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THE PROS AND CONS OF DISCRETE TRIAL TRAINING: IS THE "LOVAAS" BEHAVIOR MODIFICATION METHOD APPROPRIATE FOR MY STUDENT?

Discrete trial training (DTT) consists of a pre-set series of distinct repeated lessons usually taught one-to-one with a student. The behavior trainer presents a task, reinforces the child if he performed correctly, and records the accuracy of the response. If the trainer has to assist the student through the lesson in the initial stages, data is recorded on the level of assistance required. Data is kept on the multiple trials and the student moves on to additional tasks as the old ones are mastered. The trainer presents the tasks in the prescribed order, without deviation. Over time, exclusive DTT programming became known by the public as "ABA programs". [See Fact Sheet #30: [Applied Behavior Analysis \(ABA\)](#)]

Although this technique is currently identified with the work of O. Ivar Lovaas at the University of California Los Angeles (UCLA), discrete trial training has been used by many other professionals. It has been referred to as the Clinical/Prescriptive method and as formal compliance training (Donnellan-Walsh, Gossage, LaVigna, Schuler & Traphagen, 1976; Myles & Simpson, 1990) and is a variation of basic behavior modification techniques, falling under the broad umbrella of applied behavior analysis (ABA).

O. Ivar Lovaas has made this technique controversial by publishing articles which suggest that using this method exclusively and intensively with young children can make them indistinguishable from their typical peers in first grade. This fact sheet does not intend to address the questions about the validity of that research. The more pressing question is: Would the individual with autism you work with and care for respond to this method as it is exclusively and intensively applied?

Discrete trial teaching strategy can be an important tool in teaching children with autism, especially when introducing a new skill or information. Many times students with autism are not learning because their attention is not focused on the learning task and they are unable or unwilling to cooperate with the lesson the teacher has chosen. Discrete trial teaching begins at the developmental level of the child and focuses on gaining his/her attention and reinforcing any attempt at compliance. When combined with the error-less teaching method, the child practices correctly responding and receives reinforcement each trial. The teacher can go at the child's speed, using the discrete trial procedure to build skills as quickly or slowly as that individual can progress. The procedure is particularly effective at teaching the child a predictable process for learning, establishing communication skills, teaching the child to interact with the trainer while gaining some basic life and academic skills. As the Lovaas program has been perfected, an essential part of the program is to train the parents in these

procedures so that there is 24-hour consistency. A well-structured intensive behavior program such as this can help a child to begin responding and learning.

DTT, as originally presented in Lovaas' research, was not a gentle method. It is a persistent demand that the child focus on the adult's selected goals and learn the chosen skills. Fortunately, the aversives originally used to correct children are no longer recommended by DTT practitioners, and only non-aversive correction procedures are now used. A parent's perspective: "My son, who has autism and did not speak or gesture much when he was young, resisted our attempts to get him to comply or our interruption of his preoccupations. We decided that it was important for him to learn to communicate and to take care of his basic needs, even if it made him temporarily unhappy. We had not heard of Lovaas, but we used behavior modification techniques and my son's fixation on food as a reinforcer. Rather than a series of artificially designed tasks, we worked on the language and skills needed in his daily life. Siblings provided models of appropriate behavior. We were insistent, persistent, and consistent 24 hours a day. Slowly, he began responding and learning from us and his environment. My now adult son is able to tell me, "Thank you," for these efforts. I still wonder at times if a gentler method would have worked, but I am convinced that breaking through to him early was the key to his current high functioning status."

Behavior methods should be a part of most programs for children with autism, but must it be the Lovaas-DTT program? One problem is that Lovaas seemed to indicate that only he and his trained workers could do this method correctly. Many of the UCLA trainers are excellent, but most families then put together teams of volunteers with a minimum of training to assist in their child's program. The quality of these team members and their understanding of positive behavior principles can vary. Getting the UCLA training and stamp of approval can be very expensive and can drain family finances. Many families want schools to pay the cost of hiring these outside experts. ACCESS has been teaching discrete trial, or compliance training, to be used as a part of an overall intervention program during its 27 years of existence. It is certainly possible for people not directly identified with UCLA/Lovaas to learn to use these strategies.

Is this training only for the very young individual and must it be 30-40 hours a week? Early intervention can make huge differences, but that does not mean discrete trial training can't be beneficial for older children. The adage, "better late than never," applies. The intensity level, or number of hours per week needed, varies with the child. High intensity would be for a short initial period. Dawson & Osterling (1995) recommend at least 15 hours a week of instruction for an effective early intervention program. Once the child begins to speak and focus for learning, the program must be broadened so that skills can generalize to more natural situations.

Unfortunately, focus on the one-to-one discrete trial format exclusively can train behavior that is not meaningful, generalized or spontaneous. The child may develop "splinter skills" but not make general applications. This training model does not take into account sensory problems that may underlie the unusual behaviors, or communication difficulties. Some individuals experience increased anxiety, preservation and rigidity from this intense level of programming. Children need time for spontaneous play and to learn to be a child. They need social interaction with other children. They need to understand how to learn in groups and not become one-to-one prompt dependent. If we want these individuals to be able to function in our schools and in society, they will need to move past the one-to-one discrete trial format into a structured

classroom with the opportunity for typical childhood experiences. Many individuals will become aggressive if instructed only in DTT format past the point of compliance.

The children who seem to benefit the most from intensive behavior training are those who are nonverbal and noncompliant. Children with milder problems may benefit from the use of discrete trial teaching in combination with social integration, structured teaching, sensory integration and/or other support services. Discrete trial training is an excellent tool, but it is only one of the tools we have which help individuals with autism.

REFERENCES

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Q & A: SPECIAL TEACHING METHODS IN CLASS

Q. How can I incorporate parent-requested special teaching methods into our usual classroom routine?

Signed, Concerned Regular Teacher

A. Dear Concerned,

With only one pair of hands and twenty-eight children in your classroom, it's hard to make changes for one child. First, become very familiar with the special teaching methods requested. PRACTICE! When strategies become second nature, you can do them almost without thought. Second, schedule instruction tightly. When most children move through the day automatically, you'll have a few minutes to engage the special student individually. Third, consider recruiting peers to help or getting an upper classman to volunteer to help. Train those people well. Fourth, another set of hands is always helpful. Perhaps you can use the speech/language pathologist, foster grandparent, or a paraeducator at least part of the day. And lastly, enjoy this time. You're expanding your repertoire of skills, too.

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