Treatment Intervention Advisory Committee Review and Determination

Date: July 2016
To: DHS/DLTC
From: Wisconsin Department of Health Services Autism and other Developmental Disabilities
Treatment Intervention Advisory Committee: Lana Collet-Klingenberg, Ph.D. (chairperson)
RE: Determination of Collaborative and Proactive Solutions (CPS) as a proven and effective treatment for individuals with autism spectrum disorder and/or other developmental disabilities

☒ This is an initial review
☐ This is a re-review. The initial review was

Section One: Overview and Determination

Please find below a statement of our determination as to whether or not the committee views Collaborative and Proactive Solutions (CPS) as a proven and effective treatment for children with autism spectrum disorder and/or other developmental disabilities. In subsequent sections you will find documentation of our review process including a description of the proposed treatment, a synopsis of review findings, the treatment review evidence checklist, and a listing of the literature considered. In reviewing treatments presented to us by DHS/DLTC, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a practice is in regard to quality research. We do not make funding decisions.

Description of proposed treatment
Lives in the Balance is a non-profit organization (http://www.livesinthebalance.org/about-lives-in-the-balance) founded by Dr. Ross Greene based on the Collaborative and Proactive Solutions (CPS) approach (formerly known as Collaborative Problem Solving approach). The organization supports families and professionals who work with children who have challenging behavior by providing resources free of charge.

Dr. Greene developed the model and referred to it as Collaborative Problem Solving prior to 2013. At that time there was a legal intellectual property dispute. Dr. Greene now refers to his model as Collaborative and Proactive Solutions (CPS). Publications on Collaborative Problem Solving from 2013 and after are not associated with Dr. Greene or the Collaborative and Proactive Solutions approach.

According to the Lives in Balance website, CPS approach centers on the idea that rewards and punishments will not change challenging behavior. Instead adults need to work collaboratively with children to build skills and solve problems. This approach involves three steps. The first step is to view children through the lens: "kids do well if they can." The idea is that intervention will be determined by how adults view problem behavior. In this approach, problem behavior is caused by lagging skills and unsolved problems. Step two is to identify the lagging skills and unsolved problems. The website
provides the assessment, a guide, and a video clip. Step three is to solve the problems using the three step collaborative model: Empathy step, Define the Problem step, and the Invitation step.

**Synopsis of review**

In the case of Collaborative and Proactive Solutions, please refer to the attached reference listing that details the reviewed research. The committee’s conclusions regarding Collaborative and Proactive Solutions include

- We were unable to find any research using CPS with individuals who have ASD.
- CPS is primarily used for children with Oppositional Defiance Disorder (ODD).
- This review found four studies that attempted to evaluate CPS for individuals who did not have ASD.
  - Two of the studies did not pass screening for a full review (they are listed in the results with the reason for not passing screening).
  - Full reviews of the other two studies were completed.
    - One did not meet all the criteria. (It is listed in the references.)
    - The other study met criteria. It was a randomized control trial comparing CPS, Parent Management Training (PMT), and a waitlist control group for children 7-14 with ODD. Results indicated significant improvements in oppositional defiant behavior for children who participated in the CPS group compared to the waitlist control group. Improvements were similar for the children who were in the PMT group. (See review checklist for complete review.)

In sum, it is the decision of the committee that Collaborative and Proactive Solutions (CPS) is a Level 3, emerging practice for children with ODD ages 7-14 and a Level 5, untested, for children with ASD.
Section Two: Rationale for Focus on Research Specific to Comprehensive Treatment Packages (CTP) or Models

In the professional literature, there are two classifications of interventions for individuals with Autism Spectrum Disorder (National Research Council, 2001; Odom et al., 2003; Rogers & Vismara, 2008):

(a) **Focused intervention techniques** are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome, and

(b) **Comprehensive treatment models** are “packages” or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

To determine whether a treatment package is proven and effective, the Treatment Intervention Advisory Committee (TIAC) will adopt the following perspective as recommended by Odom et al. (2010):

The individual, focused intervention techniques that make up a comprehensive treatment model may be evidence-based. The research supporting the effectiveness of separate, individual components, however, does not constitute an evaluation of the comprehensive treatment model or “package.” The TIAC will consider and review only research that has evaluated the efficacy of implementing the comprehensive treatment as a package. Such packages are most often identifiable in the literature by a consistently used name or label.


Section Three: DLTC-TIAC Treatment Review Evidence Checklist

Name of Treatment: Collaborative and Proactive Solutions (CPS)

Level 1 - Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)

☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, National Professional Development Center) have approved of or rated the treatment package as having a strong evidence base; authorities are in agreement about the level of evidence.

☐ There exist ample high quality studies that demonstrate experimental control and favorable outcomes of treatment package.

☐ Minimum of two group studies or five single subject studies or a combination of the two.

☐ Studies were conducted across at least two independent research groups.

☐ Studies were published in peer reviewed journals.

☐ There is a published procedures manual for the treatment, or treatment implementation is clearly defined (i.e., replicable) within the studies.

☐ Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)

☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having at least a minimal evidence base; authorities may not be in agreement about the level of evidence.

☐ There exist at least two high quality studies that demonstrate experimental control and favorable outcomes of treatment package.

☐ Minimum of one group study or two single subject studies or a combination of the two.

☐ Studies were conducted by someone other than the creator/provider of the treatment.

☐ Studies were published in peer reviewed journals.

☐ Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research
Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)

☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have recognized the treatment package as having an emerging evidence base; authorities may not be in agreement about the level of evidence.
☒ There exists at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
☐ May be one group study or single subject study.
☐ Study was conducted by someone other than the creator/provider of the treatment.
☐ Study was published in peer reviewed journal.
☐ Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: Level 3 for children 7-14 with Oppositional Defiant Disorder. The creator of the intervention was one of the researchers.

Level 4 – Insufficient Evidence (Experimental Treatment)

☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
☐ There is not at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
☐ Study was conducted by the creator/provider of the treatment.
☐ Study was not published in a peer reviewed journal.
☐ Participants (i.e., N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes:
Level 5 – Untested (Experimental Treatment) &/or Potentially Harmful

☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
☒ There are no published studies supporting the proposed treatment package.

☐ There exists evidence that the treatment package is potentially harmful.
☐ Authoritative bodies have expressed concern regarding safety/outcomes.
☐ Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes.

Notes: Level 5 for children with ASD. (There is no evidence this intervention is harmful.)

Date: July 2016

Committee Members Completing Initial Review of Research Base: Tia Schultz, Lana Collet-Klingenberg

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective: Collaborative and Proactive Solutions (CPS) is a Level 3, emerging practice for children with ODD ages 7-14 and a Level 5, untested, for children with ASD.

References Supporting Identification of Evidence Levels:


Section Four: Literature Review
July 2016 Review

Articles considered, but did not pass screening for full review:


Articles reviewed:
