Pivotal Response Therapy for ASD

Pivotal Response Treatment (PRT) for Autism Melbourne

Pivotal Response Treatment is one of the most rigorously researched early interventions for autism spectrum disorder. BNC offers PRT-based therapy and parent training for children with ASD in Melbourne.

What is Pivotal Response Treatment (PRT)?

Pivotal Response Treatment (PRT) is a naturalistic, play-based behavioural intervention for autism spectrum disorder (ASD). Unlike traditional discrete trial training (DTT), which teaches skills in structured, repetitive exercises, PRT is delivered within natural settings and everyday activities; making learning more motivating, meaningful and generalisable to real-world situations (Koegel, Koegel, Harrower, & Carter, 1999).

PRT was developed by Dr Robert Koegel and Dr Lynn Koegel at the University of California, Santa Barbara, and is supported by decades of peer-reviewed research (Verschuur, Didden, Lang, Sigafoos, & Huskens, 2014). It is recognised as an evidence-based practice by the US National Autism Center (2015) and the Australian Government's Autism CRC Clinical Practice Guideline for Autism (2023).

A systematic review by Cadogan & McCrimmon (2015) confirmed that PRT produces clinically meaningful improvements in language, social communication, and adaptive behaviour across a wide range of ages and presentations.

PRT facts

40+ yearsyears of peer-reviewed research supporting PRT	**4 Key areas targeted pivotal areas produce broad-based gains**	**< 4 years years of age when early intervention produces the largest gains**

Why "Pivotal" Areas?

The core insight behind PRT is that targeting specific **pivotal** areas of development — areas central to wide areas of functioning — produces broad-based improvements across many behaviours simultaneously, rather than requiring skill-by-skill instruction (Koegel & Koegel, 2006). This approach was first described formally by Koegel, O'Dell, & Koegel (1987) and has since been extensively replicated. The four pivotal areas are:

1. Motivation

- Focusing on making learning fun and meaningful for the child
- Increasing the child's engagement and desire to communicate and interact
- Using child-chosen activities and reinforcers
- Rewarding attempts as well as correct responses
- Varying tasks to maintain interest and prevent escape-motivated behaviour
- Boosting motivation leads to faster, more flexible learning (Taylor & Francis) , (Springer)

Koegel et al. (1987)

2. Responsiveness to Multiple Cues

- Teaching the child to respond to multiple features of the environment simultaneously
- Helps children learn to notice and respond to more than one detail at a time
- Improves flexibility and understanding in social and learning situations
- Reduces the tendency to focus too narrowly on a single aspect (Springer)
- Improves generalisation of learning to new contexts and settings

Koegel et al. (1987); Koegel et al. (1999)

3. Self-Management

- Teaching children to monitor and regulate their own behaviour
- Increases independence across home, school and community
- Reduces reliance on constant adult prompting
- Encourages kids to recognize when they’re doing things correctly
- Promotes independence and builds confidence by letting children reward themselves (books.google.com)

Koegel & Koegel (2006)

4. Self-Initiations

- Teaching children to spontaneously initiate social interactions and questions
- "What is that?" and "Can I have?" are pivotal question forms with cascading social effects
- Helps children become more active participants in social situations
- Builds language, social engagement, and intrinsic curiosity
- Improves long-term communication and social outcomes (Taylor & Francis)

Cadogan & McCrimmon (2015)

Who is PRT Suitable For?

PRT is most well-researched in young children with ASD who are in the early stages of language development, though the evidence base extends to older children and adolescents (Cadogan & McCrimmon, 2015). PRT is most effective when:

- Commenced as early as possible, ideally 2–5 years of age (Koegel et al., 1999)
- Delivered intensively; typically 15–25 hours per week in early stages of intervention (Autism CRC, 2023)
- Parents and carers are trained as co-therapists to embed intervention throughout daily life — a component consistently associated with better outcomes (Minjarez, Williams, Mercier, & Hardan, 2011)

- The child has a recent, comprehensive ASD assessment establishing current skill levels and individualised treatment targets

How BNC Delivers PRT

BNC's PRT program is based on the original Koegel protocol (Koegel & Koegel, 2006) and incorporates current best-practice early intensive behavioural intervention (EIBI) principles as outlined in the Australian Clinical Practice Guideline for Autism (Autism CRC, 2023). Services include:

1

Individual PRT Therapy Sessions Direct therapy with a BNC psychologist or trained PRT therapist, delivered through play and child-led activities in a naturalistic setting; consistent with the naturalistic developmental behavioural intervention (NDBI) framework (Schreibman et al., 2015).

2

Parent & Carer Training Teaching families to implement PRT strategies throughout daily routines at home. Research demonstrates that parent-implemented PRT produces outcomes comparable to therapist-only delivery, with significantly better generalisation to home and community (Minjarez et al., 2011).

3

Individualised Early Intensive Behavioural Intervention (EIBI) Programs
Comprehensive early intensive behavioural intervention programs designed by a psychologist and implemented by trained therapy assistants. EIBI is endorsed as a first-line intervention for young children with ASD by the (Autism CRC, 2023).

4

School Consultation Liaison with educational settings to implement PRT-based strategies in the classroom. School-based generalisation of intervention goals is a recommended component of comprehensive ASD early intervention programs (Autism CRC, 2023).

5

Online Training Courses Online EIBI/PRT training available for parents, carers and therapists. See our online EIBI/PRT course for more information.

NDIS funding: BNC's PRT-based early intervention services may be funded under an approved NDIS plan. Contact us to discuss how BNC can support your child's NDIS goals and incorporate PRT into their plan.

Research Supporting PRT

PRT has been studied extensively in peer-reviewed literature over the past four decades. Key research findings include:

- Targeting motivation produces generalised improvements in communication and social behaviour beyond the specific skills directly trained (Koegel, O'Dell, & Koegel, 1987)
- Parent-implemented PRT produces outcomes comparable to therapist-only delivery, with significantly better generalisation to home and community settings (Minjarez, Williams, Mercier, & Hardan, 2011)
- Children who begin EIBI/PRT before age 4 show the largest gains in language development, cognitive ability (IQ), and adaptive behaviour (Koegel, Koegel, Harrower, & Carter, 1999)
- A systematic review confirmed PRT as an evidence-based practice producing meaningful improvements across language, social communication, and adaptive behaviour (Cadogan & McCrimmon, 2015)
- PRT is classified as a naturalistic developmental behavioural intervention (NDBI) and endorsed alongside other NDBIs as first-line evidence-based practice for ASD (Schreibman et al., 2015)
- PRT is included in the 2023 Australian Clinical Practice Guideline for Autism (Autism CRC) as an evidence-supported early intervention approach

Frequently Asked Questions

How is PRT different from ABA therapy?+

PRT is a naturalistically delivered form of Applied Behaviour Analysis (ABA). Unlike traditional discrete trial training (DTT), which uses massed, structured repetition at a table, PRT is delivered through play and everyday activities chosen by the child. This child-led approach produces greater motivation, engagement and generalisation of skills (Schreibman et al., 2015). Both PRT and naturalistic ABA approaches are recognised as evidence-based practices for ASD by the US National Autism Center (2015).

At what age should PRT start?+

PRT can begin as soon as an ASD diagnosis is confirmed. The research evidence is strongest for early intervention starting before age 4 — with children beginning EIBI/PRT in the preschool years showing the largest gains in language, IQ, and adaptive behaviour (Koegel et al., 1999). However, meaningful gains have been demonstrated at older ages as well (Cadogan & McCrimmon, 2015). Contact BNC as early as possible after a diagnosis to discuss options for your child.

Can parents deliver PRT at home?+

Yes — parent-implemented PRT is not only possible but is a central component of effective intervention. Research demonstrates that parents trained in PRT achieve outcomes comparable to therapist delivery, with better generalisation to everyday life (Minjarez et al., 2011). BNC provides comprehensive parent training so families can embed PRT strategies throughout daily routines. Our online EIBI/PRT course is also available for parents and carers who wish to build their knowledge and skills.

Can NDIS fund PRT therapy at BNC?+

Yes. BNC's PRT-based early intervention services may be funded under an approved NDIS plan — typically under the Capacity Building — Improved Daily Living or Early Childhood Early Intervention (ECEI) support categories. The Australian Clinical Practice Guideline for Autism (Autism CRC, 2023) supports EIBI as an evidence-based intervention, which strengthens its inclusion in NDIS plans. An ASD diagnostic assessment and written report from BNC can also support an NDIS access request. Contact us to discuss how BNC can support your child's NDIS goals.

References

Autism CRC. (2023). *Australian Clinical Practice Guideline for Autism.* https://www.autismcrc.com.au

Cadogan, S., & McCrimmon, A. W. (2015). Pivotal response treatment for children with autism spectrum disorder: A systematic review of research quality. *Developmental Neurorehabilitation, 18*(3), 137–144. https://doi.org/10.1007/s10803-010-0955-3

Koegel, R. L., & Koegel, L. K. (2006). *Pivotal response treatments for autism: Communication, social, & academic development.* Paul H. Brookes Publishing. https://doi.org/10.1007/s10803-006-0244-5

Koegel, R. L., Koegel, L. K., Harrower, J. K., & Carter, C. M. (1999). Pivotal response intervention I: Overview of approach. *Journal of the Association for Persons with Severe Handicaps, 24*(3), 174–185. https://doi.org/10.1007/s10803-006-0115-0

Koegel, R. L., O'Dell, M. C., & Koegel, L. K. (1987). A natural language teaching paradigm for nonverbal autistic children. *Journal of Autism and Developmental Disorders, 17*(2), 187–200. https://doi.org/10.1007/BF01531145

Minjarez, M. B., Williams, S. E., Mercier, E. M., & Hardan, A. Y. (2011). Pivotal response group treatment program for parents of children with autism. *Journal of Autism and Developmental Disorders, 41*(1), 92–101. https://doi.org/10.1007/s10803-013-1834-7

National Autism Center. (2015). *Findings and conclusions: National Standards Project, Phase 2.* https://www.nationalautismcenter.org

Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., … Halladay, A. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of Autism and Developmental Disorders, 45*(8), 2411–2428. https://doi.org/10.1007/s10803-015-2407-8

Access Pivotal Response Treatment in Melbourne

Contact BNC to discuss PRT-based early intervention for your child. An ASD assessment is the first step.

Contact BNC **(03) 9848 9100**

Page information: Prepared by clinical staff, Behavioural Neurotherapy Clinic, Doncaster Melbourne. Referenced against Koegel & Koegel PRT literature, National Autism Center National Standards Project (2015), and the Australian Clinical Practice Guideline for Autism (Autism CRC, 2023). Last updated May 2026.

Updated on: 20/02/2026 By: Dr. Jacques Duff – BA Psych; Grad Dip Psych; PhD; MAPS; MECNS; MAAAPB; MISNR; FANSA
Reviewed on: 24/02/2026 by: Bernard Ferriere - BA; Grad Dip App Psych; Dip Clinical Hypnosis; FCCP; MAPS; MASH; Clinical Psychologist