

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

April 18, 2014
10:00 AM to 1:00 PM
Department of Health Services
1 W. Wilson Street, Room B139
Madison, WI 53707

NOTES

Committee Members: Jennifer Asmus, Roger Bass, Lana Collet-Klingenberg, Julie LaBerge, Christine Peterson, Tia Schultz, Todd Stephens, Shannon Stuart, Amy Van Hecke, Brooke Winchell

DHS Staff: Sue Larsen, Karen Meulendyke, Bill Murray, Camille Rodriguez

Members of the Public: Mitchell Hagopian, Disability Rights Wisconsin

The meeting commenced at 10:05 AM.

1. Welcome

Lana Collet-Klingenberg, Committee chairperson, welcomed the members. All members introduced themselves and shared information regarding their professional backgrounds. Lana thanked the committee and welcomed the new members. New Committee members are Julie LaBerge, Tia Schultz, Todd Stephens, Shannon Stuart, Jeff Tiger, Amy Van Hecke, and Brooke Winchell.

2. Opening Remarks

Camille Rodriguez, Director of the Bureau of Long-Term Support (BLTS), also welcomed the new members and thanked the TIAC for their time and participation on the committee. She noted the Division of Long Term Care's commitment to the TIAC and the TIAC's mission, and emphasized the Department's commitment to putting families first through access to information and services.

3. Public Testimony

One member from the public spoke:

- Mitchell Hagopian, attorney at Disability Rights Wisconsin (DRW), asked when the TIAC website will be available to the public.
- Bill Murray responded that all information has been submitted through the Department's review and approval process, but could not provide a timeline for the website launch.

4. Operational

The Committee reviewed minutes from the meeting held on January 31, 2014. Roger Bass made a motion to approve the minutes; Jennifer Asmus seconded the motion; motion carries.

5. Treatment Reviews

- Bill Murray offered an overview of the TIAC's review and re-review processes for the new committee members, sharing that treatment review requests typically originate from family members and county waiver agencies, though DHS staff questions regarding the efficacy of treatments may also prompt a review. TIAC determinations, meeting agendas and minutes, and DHS' funding decisions will be available on the TIAC website.

- Members asked several procedural questions and received answers from veteran TIAC members and DHS staff, including the role of the TIAC in suggesting treatments for review. New members were also informed of the new review process whereby draft determinations are sent to members for review halfway through each three month review cycle
- **Auditory Integration Training**
 - Roger B. led the discussion relative to Auditory Integration Training (AIT), an intervention to “retrain a disorganized auditory system and improve hearing distortions and sound sensitivity.”
 - The duration of the treatment is typically several weeks with numerous sessions.
 - The available data does not support claims that the treatment is effective. The Food and Drug Association has not approved any AIT devices, and an Occupational Safety and Health Administration (OSHA) review found the use of AIT devices can be detrimental to adults.
 - The American Speech-Language-Hearing Association (ASHA) has concluded that AIT has not met scientific standards for efficacy that would justify its practice by audiologists and speech-language pathologists, and ASHA members and certificate holders may be found in violation of the Code of Ethics if they provide services such as AIT, for which there is no reasonable expectation of benefit.
 - Committee members discussed the review and the proposed Level 5 rating – this form of therapy can be harmful.
 - Roger B. made a motion to accept Level 5; Jenny A. seconded the motion; motion carries.
- **Listening Therapy (Therapeutic Listening)**
 - Roger B. led the discussion and committee review of Listening Therapy, also called Therapeutic Listening.
 - The literature pertaining to Listening Therapy is similar to AIT, however the two therapies call what they are doing different things and the literature was reviewed based on these self-identified distinctions.
 - AIT and Listening Therapy have similar foundations, research, and methodological issues. As with AIT, there are also concerns related to hearing damage.
 - The studies do not have proper control groups. There are no direct measures of treatment impact, and third party reports are made to justify treatment claims. Alternative explanations for treatment progress exist due to children undergoing other therapies.
 - The studies suggest there are no true cause and effect relationships or correlations.
 - A motion to recommend Listening Therapy as a Level 5 intervention with the potential for harm was made by Roger B.; Jenny A. seconded the motion; motion carries.
- **Masgutova Neurosensorimotor Reflex Integration:**
 - Lana C.-K. led the committee review of the Masgutova Neurosensorimotor Reflex Integration (MNRI) Method. MNRI “is comprised of a number of integration programs, each designed to reinforce and optimize the integration of primary motor reflex patterns.”
 - There are no published research studies of MNRI, and all information for the review was taken from their website (<http://masgutovamethod.com/>).
 - The treatment’s claimed efficacy is difficult to determine from their website as they list a number of case studies that are not available.
 - No research pertaining to MNRI was available in any search of academic databases.
 - Lana C.-K. made a motion to recommend MNRI as a Level 5 untested treatment. Roger B. seconded the motion; motion carries.

6. Treatment Updates

Questions regarding the treatment efficacy re-reviews were asked by new members throughout the discussion of treatment updates, including questions regarding the credibility of potential studies and if documentation will be offered regarding the committee's initial review.

- **Early Start Denver Model:**

- Committee members reviewed the Early Start Denver Model (ESDM). The aim of ESDM is to increase the rates of the development in all domains for children with ASD while simultaneously decreasing the symptoms of autism, with a focus on boosting children's social-emotional, cognitive, and language skills.
 - ESDM is an early behavioral intervention approach focused on the ages of 12 to 48 months.
 - Sally Rogers and Geraldine Dawson are the creators and have been involved in all the research related to ESDM, which integrates applied behavior analysis with a developmental, play-based approach.
 - Well design group and single-case studies, the results have been verified with very young treatment populations.
 - A recommendation that this therapy remain at a Level 2 was made, as developers have been involved in all of the studies thus far.
- Chris P. made a motion for the Early Start Denver Model to remain as a Level 2 therapy; Lana C.-K. seconded the motion; motion carries.

- **Rapid Prompting Method:**

- Committee members reviewed the Rapid Prompting Method (RPM).
 - RPM uses a "Teach-Ask" paradigm for eliciting responses through intensive verbal, auditory, visual and/or tactile prompts.
 - At the time of the initial review, only one published, exploratory case-based study was found, which was also submitted by a provider of RPM in the Green Bay area.
 - After the most recent literature review, no new published research was found. This therapy is not included in any major published studies of evidence-based therapies.
 - It is recommended that the treatment maintains a Level 4 determination.
- Chris P. made a motion to accept the Rapid Prompting Method as a Level 4 intervention; Roger B. seconded the motion; motion passed.

- **Social Communication, Emotional Regulation, Transactional Support (SCERTS):**

- Committee members reviewed SCERTS.
 - SCERTS is a multi-faceted treatment that creates a service delivery model as much as treatment model.
 - A grant was received by the program creator to look at the therapy on a large scale (40 schools) and increase the amount of available data.
 - It was noted that this therapy may obtain new data in the near future, as good research is underway. Currently however, there are not enough data to increase the treatment from its current Level 4 recommendation.
 - Roger B. made a motion to accept SCERTS as Level 4 treatment. Lana C.-K. seconded the motion; motion passed.

- **Vision Therapy:**
 - Committee members reviewed Vision Therapy. American Academy of Ophthalmology and the American Association of Pediatrics both support Vision Therapy, though it is noted this is not a treatment for the symptoms associated with autism spectrum disorder.
 - The treatment includes supervised reinforcement exercises, including vision therapy, reinforcement lenses and supplements. It is meant to help eye problems.
 - There is no published literature about improving autism symptoms.
 - Vision Therapy is strictly meant to be used to treat vision issues, not neurological concerns.
 - No new research was found to change the most recent determination of Vision Therapy as a Level 4 intervention.
 - Jenny A. made a motion for Vision Therapy to remain a Level 4 treatment, Lana C.-K. seconded the motion; motion moved.

The committee discussed questions regarding the re-review process with new members. The role of the committee is to focus on behavioral treatments as opposed to medical treatments, though it is noted that some treatments may blur the line (as is the case with Vision Therapy). Re-reviews will not continue for therapies that have a Level 1 determination unless there is evidence that a Level 1 therapy has taken a “turn for the worst.”

7. **Proposed New Treatments:**

- **Hyperbaric Oxygen Therapy:** This therapy has no formal TIAC review though was funded in the distant past through the CLTS waivers. Lana C.-K. and Brooke W. will review Hyperbaric Oxygen Therapy for the July meeting.
- **Learning RX:** A county waiver agency requested a review of Learning RX as a family is interested. DHS reached out to the provider in Milwaukee and a list of research and other resources has been received. Maribeth G. and Shannon S. will review Learning RX.

8. **Updated Reviews Needed:**

- **Art Therapy:** Review will be conducted by Lana C.-K. and Tia S.
- **DIR/Floortime:** Review will be conducted by Jenny A. and Julie L.
- **Multisystemic Therapy:** Review will be conducted by Roger B. and Todd S.
- **Music Therapy:** Review will be conducted by Chris P. and Tia S.
- **P.L.A.Y. Project:** Review will be conducted by Roger B. and Amy V.
- **Relationship Development Intervention:** Review will be conducted by Roger B. and Jeff T.

9. **Review and Documentation Requirements**

- Committee members reviewed the documents they use and explained the review process to new members. The committee looked at several documents from the National Professional Development Center on Autism Spectrum Disorders, and also reviewed the form the committee uses to write up their determinations.
 - Bill will email committee members past reviews, all literature collected from provider organizations, and materials from other state/national groups that are contacted for research.
 - Draft reviews for the July 25th meeting are expected by mid-June or early July.

10. **Meeting Adjournment:**

Roger B. made a motion to adjourn the meeting; Brooke seconded the motion; motion carries. The meeting was adjourned at 12:01 PM.