

## Pivotal Response Training (PRT)

Other common names: Natural Language Paradigm, NLP, Pivotal Response Intervention

### At a glance: Pivotal Response Training (PRT)

Type of therapy	Behavioural
The claim	Improves social, communication and play skills
Suitable for	People with ASD
Research rating Find out more about this rating system in our <a href="#">FAQs</a> .	 <p><b>Established</b> 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 PRT will depend on the type of program in which it is used and the specific needs of the child.</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?

Pivotal Response Training (PRT) is not a therapy in itself. Rather, it is a set of teaching techniques used in a child's everyday environment. Some therapies for autism spectrum disorder (ASD) include PRT techniques as part of their approach.

PRT is based on the principles of [Applied Behaviour Analysis \(ABA\)](#). It focuses on four key or 'pivotal' areas of a child's development, which helps the child develop more complex skills and behaviours (such as social and communication skills).

Who is it for?

PRT can be used with people of any age with autism, but interventions using PRT techniques typically target children aged 2-6.

What is it used for?

PRT techniques are used to improve social, communication and play skills and behaviour. The techniques aim to promote independence and reduce the need for ongoing intervention.

Where does it come from?

PRT was developed in the 1980s, mainly by a team of psychologists in the US. PRT and other [naturalistic teaching techniques](#) grew out of concerns about more traditional behavioural approaches and how well the skills they taught could be adapted for different settings.

Naturalistic behavioural interventions such as PRT are based on the work done by researchers Hart and Risley in the 1970s. Their studies focused on improving language development in preschool children with language delays.

What is the idea behind it?

The theory behind PRT is that there are four key areas of child development that are 'pivotal' to later development:

- Motivation: encouraging learning by giving children choices, varying tasks, combining previously learned tasks with new tasks, prompting, using rewards and rewarding attempts.
- Self-initiation: encouraging and rewarding children's curiosity, such as when they ask questions about something they see.
- Self-management: teaching children to be more independent and take responsibility for their learning.
- Responsiveness to multiple cues: teaching and encouraging children to respond to various forms of the same prompt or instruction – for example, 'Get your jumper', 'Get your pullover' or 'Go and get your jumper now'.

Supporters of PRT believe that improvements in more complex skills (such as social skills, communication and play skills, and behaviour) will follow if children can first learn and develop in these foundation areas.

What does it involve?

PRT occurs in a child's natural environment (at preschool, home or school) and uses everyday activities to teach the child.

For the person working with the child, PRT involves:

1. setting up goals specific to the individual child (such as 'saying a two-word sentence or phrase')
2. using the child's interest in an item or activity as an opportunity to teach and help the child reach the goal
3. praising and/or rewarding every time the child makes an effort to reach the goal (successful or not). Rewards are based on what the child likes.

Pivotal response training can be very time-intensive. It can involve many hours a day and go on for several years, depending on the child's goals. PRT always occurs in the child's natural environment and can be implemented by therapists, parents, teachers and even the child's peers.

Cost considerations

The cost of PRT will depend on how long a child uses it and who implements it. The cost can be reduced

if parents implement the approach themselves. Some training manuals might need to be purchased.

Does it work?

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

Who practises this method?

Anyone can practise PRT, including professionals, parents, teachers and even peers.

Most official training is available through the Koegel Autism Centre in the US, which provides parent training and support materials. The centre also implemented a national certification process in 2006.

PRT forms part of some other intervention programs, such as the [Early Start Denver Model](#). Parents might be able to access it through those programs.

Parent education, training, support and involvement

Parent training and support materials are available through the Koegel Autism Centre in the US. Parents are required to be actively involved in this approach.

Where can I find a practitioner?

Contact your [state autism association](#) and ask them to recommend a service or practitioner. There is no register of trained PRT practitioners, so you might also want to ask the professionals you're working with whether they are trained in or familiar with this approach.

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Rated

(0 ratings)

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## GLOSSARY

naturalistic teaching techniques

Teaching approaches that allow children to be taught communication (and other skills) in real-life settings and activities.

### More to explore

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

### Web links

- ▶ Koegel Autism Center
- ▶ University of California, San Diego Autism Intervention Research Program – Pivotal Response Training

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Allen, K.D., & Cowan, R.J. (2008). Naturalistic teaching procedures. In J.K. Luiselli, D.C. Russon, W.P. Christian, & S.M. Wilcynski (Eds), *Effective practices for children with autism: Educational and behavioural support interventions that work* (pp. 213). New York: Oxford University Press.

Committee on Educational Interventions for Children with Autism (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Kaiser, A.P., & Trent, J.A. (2007). Communication intervention for young children with disabilities: Naturalistic approaches to promoting development. In S.L. Odom, R.H. Horner, M.E. Snell & J. Blacher (Eds), *Handbook of developmental disabilities* (pp. 224-245). New York: Guilford Press.

Koegel, R.L., Koegel, L.K., & Brookman, L.I. (2003). Empirically supported pivotal response interventions for children with autism. In A.E. Kazdin & J.R. Weisz (Eds), *Evidence-based psychotherapies for children and adolescents* (pp. 341). New York: Guilford Press.

Koegel, L.K., Koegel, R.L., & Carter, C.M. (1998). Pivotal responses and the natural language teaching paradigm. *Seminars in Speech and Language, 19*, 335-371.

Koegel, L.K., Koegel, R.L., Harrower, J.K., & Carter, C.M. (1999). Pivotal response intervention I: Overview of approach. *Journal of the Association for Persons with Severe Handicaps, 24*, 174-185.

Mastergeorge, A.M., Rogers, S.J., Corbett, B.A., & Solomon, M. (2003). Nonmedical interventions for autism spectrum disorders. In S. Ozonoff, S.J. Rogers & R.L. Hendren (Eds). *Autism spectrum disorders: A research review for practitioners* (pp. 133-160). Washington, DC: American Psychiatric Press.

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*. Canberra: Australian Government Department of Health and Ageing.

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.