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Role and Scope of the Treatment Intervention Advisory Committee

The Treatment Intervention Advisory Committee (TIAC) was formed in the spring of 2011 to support the Department of Health Services (DHS) in ensuring availability of quality services to the citizens of Wisconsin.

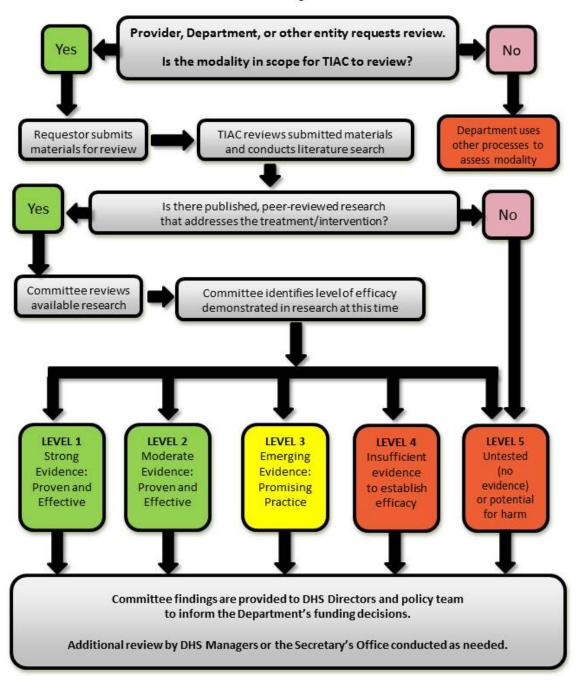
Under the Wis. Admin Code Ch. DHS 107.035, DHS is charged with determining whether a service is experimental in nature. One means by which the DHS makes these determinations is through the judgment of a committee of experts, established by DHS to perform a health care services review, with demonstrated research proficiency. Within the context of treatment services for children with autism and other developmental disabilities, the TIAC is the designated committee of experts.

The Treatment Intervention Advisory Committee works to advise DHS relative to the quantity and quality of evidence supporting therapies and related treatment interventions for individuals with autism and other developmental disabilities. Typically, these interventions fall into the area of behavioral health, though may occasionally cross boundaries into other health areas.

The role of the TIAC is advisory. They do not make decisions regarding funding. DHS uses the information provided by the TIAC as one component of DHS's decision-making process regarding funding.

TIAC members independently review and assess the research studies, and document the level of evidence supporting any particular therapy. The findings are discussed at open meetings of the TIAC three times per year. The open meeting provides the public with access to the TIAC's deliberations. Whereas members of the public may address the TIAC or groups may be invited to present information to the TIAC, the purpose of the open meeting is for the TIAC to make its determinations based on careful review of the available research. The members reach consensus and report their findings to DHS.

The TIAC Review & Advisory Determination Process



Note: TIAC's determination of research evidence informs but does not determine the Department's funding decision.

Funding decisions are based on other factors, including but not limited to state and federal policies.

Steps in TIAC Review Process

Each intervention is assigned to two reviewers. With your assigned TIAC review partner...

- 1) Gather available articles for review
 - a. Materials gathered by DHS from the review requester or others
 - b. Use a typical search strategy, that is the one documented by the National Professional Development Center (NPDC) review group (see *Search Strategies* for details)
 - c. If appropriate, contact research groups for more information (for example, you are aware of a funded research project but are unable to locate published results)
- 2) Screen articles to determine whether they should be included in the review (see *Screening Questions* below for details)
- 3) For each article reviewed, complete an *Article Inclusion Checklist* to summarize key features of the study's design and outcomes. Use the inclusion criteria (single-case or group) to determine whether study results should be considered as evidence for the intervention under review.
- 4) Save article checklists with your review notes and compile a summary of your review. Your summary can include an annotated bibliography, which may be incorporated into the treatment recommendation memo.
- 5) Compile the information in all included and reviewed articles, then identify the level of evidence for the treatment practice using the criteria outlined in the *Treatment Review Checklist*.
- 6) Submit a treatment recommendation memo for the practice reviewed, accompanied by your review notes on the article, including any single-case or group EBP *Inclusion Criteria Checklists*.

Screening Questions to Determine Whether to Review an Article

- 1. Is this study a case study, literature review, or other non-experimental or non-quasiexperimental study?
 - a. YES: do not include in review (include only quality experimental studies)
 - b. NO: proceed to question 2
- 2. Does this study assess the effects of an intervention on observable, measurable behavioral outcomes?
 - a. YES: proceed to question 3
 - b. NO: do not include in review (for example dependent variables (DVs) are not observable, such as intervention effects on brain chemicals)
- 3. Does the study test the specific intervention or treatment under review?
 - a. YES: include in review because you satisfied all three questions
 - b. NO: do not include in review (for example, if the intervention in the study does not exactly match the intervention as defined by the practitioners for the review). Include the full reference and your reason for its exclusion in the reference list of the recommendation memo.

Appendix A. Search Strategies

Table A-1: PubMed search strategies

Sear	ch terms	Search results
#1	Autistic[tiab] OR autism[tiab] OR autistic disorder[mh] OR asperger syndrome[mh] OR child development disorders, pervasive[mh:noexp] OR asperger[tiab] OR asperger's[tiab] OR aspergers[tiab] OR pervasive development[tiab] OR pervasive developmental[tiab] OR pdd[tiab]	26442
#2	therapy[sh] OR therapeutics[mh] OR teaching[mh] OR psychotherapy[mh] OR treatment outcome[mh]	6660534
#3	#1 AND #2 AND eng[la] AND humans[mh]	6377
#4	newspaper article[pt] OR letter[pt] OR comment[pt] OR case reports[pt] OR review[pt] OR practice guideline[pt] OR news[pt] OR editorial[pt] OR historical article[pt] OR meta-analysis[pt] OR legal cases[pt] OR published erratum[pt] OR congresses[pt]	4864950
#17	#3 NOT #4 AND 2000:2013[dp]	2505

Key: [mh] Medical Subject Heading; [tiab] title/abstract word; [pt] publication type; [sh] subheading; [dp] publication date; [la] language; [pt] publication type

Table A-2: PsycINFO search strategies (ProQuest interface)

Sear	ch terms	Search results
#1	SU.EXACT.EXPLODE("pervasive developmental disorders" or "aspergers syndrome" or "autism")	24282
#2	SU.EXACT.EXPLODE("Treatment") OR SU.EXACT.EXPLODE("Medicinal Herbs and Plants") OR SU.EXACT.EXPLODE("Dietary Supplements") OR SU.EXACT.EXPLODE("Nutrition") OR SU.EXACT.EXPLODE("Vitamins")	562313
#3	#1 and #2 and DTYPE(journal article) and (ME(empirical study) or ME(field study) or ME(followup study) or ME(longitudinal study) or ME(prospective study) or ME(qualitative study) or ME(quantitative study) or ME(treatment outcome/clinical trial)) and LA(English), limited to peer-reviewed journals and human population, limited to publication date 2000 to present	1089**

Key: DE subject descriptor; PT publication type; ME methodology; AE age group

Table A-3: ERIC search strategies (ProQuest interface)

Sear	ch terms	Search results
#1	SU.EXACT.EXPLODE("Autism") OR SU.EXACT("Pervasive Developmental Disorders") OR	9380
	SU.EXACT.EXPLODE("Asperger Syndrome")	
#2	SU.EXACT.EXPLODE("Therapy") OR SU.EXACT.EXPLODE("Intervention") OR	80298
	SU.EXACT.EXPLODE("Outcomes of Treatment") OR SU.EXACT.EXPLODE("Special	
	Education") OR SU.EXACT.EXPLODE("Dietetics") OR SU.EXACT.EXPLODE("Nutrition") OR	
	SU.EXACT.EXPLODE("Adapted Physical Education") OR SU.EXACT.EXPLODE("Therapeutic	
	Environment") OR SU EXACT EXPLODE ("Food")	
#3	#1 and #2 and LA(English), limited to peer reviewed journals, 2000 to present	1782**

Key: DE subject descriptor, KW keyword

TIAC EBP Literature Review Article Inclusion Checklist Answers and Rationale

Article	
Reference:	
IV Description	
DV	
DV	
# in Study	
•	
Age Ranges	
Diagnoses	
Diagnoses	
Design	
Study Results	
Reviewer	
Comments	

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Single-Case Design EBP Inclusion Criteria Checklist

Instructions: Read each item and check the appropriate box. If you check "NO" at any time, the article can be discarded as it will not be included as evidence for a practice.

Item	YES	NO	Rationale
Does the dependent variable align with the research question or purpose of the study?			
Was the dependent variable clearly defined such that another person could identify an occurrence or non-occurrence of the response?			
Does the measurement system align with the dependent variable and produce a quantifiable index?			
Did a secondary observer collect data on the dependent variable for at least 20% of sessions across conditions?			
Was mean inter-observer agreement (IOA) 80% or greater OR kappa of .60 or greater?			
Is the independent variable described with enough information to allow for a clear understanding about the critical differences between the baseline and intervention conditions, or were references to other material used if description does not allow for a clear understanding?			
Was the baseline described in a manner that allows for a clear understanding of the differences between the baseline and intervention conditions?			
Are the results displayed in graphical format showing repeated measures for a single case (for example, behavior, participant, group) across time?			
Do the results demonstrate changes in the dependent variable when the independent variable is manipulated by the experimenter at three different points in time or across three phase repetitions?			
*Alternating treatment designs require at least 4 repetitions of the alternating sequence.			

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Group Design EBP Inclusion Criteria Checklist

Instructions: Read each item and check the appropriate box. If you check "NO" at any time, the article can be discarded as it will not be

included as evidence for a practice.

ncluded as evidence for a practice. Item	YES	NO	Rationale
Teem		110	
Does the study have an experimental group and a control/comparative group?			
Were appropriate procedures used to increase the likelihood that relevant characteristic of participants in the sample were comparable across conditions?			
Was there evidence for adequate reliability for the key outcome measures? And/or when relevant, was inter-observer reliability assessed and reported to be at an acceptable level?			
Were outcomes for capturing the intervention's effect measured at appropriate times (at least pre- and post-test)?			
Was the intervention described and specified clearly enough that critical aspects could be understood?			
Was the control/comparison condition described?			
Were data analysis techniques appropriately linked to key research questions and hypotheses?			
Was attrition NOT a significant threat to internal validity?			
Does the research report statistically significant effects of the practice for ndividuals with ASD for at least one outcome variable?			
Were the measures of effect attributed to the intervention? (no obvious unaccounted confounding factors)			

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TIAC Treatment Review Evidence Checklist

Name of Proposed Treatment:

Level 1- Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)	Level 1-	Well Established	or Strona Evidence	(DHS 107 - Proven 8	& Effective Treatment)
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	Other authoritative bodies that have conducted extensive literature reviews of related treatments(for example, National Standards Project, NPDC) have approved of or rated the treatment package as having a strong evidence base; authorities are
	in agreement about the level of evidence There exists ample high quality studies that demonstrate experimental control <u>and</u> 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 (that is, replicable) within the studies
	Participants (that is, N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities
<i>Notes:</i> resear	At this level, include ages of participants and disabilities identified in body of ch
<u>Level 2</u>	2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)
	Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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 (that is, 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

TIAC Treatment Review Evidence Checklist

<u>Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)</u>
 □ Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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 (that is, N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities
<i>Notes</i> : At this level, include ages of participants and disabilities identified in body of research
<u>Level 4 – Insufficient Evidence (Experimental Treatment)</u>
☐ Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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 peer reviewed journal

Notes:

 \square Participants (that is, \hat{N}) are not clearly identified as individuals with autism

spectrum disorders or developmental disabilities

TIAC Treatment Review Evidence Checklist

<u>Level 5 - Untested (Experimental Treatment) &/or Potentially Harmful</u>

Other authoritative bodies that have conducted extensive literature reviews of
related treatments (for example, 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

- o Authoritative bodies have expressed concern regarding safety/outcomes
- Professional bodies (that is, 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.

Treatment Review Decision-Making Table			
Evidence Level	TIAC Review and Research Requirements	DHS 107 Language	
Level 1: Strong Evidence	Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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. 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 (that is, replicable) within the studies. Participants (that is, N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.	Proven and effective treatment for autism and/or other developmental disabilities	
Level 2: Moderate Evidence	Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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. 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 (that is, N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.	Proven and effective treatment for autism and/or other developmental disabilities	
Level 3: Emerging Evidence	Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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. May be one group study or single subject study. Study was conducted by someone other than the creator or provider of the treatment. Study was published in peer reviewed journal. Participants (for example, N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.	Promising as a treatment for autism and/or other developmental disabilities	
Level 4: Insufficient Evidence	Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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. Study was conducted by the creator or provider of the treatment. Study was not published in a peer reviewed journal. Participants (that is, N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities.	Experimental treatment	
Level 5: Untested or Potential for Harm	Other authoritative bodies that have conducted extensive literature reviews of related treatments (for example, 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 (for example, authoritative bodies have expressed concern regarding safety and outcomes; professional organizations or certifying bodies have created statements regarding safety and outcomes).	Experimental treatment	