What Are Evidence Based Practices for Autism and Why Should We Use Them?

Brief Overview for Families and Family Support Providers
What is CAPTAIN?

CAPTAIN is a multiagency network developed to support the understanding and use of Evidence-Based Practices for individuals affected by Autism Spectrum Disorder across California.
CAPTAINE Vision

Develop a Statewide Training and Technical Assistance Network with a focus on Evidence-Based Practices for individuals with Autism inclusive of stakeholder agencies who will disseminate information at the Local Level

www.captain.ca.gov
CAPTAIN Goals

Goal 1: Increase knowledge about ASD and EBPs through systematic dissemination of information

Goal 2: Increase implementation and fidelity of EBPs in schools and communities

Goal 3: Increase interagency collaborations to leverage resources and standardize a process for using EBPs
CAPTAIN is also a SELPA Content Lead-ASD in partnership with Marin County SELPA which is part of California’s Statewide System of Support.

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CAPTAIN Partners Across California

SELPA Content Lead Evidence Based Practices Autism

UC Davis Health MIND Institute

Center for Excellence in Developmental Disabilities

San Diego State University

Marin County SELPA

Department of Education State of California

California Collaborative for Educational Excellence

SELPA Administrators of California

Department of Developmental Services

Regional Centers

Diagnostic Centers

Family Resource Centers Network of California
Steady Increase in Number of California Students with Autism

Students with Disabilities Total Population for Ages 0 to 22:
804,101 * 16.46%
Source: CASEMIS December 2019 CA Dept. Education
How many results do you think you would get if you did a search for: “AUTISM TREATMENT”?
RESULTS: 204,000,000 FOR AUTISM TREATMENT on May 3, 2020!!!!!
MANY TREATMENTS FOR ASD

- Treatments for ASD are more diverse than any other known disability
- Treatment claims range from amelioration to recovery
- Many interventions with no scientific evidence have been recommended for individuals with ASD
What Is An Evidence Based Practice (EBP)?

• An intervention or practice for which there is scientifically based research that demonstrates its effectiveness

• Practices that rely on rigorous, systematic and objective procedures to deliver reliable results
What are Evidence-Based Practices (EBPs) for ASD?

Released April 2020

Findings and Conclusions: National Standards Project, Phase 2

Released April 2015

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Based on research conducted from 2007 to February 2012
- 351 articles (ages 0-22)
- 27 articles (ages 22+)
- Included studies if the interventions could be implemented in or by school systems, early intervention, home, hospital, vocational, and/or community-based programs or in clinic settings

www.nationalautismcenter.org
Strength of Evidence Classification System

**Established:**
Sufficient evidence is available to confidently determine that an intervention produces favorable outcomes for individuals on the autism spectrum. That is, these interventions are established as effective.

**Emerging:**
Although one or more studies suggest that an intervention produces favorable outcomes for individuals with ASD, additional high quality studies must consistently show this outcome before we can draw firm conclusions about intervention effectiveness.

**Unestablished:**
There is little or no evidence to allow us to draw firm conclusions about intervention effectiveness with individuals with ASD. Additional research may show the intervention to be effective, ineffective, or harmful.

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The following interventions have been identified as falling into the Established level of evidence:

- Behavioral Interventions
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training (Production)
- Modeling
- Natural Teaching Strategies
- Parent Training
- Peer Training Package
- Pivotal Response Training
- Schedules
- Scripting
- Self-Management
- Social Skills Package
- Story-based Intervention

14 ESTABLISHED INTERVENTIONS
(for individuals under age 22)
Emerging Interventions are those for which one or more studies suggest they may produce favorable outcomes. However, before we can be fully confident that the interventions are effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with ASD. Based on the available evidence, we are not yet in a position to rule out the possibility that Emerging Interventions are, in fact, not effective.

A large number of studies fall into the Emerging level of evidence. We believe scientists should find fertile ground for further research in these areas.

The following interventions have been identified as falling into the Emerging level of evidence:

- Augmentative and Alternative Communication Devices
- Developmental Relationship-based Treatment
- Exercise
- Exposure Package
- Functional Communication Training
- Imitation-based Intervention
- Initiation Training
- Language Training (Production & Understanding)
- Massage Therapy
- Multi-component Package
- Music Therapy
- Picture Exchange Communication System
- Reductive Package
- Sign Instruction
- Social Communication Intervention
- Structured Teaching
- Technology-based Intervention
- Theory of Mind Training

**18 EMERGING INTERVENTIONS**
(for individuals under age 22)
Unestablished Interventions are those for which there is little or no evidence in the scientific literature that allows us to draw firm conclusions about their effectiveness with individuals with ASD. There is no reason to assume these interventions are effective. Further, there is no way to rule out the possibility these interventions are ineffective or harmful.

The following interventions have been identified as falling into the Unestablished level of evidence:

- Animal-assisted Therapy
- Auditory Integration Training
- Concept Mapping
- DIR/Floor Time
- Facilitated Communication
- Gluten-free/Casein-free diet
- Movement-based Intervention
- SENSE Theatre Intervention
- Sensory Intervention Package
- Shock Therapy
- Social Behavioral Learning Strategy
- Social Cognition Intervention
- Social Thinking Intervention

13 UNESTABLISHED INTERVENTIONS
(for individuals under age 22)
Research Findings for Adults (22+ Years)

Established Interventions for Adults

The only intervention to be identified as Established for individuals ages 22 years and older is Behavioral Interventions. The Behavioral Intervention category consists of applied behavior analytic interventions to increase adaptive behaviors and decrease challenging behaviors. Examples of specific strategies identified in the 17 articles supporting Behavioral Interventions are provided in the table on the following page.

Emerging Interventions for Adults

Emerging Interventions are those for which one or more studies suggest they may produce favorable outcomes. However, before we can be fully confident that the interventions are effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with ASD. Based on the available evidence, we are not yet in a position to rule out the possibility that Emerging Interventions are, in fact, not effective.

The following intervention has been identified as falling into the Emerging level of evidence:
- Vocational Training Package

Unestablished Interventions for Adults

Unestablished Interventions are those for which there is little or no evidence in the scientific literature that allows us to draw firm conclusions about their effectiveness with individuals with ASD. There is no reason to assume these interventions are effective. Further, there is no way to rule out the possibility these interventions are ineffective or harmful.

The following interventions have been identified as falling into the Unestablished level of evidence:
- Cognitive Behavioral Intervention Package
- Modeling
- Music Therapy
- Sensory Integration Package

Only 1 Established for individuals 22+

Only 1 Emerging Practice for individuals 22+
NCAEP updated the previous NPDC report (Wong et al. 2014) and synthesizes intervention research published between 1990 and 2017.
Definition of EBP (NCAEP)

NCAEP definition of an EBP:

“Focused intervention practices that have evidence of efficacy in promoting positive outcomes for learners with ASD.”
Criteria for Qualification of an EBP

2+ group design studies
Two high quality group design studies conducted by at least two different researchers or research groups

5+ single case design studies
Five high quality single case design studies conducted by three different investigators or research groups and having a total of at least 20 participants across studies

Combination of evidence
One high quality group design study and at least three high quality single case design studies conducted by at least two different investigators or research groups (across the group and single case design studies)

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Evidence Based Practices (2020)

Antecedent-Based Interventions
Augmentative and Alternative Communication
Behavioral Momentum Intervention
Cognitive Behavioral/Instructional Strategies
Differential Reinforcement of Alternative, Incompatible, or Other Behavior
Direct Instruction
Discrete Trial Training
Exercise and Movement
Extinction
Functional Behavioral Assessment
Functional Communication Training
Modeling
Music-Mediated Intervention
Naturalistic Intervention
Parent-Implemented Intervention
Peer-Based Instruction and intervention
Prompting
Reinforcement
Response Interruption and Redirection
Self-Management
Sensory Integration
Social Narratives
Social Skills Training
Task Analysis
Technology-Aided Intervention and Instruction
Time Delay
Video Modeling
Visual Supports
Manualized Interventions Meeting Criteria for EBPs (MIMCs)

“Interventions that clearly fit the EBP categorical definitions but had themselves enough evidence to be classified as an EBP.”

MIMCs are operationally defined as interventions that:

a) are manualized,

b) have unique features that create an intervention identity, and

c) share common features with other practices grouped within the superordinate EBP classification.
## Manualized Interventions Meeting Criteria for EBPs (MIMCs)

<table>
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<tr>
<th>MIMC</th>
<th>Found in this Evidence Based Practice</th>
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<tr>
<td>PECS</td>
<td>Augmentative and Alternative Communication</td>
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<td>JASPER</td>
<td>Naturalistic Intervention</td>
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<td>Milieu Teaching</td>
<td>Naturalistic Intervention</td>
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<td>Pivotal Response Training</td>
<td>Naturalistic Intervention</td>
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<td>Project ImPACT</td>
<td>Parent-Mediated Intervention</td>
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<td>Stepping Stones/Triple P</td>
<td>Parent-Mediated Intervention</td>
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<td>Social Stories</td>
<td>Social Narratives</td>
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<td>PEERS</td>
<td>Social Skills Training</td>
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<tr>
<td>FaceSay</td>
<td>Technology Aided Instruction and Intervention</td>
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<td>Mindreading</td>
<td>Technology Aided Instruction and Intervention</td>
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</table>

www.captain.ca.gov
Do Not Yet Have Sufficient Evidence
or Have *Conflicting Evidence

Animal Assisted Intervention
*Auditory Integration Training
Collaborative Model for Promoting
Competence and Success
(COMPASS)/Collaborative Coaching
Exposure
Massage/Touch Therapy
Matrix Training

Outdoor Adventure
Perceptual Motor
Person Centered Planning
Punishment
*Sensory Diet
Systematic Transition in Education Programme for ASD (STEP-ASD)

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INTERVENTION FACT SHEETS AVAILABLE FOR EACH OF THE 28 EBPs

- Definition of the intervention
- Age Range
- Outcome Areas
- References (specific articles that provide the evidence for the efficacy of the practice)
| Evidence-Based Practices | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years | 0-5 years | 6-14 years | 15-22 years |
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| ABI                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| AAC                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| BMI                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| CBIS                     |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| DR                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| DTT                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| EXM                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| EXT                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| FBA                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| FCT                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| MD                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| MMI                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| NI                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| PI                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| PBII                     |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| PP                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| R                        |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| RIR                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| SM                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| SI                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| SN                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| SST                      |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| TA                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| TAIU                     |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| TD                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| VM                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |
| VS                       |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |             |           |            |

Table 3.7 Matrix of evidence-based practices, outcomes, and age categories
## Evidence-Based Practices for Children, Youth, and Young Adults with Autism

### National Clearinghouse on Autism Evidence and Practice Review 2020

<table>
<thead>
<tr>
<th>Evidence-Based Practices</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABI</strong> Antecedent-Based Interventions</td>
<td>Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the challenging interfering behaviors.</td>
</tr>
<tr>
<td><strong>AAC</strong> Augmentative and Alternative Communication</td>
<td>Interventions using and/or teaching the use of a system of communication that is not verbal/vocal which can be aided (e.g., device, communication book) or unaided (e.g., sign language).</td>
</tr>
<tr>
<td><strong>BMI</strong> Behavioral Momentum Intervention</td>
<td>The organization of behavior expectations in a sequence in which low probability, or more difficult, responses are embedded in a series of high probability, or less effortful, responses to increase persistence and the occurrence of the low probability responses.</td>
</tr>
<tr>
<td><strong>CBIS</strong> Cognitive Behavioral/Instructional Strategies</td>
<td>Instruction on management or control of cognitive processes that lead to changes in behavioral, social, or academic behavior.</td>
</tr>
<tr>
<td><strong>DR</strong> Differential Reinforcement of Alternative, Incompatible, or Other Behavior</td>
<td>A systematic process that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences for demonstration/non-demonstration of such behavior. These consequences may be provided when the learner is: a) engaging in a specific desired behavior other than the undesirable behavior (DRA), b) engaging in a behavior that is physically impossible to do while exhibiting the undesirable behavior (DRI), or c) not engaging in the undesirable behavior (DRO).</td>
</tr>
<tr>
<td><strong>DI</strong> Direct Instruction</td>
<td>A systematic approach to teaching using a sequenced instructional package with scripted protocols or lessons. It emphasizes teacher and student dialogue through choral and independent student responses and employs systematic and explicit error corrections to promote mastery and generalization.</td>
</tr>
<tr>
<td><strong>DTT</strong> Discrete Trial Training</td>
<td>Instructional approach with massed or repeated trials with each trial consisting of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction.</td>
</tr>
<tr>
<td><strong>EXM</strong> Exercise and Movement</td>
<td>Interventions that use physical exertion, specific motor skills/techniques, or mindful movement to target a variety of skills and behaviors.</td>
</tr>
<tr>
<td><strong>EXT</strong> Extinction</td>
<td>The removal of reinforcing consequences of a challenging behavior in order to reduce the future occurrence of that behavior.</td>
</tr>
<tr>
<td><strong>FBA</strong> Functional Behavioral Assessment</td>
<td>A systematic way of determining the underlying function or purpose of a behavior so that an effective intervention plan can be developed.</td>
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<tr>
<td><strong>FCT</strong> Functional Communication Training</td>
<td>A set of practices that replace a challenging behavior that has a communication function with more appropriate and effective communication behaviors or skills.</td>
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<tr>
<td><strong>MD</strong> Modeling</td>
<td>Demonstration of a desired target behavior that results in use of the behavior by the learner and that leads to the acquisition of the target behavior.</td>
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</tbody>
</table>
Let's Practice!
GOAL:
Rather than tantrumming or grabbing items that she needs/wants, Lucia (age 5, nonverbal) will request items and assistance from others on 8:10 daily opportunities as measured by teacher collected frequency data.

1. What is the goal targeting?

2. What EBPs are options? (refer to the EBP matrix)
Table 3.7 Matrix of evidence-based practices, outcomes, and age categories

<table>
<thead>
<tr>
<th>Evidence-Based Practices</th>
<th>0-5 years</th>
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EBPs Matrix and Definitions (English and Spanish) Available on the CAPTAIN Website www.captain.ca.gov
HOW DO THESE TWO REVIEWS COMPARE?  
*NCAEP (2020) AND NSP (2015)*

“There continues to be a substantial overlap in EBPs identified by these two independent reviews.”

-Page 48 of the NCAEP Report
**Significant Overlap Between NCAEP and NSP**

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<td>Language training did not emerge as a focused intervention by the NCAEP. Components of Language Training (Production) overlap with NCAEP identified practices that may support language production, such as modeling, prompting, reinforcement, visual supports, and music-mediated interventions.</td>
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<td>Components of the Comprehensive Behavioral Treatment of Young Children may overlap with many NCAEP identified practices, such as discrete trial training, modeling, prompting, time delay, and behavior momentum intervention.</td>
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<td>The NSP did not consider this as a category for intervention.</td>
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</table>

**CAPTAIN**
California Autism Professional Training and Information Network

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

• Use 28 EBPs from NCAEP
• Use 14 Established Interventions for Ages 0-22 from NAC
• Use 1 Established Intervention for Ages 22+ from NAC
FREE High Quality Training: Autism Focused Intervention Resources and Modules (AFIRM)
What you’ll learn with AFIRM Modules:

• Key components of an EBP

• Behaviors and skills that can be addressed

• A step-by-step process for applying the practice

• Specific resources that you can download and customize for your own use
Helpful AFIRM Learning Module

How to Select an EBP

http://afirm.fpg.unc.edu/selecting-ebp

Before beginning any new practice or intervention with a learner, it is important to follow four general planning steps. The four-step process includes:

- Identifying the behavior
- Defining the extent of the behavior (collecting baseline data)
- Establishing an observable and measurable goal or outcome
- Choosing an EBP

Identify the behavior or skill

To help you select the best evidence-based practice to use with your student, it is important to identify the target behavior. The target behavior must be observable and clearly defined in the setting where it occurs. All team members should be able to identify the behavior (including its frequency and duration) based on the clarity of the definition of the behavior.

Watch a Short Overview Video on the Selecting EBP Process
Helpful AFIRM Learning Module
Introduction to ASD
https://afirm.fpg.unc.edu/node/2524

Introduction to Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a lifelong developmental disability that primarily affects social communication. This introduction to ASD describes characteristics of autism, including social communication, repetitive behaviors, thinking and learning, and how to support learners with ASD.

What Will I Learn?
The AFIRM model guides the learner through:

- Characteristics of ASD, including social communication, repetitive behaviors, thinking and learning
- How to support learners with ASD
- Activity based scenarios that promote real-world application.

The Introduction to ASD module will take approximately 2 to 3 hours to complete.

If you leave the module prior to finishing, your place within the module will be saved. From your My Account page, look in the My Modules tab and select the last page viewed to resume this module.

Suggested citation:
IMPLEMENTATION RESOURCES

AFIRM Resources
Select a key word to search for AFIRM resources or filter AFIRM resources by category.

Keyword Search

Browse by Module
- Antecedent-based Intervention
- Cognitive Behavior Intervention
- Differential Reinforcement
- Discrete Trial Training
- Exercise
- Extinction
- Functional Behavior Assessment
- Functional Communication Training
- Modeling
- Naturalistic Intervention
- Parent Implemented Interventions
- Peer-Mediated Instruction and Intervention
- Picture Exchange Communication System
- Pivotal Response Training
- Prompting
- Response interruption and Redirection
- Reinforcement
- Scripting
- Self-management
- Social Narratives
- Social Skills Training
- Structured Play Groups
- Task Analysis
- Technology-aided Instruction and Intervention
- Time Delay
- Video Modeling
- Visual Supports

Browse by Module Lesson
- Lesson 1 - Basics
- Lesson 2 - Planning for the Practice
- Lesson 3 - Using the Practice
- Lesson 4 - Monitoring Progress
- Additional Materials

Browse by Document Type
- Evidence-base
- Implementation checklist
- Parent's guide
- Professional standards
- Step-by-Step practice guide
- Tip sheet for professionals
- EBP Brief Packet

AFIRM Videos
Browse Videos

Parent Guides
EBP Videos
NEW AFIRM MODULES COMING

“The next step for the NCAEP will be to use the new information to revise the AFIRM modules to reflect the most current scientific information about focused intervention practices.”
SELF LEARNING MODULES FOR TODDLERS!
NPDC-ASD Early Start Website
http://asdtoddler.fpg.unc.edu
Use these Quick Links on the CAPTAIN website to access these FREE EBP resources!
Why are these two 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 with ASD in reaching their full potential
EBPs are Required.....

| **IDEA 2004** | Sec. 300.320 (4) A statement of the special education and related services and supplementary aids and services, **based on peer-reviewed research** to the extent practicable, to be provided to the child, or on behalf of the child. . . |
| **ESSA S.1177-290.** | EVIDENCE-BASED . . . (B), **the term ‘evidence-based’,** when used with respect to a State, local educational agency, or school activity, means an activity, strategy, or intervention that— (i) **demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on strong evidence...**(ii)(I) demonstrates a rationale based on high quality research findings |
| **CA ED** | **CODE 56345** A statement of the special education and related services and supplementary aids and services, **based on peer-reviewed research** to the extent practicable, to be provided to the pupil, or on behalf of the pupil . . . |
EBPs are Required...

<table>
<thead>
<tr>
<th><strong>CA Senate Bill 946</strong></th>
<th>“Behavioral health treatment&quot; means professional services and treatment programs, including applied behavior analysis and <strong>evidence-based behavior intervention programs</strong> ...</th>
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</thead>
<tbody>
<tr>
<td><strong>CA Lanterman Act</strong></td>
<td>4686.2: Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices ... **Evidence-based practice&quot; means a decision making process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics.</td>
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<tr>
<td><strong>ASHA</strong></td>
<td>Audiologists and speech and language pathologists incorporate the principles of <strong>evidence-based practice in clinical decision making to provide high quality clinical care</strong>. The term evidence-based practices refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions.</td>
</tr>
</tbody>
</table>
What is the most important reason to use EBPs?

Because they work!!!! 😊
INFOGRAPHIC FOR FAMILIES

Available in English and Spanish
Infographic for Family Support Providers

---

**Information for Family Support Personnel**

**Identifying, Understanding, and Accessing Evidence-Based Practices (EBPs): Supporting Families of Children with Autism Spectrum Disorder (ASD) and Other Developmental Disabilities**

**CAPTAIN (California Autism Professional Training and Information Network)**

CAPTAIN is a multi-agency network developed to support the understanding and use of evidence-based practice for individuals with Autism Spectrum Disorder across the state.

**Why is Family Participation So Important?**

- Parent-professional collaboration, with active involvement of parents/caregivers, is not just an evidence-based practice in designing services for individuals with autism; it is also the law (Section 300.300 of the Code of Federal Regulations).
- The family-centered model of service delivery acknowledges that interventions and supports for children with disabilities are most successful when the family's concerns, priorities, choices, and strengths are considered. (Peterson & Speer, 2000)

**How Does Understanding Evidence-Based Practice Benefit Families?**

- Families are the experts on their own children and their participation in intervention planning is vital. However, identifying effective interventions can be challenging.
- Many interventions now use the phrase "evidence-based practice" even when there is no scientifically sound research that supports their use. This can make it extremely difficult to know which interventions have research showing they are effective and which do not.
- Providing information, support, and resources helps parents recognize evidence-based practices. This knowledge can increase families' capacity and confidence as partners with children's service providers.

**What Are Examples of Barriers Families May Face When Participating in Interventions and Service Decisions?**

- **Time:** Children with ASD are often involved with several different intervention activities that take tremendous amounts of the family's time and coordination of care.
- **Money:** Decisions regarding interventions may have financial implication, including things like co-pays, medications, special diets, etc.
- **Emotional Stressors:** Parents may feel overwhelmed as they decide how to allocate their attention and energy across family and professional obligations.
- **Information and Confidence:** Parents may worry that they lack sufficient information about EBPs and may be more confident deferring to professionals to make treatment decisions.

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**CAPTAIN (California Autism Professional Training and Information Network)**

www.captain.ca.gov
PADLET
Resources for Educators and Families during School Closure
English
https://padlet.com/SELPACAPTAIN/xr3r3q3szpyf
RECURSOS EN ESPAÑOL PARA LAS FAMILIAS CON ESTUDIANTES CON AUTISMO

Cómo Explicar COVID-19 a los Niños

Información Básica Sobre El Trastorno Del Espectro Autista

Ayuda para las Familias

Información para las familias en Español:
1-888-772-9050

Que es el autismo?

Aprendza los signos. Reacione pronto.

Estrategias de Enseñanza para las Familias

ADEPT: (Entrenamiento en Autismo para Padres Educación a la Distancia) Aprendizaje Interactivo Versión en Español

Autism Response Team (ART) | Autism Speaks
The Autism Response Team (ART) is an Important Resource for Getting the Help You Need. Call 1-888-772-9050 for free, confidential support via phone, text, or chat. Autism Speaks

Tarjetas de Autismo
USC UCEDD

Aprendemos juntos, aprendemos más.

¡A decidir que quieres ser más fuerte!
RESOURCE AND GUIDANCE PADLETS DURING SCHOOL CLOSURES FOR STUDENTS WITH ASD
SELPA CONTENT LEAD-ASD, CAPTAIN/Marin County SELPA

Here is the link to the English Padlet:
https://padlet.com/SELPACAPTAIN/xr3r3q3szpyf

Here is the link to the Spanish Padlet for Families:
https://padlet.com/SELPACAPTAIN/c4icbic4ic414h

Welcome

CAPTAIN is a multiagency network developed to support the understanding and use of Evidence Based Practices for individuals affected by Autism Spectrum Disorder across the state.
“Children and families cannot benefit from evidence-based practices that they do not experience.”

-Dean Fixsen, NIRN, 2006
For Further Information

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plscherter@ucdavis.edu

www.captain.ca.gov