

# What are Evidence-Based Practices (EBP)?

## CAPTAIN

(California Autism Professional Training And Information Network)



Developed October 2013 by:  
Ann England, M.A., CCC-SLP-L  
**CAPTAIN Leader**

## Welcome

CAPTAIN is dedicated to the following:

- Statewide access to trainings in Evidence Based Practices (EBPs) that are locally based (Trainer of Trainers at the local level), culturally sensitive, family centered, cost effective, and competency based.
- EBPs should align with the California ASD Guidelines (once they are published).
- Training emphasis should be on how to use EBPs to assist students in accessing the core curriculum and CA Common Core State Standards.
- Ideally, training would be collaborative, multi-agency between Regional Centers/D.D.S., SELPAs/LEAs, and parent groups/family resource and CA Family Empowerment Centers.
- Trainings should be conducted at a local level or utilizing technology for equal access across the state.
- Topics for staff will be based on assessed needs of staff in the region using an assessment tool or protocol for determining training needs.
- Statewide access to ongoing training, support, and technical assistance to implement EBPs and ensure fidelity of implementation with a forum for collegial communication and support.
- Ideally, a training model and manual which outlines both process and content would be developed and accessible.
- Web based access to material and resources.

[www.captain.ca.gov](http://www.captain.ca.gov)

## Quick Links

[National Professional Development Center On Autism Spectrum Disorders](#)

[National Autism Center](#)

[Autism Internet Modules](#)

[CAPTAIN Summit Resources](#)

[Autism Fact Sheet](#)

[English/Spanish](#)

[Other Languages](#)

[Ask a Specialist - ASD](#)

[CAPTAIN Cadre](#)

[California Department of Developmental Services](#)

[Act Early](#)

## CAPTAIN Partners

[Diagnostic Centers, CDE](#)

[Family Resource Centers Network of California](#)

[Center for Excellence for Developmental Disabilities at UC Davis MIND Institute](#)

[USC University Center for Excellence in Developmental Disabilities \(USC UCEDD\)](#)

**CAPTAIN Forums**  
[by invitation only]

North: October 17-18, 2013

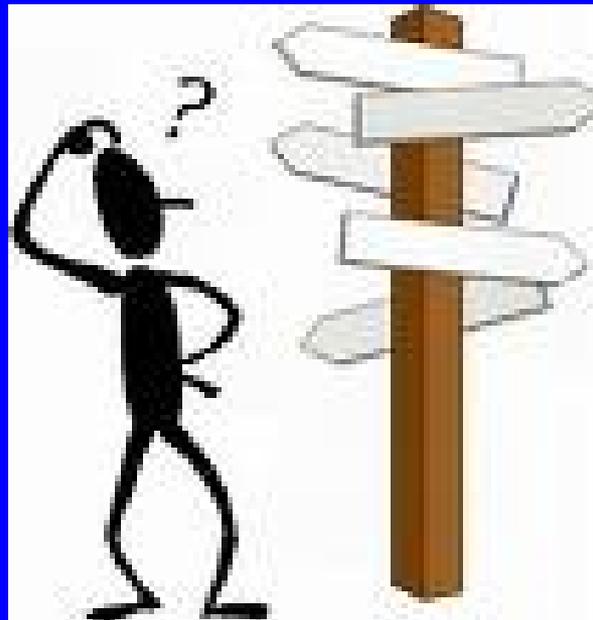
South: October 3-4, 2013

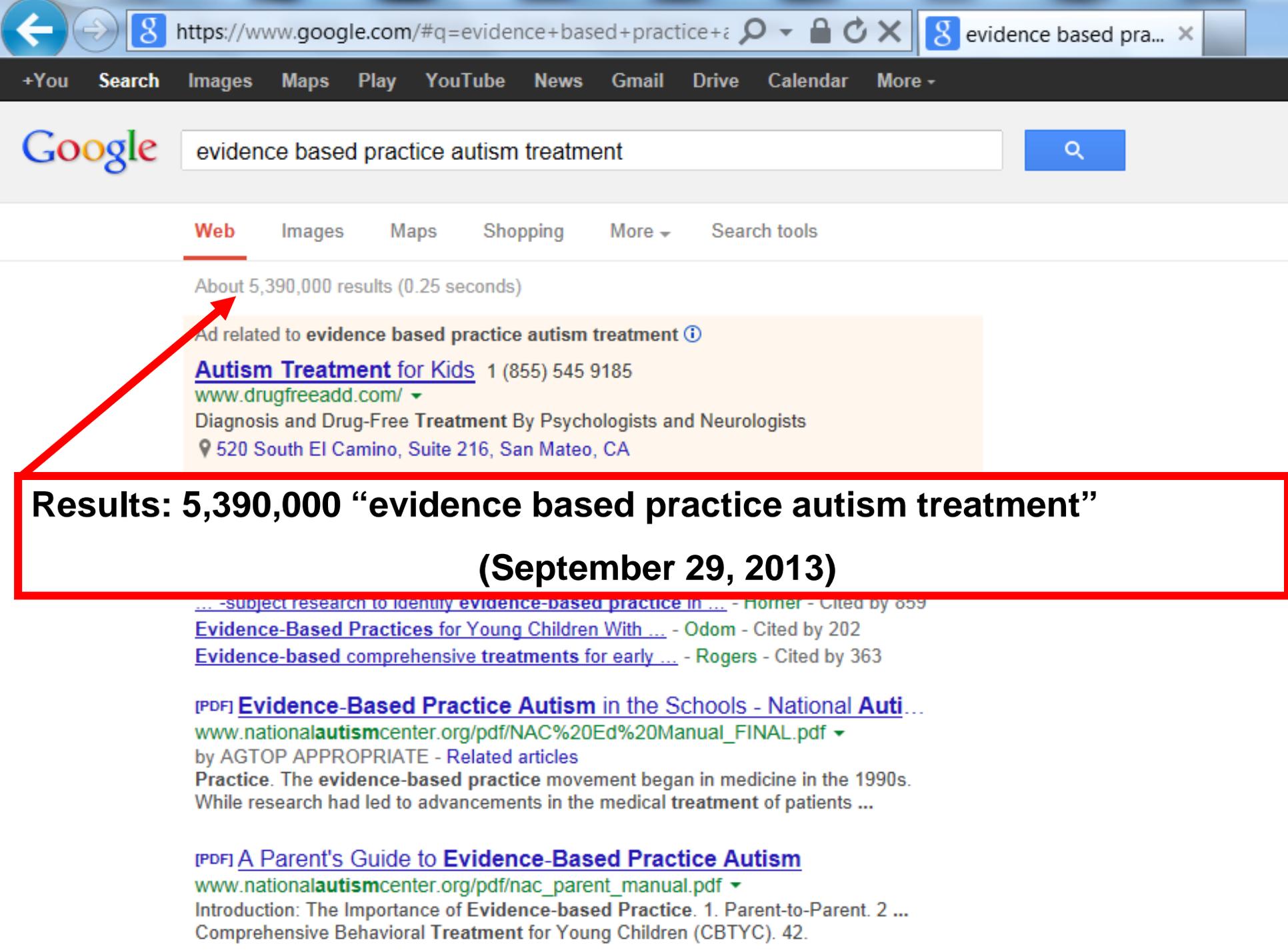
## California Diagnostic Centers

[Diagnostic Center Northern CA](#) | [Diagnostic Center Central CA](#) | [Diagnostic Center Southern CA](#) | [Diagnostic Centers - CDE](#)

How many results do you think you would get if you did a  search for:

“evidence based practice autism treatment”?





evidence based practice autism treatment

Web Images Maps Shopping More Search tools

About 5,390,000 results (0.25 seconds)

Ad related to evidence based practice autism treatment ⓘ

[Autism Treatment for Kids](#) 1 (855) 545 9185

[www.drugfreeadd.com/](http://www.drugfreeadd.com/)

Diagnosis and Drug-Free Treatment By Psychologists and Neurologists

520 South El Camino, Suite 216, San Mateo, CA

**Results: 5,390,000 “evidence based practice autism treatment”  
(September 29, 2013)**

... -subject research to identify evidence-based practice in ... - Homer - Cited by 659

[Evidence-Based Practices for Young Children With ...](#) - Odom - Cited by 202

[Evidence-based comprehensive treatments for early ...](#) - Rogers - Cited by 363

[PDF] [Evidence-Based Practice Autism in the Schools - National Auti...](#)

[www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual\\_FINAL.pdf](http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual_FINAL.pdf)

by AGTOP APPROPRIATE - Related articles

Practice. The evidence-based practice movement began in medicine in the 1990s.

While research had led to advancements in the medical treatment of patients ...

[PDF] [A Parent's Guide to Evidence-Based Practice Autism](#)

[www.nationalautismcenter.org/pdf/nac\\_parent\\_manual.pdf](http://www.nationalautismcenter.org/pdf/nac_parent_manual.pdf)

Introduction: The Importance of Evidence-based Practice. 1. Parent-to-Parent. 2 ...

Comprehensive Behavioral Treatment for Young Children (CBTYC). 42.

# C.A.P.T.A.I.N.

California Autism Professional Training  
and Information Network



# 3 Important ASD EBP Resources

<b>California Department of Developmental Services (DDS)</b>	<b>National Professional Development Center (NPDC)</b>	<b>National Autism Center (NAC)</b>
<b>1. ASD Guidelines for Effective Interventions</b>	<b>1. 24 Evidence Based Practices Briefs</b>	<b>1. National Standards Project Report</b>  <b>2. Evidence Based Practices in Schools Educator Manual</b>  <b>3. Parent's Guide to EBP and ASD</b>
<b><a href="http://www.asdguidelines.org">www.asdguidelines.org</a></b>	<b><a href="http://autismpdc.fpg.unc.edu">http://autismpdc.fpg.unc.edu</a></b>	<b><a href="http://www.nationalautismcenter.org">www.nationalautismcenter.org</a></b>

# ASD EBP Resources

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Autistic Spectrum Disorders:

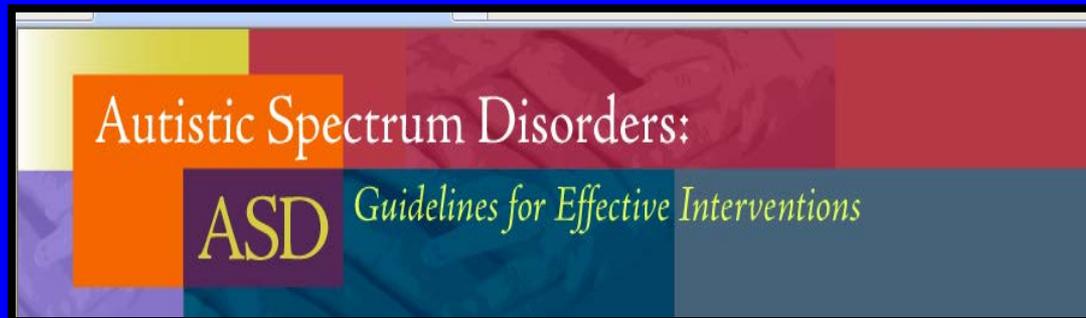
ASD

*Guidelines for Effective Interventions*

<http://www.asdguidelines.org>  
<http://www.dds.ca.gov/autism>

# ASD: Guidelines for Effective Interventions

- CA Department of Developmental Services
- Others involved: CA Dept. of Education, Diagnostic Centers, Regional Centers, public policy developers, direct service providers, public service institutions, advocacy groups, parent groups, school districts and SELPAs, managed care



# California Department of Developmental Services (DDS)

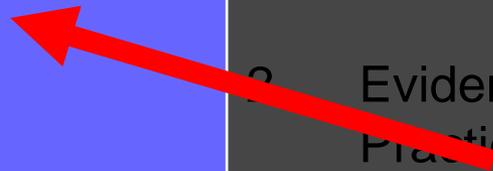
## “ASD Guidelines for Effective Intervention”

- Working on the development of ASD Guidelines in collaboration with California Department of Education
- **This document is designated by CA Legislative Blue Ribbon Commission and CA Superintendent’s Autism Advisory Committee for CA schools to reference**
- Projected completion date is .....?



# ASD EBP Resources

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# National Professional Development Center on ASD (NPDC)



- In 2008 the NPDC conducted an extensive review of the autism intervention literature published between 1997 and 2007
- NPDC identified 24 practices that meet criteria for evidence-based practices for children and youth with ASD
- *Note: Literature from 1990-2010 is being reviewed!*

# EBP Definition (NPDC)



NPDC has adopted the following definition of EBP:

“Focused interventions that:

- Produce specific behavioral and developmental outcomes for a child
- Have been demonstrated as effective in applied research literature
- Can be successfully implemented in educational settings”

(Odom, Colett-Klingenberg, Rogers, & Hatton, 2010)

# NPDC Criteria for EBP



To be considered an EBP for individuals with ASD, efficacy must be established through peer-reviewed research in scientific journals using:

- Two randomized or quasi-experimental design studies,
- Five single subject design studies by three different authors,  
OR
- A combination of evidence such as one group and three single-subject studies



## EVIDENCE-BASED PRACTICES

[Home](#)

[About the Center](#) »

### Evidence-Based Practices

- Comparison with National Standards Project
- Autism Internet Modules
- EBP Briefs
- Updating the EBPs

[Early Identification of ASD Module](#)

[Manual of Procedures \(MOP\)](#) »

[Coaching](#) »

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## What are Evidence-Based Practices (EBP)?

While many interventions for autism exist, only some have been shown to be effective through scientific research. Interventions that researchers have shown to be effective are called evidence-based practices. The National Professional Development Center uses rigorous criteria to determine whether a practice is evidence-based. Currently, the Center has identified 24 evidence-based practices. Please note that every identified practice is not necessarily appropriate for every learner. Practices are most effective when carefully matched to a learner's specific needs and characteristics.

The National Professional Development Center (NPDC) on ASD has adopted the following definition of evidence-based practices (EBP).

#### Definition of Evidence-Based Practice:

To be considered an evidence-based practice for individuals with ASD, efficacy must be established through peer-reviewed research in scientific journals using:

- randomized or quasi-experimental design studies. Two high quality experimental or quasi-experimental group design studies,
- single-subject design studies. Three different investigators or research groups must have conducted five high quality single subject design studies, or
- combination of evidence. One high quality randomized or quasi-experimental group design study and three high quality single subject design studies conducted by at least three different investigators or research groups (across the group and single subject design studies).

High quality randomized or quasi-experimental design studies do not have critical design flaws that create confounds to the studies, and design features allow readers/consumers to rule out competing hypotheses for study findings. High quality in single subject design studies is reflected by a) the absence of critical design flaws that create confounds and b) the demonstration of experimental control at least three times in each study.

To date, the NPDC on ASD has identified 24 practices that meet the above criteria for evidence-based practices for children and youth with autism spectrum disorders. We continue to review the literature for practices that meet our definition and will add as appropriate.

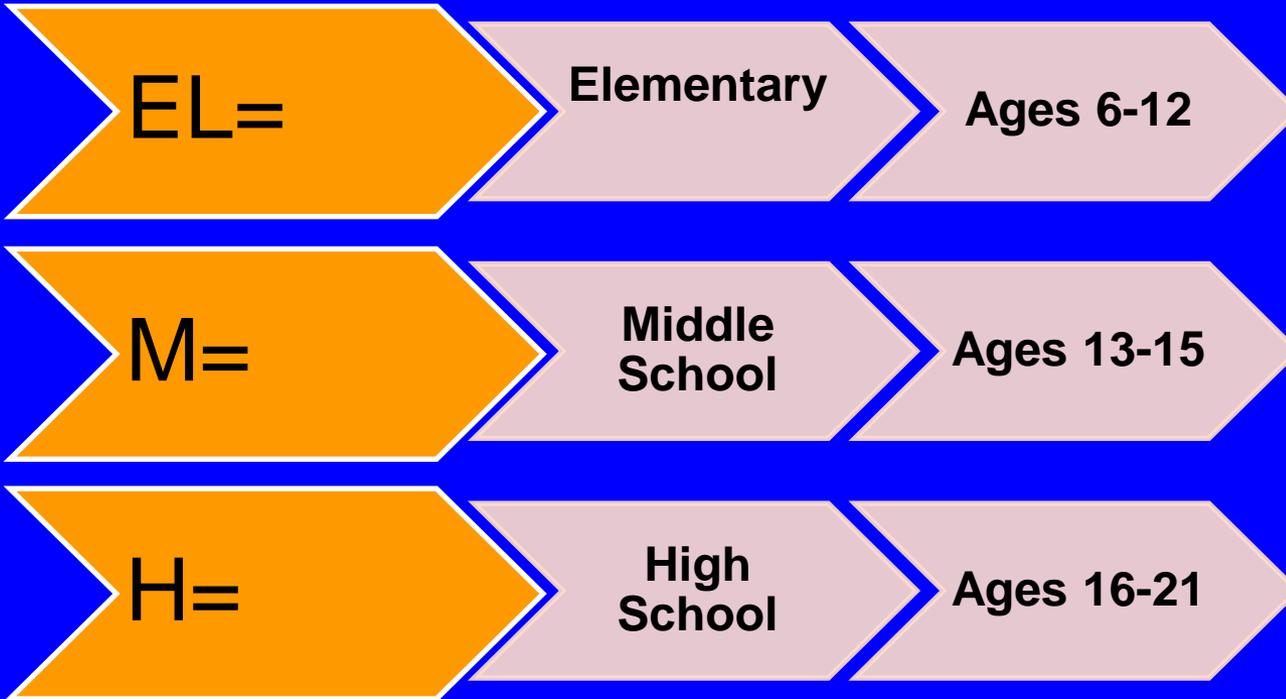
The NPDC on ASD is in the process of developing online modules for each of the 24 identified evidence-based practices. These modules are available on the [Autism Internet Modules \(AIM\)](#) website.

For the rest of the 24 evidence-based practices for which an online module is not yet available on AIM, our center has released the core components of the module, called **evidence-based practice (EBP) briefs**. These EBP briefs include an overview of the practice, step-by-step directions for implementation, an implementation checklist, the evidence base for the practice, and supplemental materials. EBP briefs and their components are available for download through the [EBP Briefs page](#).

# Evidence-Based Practices

- Antecedent-based interventions
- Computer-aided instruction
- Differential reinforcement
- Discrete trial training
- Extinction
- Functional behavior assessment
- Functional communication training
- Naturalistic interventions
- Parent-implemented intervention
- Peer-mediated instruction/intervention
- Picture Exchange Communication System™
- Pivotal response training
- Prompting
- Reinforcement
- Response interruption/redirection
- Self-management
- Social narratives
- Social skills training groups
- Speech generating devices
- Structured work systems
- Task analysis
- Time delay
- Video modeling
- Visual supports





# Evidence-Based Practices for Young Children with Autism Spectrum Disorders

Connie Wong, Veronica Fleury, & Angel Fettig

National Professional Development Center on Autism Spectrum Disorders

<http://autismpdc.fpg.unc.edu/>



**NEW!**

*In 2013, the National Professional Development Center on Autism Spectrum Disorders (NPDC) conducted a review of the autism intervention literature published between 1990 and 2011. The results presented here represent practices with empirical evidence for young children with ASD under age 5.*

## Group Design Quality Indicators

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

Item	YES	NO
Does the study have experimental and control/comparative groups?		
Were appropriate procedures used to increase the likelihood that relevant characteristics of participants in the sample were comparable across conditions?		
Was their 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(s) 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 individuals with ASD for at least one outcome variable?		
Were the measures of effect attributed to the intervention? (no obvious unaccounted confounding factors)		

## Single Case Design Quality Indicators

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

Item	YES	NO
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 interobserver 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 (e.g., 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.		

## Evidence-Based Practices for Young Children with ASD: Number/Type of Articles Included



**NEW!**

Focused Interventions	EI		ECSE	
	Group	SCD	Group	SCD
<b>Antecedent-based interventions (ABI):</b> Arrangement of events or circumstances that precede the occurrence of an interfering behavior and designed to lead to the reduction of the behavior.	-	1	-	35
<b>Behavioral momentum intervention (BMI):</b> Organization of behavior expectations in a sequence in which low probability behaviors are embedded in a series of high probability behaviors to increase the occurrence of the low probability behaviors.	-	-	-	5
<b>Differential reinforcement (DRA/I/O):</b> Differential reinforcement of: alternative, incompatible, or other behavior. Provision of desirable consequences for behaviors or their absence that reduce the occurrence of an undesirable behavior. Reinforcement provided: a) when learner is engaging in a specific desired behavior other than the inappropriate behavior (DRA), b) when learner is engaging in a behavior that is physically impossible to do while exhibiting the inappropriate behavior (DRJ) or c) when learner is not engaging in the interfering behavior (DRO).	-	-	-	9
<b>Discrete trial teaching (DTT):</b> Instructional process usually involving one teacher/service provider/caregiver and one child and designed to teach appropriate behavior or skills. Instruction usually involves massed trials; each trial consists of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction.	-	-	-	13
<b>Exercise (ECE):</b> Increase in physical exertion as a means of reducing problem behaviors or increasing appropriate behavior.	-	-	1	1
<b>Extinction (EXT):</b> Withdrawal/removal of reinforcers of interfering behavior to reduce the occurrence of that behavior. Although sometime used as a single intervention practice, extinction often occurs in combination with functional behavioral assessment, functional communication training, and differential reinforcement.	-	-	-	1
<b>Functional behavior assessment (FBA):</b> Systematic collection of information about an interfering behavior designed to identify functional contingencies that support the behavior. FBA consists of describing the interfering/problem behavior, identifying antecedent or consequent events that control the behavior, developing a hypothesis of the function of the behavior, and/or testing the hypothesis.	1	1	1	1
<b>Functional communication training (FCT):</b> Replacement of interfering behavior that has a communicative function with more appropriate communication that accomplishes the same function. FCT usually includes FBA, DRA, and/or Extinction.	-	-	-	7
<b>Modeling (MD):</b> Demonstration of a desired target behavior that results in imitation of the behavior by the learner and that leads to the acquisition of the imitated behavior. This EPB is often combined with other strategies such as prompting and reinforcement.	1	-	-	5
<b>Naturalistic intervention (NI):</b> Intervention strategies that occur within the typical setting/activities/routines in which the learner participates. Teachers/service providers/caregivers establish the learner's interest in a learning event through arrangement of the setting/activity/routine, provide necessary support for the learner to engage in the targeted behavior, elaborate on the behavior when it occurs, and/or arrange natural consequences for the targeted behavior or skills.	1	1	-	8
<b>Parent-implemented intervention (PII):</b> Parents provide individualized intervention to their child to improve/increase a wide variety of skills and/or to reduce interfering behaviors. Parents learn to deliver interventions in their home and/or community through a structured parent training program.	5	9	5	14
<b>Peer-mediated instruction and intervention (PMII):</b> Typically developing peers interact with and/or help children with ASD acquire new behavior, communication, and/or social skills by increasing social and learning opportunities within natural environments. Teachers/service providers systematically teach to peers strategies for engaging children with ASD in positive and extended social interactions.	-	-	-	8
<b>Picture Exchange Communication System (PECS)®:</b> Learners are initially taught to give a picture of a desired item to a communicative with partner in an exchange for the desired item. PECS consists of: (1) Teaching the physically assisted exchange, (2) Expanding spontaneity, (3) Simultaneous discrimination of pictures, (4) Building sentence structure, (5) Responding to, "What do you want?" and (6) Commenting in response to a question.	-	-	1	3



Focused Interventions	EI		ECSE	
	Group	SCD	Group	SCD
<b>Pivotal Response Training (PRT):</b> Pivotal learning variables (i.e., motivation, responding to multiple cues, self-management, and self-initiations) guide intervention practices that are implemented in settings that build on learner interests and initiative.	1	-	1	2
<b>Prompting (PP):</b> Verbal, gestural, or physical assistance given to learners to assist them in acquiring or engaging in a targeted behavior or skill. Prompts are generally given by an adult or peer before or as a learner attempts to use a skill.	-	1	-	19
<b>Reinforcement (R+):</b> An event, activity, or other circumstance occurring after a learner engages in a desired behavior that leads to the increased occurrence of the behavior in the future.	-	2	-	18
<b>Response interruption/redirection (RIR):</b> Introduction of a prompt, comment, or other distractors when an interfering behavior is occurring that is designed to divert the learner's attention away from the interfering behavior and results in its reduction.	-	-	-	5
<b>Scripting (SC):</b> A verbal and/or written description about a specific skill or situation that serves as a model for the learner. Scripts are usually practiced repeatedly before the skill is used in the actual situation.	-	1	1	3
<b>Self-management (SM):</b> Instruction focusing on learners' discrimination between appropriate and inappropriate behaviors, accurately monitoring and recording their own behaviors, and rewarding themselves for behaving appropriately.	-	-	-	1
<b>Social narratives (SN):</b> Narratives that describe social situations in some detail by highlighting relevant cues and offering examples of appropriate responding. Social narratives are individualized according to learner needs and typically are quite short, perhaps including pictures or other visual aids.	-	-	-	4
<b>Social skills training (SST):</b> Group or individual instruction designed to teach learners with ASD ways to appropriately interact with peers, adults, and other individuals. Most social skill meetings include instruction on basic concepts, role-playing or practice, and feedback to help learners with ASD acquire and practice communication, play, or social skills to promote positive interactions with peers.	-	-	1	3
<b>Task analysis (TA):</b> A process in which an activity or behavior is divided into small, manageable steps in order to assess and teach the skill. Other practices, such as reinforcement, video modeling, or time delay, are often used to facilitate acquisition of the smaller steps.	-	-	-	1
<b>Technology-aided instruction and intervention (TAII):</b> Instruction or interventions in which technology is the central feature supporting the acquisition of a goal for the learner. Technology is defined as "any electronic item/ equipment/application/or virtual network" (CESA Technology Group, 2013).	-	-	3	1
<b>Time delay (TD):</b> In a setting or activity in which a learner should engage in a behavior or skill, a brief delay occurs between the opportunity to use the skill and any additional instructions or prompts. The purpose of the time delay is to allow the learner to respond without having to receive a prompt and thus focuses on fading the use of prompts during instructional activities.	-	-	-	7
<b>Video modeling (VM):</b> A visual model of the targeted behavior or skill (typically in the behavior, communication, play or social domains), provided via video recording and display equipment to assist learning in engaging in a desired behavior or skill.	-	2	1	11
<b>Visual supports (VS):</b> Any visual display that supports the learner engaging in a desired behavior or skills independent of prompts. Examples of visual supports include pictures, written words, objects within the environment, arrangement of the environment or visual boundaries, schedules, maps, labels, organization systems, and timelines.	-	-	-	9

### Criteria for Qualification as an Evidence-Based Practice

- At least two high quality experimental group or quasi-experimental design articles
  - Conducted by at least two different researchers or research groups
- OR
- At least five high quality single case design articles
  - Conducted by at least three different researchers or research groups
  - Having a total of at least 20 participants across studies
- OR
- A combination of at least one high quality group experimental or quasi-experimental design article and at least three high quality single case design articles
  - Conducted by at least two different research groups

**NEW!**

Evidence-Based Practice Review for Young Children with ASD: EBP x Outcome Matrix

EBP	Social		Communication		Behavior		JA		Play		Cognitive		School-Readiness		Academic		Motor		Adaptive		
	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	EI	ECSE	
ABI																					
BMI																					
DRA/O																					
DTT																					
ECE																					
EXT																					
FBA																					
FCT																					
MD																					
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PII																					
PMII																					
PECS																					
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R+																					
RIR																					
SC																					
SM																					
SN																					
SST																					
TA																					
TAII																					
TD																					
VM																					
VS																					

# Implementation Fidelity is Critical!



**What does this mean?**

“Implementing an intervention in same manner in which it was done in the evidence-based research”

# Implementation Fidelity is Critical!



## How is this achieved?

- Use self-learning modules on practices
- Use implementation checklists for the EBP to capture fidelity of implementation
- Offer training on the practice, as needed
- Coach on the practice until fidelity is attained

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# Autism Internet Modules

## www.autisminternetmodules.org

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- Module Certificates
- Module List
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**Evidence Based Practices Modules**

Developed by the National Professional Development Center on Autism Spectrum Disorders



# Autism Internet Modules

[www.autisminternetmodules.org](http://www.autisminternetmodules.org)



Online learning modules includes information on:

- Evidence-based practices and interventions
- Recognizing and understanding behaviors
- Assessment and identification of ASDs
- Transition to adulthood and employment

# 42 Autism Internet Modules so far....



## 33 more on the way!

- Antecedent-Based Interventions (ABI)
- ASD-4-EI: What Early Interventionists Should Know
- Assessment for Identification
- Autism and the Biopsychosocial Model: Body, Mind, and Community
- Cognitive Differences
- Comprehensive Program Planning for Individuals With Autism Spectrum Disorders
- Computer-Aided Instruction
- Customized Employment
- Differential Reinforcement
- Discrete Trial Training
- Extinction
- Functional Communication Training
- Home Base
- Language and Communication
- Naturalistic Intervention
- Overview of Social Skills Functioning and Programming
- Parent-Implemented Intervention
- Peer-Mediated Instruction and Intervention (PMII)
- Picture Exchange Communication System (PECS)
- Pivotal Response Training (PRT)
- Preparing Individuals for Employment
- Prompting
- Reinforcement
- Response Interruption/Redirection
- Restricted Patterns of Behavior, Interests, and Activities
- Rules and Routines
- Screening Across the Lifespan for Autism Spectrum Disorders
- Self-Management
- Sensory Differences
- Social Narratives
- Social Skills Groups
- Social Supports for Transition-Aged Individuals
- Speech Generating Devices (SGD)
- Structured Teaching
- Structured Work Systems and Activity Organization
- Supporting Successful Completion of Homework
- Task Analysis
- The Employee with Autism
- The Incredible 5-Point Scale
- Time Delay
- Transitioning Between Activities
- Visual Supports

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# National Professional Development Center-ASD NPDC

<http://autismpdc.fpg.unc.edu>

**Briefs available for:  
24 Identified Evidence Based Practices (EBPs)**

## **Brief consists of:**

- Overview of practice
- Evidence-base for practice
- Steps for implementation
- Implementation Checklist
- Data Collection Forms



# Evidence-Based Practice Briefs



THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON  
AUTISM SPECTRUM DISORDERS

SEARCH  GO+

<http://autismpdc.fpg.unc.edu/>

A multi-university center to promote the use of evidence-based practice for children and adolescents with autism spectrum disorders



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Evidence-Based Practices »

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State Application »

Autism Internet Modules

EBP Briefs

EBP Briefs

The National Professional Development Center on Autism Spectrum Disorders is a multi-university center to promote the use of evidence-based practice for children and adolescents with autism spectrum disorders. The Center operates through three sites that include the [FPG Child Development Institute](#) at the University of North Carolina at Chapel Hill, the [M.I.M.D. Institute](#) at University of California at Davis Medical School, and the [Waisman Center](#) at the University of Wisconsin at Madison. Each year, three states are selected through a competitive application process for a two-year partnership with the Professional Development Center. The Center works in coordination with each state's Department of Education, Part C agency, and University Center for Excellence in Developmental Disabilities to provide professional development to teachers and practitioners who serve individuals from birth through twenty-two years with autism spectrum disorders.

Each year, three states are selected through a competitive application process for a two-year partnership with the Professional Development Center.

[Learn more about the application process >>](#)

State Partners Login

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## NEWS AND EVENTS

[New CoP Discussion Forum](#)

[PRT online module now available](#)



THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON  
AUTISM SPECTRUM DISORDERS

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## Evidence-Based Practice: Video Modeling

### Overview of Video Modeling

Video modeling is a mode of teaching that uses video recording and display equipment to provide a visual model of the targeted behavior or skill. Types of video modeling include basic video modeling, video self-modeling, point-of-view video modeling, and video prompting. Basic video modeling involves recording someone besides the learner engaging in the target behavior or skill (i.e., models). The video is then viewed by the learner at a later time. Video self-modeling is used to record the learner displaying the target skill or behavior and is reviewed later. Point-of-view video modeling is when the target behavior or skill is recorded from the perspective of the learner. Video prompting involves breaking the behavior skill into steps and recording each step with incorporated pauses during which the learner may attempt the step before viewing subsequent steps. Video prompting may be done with either the learner or someone else acting as a model.

#### Evidence

Video modeling meets evidence-based practice (EBP) criteria with eight single-subject studies.

#### With what ages is modeling effective?

The evidence-based research suggests that video modeling can be effectively implemented with learners from early childhood through middle school. This practice may prove useful with high school age learners as well, though no studies were identified to support its use at this age level.

#### What skills or intervention goals can be addressed by video modeling?

In the evidence-based studies, the domains of communication, social, academic/cognition, and play were represented. It may be useful in the behavior domain as well; however, no studies were identified to support the use of video modeling in this domain.

#### In what settings can video modeling be effectively used?

In the studies that serve as the foundation for the evidence base, video modeling was implemented in home and school settings. This practice, however, may be useful anywhere there is learner access to viewing equipment.

#### Brief Package:

[VideoModeling\\_brief\\_pkg.pdf](#) [PDF, 450174KB] 10/01/2010

#### Brief Components

##### Overview:

[VideoModeling\\_Overview.pdf](#) [PDF, 92366KB] 10/01/2010

##### Evidence base:

[VideoModeling\\_EvidenceBase.pdf](#) [PDF, 58330KB] 10/01/2010

##### Steps for Implementation:

[VideoModeling\\_Steps.pdf](#) [PDF, 97881KB] 10/01/2010

##### Implementation Checklist:

[VideoModeling\\_Checklist.pdf](#) [PDF, 178454KB] 05/01/2011

## ***Module: Video Modeling***

### **Steps for Implementation: Video Modeling**

These steps for implementation were adapted from:

LaCava, P. (2008). *Video modeling: An online training module*. (Kansas City: University of Kansas, Special Education Department). In Ohio Center for Autism and Low Incidence (OCALI), *Autism Internet Modules*, [www.autisminternetmodules.org](http://www.autisminternetmodules.org). Columbus, OH: OCALI.

The implementation process for video modeling is similar for each type of video modeling strategy (i.e., basic video modeling, video self-modeling, point-of-view modeling, video prompting). Ten steps are outlined below which describe how video modeling is implemented with learners with ASD.

#### ***Step 1. Targeting a Behavior for Teaching***

In Step 1, teachers/practitioners focus on identifying a behavior for the learner with ASD to acquire and then clearly describe it so that accurate data can be collected throughout the



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# *3 National Autism Center Reports*

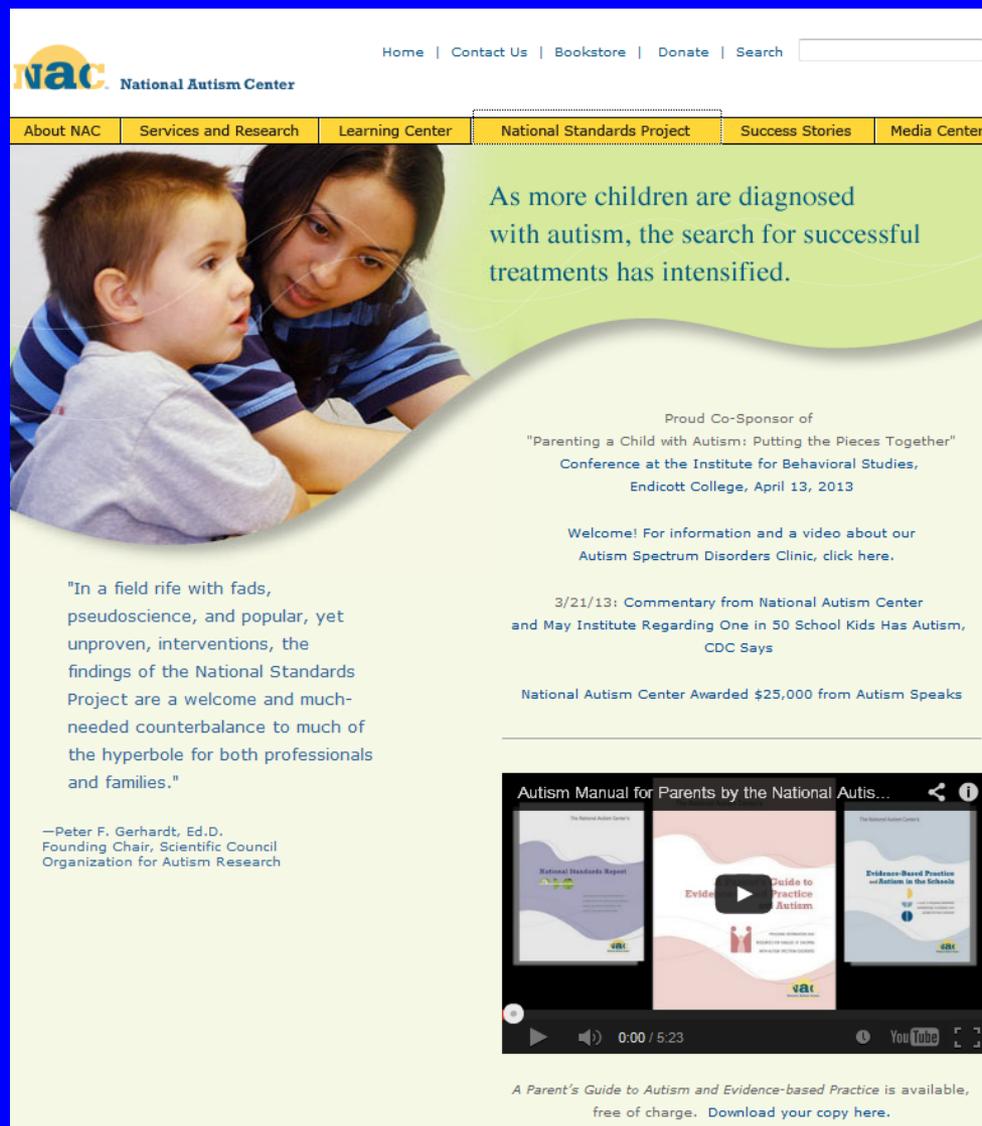
[www.nationalautismcenter.org](http://www.nationalautismcenter.org)



- 1. National Standards Report (Released 9/09)*
- 2. Evidence-Based Practice and Autism in the Schools: A guide to providing appropriate interventions to students with ASD (Released 1/10)*
- 3. A Parent's Guide to Evidence-based Practice and ASD (Released 12/11)*

# National Autism Center\*National Standards Project

www.nationalautismcenter.org



The screenshot shows the National Autism Center website. At the top, there is a navigation bar with links for Home, Contact Us, Bookstore, Donate, and Search. Below this is a menu with tabs for About NAC, Services and Research, Learning Center, National Standards Project (which is highlighted), Success Stories, and Media Center. The main content area features a large image of a woman and a young child. To the right of the image, text reads: "As more children are diagnosed with autism, the search for successful treatments has intensified." Below this, it states: "Proud Co-Sponsor of 'Parenting a Child with Autism: Putting the Pieces Together' Conference at the Institute for Behavioral Studies, Endicott College, April 13, 2013." Further down, there is a welcome message and a link to the Autism Spectrum Disorders Clinic. A date-based entry for 3/21/13 is also present. At the bottom, there is a video player showing a YouTube video titled "Autism Manual for Parents by the National Autis...". The video player shows three book covers: "National Standards Report", "Evidence-Based Practice Guide to Practice Autism", and "Evidence-Based Practice in Schools". Below the video player, text states: "A Parent's Guide to Autism and Evidence-based Practice is available, free of charge. Download your copy here."

Home | Contact Us | Bookstore | Donate | Search

**nac** National Autism Center

About NAC | Services and Research | Learning Center | **National Standards Project** | Success Stories | Media Center

As more children are diagnosed with autism, the search for successful treatments has intensified.

Proud Co-Sponsor of  
"Parenting a Child with Autism: Putting the Pieces Together"  
Conference at the Institute for Behavioral Studies,  
Endicott College, April 13, 2013

Welcome! For information and a video about our  
Autism Spectrum Disorders Clinic, [click here](#).

3/21/13: Commentary from National Autism Center  
and May Institute Regarding One in 50 School Kids Has Autism,  
CDC Says

National Autism Center Awarded \$25,000 from Autism Speaks

Autism Manual for Parents by the National Autis...

National Standards Report | Evidence-Based Practice Guide to Practice Autism | Evidence-Based Practice in Schools

0:00 / 5:23 YouTube

A Parent's Guide to Autism and Evidence-based Practice is available, free of charge. [Download your copy here](#).



# National Standards Report (NSP) Released 9-09

[www.nationalautismcenter.org](http://www.nationalautismcenter.org)



“This report provides comprehensive information about the level of scientific evidence that exists in support of the many educational and behavioral treatments currently available for individuals with Autism Spectrum Disorders (ASD) under age 22.”

The National Autism Center's

# National Standards Report



THE NATIONAL STANDARDS PROJECT—  
ADDRESSING THE NEED FOR EVIDENCE-  
BASED PRACTICE GUIDELINES FOR  
AUTISM SPECTRUM DISORDERS



# National Standards Report



- **Primary Goal:** provide information about which treatments have been shown to be effective for individuals with ASD
- Cross disciplinary group of experts over several years
- Project findings based on **775 published research studies in peer reviewed scientific journals (1957-2007)** about interventions for individuals below 22 years of age

***Note: Literature from 2007 on is being reviewed!***

# The National Standards Project (NSP)



## Overall Findings

- 11 Established Treatments
- 22 Emerging Treatments
- 5 Unestablished Treatments



# Strength of Evidence Classification System

Established	Emerging	Unestablished	Ineffective/Harmful
<p>Several<sup>1</sup> published, peer-reviewed studies</p> <ul style="list-style-type: none"> <li>• Scientific Merit Rating Scales scores of 3, 4, or 5</li> <li>• Beneficial treatment effects for a specific target</li> </ul> <p>May be supplemented by studies with lower scores on the Scientific Merit Rating Scale.</p>	<p>Few<sup>2</sup> published, peer-reviewed studies</p> <ul style="list-style-type: none"> <li>• Scientific Merit Rating Scale scores of 2</li> <li>• Beneficial treatment effects reported for one dependent measure for a specific target</li> </ul> <p>These may be supplemented by studies with higher or lower scores on the Scientific Merit Rating Scale.</p>	<p>May or may not be based on research:</p> <ul style="list-style-type: none"> <li>• Beneficial treatment effects reported based on very poorly controlled studies (scores of 0 or 1 on the Scientific Merit Rating Scale)</li> <li>• Claims based on testimonials, unverified clinical observations, opinions, or speculation</li> <li>• Ineffective, unknown, or adverse treatment effects reported based on poorly controlled studies</li> </ul>	<p>Several<sup>1</sup> published, peer-reviewed studies</p> <ul style="list-style-type: none"> <li>• Scientific Merit Rating Scales scores of 3</li> <li>• No beneficial treatment effects reported for one dependent measure for a specific target (Ineffective)</li> <li style="text-align: center;"><u>OR</u></li> <li>• Adverse treatment effects reported for one dependent measure for a specific target (Harmful)</li> </ul> <p>Note: Ineffective treatments are indicated with an "I" and Harmful treatments are indicated with an "H"</p>

<sup>1</sup>Several is defined as 2 group-design or 4 single-case design studies with a minimum of 12 participants for which there are no conflicting results or at least 3 group design or 6 single-case design studies with a minimum of 18 participants with no more than 1 study reporting conflicting results. Group and single-case design methodologies may be combined.

<sup>2</sup>Few is defined as a minimum of 1 group-design study or 2 single-case design studies with a minimum of 6 participants for which no conflicting results are reported\*. Group and single-case design methodologies may be combined.

\*Conflicting results are reported when a better or equally controlled study that is assigned a score of at least 3 reports either (a) no beneficial treatment effects or (b) adverse treatment effects.

# 11 Established Treatments- What Does That Mean?

- “Several well-controlled studies have shown the intervention to produce beneficial effects.
- There is sufficient evidence to confidently state that each of these treatments produces beneficial effects.
- The quality, quantity, and consistency of outcomes indicate that these treatments work with individuals on the autism spectrum.
- Despite the fact that these Established Treatments have been shown to be effective in studies, we know that they will not be effective for *all* individuals with ASD.”

# 11 Established Treatments



1. Antecedent Package
2. Behavioral Package
3. Comprehensive Behavioral Treatment for Young Children
4. Joint Attention Intervention
5. Modeling
6. Naturalistic Teaching Strategies
7. Peer Training Package
8. Pivotal Response Treatment
9. Schedules
10. Self-management
11. Story-based Intervention Package

# Established Treatments for Younger Children with ASD

<b>TREATMENT</b>	<b>AGES</b>
<b>Antecedent Package</b>	<b>0-2, 3-5</b>
<b>Behavioral Package</b>	<b>0-2, 3-5</b>
<b>Comprehensive Behavioral Treatment for Young Children</b>	<b>0-2, 3-5</b>
<b>Joint Attention Intervention</b>	<b>0-2, 3-5</b>
<b>Modeling</b>	<b>3-5</b>
<b>Naturalistic Teaching Strategies</b>	<b>0-2, 3-5</b>
<b>Peer Training Package</b>	<b>3-5</b>
<b>Pivotal Response Treatment</b>	<b>3-5</b>
<b>Schedules</b>	<b>3-5</b>
<b>Self-management</b>	<b>3-5</b>
<b>Story-based Intervention Package</b>	<b>Begins Age 6</b>

# Established Treatments for Older Individuals with ASD

TREATMENT	AGES
<i>Antecedent Package</i>	10-14, 15-18
<i>Behavioral Package</i>	10-14, 15-18, 19-21
Comprehensive Behavioral Treatment for Young Children	Up to age 9
Joint Attention Intervention	Up to age 5
<i>Modeling</i>	10-14, 15-18
Naturalistic Teaching Strategies	Up to age 9
<i>Peer Training Package</i>	10-14
Pivotal Response Treatment	Up to age 9
<i>Schedules</i>	10-14, 15-18
<i>Self-management</i>	10-14
<i>Story-based Intervention Package</i>	10-14

# 22 Emerging Treatments

## What Does “Emerging” Mean?

- “One or more studies suggest the intervention *may* produce favorable outcomes.
- However, **additional high quality studies** that consistently show these treatments to be effective for individuals with ASD are **needed** before we can be fully confident that the treatments are effective.
- Based on the available evidence, not yet in a position to rule out the possibility that Emerging Treatments are, in fact, not effective.”

# 22 Emerging Treatments

1. Augmentative and Alternative Communication Device (AAC)
2. Cognitive Behavioral Intervention Package
3. Developmental Relationship-based Treatment
4. Exercise
5. Exposure Package
6. Imitation-based Interaction
7. Initiation Training
8. Language Training (Production)
9. Language Training (Production & Understanding)
10. Massage/Touch Therapy
11. Multi-component Package

# 22 Emerging Treatments (Cont'd)

12. Music Therapy
13. Peer-mediated Instructional Arrangement
14. Picture Exchange Communication System
15. Reductive Package
16. Scripting
17. Sign Instruction
18. Social Communication Intervention
19. Social Skills Package
20. Structured Teaching
21. Technology-based Treatment
22. Theory of Mind

# 5 Unestablished

## What Does “Unestablished” Mean?

- “Little or no evidence in the scientific literature that allows us to draw firm conclusions about the effectiveness of these interventions with individuals with ASD.
- There is no reason to assume these treatments are effective.
- Further, there is no way to rule out the possibility these treatments are ineffective or harmful.
- However, the quality, quantity, and consistency of research findings have generally been poor or do not apply to individuals with ASD, so we cannot be confident about what the effects of treatment might be.”

# 5 Unestablished Treatments



1. Academic Interventions
2. Auditory Integration Training
3. Facilitated Communication
4. Gluten and Casein-Free Diet
5. Sensory Integrative Package



# Treatment Selection

- Treatment selection is complicated and should be made by a **team** of individuals who can consider the unique needs and history of the individual with ASD along with the environments in which s/he lives.
- The document is not intended to dictate which treatments can or cannot be used for individuals on the autism spectrum.

# Treatment Selection

- **“Established Treatments have sufficient evidence of effectiveness.** The decision-making team needs to give serious consideration to these treatments because:
  - {a} these treatments have produced beneficial effects for individuals involved in the research studies published in the scientific literature,
  - {b} access to treatments that work can be expected to produce more positive long-term outcomes, and
  - {c} there is no evidence of harmful effects.
- However, it should not be assumed that these treatments will universally produce favorable outcomes for *all* individuals on the Autism Spectrum.”

# Treatment Selection



- “Given the limited research support for **Emerging Treatments**, “we generally do not recommend *beginning* with these treatments.”
- However, Emerging Treatments should be considered promising and warrant serious consideration *if Established Treatments are deemed inappropriate by the decision-making team.*
- There are several very legitimate reasons this might be the case (see examples in the Professional Judgment or Values and Preferences sections of Chapter 6).”

# Treatment Selection



- **“Unestablished Treatments either have no research support or the research that has been conducted does not allow us to draw firm conclusions about treatment effectiveness for individuals with ASD.**
- When this is the case, decision-makers simply do not know if this treatment is effective, ineffective, or harmful because researchers have not conducted any or enough high quality research.
- Given how little is known about these treatments, we would recommend considering these treatments *only* after additional research has been conducted and this research shows them to produce favorable outcomes for individuals with ASD.”

# Treatment Selection

## Some Things to Consider....

“Treatment selection is complicated. Team approach.”

Best starting place is with Established Treatments.

Understand that “The best way to determine if a particular treatment is effective is to look at research that has been conducted.”

“Professional judgment must be taken into consideration. “

“Data collection assists in determining if a treatment is effective.”

“Must take into consideration values and preferences of parents, care providers, and individuals with ASD.”

# 11 Established Treatments

(not in any hierarchical order)



## 1. Antecedent Package examples:

- choice
- incorporating echolalia
- time delay
- errorless learning
- priming
- special interests
- thematic activities, or ritualistic/obsessional activities into tasks

## Antecedent Package {99 studies}

Evidence Level} Established

These interventions involve the modification of situational events that typically precede the occurrence of a target behavior. These alterations are made to increase the likelihood of success or reduce the likelihood of problems occurring. Treatments falling into this category reflect research representing the fields of applied behavior analysis (ABA), behavioral psychology, and positive behavior supports.

Examples include but are not restricted to: behavior chain interruption (for increasing behaviors); behavioral momentum; choice; contriving motivational operations; cueing and prompting/prompt fading procedures; environmental enrichment; environmental modification of task demands, social comments, adult presence, intertrial interval, seating, familiarity with stimuli; errorless learning; errorless compliance; habit reversal; incorporating echolalia, special interests, thematic activities, or ritualistic/obsessional activities into tasks; maintenance interspersal; noncontingent access; noncontingent reinforcement; priming; stimulus variation; and time delay.

### Skills Increased

Academic	Communication	Higher Cognitive Functions	Interpersonal	Learning Readiness	Motor	Personal Responsibility	Placement	Play	Self-Regulation
	X		X	X		X		X	X

### Behaviors Decreased

Problem Behaviors	RRN Restricted, Repetitive, Nonfunctional Patterns of Behavior, Interests, or Activity	SER Sensory or Emotional Regulation	General Symptoms
X		X	

### Ages

0-2	3-5	6-9	10-14	15-18	19-21
	X	X	X	X	

### Diagnostic Classification

Autistic Disorder	Asperger's Syndrome	PDD-NOS
X		

# Established Treatments



## Antecedent Package-99 Studies:

- “Using choice with game play to increase language skills and interactive behaviors in children with autism”
- “The effects of echolalia on acquisition and generalization of receptive labeling in autistic children”
- “Using time delay to promote spontaneous speech in an autistic child”
- “Incorporating the thematic ritualistic behaviors of children with autism into games”
- “An operant procedure to teach an echolalic, autistic child to answer questions appropriately”

# Established Treatments Continued

## Examples:



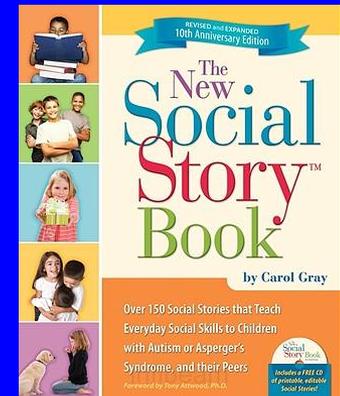
2. **Behavioral Package** (combination of behavioral procedures)
3. **Comprehensive Behavioral Treatment for Young Children** (ABA programs)
4. **Joint Attention** (teaching student to respond to the nonverbal social bids of others or to initiate joint attention interactions)
5. **Modeling** (live and video)
6. **Naturalistic Teaching Strategies** (student directed interactions to teach functional skills in the natural environment for example, modeling how to play, encouraging conversation, providing choices)

# Established Treatments Continued

## Examples



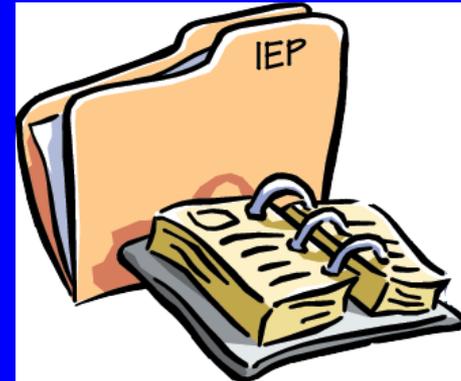
7. **Peer Training Package** (peer networks; Circle of Friends; Integrated Play Groups)
8. **Pivotal Response Treatment**
9. **Schedules**
10. **Self Management** (checklists, wrist counters, visual prompts, tokens)
11. **Story-based Intervention Package (Social Stories)**



# Committee Recommends (Cont'd)

- **Intervention services should be comprised of Established Treatments** unless compelling reasons exist to do otherwise.
- Must receive sufficient individualized attention on a daily basis so that adequate implementation of objectives can be carried out effectively.

# Committee Recommends (Cont'd)



- Priorities of focus:
  - Functional spontaneous communication
  - Social instruction delivered throughout the day in various settings
  - Cognitive development and play skills
  - Proactive approaches to behavior problems

# Committee Recommends (Cont'd)



- To the extent that it leads to the acquisition of children's educational goals, young children with ASD should receive specialized instruction in a setting in which ***ongoing interactions occur with typically developing children***

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# Second of 3 Reports by National Autism Center

[www.nationalautismcenter.org](http://www.nationalautismcenter.org)

***Evidence-Based Practice and Autism in the Schools:  
A guide to providing appropriate interventions to  
students with ASD (Released 1/10)***

**Educator's Manual of Established Treatments**

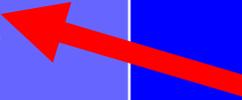


# Evidence-Based Practice and Autism in the Schools



A GUIDE TO PROVIDING APPROPRIATE  
INTERVENTIONS TO STUDENTS WITH  
AUTISM SPECTRUM DISORDERS

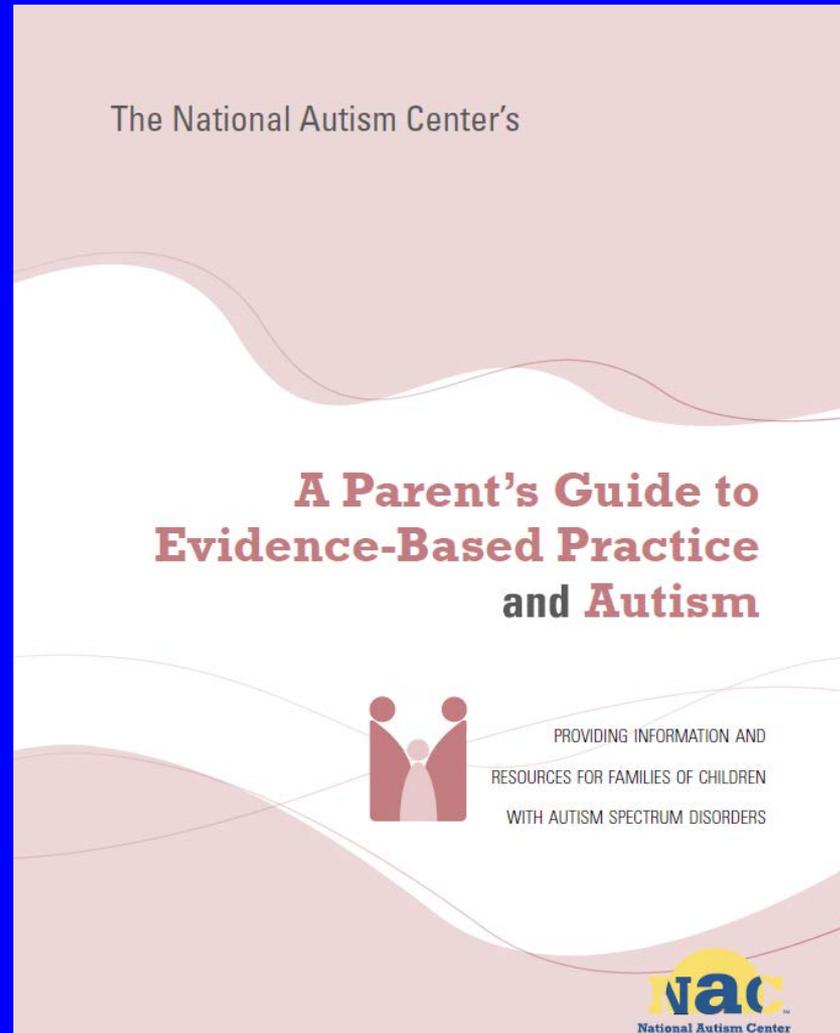
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# Third Report Released December 2011

## *A Parent's Guide to EBP and Autism*

[www.nationalautismcenter.org](http://www.nationalautismcenter.org)



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# How Do Findings of the NPDC and NSP Overlap/Differ?

<http://autismpdc.fpg.unc.edu>



THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON  
**AUTISM SPECTRUM DISORDERS**

A multi-university center to promote the use of evidence-based practice for children and adolescents with autism spectrum disorders.

SEARCH  GO

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**EVIDENCE-BASED PRACTICES**    National Standards Project

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- [Autism Internet Modules](#)
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[Early Identification of ASD Module](#)

[Manual of Procedures \(MOP\)](#) >

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### The NPDC on ASD and the National Standards Project

Both the National Professional Development Center (NPDC) on Autism Spectrum Disorders (ASD) and the National Standards Project (NSP) reviewed literature to establish evidence-based practices for individuals with autism spectrum disorders between the ages of birth and 22 years. In many ways, the two processes were quite similar. Both reviews included literature up to and including 2007, and both applied rigorous criteria when determining which studies would be included as evidence of efficacy for a given practice. The criteria used by the National Professional Development Center can be found on our website in the Evidence-Based Practices section. The criteria used by the National Standards Project can be found beginning on page 10 of the National Standards Report.

**Why would the NPDC on ASD and the National Standards Project both conduct similar literature reviews to identify evidence-based practices for children and youth with autism? >>**

**Why are the findings from the NPDC on ASD and the findings from the National Standards Project somewhat different? >>**

**How Do Findings of the NPDC and NSP Overlap and Differ?**

The following chart describes the overlap between evidence-based practices identified by the NPDC and the NSP. Select the image of the chart for an enlarged view. [Click here](#) for a PDF version.

Evidence-Based Practices Identified by the National Professional Development Center (NPDC) on ASD	Established Treatments Identified by the National Standards Project (NSP)								Comprehensive Behavioral Treatment for Young Children	Joint Attention Intervention
	Antecedent Package	Behavioral Package	Story-based Intervention Package	Modeling	Naturalistic Teaching Strategies	Fear Training Package	Fluency Response Treatment	Schedules		
Free play	X			X						The NPDC on ASD did not consider comprehensive treatment models. Components of the Comprehensive Behavioral Treatment of Young Children intervention. Components of joint attention intervention. Many NPDC-identified practices.
Accelerated Intervention	X									
Time delay	X									
Reinforcement		X								
Task analysis		X								
Discrete Trial Training		X								
Functional Behavior Analysis		X								
Functional Communication Training		X								
Response Interrogation/Reduction		X								
Differential Reinforcement		X								
Social Narratives			X							
Video Modeling				X						
Naturalistic interventions					X					
Fear Mediated Intervention						X				
Fluency Response Training							X			
Visual Supports								X		
Structural Work Systems									X	
Self-Management									X	
Parent implemented interventions	<small>The NSP did not consider parent implemented interventions as a category of evidence-based practice. However, 24 of the studies reviewed by the NSP under other intervention categories involve parents implementing the intervention.</small>									
Social Skills Training Groups	<small>Social Skills Training Groups (Social Skills Package) was identified as an emerging practice by the NSP.</small>									
Speech Generating Devices	<small>Speech Generating Devices (Augmentative and Alternative Communication Devices) was identified as an emerging practice by the NSP.</small>									
Computer Aided Instruction	<small>Computer Aided Instruction (Technology Based Treatment) was identified as an emerging practice by the NSP.</small>									
Picture Exchange Communication System	<small>Picture Exchange Communication System was identified as an emerging practice by the NSP.</small>									
Extinction	<small>Extinction (Behavior Package) was identified as an emerging practice by the NSP.</small>									

Overlap Between Evidence-Based Practices Identified by the National Professional Development Center (NPDC) on ASD and the National Standards Project (NSP)

Evidence-Based Practices Identified by the National Professional Development Center (NPDC) on ASD	Established Treatments Identified by the National Standards Project (NSP)										
	Antecedent Package	Behavioral Package	Story-based Intervention Package	Modeling	Naturalistic Teaching Strategies	Peer Training Package	Pivotal Response Treatment	Schedules	Self-Management	Comprehensive Behavioral Treatment for Young Children	Joint Attention Intervention
Prompting	X			X						The NPDC on ASD did not review comprehensive treatment models. Components of The Comprehensive Behavioral Treatment of Young Children overlap with many NPDC-identified practices.	The NPDC on ASD considers joint attention to be an outcome rather than an intervention. Components of joint attention interventions overlap with many NPDC-identified practices.
Antecedent-Based Intervention	X										
Time delay	X										
Reinforcement		X									
Task analysis		X									
Discrete Trial Training		X									
Functional Behavior Analysis		X									
Functional Communication Training		X									
Response Interruption/Redirection		X									
Differential Reinforcement		X									
Social Narratives			X								
Video Modeling				X							
Naturalistic Interventions					X						
Peer Mediated Intervention						X					
Pivotal Response Training							X				
Visual Supports								X			
Structured Work Systems								X			
Self-Management									X		
Parent Implemented Intervention	The NSP did not consider parent-implemented intervention as a category of evidence-based practice. However, 24 of the studies reviewed by the NSP under other intervention categories involve parents implementing the intervention.										
Social Skills Training Groups	Social Skills Training Groups (Social Skills Package) was identified as an emerging practice by the NSP.										
Speech Generating Devices	Speech Generating Devices (Augmentative and Alternative Communication Device) was identified as an emerging practice by the NSP.										
Computer Aided Instruction	Computer Aided Instruction (Technology-based Treatment) was identified as an emerging practice by the NSP.										
Picture Exchange Communication	Picture Exchange Communication System was identified as an emerging practice by the NSP.										
Extinction	Extinction (Reductive Package) was identified as an emerging practice by the NSP.										

# Comparison of Approaches

## Similarities

- Included literature up to 2007
- Required a diagnosis of ASD
- Ages birth - 22
- Applied rigorous criteria to reviews
- Positive effects were demonstrated

## Differences

- NPDC
  - Focused interventions
  - Listed separately
  - Included parent-implemented
- NSP
  - Treatments -included intervention strategies or intervention classes
  - Clustered into packages
  - Included joint attention interventions



# Take Home Messages

- Very little difference between the major analyses of the treatment literature
- Small differences due to procedural variation – which is completely consistent with the broader efforts in evidence-based practice



# Take Home Messages

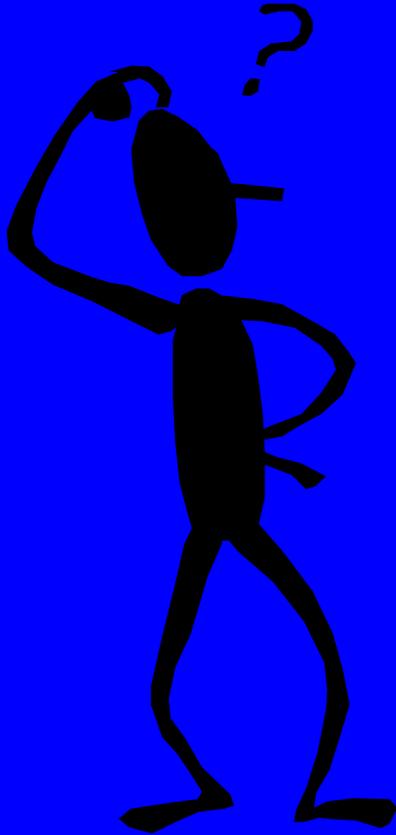
- The next logical step is to make certain that professionals have access to training on the treatments that have generally been shown to be effective through systematic reviews
- Given educators/interventionists are the professionals most likely to come in contact with and provide services to children with ASD, high quality training of these professionals is absolutely essential



# CAPTAIN

<b>California Department of Developmental Services (DDS)</b>	<b>National Professional Development Center (NPDC)</b>	<b>National Autism Center (NAC)</b>
<p>1. <b>ASD Guidelines for Effective Interventions</b></p> <p><b>NOT YET AVAILABLE</b></p>	<p>1. <b>24 Evidence Based Practices Briefs</b></p>	<p>1. <b>National Standards Project Report: <i>Established Treatments</i></b></p> <p>2. <b>Evidence Based Practices in Schools Educator Manual</b></p> <p>3. <b>Parent's Guide to EBP and ASD</b></p>
<p><a href="http://www.asdguidelines.org">www.asdguidelines.org</a></p>	<p><a href="http://autismpdc.fpg.unc.edu">http://autismpdc.fpg.unc.edu</a></p>	<p><a href="http://www.nationalautismcenter.org">www.nationalautismcenter.org</a></p>

**Why are these EBP resources so important?**

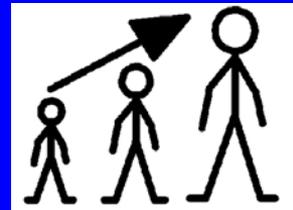


# Why are these EBP resources so important?

## Knowing of these EBPs:

- helps us know which treatments have evidence of effectiveness and which treatments do not
- allows us to make informed decisions when we select treatments

- provides us with the opportunity to support individuals on the autism spectrum in reaching their full potential



## Welcome

CAPTAIN is dedicated to the following:

- Statewide access to trainings in Evidence Based Practices (EBPs) that are locally based (Trainer of Trainers at the local level), culturally sensitive, family centered, cost effective, and competency based.
- EBPs should align with the California ASD Guidelines (once they are published).
- Training emphasis should be on how to use EBPs to assist students in accessing the core curriculum and CA Common Core State Standards.
- Ideally, training would be collaborative, multi-agency between Regional Centers/D.D.S., SELPAs/LEAs, and parent groups/family resource and CA Family Empowerment Centers.
- Trainings should be conducted at a local level or utilizing technology for equal access across the state.
- Topics for staff will be based on assessed needs of staff in the region using an assessment tool or protocol for determining training needs.
- Statewide access to ongoing training, support, and technical assistance to implement EBPs and ensure fidelity of implementation with a forum for collegial communication and support.
- Ideally, a training model and manual which outlines both process and content would be developed and accessible.
- Web based access to material and resources.

[www.captain.ca.gov](http://www.captain.ca.gov)

### Quick Links

[National Professional Development Center On Autism Spectrum Disorders](#)

[National Autism Center](#)

[Autism Internet Modules](#)

[CAPTAIN Summit Resources](#)

[Autism Fact Sheet](#)

[English/Spanish](#)

[Other Languages](#)

[Ask a Specialist - ASD](#)

[CAPTAIN Cadre](#)

[California Department of Developmental Services](#)

[Act Early](#)

### CAPTAIN Partners

[Diagnostic Centers, CDE](#)

[Family Resource Centers Network of California](#)

[Center for Excellence for Developmental Disabilities at UC Davis MIND Institute](#)

[USC University Center for Excellence in Developmental Disabilities \(USC UCEDD\)](#)

**CAPTAIN Forums**  
[by invitation only]

North: October 17-18, 2013  
South: October 3-4, 2013

## California Diagnostic Centers

[Diagnostic Center Northern CA](#) | [Diagnostic Center Central CA](#) | [Diagnostic Center Southern CA](#) | [Diagnostic Centers - CDE](#)