



Sept. 2012

Occupational Therapy
Speech Therapy

Phone:
(919) 928-0204

Fax:
(919) 928-9423

3905 University Drive
Durham, NC 27707

Serving children from
birth to adolescence

Using therapy to improve
conditions such as:

Delayed Speech
Developmental Coordination
Disorder
Speech Impairments
Non-communicative Speech
Oral/Verbal Apraxia
Language Disorders
Feeding Difficulties
Autism/Asperger's/PDD
Developmental Delay
Cerebral Palsy
Sensory Integration
Disorders
Sensory Modulation
Disorders
Handwriting Impairments
Fine & Gross Motor Delays

A Private, Independent
Provider



www.EmergeAChildsPlace.com



Curbing the Costs of Autism



Bonnie Hacker, MHS, OTR/L
Founder / Director

In the U.S., the direct and indirect costs of autism total \$35 billion.¹ That's taking into consideration medical expenses, educational expenses, lost productivity of parents, additional living expenses of parents, etc. Moderating these costs in productive ways would not only relieve school budgets and support parents; it could also improve the quality of life of children and adults with autism. Recently, Gregory Chasson, Department of Psychology at the University of Houston, calculated that **early, intensive intervention (EII) could reduce educational expenses by 72%.**²

A handful of early intervention approaches in autism have validated evidence that a significant portion of children can improve to the extent that they test out of special education / exceptional children (EC) programs. For instance, **Floortime, a therapy approach used at Emerge, has been shown to improve 58% of autistic children to the extent that they test as non-autistic on key measures.**^{3,4,5}

Another large percentage of children receiving EII will achieve moderate improvements. To the educational system, this means the vast majority of children who receive EII will need significantly reduced levels of care and assistance over the course of their academic career. In North Carolina, the state budgets approximately \$9,000 additional for each child in special education / EC. This is in addition to the \$11,000 per child that typically comes from federal funds. Based on Chasson's model, the educational system could save \$172,800 per student with autism in North Carolina if each child receives EII. Chasson's model is based on the idea that children would begin EII in the first grade and receive intervention for three years. If, however, early intervention were to begin in the pre-school years, the savings could be even greater.

Of course, the educational system is not the only budget that is relieved in the long-term by early, intensive intervention. Compared to parents of non-autistic children, parents with autistic children have increased expenses for child care, lost work productivity, and increased living expenses into adulthood. **Families with an autistic child earn 28% less in gross wages** compared to families with children who do not have similar challenges.⁶ For a household that would otherwise be earning \$100,000 per year, **that's a decrease of more than one million dollars over 36 years.** Inasmuch as an investment in early, intensive intervention is likely to create significant savings for educational systems, it stands to reason that greater function and more independence for people with autism would create significant savings for household budgets as well.

The intensive interventions described in Chasson's study are typically outside the scope of public school EC programs. Intensive intervention usually means more than 15 hours per week with a therapist. These interventions normally exhibit a dose - response relationship, meaning the more intervention between 15 and 40 hours weekly - the better the results.⁵ Another advantage of beginning the interventions in the pre-school years is that the child's schedule is more flexible for intensive intervention.



Please tell parents about Emerge – A Child's Place
Believing in a Child's Potential to Flourish

References:

1. Ganz M. The lifetime distribution of the incremental societal costs of autism. *Arch Pediatr Adolesc Med.* 2007; 161: 343-349.
2. Chasson G, Harris G, Neely W. Cost comparison of early intensive behavioral intervention and special education for children with autism. *J Child Fam Stud.* 2007; 16: 401-413.
3. Greenspan S, Weider S. An Integrated Developmental Approach to Interventions for Young Children with Severe Difficulties in Relating and Communicating." *Zero to Three National Center for Infants, Toddlers, and Families.* 1997; Volume 17, No. 5.
4. Greenspan S, Weider S. Developmental patterns and outcomes in infants and children with disorders in relating and communication: A chart review of 200 cases of children with autistic spectrum disorders". *The Journal of Developmental and Learning Disorder.* 1997; Volume 1, No. 1: 87-141.
5. Solomon R, Necheles J, Ferch C, et al. Pilot study of a parent training program for young children with autism: the PLAY Project Home Consultation program. *Autism.* 2007 May; 11 (3): 205-24.
6. Cidav Z, Marcus S, Mandell D. Implications of childhood autism for parental employment and earnings. *Pediatrics.* 2012; 129 (4): 617-623.