iejee

International Electronic Journal of Elementary Education
March 2026, Volume 18, Issue 3

Errorless Compliance Training (ECT) in Cooperative Skills in a Preschool Child with Autism

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Received : 2 December 2025
Revised : 3 March 2026
Accepted : 20 April 2026
DOI : 10.26822/iejee.2026.444

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KURA group

www.iejee.com
ISSN: 1307-9298

Abstract

This single-case study examined the effects and maintenance of cooperative skill training using Errorless Compliance Training (ECT) in a four-year-old boy diagnosed with autism (F84.0) attending a Norwegian kindergarten. A pre–post design with an 11-week follow-up period was implemented. The dependent variable was the percentage of adult instructions followed within 10 seconds without avoidance or resistance. Results indicated a clear increase in cooperative behavior across all levels of task difficulty, with the greatest improvement for low-probability instructions (from 25% at baseline to 75% at follow-up). The findings align with previous research supporting ECT as an effective and socially valid method for increasing cooperation in children with autism. Skills were maintained and partially generalized to natural settings 11 weeks after training. Implications for Early Intensive Behavioral Intervention (EIBI) and early childhood education are discussed.

Keywords:

Autism, Cooperation, Compliance Training, Applied Behavior Analysis, Generalization, Early Intervention

Introduction

Early and targeted instruction in social, communicative, and cooperative skills is essential for children with autism spectrum disorder (ASD). Such skills are a prerequisite for learning, social inclusion, and later academic functioning (Isaksen & Holth, 2009). Children with autism often experience difficulties following instructions, sharing attention, and responding to adult-initiated prompts (Ingersoll, & Schreibman, 2006). These abilities constitute what is commonly referred to as cooperative behaviors, a core component of children's capacity to participate in learning activities and engage in social interactions in preschool and school settings. Limited cooperative behavior may reduce learning outcomes and increase the risk of social isolation (Kløfta et al., 2020).

Within applied behavior analysis (ABA), numerous studies have documented the effectiveness of systematic instructional procedures based on precise measurement, arrangement of reinforcement contingencies, and the use of prompting and prompt-fading procedures. Such methods have been shown to produce rapid, stable, and generalizable learning of both basic and complex

skills (Leaf et al., 2022). ABA offers a theoretical and methodological framework for analyzing and modifying behavior in a structured, individualized, and empirically grounded manner.

One well-documented intervention in this field is Errorless Compliance Training (ECT), developed by Ducharme and colleagues (Ducharme, 1996; Ducharme & Drain, 2004). ECT is based on gradual exposure and errorless learning, training the child to respond correctly to instructions of increasing complexity while minimizing the likelihood of errors. This is achieved through differential reinforcement, most-to-least prompting, and systematic fading. ECT differs from traditional compliance training by focusing on preventing avoidance and resistance through early establishment of successful responding (Davis & Axe, 2021; Ducharme, 2007).

International studies show that ECT can significantly improve children's cooperative skills and facilitate generalization of new individuals and settings (Ducharme & Drain, 2004; Ducharme & Ng, 2012). Cavell et al. (2018) demonstrated effective parent-implemented ECT in home and school settings for young children with autism. Similarly, Rames-LaPointe et al. (2014) found that ECT improved compliance in a special education classroom, with improvements in generalizing novel instructions.

ECT shares goals with other interventions targeting cooperation and social competence in children with autism. Pivotal Response Training (PRT), for example, focuses on pivotal skills and employs natural reinforcement procedures (Park, 2013). Both PRT and ECT are sensitive to children's needs and preferences and aim to increase motivation for appropriate interaction with the environment. Within the broader literature on behavioral interventions, Errorless Compliance Training (ECT) and Pivotal Response Training (PRT) share common roots in applied behavior analysis but differ in both conceptual focus and procedural implementation. PRT emphasizes child-initiated interactions and targets pivotal behaviors to promote widespread developmental gains (Koegel & Koegel, 1995), whereas ECT is structured around systematically reducing errors during instruction to establish high rates of successful responding and compliance (Ducharme & Ng, 2012). Procedurally, ECT relies on carefully sequenced prompts and immediate reinforcement to minimize task failure, making it particularly well suited for preschool settings where instructional tolerance and sustained engagement may be limited. This distinction highlights ECT as a complementary approach within early intervention, especially when rapid acquisition of cooperative behavior is a primary instructional goal.

Findings across ECT studies indicate high social validity—parents, teachers, and children typically perceive the intervention as meaningful, feasible, and positive. The method aligns with non-aversive behavior change practices (Wolf, 1978).

Recent research highlights the importance of planned generalization and maintenance to ensure lasting change. If learned skills are not maintained by natural reinforcement contingencies, intervention effects may diminish over time. Combining structured instruction with systematic transfer to natural settings is critical for long-term outcomes (Stokes & Baer, 1977). The use of an ECT protocol to preschool settings improved cooperation in young children with autism after targeted, level-based instruction. Staff reported the intervention as feasible, suggesting high social validity in preschool contexts (Cavell et al., 2018). However, limited research has examined long-term maintenance of cooperative behavior in such environments.

The present study seeks to address this gap by examining how a tailored ECT procedure influences and maintains cooperative skills in a preschool child with autism. The study follows ABA principles and prior research by Ducharme (1996, 2004, 2007), Ducharme and Ng (2012), and Kløfta et al. (2020), with emphasis on social validity, generalization, and skill maintenance.

The guiding research question is: To what extent does ECT-based instruction increase and maintain cooperation, measured as the child's ability to follow adult instructions in everyday preschool routines?

Method

Participant

The participant was a four-year-old boy diagnosed with childhood autism (F84.0; WHO, 2019). The child attended a regular municipal preschool and received approximately 25 hours of 1:1 instruction weekly as part of an EIBI program.

Setting

The intervention was conducted in the preschool, both in a designated training room and in natural environments (classroom, circle time, meals, outdoor play). Transfer to natural settings was planned and gradual. All sessions were delivered by the same special educator, with observation and supervision from the researcher.

Design

A single-case experimental design with an 11-week follow-up was employed. The study used a within-subject design; behavior changes were evaluated through visual analysis of graphed data.

Table 1
Design Overview

Phase	Description	Duration
Baseline (A)	Assessment without intervention	One week
Intervention (B)	ECT training, three–five sessions/week	Four weeks
Posttest	Measurement after final training phase	Immediate
Follow-up	Assessment 11 weeks after intervention	Two days

Note. The table contains an overview of the four phases in this present study. Each phase is explained with a short description and the duration of the phase.

Dependent Variable

The dependent variable was compliance with adult instructions, defined as following a given instruction within 10 seconds without resistance, avoidance, or off-task behavior.

A response was coded as correct if the child:

1. initiated the action within 10 seconds,
2. completed it without protest, and
3. executed the task correctly.

Correct responses were marked (+); incorrect responses were marked (–). Data were calculated as the percentage of correct responses per task per session.

Independent Variable: Errorless Compliance Training

The intervention was based on ECT as described by Ducharme (1996), Ducharme and Drain (2004), and Durcharme and Ng (2012), and adapted for Norwegian settings by Kløfta et al. (2020).

Table 2
Instruction Probability Levels

Level	Description	Examples
1	High probability	"Point to...", "Find the picture..."
2	Medium	"Flush the toilet", "Sing with the music"
3	Low	"Put away the toys", "Wash your face"

Note. The table shows the three levels of instruction probability from high to low, with examples of instructions.

Procedures

Assessment

Cooperative behavior was assessed using the Compliance Probability Questionnaire (CPQ) (Ducharme & Drain, 2004), completed by the special educator, the pedagogical leader, and an assistant. Six tasks were selected for training, all reported as occurring with low likelihood.

Training Phase

Instruction began in a structured 1:1 format. Each task was introduced individually to ensure clarity and optimal learning conditions. A task was considered mastered after three consecutive correct responses without prompts.

Tasks were then transferred to natural preschool routines to promote generalization. Later, mastered tasks were intermixed with other known tasks in a semi-random sequence to strengthen discrimination and flexibility. The mastery criterion for mixed trials was five consecutive correct responses.

Prompting Procedures

A most-to-least prompting strategy was used, beginning with modeling, physical guidance, or verbal cues, which were systematically faded as independence increased. This minimized errors and promoted successful performance.

Reinforcement

Reinforcement was delivered contingent on each correct response and served as a central mechanism for establishing and strengthening cooperative behavior. Following accurate task completion, the child received one of several forms of positive reinforcement, including enthusiastic social praise, access to a preferred activity, or a small tangible item. These reinforcers were selected based on the child's demonstrated preferences and were adjusted across sessions to maintain engagement and prevent satiation.

The deliberate variability in reinforcement types was essential for sustaining the child's motivation throughout the intervention, as diverse reinforcers are known to enhance the reinforcing value of instructional contexts and promote more robust acquisition and maintenance of target behaviors. This approach is consistent with established principles in applied behavior analysis, which emphasize the importance of individualized, dynamic reinforcement systems to support skill development and generalization.

Tests

Posttest

A standardized posttest was conducted without prompting, using low-probability tasks to assess transfer of cooperative behavior to new conditions.

Follow-Up

A follow-up assessment 11 weeks later evaluated maintenance and generalization across adults and natural contexts.

Data Collection and Analysis

Data were collected through direct, manual observation, and graphed as percentage of compliant responses across sessions. Visual analysis was conducted in accordance with established guidelines for single-case experimental designs, with systematic evaluation of level, trend, variability, immediacy of effect following phase changes, degree of overlap between baseline and intervention phases, and consistency of data patterns within and across phases.

Ongoing visual inspection of data informed data-based decision making throughout the study. Intervention procedures were adjusted responsively when patterns indicated insufficient level change, delayed immediacy of effect, or excessive variability, while core intervention components were maintained to preserve treatment integrity.

Reliability, Validity, and Treatment Integrity

Reliability and validity considerations are essential when interpreting findings from single-case designs (Byiers et al., 2012). In the present study, all data was collected by a single observer, which means that interobserver agreement (IOA) could not be calculated. The absence of IOA limits the ability to verify the consistency and objectivity of recorded measurements. To mitigate this limitation, the study employed clearly articulated operational definitions of the target behaviors, thereby enhancing measurement precision and reducing ambiguity in coding.

Treatment integrity was systematically supported using a standardized intervention protocol, detailed procedural checklists, and a comprehensive treatment manual. These elements ensured that the Errorless Compliance Training procedures were implemented consistently across sessions and aligned with established guidelines in the literature. Additionally, adherence to the protocol was monitored through regular supervision, which further strengthened procedural fidelity (Bergmann et al, 2023).

Social validity was evaluated through brief interviews and informal observations involving staff members familiar with the child. These assessments provided insight into how the intervention was perceived by practitioners and whether it aligned with the ecological demands and values of the preschool context. Together, these components contribute to the methodological rigor of the study, while also highlighting areas where future research could incorporate additional reliability measures.

Ethical Considerations

Parental consent was obtained prior to data collection. Child assent was ensured by allowing the child to select reinforcers and activities during each training session.

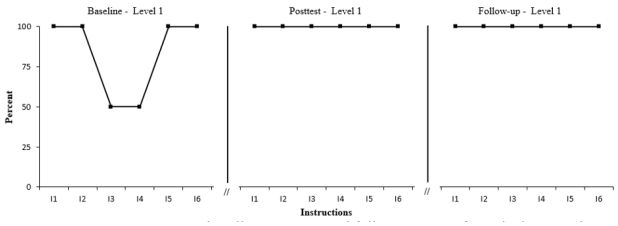
Results

Results showed clear increases in compliance across all levels. At Level 1, compliance demonstrated a marked increase in level from a stable baseline mean of 83% to 100% at follow-up, indicating a strong and sustained improvement. A similar, though more moderate, level change was observed at Level 2, where compliance increased from 83% at baseline to 91% at follow-up. The most pronounced level change occurred at Level 3, with compliance increasing from a low baseline level of 25% to 75% at follow-up, representing the largest absolute and relative improvement across conditions

With respect to trend, baseline data across levels were either stable or showed no systematically increasing pattern, whereas posttest and follow-up data reflected clear upward shifts in performance. Variability within baseline phases was limited, supporting confidence in phase comparisons, while post-intervention data showed reduced variability at higher levels of compliance, particularly for Level 1. Although the intervention phase is not graphically presented, the observed posttest data indicate a clear immediacy of effect, reflected in abrupt level changes between baseline and posttest measurements. The degree of overlap between baseline and post-intervention data was minimal for Levels 1 and 3, and limited for Level 2, further supporting a functional relation between the intervention and observed behavior change.

Figure 1

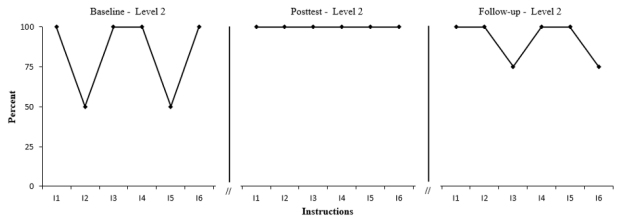
Percent compliance during Level 1.



Note. The figure shows data from baseline, posttest, and follow-up. Data from the intervention phase is not shown, since this study focuses on compliance at posttest and follow-up

Figure 2

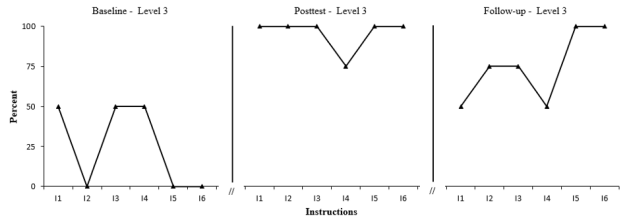
Percent compliance during Level 2.



Note. The figure shows data from baseline, posttest, and follow-up. Data from the intervention phase is not shown, since this study focuses on compliance at posttest and follow-up.

Figure 3

Percent compliance during Level 3.



Note. The figure shows data from baseline, posttest, and follow-up. Data from the intervention phase is not shown, since this study focuses on compliance at posttest and follow-up.

Across tasks and instructional levels, data patterns demonstrated a high degree of consistency, with all levels showing improvements in compliance and evidence of maintenance at follow-up. Two low-probability tasks ("pick up ... at mealtime" and "wash your face") demonstrated complete maintenance (100%), while remaining tasks showed partial maintenance ranging from 50% to 75%. Collectively, these data indicate robust acquisition of cooperative behavior and partial maintenance over time.

Discussion

The findings of this study corroborate a growing body of research demonstrating that Errorless Compliance Training (ECT) is an effective approach for strengthening cooperative behavior in children with autism spectrum disorder. In particular, the marked improvements observed in low-probability instructions are consistent with the results reported by Ducharme and Drain (2004), who showed that ECT reliably produces rapid gains in compliance and facilitates generalization across tasks and settings. These parallels reinforce the notion that errorless learning procedures, when combined with systematic prompting and differential reinforcement, can meaningfully reduce avoidance and resistance even for tasks that initially function as aversive or low likelihood demands.

The present study contributes to novel insights by demonstrating that ECT can be implemented effectively within a preschool context, a setting characterized by dynamic routines, variable environmental stimuli, and high levels of peer and adult interaction. These contextual properties often present challenges for structured behavioral interventions; nevertheless, the successful outcomes observed here align closely with those reported by Kløfta et al. (2020), who documented similar improvements when applying ECT in Norwegian early childhood education environments. Together, these studies suggest that ECT is sufficiently flexible and adaptable to be embedded within play-based, socially rich preschool settings without compromising treatment integrity.

The observed generalization of cooperative responding provides further support for the robustness of the training procedures. Planned transitions from the structured training room to naturalistic preschool routines, combined with the involvement of multiple adult implementers during follow-up, appear to have facilitated the transfer of skills across contexts and personnel. This is consistent with Schreibman et al. (2015), who emphasize that skills acquired through systematic and positively reinforced teaching procedures are more likely to generalize and be maintained when they are embedded within varied and natural learning contexts. Importantly, the maintenance of improved performance 11 weeks after the cessation of formal training indicates that cooperative behavior may have become naturally reinforced through everyday interactions with preschool staff and peers. Such sustained responding suggests that the target behaviors had acquired functional relevance within the child's daily routines, a critical objective in applied behavior analysis, and a key determinant of long-term treatment success.

Maintenance and Resistance to Extinction

The sustained occurrence of cooperative behavior may be explained by the continued availability of reinforcement across multiple natural contexts, which strengthened the response class and enhanced its stability over time. When behaviors contact reinforcement in varied and naturally occurring environments, they become less dependent on formal teaching procedures and more resilient to fluctuations in adult attention or programmed consequences (Cooper et al., 2020). This pattern reflects increased resistance to extinction—a central objective within applied behavior analysis (ABA), as it suggests that the behavior has acquired functional significance in the child's everyday routines and is maintained by naturally occurring contingencies rather than contrived intervention conditions (Nevin, 2012).

Social Validity

Staff reported that the intervention was both feasible to implement within the existing preschool routines and meaningful in relation to the child's

developmental goals. They observed that the child showed increased engagement, more consistent participation in activities, and a notably more positive effect during instructional interactions. Such qualitative impressions from practitioners are essential indicators of an intervention's practicality and social relevance. Together, these observations provide strong support for the social validity of the procedures employed, in line with Wolf's (1978) conceptualization of social validity as the degree to which intervention goals, methods, and outcomes are perceived as acceptable, important, and beneficial by those directly involved.

Limitations

This study is subject to several methodological limitations that should be considered when interpreting the findings. First, the use of a single-case design with only one participant restricts the generalizability of the results. Although single-case methodology allows for detailed, individualized analysis of behavior change, it does not permit inferences about broader populations of children with autism. Replication across multiple participants and settings is therefore necessary to strengthen external validity (Kazdin, 2011).

Second, interobserver agreement (IOA) was not calculated. The absence of IOA data reduces confidence in the reliability of behavioral measurements, as it is not possible to determine the extent to which observations were consistently recorded. Although clearly defined operational definitions and structured recording procedures were used to enhance measurement precision, future studies should include independent observers to ensure objectivity and replicability.

Third, the follow-up period of 11 weeks, while demonstrating promising maintenance, is short for assessing long-term durability of behavior change. Cooperative responding may fluctuate over longer intervals due to developmental changes, contextual shifts, or variations in reinforcement contingencies. Extended follow-up assessments, at six months, one year, or beyond, would provide a more robust evaluation of the persistence of ECT effects.

Finally, the broader literature on Errorless Compliance Training and related interventions may be influenced by publication bias. Studies demonstrating strong or positive outcomes are more likely to be published, whereas null or negative findings may be underreported. This trend can inflate perceptions of the intervention's effectiveness and limits the ability to evaluate its true impact across diverse populations and contexts. Comprehensive reporting and registration of single-case studies would contribute to a more balanced evidence base.

Future Research

Future research should address several avenues to strengthen the evidence base for Errorless Compliance Training and its application in early childhood settings. First, studies should include larger and more diverse samples to improve the generalizability of findings beyond single-case designs. Replication across multiple participants, settings, and implementers will help clarify the extent to which ECT is effective across variations in child characteristics, instructional environments, and staff backgrounds.

Second, research should incorporate extended follow-up periods. Although short-term maintenance was demonstrated in the present study, long-term evaluations are necessary to determine whether cooperative behavior remains stable over time and under naturally occurring reinforcement contingencies. Follow-up assessments conducted at six months, one year, and beyond would yield more robust evidence regarding the durability of treatment effects.

Third, future studies should analyze the active components of ECT to determine which aspects of the intervention are primarily responsible for behavior change. Component analyses examining the relative contributions of prompting procedures, reinforcement strategies, task sequencing, and errorless learning techniques would enhance theoretical understanding and improve the efficiency of clinical implementation.

Fourth, researchers should explore how ECT can be integrated with complementary interventions such as Functional Communication Training (FCT) or Pivotal Response Treatment (PRT). Combining ECT with interventions targeting communication, motivation, or broader social engagement may yield synergistic effects and support more comprehensive skill development for children with autism.

Last, there is also a need for systematic investigation of organizational and implementation variables, including staff training, treatment fidelity, supervision structures, and contextual factors within preschools and early education settings. Understanding how these variables influence treatment outcomes will be essential for scaling ECT in real-world environments and ensuring sustainable, high-quality implementation.

Conclusion

This study demonstrates that ECT can effectively increase and maintain cooperative behaviors in a preschool child with autism. ECT appears flexible enough for integration into daily routines while remaining structured and empirically grounded. The findings support ECT as a socially valid, ethically

sound, and practical intervention for early childhood educational settings.

Despite its empirical support, ECT remains relatively underexplored at a theoretical level. Further research is needed on protocol standardization, motivational operations, and mechanisms underlying maintenance and generalization.

References

Bergmann, S., Long, B. P, St. Peter, C. C., Brand, D., Strum, M. D., Han, J. B., & Wallace, M. D. (2023). A detailed examination of reporting procedural fidelity in the Journal of Applied Behavior Analysis. *Journal of Applied Behavior Analysis, 56*(4). 708–719. https://doi.org/10.1002/jaba.1015

Byiers, B. J., Reichle, J., & Symons, F. J. (2012). Single-subject experimental design for evidence-based practice. *American Journal of Speech and Language Pathology*. *21*(4). 397–414. https://doi.org/10.1044/1058-0360(2012/11-0036

Cavell, H. J., Radley, K. C., Dufrene, B. A., Tingstrom, D. H., Ness, E. A., & Murphy, A. N. (2018). The effects of errorless compliance training on children in home and school settings. *Behavioral Interventions*, *33*(4), 391–402. https://doi.org/10.1002/bin.1641

Cooper, J. O., Heron, T. E. & Heward, W. L. (2020). *Applied Behavior Analysis*. Pearson Education Limited.

Davis, C. R, & Axe, J. B. (2021). Analyzing Consequence Variables Within the High- Probability Instructional Sequence for a Child Diagnosed with CHARGE Syndrome. *Behavior Analysis in Practice, 14*(2). 352–359. https://doi.org/10.1007/s40617-020-00524-w

Ducharme, J. M. (1996). Errorless compliance training, Optimizing clinical efficacy. *Behavior Modification*, *20*(3). 259–80. https://doi.org/10.1177/01454455960203002

Ducharme, J. M., & Drain, T. L. (2004). Errorless Academic Compliance Training: Improving Generalized Cooperation with Parental Requests in Children with Autism. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*(2), 163–171. https://doi.org/10.1097/00004583-200402000-00011

Ducharme, J. M. (2007). Success-based, noncoercive treatment of oppositional behavior. In J. M. Briesmeister & C. E. Schaefer (Eds.), *Handbook of parent training: Helping parents prevent and solve problem behaviors* (3rd. edition.) (268–304). John Wiley & Sons, Inc.

Ducharme, J. M., & Ng, O. (2012). Errorless Academic Compliance Training: A School-based Application for Young Students with Autism. *Behavior Modification*, *36*(5), 650–669. https://doi.org/10.1177/0145445511436006

Ingersoll, B., & Schreibman, L. (2006). Teaching reciprocal imitation skills to young children with autism using a naturalistic behavioral approach: effects on language, pretend play, and joint attention. *Journal of Autism and Developmental Disorders*, *36*(4), 487–505. https://doi.org/10.1007/s10803-006-0089-y

Isaksen, J. & Holth, P. (2009). An operant approach to teaching joint attention skills to children with autism. *Behavioral Interventions*, *24*(4), 215–236.

Kazdin, A. E. (2011). *Single-case research designs: Methods for clinical and applied settings* (2nd ed.). Oxford University Press.

Kløfta, E., Nikolaisen, S. & Eldevik, S., (2020). Opplæring i å følge beskjeder i barnehagen hos et barn med autisme ved «Errorless Compliance Training». *Norsk Tidsskrift for Atferdsanalyse, 47*(1), 33–46. https://nta.atferd.no/getFile.ashx?IdFile=1947

Koegel, R. L., & Koegel, L. K. (Eds.). (1995). *Teaching children with autism: Strategies for initiating positive interactions and improving learning opportunities.* Paul H. Brookes Publishing Co.

Leaf, J. B., Cihon, J. H., Leaf, R., McEachin, J., Liu, N., Russell, N., Unumb, L., Shapiro, S., & Khosrowshahi, D. (2022). Concerns about ABA-based intervention: An evaluation and recommendations. *Journal of Autism and Developmental Disorders*, *52*(6), 2838–2853. https://doi.org/10.1007/s10803-021-05137-y

Nevin J. A. (2012). Resistance to extinction and behavioral momentum. *Behavioural processes*, *90*(1), 89–97. https://doi.org/10.1016/j.beproc.2012.02.006

Park, M. N. (2013). Pivotal Response Training. In Volkmar, F.R. (Eds), *Encyclopedia of Autism Spectrum Disorders*. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1698-3_128

Rames-LaPointe, J., Hixson, M. D., Niec, L. N., & Rhymer, K. N. (2014). Evaluation of errorless compliance training in a general education classroom. *Behavioral Interventions, 29*(3), 253–267. https://doi.org/10.1002/bin.1391

Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., Kasari, C., Ingersoll, B., Kaiser, A. P., & Bruinsma, Y. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *45*(8), 2411-2428. https://doi.org/10.1007/s10803-015-2407-8

Stokes, T. F., & Baer, D. M. (1977). An implicit technology of generalization. *Journal of Applied Behavior Analysis*, *10*(2), 349–367. https://doi.org/10.1901/jaba.1977.10-349

Wolf, M. M. (1978). Social validity: the case for subjective measurement or how applied behavior analysis is finding its heart. *Journal of Applied Behavior Analysis*, *11*(2), 203–214. https://doi.org/10.1901/jaba.1978.11-203

World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). https://icd.who.int/