Critical Review:
The impact of social-pragmatic treatment approaches on the language and communication skills of preschool-aged children with autism spectrum disorder

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programs, as well as for parents of children with ASD who may not be able to afford other more direct treatment options.

Objectives

While the above-mentioned limitations reduce

strengths provide strong evidence in support of a social-pragmatic treatment approach. Further, the fact that positive outcomes were seen in children of varied age and skill levels suggests that this intervention may be capable of accommodating the heterogeneous nature of ASD, a finding of particular clinical relevance.

Jocelyn et al., (1998) conducted an RCT study examining the effectiveness of a community-based treatment model that emphasized facilitating the language and social development of 35 young children with autism or Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS). The children were randomly assigned to either an experimental treatment group or a control group. Children in the experimental treatment group (n = 16) received a 12-week intervention program consisting of parent and daycare worker training in addition to standard day care. Children in the control group (n = 19) received standard day care only. The experimental treatment focused on providing caregivers with general information about autism, as well as teaching strategies to engage the children communicatively and socially. Children were assessed prior to initiating treatment and again at a 12-week follow-
group assignment.

Multivariate analysis of variance (MANOVA) was used to compare the pre- and post-test assessment results between groups on measures of receptive and expressive language. No significant differences between the experimental and control groups were found on a dual psychologist and parental report measure of autistic symptomology, which included a language subtest (Autism Behavior Checklist) (p = 0.28). However, a statistically significant difference between the two groups was detected on the language subtest of a developmental assessment tool (The Early Intervention Developmental Profile: ages 0-36 months; The Preschool Developmental Profile: ages 36-60 months) (F = 0.87; p = 0.008). Language ability was the only sub-skill found to improve on this measure following the experimental intervention,274-17(u)(an)4(d)-6(en)4(tio)-15(n)6(,28[ )]TJ317an)4(d)-6(en)4h330 1 cially

was found. In particular, more children in the treatment group developed speech (single words and phrases) than in the control group. Once again, this inconsistent result for expressive language, as measured by two separate assessment tools, is difficult to interpret.

While this study was useful in revealing minor positive effects of a social-pragmatic treatment approach, there were significant limitations that restricted the ability to draw compelling conclusions. Most notably, pre- and post- intervention assessments were not conducted by

threat to both the internal and external validity of the study. The authors identified several other potentially confounding variables. Firstly, the experimental treatment group possessed a significantly higher baseline non-verbal IQ than the control group (F = 14.8; $p < 0.001$), making it difficult to attribute the treatment effects to the social-pragmatic intervention rather than to a fundamental group difference. The authors cited the lack of treatment fidelity measures as another limitation of the study. Specifically, the study failed to control for consistency of treatment protocols across subjects in the experimental group. Further, the study relied on parental report measures for evaluating the effects of the treatment on language ability. Generally, parental report measures are considered less reliable than more objective, behavior