

Using Pivotal Response Treatment at Home: Article I - An Introduction

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"If people enjoy what they are doing, they are likely to do more of it." (Koegel, R. L. & Koegel, L.K., 2012, p28)

Pivotal Response Treatment (PRT) is an evidenced-based behavioural approach, founded in the techniques of Applied Behavioural Analysis (ABA) that can be used as an intervention for children with Autism Spectrum Disorder (Koegel, L.K., & Koegel, R.L., n.d.). PRT identifies key behaviours that are developmentally critical for children with ASD and that can result in widespread improvements in areas that were not specifically targeted (Koegel, R.L., Openden, D., Fredeen, R., & Koegel, L.K., 2006). Within these pivotal behaviours, PRT uses the strategies of ABA to break down, prompt and reinforce specific skills or behaviours in a meaningful way for the child. Unlike other ABA based methodologies, PRT does not use a table based drill type format. Rather, the main focus of PRT is to use a child's natural motivation in a natural context to increase his or her desire to learn. The four main pivotal areas discussed in this series of articles (motivation, self-initiation, responding to multiple cues and self-management) focus on engaging the child in the process of learning.

Parents, educators and other family members can use PRT in their daily activities (in the child's natural setting), helping to maintain teaching consistencies across instructors and environments while ensuring an optimized skill acquisition process for learners. The PRT principles invite families into the therapeutic process, having them become an integral part of the ongoing treatment of their child. As a collective approach, the responsibility for daily instruction does not have to fall solely on the shoulders of parents; a child's siblings, or their peers can also learn the concepts

of PRT and use them successfully to improve social behaviour for children with ASD (Pierce, K., & Schreibman, L., 1997).

By increasing the child's responsiveness to natural learning opportunities and by teaching the intervention procedures to the important people in a child's life, PRT allows the child to maintain involvement in his or her natural setting with typically developing peers and "decreases the need for constant vigilance by the intervention provider" (Koegel, L.K., Koegel, R.L., Harrower, & Carter, 1999, p174).

Background

The first evidence-based approaches to teaching children with ASD took place in artificial environments and saw very slow, but significant improvements for these children (Koegel, R.L. & Koegel, L.K., 2012, p15). These programs typically focus first on teaching attention and imitation, and deliver small unrelated reinforcement when the child completes the expected task. Koegel and Egel started looking at motivating children with ASD in 1979 (as cited in Koegel, R.L. & Koegel, L.K., 2012). From this start, PRT evolved as known pivotal areas expanded from motivation to engage in social communication to include other skills that may not need to be taught individually. PRT is now a long-standing, evidence-based strategy noted by both the National Standards Project (National Autism Center, 2009) and The National Professional Development Center on Autism Spectrum Disorders (2008). There are hundreds of studies showing the success of PRT procedures (Koegel, R.L. & Koegel, L.K., 2012, p2) and the individual components of these procedures. For more information about research supporting PRT, parent and sibling involvement and the

effects of PRT on social, behavioural or communication skills, please refer to the PRT Pocket Guide listed in the reference section.

This series of articles will introduce the basic concepts of PRT, some of the evidence supporting PRT and some ideas and examples for using PRT at home.

Reference List for Pivotal Response Treatment

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13. The National Professional Development Center on Autism Spectrum Disorders (2008). *Evidence Based Practice Briefs*. Retrieved from <http://autismpdc.fpg.unc.edu/content/evidence-based-practices>.

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