

Discrete Trial Teaching

Efficacy Rating
Level #1

Discrete Trial Teaching is a 3-part instructional technique that uses the principles of applied behavior analysis to teach skills.

What is Discrete Trial Teaching (DTT)?

- Discrete Trial Teaching is a 3-part instructional technique consisting of:
 1. Discriminative Stimulus (Sd) or Instruction
 2. Response (R)
 3. Consequence
 - *Reinforcement
 - *Correction
- Used to explicitly teach skills which are often broken into discrete or component parts
- Instructions: clear, concise, repetitive, well paced
- Behavior is prompted and prompts are systematically faded until skills can be performed independently
- Approximations and success are rewarded
- Simple skills are mastered before new learning opportunities are presented, in which the child then builds upon the mastered skill toward a more complex one.

Rationale/Goal of Discrete Trial Teaching:

- Children with autism typically do not learn from their environment spontaneously, and therefore often need to be explicitly taught virtually everything they are expected to learn (Green, 1995).
- As part of a broader applied behavior analysis intervention, discrete trials can be used to target numerous goals and objectives that children need to be explicitly taught.

Early skills in this model focus on assisting children with developing the skills to be “prepared” to learn

- Proper sitting (sit down, hands quiet, etc.)
- Directing attention
- Imitation of simple actions (gross motor, facial expressions, gestures)
- Visual stimuli matching
- Following verbal instructions
- Verbal imitation

Later skills:

The same model can be used to teach more elaborate skills sets including but not limited to pre-academic and basic academic skills, life skills, community awareness, social skills, and play repertoires.

What research supports the efficacy of DTT?

There is a significant body of validated and peer-reviewed studies supporting the efficacy of DTT as a method to teach skills and improve and sustain socially significant behaviors in individuals with autism. Importantly, results reported include "meaningful" outcomes such as increased social skills, communication skills, academic performance, and overall cognitive functioning. While studies varied as to the magnitude of gains, retention of gains made had been demonstrated. Most impressive outcomes have been attained when DTT was provided in an intensive intervention program, which consisted of 25-40 hours of adult-child intervention.

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Journal Articles:

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