

In addition to our early childhood work apart from autism, we provide a classroom-based comprehensive early intervention program for children aged 1 year (parent-child) through 5 years of age. Our internationally recognized research program informs our clinical practices, and guides the field of autism research and care around the world.

Our interdisciplinary team of over 180 staff, representing over 20 specialties, and with fluency in at least six languages, collaborates with experts around the globe. Our contributions and areas of ongoing research are addressing anxiety, early detection, early intervention (beginning at 9 months), biological causes, transitioning to adult health care, telehealth, defining how learning and attention systems develop, crisis management, development of innovative assessment tools, and development of innovative ways to train childcare providers and public school teachers to implement evidence-based instructional strategies in their classrooms.

CARD is having a major impact on the lives of those with ASD. Last year alone, CARD clinicians provided care to over 5,800 children, youth, teens, and adults with, or at risk for, ASD.

Rationale:

Early in development, the brain is the most malleable, representing a formative period of neurodevelopment. During this time, the brain is growing, eliminating neurons that are not needed, and connecting itself within and across brain regions. This, ultimately results in the child's ability to learn at their greatest potential, and to achieve the greatest possible success.

Developmental neuroscientists have shown that children's brain development is a product of an interaction between their experiences and their neurobiology. In other words, the language, motor, and cognitive stimulation they experience when interacting with others actually affects how the brain becomes wired. This fact is the basis for what is known as 'experience dependent neuroplasticity'. When a child has autism, or other developmental delay, s/he is not sufficiently benefiting from the usual kinds of interactions with people and toys.

In addition, deleterious environmental factors may contribute to an at risk child's development. Children with autism spectrum disorder (ASD) and other developmental delays need specific types of input, opportunities, and social-emotional environments to thrive.

Children in Maryland who have behavioral, social-emotional, cognitive, language and/or motor delays will benefit from systematic exposure to evidence-based instructional and caregiver-supported interaction strategies known to accelerate learning and improve developmental outcomes.

We understand and recognize the importance for early intervention programming to be coordinated and integrated. Early intervention components should include individualized goal-setting, high-quality supportive environments, and nurturing and responsive relationships for all children (Fox, Synder, & Hemmeter, 2013).

The more skills that children develop, the more they are equipped to learn. The more they learn, the more prepared they are to benefit from social and educational opportunities at school. The literature has clearly shown that early delays in development, particularly when language is delayed, persist into later childhood and are associated with later deficits in literacy, social-emotional, behavioral, and school functioning (McKean et al., 2017; Suggate, Schaughency, McAnally, & Reese, 2018).

Early detection of delays, via screening at the ages recommended by the American Academy of Pediatrics, permits access to early intervention, which can significantly improve child outcomes.

Kennedy Krieger Institute requests a favorable report on House Bill 396.