

## Treatment Intervention Advisory Committee Review and Determination

**Date:** July 31, 2015

**To:** DHS/DLTC

**From:** Wisconsin Department of Health Services, Treatment Intervention Advisory Committee: Lana Collet-Klingenberg, Ph.D. (chairperson)

**RE:** Determination of National Association for Child Development (NACD) as a proven and effective treatment for individuals with autism spectrum disorder and/or other developmental disabilities

This is an initial review

This is a re-review. The initial review was

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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 the National Association for Child Development (NACD) model as a proven and effective treatment for children with autism spectrum disorder and/or other developmental disabilities. 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 DHS/DLTC, 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 practice is in regard to quality research. We do not make funding decisions.

#### Description of proposed treatment

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

*The National Academy 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 of increasing the efficiency and cognitive function 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 efficiency.*

#### Synopsis of review

In the case of the NACD model, please refer to the attached reference listing that details the reviewed research. The committee's conclusions regarding the NACD model include that there have not been any, peer-reviewed, experimental studies published.

A literature search was conducted through 2015 in order to find empirical evidence on the NACD model.

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.

In sum, it is the decision of the committee that the NACD model, based on a lack of published research, is a Level 5- Untested/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: DLTC-TIAC Treatment Review Evidence Checklist

Name of Treatment: the 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:*

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:*

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

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Date: July 31, 2015

Committee Members Completing Initial Review of Research Base: Brooke Winchell, Julie Laberge

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective: Level 5- Untested (Experimental Treatment) &/or Potentially Harmful.

**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**

National Association for Child Development. (2015). <http://www.nacd.org>, accessed 6/5/2015.

No additional published, peer-reviewed research available.