

Pivotal Response Treatment

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What is Pivotal Response Treatment?

Basic Assumptions

- Treatment in the Natural Environment
McGee, Krantz, McClannahan (1985); Koegel, O' Dell, & Koegel (1987); Miranda-Linne & Melin (1992)
- Family Involvement
Koegel, Bimbela, & Schreibman (1996); Koegel & Koegel (2006)
- Treatment of Pivotal Areas
Koegel & Koegel (2006)

Pivotal Areas

- Motivation
- Multiple Cues
- Initiations
- Self-Management
- Empathy (in progress)

Empirical Evidence: Simpson (2005)

TABLE 1
Evaluation of Interventions and Treatments for Learners With Autism Spectrum Disorders

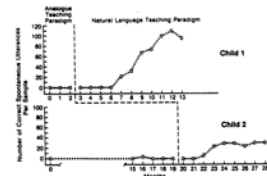
Classification	Intervention and Treatment Categories				Other
	Interpersonal relationship	Skill-based	Cognitive	Physiological/ biological/ neurological	
Scientifically based practice		<ul style="list-style-type: none"> • Applied behavior analysis (Hagopian, Crockett, van Stone, DeLeon, & Bowman, 2000) • Discrete trial teaching (Committee on Educational Interventions for Children with Autism, 2001) • Pivotal response training (Hupp & Reitman, 2000) 	<ul style="list-style-type: none"> • Learning Experiences: An Alternative Program for Preschoolers and Parents (Strain & Hoyson, 2000) 		

Motivation

- Core Motivational Variables of PRT
 - Experimental evidence and discovery of variables
 - Child choice (Koegel, Dyer, & Bell, 1987)
 - Direct (Natural) Reinforcement (Koegel & Williams, 1980; Williams, Koegel, & Egel, 1981)
 - Interspersal of Maintenance & Acquisition Trials (Dunlap, 1984)
 - Task Variation (Dunlap & Koegel, 1980)
 - Reinforcing Attempts (Koegel, O' Dell, & Dunlap, 1988)
 - Overall Motivational Package (Koegel, O' Dell, & Koegel, 1987; Koegel, Koegel, & Surratt, 1992; Koegel & Koegel, 2006)

Structured ABA vs. PRT

- Results: (Koegel, O' Dell, & Koegel, 1987)
 - Increase in immediate and deferred imitations
 - Increase in spontaneous utterances
 - Generalization of imitative and spontaneous utterances



PRT: Communication

- Child Choice
- Maintenance Tasks
- Task Variation
- Natural Reinforcers
- Reinforce Attempts



Baseline



Intervention

Using Individualized Orienting Cues to Facilitate First-Word Acquisition for Nonresponders with Autism

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Successes and Failures

- Behavioral interventions have been shown empirically to be successful for many symptoms of autism.
- For young children, as many as 95% may acquire speech with behavioral interventions.
- Fewer older children acquire speech.
- Many in the nonresponding subpopulation exhibit a single speech sound or word for all referents.

Orienting Cues

- Intact basic processes of visual orienting among children with autism, even in a situation where attentional processes are taxed by the presence of distractors in the visual field (Burack et al., 1997; Iarocci & Burack, 2004; Mindshew et al., 2005)
- Use of orienting cues to facilitate discrimination learning in children with autism
 - (Koegel, Dunlap, Richman, & Dyer, 1981; Lovvaas et al., 1977; (Ross & Greer, 2003; Tsiouri & Greer, 2003)

Research Questions

- Would individualized orienting cues (presented immediately prior to verbal models) result in acquisition of verbal expressive words in nonverbal children with autism who had a history of non-responding during intervention?
- Will this produce gains in functional communication?

Method: Participants

- Child 1: Zane
 - 3 years 0 months
 - Nonverbal
 - VABS communication: 0-10
 - ROWPVT/EOWPVT: non-testable
 - CDI-WS: no words
 - In PRT program for 2 months (total = 8 months)
- Child 2: Parker
 - 4 years 1 month
 - Nonverbal
 - VABS communication: 1-2
 - ROWPVT/EOWPVT: non-testable
 - CDI-WS: no words
 - In PRT program for 4 months (total = 10 months)
- Child 3: Alex
 - 4 years 8 months
 - Nonverbal
 - VABS communication: 1-0
 - ROWPVT/EOWPVT: non-testable
 - CDI-WS: 1 word
 - In PRT program for 7 months (total = 13 months)

Method

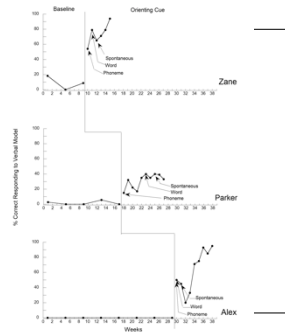
- Design
 - Multiple baseline across participants
- Procedure
 - Baseline PRT
 - Identification of individualized orienting cue
 - Engaged in stimulus activity
 - Oriented to clinician
 - Typically took less than 2 hours
 - Orienting cue intervention – present stimulus immediately (< 1 sec) preceding the verbal model.
- Dependent Measures
 - Percent of correct verbalizations to verbal models
 - Total number of spontaneous words

Individualized Orienting Cues

- Zane
 - Attempted modeled motor actions – unsuccessful.
 - Attempted high-five gesture – successful.
 - High-fives presented immediately before verbal models.
- Parker
 - Attempted modeled motor actions – unsuccessful.
 - Attempted high fives – unsuccessful.
 - Attempted novel stimuli, such as hugs, kisses, tickles, and novel sounds – successful.
 - Novel stimuli prior to presentation of verbal models.
- Alex
 - Attempted modeled motor actions – successful.
 - Modeled motor actions presented prior to verbal models.

Results

Figure 1. Correct Responding to Verbal Models Presented by the Clinician.



Results

Table 1. Total Number of Words Produced on the MacArthur-Bates CDI-WS Before and After Intervention and at a 6-Month Follow-Up

Child	Pre	Post	Follow-up
Zane	0	38	94 (2 to 3 word combinations)
Parker	0	4	4
Alex	1	245	328 (Full Sentences)

Future Directions

- Potential variables involved
 - "Stimulus overselectivity" – attention to relevant cue (i.e., speech model) (Lovaas, Schreibman, Koegel, & Rehm, 1971; Rincover & Koegel, 1975)
 - Novelty – change stimulus properties of verbal opportunities (e.g. Carr, Newsom, & Bankoff, 1980)
 - Behavioral momentum – affecting resistance to change (Nevin, 1996; Romano & Roll, 2000; See dissertation, 2007; Ross & Green, 2003)
 - Maintenance tasks – increasing motivation to attend (Koegel et al., 1989; Koegel & Koegel, 2006)
 - Short inter-trial intervals (ITI's) – maintain attention (Koegel, Dunlap, & Dyer, 1982)

Motivational Academics

□ Purpose

Investigate whether the use of motivational procedures of PRT **improve basic academic skills** in children with autism, specifically **writing and math**.

Specific Questions

- Will the use of motivational procedures during writing and math tasks:
 - Result in faster completion?
 - Decrease disruptive behaviors?
 - Increase interest?
- Will gains maintain and generalize?

Procedure

Differences Between Baseline and PRT Intervention		
	Baseline	PRT Intervention
Materials & Setting	Chosen by Adult	Chosen by Child
Task	Fixed Difficulty Level	Interspersal of easy and difficult tasks
Reinforcer	Unrelated to the Task	Embedded within the Task

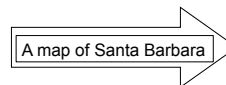
- Examples: Writing and Math

Results

- Faster Completion
- Decreased Disruptive Behavior
- Increased Interest
- Maintained and Generalized

Self-Initiated Writing

- Playing Teacher
- Hangman
- Writing Stories
- Drawing Pictures



Discussion

- Collateral Gains
- Success in the School Setting
- Better Outcomes
- Prevention

Summary – Home/School Coordination

- Reduces Disruptive Behavior
 - Avoidance
 - Escape
- Increases Child Responsiveness
- Increases Child Learning
- Improves Team Work

Inclusion in Family Routines and Parent Education

- Reduce Stress (Koegel, Bimbela, & Schreibman, 1996)



Dinner



Music

Acknowledgments

- Eli and Edythe L. Broad Foundation
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Interactive Website

www.education.ucsb.edu/autism

Thank you!

**Practical Ways to
Decrease Disruptive
Behavior**

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Background

Treatment of Disruptive and Inappropriate Behaviors

- 1960s-1970s – Punishment
- 1980s – Field of PBS
 - Data based methods to improve behavior
 - Respectful of a person's dignity
 - Promoting a person's capabilities
 - Expanding a person's opportunities
 - Meaningful outcomes

**What Triggers Disruptive
Behaviors?**

Social

- Request to Engage in Non-preferred tasks
- Demanding Situations such as Academics
- Change in Routines
- Denied Access to Preferred Items

Biological

- Pain/Illness
- Medication

Physical/Environmental

- Climate
- School
- Home
- Indoors/outdoors

What To Do When There is a Disruptive Behavior

- STAY CALM
- Keep everyone safe
- Figure out WHY it happened
- Don't worry about treatment during a crisis
- Develop an intervention plan

Problem Behaviors

- Problem behaviors are communicative
- Problem behaviors are NOT unique to autism
- Problem behaviors occur because they are efficient and effective
- Problem behaviors continue to occur because they are inadvertently reinforced
- Positive Behavior Support (PBS) has advanced scientifically based practices for dealing with problem behaviors
- Necessary to identify functions of and teach new behaviors

Assessment

- Functional Behavior Analysis

**GENERAL MOTIVATING FACTORS
FOR PROBLEM BEHAVIORS**

- Attention/Positive Consequence
- Escape/Avoidance
- EFFECTIVE & EFFICIENT

Example

Adam
Tantrums and Aggression

FBA

- FBA: Functional Behavior Assessment
- Avoids error-filled speculation
- Identifies the FUNCTION of the behavior and WHY the behavior is occurring
- Develops efficient and effective behavior plans
- Focus on teaching new behaviors

Conducting the FBA

Defining the Target Behavior

- Observable & measurable
- Poor Example: off-task
- Good Example: out of seat, playing with desk objects, talking out of turn

Collecting the Data

- Direct behavioral observations in the natural environment, across settings/situations
- Compare/contrast to typical peers
- Record behavior (e.g., frequency/rate, duration)
Establish a baseline
- Identify antecedent(s) & consequence(s)
- Identify possible setting events
- Find the pattern!

**Baseline
Target
Behavior**

Antecedent Interventions

- For everyday settings antecedents can involve
 - Social Variables (e.g., friendship patterns & family support)
 - Biological Variables (e.g., physical conditions and psychological deprivation states)
 - Physical and Environmental Contexts (e.g., living or school setting)

Assess the Curriculum

- Is the academic activity motivating???

 - Child Choice
 - Task Variation
 - Interspersal of Easy and Difficult
 - Natural Reinforcers
 - Reward Attempts

Develop Meaningful Activities

- Catalogs for math
- Bus Schedules

Incorporate Student's Names

- Search and replace the names of students in the class for homework

Priming

- A procedure wherein the child is exposed to the academic materials or activities in advance.
- Reduces avoidance and escape behaviors
- Improves on-task responding
- Improves socialization
- Improves initiations
- Improves behavior

Schedules

- Use a visual schedule to make activities predictable
 - Pictures
 - Words

This makes activities predictable. Even changes in routines can be incorporated.

Re-Direction

- Teach Alternative Behaviors

- Teach Incompatible Behaviors

Warnings

- Give students warnings about transitions
 - Timers
 - Verbal warnings

Use Strengths

- Develop Activities around the individual with ASD's interests
 - Restricted interests
 - Clubs
 - Play Dates
 - Reading



Preferred Seating

- Arrange specific seating locations for students
 - Circle time (toward the front or middle)
 - Toward the back or side if aide support is needed
 - Near the front of the classroom
 - Near a competent peer
 - Peer assistance
 - Peer modeling

Circulate!

- Have recess and lunch duty staff circulate
 - Don't stand in one place
 - Recruit parent/community volunteers

Prompt Pro-social Behaviors
Reward Pro-social Behaviors

Physical Exercise

- Vigorous Exercise
 - Increases on-task behavior
 - Improves academics
 - Decreases interfering behaviors
 - Repetitive Behavior
 - Disruptive Behavior

Interventions

- Interventions if problem behavior is occurring

Systematic Desensitization

- Involves gradually and systematically introducing the aversive stimuli
 - Establish anxiety stimulus hierarchy
 - Learn coping mechanism or incompatible response
 - Connect the stimulus to the incompatible response or coping method through counter conditioning
- Examples

Reward Systems

- Reward Child for not engaging in the disruptive behavior
 - Sticker charts
 - Classwide reward systems
 - Schedules of reinforcement

Coordination Across Environments

- Coordinated consistent approach across environments
 - Behavioral Contrast
 - Extinction Bursts

Parent Education

- Parent Participation
 - Parents assist with goal development
 - Practice with Feedback

Summary

- Disruptive Behavior
 - Don't Panic
 - Look for Functions
 - Develop replacement behaviors
 - Recommend a Comprehensive, Multi-Component Intervention Program
