

# Expand Insurance Coverage of the PLAY Project to Support Developmental and Relationship-based Treatment of Young Ohioans with ASD

Kristen Mitzel, Ashley Cunningham, & Maic D'Agostino, *OhioGuidestone*

April 2020



## TAKEAWAYS & ACTION ITEMS

- **The PLAY Project** focuses on social impairment as the core deficit of **autism spectrum disorder (ASD)**. It supports social reciprocity in a natural setting for children and families, based on modern attachment theories. This contrasts with approaches like applied behavioral analysis (ABA), which rely on external reinforcement based on operant conditioning theories.
- For mild to moderate levels of ASD, less intrusive and more relational models should be offered for children 0-8 years old. These models could prove more appropriate and cost effective for families and insurance providers.
- Parent-implemented models, such as the PLAY Project, empower parents and foster child-caregiver relationships that are critical to healthy development for children under 8 years old.
- Treatments for ASD commonly used and covered by insurance include behavior-focused and interventionist-heavy therapies such as ABA. OhioGuidestone advocates for broader health insurance coverage of parent-implemented model treatments like the PLAY Project, as well as increased implementation of those treatments for children with mild to moderate levels of ASD.
- Further research into parent-implemented models of treatment for ASD will help clarify which populations to target, how best to implement treatment, and open new avenues for discovery and innovation.

## WHO SHOULD READ THIS PAPER

Managed care organizations  
Individuals with ASD and their families

Policymakers  
Clinicians

Advocates for ASD  
Intervention specialists

THE INSTITUTE OF  
**FAMILY & COMMUNITY  
IMPACT**

 An OhioGuidestone Initiative

## **EFFECTS OF LIVED EXPERIENCES ON HEALTH**

**Joyful Together™: Addressing and Preventing Childhood Toxic Stress in Ohio**

Brittany R. Pope & Rose Frech

**Lived Experiences' Effects on Health: An Introduction to Social Determinants of Health for Community Mental Health**

Sharmika Primm

## **LIMITATIONS OF CBT IN COMMUNITY MENTAL HEALTH TREATMENT**

**CBT: Is Its Evidence-Base Valid for Mental Health Treatment in Community Settings?**

Brittany R. Pope

## **TAKING A STANCE ON SUBSTANCE USE DISORDER**

**Informational: Perception of Hope for Substance Use Disorder Treatment in Ohio**

Kristen Mitzel

**We Cannot Talk About Substance Use Without Talking About Mental Health**

Kristen Mitzel

**Expand Insurance Coverage of the PLAY Project to Support Developmental and Relationship-based Treatment of Young Ohioans with ASD**

Kristen Mitzel, Ashley Cunningham, & Maic D'Agostino

# Expand Insurance Coverage of the PLAY Project to Support Developmental and Relationship-based Treatment of Young Ohioans with ASD

Kristen Mitzel, Ashley Cunningham, & Maic D'Agostino, *OhioGuidestone*



## Introduction

To treat autism spectrum disorder (ASD) in children, most clinical practices have focused on using a limited toolbox of behavior-targeting treatment modalities. Due to the nature of ASD and variance along its spectrum, individualized care may require a number of different techniques, which can be time-consuming, costly, and overwhelming. In addition, some therapies that are more common in treatment—such as applied behavioral analysis (ABA)—may not be as effective for certain populations.

Parent-implemented models (PIM), such as the PLAY Project can offer an evidence-based ASD treatment that is cost-effective and flexible. PIMs intentionally engage and empower caregivers, which in turn positively impact results for children. Insurance coverage for the PLAY Project is an important component to gaining comprehensive care for young children with ASD.

# About ASD

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* altered the diagnostic criteria for autism spectrum disorder (ASD). Now, autism is considered to be a spectrum disorder, where all diagnosed persons have been identified with three categories of criteria: social reciprocity, communicative intent, and restricted and repetitive behaviors (American Psychiatric Association, 2013). Severity of autism then is identified based on three levels of severity: Level 1, requiring support; Level 2, requiring substantial support; and Level 3, requiring very substantial support.

There is no consensus on the cause of ASD. Autism affects all socioeconomic and ethnic groups, although minority groups tend to be diagnosed later and less often (Autism Speaks, 2017). According to the *DSM-5*, ASD affects nearly two percent of the population across the United States, and diagnosis rates have risen in recent years (Maenner et al., 2020). It is unclear whether this rise in the affected population is due to the changes in the *DSM-5*, the increased awareness for autism spectrum disorder, or general frequency of the disorder.

## 3 FUNCTIONAL LEVELS OF AUTISM

Adapted from Verywell's *What Are the 3 Levels of Autism?* (2019) by Lisa Jo Rudy

### ASD Level 1

Requiring Support

- Deficits in social communication skills
- Difficulty initiating social interactions
- Difficulty switching between activities



### ASD Level 2

Requiring Substantial Support

- Marked deficits in social communication skills
- Limited initiation of social interactions
- Distress/difficulty changing focus or action



### ASD Level 3

Requiring Very Substantial Support

- Severe deficits in social communication skills
- Very limited initiation of social interactions
- Great distress/difficulty changing focus or action



# How Is Autism Treated?

Currently, there is no cure for ASD. However, several therapeutic approaches can be implemented into the life of a person with ASD to aid in the calming of symptoms and the improvement of daily functioning. Due to the variance of ASD and how it manifests in individuals, there is no “one size fits all” treatment approach. Each therapeutic intervention and treatment plan depends on the severity and particular symptoms the individual presents. Medications may be implemented for a variety of reasons, but, generally, individuals with autism engage in therapeutic treatment in order to improve presenting symptoms. Although some therapies are considered more frequently, such as applied behavior analysis (ABA) or family therapy,

several avenues can be combined to provide comprehensive care.

Aside from behavioral interventions, other approaches include speech therapy; the Developmental, Individual-differences, Relationship-based (DIR) model, also called “Floortime”; Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH); sensory integration therapy; occupational therapy; dietary restrictions; and medicinal approaches (Centers for Disease Control, 2019b). Individual therapeutic needs can potentially vary greatly from person to person, so integrating an individualized approach to treatment is a priority.

## OhioGuidestone’s Approach to ASD Treatment

OhioGuidestone’s clinical theory of change is informed by neuroscience and interpersonal neurobiology theories. Particularly, OhioGuidestone recognizes that modern attachment theories (Schore, 2012) and relationships are crucial to behavioral health interventions, including for ASD treatment in young children. **We advocate for the treatment of children presenting mild to moderate symptoms**

**(e.g., levels of intensity 1 and 2) using models that incorporate parents and focus on improving social interaction skills, not just reformatting behavior. OhioGuidestone suggests that the PLAY Project be considered initially as the primary treatment for children 0-8 years old diagnosed with autism, who do not demonstrate significantly impaired social interactions (e.g., level of intensity 3).**



# About the PLAY Project

The **PLAY** (Play and Linguistics for Autistic Youngsters) Project is an early intervention (EI), evidence-based practice for children with ASD that works to improve communication and social skills and build resilient relationships between parents, caregivers, and their children.

It is a developmental, individual difference, relationship-based (DIR) intervention informed by innovative research psychologist Stanley Greenspan's theory that has birthed innovations such as Floor-time (The Interdisciplinary Council on Development and Learning, Inc.). The **PLAY** Project also works to provide an organization with the resources and training to make interventions available to families that are both cost effective and quick to provide better services to those with ASD. The **PLAY** Project is an intervention that can be delivered at home by the parent, working with a clinical provider, in order to improve caregiver-patient relationships and provide evidence-based intervention in a timely fashion. With this type of intervention, goals can be personalized to fit the needs of individual clients and also easily altered in order to provide efficient assistance. The intervention focuses on children from 18 months old and recommends 10-15 hours of targeted intervention per week (The **PLAY** Project, 2019).

The **PLAY** Project is a parent-implemented model, which allows parents who have been trained by professionals to deliver continuous care to their child with ASD. This format eliminates the need for a professional interventionist to be present in the home at all times during therapeutic sessions. The parents have the ability to learn a variety of

methods, from didactic instruction to modeling to coaching, in order to reinforce social and emotional skill building in the child (Solomon et al., 2014). The **PLAY** Project emphasizes relational reciprocity and improvement in developmental measures in those with ASD.



A 2014 study by Solomon et al. on the effectiveness of the **PLAY** Project found several important implications for treatment. Children diagnosed with ASD, as well as their parents, experience significantly higher level of stress, depression, and anxiety (Almansour et al., 2013). Families assigned to the **PLAY** Project intervention group demonstrated reduction in depression symptoms. Additionally, parent sensitivity and responsiveness to their children improved, as did the children's social interactions.

These results suggest that the **PLAY** Project builds confidence in parents and improves children's relational capacity with members in their household as well as beyond it. Parents reported increased sensitivity in reading their child's expressions and cues—even without verbal communication. And they felt like their interactions were more effective as they sustained back and forth interactions with their child. The **PLAY** Project is a strengths-based approach and does not only seek to limit symptoms and highlight deficits but leverage strengths and abilities.

The **PLAY** Project is similar to other parent-implemented models, equipping parents to incorporate new skills into their routine parenting behaviors. This empowers parents and strengthens

their resolve to be able to better support their children in social situations and confidently create dynamic and expansive social experiences for them. In short, it improves attachment processes and builds resiliency in both children with ASD and their adult caretakers.

This is wonderfully aligned with OhioGuidestone's adoption of coaching in its clinical model. Too often, pediatric interventions unintentionally increase parents' stress and feelings of shame and guilt. This negatively impacts therapeutic alliance, as well as the effectiveness of treatment that seeks to improve social strengths. In contrast, interventions like the PLAY Project encourage therapeutic alliance and trust between interventionists and parents because

they model skills and make space for parents to safely practice and receive gentle coaching.

Other research has demonstrated the importance of interpersonal interactions for child development, as well as affective disorders like depression and anxiety (Lebowitz et al., 2017). Healthy attachment is closely linked to brain development, but the positive effects also extend to parents. Interpersonal neurobiology theories highlight the physiological connection between the brain, body, and relationships with others (Siegel, 2012). The PLAY Project brings such theories to life as a parent-implemented model that improves caregiver competencies and relationships and builds social skills in children with autism.

## Why the PLAY Project over ABA

For many people with ASD, applied behavior analysis (ABA) has been one of the most common treatment approaches. One of the main goals of ABA is to repeat desired behaviors, with positive reinforcement, in order to eliminate problem behaviors. The idea behind this is that the problem behavior, with practice, is replaced with a more appropriate response to antecedents (stimuli that take place right before the behavior) that the patient does not find favorable.

However, the continuous positive reinforcement of certain actions has been criticized as teaching the child to become robotic and view their actions as black and white, which does not necessarily promote self-expression and exploration. If children are learning to react to social situations in a calculated, robotic way, this does not support the gaining and maintaining of meaningful relationships and child development. ABA has been

viewed as an intervention that focuses on "normalizing" the child the majority of the time. Youth with ASD have even contributed to criticism. Both youth and adults with ASD have spoken out against ABA, noting it doesn't teach life skills or focus on emotional and interpersonal skill development because it is too stuck on making children with ASD "look neurotypical," and therefore is not inclusive (Schaber, 2014).

Further, ABA does not integrate parents as a critical part of intervention, but rather reinforcement (Kornfeld, 2019) for behavior conditioning of their child. DIR-based interventions like the PLAY Project include parents as a core element of treatment. Specific research on the PLAY Project has concluded that the significant effect of the intervention on children's social engagement and affect were due to intensive parent coaching and parent implementation. Modern attachment theo-

ries reinforce the importance of caregivers in child development, especially social emotional development. (Schore, 2012). And more clinicians' and researchers' interest in the role of parents, especially their stress levels and resiliency factors, on effective ASD treatment is growing (based on feedback from the recent Innovation & Research on Parent Stress & Resiliency 2018 conference).

Standards of evidence-based practices often include diligent, empirical evaluation of interventions through research studies. Research on developmental approaches for ASD interventions such as Floortime and the PLAY Project continue to demonstrate significant outcomes for DIR models. Interestingly, further exploration of applied behavior interventions like ABA have raised questions on their effectiveness (Spreckley & Boyd, 2009), as well as the quality of initial research that propped up subsequent use and acceptance of the model as a gold standard treatment for ASD (Lovaas, 1987)—including recommendation by the U.S. surgeon general in 1999.

Considering the increased frequency of ASD diagnoses, controversy around published ABA studies, and criticism from individuals with ASD, more

research must be conducted to continue to elucidate the best treatment approaches and fuel even more innovation. **This calls for more funding to better examine the effectiveness, and efficacy, of ASD treatments, including comparative studies.** Much more has been discovered about the brain and human development with continuing advancements in technology. These should inform future empirical exploration to identify the best possible treatment options for children with ASD. In addition to the need for expanded research, expanding coverage of DIR-based interventions like the PLAY Project will expand options available to families and clinicians.

**In comparison to ABA, which focuses on IQ and cognition, the PLAY Project focuses more on the core deficit of ASD, which is social impairment. The PLAY Project focuses on social reciprocity in an unstructured, naturalistic setting. While approaches like ABA rely on external reinforcement, the PLAY Project teaches caregivers to follow their child's lead in order to provide internal reinforcement. Furthermore, it is fun for the child and empowering for caregivers. The PLAY Project also is less time consuming being a parent-implemented model, and thus is much less expensive.**





# Advocacy for the PLAY Project Insurance Coverage

Screening for developmental conditions including ASD have become normative parts of pediatric healthcare, and such screenings are covered by insurance, including Medicaid in Ohio (Autism Society Ohio). The importance of supporting children’s development has even brought forth support from physicians who emphasize the importance of including parents in interventions that target social development in children. We assert that the limitation of full insurance coverage (including Medicaid and private insurance) of parent-implemented models that directly support the social development of young children with ASD is an unnecessary barrier. By supporting parent-implemented models, we can help more clients with autism have access to care that supports their cognitive development and social skills (Volkmar & Wolf, 2013).

The PLAY Project is the perfect early intervention for this and is effective, cost-efficient, parent-involved, and flexible to fit children’s individual developmental needs. The PLAY Project is less expensive and time consuming, yet it is not fully covered by insurance companies in Ohio. OhioGuidestone calls for the coverage of all elements of the PLAY Project. Currently, the essential treatment planning phase is not a billable service, although this has been deemed “crucial to the successful training of the family” (“P.L.A.Y. Project Billing,” 2019).

**Children and families deserve simplified, streamlined treatment strategies—and comprehensive in-**

**surance coverage of interventions that meet their needs. The PLAY Project is delivered through in-home services, adding necessary convenience and ease-of-burden for parents. Medicaid and private insurance coverage for the PLAY Project must be guaranteed for all Ohio children and families to expand access to client-centered, effective, cost-efficient, and evidence-based quality care throughout the state.**

## 5 REASONS WHY INSURANCE SHOULD COVER PARENT-IMPLEMENTED MODELS FOR AUTISM SPECTRUM DISORDER

1

### UNMET NEEDS

There is an unmet need for young children who are not receiving services through a therapist under current ASD state laws.



3

### TAILORED TO INDIVIDUAL

Because the parent or caregiver is implementing the therapy, it can be specifically tailored to the child to address the areas where the most intervention is needed.



5

### NO NEED FOR EXTRA LICENSING

PIM typically are delivered by licensed medical professionals, so the intervention can be covered under either behavioral health or as a specific ASD intervention, which does not need the credentialing of the parent provider.

**PIM**

Parent-Implemented Models

**ASD**

Autism Spectrum Disorder

2

### EVIDENCE-BASED, NON-INTRUSIVE

PIM are evidence-based, intensive, and cost-effective, since parent can provide therapeutic support at home on a schedule that is not as intrusive as relying on therapeutic appointments



4

### GOOD POLICY

If PIM for autism is intensive, effective, complimentary to other services, cost-effective, and evidence-based, then models should be covered as part of good health policy.



Adapted from the PLAY Project's 5 Reasons Why Insurance Companies Should Cover Parent Implemented Models For Autism Intervention (2019) by Richard Solomon.

# ADVOCACY FOR PARENT-CENTERED PRACTICES

OhioGuidestone is committed to parent centered treatment and innovation for early intervention, prevention, and treatment of behavioral health conditions in children. Its novel parent mediated intervention Joyful Together™ is a research-based model that builds childhood resiliency and reduces toxic stress in young children by enhancing parent/caregiver relationships with joyful play. Like the PLAY Project, Joyful Together focuses on supporting childhood development by building relationships with caregivers through play.

The principles of Joyful Together and the PLAY Project are quite similar in that the parents and caregivers can administer these interventions on their own time with greater frequency than therapy from a provider alone. Both of these interventions promote child-to-caregiver communication and healthy attachment styles, which is beneficial to clients with ASD, who are more likely to live with their caregiver for a greater portion of their life. Both Joyful Together and the PLAY Project support resilience, relationship building, and family support in order to decrease stress.

Executive functioning skills targeted in Joyful Together are associated with the prefrontal cortex, such as “the ability to follow directions, impulse control, focusing, paying attention, taking turns and perseverance” (Pope & Frech, 2019). Many of these executive functions are the focus of ASD interventions that

attempt to maximize these skills. This aligns Joyful Together’s principles with the mission of the PLAY Project: “To support families in having a joyous and playful relationship with their children with autism spectrum disorders so each child can reach his or her full potential” (The PLAY Project, 2014).

Strengths-based approaches are focused on the individual patient, with particular attention to connections, knowledge, skills, and potential in the patient with the goal of improving well-being and enhancing social networks (Pattoni, 2019). Strengths-based approaches do not ignore challenges but rather focus on a particular individual’s potential to develop greater social reciprocity, skill retention, and positivity. The PLAY Project, Joyful Together, and other strengths-based approaches aid in the further development of parent skills and heighten co-regulation and attunement in the patient, creating a more cohesive social experience for children.



To learn more about Joyful Together, visit [www.familyandcommunityimpact.org/clinical-innovations/joyful-together](http://www.familyandcommunityimpact.org/clinical-innovations/joyful-together)

# REFERENCES

- Almansour, M., Al-Ateeq, M., Alzaharani, M., Algeffari, M., & Alhomaïdan, H. (2013). Depression and anxiety among parents and caregivers of autistic spectral disorder children. *Neurosciences* (Riyadh, Saudi Arabia), *18*, 58-63.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA.
- Autism Society Ohio. (n.d.). Ohio Medicaid. Retrieved from <https://autismohio.org/advocacy/10-autism-insurance-coverage-in-ohio#Thirteen>
- Autism Speaks. (n.d.). Applied Behavior Analysis (ABA). Retrieved from <https://www.autismspeaks.org/applied-behavior-analysis-aba-0>
- Autism Speaks Inc. (2017). Autism and Health: A special Report by Autism Speaks – Advances in understanding and treating the health conditions that frequently accompany autism.
- Center for Disease Control and Prevention. (2019a). Screening and Diagnosis of Autism Spectrum Disorder. Retrieved from <https://www.cdc.gov/ncbddd/autism/screening.html>
- Center for Disease Control and Prevention. (2019b). Treatment. Retrieved from <https://www.cdc.gov/ncbddd/autism/treatment.html>
- Kornfeld, M. (2019, April 1). Similarities and Differences Between Floortime and ABA. Retrieved from <https://edsmarts.com/similarities-and-differences-between-floortime-and-aba>
- Lovaas, I. O. (1987). Behavioral Treatment and Normal Educational and Intellectual Functioning in Young Autistic Children. *Journal of Consulting and Clinical Psychology*, *55*(1), 3-9.
- Lebowitz, E. R., Silverman, W. K., Martino, A. M., Zagoory-Sharon, O., Feldman, R., & Leckman, J. F. (2017). Oxytocin response to youth-mother interactions in clinically anxious youth is associated with separation anxiety and dyadic behavior. *Depression and Anxiety*, *34*(2), 127-136. <http://doi.org/10.1002/da.22585>
- Maenner, M. J., Shaw, K. A., Baio, J., Washington, A., Patrick, M., DiRienzo, M., Christensen, D. L., Wiggins, L. D., Pettygrove, S., Andrews, J. G., Lopez, M., Hudson, A., Baroud, T., Schwenk, Y., White, T., Rosenberg, C. R., Lee, L. -C.; Harrington, R. A., Huston, M., ... Dietz, P. M. (2020). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, *69*(4), 1-12. <http://dx.doi.org/10.15585/mmwr.ss6904a1>
- Pattoni, L. (2019). Strengths-based approaches for working with individuals. Retrieved from <https://www.iriss.org.uk/resources/insights/strengths-based-approaches-working-individuals>
- P.L.A.Y. Project Billing. (2019, February 20). P.L.A.Y. Project Billing.
- Pope, B. R., & Frech, R. (2019). Joyful Together: Addressing & Preventing Childhood Toxic Stress in Ohio. Retrieved from <http://familyandcommunityimpact.org/wp-content/uploads/2019/05/Joyful-Together-Addressing-and-Preventing-Childhood-Toxic-Stress-in-Ohio-March-2019.pdf>
- Rudy, L. J. (2019). What Are the 3 Levels of Autism? Retrieved from <https://www.verywellhealth.com/what-are-the-three-levels-of-autism-260233>
- Schaber, A. (2014, February 27). Ask an Autistic #5- What is ABA?. Retrieved from [https://www.youtube.com/watch?time\\_continue=23&v=PEhlSPB9w7Y&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=23&v=PEhlSPB9w7Y&feature=emb_logo)
- Schore, A. N. (2012). The science of the art of psychotherapy. New York: W.W. Norton.
- Siegel, D. J. (2012). Pocket guide to interpersonal neurobiology: an integrative handbook of the mind. New York: W.W. Norton.
- Solomon, R. (2019). 5 Reasons Why Insurance Companies Should Cover Parent Implemented Models For Autism Intervention. Retrieved from <https://www.playproject.org/wp-content/uploads/2019/06/5-Reasons.pdf>
- Solomon, R., Van Egeren, L. A., Mahoney, G., Quon Huber, M. S., & Zimmerman, P. (2014). PLAY Project Home Consultation intervention program for young children with autism spectrum disorders: a randomized controlled trial. *Journal of Developmental & Behavioral Pediatrics*, *35*(8), 475-485. <http://doi.org/10.1097/DBP.0000000000000096>
- Spreckley, M., & Boyd, R. (2009). Efficacy of Applied Behavioral Intervention in Preschool Children with Autism for Improving Cognitive, Language, and Adaptive Behavior: A Systematic Review and Meta-analysis. *The Journal of Pediatrics*, *154*(3), 338-344. <http://doi.org/10.1016/j.jpeds.2008.09.012>
- The Interdisciplinary Council on Development and Learning, Inc. (n.d.). Advocacy. Retrieved from <https://www.icdl.com/about/advocacy>
- The Interdisciplinary Council on Development and Learning, Inc. (n.d.). Home of DIRFloortime® (Floortime) - DIR®. Retrieved from <https://www.icdl.com/dir>
- The PLAY Project. (n.d.). Autism Treatment - Research & Evidence to Support PLAY. Retrieved from <https://www.playproject.org/research-evidence/>
- Volkmar, F. R., & Wolf, J. M. (2013). When children with autism become adults. *World Psychiatry*, *12*(1), 79-80. <https://doi.org/10.1002/wps.20020>

## SUMMARY

OhioGuidestone recognizes a variety of options exist for the treatment of **autism spectrum disorder (ASD)**, including oft used interventions like applied behavior analysis (ABA). However, we advocate for the treatment of children presenting mild to moderate symptoms using models that incorporate parents and focus on improving social interaction skills, not just reformatting behavior. OhioGuidestone suggests that **the PLAY Project** be considered initially as the primary treatment for children 0-8 years old diagnosed with autism who do not demonstrate significantly impaired social interactions, and advocates for its inclusion in expanded insurance coverage by Ohio providers, including Medicaid.

## WHO SHOULD USE THIS PAPER

- Managed care organizations
- Policymakers
- Advocates for ASD
- Individuals with ASD and their families
- Clinicians
- Intervention specialists

## ABOUT OHIOGUIDESTONE & THE PLAY PROJECT

To learn more about OhioGuidestone's use of the PLAY Project, email Dr. Courtney Gotschall, PsyD, at [courtney.gotschall@ohioguidestone.org](mailto:courtney.gotschall@ohioguidestone.org).

THE INSTITUTE OF  
**FAMILY & COMMUNITY  
IMPACT**



OhioGuidestone  
WHERE NEW PATHS BEGIN