



CATALIGHT™

New Behaviors in Behavioral Health

7 powerful transformations
happening right now shaping
autism and developmental
disabilities care.

A CATALIGHT WHITE PAPER



One size doesn't fit all.

For people with intellectual and developmental disabilities (IDDs), including autism, and the healthcare community and caregivers who serve them, treatment and support are expanding and will continue to evolve. More than ever, people have new choices in treatment and how they want to live, work, and play.

As one of the leaders advancing access to critical services and support, **Catalight is at the forefront of innovation and research** in this space. This white paper presents current insights that are shaping opportunities available to payers, clinicians, researchers, individuals, and families—where choosing your own path can improve wellbeing and outcomes for all.



ONE SIZE DOESN'T FIT ALL

New Behaviors in Behavioral Health

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TRANSFORMATION #1

Soaring ASD diagnoses

The past 20 years have seen dramatic increases in the number of children diagnosed with autism spectrum disorder (ASD). In the U.S., autism rates increased from 1 in 150 children in 2000 to **1 in 44** children today. In California, the rate stands at **1 in 26** children and is **predicted to continue growing**. At the same time, diagnoses of intellectual disabilities fell—a statistical anomaly.

Why is this happening?

The factors may include changing diagnostic criteria, increased awareness of ASD, and a tendency to gravitate to an ASD diagnosis instead of diagnosing another intellectual developmental disability (IDD) that may bring less support from schools or private insurance plans.

Some people argue that this may be beneficial if it gives more access to care for people who need it. The problem, however, is the risk of not matching the best treatment plans to support the person and increase their wellbeing and ability to thrive in the ways most important to them. Diagnostic symptoms of conditions in the IDD group can be similar, and IDDs often co-occur with one another as well as with behavioral health, medical and genetic conditions. If an ASD diagnosis fails to account for other needs, the resulting treatment approach may **not produce the desired outcomes**.

U.S. autism rates are growing.



1 in 26 children & growing

in California have been diagnosed with autism.

Expanding choices in treatment

For years, applied behavior analysis (ABA) has been the standard behavioral therapy for ASD and other IDD. Traditionally it was thought that comprehensive ABA therapy requires 30-40 hours of direct, one-on-one therapy per week usually provided by a paraprofessional under the supervision of a certified or licensed professional. Recent research shows us that children can make clinically meaningful progress with much fewer hours. In fact, many times the hours can be cut to less than half the 30-40 hours. The lower hours mean less burden on the family and more time for a child to engage in other activities.

While paraprofessional-delivered ABA, with about 15 hours per week, can be a good fit for some families, it's not always the best fit. Research from Catalight and others is demonstrating **other ABA modalities** can produce similar—or better—outcomes **with greater flexibility for the family.**

These modalities include **Parent-Led ABA**—a parent-mediated approach to ABA where parents provide the direct treatment for their child with the support of a Board Certified Behavior Analyst® (BCBA®) or a Board Certified Assistant Behavior Analyst® (BCaBA®).

In addition to teaching parents how to improve their communication, social, and self-help skills, the Parent-Led model provides coaching and support to caregivers in using behavioral strategies to address problem behaviors. With the assistance of a comprehensive care team and coaching of a BCBA, parents learn how to apply these skills at the appropriate time and place, integrating these clinical approaches into everyday life. In Parent-Led ABA, parents are taught to parent differently. This eliminates the need to set aside special time for ABA.

Rogers SJ, Yoder P, Estes A, Warren Z, McEachin J, Munson J, Rocha M, Greenson J, Wallace L, Gardner E, Dawson G, Sugar CA, Helleman G, Whelan F. A Multisite Randomized Controlled Trial Comparing the Effects of Intervention Intensity and Intervention Style on Outcomes for Young Children With Autism. *J Am Acad Child Adolesc Psychiatry*. 2021 Jun;60(6):710-722. doi: 10.1016/j.jaac.2020.06.013. Epub 2020 Aug 24. PMID: 32853704; PMCID: PMC8057785.

TRANSFORMATION #2
EXPANDING CHOICES IN TREATMENT

Power of choice

Catalight empowers clients and families with choice throughout the care journey.



Practitioner-mediated ABA



Language-based



Parent-Led ABA



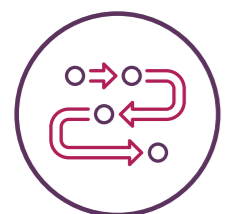
Occupational therapy



Parent training



Speech therapy



Naturalistic development



Telehealth



TRANSFORMATION #3

Increasing parent and caregiver involvement

In the field of behavioral health, a common and long-held belief was that if parents are heavily involved in the care process, they will exhibit more parenting stress. At face value, this makes sense, and parents and caregivers of a child with an intellectual or developmental disability do experience higher levels of stress compared to the general population.

But this doesn't tell the whole story. Catalight-led research is showing that when parents learn more about their children and how to help, there is **less stress** within the family. The more parents work with their autistic child and understand their different ways of learning, parents experience greater parenting self-efficacy. In other words, when parents are more confident in helping their child, it **reduces their stress** because they can provide care instead of wondering how they can help.

This research further supports the positive impact of parent-mediated treatment for children with autism and other IDD, and underscores the importance of significant inclusion of parents into their child's treatment.

Catalight continues to analyze data in this critical aspect of parent-mediated therapies with tools like its **Catalight Parenting Self-Efficacy Scale**, which helps the organization understand parent perceptions of their child's treatment and their ability to teach their child learned interventions.



TRANSFORMATION #3 INCREASING PARENT AND CAREGIVER INVOLVEMENT



Catalight Parenting Self-Efficacy Scale

Parents fill out a four-question Catalight Parenting Self-Efficacy Scale, which helps the organization understand their perception of their child's treatment and their ability to teach their child learned interventions.

- 3 minutes to complete
- 4 questions
- 5-point scale



Parent-Led improves self-efficacy

Recent Catalight research supported the efficacy of parent-mediated treatment for children with ASD and underscored the importance of inclusion of parents into ABA treatment.

- **Parental self-efficacy predicts 21% of Parenting Stress. So if we can improve parent's competence, we can also reduce their stress!**
- **5% increase in parental self-efficacy in Parent-Led group**
- **0% increase in parental self-efficacy in practitioner-led group**

Sneed, L., & Samelson, D. (2022). Effectiveness of parent-led applied behavior analysis at improving outcomes for parents of autistic children. *Journal of Social, Behavioral, and Health Sciences*, 16(1), 160–177. <https://doi.org/10.5590/JSBHS.2022.16.1.12>

TRANSFORMATION #4

Shifting to a family-centered approach

Research over the past decades primarily focused on treatment impacts on individuals, but researchers have done far less analysis of how treatment plans also affect families, caregivers, and siblings.

Unfortunately, if a family effectively says, “I can’t do what you are asking me to do,” the family may get the message they are not accepting evidence-based care. It is important to work with the family and provide care in a way that allows the whole family to thrive.

Catalight’s family-centered approach gives the family the right tools and support to help. Positively impacting the parents and family also positively impacts the child, **producing improved outcomes for:**

- **Coping and learning-skills**
- **Child-parent-sibling relationships**
- **Wellbeing as the child grows older**

In addition, giving caregivers input into the decision between treatment approaches **empowers them and leads to better outcomes**. Catalight’s expanding service line, which includes **Chat**, a parent-mediated developmentally-based intervention, and **Connect**, a caregiver-mediated program for people with profound intellectual multiple disabilities, gives families more options to choose the paths that work best for them.



Chat is a fun naturalistic development and language-based intervention for children 6 and under. Skilled clinicians teach parents how to support their child’s development of language, social skills and play while addressing challenging behaviors during day-to-day activities.



This caregiver-mediated program is designed to improve the wellbeing of people with profound intellectual multiple disabilities (PIMD) and their families. With the support of a Connect clinician, parents learn how to teach their child new skills while better connecting to their child’s needs and wants.

TRANSFORMATION #5

Closing the employment gap

While there is still a long way to go, employers are increasingly realizing that people with behavioral healthcare needs and IDD can be valuable contributors, and can be high performers, in the workplace.

Still, there are barriers to be broken. For example, there is a myth that autistic individuals require cumbersome accommodations in the workplace. In reality, **workplace accommodations are nearly identical for neurotypical and neurodiverse employees.**

Autistic people may require some accommodation in the workplace, which is easy to implement and inexpensive. According to recent research:

- 1. Accommodations asked for by both neurotypical and neurodiverse employees typically require the same or similar adjustments.**
- 2. Access to a job coach and customized job design was requested most by autistic employees.**
- 3. 56% of workplace accommodations cost absolutely nothing to implement. The remaining ones typically cost just \$500.**

There are some simple ways in which companies can accommodate people with ASD at their workplace and during the recruitment process. Savvy companies are already doing just that and succeeding—a 2020 Accenture Disability Inclusion research report showed that organizations led by executives who are focused on disability engagement are growing sales (2.9x) and profits (4.1x) faster than their peers*.

*Source: Accenture, Enabling Change, Getting to Equal 2020: Disability Inclusion

Organizations that are focused on disability engagement perform better.



Source: Accenture, Enabling Change, Getting to Equal 2020: Disability Inclusion

TRANSFORMATION #6

Increasing diversity among populations

More than ever before, the field is recognizing the heterogeneity that exists in the behavioral health and IDD populations and this awareness will **continue to expand**.

In addition to the diversity from a variety of co-occurring conditions, most conditions vary in the level of impact on the person or severity. With ASD for example, individuals may range from people with very little communication skills, requiring lifelong substantial support, to those whom even a trained psychologist would have difficulty discerning autism traits in casual interactions.

This lives alongside a growing awareness of autistic people in popular media, fueled by television shows and movies, which provide some positive benefits, but also may overrepresent the percentage of ASD individuals who are autistic savants as well as people with ASD without an intellectual or language disability.

At the same time, advances in technology have given rise to the neurodiversity movement, where neurodiverse people from all walks of life have seized the opportunity to amplify their voices and express how they want to be seen and treated—both in the healthcare community and by society at large.



TRANSFORMATION #6
INCREASING DIVERSITY AMONG POPULATIONS

Diversity in diagnoses

Nine conditions that occur frequently with ASD are one factor that contribute to the diversity in behavioral health and IDD populations.

- 1 ADHD
- 2 Anxiety
- 3 Bipolar disorder
- 4 Depression
- 5 Epilepsy/seizures
- 6 Feeding/eating challenges
- 7 Gastrointestinal disorders
- 8 Obesity
- 9 Sleep disorders/disturbance

Masi, A., DeMayo, M. M., Glozier, N., & Guastella, A. J. (2017). An Overview of Autism Spectrum Disorder, Heterogeneity and Treatment Options. *Neuroscience Bulletin*, 33(2), 183–193.
<https://doi.org/10.1007/s12264-017-0100-y>

TRANSFORMATION #7

Different paths to the same destination.

With these insights and trends as a backdrop, what does the future look like?

It seems clear that as the diagnostic criteria continues to evolve and legislative efforts expand, there will be a continued need for new person-centered flexible treatment modalities to support individuals with autism and other IDD.

It's also worth noting that stress causes mental fatigue—if society continues to move toward greater equity and inclusion for individuals with neurodiverse traits, that should help reduce stress for people with IDD and improve their overall wellbeing.

Catalight is committed to continually discovering additional paths that lead to **wellbeing for people with developmental disabilities**. We support this community by removing barriers and biases to create a more equitable and inclusive world.

Join us on the journey.

For more information, visit www.catalight.org.

