

Module: Time Delay

Evidence Base for Time Delay

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 time delay as an evidence-based practice. This list is not exhaustive: other quality studies may exist that were not included.

Elementary

- Charlop, M. H., Schreibman, L., & Thibodeau, M. G. (1985). Increasing spontaneous verbal responding in autistic children using a time delay procedure. *Journal of Applied Behavior Analysis, 18*, 155-166.
- Ledford, J. R., Gast, D. L., Luscre, D., & Ayres, K. M. (2008). Observational and incidental learning by children with autism during small group instruction. *Journal of Autism and Developmental Disorders, 38*, 86-103.
- Liber, D. B., Frea, W. D., & Symon, J. B. G. (2008). Using time delay to improve social play skills with peers for children with autism. *Journal of Autism and Developmental Disorders, 38*, 312-323.
- Matson, J. L., Sevin, J. A., Fridley, D., & Love, S. R. (1990). Increasing spontaneous language in three autistic children. *Journal of Applied Behavior Analysis, 23*, 227-233.
- Taylor, B. A., & Harris, S. L. (1995). Teaching children with autism to seek information: Acquisition of novel information and generalization of responding. *Journal of Applied Behavior Analysis, 28*, 3-14.