

## **Module: Functional Communication Training**

### **Evidence Base for Functional Communication Training**

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

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.

This definition and criteria are based on the following sources:

Horner, R., Carr, E., Halle, J., McGee, G., Odom, S., & Wolery, M. (2005). The use of single subject research to identify evidence-based practice in special education. *Exceptional Children, 71*, 165-180.

Nathan, P., & Gorman, J. M. (2002). *A guide to treatments that work*. NY: Oxford University Press.

Odom, S. L., Brantlinger, E., Gersten, R., Horner, R. D., Thompson, B., & Harris, K. (2004). *Quality indicators for research in special education and guidelines for evidence-based practices: Executive summary*. Arlington, VA: Council for Exceptional Children Division for Research.

Rogers, S. J., & Vismara, L. A. (2008). Evidence based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*(1), 8-38.

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Using these criteria, the empirical studies referenced below provide documentation for supporting functional communication training as an evidence-based practice. This list is not exhaustive; other quality studies may exist that were not included.

### **Preschool**

Carr, E. G., & Kemp, D. C. (1989). Functional equivalence of autistic leading and pointing: Analysis and treatment. *Journal of Autism and Developmental Disorders*, 19(4), 561-578.

Mancil, G. R., Conroy, M. A., Nakao, T., & Alter, P. J. (2006). Functional communication training in the natural environment: A pilot investigation with a young child with autism spectrum disorder. *Education and Treatment of Children*, 29(4), 615-633.

Olive, M., Lang, R., & Davis, T. (2008). An analysis of the effects of functional communication and a voice output communication aid for a child with autism spectrum disorder. *Research in Autism Spectrum Disorders*, 2(2), 223-236.

Schindler, H., & Horner, R. (2005). Generalized reduction of problem behavior of young children with autism: Building trans-situational interactions. *American Journal on Mental Retardation*: 110(1), 36-47.

### **Elementary**

Casey, S., & Merial, C. (2006). The use of functional communication training without additional treatment procedures in an inclusive school setting. *Behavioral Disorders*, 32(1), 46-54.