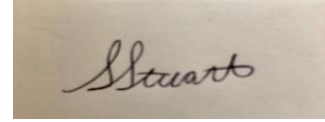


Treatment Intervention Advisory Committee Review and Determination



Date: February 22, 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 Higher Brain Living as a proven and effective treatment for children and adults

- This is an initial review
- This is a re-review. Previously reviewed (rated) on January 30, 2015 (5) and January, 2016 (5).
- No new research located; determination from January 2016 stands (details below)

Section One: Overview and Determination

Please find below a statement of our [determination](#) as to whether or not the committee views Higher Brain Living 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

The following is summarized from a description of Higher Brain Living as provided at <http://higherbrainliving.com/what-is-hbl>: “The Higher Brain Living (HBL) Technique is a gentle-touch process where a Registered Higher Brain Living Facilitator activates specific points in your body in a specific sequence with specific timing, creating a surge of energy from your primal fear-based lower brain into your prefrontal cortex, the seat of the higher brain, where your potential lives. The outcome of this gentle touching is said to be a release of energy through connective tissue to the higher brain (cerebral cortex).”

Synopsis of current review (February 2019)

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

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

No new research was found in the time period since the last review.

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 Higher Brain Living retain an efficacy rating of Level 5 - Untested (Experimental Treatment).

Review history

(January 2016 - Amy Van Hecke and Julie Laberge)

The committee’s conclusions regarding Higher Brain Living include:

1. There continues to be no published, peer-reviewed research on the effectiveness of this treatment for autism spectrum disorder, developmental disability, or any other condition.
2. The page on the website for the treatment, <http://www.higherbrainliving.com/about/the-science/>, lists several research studies. However, none of these have been published in peer-reviewed, scholarly journals, and instead appear to be preliminary findings and student projects for university classes.

It is the decision of the committee that Higher Brain Living retain an efficacy rating of Level 5 - Untested (Experimental Treatment). There is no current evidence or allegation that it is a harmful therapy however.

(January 2015 - Roger Bass and Lana Collet-Klingenberg)

The committee’s conclusions regarding Higher Brain Living include:

- No published research could be found and the only support offered was testimonials.
- No claims could be found that Higher Brain Living is applicable to ASD or developmental disabilities.
- A link to a demonstration of the therapy is available on the website and copied here: <https://www.youtube.com/watch?v=7DEkPqk7v2s>

In sum, it is the decision of the committee that Higher Brain Living is at a Level 5 – Untested (Experimental Treatment). There is no current evidence or allegation that it is a harmful therapy.

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: Higher Brain Living

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: There are no research studies documenting the effectiveness or safety of this treatment, nor are there reports or allegations of safety concerns.

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:

No studies are published in peer-reviewed journals

Literature reviewed for previous determinations:

No published research studies located.