Critical review: the efficacy of Reciprocal Imitation Training as a treatment for imitation deficits

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one set for the child, one for the trainer (Ingersoll &
Schreibman, 2006). Toys are varied between training
sessions to encourage skill generalization.

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large set of gesture models. It should also be noted that individuals scoring videos were not blinded as to the purpose of this study. The raw data generated through this study was reported: percentage of imitated actions for all sessions, participant characteristics (mental age, language age, severity), and pre/post MIS test scores. Definitions for target behaviours were also discussed in detail. Fidelity of treatment implementation was monitored via videotape review - each strategy was assessed independently and implementation accuracy ranged from 86.3-100% for all strategies. Kappa coefficients revealed good inter-raterr agreement (scores of 0.69 - 0.73 for each dependent measure). In summary, this study provides suggestive evidence that RIT is effective at treating gesture imitation deficits in young children with ASD.

Ingersoll and Lalonde (2010) completed a single subject multiple baseline study to determine if adding gestural RIT to an object-based RIT therapy program would improve context-appropriate language use during play activities in 4 children (1 girl) with autism (35-41 months). Following staggered baseline measures, participants attended 3 hours of treatment per week for 10 weeks. Frequency of verbal imitation in sessions was scored via video-analysis as a percentage of models imitated. Visual analysis and Wilcoxon signed-rank

analysis of frequency data, gains were maintained and generalized at 1 and 3 week follow up visits.

This study is procedurally transparent: authors describe their methods, recruitment strategies, assessment measures, and rational in great detail. Their raw data (frequency counts and MIS scores) is also included in the paper. Fidelity of treatment implementation was tracked in 20% of sessions using a checklist and point-by-point comparison was used to determine that inter-rater reliability was high (97.8%). As a frequency count was used to measure imitation skills, it is unclear if children imitated more actions as they were provided

between the trial and control groups using appropriate statistical analysis (one-way ANCOVA using post-test score as the dependent variable). Recruitment strategies, treatment procedures, and outcome measures were clearly explained in this paper. Overall, this research provides strongly suggestive evidence in support of the efficacy of RIT training as a treatment for imitation deficits in young children with ASD.

Ingersoll (2012) carried out a randomized control trial looking at effect of clinician-mediated RIT on initiation of joint attention and social-emotional functioning in 27 children with ASD (27-47mo) matched for expressive language age (as per Preschool Language Scales 4th edition) and randomly assigned to control/treatment groups. The test group (n=14) received 3 hours of RIT a week while the control group continued to receive intervention as per normal in the community. A mixed-model ANOVA analysis of pre-therapy, post-therapy and follow-