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Intensive Interaction and Alternative Communication Interventions: A Comparative Literature Review in Autism Spectrum Disorder

By Marina Pantazi

Abstract- This article reviews and compares key intervention methods for Autism Spectrum Disorder (ASD), including Applied Behavior Analysis (ABA), TEACCH, SCERTS, and Intensive Interaction. The purpose of the study is to examine the theoretical foundations, methods of implementation, and document advantages and limitations of each approach, with particular emphasis on the unique contribution of Intensive Interaction. A narrative review of the literature highlights that while ABA, TEACCH, and SCERTS have strong applications in skill development, structured teaching, and emotional regulation, Intensive Interaction stands out for its highly person-centered and relational focus. Findings indicate that no single intervention can meet the diverse needs of all individuals with ASD. Instead, combining methods according to developmental profiles, communication abilities, and family contexts may provide the most beneficial outcomes.

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I. INTRODUCTION

Autism Spectrum Disorder (ASD) is a complex neuro developmental condition that significantly impacts social communication, interaction, and behavior. Individuals with ASD frequently encounter challenges in understanding and using verbal and non-verbal forms of communication, adhering to social conventions, and interpreting facial expressions and gestures, often resulting in social isolation (American Psychiatric Association, 2013). Commonly observed characteristics include repetitive movements, stereotyped patterns of behavior and speech (such as echolalia), and intense, focused interests, which may serve as coping mechanisms in response to sensory processing difficulties (Landa & Kalb, 2012).

Over the past decades, the prevalence of ASD has risen considerably, with current estimates suggesting that approximately 1 in 54 children in the United States are affected (Centers for Disease Control and Prevention, 2020). Etiology remains multifactorial, involving a complex interplay between genetic predispositions and environmental influences (Sandin et al., 2017). Given the profound impact of ASD on communication and social functioning, early intervention

through evidence-based practices is widely recognized as critical for fostering the development of these essential skills and improving long-term outcomes.

Given the central role of communication challenges in Autism Spectrum Disorder, a broad spectrum of intervention approaches has been developed to address these difficulties. These approaches can be broadly categorized into behaviorally oriented methods, which emphasize structured skill acquisition through systematic reinforcement, and developmental approaches, which focus on fostering communication within the context of naturalistic and socially meaningful interactions. Within the latter category, Intensive Interaction has emerged as a relationship-based intervention aimed at promoting the development of fundamental communication abilities. Grounded in the principles of reciprocal engagement, this approach seeks to build shared understanding and mutual responsiveness between the communication partner and the individual, thereby supporting the acquisition of pre-linguistic and early social skills.

II. COMMUNICATION INTERVENTIONS

a) *Intensive Interaction*

Through Intensive Interaction, therapists support individuals with severe learning difficulties and communication disorders in developing essential early communication skills. The primary goal of the communication partner is to establish an enjoyable and engaging social environment, typically through face-to-face exchanges, turn-taking, and interactive sessions. The focus lies on the dynamics of interaction expressed through facial expressions, vocalizations, and body language. Such experiences provide individuals with opportunities to explore and practice pre-linguistic communication skills in a relaxed, pressure-free context. By drawing on the person's natural sounds, gestures, and interests, Intensive Interaction encourages the emergence of communication, emphasizing existing abilities rather than limitations (Nind & Hewett, 2010).

Intensive Interaction can be applied by a wide range of people in the individual's environment, including teachers, support staff, or even parents, if the goal is to enhance communication skills (Nind & Hewett, 2010). Nevertheless, its structured implementation is

Author: Speech and Language Therapist, Greece.
e-mail: marinapantazi01@gmail.com

primarily undertaken by trained professionals such as speech and language therapists, special educators, occupational therapists, and behavior specialists. These practitioners possess the necessary expertise to adapt the method to each person's needs and to provide appropriate guidance. Effective application also requires collaboration among professionals familiar with the approach, ensuring both accuracy and positive outcomes.

The application of the method is not always straightforward and often requires patience and consistent effort before results become evident. Session duration varies depending on the individual's goals, needs, abilities, and rate of progress. Initially, sessions may last only a few minutes, with the primary aim of building trust. As the duration and active participation increase, the prognosis is considered positive. For individuals with more profound difficulties, however, the process may require several months or even years of consistent practice.

Importantly, Intensive Interaction is not a fixed program with a predetermined timeframe; rather, it is a flexible and individualized approach, continuously adapting to the person's needs and progress (Nind & Hewett, 2010). In terms of setting, Intensive Interaction can take place anywhere where the individual feels comfortable and secure. It can be integrated into daily routines in schools and special education programs, applied in care and residential facilities (e.g., nursing homes, group homes), implemented in therapy centers and clinics, or practiced within the home environment with family involvement. Across all contexts, the central aim remains the creation of a supportive and interactive atmosphere that maximizes opportunities for communication and social engagement (Hewett & Nind, 2013).

Research has consistently shown that Intensive Interaction is an effective approach for enhancing communication in individuals with autism. By focusing on pre-linguistic skills and fostering meaningful social engagement, the method helps participants gradually develop essential interaction abilities. Studies indicate that Intensive Interaction can significantly improve non-verbal communication, joint attention, and overall participation in social activities. These interventions also contribute to the development of more positive social relationships, helping to reduce social withdrawal and isolation (Davies & Jenkins, 2014; Kellett et al., 2019; Firth et al., 2020; Nind & Hewett, 2010).

More specifically, research by Tee and Reed (2016) and Berry et al. (2013) demonstrates notable improvements in both behavior and communication skills following Intensive Interaction interventions. By creating a supportive, responsive, and engaging environment, the method allows individuals with autism to practice and refine their communication abilities at

their own pace, promoting meaningful connections and enhancing overall social development.

Although Intensive Interaction has shown notable benefits in fostering pre-linguistic communication, it is only one of several interventions for individuals with Autism Spectrum Disorder (ASD). Given the heterogeneity of ASD, approaches such as Applied Behavior Analysis (ABA), TEACCH, and SCERTS have been developed, each with distinct theoretical foundations and targets. Comparing these methods alongside Intensive Interaction provides a clearer understanding of how different strategies can be tailored to individual needs and enhance communication, learning, and overall quality of life for people with ASD.

b) *Applied Behavior Analysis (ABA)*

Applied Behavior Analysis (ABA) is among the most researched and widely implemented interventions for individuals with Autism Spectrum Disorder (ASD). It is grounded in the principles of behavioral psychology and was first systematized by Baer, Wolf, and Risley (1968), who defined it as the scientific application of learning theory to bring about meaningful changes in socially significant behaviors. The central idea behind ABA is that human behavior can be understood and modified by analyzing its relationship with environmental stimuli and consequences. Through this lens, ABA practitioners identify target skills and behaviors, implement structured teaching strategies, and use reinforcement techniques to promote skill acquisition and reduce maladaptive behaviors (Cooper, Heron, & Heward, 2020).

A hallmark of ABA is its highly individualized and data-driven approach. Programs are tailored to the developmental level, needs, and interests of each child. Skills are broken down into smaller, manageable steps and systematically taught using discrete trial training, natural environment teaching, task analysis, and incidental teaching strategies (Lovaas, 1987). Progress is closely monitored through continuous data collection, allowing therapists to adjust strategies based on the child's response. This systematic approach has made ABA one of the most structured and comprehensive intervention models available for autism.

ABA is most often delivered in intensive formats, typically ranging from 20 to 40 hours per week of one-to-one intervention, with the active involvement of therapists, educators, and parents (Howard et al., 2005). The early intensive behavioral intervention (EIBI), a form of ABA targeting young children (typically before the age of 5), has shown particularly strong outcomes, with evidence of improvements in intellectual functioning, adaptive skills, language, and social behavior (Reichow, 2012; Eldevik et al., 2009). Meta-analyses have consistently demonstrated the efficacy of ABA-based interventions, with early and intensive application linked to greater developmental gains.

ABA programs are implemented by a range of professionals depending on the context and the intensity of the intervention. At the highest level, Board-Certified Behavior Analysts (BCBAs) design, supervise, and monitor intervention plans, ensuring fidelity to behavioral principles. They are often supported by assistant behavior analysts (BCaBAs), registered behavior technicians (RBTs), special educators, speech and language therapists, and occupational therapists trained in behavioral methods (BACB, 2022). Parents and caregivers are also central to the intervention process, as they are trained to apply ABA strategies consistently in everyday situations to maximize skill generalization and maintenance (Smith & Iadarola, 2015).

The application of ABA spans multiple settings. It is widely used in special education classrooms, early intervention centers, therapy clinics, and home-based programs. Schools often integrate ABA principles into individualized education programs (IEPs), while therapy centers provide intensive one-to-one sessions under professional supervision. Home-based interventions allow for naturalistic learning opportunities in daily routines, supporting generalization of skills. Additionally, ABA strategies are applied in community settings, such as recreational programs or vocational training, to enhance social participation and independence (Leaf et al., 2016). This flexibility makes ABA adaptable across developmental stages and contexts, ensuring that interventions remain functional and socially relevant.

Nevertheless, ABA has also faced criticism. Some scholars and autistic self-advocates argue that traditional ABA can be overly rigid, stressful for children, or excessively focused on normalization rather than supporting neurodiverse ways of being (Milton, 2012; Dawson, 2004). In response, modern ABA practices increasingly emphasize naturalistic teaching, functional communication training, and child-led learning to make interventions more flexible and respectful of individual needs. Parental involvement and collaboration with multidisciplinary teams are also seen as essential for long-term success.

Overall, ABA remains one of the most evidence-based and widely endorsed interventions for autism, especially when applied early and with fidelity. Its structured, individualized, and empirically supported methods have made it a cornerstone of autism intervention worldwide, while ongoing adaptations continue to address concerns about flexibility, ethics, and alignment with the principles of neurodiversity.

c) TEACCH

The TEACCH (Treatment and Education of Autistic and Communication-Handicapped Children) program was first developed in the early 1970s by Eric Schopler and colleagues at the University of North Carolina as one of the earliest comprehensive

frameworks for autism intervention. Unlike methods focusing primarily on modifying behavior, TEACCH was conceived as a lifespan program that integrates educational, therapeutic, and family-based components. Its guiding philosophy, often described as the “culture of autism,” emphasizes understanding the unique cognitive and perceptual styles of individuals with Autism Spectrum Disorder (ASD) and adapting environments accordingly. Rather than attempting to “normalize” behavior, the program seeks to build on strengths, reduce anxiety, and promote independence through structure and predictability (Schopler, Mesibov, & Hearsey, 1995; Mesibov & Shea, 2010).

Central to TEACCH is the principle of structured teaching, which uses clear physical organization, visual schedules, individualized work systems, and adapted materials to facilitate engagement and comprehension. Visual support is especially beneficial for individuals with communication difficulties or high anxiety, as they clarify expectations and reduce uncertainty. By relying on the visual strengths often observed in autism, TEACCH provides individuals with greater autonomy in learning and everyday functioning (Mesibov, Shea, & Schopler, 2005; Panerai, Ferrante, & Zingale, 2002).

A defining feature of TEACCH is its broad applicability across contexts and developmental stages. The approach has been implemented in schools, therapy centers, vocational training programs, residential facilities, and homes, making it suitable for children, adolescents, and adults with ASD. It is not restricted to one professional group: special education teachers, speech and language therapists, occupational therapists, psychologists, and other trained professionals can deliver TEACCH-based interventions. Moreover, family participation is central to the model, as caregivers are encouraged to apply structured teaching principles at home to ensure consistency and generalization of skills (Mesibov & Shea, 2010). This multidisciplinary and family-inclusive dimension distinguishes TEACCH from many other approaches, highlighting its role as a flexible framework rather than a rigid treatment method.

The strengths of TEACCH lie in its ability to create structured, predictable environments that reduce stress, enhance adaptive functioning, and support the acquisition of daily living skills. Research has shown that the program improves task engagement, adaptive behavior, and reduces disruptive behaviors (Ozonoff & Cathcart, 1998; Virués-Ortega, Julio, & Pastor-Barriuso, 2013). Its focus on functional outcomes, such as self-care and vocational skills, makes it especially valuable in preparing individuals for greater independence and social participation. Furthermore, the emphasis on family involvement strengthens the generalization of skills across educational, clinical, and community settings.

However, TEACCH also has limitations. The implementation of the program requires trained staff and resources, which are not always accessible in every setting. Additionally, while structured teaching provides clarity, excessive reliance on structure may inadvertently foster rigidity and limit opportunities for spontaneous communication or creative exploration. Compared to more intensive behavioral interventions such as Applied Behavior Analysis (ABA), evidence for long-term gains in language and social communication remains less robust (Mesibov & Shea, 2010; Virués-Ortega et al., 2013). Outcomes also vary depending on the cognitive and developmental profiles of individuals, with some benefiting more than others.

In conclusion, TEACCH represents a developmentally sensitive, flexible, and widely adopted framework for supporting individuals with ASD. Its emphasis on structured teaching, visual support, and family collaboration provides significant benefits for adaptive functioning, independence, and quality of life. Although it may not fully address the social-communication deficits of autism to the extent that other intensive interventions claim, TEACCH remains one of the most influential and practical models in autism education, valued for its respect for individuality and its integration into everyday life.

d) SCERTS Model

The SCERTS (Social Communication, Emotional Regulation, and Transactional Support) model is a comprehensive, developmental framework designed to support autistic individuals and their families across natural routines and contexts. Conceived by Prizant, Wetherby, Rubin, Laurent, and Rydell, SCERTS synthesizes developmental-relationship-based principles with evidence-informed teaching practices to address core challenges in autism while honoring individual differences and family priorities (Prizant et al., 2006; Brookes Publishing overview). The model is not a single technique; rather, it is a multidisciplinary program of assessment, goal setting, and intervention that integrates with educational curricula and daily life.

At its core, SCERTS targets three interdependent domains. *Social Communication (SC)* focuses on functional, spontaneous communication and joint engagement—prioritizing shared attention, reciprocity, and the use of communicative intent in meaningful activities. *Emotional Regulation (ER)* aims to help the learner maintain a regulated state that supports participation and learning, using both self-regulatory strategies and co-regulatory support from partners. *Transactional Support (TS)* refers to the environmental, interpersonal, and organizational supports—such as visual scaffolds, partner communication strategies, and team coordination—that enable progress in SC and ER. The emphasis on “transactional” support underscores SCERTS’ ecological stance: change is pursued not only

within the child, but also in the communication partner and the environment (Prizant et al., 2006; SCERTS Model description).

SCERTS is implemented by interdisciplinary teams—special educators, speech-language pathologists, occupational therapists, psychologists, behavior specialists, and paraprofessionals—typically after formal training in the model’s assessment and planning tools. Family members are active team partners: their goals and daily routines anchor intervention, and they are coached to use transactional support consistently. SCERTS is routinely applied in inclusive and specialized classrooms, therapy centers, and home/community contexts; classroom-wide adaptations (e.g., visual organization, predictable routines, partner strategies) are common features in school implementations (Prizant et al., 2006; CEBC program profile).

SCERTS’ main strengths are its developmental orientation, focus on functional communication and regulation, and generalization through partner- and environment-level supports. Research indicates promising benefits for classroom active engagement, adaptive communication, social skills, and aspects of executive functioning when SCERTS is implemented with fidelity and teacher coaching. In a cluster randomized trial of the Classroom SCERTS Intervention (CSI) involving 197 students across 129 classrooms, students in the SCERTS condition showed significantly better observed active engagement in social interaction and gains in adaptive communication, social skills, and executive functioning compared to business-as-usual training (Morgan et al., 2018). A 2022 systematic review concluded that SCERTS-based interventions are likely effective for improving children’s social communication, with adequate implementer fidelity achievable through training; however, evidence across other domains (language, restricted/repetitive behaviors, broader adaptive behavior, play, academics, motor skills) remains limited or mixed, underscoring the need for more rigorous trials and follow-up data (Yi, Kim, & Lee, 2022).

Because SCERTS is a framework rather than a single protocol, outcomes depend heavily on team training, goal quality, and implementation fidelity; this can introduce variability across settings. The model’s breadth—emphasizing transactional and environmental changes—requires system-level coordination (e.g., coaching, planning time, family-school alignment), which may be resource-intensive. Finally, while classroom engagement and adaptive targets show encouraging trends, long-term effects on core social-communication outcomes and generalization beyond structured school settings need further high-quality evidence (Yi et al., 2022).

SCERTS offers a pragmatic, respectful, and developmentally grounded pathway to improve meaningful participation for autistic learners by aligning

what we teach (functional communication and regulation) with how we teach (transactional supports embedded in real routines). It complements skill-specific

approaches and can coexist with other evidence-based practices within a coordinated educational plan.

Comparative Overview of Intervention Methods in Autism

Method	Goal	Population	Application	Strengths	Limitations
Intensive Interaction	Develop early social & communication skills	Individuals with severe LD & autism	Face-to-face; turn-taking; eye contact; body language	Builds trust; flexible; focuses on strengths	Slow progress; requires consistent, trained partners
ABA	Teach functional skills & modify behavior	Children & adults with ASD (esp. early years)	One-to-one sessions; reinforcement; task analysis	Strong evidence; measurable outcomes; effective behavior reduction	Resource-heavy; rigid structure; criticized for compliance focus
TEACCH	Promote independence through structure & visuals	Children & adults with ASD (lifespan)	Visual schedules; structured classrooms & homes	Reduces anxiety; life skills; family	Needs trained staff; may reduce spontaneity; mixed social gains
SCERTS	Enhance social communication & emotional regulation	Children with ASD (mainly school-aged)	Multidisciplinary; embedded in routines & daily activities	Holistic; supports well-being; adaptable to settings	Less standardized; complex to implement; developing evidence base

III. CONCLUSION

The review of intervention methods for Autism Spectrum Disorder (ASD) underlines that each approach is shaped by distinct theoretical underpinnings and serves different developmental needs. Consequently, the appropriateness of each method depends largely on the profile, age, and communication level of the individual. Applied Behavior Analysis (ABA), for example, is often most suitable in early childhood, where the goal is intensive skill acquisition through structured reinforcement. It is highly effective for teaching discrete behaviors, academic skills, and reducing maladaptive behaviors, but may be less aligned with children who require more naturalistic and socially meaningful interactions. TEACCH, on the other hand, is particularly valuable for individuals across the lifespan who benefit from structured and visually supported environments. Its focus on predictability helps reduce anxiety and increase independence, making it a strong option for both children and adults with ASD who struggle with transitions or daily living skills. SCERTS is best suited to children whose developmental goals emphasize social communication and emotional regulation; by embedding intervention into natural routines, it aligns well with educational settings and supports broader developmental trajectories. Finally, Intensive Interaction fills a critical gap for individuals with profound communication difficulties or severe learning disabilities, where the first therapeutic priority is establishing trust and building

foundational pre-linguistic skills rather than imposing structured demands.

In terms of research limitations, each method presents challenges. ABA has a robust evidence base, supported by numerous randomized controlled trials (RCTs), but criticisms persist regarding its narrow focus on observable behaviors and limited emphasis on intrinsic motivation or spontaneous communication. TEACCH has shown positive effects on adaptive functioning, task completion, and reduction of problem behaviors, but systematic reviews highlight inconsistency in study designs and variability in reported outcomes, especially concerning social-communication improvements. SCERTS, though conceptually comprehensive and widely adopted in schools, has not yet been evaluated through extensive large-scale trials, leaving its empirical foundation less solid than that of ABA or TEACCH. Intensive Interaction demonstrates promising results in case studies and small-scale evaluations, particularly in enhancing pre-linguistic and relational communication, yet lacks rigorous longitudinal studies and meta-analyses that would strengthen its credibility in the evidence-based practice hierarchy.

However, Intensive Interaction stands out among the reviewed methods for its highly person-centered and relational character. Unlike approaches that set predefined targets, Intensive Interaction focuses on drawing out the individual's own communicative abilities by creating opportunities for spontaneous expression. The child or adult is never placed under pressure to "perform"; instead, the communication

partner remains open, responsive, and fully available, following the individual's lead in the interaction. This ensures that the process feels natural and enjoyable, minimizing the risk of frustration or failure. One of the method's distinctive strengths is that it elicits sounds, gestures, and other pre-linguistic skills in a relaxed, trust-based environment, where communication emerges "from within" rather than being externally imposed. The sessions are characterized by enjoyment and mutual attune, which enhance motivation and sustain engagement. For these reasons, Intensive Interaction should not be seen as a competing alternative to structured programs, but as a complementary approach that provides relational groundwork and emotional safety necessary for other interventions to be more effective.

A critical issue raised by this comparison is whether interventions should be considered exclusive or complementary. Increasingly, research and clinical practice suggest that integration of methods may provide the most beneficial outcomes. For instance, Intensive Interaction can establish engagement and relational trust, which then provides a foundation upon which structured interventions like ABA or TEACCH can build specific academic, adaptive, or vocational skills. SCERTS may complement both by addressing emotional regulation and social reciprocity within everyday contexts. Such blended approaches reflect the heterogeneity of autism and align with person-centered practice models, ensuring that interventions are not dictated solely by theoretical allegiance but by the actual needs of the individual.

Looking ahead, several future research directions are necessary to advance the field. These include large-scale RCTs to evaluate Intensive Interaction and SCERTS with the same rigor applied to ABA; comparative effectiveness studies that investigate how different interventions perform relative to one another across diverse populations; research on integrated or hybrid models that explore whether combining approaches leads to synergistic outcomes; and longitudinal studies that assess whether early intervention benefits are sustained across developmental stages. Additionally, systematic meta-analyses are needed to synthesize findings from small-scale studies, especially for under-researched methods such as Intensive Interaction.

Ultimately, it must be emphasized that there is no universal intervention that fits all individuals with autism. The variability within the spectrum demands flexibility, adaptation, and individualized planning. Intensive Interaction, with its unique emphasis on relational attunement and natural communication, exemplifies how deeply personalized approaches can complement more structured methods, offering a balanced pathway toward enhancing both

communication and quality of life. The field of autism intervention continues to evolve toward personalization, complementarity, and evidence-based flexibility, yet the urgent need for high-quality research remains. Only through such efforts can clinicians, educators, and families make informed decisions that maximize developmental outcomes and support the holistic well-being of individuals with autism.

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