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 Rapid Prompting Method 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 26, 2013 (4), April 18, 2014 (4) and April 24, 2015 (4).

☒ No new research located; determination from April 24th, 2015 stands (details below)

Section One: Overview and Determination

Please find below a statement of our determination as to whether or not the committee views Rapid Prompting Method 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

Rapid Prompting Method or RPM is a "parent-developed communicative and educational therapy for persons with autism who do not speak or who have difficulty using speech communicatively. The technique aims to develop a means of interactive learning by pointing amongst multiple-choice options presented at different locations in space, with the aid of sensory "prompts" which evoke a response without cueing any specific response option. The prompts are meant to draw and maintain attention to the communicative task- making the communicative and educational content coincident with the most physically salient, attention-capturing stimulus- and to extinguish the sensory-motor preoccupations with which the prompts compete" (Chen, Yoder, Ganzel, Goodwin, & Belmonte, 2012).

Synopsis of current review (October, 2018)

Committee members completing current review of research base: Roger Bass and Jennifer Asmus.

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

No new empirical research studies that meet TIAC article inclusion parameters have been published since the last review.

The only article of note was an historical review of parallels beween Rapid Prompting and Facilitated Communication. Specifically, both approaches suggest the existence of hidden intelligence and highly developed verbal behavior that is revealed in those approaches.

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 Rapid Prompting Method (RPM) retain an efficacy rating of Level 4, Insufficient Evidence.

Review history
(October 2018 - Roger Bass & Jenny Asmus)

Given only one historical article that reported no empirical results, the decision of the committee is that Rapid Prompting remain at a Level 4: Insufficient Evidence/Experimental Treatment)

(April 2015 - Amy Van Hecke & Shannon Stuart)

No new empirical research studies that meet TIAC article inclusion parameters have been published since the last review. In sum, it is the decision of the committee that Rapid Prompting remains a Level 4 therapy (Insufficient Evidence/Experimental Treatment).

(April 2014 - Lana Collet-Klingenberg & Christine Peterson)

A review of research evaluating the efficacy of Rapid Prompting reveals no additional research. Thus, it is our determination that Rapid Prompting maintains a Level 4 rating: Insufficient Evidence (DHS 107 – Experimental Treatment).

(July 2013 - Lana Collet-Klingenberg & Christine Peterson)

The committee reviewed 1 study published in a peer-reviewed journal that fell within acceptable parameters of experimental control. That study was an exploratory case-based study by Chen et al (2012).

There were no authoritative bodies that have reviewed Rapid Prompting within the last 10 years. An extensive search of academic literature retrieved only the following references, none of which are experimental studies and a few of which express skepticism about RPM as a valid autism treatment:

Association for Science in Autism Treatment. Rapid Prompting Method (RPM).

Wombles, K. (2010, May 22). Why Rapid Prompting Method Still Doesn't Pass the Evidence-Based Test. Retrieved from

http://www.science20.com/countering_tackling_woo/blog/why_rapid_prompting_method_stilldoesn%E2%80%99t_pass_evidencebased_test-68146

Rudy, L. (2007, December 10). What Is The Rapid Prompting Method for Treating Autism? Retrieved from http://autism.about.com/od/alternativetreatmens/f/rpm.htm

Van Acker, R. (2006). Outlook on Special Education Practice. Focus on Exceptional Children, 8-19.

Wombles, K. (2010, June 22). Questionable Autism Approaches: Facilitated Communication and Rapid Prompting Method. Retrieved from http://www.thinkingautismguide.com/

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: Rapid Prompting Method

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: The Chen, et al., (2012) study was described by the authors as an exploratory, case-based study. There were no control participants and author-identified threats to internal validity. Participants did include individuals with autism identified as non-verbal and were between 8 and 14 years old.

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 literature identified. The historical review is:

Tostanoski, R.L., Raulson, T., Carnett, A., and Davis, T. (2014). Developmental Neurorehabilitation, 17(4) 219-223.

Literature reviewed for previous determinations:

Chen, G., Yoder, K., Ganzel, B., Goodwin, M., and Belmonte, M., (2012). Harnessing repetitive behaviours to engage attention and learning in a novel therapy for autism: an exploratory analysis. Frontiers in Psychology, 3, 1-16.