

Evidence Based Practice (EBP) Considerations

Efficacy Rating
NA

Evidence based practice refers to those interventions, treatments, and methodologies that are considered effective by the current autism research base and are therefore more likely to result in positive outcomes for students.

“Thus far, there is no one universally accepted and recommended treatment for autism. That is not to say that all treatments are equally effective. Deciding which treatment is appropriate for your child (student) can be an exceedingly difficult and stressful choice. The first question that must be answered before making this choice is: ‘What standard should we use when evaluating treatments for autism?’ A treatment can only be deemed effective if it is based on sound, scientifically validated principles and supported by empirical data. In simple terms, this means that treatments for autism must be backed by the same quality of research that we demand from other fields of science, such as medicine, chemistry and engineering.” (Richard Irwin, CTFEAT, 1997)

7 points to consider:

1. Autism has a strong legacy of controversy related to both effective treatments and interventions....
2. There is often significant and strident disagreement as to what constitutes an appropriate program for children and youth with an autism-related diagnosis.
3. The field of autism spectrum disorders is particularly well known for its willingness to embrace and/or maintain a liberal tolerance toward unproven and controversial interventions and treatments. A number of these purportedly effective methods appear to have neither empirical nor logical foundation.
4. The majority of the interventions and treatments commonly used with student with ASD have not been thoroughly evaluated, and even scientifically supported strategies such as applied behavioral analysis are involved in debates.
5. The list of interventions and treatment options for individuals with ASD is rapidly expanding. (This) further intensifies the problem of professionals and parents...to agree on the most effective strategies for...students.
6. Although there is a clear need for identification and use of effective methods, it is also important that the mantra of “effective practice” not be used to impede the development of novel, efficacious treatments and interventions.
7. It is essential that there be an ongoing evaluation of purported interventions and treatments, and that the field identify unproven strategies as experimental until such time as they have demonstrated their worth. (Simpson, 2004)

Questions to ask when considering different interventions?

1. What are the goals and costs of the treatment program or intervention?
2. What outcomes resulted? Were the gains transient or permanent?
3. How were the goals and outcomes evaluated?
4. What risks, if any, were associated with those outcomes?
5. Has the intervention been published in a reputable peer-related journal?
6. Have the results been replicated?
7. How will this new intervention be combined with strategies and therapies already in place for the student?
8. How will the team assess and monitor its effectiveness?
9. How does the team decide an intervention is or isn't working?
10. What back-up plan is in place if the intervention isn't effective?

How can a decision be made?

Data on effectiveness and appropriateness for each individual must be considered when selecting, designing and implementing programs. Every program must include an evaluation component which not only enables the team to make data-based decisions, but also to review periodically the impact on the individual's life.

There are levels of research and evidence of the various approaches and methodology upon which decisions can be made. Chorpita and colleagues (2002) have proposed a framework for examining interventions which may prove helpful. This framework will be used to rate the effectiveness of interventions described in our toolkit.

Level I: Well established interventions meeting four criteria:

1. Two or more examples exist in the literature where groups of individuals who received one treatment performed better than either those who did not receive the treatment or those who received treatment with a different intervention; and/or where the experimenter has statistically demonstrated that the intervention in question can produce the same level of effects or improvement as a more established intervention (group design)
OR
A large series of case studies (5 or more) have been done with strong experimental designs comparing one intervention with another.
2. Treatment manuals exist for the experimental procedures.
3. Participant samples are clearly defined.
4. Two or more researchers have reported significant effects.

Level II: Probably efficacious treatments meeting one of the following three criteria:

1. Intervention is found to be superior to a control group in at least two studies reported in the literature.
2. Evidence of one example in the literature where groups of individuals who received one treatment performed better than either those who did not receive the treatment or those who received treatment with a different intervention; and/or where the experimenter has statistically demonstrated that the intervention in question can produce the same level of effects or improvement as a more established intervention (group design)
3. A small series of case studies (2-3) with clear participant description, strong experimental designs, and use of procedural manuals compared to a group that did not receive treatment or received another intervention.

Level III: Possible efficacious treatments requiring only one of the following criteria:

1. Evidence of one example in the literature where groups of individuals who received one treatment performed better than either those who did not receive the treatment or those who received treatment with a different intervention; and/or where the experimenter has statistically demonstrated that the intervention in question can produce the same level of effects or improvement as a more established intervention (group design)
- OR**
2. A small series of case studies (1-2) with clear participant and treatment description, strong experimental designs with two or more researchers reporting similar effects and comparison to a group that did not receive treatment or received another intervention.

Level IV: Untested and unsupported treatments

Level V: Possibly harmful treatments

Updated May 2006