

**Division of Long Term Care
Treatment Intervention Advisory Committee (TIAC)**

July 31, 2015
10:00 AM to 12:00 PM
Department of Health Services (DHS)
1 W. Wilson Street, Room B155
Madison, WI 53707

MEETING MINUTES

Committee Members: Lana Collet-Klingenberg (Chairperson), Jennifer Asmus (via phone), Roger Bass, Shannon Stuart (via telephone), Brooke Winchell (via telephone)

DHS Staff: Bill Murray

Members of the Public: Laurie Farnan, Mitchell Hagopian, Richard Pollex

The meeting commenced at 10:02 AM.

1. Welcome

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

2. Public Testimony

No members of the public offered comments.

3. Operational

The committee reviewed minutes from the meeting held on April 24, 2015. Roger B. made a motion to approve the April 24, 2015 meeting minutes; Brooke W. seconded the motion; motion carries.

4. Treatment Reviews

• **Auditory Verbal Therapy**

- Jenny A. and Brooke W. reviewed the research specific to auditory verbal therapy, which utilizes an individual's residual hearing to teach deaf or hearing impaired children to listen and speak.
- Jenny A. shared an overview of the therapy, noting it is a common treatment for individuals with hearing impairments, though there is no clear evidence of efficacy.
- The literature review found over 2000 titles in the [Cochrane Database](#), and the search yielded 13 articles that met criteria for review. All were excluded as they did not meet the inclusion criteria.
- Jenny A. made a motion to accept auditory verbal therapy as a Level 4 therapy - insufficient evidence of efficacy; Roger B. seconded the motion; motion carries.

• **BrainBeat**

- Tia S. and Amy V.H. reviewed the research related to BrainBeat, which is designed to improve brain timing and rhythm through real-time feedback, by "forcing the neurons on both sides of the brain to talk to each other more efficiently."
- Lana C.-K. conveyed the results of their review, noting that the specific characteristics of the intervention are unclear. The BrainBeat website does note that it is based on Interactive

- Metronome (IM), which is an intervention reported to improve rhythmicity and used by occupational therapists and other professionals.
- The BrainBeat website provided 5 articles supporting the claim that BrainBeat is effective, however 2 articles were not published in peer-reviewed journals, and the other 3 articles focused on IM. The website did not provide information as to the extent the BrainBeat program is based on IM.
 - IM procedures are typically carried out by professionals for individuals who have an identified need for IM programming, however BrainBeat can be obtained by anyone, regardless of diagnosis or confirmed areas of challenge, and implemented without professional guidance.
 - Lana C.-K. made a motion to accept BrainBeat as a Level 5/untested therapy. Roger B. seconded the motion and the motion carries.
- **GemIni Systems**
 - Lana C.-K. and Jenny A. shared an overview of GemIni Systems, a treatment system based on video modeling procedures. Video modeling is an instructional strategy used to teach a wide variety of academic, functional living and social behaviors, and has a lengthy and successful history in the research literature.
 - Six single-case studies were reviewed, all of which showed success in the use of video modeling to promote a variety of skills across a wide age-range of learners. In addition, two literature review articles (Delano, 2007 and McCoy & Hermansen, 2007) are included in the references on the GemIni website, showing support for the use of video modeling as an evidence-based practice.
 - Two nationally recognized authoritative bodies, The National Standards Project and the National Professional Development Center, have recognized video modeling as having a strong evidence base.
 - In regard to GemIni Systems specifically, their website provides access to over 12,000 videos, is family friendly and provides valid evidence with links to research studies documenting numerous aspects of video instruction (e.g., eye gaze, speed of presentation time, length of video instruction).
 - Lana C.-K. made a motion to give GemIni Systems a Level 1 (well established or strong evidence) efficacy rating. Jenny A. seconded the motion; motion carries.
- **MeMoves**
 - Amy V.H. and Tia S. reviewed MeMoves, and Lana C.-K. shared the review at the meeting. MeMoves is a tool for self-regulation that helps calm and focus the nervous system, and consists of a package of a DVD, CD, guidebook and activities that are proposed to calm children with ASD and other disabilities.
 - The website makes many claims of efficacy, however no data are shared to support these claims, instead using Stephen Porges' Polyvagal Theory as the foundation for the success of the program
 - This review examined the Polyvagal Theory, on which MeMoves asserts it is based. The Polyvagal Theory and Stephen Porges' and colleagues' work has an extensive research base, but no research has been done to support MeMoves in light of this theory.
 - Lana C.-K. made a motion that MeMoves be supported as a Level 5/untested therapy. Shannon S. seconded the motion; motion carries.
- **NACD Model**
 - Brooke C. and Julie L. conducted the review of the treatment model supported by the National Association for Child Development (NACD), which was founded in 1979 by Robert Doman and utilizes a toolbox containing over 3,000 different methods and techniques.

- The NACD has reportedly developed methods of increasing the efficiency and cognitive function of their clients, and their methodology is grounded in the concept that children should be given the ability to learn new information at a greater level of efficiency.
 - Bill M. contacted the organization and requested any published, peer-reviewed research which demonstrates the efficacy of their treatment program. The organization replied by sending two articles, neither of which is published in a peer-reviewed journal.
 - There is no evidence of efficacy.
 - Brooke C. made a motion to give the NACD Model a Level 5/untested efficacy rating. Roger B. seconded the motion; motion carries.
- **Theraplay**
 - Roger B. and Jeff T. reviewed Theraplay, which was developed in 1967 at The Theraplay Institute in Chicago, Illinois.
 - It is described as a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement, focused on creating an active emotional connection between the child and the parent or caregiver.
 - Reviewers found no direct ties between the treatment and the purported outcomes, and no experimental control for children diagnosed with autism spectrum disorder and/or other developmental disabilities.
 - Roger B. made a motion to give Theraplay a Level 4/Insufficient evidence efficacy rating. Lana C.-K. seconded the motion; motion carries.

5. Treatment Updates

- **DIR/Floortime (Re-review)**
 - Julie L. and Shannon S. provided the committee with an updated review of DIR/Floortime, which Lana C.-K. shared with the group.
 - The DIR (Developmental, Individual Difference, Relationship-based) Model and the DIR Floortime Approach is a framework that emphasizes the role of parents and other family members because of the importance of their emotional relationships with the child
 - There has been no additional research since the last review in 2014.
 - Shannon S. made a motion that DIR/Floortime retains a Level 4 efficacy rating. Roger B. seconded the motion; the motion carries.
- **Early Start Denver Model (Re-review)**
 - Brooke W. and Lana C.-K. shared an update of the review of the Early Start Denver Model (ESDM), a comprehensive early intervention program for toddlers and pre-school-aged children with autism spectrum disorder, ages 12-48 months.
 - ESDM was developed in 2003 by Sally Rogers and Geri Dawson, and utilizes developmental, relationship-based, and behavioral approaches (i.e., applied behavior analysis) during play-based interactions to increase communication, imitation, sharing, joint attention, and play.
 - Previous reviews found ESDM to be a Level 2 treatment, and though there are two new articles since the last review in 2014, both were conducted by the creators of the therapy.
 - Brooke W. made a motion that ESDM remain a Level 2 therapy, Roger B. seconded the motion and the motion carried.
- **Hyperbaric Oxygen Therapy (Re-review)**
 - Lana C.-K. and Jeff T. completed a re-review of Hyperbaric Oxygen Therapy (HBOT), which has previously been reviewed as a level 5 therapy with an identified potential for harm.
 - Hyperbaric Oxygen Therapy (HBOT) involves inhaling up to 100% oxygen at a pressure greater than one atmosphere (atm) in a pressurized chamber. In some studies, the use of

- oxygen appears to enhance neurological function and because of these outcomes, some investigators have used HBOT to treat certain neurological disorders.
- o There are a number of poorly designed or trial studies with questionable outcomes supporting the use of HBOT, and three well designed studies that clearly demonstrated no positive outcomes associated with the use of the therapy. In addition, there are a number of review articles stating that there is little to no evidence of its use in effective practices and/or that it is with risk that it is used.
 - o Lana C.-K. made a motion to retain a level 5 rating for HBOT with the potential for harm. Brooke W. seconded the motion; motion carried.
- **LearningRX (Re-review)**
 - o Jeff T. and Shannon S. reviewed LearningRX and Lana shared the review in the meeting. LearningRx is a system developed to train and enhance cognitive learning skills.
 - o No additional research has been found since the last review demonstrating the efficacy of this system, and the only research conducted thus far has been by LearningRX franchisees.
 - o Shannon S. made a motion to maintain a level 4 rating, Lana C.-K. seconded the motion and the motion carried.
 - **Multisystemic Therapy (Re-review)**
 - o Roger B. and Jenny A. reviewed Multisystemic Therapy (MST). MST treatment effects are measured by behavioral outcomes (e.g., number of institutional placements and arrests, incidence of drug abuse, absence from school) and a range of psychological outcomes (e.g., personal relationships, social skills, self-esteem) assessed via self-reports and parent reports on standardized measures.
 - o MST is an effective treatment for juvenile offenders, especially those with a diagnosis of Severe Emotional Disturbance (SED), and a promising treatment for youth with autism spectrum disorder whose primary concerns include severe behavior disorders (and/or have a co-morbid SED diagnosis).
 - o Roger B. made a motion to maintain a level 2 rating for SED and a level 3 efficacy rating for ASD, Lana C.-K. seconded the motion and the motion carried.
 - **Music Therapy (Re-review)**
 - o Amy V.H. and Tia S. updated the review of music therapy and Lana C.-K. shared their report.
 - o The published empirical literature on music therapy continues to be problematic given limitations involving the lack of empirical studies, detailed subject characteristics, the integrity of treatment data, small sample sizes, experimental control, and maintenance data.
 - o Multiple recent reviews and meta-analyses of the music therapy literature state that music therapy research must focus on increased sample sizes, improving experimental control, and assessing the efficacy of specific music therapy applications.
 - o As a result, music therapy continues to have insufficient empirical support to be considered an established or well-established treatment for children and adolescents with autism spectrum disorder or with other developmental disabilities.
 - o Lana C.-K. made a motion to maintain a level 3 rating for music therapy, Jenny A. seconded the motion and the motion carried.
 - **Relationship Development Intervention (Re-review)**
 - o Shannon S. and Roger B. gave an updated review of Relationship Development Intervention (RDI), a family-based treatment which builds on the theory that “dynamic intelligence” is key to improving the quality of life for individuals with autism.

- The reviewers identified one new article; however there were no controls in the study and very little detail was given.
- Roger B. made a motion to maintain a level 4 efficacy rating for RDI, Shannon S. seconded the motion and the motion carried.

6. Proposed New Treatments for next meeting

- Cognitive Behavioral Therapy will be reviewed by Roger B. and Jeff T.

7. Updated Reviews for next meeting

- Chelation will be reviewed by Jenny A. and Roger B.
- Equine Assisted Psychotherapy will be reviewed by Brooke W. and Amy V.H.
- Feldenkrais Therapy will be reviewed by Jeff T. and Brooke W.
- Massage Therapy will be reviewed by Amy V.H. and Shannon S.
- Mendability will be reviewed by Lana C.-K. and Jenny A.
- Sensory Integration Therapy will be reviewed by Julie L. and Lana C.-K.
- The Tomatis Method will be reviewed by Shannon S. and Julie L.

8. Meeting Adjournment

Roger B. made a motion to adjourn the meeting; Jenny A. seconded the motion; motion carried. The meeting was adjourned at 11:07 AM.