

An asset of this study is its comparison of ABA and ED approaches. Comparative findings are limited based on the disparity of direct treatment time received by both groups. The intensive nature of the ABA treatment in contrast to the ED group potentially sways data in favor of ABA treatment. As well, inclusion of ABA principles in the ED approach may further influence treatment outcomes and threaten internal validity. Despite these inherent weaknesses a relatively large sample size and special care to matching subjects ensures homogeneity of groups and while this comparison does not directly speak to the purpose of this critical review, it provides a layer of equivocal evidence in support of ABA treatment over the ED approach.

Case Studies

Case studies provide researchers a chance to closely examine disorders with mixed characteristic sets or those that are comprised of individual cases such as in autism spectrum disorder. However, external validity of such research findings is limited in generalization to the greater disorder population.

Green, Brennan and Fein (2002) conducted a comprehensive case study of a young girl “at risk for autism spectrum” (Green et al, 2002) who presented with social and communication skill regression at the age of 12 months. A three-year intensive ABA program was conducted for 25-36 hours a week in various settings. Standardized testing completed prior and following treatment, as well as informal measures of target and non-target behaviour was conducted. At five years of age the participant was functioning age-appropriately in receptive and expressive language.

Communication function cluster- Decreases in skills for both approaches (p= .030).

Communicative means-gestural cluster- Increases in both groups (p=.037). No significant difference between groups.

Reciprocity cluster- Decreases in respondent acts for both groups (p=.008).

The researcher employed several strategies to ensure a balanced, unbiased result including rotation and consistency of treatment facilitator as well as equal duration and intensity of the two approaches, thus improving internal validity. As previously discussed, caution must be taken to conclude causal relations on the CSBS and so inclusion of clinical skill progress introduces an additional measurement tool that improves internal validity of the study. While no differences were evident before and after treatment on the CSBS, the positive outcomes seen in ABA s clinical goals provides a suggestive level of evidence for

