


Pivotal Response Treatment® for Young Children with Autism Spectrum Disorders

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Pivotal Response Treatment®: Evidence-Based Practice

- Early studies on the Natural Language Paradigm (NLP) (Koegel, O'Dell, & Koegel, 1987; Koegel, Koegel, & Surratt, 1992)
- Empirically Supported Pivotal Response Interventions for Children with Autism (Koegel, Koegel, Vernon, & Brookman, 2009)
- Pivotal Response Treatments for Children with Autism (Koegel & Koegel, 2006)



Evaluating the Evidence

- Educating children with autism (National Research Council, 2001)
- Evidence-based practices and students with autism spectrum disorders (Simpson, 2005)
- National Autism Center's National Standards Report (2009)
- Comparisons of discrete trial and normalized behavioral language intervention for young children with autism (Delprato 2001)

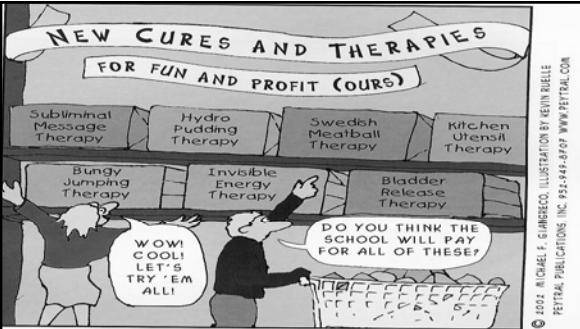
Autism Insurance Legislation



House Engrossed

OF THIS SECTION:
 A "DISORDER" MEANS ONE OF THE THREE FOLLOWING:
 THE MOST RECENT EDITION OF THE DIAGNOSTIC AND
 STATISTICAL MANUAL OF MENTAL DISORDERS OF THE AMERICAN PSYCHIATRY
 ASSOCIATION, FIFTH EDITION, 1994, OR ANY SUBSEQUENT EDITION;
 OR,
 A DEVELOPMENTAL DISORDER - NOT OTHERWISE SPECIFIED;
 OR,
 A "THERAPY" MEANS INTERACTIVE THERAPIES DERIVED FROM
 APPLIED BEHAVIOR ANALYSIS, WHICH INCLUDES
 PIVOTAL RESPONSE TRAINING, INTENSIVE INTERVENTION
 DURING EARLY CHILDHOOD, AND OTHER THERAPIES.
 (TEXT OF BILL BEGINS ON NEXT PAGE)

**NEW CURES AND THERAPIES
 FOR FUN AND PROFIT (OURS)**




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SHOPPING AROUND:
 DO YOU KNOW THESE PEOPLE?
 THEY NEVER MET A THERAPY
 THEY DIDN'T LIKE.


Pivotal Response Treatment®

- Developed using the principles of Applied Behavior Analysis (ABA)
- Developmental approach
- Implemented in the natural environment
- Parent training model


 **Changes In Core Symptoms of Autism**


- Characteristics
 - Social difficulties
 - Language difficulties
 - Restricted interests
- Changes in core symptoms of autism
 - Pre-intervention (approximately 3 years old)
 - Intervention (PRT®; 6-8 weeks later)




 **Focus on Pivotal Areas for Intervention**

- What are “Pivotal Areas?”
 - Versus individual target behaviors
 - Widespread, generalized improvements
 - Collateral improvements in untargeted areas




 **Pivotal Areas**


- Motivation
- Responsivity to Multiple Cues
- Self-initiations
- Self-management

 **Motivational Procedures of PRT®**


- Point 1: Child Attention
- Point 2: Maintenance Tasks*
- Point 3: Shared Control*


- Point 4: Contingent
- Point 5: Reinforce Attempts*
- Point 6: Direct and Natural Reinforcers*




 **Child Attention**


- The question, instruction, and/or opportunity to respond should be:
 - Clear
 - Appropriate to the task
 - Uninterrupted
 - Child must be attending

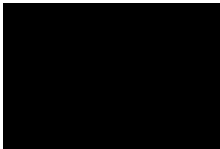

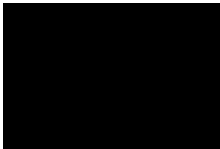

 **Child Attention (video examples)**




 **Maintenance Tasks**

- Versus acquisition tasks
- Interspersing tasks
- Task variation

 **Maintenance Tasks
(video examples)**


	
	

 **Shared Control**

- Child directed/Child choice
- Follow child's lead
- Shared control
- Provide choices

 **Shared Control
(video examples)**




 **Contingent**


- Reinforcement contingent upon child's behavior
 - Immediate
 - Dependent
 - Appropriate

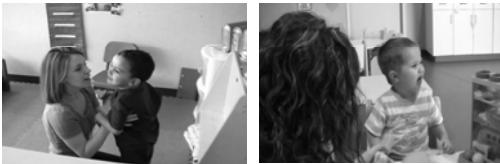
 **Contingent
(video examples)**




 **Reinforce Attempts**


- Increase motivation to respond
- Reasonable attempt
 - Attention to the task
 - Related to the task
 - Reasonable effort
- Intent to respond

 **Reinforce Attempts
(video examples)**



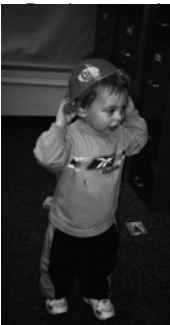
 **Direct and Natural Reinforcers**

- Natural consequence
- Directly related to the behavior
- Functionally related to the behavior
- Generalization to the natural environment




SABRC

Peter

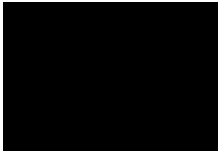


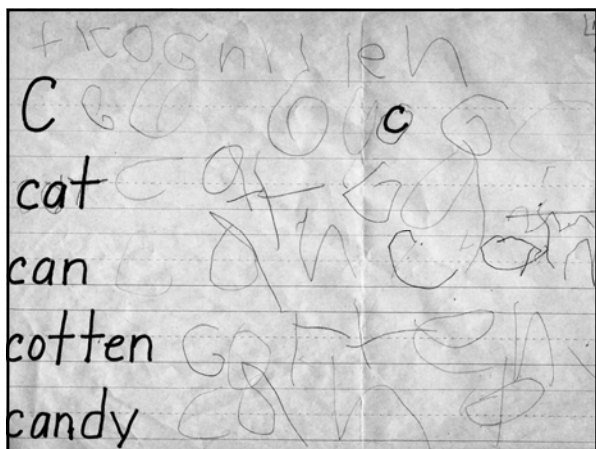
n.1
n.2
intervention
school
k-knock joke



SABRC

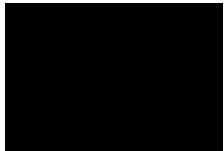
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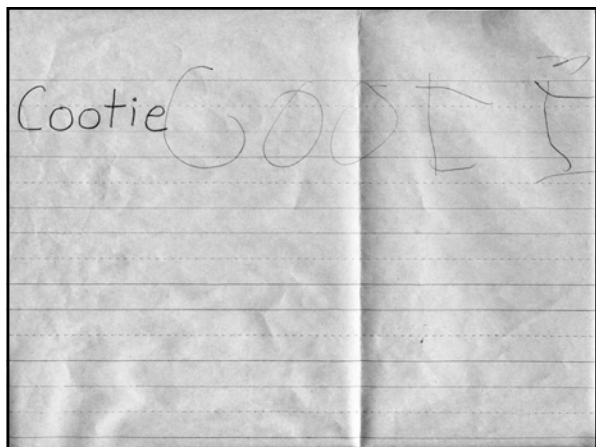




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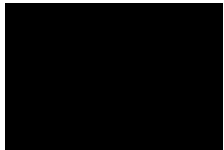
Intervention

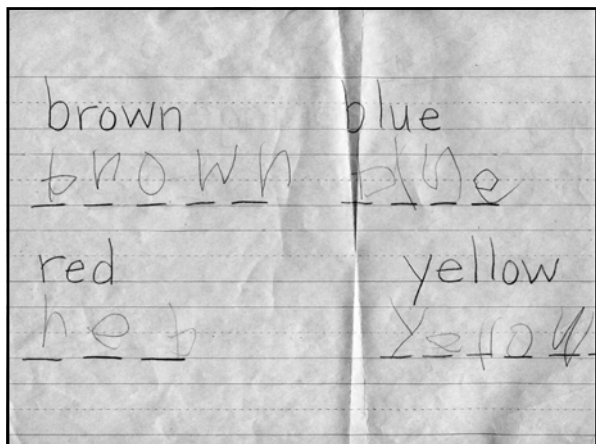


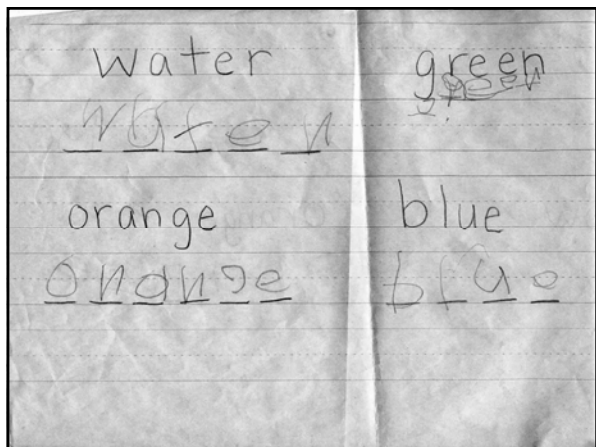


SAHRC

**Intervention
Implemented by Aide**









PIVOTAL RESPONSE TREATMENT POINTS

- 1) **CHILD ATTENTION**: The instruction should be clear, appropriate to the task, uninterrupted, and the child must be attending to the therapist or task.
- 2) **MAINTENANCE TASKS**: Maintenance tasks need to be interspersed frequently.
- 3) **SHARED CONTROL**: The child needs to be given a significant role in choosing the stimulus item(s).
- 4) **RESPONSIVITY TO MULTIPLE CUES**: Multiple cues need to be presented in appropriate for the child's development level.
- 5) **CONTINGENT**: Rewards need to be immediate, contingent, uninterrupted, and effective.
- 6) **REINFORCE ATTEMPTS**: Rewards need to be contingent on response attempts.
- 7) **DIRECT RESPONSE-REINFORCER RELATIONSHIP**: Direct reinforcers need to be used the majority of the time

PIVOTAL RESPONSE TREATMENT CHECKLIST

_____ **DO I HAVE MY CHILD'S
ATTENTION?**

_____ **AM I USING CLEAR, SHORT, DIRECT
INSTRUCTIONS?**

_____ **AM I FOLLOWING MY CHILD'S
LEAD OR CHOICE OF ACTIVITY?**

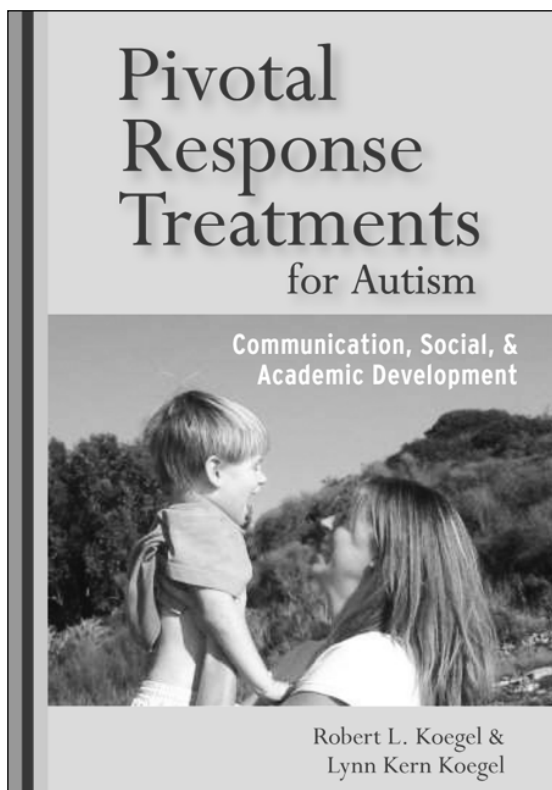
_____ **AM I GIVING A MIXTURE OF
ALREADY LEARNED AND STILL TO
BE LEARNED TASKS?**

_____ **AM I REINFORCING/REWARDING
GOOD TRYING?**

_____ **AM I REINFORCING/REWARDING
WITH A BUILT-IN REWARD – ONE
THAT MY CHILD IS ASKING FOR?**

_____ **AM I REINFORCING/REWARDING
RIGHT AWAY?**

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behavioral interventions



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&
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Communication, Social, and Academic Development

By Robert L. Koegel, Ph.D., & Lynn Kern Koegel, Ph.D.
with invited contributors

Recognized as one of the top state-of-the-art treatments for autism in the United States,* the innovative Pivotal Response Treatment uses natural learning opportunities to target and modify key behaviors in children with autism, leading to widespread positive effects on communication, behavior, and social skills. The product of 20 years of research from Robert and Lynn Koegel—co-founders of the renowned Autism Research Center at the University of California, Santa Barbara—this proven approach is now clearly presented in one accessible book. Keeping parents involved in every aspect of behavioral intervention, therapists and educators of children from preschool to elementary school will use the research-supported PRT strategies to

- advance children's communication and language skills, even in extremely challenging cases
- foster social interactions and friendships with typically developing peers
- reduce disruptive behaviors by combining functional assessment with self-management strategies
- aid early identification and intervention
- reduce ritualistic behaviors and broaden children's interests
- improve children's performance in school activities and on homework assignments

Because PRT works with each child's natural motivations and stresses functional communication over rote learning, this comprehensive model helps children develop skills they can really use. With this timely resource, educators and therapists will support children with autism as they enjoy more positive interactions, more effective communication, and higher academic achievement in natural, inclusive settings.

*National Research Council of the National Academy of Sciences, 2001

"A breath of fresh air . . . will help to ensure that best practices become common practices."

—Michael Alessandri, Ph.D.
University of Miami

"[Robert Koegel] has shown that . . . children with autism can make remarkable progress if they are 'turned on' through an activity that they find intrinsically rewarding."

—Parents Magazine on the PRT Approach

"A true godsend! Learning the PRT approach gave us the tools to work with our son throughout our day, so in effect he was receiving treatment during his every waking hour. He has gone from being completely non-verbal and difficult, to gregarious and well behaved!"

—Lauri Bell, parent, on the PRT Approach

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