

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

January 29, 2016
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, via telephone), Jennifer Asmus (via telephone), Roger Bass (via telephone), Julie LaBerge (via telephone), Tia Schultz (via telephone), Shannon Stuart (via telephone), Amy Van Hecke (via telephone)

DHS Staff: Bill Murray

Members of the Public: Shirley Avercamp, Terri Black, Mitchell Hagopian, Stormy Kito-Justice (DHS observer), Pam Lano (DHS observer), Tabitha Ramminger (DHS observer)

The meeting commenced at 10:04 AM.

1. Welcome

Bill Murray, DHS staff to the committee, welcomed both members of the committee and members of the public. All committee members, public attendees and DHS staff introduced themselves.

2. Public Testimony

Sally Avercamp, Publications Specialist and Editor for the Svetlana Masgutova Educational Institute, asked to speak briefly relative to the upcoming April re-review of Masgutova Neurosensorimotor Reflex Integration (MNRI). Ms. Avercamp spoke to Dr. Masgutova's belief that MNRI has a level of efficacy exceeding the previous reviews by the TIAC and has shared a number of articles and a book which the committee will review for the next meeting in April. Dr. Masgutova feels MNRI is scientifically based and that there are data to support this. MNRI focuses on the importance of the grasp reflex and operates as a parent training program to maximize impact.

3. Operational

The committee reviewed minutes from the meeting held on October 30, 2015. Roger B. made a motion to approve the October 30, 2015 meeting minutes; Julie L. seconded the motion; all approved and the motion carries.

4. Treatment Reviews

No new therapy reviews were requested for this quarter.

5. Treatment Updates

• **Aromatherapy (Re-review)**

- Roger B. shared the most recent re-review of aromatherapy.
- Aromatherapy is defined by the National Association for Holistic Aromatherapy website (www.naha.org): "Aromatherapy, also referred to as Essential Oil therapy, can be defined as the art and science of utilizing naturally extracted aromatic essences from plants to balance, harmonize and promote the health of body, mind and spirit. "Aromatherapy uses essential oils from plants such as lavender plus other aromatic compounds to alter mood, anxiety, stress,

- etc. and is reported to improve conditions ranging from pain to inattention , anxiety and stress.
- Aroma therapy belongs to the group of complementary or alternative medicines that is often given concurrent with traditional medicine but can also be given alone.
 - Weak research designs and a lack of adequate control groups (e.g., a placebo) are common, and no studies were found that compared aromatherapy with mainstream medical practices alone or in combination with aromatherapy.
 - Lana C.-K. made a motion that aromatherapy retain a Level 4 (insufficient evidence) efficacy rating; Amy V.H. seconded the motion; motion carries.
- **Brain Balance (Re-review)**
 - Shannon S. shared an update of the review of the Brain Balance program, an integrated approach to combine three core modalities into one program, including sensory motor training, academic activity plans, and nutritional testing with easy-to-follow dietary guidelines.
 - No new research is reported within the past 12 month review cycle.
 - Amy V.H. made a motion to retain a Level 4 (insufficient evidence) efficacy rating for Brain Balance; Roger B. seconded the motion; motion carries.
 - **Hippotherapy (Re-review)**
 - Shannon S. shared the results of the committee’s search for new research relative to hippotherapy, a physical/occupational/speech therapy strategy that uses equine movements.
 - Specially trained therapists use this treatment for clients with movement dysfunction. The therapist directs the movement of the horse and adjusts the treatment based on the client’s response.
 - The reviewers stress they only looked at literature specific to hippotherapy, as there is an overlap with other similar therapies including equine-assisted psychotherapy (which is evaluated separately) and therapeutic horseback riding.
 - No new studies meeting criteria were identified within the past 12 months.
 - Shannon S. made a motion to retain a level 4 (insufficient evidence) rating for hippotherapy; Lana C.-K. seconded the motion; motion carries.
 - **TEACCH ((Re-review)**
 - Jenny A. reviewed TEACCH (Treatment and Education of Autistic and related Communication Handicapped Children), which is reported to improve communication for children with autism spectrum disorder (ASD) and other related developmental disabilities.
 - At the core of TEACCH is the concept of structured teaching, which is comprised of 3 components: physical organization, scheduling, and teaching methods.
 - The current literature review did not identify any new studies published within the past 12 months.
 - While neither the National Standards Project nor the National Autism Council identify TEACCH as an evidence-based practice, it is included on a treatments list on the American Speech-Language Hearing Association [website](#) with a notation as to it having evidence of effectiveness. This evidence, along with identification of 10 studies that demonstrated some level of improved outcomes related to the intervention, lead the reviewers to maintain the recommendation that TEACCH remain a level 2 (established or moderate evidence) intervention.
 - Jenny A. made a motion to retain a Level 2 efficacy rating for TEACCH; Roger B. seconded the motion; motion carries.

- **Higher Brain Living (Re-review)**
 - Amy V.H. summarized the most recent review of Higher Brain Living, a process where a trained facilitator activates specific body points to allow a release of energy through connective tissue to the cerebral cortex.
 - No new research has been identified, and interested persons can view the video the committee watched last year at: <https://www.youtube.com/watch?v=7DEkPqk7v2s>
 - The page on the [website for the treatment](#) lists several research studies. However, none of these have been published in peer-reviewed, scholarly journals, and instead appear to be preliminary findings and student projects for university classes.
 - Lana C.-K. made a motion to retain a level 5 (untested/experimental treatment) rating for Higher Brain Living; Amy V.H. seconded the motion; motion carries.

- **Craniosacral therapy (Re-review)**
 - Lana C.-K. shared the review of craniosacral therapy, a form of bodywork focused on the concept of primary respiration and regulating the flow of cerebrospinal fluid by using therapeutic touch to manipulate the synarthrodial joints of the cranium.
 - The goal is to “improve internal environments that free the central nervous system to return to its optimal levels of health and performance.”
 - No randomized, blinded, and placebo-controlled published outcome studies were identified. Nor is there any scientific support for major elements of the therapy. The only publication purporting to show diagnostic reliability with sufficient detail to permit evaluation (Upledger, 1977) is deeply flawed.
 - For this review, a 1994 article discussing the use of craniosacral motion as evidence of therapeutic effect was reviewed. The authors reported that their investigation could not relate measures of craniosacral motions to those of heart and respiratory rates and that, more importantly, the therapists involved were not able to reliably measure it. They concluded that as there are physical therapists trained in craniosacral therapy and currently using it, it is imperative for additional research to determine the existence of craniosacral motion, reliability in measuring it, and evidence that it is an effective tool for therapy.
 - Lana C.-K. made a motion to maintain a level 4 (insufficient evidence) rating for craniosacral therapy; Tia S. seconded the motion and the motion carries.

- **P.L.A.Y. Project (Re-review)**
 - Tia S. gave an updated review of the P.L.A.Y. Project, a parent-mediated therapy overseen by clinicians (typically 2 hours per day) and developed by Dr. Richard Solomon.
 - P.L.A.Y. is popular with families with children with autism spectrum disorder, especially as an early intervention technique, and can be used as a primary or supplementary therapy.
 - This therapy borrows from both RDI (Relationship Development Intervention) and the Greenspan methods of Floortime.
 - The reviewers were unable to identify any new articles published within the last year.
 - Although the P.L.A.Y. website indicates that the National Standards Project criteria were used in its development, P.L.A.Y. was not cited by this organization as an evidence-based treatment. Similarly, it is not recognized by other organizations such as the American Speech and Hearing Association (ASHA).
 - Julie L. made a motion to maintain a level 4 (insufficient evidence) efficacy rating for the P.L.A.Y. Project; Amy V.H. seconded the motion; motion carries.

6. Proposed New Treatments for next meeting

- No new treatments have been requested for review by the committee.

7. Updated Reviews for next meeting

- Auditory Integration Training will be reviewed by Jenny A. and Lana C.-K.
- Art Therapy will be reviewed by Lana C.-K. and Shannon S.
- Connector RX will be reviewed by Julie L. and Tia S.
- Dance/Movement Therapy will be reviewed by Shannon S. and Julie L.
- Integrated Listening Systems will be reviewed by Roger B. and Jeff T.
- Listening Therapy will be reviewed by Roger B. and Jeff T.
- Masgutova Neurosensorimotor Reflex Integration will be reviewed by Jeff T. and Roger B.
- Rapid Prompting Method will be reviewed by Amy V.H. and Jenny A.
- Vision Therapy will be reviewed by Tia S. and Amy V.H.
- Social Communication, Emotional Regulation and Transactional Support (SCERTS) will be reviewed by Amy V.H. and Shannon S.

8. Meeting Adjournment

Roger B. made a motion to adjourn the meeting; Lana C.-K. seconded the motion; motion carries. The meeting adjourned at 10:37 A.M.