

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

April 24, 2015  
10:00 AM to 12:00 PM  
Department of Health Services (DHS)  
1 W. Wilson Street, Room B155  
Madison, WI 53707

**MINUTES**

**Committee Members:** Lana Collet-Klingenberg (Chairperson), Jennifer Asmus (via phone), Roger Bass, Julie LaBerge, Tia Schultz, Shannon Stuart, Amy Van Hecke, Brooke Winchell (via phone)

**DHS Staff:** Bill Murray

**Members of the Public:** Rene Burgoyne, Mitchell Hagopian, Kathleen Kaufman, Richard Pollex

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**

- Richard Pollex spoke briefly, expressing an interest in learning about the process the committee uses to review the efficacy of therapies. He also stated he wanted to remind TIAC members and DHS staff that children become adults and everyone has individualized needs.
- Renee Burgoyne with the Wisconsin Art Therapy Association spoke and thanked the committee for reviewing the efficacy of art therapy and looks forward to the next review in 2016.

**3. Operational**

The committee reviewed minutes from the meeting held on January 30, 2015. Shannon S. made a motion to approve the January 30, 2015 meeting minutes; Amy V.H. seconded the motion; motion carries.

**4. Treatment Reviews**

- **Connector RX**
  - Julie L. and Jeff T. provided the committee with a review of the efficacy of Connector RX, a therapy “device” available for purchase that involves the parent and child with autism being attached to each other by a connected pair of belts. The intent is that this connection enhances the relationship between the child and connected caregivers and enhances the child's social learning during daily activities.
  - Though no rationale is given, the web site hypothesizes that being connected relieves stress on the child's motor system and thus allows the brain to focus on other tasks.
  - The reviewers could not locate any peer-reviewed studies of this therapy method.
  - Julie L. made a motion to accept Connector RX as a Level 5 therapy; Tia S. seconded the motion; motion carries.

- **Dance/Movement Therapy**
  - Shannon S. and Brooke W. reviewed the research related to dance/movement therapy, the “psychotherapeutic use of movement and dance to support intellectual, emotional, and motor functions of the body.”
  - The reviewers identified one experimental study and identified that there is no commonly accepted definition of what constitutes dance/movement therapy.
  - There are no empirical studies of dance/movement therapy but there was one identified study using mixed methods with individuals ages 16-47 who self-assessed.
  - Roger B. made a motion to accept dance/movement therapy as a Level 4 therapy. Julie L. seconded the motion and the motion carries.
  
- **Integrated Listening Systems**
  - Roger B. and Jenny A. shared an overview of Integrated Listening Systems, which has some of the same theoretical underpinnings as auditory integration training and listening therapy.
  - ILS programs include classical music that has been acoustically modified to provide enhanced or filtered signals in certain frequencies that are believed to be correlated to specific brain functions. The music is loaded on an iPod paired with special headphones which deliver it through both air and bone conduction, and simultaneous to the auditory component, the user engages in visual, vestibular and motor exercises which reportedly maximize the interaction of the systems.
  - ILS at its core appears to be both a marketing entity and an educational system.
  - Roger B. made a motion to give Integrated Listening Systems a Level 5 efficacy rating. Jenny A. seconded the motion; motion carries.

## 5. Treatment Updates

- **TEACCH (Re-review)**
  - Roger B., Brooke W. and Amy V.H provided the committee with an updated review of TEACCH, which was held over from the last meeting so that additional details could be gathered. The question at hand is whether TEACCH remains a level 3 therapy, or whether the research has progressed to the point where it can be considered a level 2 therapy.
  - Lana found some additional research using home-based TEACCH models. It was noted there are multiple studies, none “perfect” and that this seems to fall right between a level 2 and 3. One question arose relative to the qualifications of TEACCH practitioners, given the requirements in the waivers that therapists be licensed in a related health discipline, and much of the TEACCH literature is specific to school settings.
  - Lana C.-K. made a motion that TEACCH be given a Level 2 efficacy rating. Amy V.H. seconded the motion and the committee voted; motion carries.
  
- **Art Therapy (Re-review)**
  - Tia S., and Lana C.-K. shared an update of the review of art therapy, and noted the Wisconsin Art Therapy Association provided information specific to the evidence they believe supports its efficacy.
  - No rigorous studies were identified, only case studies. No new studies since the last review were identified.
  - Tia S. encouraged the art therapy community to reach out to researchers to help them develop strong research studies. Lana C.-K. made a motion that art therapy remain a Level 4 therapy, Tia S. seconded the motion and the motion carried.

- **Auditory Integration Training (Re-review)**
  - Roger B. and Jenny A. provided an update on auditory integration training (AIT), which has previously been reviewed as a level 5 therapy with an identified potential for harm.
  - No new studies related to AIT were identified. It was noted that the American Speech Language Hearing Association (ASHA) has documented concerns that those practicing AIT might be in violation of their code of ethics.
  - Jenny A. made a motion to retain a level 5 rating for AIT with the potential for harm. Shannon S. seconded the motion; motion carried.
  
- **Listening Therapy/Therapeutic Listening (Re-review)**
  - Jenny A. and Roger B. gave an updated review of listening therapy, also known as therapeutic listening.
  - This is a form of AIT though practitioners try to differentiate themselves.
  - There have been no identified new studies related to this therapy.
  - Roger B. made a motion to maintain a level 5 rating with the potential for harm, Jenny A. seconded the motion and the motion carried.
  
- **Masgutova Neurosensorymotor Reflex Integration (Re-review)**
  - Lana C.-K. and Jeff T. reviewed Masgutova Neurosensorymotor Reflex Integration (MNRI). MNRI is not clearly defined, and there continues to be no identified research which supports the therapy.
  - MNRI reportedly links motor movement to mental processes, however all links found on the MNRI website involve the person that created this therapy. While the website claims to have helped thousands of people and has many inspirational stories, there have been no identified new studies related to this therapy.
  - Lana C.-K. made a motion to maintain a level 5 rating, Amy V.H. seconded the motion and the motion carried.
  
- **Rapid Prompting Method (Re-review)**
  - Amy V.H. and Shannon S. updated the committee on their review of the rapid prompting method (RPM). This approach is for non-verbal children with autism, and relies on prompts to draw attention to tasks and minimize interfering behaviors.
  - There have been no identified new studies related to this approach in the peer-reviewed literature. Some negative review papers were identified, one which aligns this approach to the use of facilitated communication.
  - Amy V.H. made a motion to maintain a level 4 rating for RPM, Shannon S. seconded the motion and the motion carried.
  
- **Social Communication, Emotional Regulation, & Transactional Support (Re-review)**
  - Amy V.H. and Roger B. gave an updated review of SCERTS, a comprehensive intervention model incorporating a number of approaches including RDI. SCERTS is typically delivered in school settings by trained educators.
  - There has been no identified new research studies related to this therapy, though some studies are in progress with 40 schools involved.
  - SCERTS started as a home-based approach but is now primarily used in schools.
  - Amy V.H. made a motion to maintain a level 4 efficacy rating, Roger B. seconded the motion and the motion carried.

- **Vision Therapy (Re-review)**

- Julie L. and Tia S. gave an updated review of vision therapy.
- There has been no new research regarding vision therapy specific to children with ASD and/or other developmental disabilities. There have been some case studies involving the use of DIR/Floortime as an adjunct approach combined with vision therapy.
- Julie L. made a motion to maintain a level 4 efficacy rating, Tia S. seconded the motion and the motion carried. Note: the interplay between medical and behavioral outcomes specific to this therapy was discussed, knowing the Medicaid pays for this when provided by a qualified optometrist, and the efficacy rating is not relevant to vision therapy in that context.

**6. Proposed New Treatments for next meeting**

- Auditory Verbal Therapy: will be reviewed by Jenny A. and Brooke W.
- Brain Beats: will be reviewed by Tia S. and Amy V.H.
- Gemiini Systems: will be reviewed by Lana C.-K. and Jenny A.
- Me Moves: will be reviewed by Amy V.H. and Tia S.
- National Association for Child Development Model: will be reviewed by Brooke W. and Julie L.
- Theraplay: will be reviewed by Roger B. and Jeff T.

**7. Updated Reviews for next meeting**

- DIR/Floortime: will be updated by Julie L. and Shannon S.
- Early Start Denver Model: will be updated by Brooke W. and Lana C.-K.
- Hyperbaric Oxygen Therapy: will be updated by Lana C.-K. and Jeff T.
- Learning Rx: will be updated by Jeff T. and Shannon S.
- Multisystemic Therapy: will be updated by Roger B. and Jenny A.
- Music Therapy: will be updated by Amy V.H. and Tia S.
- Relationship Development Intervention: will be updated by Shannon S. and Roger B.

**8. Meeting Adjournment**

Amy V.H. made a motion to adjourn the meeting; Shannon S. seconded the motion; motion carries. The meeting was adjourned at 11:50 AM.