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Effectiveness of Intensive Behavioral Intervention in a large, community-based program☆

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Abstract

Although the *efficacy* of Intensive Behavioral Intervention (IBI) for young children with Autism Spectrum Disorders (ASD) has been well documented in small model programs, IBI's *effectiveness* (i.e., does it work in the ''real world''?) has been less studied and may not be as impressive, e.g. Bibby, Eikeseth, Martin, Mudford, and Reeves (2002). This study reports on the outcomes of 332 children, aged 2–7 years, enrolled in a large, community-based, publicly funded IBI Program in Ontario, Canada. File review data at intake and exit were compared on a group basis as well as on an individual basis. Results indicated statistically significant and clinically significant improvements: reduction in autism severity, gains in cognitive and adaptive levels, as well as a doubling of children's rate of development. There was a considerable heterogeneity in outcome, as expected, and children were classified into seven categories of progress/outcome. The majority of children (75%) showed some gains during IBI and 11% achieved average functioning. Although the study has clear methodological limitations (chiefly the lack of a comparison group), it suggests that IBI can be implemented effectively in a large, community-based program.

Keywords: Behavioral treatment; Early Intensive Behavioral Intervention; Effectiveness study; Outcomes

1. Introduction

Autism is defined by severe difficulties in three areas: reciprocal social relationships, verbal and nonverbal communication, and unusual repetitive behavior and restricted interests (American Psychiatric Association [APA], 1994, 2000). Autism is co-morbid with intellectual disability in approximately 75–80% of cases (APA, 1994; National Research Council [NRC], 2001), although persons within the broader category known as Autism Spectrum Disorders (ASD) may have milder or no intellectual delays (Fombonne, 2005). Individuals with autism may exhibit severe behavior problems (e.g., self injury, aggression) and/or mental health problems, as well. An enormous variety of treatments have been proposed for autism (approximately 50 reviewed by Perry & Condillac, 2003), including some which are highly sensationalized in the media and via the Internet, but which are eventually demonstrated through research to be of limited or no benefit or, indeed, to pose significant risk of harm (e.g., Bebko, Perry, & Bryson, 1996; Dunn Geier et al., 2000).

1.1. Intensive Behavioral Intervention

Early, intensive treatment using behaviorally based methods, sometimes known as Intensive Behavioral Intervention (IBI), has a much stronger empirical basis than virtually any other intervention used with children with autism and is considered ''best practice'' for young children with autism, based on reviews of the research literature and the recommendations of several professional consensus panels, convened by the New York State Department of Health (NYSDOH, 1999), the U.S. National Institutes of Health in 2000 (e.g., Schreibman, 2000), and the U.S. Department of Special Education via the National Research Council (NRC, 2001). Most of these IBI studies are based on small samples (fewer than 30 children) in private or University-affiliated, model programs. See Handleman and Harris (2001) for detailed descriptions of some of these programs. Although they vary in a number of ways, there are certain commonalities among them: (1) early age at onset of treatment (usually before age 4); (2) a large quantity of intervention (typically 25–40 h/week for 1–3 years); (3) a curriculum which is comprehensive in scope, developmental in sequence, individualized for the child, and builds in generalization; (4) a positive-oriented, functional