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Board Member, S.U.C.C.E.S.S. for Autism | Pediatric Nurse Leader | Parent of a Child with Autism

Chairperson and members of the committee,

My name is Lisa Welsh. I am a pediatric nurse leader, a board member of S.U.C.C.E.S.S. for Autism, and most importantly, a mother to two children, one with autism and one neurotypical. I'm here today to express strong support for a pilot program implementing the neurodevelopmental model, *The S.U.C.C.E.S.S. Approach℠*, in a small cohort of general education classrooms in Ohio.

As both a parent and a nurse, I've witnessed the disconnect between clinical diagnoses and the educational support systems meant to respond to them. Too often, children, regardless of diagnosis, are left without adequate developmental support in their most formative environment: the classroom. I've also seen what's possible when the right support is in place. My own son began with this model in a day treatment setting and now thrives in a general education classroom, demonstrating independence and self-advocacy. He most recently delivered testimony before the House of Representatives, written entirely by himself, about how this model has and continues to transform his life. Today, my husband and I no longer ask *if* our son will be able to drive, date, work, or live independently, but *when*.

The S.U.C.C.E.S.S. Approach℠ helped unlock this potential by using developmental theory, neuroscience, and interdisciplinary strategies. It focuses not on behavior modification, but on supporting how children learn, communicate, self-regulate, and form relationships throughout their developmental phases. This equips educators with practical tools to understand what's happening beneath the surface of a child's behavior and how to respond without needing medical credentials to learn and implement.

While the prevalence of autism continues to rise, timely access to diagnostic services has not kept pace. National wait times for evaluations range from 12 to 36 months, and in Ohio, families often wait 9 to 12 months (Sices, 2022). That can mean an entire school year without the right support or even diagnosis. A neurodevelopmental model allows educators to meet developmental needs in real time, whether or not a diagnosis is in place.

The S.U.C.C.E.S.S. Approach℠ strengthens core brain functions, communication, sensory processing, regulation, and relational development, by leveraging the brain's plasticity. For example, the emotional center of the brain, the amygdala, becomes overstimulated due to sensory overload, trauma, or stress, children may present as defiant or disengaged. Instead of merely managing the behavior, this model trains educators to address the underlying dysregulation, benefiting all students, not just those with formal diagnoses.

Take ADHD, for example. In Ohio, 12% of children ages 3–17 have been diagnosed with ADHD, and 58.1% of them are on medication (CAHMI, 2022). In these children, the prefrontal cortex, responsible for executive functions like planning, focusing, and controlling impulses, often functions less effectively. But executive functioning challenges aren't limited to clinical diagnoses. A neurotypical child dealing with peer conflict or test anxiety may show similar behaviors. The strategies used in The S.U.C.C.E.S.S. Approach℠, like movement breaks, sensory accommodations, and multi-sensory instruction, support every child's ability to regulate and engage.

Meanwhile, our teachers are in crisis. In the 2022 Gallup Poll on occupational burnout, 44% of American K-12 teachers reported feeling burned out often or always. The National Education Association (2022) identified challenging student behavior as one of the top reasons educators are considering leaving the profession. Neurodevelopmental approaches like this one can shift the emphasis from behavior control to developmental support to be ready to learn, creating calmer classrooms, reducing teacher stress, and improving retention.

There are also significant economic and societal implications to shift to a developmental model and support. When classrooms embed developmental supports, it could reduce disruptive behavior which mitigates teacher turnover, as well as potentially lower long-term therapy demands, saving taxpayer dollars (Corman, Noonan, & Reichman, 2023). On a larger scale, intervention rooted in neurodevelopment could reduce reliance on pharmaceuticals for behavior management and foster a generation of students who are resilient, emotionally intelligent, and prepared to contribute meaningfully to the workforce.

For these reasons and many more, I urge you to fund this pilot program implementing *The S.U.C.C.E.S.S. Approach℠* in a small cohort of general education classrooms. Specifically, we seek support to:

- **Provide professional development** for teachers and support staff;
- **Supply sensory and instructional materials** aligned with the model's principles; and
- **Implement evaluation tools** to track developmental, academic, and behavioral outcomes.

This initiative goes beyond autism, it's about equipping all students, regardless of diagnosis, with the tools they need to thrive. Since all children share the same core brain systems, supporting those systems benefits every learner. This is not a special education reform; it's a proactive, developmentally informed approach that lays the foundation for lifelong success.

Thank you for your time, consideration, and commitment to Ohio's children and their future.

References

Child and Adolescent Health Measurement Initiative (CAHMI). (2022). *2020–2021 National Survey of Children's Health*. Data Resource Center for Child and Adolescent Health. https://www.childhealthdata.org/

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