

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

January 31, 2014
10:00 AM to 12:00 PM
Department of Health Services
1 W. Wilson Street, Room B155
Madison, WI 53707

MEETING MINUTES

Committee Members: Jennifer Asmus (via phone), Mike Axelrod (via phone), Roger Bass, Maribeth Getting, Lana Collet-Klingenberg, Christine Peterson (via phone)

DHS Staff: Julie Bryda (via phone), Lisa Kulow, Sue Larsen, Bill Murray, Camille Rodriguez

Members of the Public: Teri Black, Mitchell Hagopian, Jan Stevens

The meeting commenced at 10:10 AM.

1. Welcome

Lana C.-K., Chair, welcomed the Committee and members of the public.

2. Public Testimony

Two members of the public registered to speak.

- Teri Black, President of the Wisconsin Occupational Therapy Association (WOTA), commented on the Treatment Intervention Advisory Committee (TIAC) determination on November 22, 2013, relative to Sensory Integration Therapy (SIT) receiving a Level 4 determination. WOTA requests TIAC reconsider this determination, as they believe research specific to SIT was under higher scrutiny than other interventions reviewed.
- Mitchell Hagopian, Attorney at Disability Rights Wisconsin (DRW), expressed the following opinions:
 - Research is reviewed by one-to-two Committee members; members vote although they have not reviewed the research. Votes of the majority of Committee members are based on a review by the two Committee members and he feels this functions as a “rubber stamp.”
 - He is disturbed that Music Therapy was initially determined as a Level 4 intervention and stated that several DRW clients have reported benefits from Music Therapy; and four randomized controlled trials (RCTs) and two single-subject studies reported benefits. He believes the Committee must address problems with member reviews, and feels that if Dr. Axelrod’s review is what the Committee voted on, it was not comprehensive.
 - Often, parents have experienced a positive experience with a particular therapy, which may conflict with the efficacy research reviewed by the TIAC. He hopes there is a means of ensuring the work the Committee is doing is sensitive to the experiences of the public.

3. Operational

- Committee members introduced themselves and welcomed Camille Rodriguez, Interim Director, Bureau of Long-Term Support.
- Lana C.-K. announced the Committee has received approval to invite new members. Bill M. has contacted 12 people on behalf of the Department; 7 have accepted. New members will be invited

to attend the next TIAC meeting, scheduled April 18, 2014; they will observe prior to receiving treatment review assignments.

- The Committee reviewed minutes from the meeting held on November 22, 2013. Under item 6, Proposed Treatments, add Maribeth G. as a reviewer of “Mendability.” Roger B. made a motion to approve the November 22, 2013, meeting minutes with noted correction; Maribeth G. seconded the motion, pending revision; motion carries.

4. Guidelines for Quality Research

Committee members discussed the possibility of developing guidelines for therapy organizations who wish to understand the TIAC research process, with the objective of inspiring stakeholders to further the evidence base for their particular therapeutic approach. Members also discussed writing their advisory determinations in different formats for three audiences:

1. General public.
 2. Technicians with some research design background.
 3. TIAC Committee members, which would including scaling and technical aspects.
- Members commented:
 - For the criteria assigned to each level of efficacy, develop a checklist for the review or design of research.
 - Different evaluation results may initially be found when reviewing the same research study, in part given poorly-defined samples, thus members appreciate consulting with colleagues. The TIAC consensus has been to approach their work within an independent review process with the inclusion of nationally-defined standards; members conduct independent, thorough research and develop their own conclusions.
 - There is a consistency in the results TIAC is finding (consistent with the National Autism Center’s National Standards Project and other national and state review entities).
 - Source of the research using a collaborative approach: If a stakeholder approaches DHS with a therapy for review, the stakeholder is asked to provide the source material that they believe qualifies as the evidence base.
 - State and/or national associations attached to a therapy under review do not always respond to outreach efforts.
 - Do not limit review to information shared by stakeholders, which may be selective and not encompass critical literature. Member research activities should include the following:
 - Review information provided by stakeholder organizations.
 - Review research that other groups/organizations are reviewing.
 - Contacting those with grants or studies in progress (even if not published).
 - Contacting known providers and researchers.
 - Conducting a thorough, independent literature search relevant to any particular therapy.
 - DHS and the TIAC will consider the following:
 - Including a statement in the written determination that the therapy will be reviewed again within one year (as is already required and occurring under DHS 107).
 - Developing a “TIAC Purpose” handout to share with the public at the beginning of meetings.
 - Lana C.-K., Roger B. and Chris P. will draft a writing process/guidelines for quality research, and the next step of what is needed in the field.
 - Specific therapeutic practices must be clearly defined.
 - Establish research strategy as Guideline 1: Presume each therapy is a Level 1 intervention and then the evaluative process determines whether this is disproven or not.
 - Parents may benefit from reading, “Life Journey Through Autism: A Parent’s Guide to Research,” by the Organization for Autism Research, available at:
<http://www.researchautism.org/resources/parents%20guide.pdf>

5. Treatment Reviews

- **Mendability (<http://www.mendability.com/>):** The Committee reviewed Mendability, a sensory and nervous system integration approach to treat symptoms of autism.
 - Published articles discuss brain research—mending the nervous system—and studies involve rats and mice. Research reveals conceptual theorizing, inconclusive research on humans, and an intensive subset of procedures.
 - Mendability was created by a provider with some support from an authoritative body; treatment package is copyrighted. The website references proven research; website links are to paid advertisements and one study.
 - The Mendability website offers an intensive parent involvement/interaction component. Parents receive a list of materials to provide and clearly-defined enrichment exercise instructions to stimulate the child in a set timeframe/time of day, and to document. Treatment is inexpensive; subscription to website is expensive.
 - A human study involved 28 male children ages 3-12 diagnosed with autism, matched with age and diagnosis across groups. Intensive parent involvement component with one group; one of the outcomes was based on parent ratings.
 - Committee members discussed Mendability as a Level 3 emerging treatment. Advisory determination is on hold; further information is needed.
- **Training and Education of Autistic and Related Communication Handicapped Children (TEACCH):** Committee members discussed the TEACCH review, which was extended due to the volume written on the procedure. The comprehensive program includes three clearly delineated components. Research has been done on the separate components.
 - Developed in North Carolina in the 1960s, the program cornerstone is the partnership between centers/schools and families. Components are:
 1. Use of direct instruction; structured teaching for social and developmental skills.
 2. Use of high degree of structure and predictability in the learning space (visual schedules).
 3. Strength-based approach; identifying each child's interests.
 - Committee examined 10 studies.
 - Three studies used a quasi-experimental design (no randomization); experimental and control groups. Outcomes—measures of social, language and perceptual—were positive compared to the control group. Effects ranged from .36 to .8 (moderate to strong).
 - Fourth study used a multiple baseline design; random assignment to baseline condition. Six children participated in this most recent studies. Introduction of TEACCH demonstrated an increase in the rate of engagement with tasks.
 - Next five studies were non-experimental pre-test/post-test designs without a control group. In all five studies, though not statistically analyzed, there were gains, but not sure if from TEACCH or other aspects.
 - Tenth study was a meta-analytic review of TEACCH used with children and adults.
 - Jenny A. made a motion to accept TEACCH as a Level 3 intervention; Roger B. seconded the motion; motion carries.

6. Treatment Updates

- **Brain Balance:** Committee members reviewed Brain Balance; prior reviews conducted in April 2012 and January 2013.
 - No new findings; conclusion comes from five references (not studies) discussing what Brain Balance can remedy. The Brain Balance creator has been involved in every respective publication. Available data is insufficient to draw a meaningful conclusion.
 - Lana C.-K. made a motion to keep Brain Balance as a Level 4 intervention. Roger B. seconded the motion; motion carries.

- **Hippotherapy:** Committee members reported that in the initial review, research consisted of small-scale pilot studies for a grant funded in 2011. At time of report, Lana C.-K. had communication with principal investigators; she would like follow-up regarding the grant and findings. Published work has not changed, but there may be a pre-publication report. Lana C.-K. will continue to research Hippotherapy and will provide a report at the April TIAC meeting.

7. Proposed New Treatments

- Committee members suggested developing a review timeline for reviewers to share their draft determination draft with the other Committee members several weeks prior to the next meeting.
- **Auditory Integration Therapy:** This treatment is intertwined with the Tomatis Method. Review will be conducted by Chris P. and Lana C.-K.
- **Listening Therapy:** This treatment is similar to auditory integration therapy. Review will be conducted by Jenny A. and Roger B.
- **Masgutova Nuerosensorymotor Reflex Integration (MNRI):** Review will be conducted by Lana C.-K. and Maribeth G.

8. Updated Reviews Needed

- Committee members determined that treatment re-reviews will be conducted by one original reviewer and one new reviewer to increase efficiency and thoroughness.
- **Rapid Prompting Method:** Review will be conducted by Mike A. and Chris P.
- **Vision Therapy:** Review will be conducted by Jennifer A. and Lana C.-K.
- **Early Start Denver Model:** Review will be conducted by Lana C.-K. and Chris P.
 - This treatment was accepted as a Level 2 intervention. DHS makes final determination on funding of specific therapies; Committee designations serve as a statement on the evidence supporting the therapy. When therapies are accepted as a Level 1 intervention (or Level 2 intervention with strong support), the Committee may need to re-review; will discuss the need for re-review with DHS.
- **Social Communication, Emotional Regulation, Transactional Support (SCERTS):** Re-review will be conducted by Maribeth G. and Roger B.
- For re-reviews, Committee members who conducted the original therapy review will provide for reviewers the raw data and summary that was submitted to DHS. Re-reviewers will add the updated review date to the first memo, along with a list of new references and other information.

9. Meeting Adjournment

Maribeth made a motion to adjourn the meeting; Roger seconded the motion; motion carries. The meeting was adjourned at 12:09 PM.