

**Division of Long Term Care
Treatment Intervention Advisory Committee (TIAC)
Autism and Other Developmental Disabilities**

MEETING MINUTES

July 27, 2012
12:30PM to 3:00PM
Department of Health Services
1 W. Wilson Street, Room 630
Madison, WI 53707

Present: Jennifer Asmus, Michael Axelrod, Roger Bass, Lana Collet-Klingenberg, Maribeth Gettinger, Christine Peterson, Linda Tuchman, Bill Murray (DHS Staff), Julie Bryda (DHS Staff), Jill Kelly (DHS Staff)

Guests: Dr. Richard Solomon, Ms. Nancy Dexter-Schabow

Members of the Public: Ms. Jennifer Steele, Nurse Consultant /Parent

Welcome

TIAC committee members were welcomed by DHS staff and the agenda for the day was reviewed.

Public Testimony

Ms. Steele has a 5 year old son, Andy, who was diagnosed with autism at 2 years of age. At that time Andy began ABA therapy with no success. Andy then went on to a relationship based model program, P.L.A.Y. Project. Since this play-based model has been presented, Ms. Steele feels Andy has made extreme progress.

Invited Presentation: the P.L.A.Y. Project

Dr. Richard Solomon, Medical Director
Ann Arbor Center for Developmental and Behavioral Pediatrics

Dr. Solomon is the Medical Director of The P.L.A.Y. Project and the Ann Arbor Center for Developmental and Behavioral Pediatrics. For 20 years Dr. Solomon has worked as a developmental and behavioral pediatrician. He has been working with parents, agencies and communities to help young children with autism reach their full potential.

The P.L.A.Y. Project provides training and support for families of children with autism in their homes. Trained consultants teach parents techniques that are fun and useful in day-to-day interactions with their child who has autism. By providing training in the home the child feels more relaxed and comfortable. Dr. Solomon indicated one size does not fit all children with Autism Spectrum Disorders (ASD) and the P.L.A.Y. project is a model designed for parents who

want to focus on the relationship aspects of intervention. It was indicated that language development and IQ are later outcomes of this type of therapy.

Dr. Solomon shared a term he has created to describe the P.L.A.Y. Project and other relationship-based models – “Intensive Developmental Interventions” or “IDI.” He feels IDI should be available to families. Dr. Solomon feels IDI is compatible with Applied Behavior Analysis (ABA), however he feels ABA is not often practical on a large scale as ABA can be hard to administer, there are extensive waitlists for this therapy and it is extremely costly. ABA costs approximately \$50,000 per year where IDI (parent-implemented training) is approximately \$4,000 per year.

Intensive Developmental Interventions (IDI) is a set of similar clinical practices and programs which are based on developmental theory which focus on promoting progressively more complex contingent, reciprocal and social interactions through playfulness. The parent will follow the child’s lead by focusing the child’s interests and ideas. By practicing this method the child will improve the core deficit of Autism Spectrum Disorder (ASD), namely social impairment and will advance developmentally.

With research-design guidance from Michigan State University and community-outreach, The P.L.A.Y. Project is conducting a randomized controlled clinical trial. The study is comparing the outcomes of 60 children who participate in The P.L.A.Y. Project with the outcomes of 60 children who receive standard, community interventions, making it the largest study of its kind. Before and after the 12-month intervention, each child is assessed to measure his or her developmental level, speech and language, sensory-motor profile, and social skills.

However, long term studies are needed. IDI is growing with more rigorous Type 1 efficacy studies and Type 2 programmatic studies. It was stated the fidelity manual has yet to be published but extensive research is being conducted with hopes of publication within the next year.

TIAC members asked several questions to get clarification from Dr. Solomon.

Invited Presentation: Music Therapy

Nancy Dexter-Schabow, MMT, MT-BC, WMTR

Ms. Dexter-Schabow is a part time music professor at Alverno College who also works at Music Therapy Services of Waukesha County, LLC which services Waukesha County and Southeastern and Southcentral Wisconsin. She also belongs to the Wisconsin Chapter for Music Therapy.

Ms. Dexter-Schabow specializes in working with children with Autism and other developmental disabilities. Ms. Dexter-Schabow indicated music therapy is received by approximately 35 to 40 children on the Children’s Long Term Support waiver program. There are also families that pay privately for their children to participate in this therapy.

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has

completed an approved music therapy program. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feeling, enhance memory, and develop communication and physical rehabilitation.

For children with Autism Spectrum Disorders and other developmental disabilities, music therapy can provide a variety of music experiences in an intentional and developmentally appropriate manner to effect changes in behavior. Music therapy may include the use of behavioral, biomedical, developmental, educational, humanistic, and adaptive music instruction. Music therapy enhances a child's quality of life, involving relationships between others. These relationships are structured through the elements of music to create a positive environment and promote growth.

Ms. Dexter-Schabow indicated music therapy is an early profession as it has only been practiced for 60 years. Keeping this time line in mind no extensive research had been conducted.

TIAC members asked several questions to get clarification from Ms. Dexter-Schabow.

Committee Activities

Committee members are still reviewing and gathering research pertaining to the Rapid Prompting Method. It was indicated that the provider who administers Rapid Prompting will be submitting research regarding this therapy to Bill Murray, who will share it with committee members.

Committee members gave a brief synopsis of multisystemic therapy. It was mentioned that this type of therapy would possibly be effective with juvenile offenders and adapted for children with ASD. This type of therapy may be suitable for children on the SED waitlist.

Proposed Treatments

Again, members of the committee volunteered to review additional therapies brought to the committee for which funding has been or may be requested for children with autism spectrum disorders and/or other developmental disabilities. The committee members are to explore the existing research relative to the safety and efficacy of these treatments.

Committee members will review the following treatments:

- Vision Therapy
- Art Therapy

Discussion of Next Steps:

1. The committee will follow up with e-mail and a possible conference call.
2. There will be future discussion on meeting times to ensure they meet open meeting laws.

Meeting adjourned 2:50

Lana Collet-Klingenberg made a motion to close the meeting. Roger Bass seconded the motion. All approved.