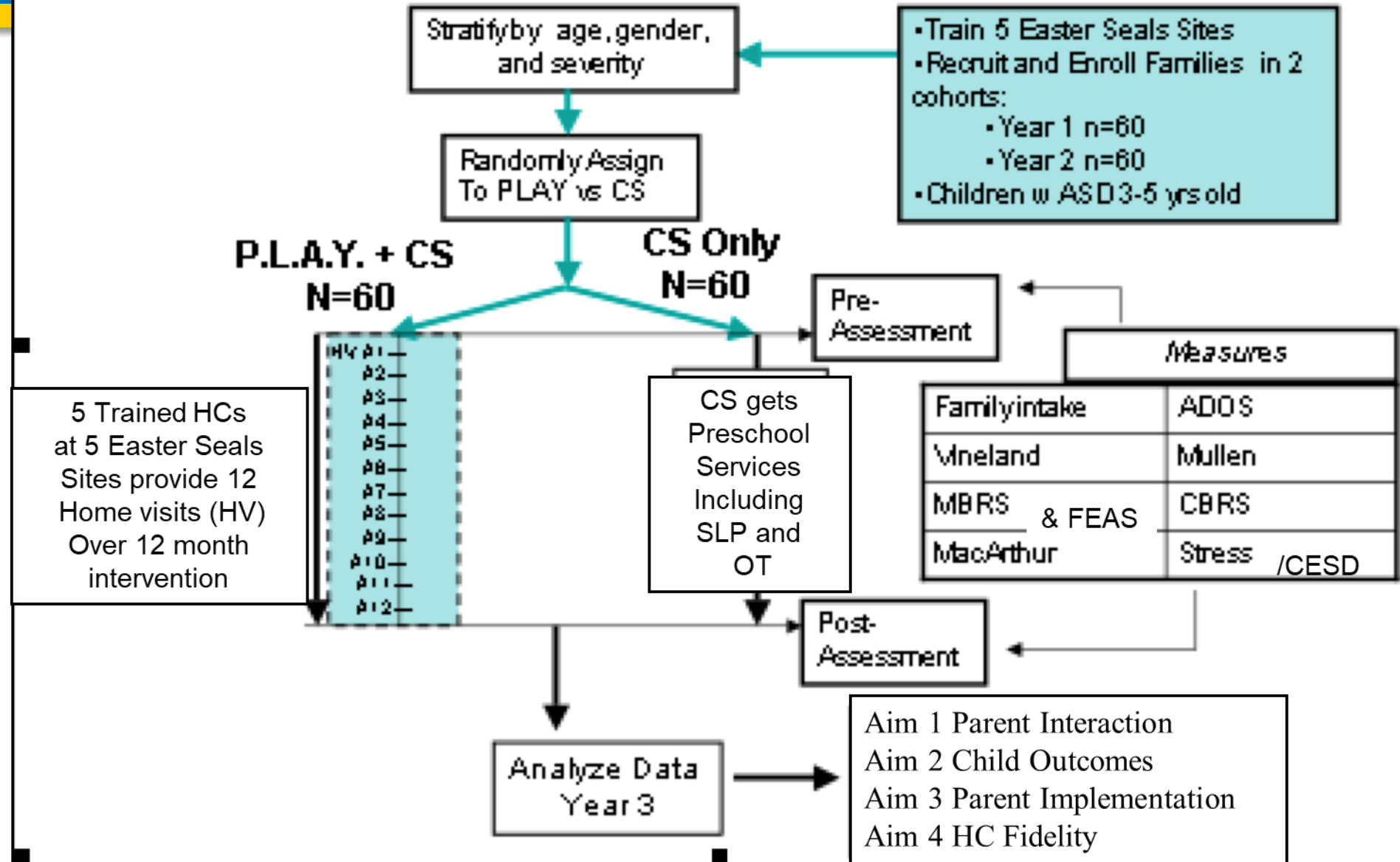


# PLAY Project Research

- **SBIR NIMH Phase II—Awarded, Sept. 2009**
- **3 Year, \$1.85 Million**
- **Easter Seals & Michigan State University**
- **RCT, multi-site, blinded study**
- **5 ES sites, 60 children per year x 2 years = 120. Largest study of its kind in US.**
- **Results published in Journal of Developmental and Behavioral Pediatrics**
  - *J Dev Beh Pediatr.* 2014; 35(8): 475-485.
- **Joins a growing body of research on PIM DRB\***

\*See Handout PIM DRB Research

Figure 1: SBIR Phase II Research Design 2 Cohorts  
 RCT of The P.L.A.Y. Projects Community Standard (CS)



# Model Effects

**Home Consultants Are True to the Model (AIM 4)**



Parent Effectiveness Improves (AIM 1)



Parents Implement PLAY Project (AIM 3)



Child Development Improves (AIM 2)



# Model Effects

**Home Consultants Are True to the Model (AIM 4)**



Parent Effectiveness Improves (AIM 1)



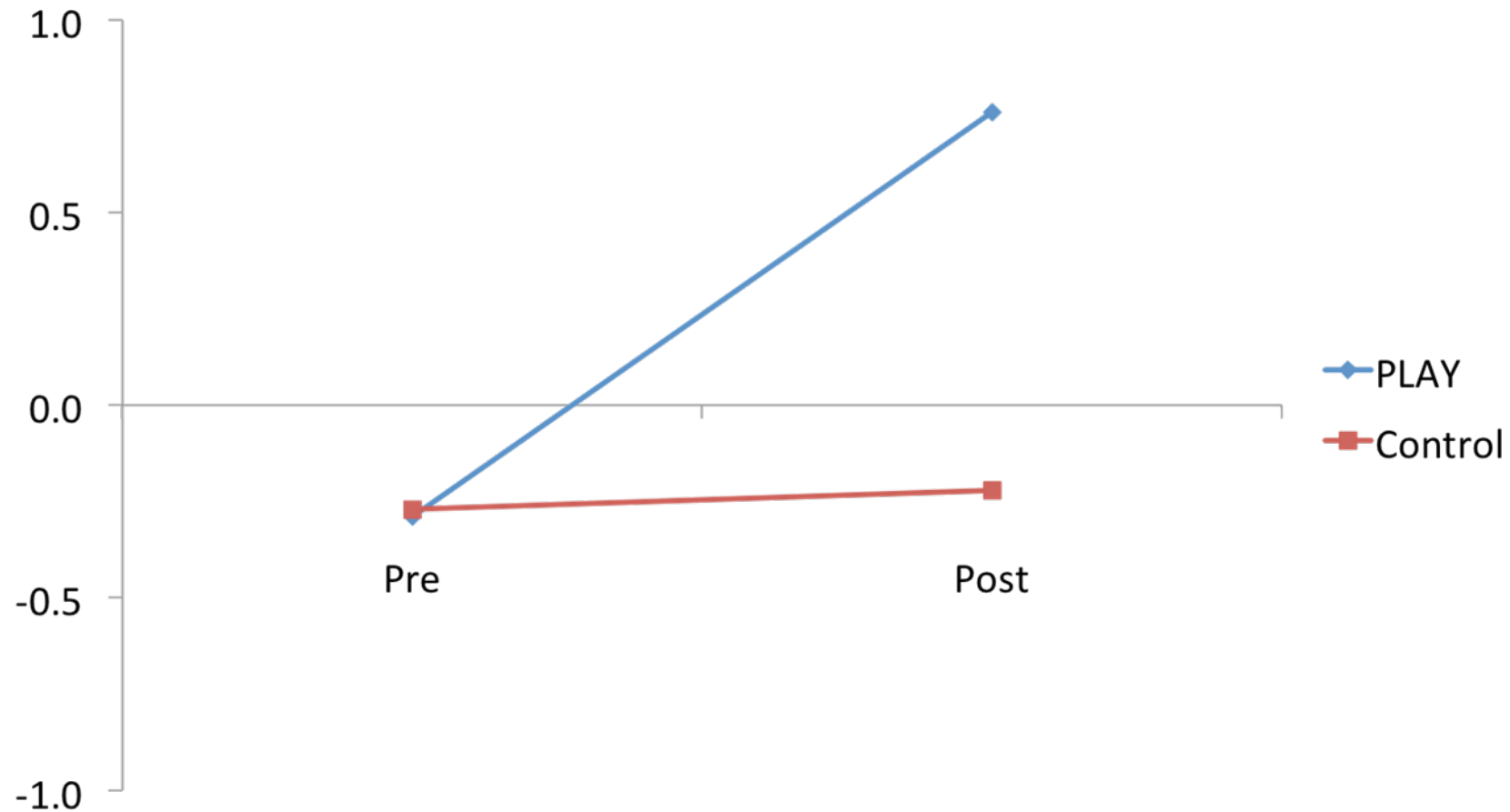
Parents Implement PLAY Project (AIM 3)



Child Development Improves (AIM 2)

# MBRS: Responsiveness – Total

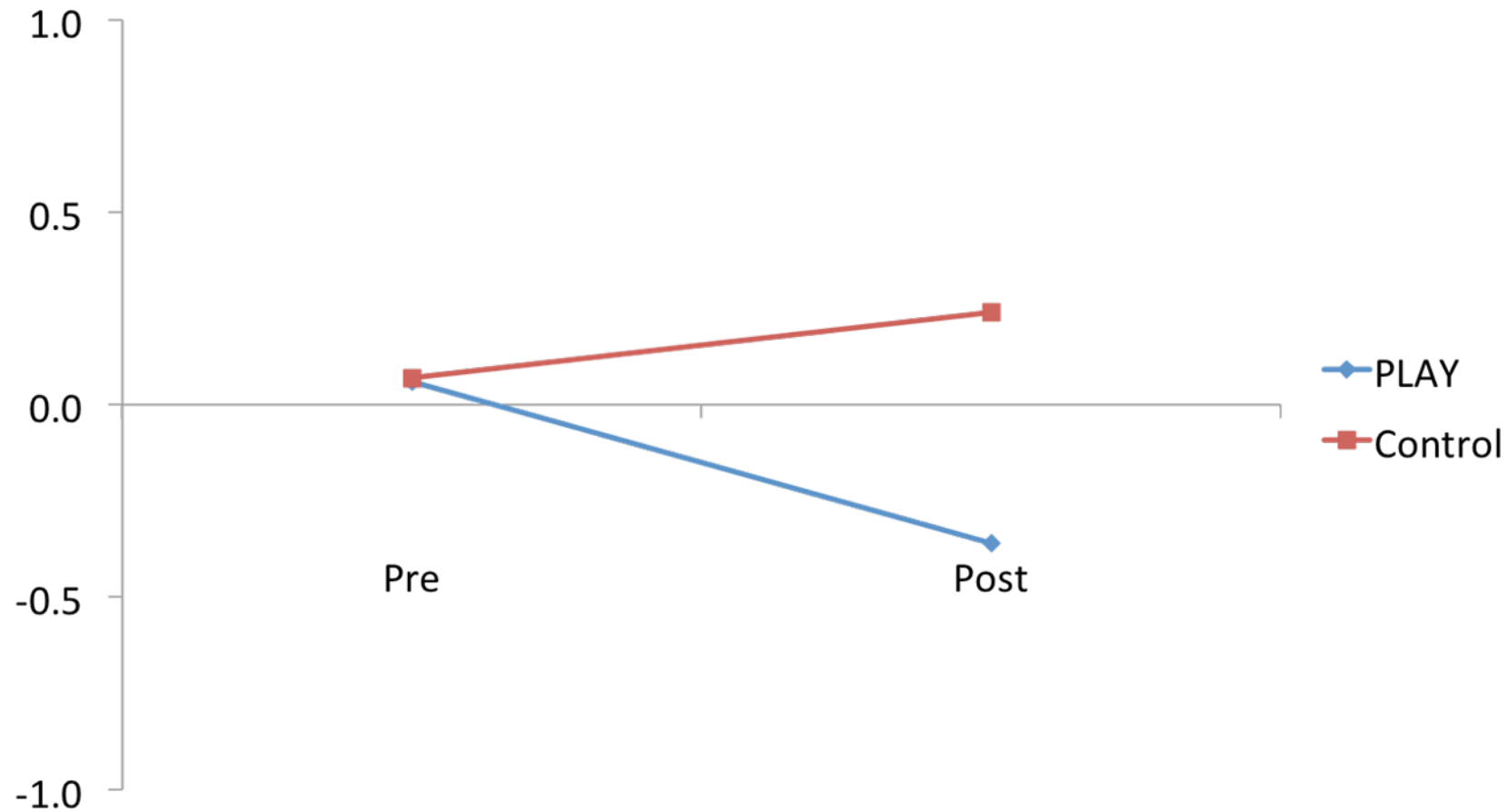
Sensitivity, Responsiveness, Effectiveness – all sig.



N = 112,  $p < .001$ , partial  $\eta^2 = .25$

# MBRS: Directive – Total

Directiveness – sig., Pace – not sig; both increase



N = 112,  $p < .05$ , partial  $\eta^2 = .05$

# Model Effects

**Home Consultants Are True to the Model (AIM 4)**



Parent Effectiveness Improves (AIM 1)

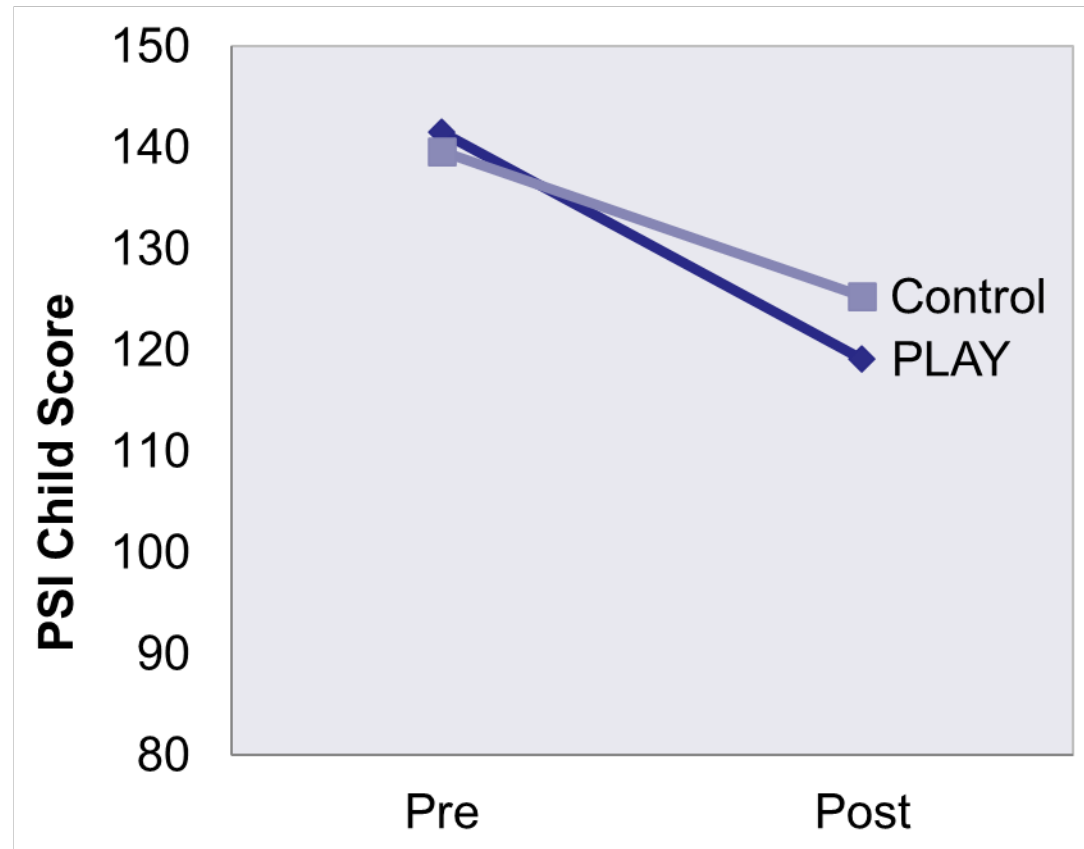


Parents Implement PLAY Project (AIM 3)



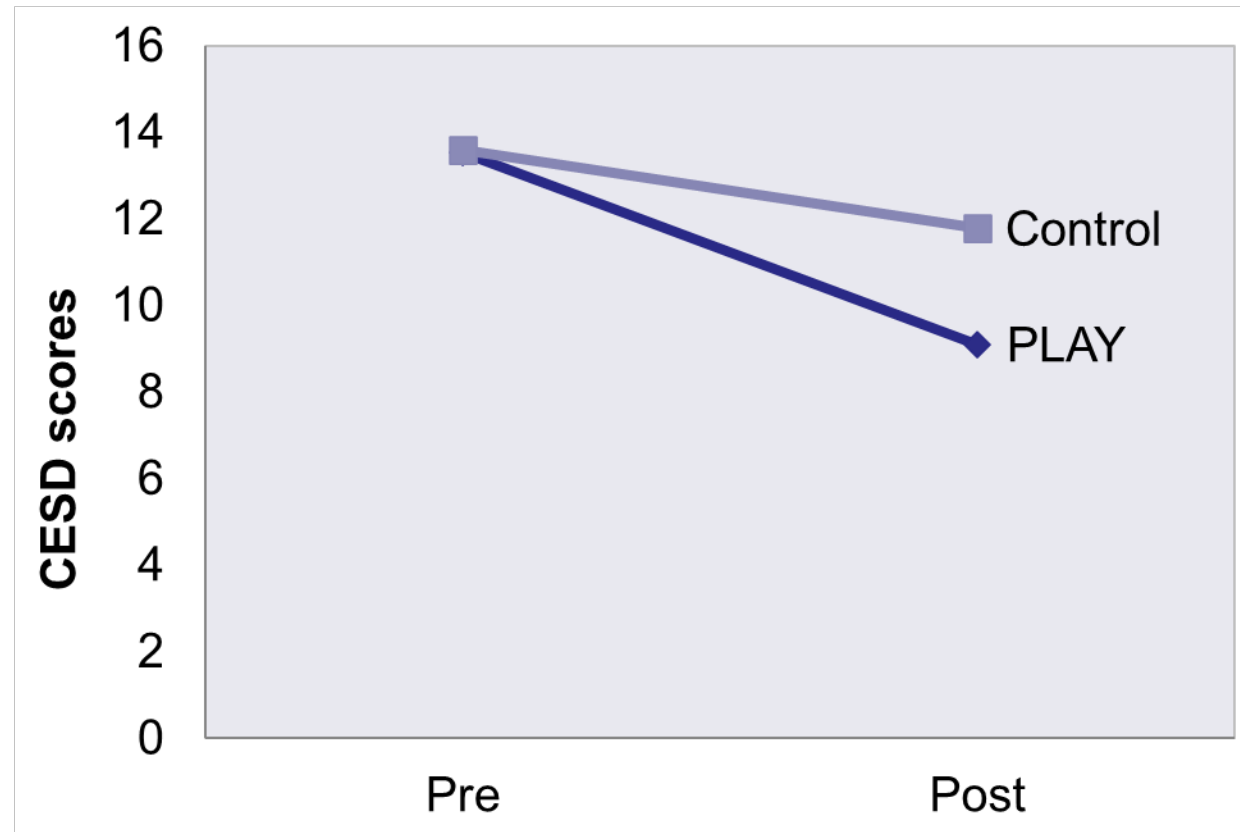
Child Development Improves (AIM 2)

# Aim 3 Results: Parent Stress



Time x group interaction:  $p = .15$  (ns), partial  $\eta^2 = .043$ .

# Aim 3 Results: Parent Depression



Time x group interaction:  $p = .24$  (ns), partial  $\eta^2 = .028$ .

# Model Effects

**Home Consultants Are True to the Model (AIM 4)**



Parent Effectiveness Improves (AIM 1)



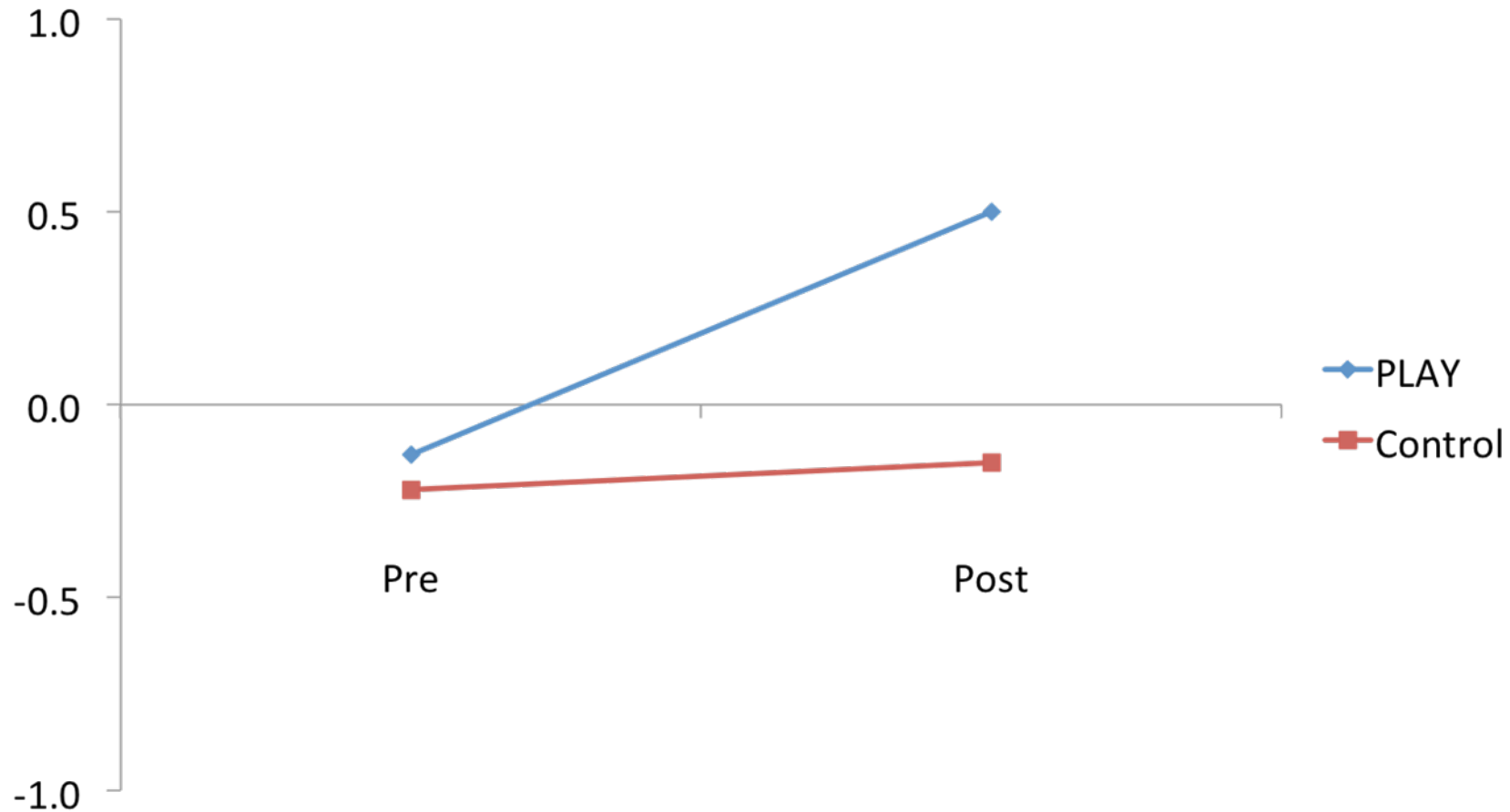
Parents Implement PLAY Project (AIM 3)



Child Development Improves (AIM 2)

## CBRS: Attention – Total

Attention to Activity (sig.), Persistence (not sig., same pattern),  
Involvement (sig.), Compliance (sig.)

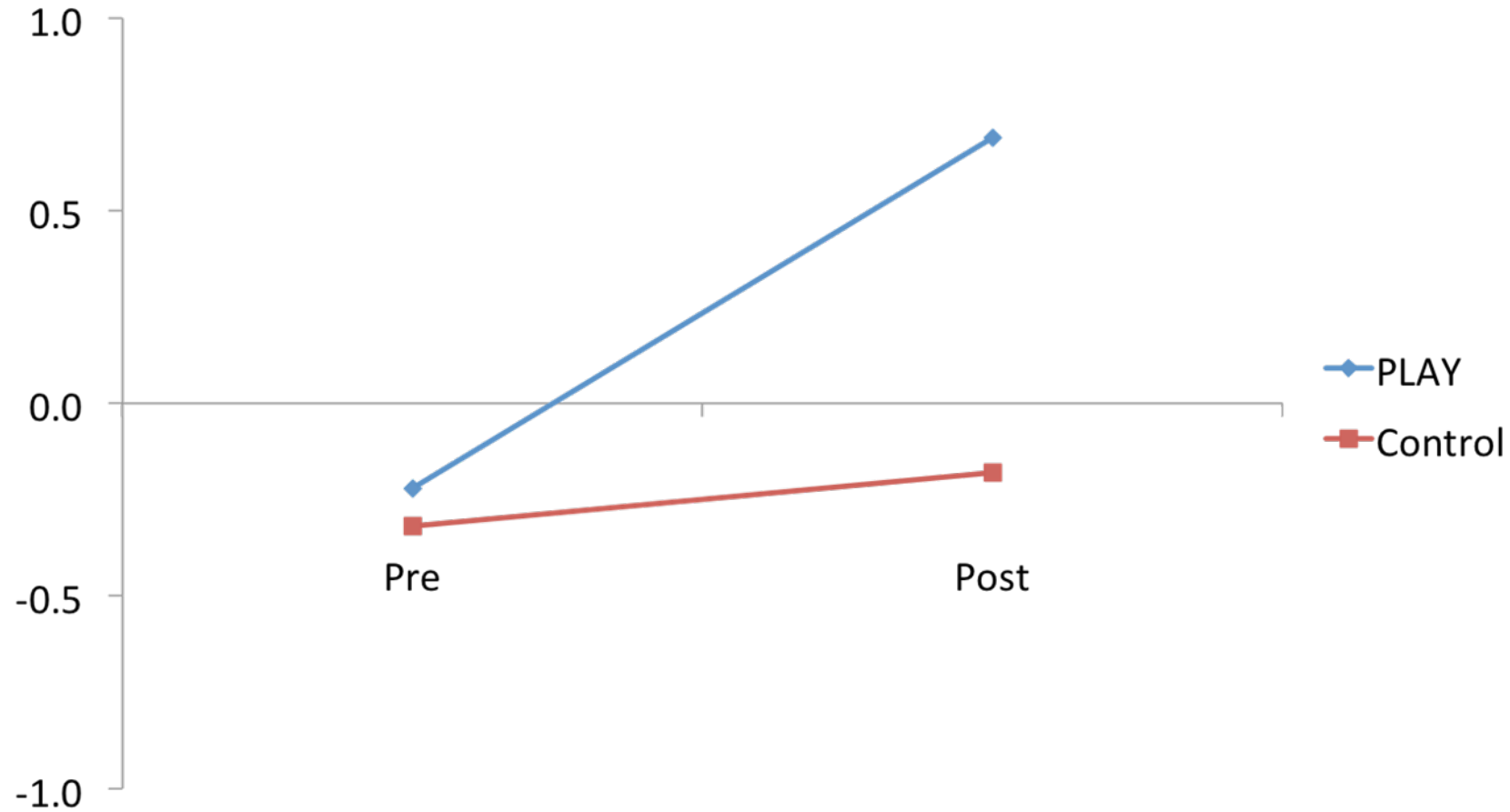


N = 112,  $p < .001$ , partial  $\eta^2 = .10$



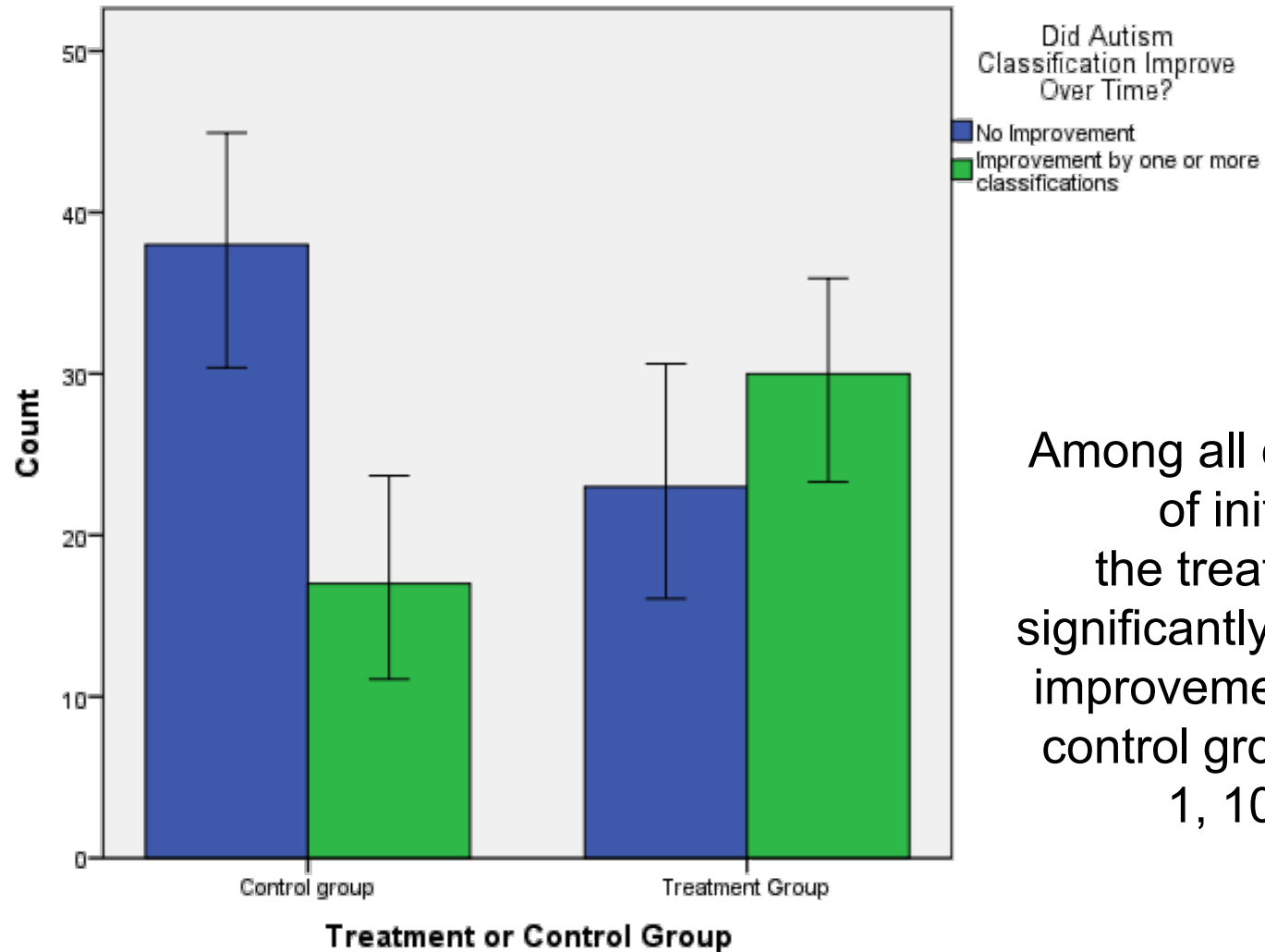
# CBRS: Initiation – Total

Activity, Adult, Affect – all sig.



N = 112,  $p < .001$ , partial  $\eta^2 = .10$

# Research Findings



Among all children, regardless of initial diagnosis, the treatment group was significantly more likely to show improvement compared to the control group ( $F = 7.626$ ,  $df = 1, 106$ ,  $p = 0.007$ )

# Research Findings

## Significant improvements in:

- Caregiver/parent and child interaction
- Social interaction of children with autism
- social-emotional development of children with autism
- First study using parent implemented, developmental, relationship based model to show improvements in autism symptomology
- No increase in stress; reduction in depression

# Research: Implications

- **PLAY Project offers a replicable method**
- **Uses an efficient training and certification model**
- **Cost effective to parents and society**
- **Can be broadly and quickly disseminated**
- **Serves a growing need**
- **Gets children off of waiting lists and into services**



# Ohio Implementation of PLAY

DODD Funded  
PLAY Over 3  
years (2011-13)  
in EI

70% of EI Ohio  
Personnel  
Trained in PLAY  
(158 EI  
Personnel)

Implemented  
By County  
Boards

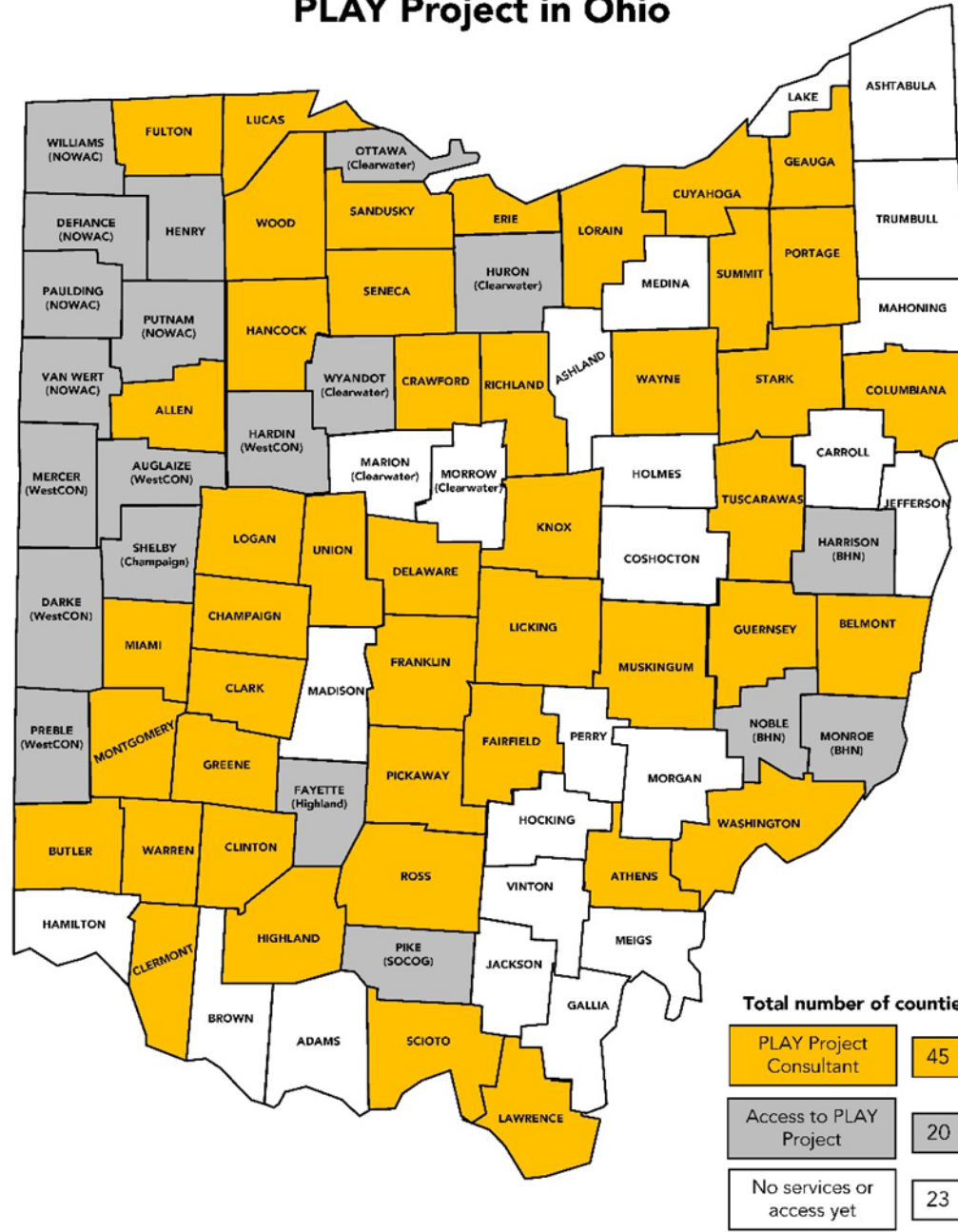
Est. 500  
Children B-3  
and families  
with autism  
served annually

# Ohio PLAY Project Evaluation

- Ohio DODD Grant, August 2015 Family Child Learning Center, Akron Children's Hospital,
- PI: Marilyn Espe-Sherwindt and team\*
- 150 EI Home Consultants trained
- 70% of Counties in Ohio served
- Est. 500 children served per year in Ohio
- Very high satisfaction of HC with training
- Very high satisfaction of parents with PLAY Autism Early Intervention

\*Espe-Sherwindt et al, *Ohio Evaluation of The PLAY Project*, 2015

# PLAY Project in Ohio



Total number of counties	
PLAY Project Consultant	45
Access to PLAY Project	20
No services or access yet	23

2019

# Other Statewide Trainings

- Ohio DODD model now in its 10<sup>th</sup> year of continuous operation
- Michigan Early On/Early Intervention Program
- Ontario Canada Infant Child Development Program (early intervention system)
- Illinois State Plan modified to cover parent implemented models
  - Statewide training of early intervention personnel



**Train More Providers**

**Train More Parents**

**Help More Children**



**Together we can  
change the course of  
life for children with  
autism.**

# Thank you!



# Committee Composition and Goals

DJ Tomko, DDS

# **ICC Committee Meetings**

Improving State Systems Committee  
Communications Committee