

Treatment Intervention Advisory Committee Review and Determination

Date: July 12, 2019

To: Wisconsin Department of Health Services



From: Wisconsin Department of Health Services Treatment Intervention Advisory Committee:
Shannon Stuart, Ph.D. (chairperson)

RE: Determination of DIR Floortime as a proven and effective treatment for children and adults

- This is an initial review
 - This is a re-review. Previously reviewed (rated) on November 22, 2013 (4), July 25, 2014 (4), and July 31, 2015 (4), and October 28, 2016 (4).
 - No new research located; determination from July 31, 2015 (4) stands (details below)
-

Section One: Overview and Determination

Please find below a statement of our [determination](#) as to whether or not the committee views DIR Floortime as a proven and effective treatment. 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 the Department of Health Services, 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 treatment is with regards to quality research. The committee does not make decisions regarding funding.

Description of proposed treatment

According to the DIR/Floortime website, the DIR (Developmental, Individual Difference, Relationship-based) Model and the DIR/Floortime Approach is a framework that helps clinicians, parents and educators conduct a comprehensive assessment and develop an intervention program tailored to the unique challenges of children with Autism Spectrum Disorders (ASD) and other developmental challenges. The DIR/Floortime model emphasizes the critical role of parents and other family members because of the importance of their emotional relationships with the child.

Synopsis of current review (July, 2019)

Committee members completing current review of research base: Julie Harris & Amy Van Hecke

Please refer to the reference list ([Section Four](#)) which details the reviewed research.

A meta analysis examining DIR/Floortime as a Treatment for Children with Autism Spectrum Disorders was located. This has been included in the reference section. There are no new studies that qualify for review at this time.

There was a peer reviewed study published in 2016, however, the study examined the reflective functioning capacities of caregivers, rather than individuals with autism or other developmental disabilities.

Committee’s Determination: After reviewing the research and applying the criteria from the [Treatment Review Evidence Checklist](#), it is the decision of the committee that DIR Floortime retain an efficacy rating of Level 4 - Insufficient Evidence (Experimental Treatment).

Review history

(October 2016 - Shannon Stuart and Amy Van Hecke)

There was a peer reviewed study published in 2016, however, the study examined the reflective functioning capacities of caregivers, rather than individuals with autism or other developmental disabilities. Therefore, it is recommended that DIR/Floortime remain at a Level 4 efficacy rating, as there is insufficient evidence for this treatment.

(July 2015 - Julie LaBerge and Shannon Stuart)

No additional empirical evidence on DIR/Floortime was found, and the current reviewers did not find any additional research. Therefore, it is recommended that DIR/Floortime remain at a Level 4 efficacy rating, as there is insufficient evidence for this treatment.

(July 2014 - Julie LaBerge and Jenny Asmus)

The reviewers did not find any new empirical research on DIR/Floortime for youth with ASD or other developmental disabilities since the last review (November 2013) was conducted. One additional book chapter was reviewed but no new empirical research was cited for review.

In sum, it is the decision of the committee that DIR/Floortime does not have at least one high quality study that demonstrates experimental control and no authoritative bodies have recognized the treatment as having emerging evidence, therefore is Level 4 – Insufficient Evidence (Experimental Treatment).

(November 2013 - Lana Collett-Klingenberg and Christine Peterson)

The review of DIR/Floortime was problematic in that this proposed intervention shares many features and much of its research base with other practices, such as The Play Project, The Early Start Denver Model, Joint Attention, Pivotal Response Training, and TEACCH. These and other practices are often grouped under the descriptor of “developmental approaches.” When considering only those studies which specifically identified DIR/Floortime as the treatment, three studies were identified, two of which were randomized controlled studies (Pajareya & Napmaneejumruslers, 2011; and Solomon, Nechelse, Ferch, & Bruckman, 2007), identified by the authors as pilot studies, and one by Dionne & Martini (2011) which was a single-subject design but did not establish control as it was a weak (AB) design. Interestingly, both of these studies identified DIR/Floortime as well as Play (i.e., The Play Project) as interventions or treatments.

If DIR/Floortime were a clearly defined comprehensive package on its own and these studies reflected that, it would likely achieve a higher level of evidence. In other words, were the evidence base clearly linked to DIR/Floortime as a unique comprehensive treatment package, this practice would likely have more well-established or strong evidence.

The TIAC considers only research evaluating the efficacy of a comprehensive treatment (such as DIR/Floortime) which is implemented and tested as an aggregate or complete “package” of individual interventions. At this time, the TIAC has been able to identify only three DIR/Floortime specific scientific studies of the effectiveness of DIR/Floortime as a unique comprehensive package in peer-reviewed journals, as noted above. Furthermore, authoritative bodies, such as the National Autism Council via the National Standards Project and the National Professional Development Center on Autism Spectrum Disorders have not identified DIR/Floortime as a specific practice in their reports, which again reflects the lack of a clearly defined and delivered treatment approach. As such, it is the committee’s conclusion that DIR/Floortime has achieved a rating of Level- 4 Insufficient Evidence (Experimental Treatment).

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.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Odom, S. L., Brown, W. H., Frey, T., Karusu, N., Smith-Carter, L., & Strain, P. (2003) Evidence-based practices for young children with autism: Evidence from single-subject research design. *Focus on Autism and Other Developmental Disabilities, 18*, 176-181.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 40*, 425-436.

Rogers, S., & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-38.

Section Three: TIAC Treatment Review Evidence Checklist

Name of Treatment: DIR Floortime

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

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: At this level, please specify if the treatment is reported to be potentially harmful, providing documentation

References Supporting Identification of Evidence Levels:

- Chambless, D.L., Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66(1)* 7-18.
- Chorpita, B.F. (2003). The frontier of evidence---based practice. In A.E. Kazdin & J.R. Weisz (Eds.). *Evidence-based psychotherapies for children and adolescents* (pp. 42---59). New York: The Guilford Press.
- Odom, S. L., Collet-Klingenberg, L., Rogers, S. J., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure, 54(4)*, 275-282.

Section Four: Literature Review

Literature reviewed for current determination:

The following articles were identified but did not meet criteria for inclusion:

Mercer, J. (2017). Examining DIR/Floortime as a treatment for children with autism spectrum disorders: A review of research and theory. *Research on Social Work Practice, 27(5)*, 625-635.

Sealy, J. and Glovinsky, I. P. (2016), Strengthening the Reflective Functioning Capacities of Parents Who have a Child with a Neurodevelopmental Disability through a Brief, Relationship-Focused Intervention. *Infant Mental Health Journal*. Doi: 10.1002/imhj.21557. [examined outcomes for caregivers rather than individuals with ASD or DD]

Literature reviewed for previous determinations:

Dionne, M., & Martini, R. (2011). Floor Time Play with a child with autism: A single-subject study. *Canadian Journal of Occupational Therapy, 78*, 196-203.

Pajareya, K., and Napmaneejumruslers, K. (2011, June 13). A pilot randomized controlled trial of DIR/Floortime parent training intervention for pre-school children with autistic spectrum disorders. *The National Autistic Society, 15(5)*, 5630577

Solomon, R., Necheles, J., Ferch, C., and Bruckman, D. (2007). Pilot study of a parent training program for young children with autism: The PLAY Project Home Consultation program. *SAGE publications and The National Autistic Society, 11(3)*, 205-224.

Publications that did not meet criteria for inclusion:

Hess, E. (2012). DIR Floortime: A developmental/relational play therapy approach for treating children impacted by Autism. In L. Gallo-Lopez & L. Rubin (Eds.), *Play-based interventions for children and adolescents with autism spectrum disorders*. New York, NY: Routledge/Taylor & Francis Group. [not included because it was a literature review, not a research study]