

Treatment Intervention Advisory Committee Review and Determination



Date: October 26, 2018

To: Wisconsin Department of Health Services

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

RE: Determination of Dance/Movement Therapy as a proven and effective treatment for children and adults

This is an initial review

This is a re-review. Previously reviewed (rated) on April 24, 2015 (4), April 29, 2016 (4).

No new research located; determination from April 29, 2016 stands (details below)

Section One: Overview and Determination

Please find below a statement of our [determination](#) as to whether or not the committee views Dance/Movement Therapy 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

Dance/Movement therapy (DMT) or dance therapy is the psychotherapeutic use of movement and dance to support intellectual, emotional, and motor functions of the body. Based on the empirically supported premise that the body, mind and spirit are interconnected, the American Dance Therapy Association (2015) defines dance/movement therapy as the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual.

Synopsis of current review (October 2018)

Committee members completing current review of research base: Julie Harris and Tia Schultz

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

(October 2018 - Julie Harris and Tia Schultz)

No new research was found. The previous review stands.

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 Dance/Movement Therapy retain an efficacy rating of Level 4: Insufficient Evidence.

Review history

(April 2016 Julie LaBarge and Shannon Stuart)

No new research found

(April 2015 - Shannon Stuart & Brooke Winchell)

The committee's conclusions regarding Dance/Movement Therapy include the following findings: 1. There is not one high quality study for Dance/Movement therapy that demonstrates experimental control and favorable outcomes for individuals with ASDs or developmental disabilities; 2. There is no common definition of Dance/Movement therapy as an intervention research available.

In sum, it is the decision of the committee that Dance/Movement Therapy meets criteria for a Level 4 therapy (Insufficient Evidence/Experimental Treatment).

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: Dance/Movement Therapy

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 research found

Literature reviewed for previous determinations:

Scharoun, S. M., Reinders, N.J., Bryden, P. J., (2014) Dance movement therapy as an intervention for children with ASD. *American Journal of Dance Therapy*, 36, (2), 209 DOI: 10.1007/s10465-014-9179-0
eference list - new references for current review

Koch, S.C., Mehl, L., Sobanski, E. Sieber, M., and Fuchs, T. (2015). Fixing the mirrors: A feasibility study of the effects of dance movement therapy on young adults with autism spectrum disorder. *Autism*, 19(3), 338-350. doi: 10.1177/1362361314522353

Ritter, M. and Graff Low, K. (1996). Effects of dance/movement therapy: A meta analysis. *The Arts in Psychotherapy*, 23(3), 249-260.