

Treatment Intervention Advisory Committee Review and Determination

Date: July 12, 2019

To: Wisconsin Department of Health Services



From: Wisconsin Department of Health Services Treatment Intervention Advisory Committee:
Shannon Stuart, Ph.D. (chairperson)

RE: Determination of National Association of Child Development (NACD) model as a proven and effective treatment for children and adults

- This is an initial review
 - This is a re-review. Previously reviewed (rated) on July 31, 2015 (5), October 28, 2016.
 - No new research located; determination from July 31, 2015 (5) stands (details below)
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Section One: Overview and Determination

Please find below a statement of our [determination](#) as to whether or not the committee views National Association for Child Development (NACD) model as a proven and effective treatment. In subsequent sections you will find documentation of our review process including a [description](#) of the proposed treatment, a [synopsis](#) of review findings, the [treatment review evidence checklist](#), and a listing of the [literature](#) considered. In reviewing treatments presented to us by the Department of Health Services, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a treatment is with regards to quality research. The committee does not make decisions regarding funding.

Description of proposed treatment

The National Association for Child Development (NACD) is an international organization of parents and professionals who design home neurodevelopmental programs for children and adults with a variety of disabilities, including autism. The website is (<http://www.nacd.org>).

That National Association for Child Development (NACD) was founded in 1979 by Robert Doman and utilizes a toolbox containing over 3,000 different methods and techniques. Specifically, NACD has developed methods that are aimed to increase the efficacy and cognitive functioning of their clients. The services are currently available to individual families only but the NACD staff is attempting to design a model to be used in schools. The methodology is grounded by the concept that children should be given the ability to learn new information at a greater level of efficacy. The founder describes NACD as a targeted developmental intervention.

Synopsis of current review (July 2019)

Committee members completing current review of research base: Jennifer Asmus and Brooke Winchell

Please refer to the reference list ([Section Four](#)) which details the reviewed research.

A literature search was conducted through 2019 in order to find empirical evidence on the NACD model. No new peer-reviewed studies were found in this re-review of NACD model. Although the NACD website lists several research studies these are not specific to a NACD model that can be independently evaluated.

Committee's Determination: After reviewing the research and applying the criteria from the [Treatment Review Evidence Checklist](#), it is the decision of the committee that NACD model retain an efficacy rating of Level 5 - Untested (Experimental Treatment).

Review history

(October 2016 - Julie LaBerge and Jennifer Asmus)

No new peer-reviewed studies were found in this re-review of NACD model.

(July 2015 - Brooke Winchell and Julie LaBerge)

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The committee's conclusions regarding the NACD model include that there have not been any peer-reviewed, experimental studies published.

- 1) There have been no, peer-reviewed, experimental studies of the NACD model.
- 2) The National Standards Project's Phase 1 (2009), Phase 2 (2015) reports and the National Professional Development Center on Autism Spectrum Disorder's initial review in 2009 and follow up review 2014 did not find any evidence to support the use of the NACD model.

Section Two: Rationale for Focus on Research Specific to Comprehensive Treatment Packages (CTP) or Models

In the professional literature, there are two classifications of interventions for individuals with Autism Spectrum Disorder (National Research Council, 2001; Odom et al., 2003; Rogers & Vismara, 2008):

- (a) **Focused intervention techniques** are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome, and
- (b) **Comprehensive treatment models** are “packages” or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

To determine whether a treatment package is proven and effective, the Treatment Intervention Advisory Committee (TIAC) will adopt the following perspective as recommended by Odom et al. (2010):

The individual, focused intervention techniques that make up a comprehensive treatment model may be evidence-based. The research supporting the effectiveness of separate, individual components, however, does *not* constitute an evaluation of the comprehensive treatment model or “package.” The TIAC will consider and review only research that has evaluated the efficacy of implementing the comprehensive treatment *as a package*. Such packages are most often identifiable in the literature by a consistently used name or label.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Odom, S. L., Brown, W. H., Frey, T., Karusu, N., Smith-Carter, L., & Strain, P. (2003) Evidence-based practices for young children with autism: Evidence from single-subject research design. *Focus on Autism and Other Developmental Disabilities, 18*, 176-181.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 40*, 425-436.

Rogers, S., & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-38.

Section Three: TIAC Treatment Review Evidence Checklist

Name of Treatment: NACD model

Level 1- Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, National Professional Development Center) have approved of or rated the treatment package as having a strong evidence base; authorities are in agreement about the level of evidence.
- There exist ample high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
 - Minimum of two group studies or five single subject studies or a combination of the two.
 - Studies were conducted across at least two independent research groups.
 - Studies were published in peer reviewed journals.
- There is a published procedures manual for the treatment, or treatment implementation is clearly defined (i.e., replicable) within the studies.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having at least a minimal evidence base; authorities may not be in agreement about the level of evidence.
- There exist at least two high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
 - Minimum of one group study or two single subject studies or a combination of the two.
 - Studies were conducted by someone other than the creator/provider of the treatment.
 - Studies were published in peer reviewed journals.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: at this level, include ages of participants and disabilities identified in body of research

Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have recognized the treatment package as having an emerging evidence base; authorities may not be in agreement about the level of evidence.
- There exists at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
 - May be one group study or single subject study.
 - Study was conducted by someone other than the creator/provider of the treatment.
 - Study was published in peer reviewed journal.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 4 – Insufficient Evidence (Experimental Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- There is not at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
 - Study was conducted by the creator/provider of the treatment.
 - Study was not published in a peer reviewed journal.
- Participants (i.e., N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes:

Level 5 – Untested (Experimental Treatment) &/or Potentially Harmful

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- There are no published studies supporting the proposed treatment package.
- There exists evidence that the treatment package is potentially harmful.**
 - Authoritative bodies have expressed concern regarding safety/outcomes.
 - Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes.

Notes: At this level, please specify if the treatment is reported to be potentially harmful, providing documentation

References Supporting Identification of Evidence Levels:

- Chambless, D.L., Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66(1)* 7-18.
- Chorpita, B.F. (2003). The frontier of evidence---based practice. In A.E. Kazdin & J.R. Weisz (Eds.). *Evidence-based psychotherapies for children and adolescents* (pp. 42---59). New York: The Guilford Press.
- Odom, S. L., Collet-Klingenberg, L., Rogers, S. J., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure, 54(4)*, 275-282.

Section Four: Literature Review

Literature reviewed for current determination:

No new peer-reviewed published research.

National Association for Child Development. (2019). <http://www.nacd.org>, accessed 6/25/2019.

Literature reviewed for previous determinations: