
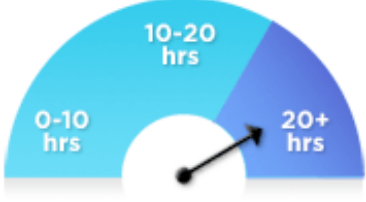
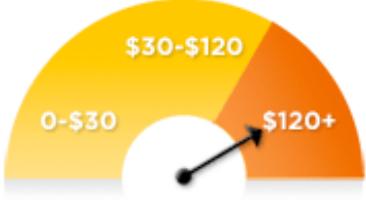


Discrete Trial Training (DTT)

At a glance: Discrete Trial Training (DTT)

Type of therapy	Behavioural
The claim	Promotes learning and development of new skills; decreases difficult behaviours
Suitable for	People with ASD
Research rating Find out more about this rating system in our FAQs .	 <p>Established Research shows positive effects.</p>
Time Estimate of the total time for family in hours per week and duration.	 <p>The time commitment required for DTT will depend on the type of program in which it is used and the specific needs of the child. While this technique can be time intensive, research has shown that this intensity can be critical to its success.</p>
Cost Estimate of cost to family per session/item or week.	 <p>The cost of this therapy will depend on the type of behavioural intervention program in which it is used.</p>



Visit the [Autism Service Pathfinder](#) to browse Service Providers information.

About this intervention

What is it?

Discrete Trial Training (DTT) is not a therapy in itself, but a teaching technique used in some autism spectrum disorder (ASD) therapies. Derived from [Applied Behaviour Analysis \(ABA\)](#) theory, DTT involves breaking skills down to their most basic parts and teaching those skills to the child, step by step. All achievements are rewarded, which encourages the child to learn. Sometimes called discrete trial teaching, DTT is often used as part of a more broadly ABA-based approach.

Who is it for?

DTT can be used with people of any age with autism. That said, interventions using the DTT technique typically target children aged 2-6.

What is it used for?

DTT is used to teach a variety of new skills to children with autism, ranging from very simple skills to more complex, depending on the specific needs of the child. For example, it can be used to teach:

- speech and language
- daily living skills such as dressing and using utensils
- writing.

It can also be used to teach children how to follow instructions and hold a conversation. For children who don't speak, DTT can help them learn to use sign language or other communication devices.

Because it works on changing behaviour, DTT can also be used to teach parents how to manage their child's difficult behaviour.

Where does it come from?

DTT is a teaching technique derived from ABA, and has its roots in 'learning theory,' which was developed in the early 1900s. Learning theory suggests that how people behave in any given situation is largely determined by their previous experiences of similar situations. As a treatment for autism, DTT is typically associated with the [Lovaas Program](#), which was developed in the 1960s with DTT as a central component.

What is the idea behind it?

DTT is based on the idea that any behaviour or skill can be taught by breaking skills into smaller steps, making them easier to master. The DTT technique has been found to suit children with autism better than more traditional teaching methods.

DTT uses repetition, so the child has plenty of opportunities to learn and practise the new skill. Rewards are also used to encourage the child to learn and use the new skill. This is based on the idea that behaviours that are rewarded will occur more frequently, whereas those that are not rewarded will occur less frequently.

What does it involve?

The DTT approach involves using a basic procedure to teach a new skill or behaviour and repeating it until the child learns.

The procedure involves giving an instruction, such as 'pick up the cup'; if needed, following it with a physical or verbal prompt (such as pointing at the cup); and then rewarding success with praise, a small food reward or something else the child likes.

DTT can be a very time-intensive approach for learning and changing behaviour. It may involve many hours a day, and depending on the goals for the child, may go on for several years. The level of parent involvement will vary depending on the program or service in which the DTT approach is being used.

Cost considerations

The cost of DTT will depend on the type of ABA based intervention or program you decide to use. It is likely that ABA programs using DTT will involve a high cost because they are time intensive.

Does it work?

Quality research shows that this approach has positive effects on the behaviour of children with autism.

It has been found to be even more effective when combined with other applied behaviour analysis techniques.

Who practises this method?

Anyone can practice DTT. Most ABA programs using DTT, however, are developed by psychologists and implemented by [special education teachers](#), [occupational therapists](#), [speech pathologists](#) and other aides.

Parent education, training, support and involvement

Parents are usually required to play a role in ABA programs that use DTT. Training may be available depending on the specific ABA program.

Where can I find a practitioner?

Contact the Autism Association in your state and ask them to recommend a service or practitioner. Alternatively, a list of practicing ABA practitioners can be found on the [ABA website](#).

Rated ★★★★★ (2 ratings)

More to explore

- ▶ Testing interventions for autism spectrum disorder
- ▶ Therapy hours: how many are enough for autism spectrum disorder?

Web links

- ▶ Autism Behavioural Intervention NSW
- ▶ The Lovaas Institute
- ▶ Association for Behavior Analysis International
- ▶ Autism Behavioural Intervention Association

Last updated
25-03-2010

Last reviewed
02-11-2010

MADSEC. (2000). *Report of the MADSEC autism task force*: Maine Administrators of Services for Children with Disabilities. Retrieved December 2, 2008, from <http://www.madsec.org/docs/ATFReport.pdf>

National Autism Center (2009). *National Standards Report – Addressing the need for evidence-based practice guidelines for Autism Spectrum Disorders*. Massachusetts: National Autism Center.

Roberts, J.M.A., & Prior, M. (2006). *A review of the research to identify the most effective models of practice in early intervention for children with autism spectrum disorders*. Australian Government Department of Health and Ageing, Australia.

Romanczyk, R.G., Gillis, J.M., White, S., & Digennaro, F. (2008). Comprehensive treatment packages for ASD: Perceived vs proven effectiveness. In J. Matson (Ed.) *Clinical assessment and intervention for autism spectrum disorders* (pp. 351-381). Amsterdam: Academic.

Smith T. (2001). Discrete trial training in the treatment of autism. *Focus on Autism and Related Disorders*, 16 (2), 86-92.

Weiss, M.J., Fiske, K., & Ferraioli, S. (2008). Evidence-based practice for autism spectrum disorders. In J. Matson (Ed.) *Clinical assessment and intervention for autism spectrum disorders* (pp. 33-63). Amsterdam: Academic.