

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

October 31, 2014
10:00 AM to 12:00 PM
Department of Health Services (DHS)
1 W. Wilson Street, Room 630
Madison, WI 53707

MINUTES

Committee Members: Lana Collet-Klingenberg - Chair, Jennifer Asmus (via phone), Julie LaBerge, Tia Schultz (via phone), Jeffrey Tiger (via phone), Amy Van Hecke, Brooke Winchell (via phone)

DHS Staff: Julie Bryda, Sue Larsen, Bill Murray

Members of the Public: Mitchell Hagopian, Terri Black

The meeting commenced at 10:07 AM.

1. Welcome

Lana C.-K., committee chairperson, welcomed everyone. All members and DHS staff introduced themselves.

2. Public Testimony

Mitchell Hagopian, attorney at Disability Rights Wisconsin (DRW), conveyed his appreciation for the TIAC web site. He also shared what he believes to be an error on the TIAC web site specific to the most recent MST determination, and inquired as to any additional information available regarding the July 7, 2014 bulletin issued by the Centers for Medicare and Medicaid Services (CMS) specific to the funding of autism treatment services. Sue Larsen replied and let him know that the Department is aware of this bulletin and continues to work to come into compliance with this new guidance, recognizing that CMS has not given states a specific timeline in which to do so.

3. Operational

The committee reviewed minutes from the meeting held on July 25, 2014. Amy V.H. made a motion to approve the July 25, 2014, meeting minutes; Julie L. seconded the motion; motion carries.

4. Treatment Reviews

• **Feldenkrais Therapy**

- Jeff T. provided the committee with a review of the efficacy of Feldenkrais Therapy, a therapy used to improve movement patterns, reduce physical pain, and improve wellbeing. Though a number of studies met the criteria for inclusion and were reviewed, insufficient evidence exists in the literature with respect to Feldenkrais Therapy and autism.
- Lana C.-K. inquired as to the dependent variables identified in the research specific to other populations, and pain, physical functioning and neurological functioning were identified.
- References to Feldenkrais Therapy and anecdotal reports of individuals with autism being “woken up” can be found in the literature.
- Julie L. made a motion to accept Feldenkrais Therapy as a Level 4 therapy; Jeff T. seconded the motion; motion carries.

- **Massage Therapy**
 - Lana C.-K. led the discussion related to Massage Therapy, and reported that the National Standards Project has reviewed Massage Therapy related to individuals with autism. The literature search found Qi Gong Massage to be the most reported form of massage therapy, and the therapists works with parents to teach them how to implement the procedures.
 - Four studies met criteria for inclusion and review; 3 used Qi Gong while the 4th did not specify the method but the description of the therapy and procedures sound much like Qi Gong. Dependent variables included stereotypical behaviors, sleep disruption, sensory tolerance, movement disorders and others. Parent/teacher observations and perceptions were typically used.
 - Silva is the primary author in most studies and Lana C.-K. contacted the author and asked about other research, learning that there is currently a large-scale study in process.
 - A discussion ensued about Qi Gong therapy versus the general term of “massage therapy,” which is also an issue with other therapies who often use different terms to mean the same thing, and conversely, the same term to mean different things. This makes reviews more complicated and is something for both the TIAC members and DHS staff to consider in both their reviews as well as in the display of the information on the web site.
 - Lana C.-K. made a motion to accept Qi Gong Massage Therapy as a Level 3 therapy with reservation due to limitations in the studies and a lack of common definitions of what constitutes this therapy, Julie L. seconded the motion and the motion carries.

- **Chelation Therapy**
 - Jenny A. shared an overview of Chelation Therapy, which refers to a procedure that uses chemicals to remove heavy metals from the body. The administration of metal-binding molecules to treat autism is based on the speculation that mercury poisoning (via immunizations, mercury-containing dental fillings, or environmental exposure) causes autism.
 - There are no randomized-controlled trial studies demonstrating the efficacy of chelation therapy specific to the amelioration of symptoms associated with autism spectrum disorder.
 - In 2008, the National Institute of Mental Health suspended a study on the use of chelation due to concerns over one of the binding agents. Chelation therapy has noted adverse effects, including at least one death.
 - Jenny A. made a motion to give Chelation Therapy a Level 5 efficacy rating, noting the potential for harm. Amy V.H. seconded the motion; motion carries.

5. Treatment Updates

- **Tomatis Method (Re-review)**
 - Jenny A. gave the updated review of the Tomatis Method, noting that there are no new empirical articles published in the last year and previous studies that have been reviewed showed no effects.
 - Additional conversation noted the literature overlap that occurs with the Tomatis Method, auditory integration therapy and listening therapy.
 - Jenny A. made a motion to retain a Level 4 efficacy rating for the Tomatis Method. Lana C.-K. seconded the motion; motion carries.

- **Sensory Integration Therapy (Re-review)**
 - Tia S. shared an update of the review of Sensory Integration Therapy (SIT), and noted a new pilot study with the limitation of only 20 participants. While the potential for improvement was discussed, there were no definitive conclusions able to be drawn.

- Lana C.-K. asked about the definition of this therapy, which was taken from the American Occupational Therapy Association. The most recent study noted above tried to address the research questions to this definition.
- Amy V.H. made a motion to retain Sensory Integration Therapy as a Level 4 therapy, Julie L. seconded the motion and the motion carried.
- **Equine-Assisted Psychotherapy (Re-review)**
 - Amy V.H. updated the previous review of Equine-Assisted Psychotherapy (EAP), which according to the Equine Assisted Growth and Learning Association (EAGALA), “incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals.”
 - Overlap exists in the literature in the areas of therapeutic horseback riding, equine-assisted psychotherapy, and hippotherapy, with study authors sometimes using terms interchangeably. TIAC reviewers noted the extreme diligence required to parse these various therapies out.
 - The Professional Association of Therapeutic Horsemanship (PATH) is working on a manual to detail EAP procedures.
 - Reviewers noted there are 5 published studies that investigate the use of equine-assisted activities with children with autism. The 5 studies reported encouraging outcomes, however, some findings are mixed, and some methods lack scientific rigor. There are currently no published experimental studies to investigate impacts on children with autism using the specific term, “equine-assisted psychotherapy”.
 - Lana C.-K. made a motion to accept Equine-Assisted Psychotherapy as a level 3 therapy for children with autism, noting there appears to be no common definition of the treatment, treatment elements, or intervention package. Amy V.H. seconded the motion; motion carried.
- **Mendability (Re-review)**
 - Lana C.-K. gave a review of Mendability, described by its developers as “sensory enrichment therapy.” This therapy was initially reviewed in January of 2014 and DHS asked the reviewers to go back and look at their initial determination of a level 3 therapy based on the lack of evidence across other review entities, as well as the foundation for much of the underlying assumptions that is specific to research with rodents.
 - The National Standards Project and the National Professional Development Center (NPDC) on Autism Spectrum Disorder found no evidence supporting Mendability in 2009 reviews. In 2014, the NPDC found both sensory diets and sensory integration to have insufficient evidence, and while not mentioning Mendability, many of the techniques are similar.
 - Questions regarding provider qualifications were discussed as this is a parent-implemented therapy purchased through the Internet utilizing techniques that some professionals go to school for years to understand how to deliver.
 - Lana C.-K. made a motion to accept Mendability as a Level 4 therapy, Amy V.H. seconded the motion and the motion carried.

6. Proposed New Treatments

- **Higher Brain Living:** A request for the Children’s Long-Term Support (CLTS) Waiver to fund a therapy called Higher Brain Living was received by DHS. Roger B. and Lana C.-K. will review this.

- **Craniosacral Therapy:** A specific request was not received to review craniosacral therapy, but this therapy has no formal TIAC review and it is often used with children with autism spectrum disorder. Shannon S. and Julie L. will conduct the review.
- **Aromatherapy:** A request for the Children's Long-Term Support (CLTS) Waiver to fund Aromatherapy was received by DHS. Amy V.H. and Jenny A. will review this.

7. Updated Reviews Needed

- **Brain Balance:** Review will be conducted by Jeff T. and Julie L.
- **Hippotherapy:** Review will be conducted by Tia S. Lana C-K, and Amy V.H.
- **TEACCH:** Review will be conducted by Roger B. and Brooke W.

New research received

- Amy V.H. and Roger B. will review one new research article submitted by PLAY Project personnel to DHS.
- Tia S. and Lana C.-K. will review one new article submitted by an independent art therapist specific to art therapy. Bill M. has contacted the Wisconsin Art Therapy Association to solicit their input as well.

8. Meeting Adjournment

Amy V.H. made a motion to adjourn the meeting; Julie L. seconded the motion; motion carries. The meeting was adjourned at 11:32 AM.