Field Report

Lovaas Institute for Early Intervention (LIFE)

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For many years, O. Ivar Lovaas ran a small clinic for children with autism through the department of psychology at UCLA, with undergraduate students providing most of the direct instruction. Throughout the 1970s, the clinic enrolled just a few children in treatment at a time. By the early 1980s, the active caseload had increased to about 5–10 children, and this number rose slowly over the next few years. However, after the publication of Lovaas's landmark study of early intensive behavioral intervention (EIBI) in 1987, followed by an extraordinary firsthand account of one family's experience with the intervention (Maurice, 1993), Lovaas began receiving more requests for treatment in a single day than he had previously received over an entire year.

By 1995, the clinic had outgrown the UCLA Psychology Department, and Lovaas founded a private company, the Lovaas Institute for Early Intervention (LIFE). Scott Wright became the executive director of LIFE in 2002 and succeeded Lovaas as president and chief executive officer in 2008. LIFE currently treats approximately 120 children with autism and provides consultation to many schools and agencies. A companion organization, LIFE Midwest, led by Eric V. Larsson, Ph.D., treats approximately 70 additional children.

Many systematic reviews of the EIBI literature have concluded that EIBI is an efficacious intervention for children with EIBI and that Lovaas's model has the strongest empirical support of any EIBI approach (Reichow, 2012). Therefore, Wright feels strongly that LIFE “needs to stick with what we know works,” namely Lovaas's model. This model involves forming integrated teams of instructors who provide up to 40 hours per

week of individualized instruction beginning when children are toddlers or preschoolers and continuing for 2–3 years. Teams are led by a manager who has expertise in implementing applied behavior analytic teaching methods such as discrete trial training and who has demonstrated proficiency in training new therapists. Teams meet regularly (often weekly) with case supervisors and agency directors to work together on demonstrating and adjusting teaching programs that they are currently implementing with the child. They also seek to engage parents actively as partners in the treatment.

Wright notes that “everyone has hot new intervention ideas” and that employees often suggest novel teaching strategies that they have picked up from workshops or conferences. While he encourages this kind of continuing education, he emphasizes that, before introducing a new strategy, employees need to demonstrate not only that it is superior to an existing strategy that LIFE uses,

but also that it fits within the overall intervention model. Thus, although the range of strategies that LIFE deploys has expanded somewhat over time, the model remains largely the same as it was when replications of Lovaas's (1987) study were conducted in the 1990s and 2000s. According to Wright, the biggest change has been that LIFE now serves a larger number of very young children (2 years old and under) than it ever did before. As a result, the agency has had to develop ways to provide a "gentle start" for these children, who are usually not ready to participate in 40 hours per week of instruction and need to begin with a less intensive program.

Wright comments that LIFE's main challenge has been to maintain the integrity of the intervention model while operating a company in a competitive business environment. Intervention is reimbursed by a variety of different third-party payers who are constantly looking for ways to boost efficiency. LIFE currently bills about 30% of its services to insurers and the remaining 70% to local or state agencies such as school districts or regional centers. The corresponding rates for LIFE Midwest are about 90% and 10%, respectively. Regardless of the funding source, team meetings usually receive little or no compensation. Nevertheless, they are so essential to the model that LIFE continues to run them. Also, most children are authorized to receive far less than the 40 hours per week of intervention that LIFE recommends. Wright has observed that the lower level of services reduces the

children's rate of learning exponentially, requires continuing intervention much longer than would otherwise be necessary, and lowers the chance that a child will achieve "best outcome" (full inclusion in general education and functioning at an age-appropriate level). All too often, funding runs out, and treatment ends prematurely. Thus, Wright is vocal in advocating for as many hours as possible when he meets with parents or funders.

Wright has seen an improvement over time in the quality of community services, making it easier to transition children out of EIBI into another appropriate program. Consultation to community agencies is now a large part of LIFE's business. This activity enables LIFE to build on Lovaas's pioneering work both by providing direct EIBI services and by disseminating ABA skills to nonspecialists in general practice settings.

References

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