

# The RDI Book

Forging New Pathways  
for Autism, Asperger's and PDD with  
the Relationship Development Intervention® Program



Steven E. Gutstein, Ph.D.

# **The RDI Book: Forging New Pathways**

for Autism, Asperger's and PDD with the  
Relationship Development Intervention® Program

Volume I

**by Steven E. Gutstein, PhD**

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## About Dr. Gutstein

Dr. Steven Gutstein earned his Ph.D. in Clinical Psychology from Case Western Reserve University and conducted his Internship and Post-Doctoral work at Rutgers Medical School. Between 1979 and 1987 he served as an Assistant Professor of Psychiatry and Pediatrics at Baylor College of Medicine and the University of Texas Medical School. During this tenure, Dr. Gutstein also served as the Director of Psychology for Texas Children's Hospital and Director of Family Therapy Training for the Baylor College of Medicine.

Prior to focusing his efforts on remediating Autism Spectrum Disorders, Dr Gutstein was recognized as a nationally renowned developer of innovative clinical programs for children and teens with high-risk conditions. In 1983 he received the largest grant ever awarded by the Hogg Foundation for Mental Health, to develop family-based intervention programs for severely suicidal youth. He has developed innovative, family-based programs for children with various medical conditions and Attention Deficit Hyperactivity Disorders. He has also developed school programs for children with problems related to Executive Functioning.

Since 1995 Steve and his wife, Dr. Rachelle Sheely, have served as the co-directors of The Connections Center, in Houston, which provides training and support to thousands of professionals and families around the world. He is also the Director of the Relationship Development Research Institute and the Gilbert Hall School in Los Angeles.

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# Preface

*“First, you know, a new theory is attacked as absurd; then it is admitted to be true, but obvious and insignificant; finally it is seen to be so important that its adversaries claim that they themselves discovered it.” William James*

This book is designed to fill several different needs. Those interested in learning more about Autism Spectrum Disorders (ASD) should find much of interest. In Part I, I present a “cutting-edge” view of what we now understand about ASD. I also describe a new, testable theoretical model, which I believe has great potential to alter the way that intervention is provided to persons with this disorder.

Readers wishing to learn about the possibilities for remediating the “core” deficits that define ASD will find this book valuable. I believe that RDI provides the first attempt at constructing a comprehensive, remedial approach to this complex disorder.

The second section in particular, serves as a guide for family members and professionals interested in obtaining a comprehensive, up-to-date understanding of the workings of the Relationship Development Intervention (RDI) program. RDI has been a continually evolving methodology since its inception in 2000. The current volume replaces earlier works such as *Solving the Relationship Puzzle* and our two RDI activity books. Due to the evolution of the program since their publication, we consider those to be poor representations of our current model of intervention.

Finally, the book serves as a good introduction for professionals considering becoming RDI Consultants as well as those in the training process. Similarly it is meant as a resource for parents who are considering RDI as well as those in the early stages of the process. Finally it can serve as a helpful resource for those more experienced with RDI who wish to provide greater understanding of the program to others. Those readers who are currently involved with the RDI Operating System should note that the staging of curriculum objectives is taken from the January 2009 revision of the curriculum.

This work is not meant as a comprehensive RDI manual. It does not claim to provide the expertise needed to function as an RDI Consultant. Nor is it meant to contain “how to” techniques and methods. RDI is not a specific technique or method and we do not think it helpful for professionals or parents to employ “pieces” of the program out of the context of the program as a whole. We strongly recommend that parents seek guidance from a Certified RDI Consultant, if they wish to participate in this process. Consultants are readily available from our website – [www.rdiconnect.com](http://www.rdiconnect.com)

Readers who, after completing this book, are interested in specific application of RDI in educational settings, should obtain RDI and Education available on the RDI program website. Similarly, those interested in obtaining more of the first-hand experiences of families going through the RDI process would benefit from My Baby Can Dance, also available on the RDI website. Readers who wish to gain more understanding of the key theoretical and research underpinnings of RDI should review the references listed at the end of this section, including works by Barbara Rogoff, Alan Sroufe, Peter Hobson and Alan Fogel.

Additional practical information concerning RDI is available on our website. This includes listings of consultants, more detailed descriptions of the RDI Operating System, announcements of workshops and seminars and specific information related to the Professional Certification Program.

The book is divided into three main sections; the section covers background and theory related to the program. The second section, beginning on page 125, describes current methods. This latter section roughly corresponds in layout to the first five parent training stages: Education, Readiness, Apprenticeship, Planning and Guiding. In addition we have provided a number of supplementary documents in the appendices section, including a listing of RDI goals, cognitive processes and an extensive glossary. Additionally, at the close of every chapter I provide references relevant to that chapter, as well as additional “reflections” and exercises that might enhance your learning.

In 1996 my wife, Dr. Rachelle Sheely and myself set off on a scientific journey to determine whether we could remediate the universal learning problems that define Autism Spectrum Disorders (ASD). We



hoped to shift the perception of what is possible, to raise the bar for people on the autism spectrum, their families and those who work with them.

Over the years I have talked at length with many adults on the spectrum. They want people to understand that they are not aliens, just human beings who have gone through life in a state of perpetual confusion, constantly feeling overwhelmed, like they are about to at any moment step into a chasm and get swallowed up, with no way to anticipate when and where that will happen. They desire the same quality of life as anyone else. But typically they feel discouraged and hopeless of attaining many of the things we take for granted, like true friendship, a comfortable work environment and a loving intimate relationship. If you can imagine trying to survive in a confusing, overwhelming world all day, every day, then you can imagine why even the most successful person on the spectrum feels like he or she is always at the edge of a precipice.

Rachelle and I decided that we would commit to finding a way to provide opportunities for the majority of ASD people to attain a quality of life as independent, emotionally connected, responsible adults. This book represents a waypoint in what has become a lifelong task.

Those of us who are fortunate to be guides in the development of someone with ASD face both challenges and opportunities. The challenges are most evident; the difficulty of fully understanding the complexity of the hundreds of developmental pieces missing for even the “highest functioning” persons with this disorder. It has been a herculean task to document and developmentally sequence the process by which we can construct small, gradually more complex steps that would allow persons with ASD to gradually attain the competencies that most of us learn intuitively and seemingly effortlessly. The opportunity is the thrill obtained when we slow down, remain in the moment and mindfully participate in each of the thousands of small steps entailed in the day-by-day psychological re-birth of a fully functioning human being.



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# Introduction

*“When you come to a fork in the road, take it.” Yogi Berra*

## Emily

Emily at age seven is already a non-stop talker. This symptom, which I call “hyper-verbalization,” means in plain language that Emily talks without thinking. She seems oblivious to the meaning of what she is saying, as well as the impact she is having on the listener. If you spend any length of time with Emily, you realize that you are just a glorified supporting actor (but more than an extra) in the play of daily life that she scripts for herself. She may ask you the same question 5 or 6 times within the same five-minute period. It is quite obvious that she has little interest in your responses and will ignore or even become irritated with you, if they deviate in any manner from the answers she is anticipating. Sit down to play any game or try to collaborate on any task and you will find, as I did, that Emily amazes you with how rapidly she tries to take complete control. She acts as if it is quite normal for five year olds to dictate the rules of games they know nothing about, Emily’s matter-of-fact voice informs me that, “Chess is the same as checkers,” a game she knows well, “only the pieces look different. We will jump each others pieces and thus eliminate them from the board.” I tell Emily I may not play with those rules and grudgingly she tries to add small modifications, making minor concessions so as not to lose my companionship. Emily is a perfectionist when engaged in a task. She quickly determines for herself what standards her performance should attain.

If interrupted prior to achieving her goal, or if the task proves so difficult that her standards cannot be attained, Emily is likely to become despondent and proclaim herself a failure. Such self-imposed tyranny has resulted in Emily’s completely avoiding any performance-based activity requiring visual-motor coordination, as this is clearly her greatest weakness.

Emily’s parents are young and healthy, but clearly they are worn out. They tell me how the doctors have told them that Emily has “mild” Autism and is a “very high functioning” child with the disorder. She attends typical classes in her public school and her achievement test scores indicate that



she is on grade level (the impact of her hyper-verbalization may not show up on achievement tests until Emily is a bit older, when the tests begin to measure real understanding and not just memorization).

## **Vivian**

When I first meet Vivian, a product of over 8 years of intensive verbal therapy, social skills training and behavior modification, I cannot hold even a rudimentary conversation with her. Even though I'm told she now has a vocabulary of over 500 words. This tall, motorically coordinated young teenager, who attends special education classes at her public school, shows little inclination to initiate any communication with me. As soon as I enter the room where she is inevitably reading a book, Vivian gazes towards me with more than a bit of apprehension. I do not immediately interrupt her and gradually move to her side, never making a sound or requiring any face-to-face 'performance.' I make it to the couch and seat myself at the opposite side from her. She briefly glances over to me, smiles in what I interpret as a welcoming manner and returns to her book. When the page ends, Vivian passively accepts her mother's request to close the book. I move a bit closer to her and she seems quite comfortable with our increased proximity. We sit quietly side-by-side on the sofa, staring at nothing in particular. She makes no move to control me leave my presence, as long as I do not try to "get" anything from her. She frequently glances over and smiles. I bounce a bit on one of the sofa cushions. She glances over, smiles and bounces a bit herself. Later I bounce harder and pretend to 'accidentally' fall off. Vivian gazes over, laughs and holds out her hand to help me up. Then she returns to staring at the wall.

## **Ed**

Ed, age 6, appears completely unlike Emily and also unlike Vivian. He is yet a third "vector" of this disorder. Ed has not one word to express himself with. He appears to me as a ball of constant disorganized motion. Ed's movement seems guided by a type of mental "slot machine" where his eyes flow from object to object in a rapid cascade and then, for no apparent reason, they seem to pause for several seconds to attend to something at random. Most of the time Ed's focus is not combined with any productive action. He typically does not study interesting or familiar objects or obtain desired results (although at times his actions can be surprisingly goal-focused, if it is about one of the very few

things he really desires). Unlike Emily, who seems to value my companionship as long as it coordinates with her over-active experience-scripting and Vivian, who, if we limit the language, appears quite comfortable to “hang out” with me, Ed doesn’t even stop to acknowledge my presence. He reveals no reaction and seems unaware, even when I slowly move towards him until I am physically just inches from his turned-away face.

For no apparent reason, Ed suddenly makes a high-pitched noise, runs to his mother and buries himself in her arms. Just as suddenly he breaks from her grasp and resumes his random expedition to nowhere. His face shows little diversity of emotion - no signs of enjoyment, curiosity, apprehension or excitement. His only expressions appear to be neutrality and occasional, moments of distress, which may or may not be fleeting.

These three children represent just a small sample of the incredible diversity found among the ASD population. Their stories and those of millions of individuals like them pose an excellent beginning to the question driving my life’s work - How does one go about providing individuals with Autism Spectrum Disorder (ASD) the tools to have a quality of life? As you may already know, ASD individuals may or may not suffer from an extremely wide range of neural, medical and psychological disorders. Many of these conditions present significant obstacles to development and must be treated in their own right, involving the efforts of a trained, coordinated multi-disciplinary team.

When we set about developing Relationship Development Intervention (RDI), we perceived that intervention efforts in the autism community were already well focused on recognizing and treating many of these “co-occurring” conditions. In contrast, we found that clinical methods and programs were not evolving to address deficit areas that compose the heart of ASD – the reason why, since Leo Kanner wrote his seminar paper in 1943, we have considered ASD to be a single syndrome and not just a collection of individuals possessing a wide range of different symptoms and deficits. To use an analogy, it was as if clinical programs to treat AIDS were making progress in addressing the respiratory and skin infections that are common in the disease and in providing medication and counseling for the depression and other reactive psychiatric conditions that often accompany AIDS, but were not having an impact on, or targeting the AIDS itself.



Perhaps, unlike AIDS, one could argue that treating the symptoms and co-occurring disorders would be sufficient to provide a quality of life for ASD individuals. Perhaps if we could provide speech to more individuals who were “non-verbal,” increase compliance, reduce odd mannerisms and rituals, teach appropriate social and self-help behavior, identify and treat allergies and nutritional intolerances, increase sensory-motor integration and provide academic knowledge to those who suffered from the disorder, we would enable them to attain a quality of life, without having to address the mystery of what underlies the condition. This has been an implicit assumption guiding most interventions in the autism community. There is no doubt that many of these efforts are highly productive and provide significant benefit when they are appropriately administered to those who actually need such services.

The basic problem with this argument is that it is not supported by scientific research. In the course of over 30 years of attempts at clinical intervention, there is not a single study to demonstrate that any of these methods addressing the “peripheral” aspects of ASD, even if provided in a highly intensive manner over a period of years, will significantly improve the odds for attaining a quality of life as an adult, or even in adolescence. Despite dramatically increasing resources devoted to ASD intervention, we have no evidence that we are making any impact in the attainment of Quality of Life; reciprocal friendships, future mature emotional relationships, successful collaboration, flexible, adaptive thought, or abilities necessary for job attainment and success in our 21st century world. The few studies that track the “natural history” of ASD individuals lead to similar conclusions. Researchers who attempt to differentiate and track those individuals with relatively fewer co-occurring obstacles –those with at least normal IQ and language functioning - find that the prognosis for a normal life is discouraging. In the largest study to date, which was conducted by the National Autistic Society of Great Britain, only 12% of these “highest functioning” individuals were able to attain any kind of even menial employment, while only 3% were able to live independently.

It is logical to conclude that if we are to attain greater success in preparing ASD children to have a chance at success, we must make a distinction between treating problems that people with ASD may

have (where such treatments may be quite helpful) and treating the chronic, core deficits of ASD itself, which must be overcome to attain a quality of life.

Of course this is easier said than done. ASD has often presented itself like a Russian Easter Egg, where uncovering each layer seems to reveal another layer beneath. It is apparent to anyone who works with many ASD individuals, that they suffer from such a diversity of problems and disorders that, if one did not have the means to examine the condition on a deeper level, he would have to wonder why these individuals would fit into a single syndrome at all. The same can be said for the strengths and skills ASD individuals may or may not possess. Contained within the ASD “family” are individuals who do not develop speech and others who talk incessantly with highly developed vocabularies. ASD encompasses persons with a tested IQ in the genius level and others classified with significant intellectual impairment. It includes teenagers who can sink a 3-point basket and others who cannot seem to lift and hold onto a basketball. Some ASD persons have allergies so severe that even a slight amount of a certain food will render them unavailable, while others can eat anything without the slightest effect. Some are easygoing and even-tempered, while others are defiant and quick to anger or cry. Some are highly disorganized to the point of appearing to wander in a random, aimless fashion. Others are highly rigid and controlling, demanding that everything occur in a scripted “sameness.” Some spend hours engaging in self stimulating hand movements while others would find this type of activity boring.

Thankfully we initiated our work in a time when many of the mysteries of ASD have begun to be revealed. Kanner himself offered some important clues in his 25-year follow-up observations of the children he originally studied in 1943. A small group of dedicated researchers, scientists like Peter Mundy, Marion Sigman, Ami Klin, Geraldine Dawson, Eric Courchesne, Margaret Bauman, Marcel Just and Nancy Minshew in the United States and Peter & Jessica Hobson, Colwyn Trevarthen, Tony Charman, Simon Baron-Cohen in the U.K, and their colleagues have been intent on getting past the diverse periphery to the universal core of ASD.

We were and still are able to draw upon a deep well of knowledge constructed over the past two decades. As I will discuss in future chapters, scientists have learned that persons with ASD are united



by specific, lifelong, highly debilitating information processing difficulties – severe learning disabilities – that, even in the absence of other problems and symptoms, prevent them from attaining a quality of life. Careful neurological research is revealing the unique “underconnectivity” that appears to underlie these learning disabilities.

We have designed our program - Relationship Development Intervention (RDI) to remediate those information-processing deficits that are universal to persons on the autism spectrum (but by no means unique to ASD's). We have chosen to refer to this collection of specific cognitive, self, interpersonal and communication abilities under the rubric of “Dynamic Intelligence” to contrast them with the abilities, not necessarily impacted by ASD. The latter are the skills tested by most I.Q. tests that we refer to as “Static Intelligence.”

In the past 20 years, Developmental Psychology has undergone an explosion of interest in understanding children's dynamic development. Researchers have found that the sophisticated skills we take for granted as adults – group collaboration, reflecting on past experience, future planning and preparing and a host of others, are gradually constructed on the foundations of earlier prototypes originating in the first year of life. Scientists are systematically cataloguing the progressive development of some of these mental processes (although there are many more gaps than filled-in areas at this time). This work provided us with a starting point to develop a comprehensive curriculum to sequence dynamic development. This became a mammoth project, consuming most of four years of the authors' time and energy and continuing to this day. But it has reaped very useful results, as you will learn in later sections.

Scientists like Peter Hobson infer that, in autism something interferes with the specific learning experiences required for developing dynamic neural networks, while generally leaving the static brain pathways intact. We know that dynamic and static processing do not develop in the same manner. Static networks are developed through what we commonly refer to as instruction - simple associations of neurons and external stimuli that are reinforced through repetitive pairings of the two. If I wish to develop a static neural network I can repetitively associate a specific stimulus – say a written math computation problem like “ $2 \times 2 =$ ” with a specific response, in this case 4. If I am successful I have

created a neural pathway such that, each time the stimulus is presented, a highly specific, simple brain network is activated. In the above example it is a neural pathway that serves to visually “decode” the problem and then to supply the correct, already associated response.

Respected scientists like Jerome Bruner, Barbara Rogoff, Alan Fogel and Alan Sroufe, believe that the neural and cognitive foundations for Dynamic Intelligence are typically constructed through the guidance of parents and close family members, engaging in a special type of learning relationship referred to as “Guided Participation.” The Guided Participation Relationship is the cornerstone of parent-child functioning in every society on earth. In this special type of collaboration, more experienced “guides” carefully prepare situations in which the less experienced “cognitive apprentice” must struggle with uncertainty and challenge in a productive manner. Guides carefully balance establishing a safe environment, in which the apprentice can feel competent, with cognitive challenges that are just a bit ahead of the current level of the Apprentices’ understanding and “stretch” the apprentice’s mental functioning. Apprentices are active participants in the learning process, motivated to journey with their guides into moments of uncertainty, where the more experienced guide becomes the apprentices’ primary reference point, while the apprentice actively seeks to “appropriate” the guide’s thinking and prior experience.

After learning about Guided Participation, I began to analyze videotapes of parents interacting with their ASD child to see if I could determine whether this process was indeed disrupted. In every single case, the GPR was either missing or was severely impaired. My observations have been confirmed by thousands of similar results reported by several hundred RDI Consultants who routinely assess the state of the parent-child GPR as part of their initial assessment. Equally as significant, we found that in families contained a typically developing sibling, the Guided Participation Relationship between parents and that child proceeded in a perfectly normal manner.

These observations provided an important clue in our quest to determine the focal point for intervention. Relationship Development Intervention was the name chosen to represent our hope that we could provide a second chance for families with an ASD child to successfully engage in this universal developmental relationship that, through no fault of their own, had not succeeded on the first



go around. We believed that it was possible to restore the most important child developmental mission back to the family - finding ways of helping parents resume their natural roles as the primary guides of their child.

In designing RDI, we never believed that we could make up for all of the lost developmental time in a day, week, month or year. We hoped that by restoring the main pathway to mental development we would begin to see the types of day-to-day small moments of mental growth that characterize typical development. We have learned not to worry about how quickly ASD children “catch up” with their typical peers, as long as they are gradually returning to a normal process of development. But how were we to restore the GPR? While there are hundreds of books, monographs and articles describing elements of this natural, intuitive process, there had been no thought given to how to proceed if the process did not develop.

We quickly found that this was no simple task. As any parent knows, raising a child with ASD is like being a blind captain of a sailing ship with a deaf crew. No matter how good a parent you are, or how educated, or motivated, you are rendered inadequate by the communication barriers and seeming indifference to your efforts that are often by-products of the condition. And providing the child with speech does not mitigate these barriers. Just ask parents of the highly verbal children that also suffer from this condition.

We recognized that to provide families with a route to guiding their ASD children, we had to understand why the Guided Participation Relationship was not functioning for them. What could disrupt the GPR? It was apparent that the problem did not lie with any parental deficiency or characteristic. As I stated earlier, the same parents I observed who appeared unable to guide their ASD children, typically formed excellent guiding relationships with their typically developing siblings.

As I learned more about Guided Participation, I found that, unlike static learning, where the learner can maintain a relatively passive stance, Guided Participation is a dance requiring two partners, each of whom must actively participate in maintaining their collaboration and providing ongoing

feedback to their partner. In other words, no matter how proficient you are as a guide, you cannot succeed, unless your apprentice is taking a share of the responsibility for maintaining the process.

I found out that, prior to taking the role of “Cognitive Apprentice,” typical infants first master “pre-requisite” abilities that provide them the means to participate as active participants in the learning process. The “prototypes” for these abilities - Identification, Co-regulation, Shared Appraisal and Uncertainty Management - are typically mastered in the first year of life. I believe it to be no coincidence that these are the very same areas most documented in the research literature, as universally impaired in children with ASD.

In his groundbreaking work published over 15 years ago, Peter Hobson took this concept a step further by hypothesizing that there is no specific vulnerability, no part of the brain, no specific chemical imbalance or gene, that in and of itself is responsible for ASD. Rather, ASD can be triggered by a variety of possible pre-natal and genetic abnormalities. This has now become our scientifically accepted belief about the origin of the condition. Hobson implied that if the combination and impact of the child’s impairments is sufficiently great, they interfere with his or her ability to contribute the necessary “ingredients” to make Guided Participation work and thus prevent the emergence of dynamic pathways for neurological and mental growth.

Developing the pre-requisites for Guided Participation typically proceeds in a completely intuitive manner. Parental guides do not typically think of, or plan the actions they are taking to provide the infant “pre-apprentice” with the necessary abilities function as a competent cognitive apprentice. They have no systematic guidebook of sequenced objectives to guide them.

To me, this presents the crux of the problem for remediation. If something goes dreadfully wrong, as it does in ASD, parents have no reference point, no way to troubleshoot the problem and make adjustments. And so the process goes spiraling out of control.

We believed that by careful observation and study of developmental research we could systematically document and make overt, the intuitive process by which the early foundations of Guided Participation develop between parents and children. And that by fully understanding the origins



of this process, we could break it into smaller steps, customize methods to compensate for each child's unique obstacles and teach parents to function in a simpler, slower and more "mindful" manner than what naturally had been attempted the first time around. Thus we hoped to provide parents with a second opportunity to act as their child's primary guides.

## The Birth of RDI

*Slow down to speed up.*

*Help each child to start at a place from where they can build momentum*

The beauty of our approach is that it is based on principles that I, nor any psychologist, researcher, or theorist had a hand in creating. The basic methods we wished to understand and systematize were those employed in every culture, most probably since the dawn of humankind. To develop our approach we did not have to "reinvent the wheel." Rather our task was to act as careful observers, analysts and systematizers. We had to take an elegant, but intuitive process and reveal it in a mindful, deliberate, gradually unfolding manner.

We did not know at the time we began that we would have so many years of development ahead of us. In addition to systematizing both a Dynamic Intelligence Curriculum and a Parent Guiding Curriculum we had to integrate this systematic knowledge with methods that would customize the process to meet unique child and parent needs. We had to construct our program to meet each child's unique bio-psycho-social profile as well as, parents' individual readiness and their families' real world demands. Our goal was to develop a "user friendly" program that the vast majority of parents would be able to learn and carry out at their own pace.

Over the years we have developed a successful RDI Consultant training program, a system to ensure quality assurance, a means of generalizing RDI into school settings and a communication, progress tracking and dynamic learning system that would serve our far-flung worldwide community. Thus was revealed the true task of RDI, which undoubtedly will continue past my lifetime. What we

have produced is a program in continual evolution, evolving due to the efforts of a dedicated community of thousands of parents and hundreds of trained RDI consultants in more than 20 different countries.

Trained RDI Consultants serve as “Guides to the Guides, ” helping parents construct a slower, “softer” lifestyle that still fits within the realities of their unique culture and family circumstances. Consultants help customize parental guiding efforts to meet the unique strengths and limitations of their ASD child. They collaborate with parents in a process where parents gradually take more responsibility for carefully choreographing an unfolding developmental progression, where they slowly, but continuously “raise the bar” and present new challenges, while providing sufficient support for the child to safely voyage without fear into areas of greater uncertainty.

RDI begins with the premise that all family members must be nurtured and cared for and that everyone sinks or swims together. Every family member is critical to success. Parents are aided to recover from the feelings of desperation and emotional damage that are inevitable by-products of the disorder. They renew their sense of hope, feelings of competence and mutual support in the marriage. Grandparents, relatives and other caregivers are taught to provide guidance as part of the family team, providing significant contributions without usurping the primary parental role. Siblings are not burdened with caretaking or compensating roles, nor are their needs neglected. Rather, their relationship with their ASD sibling becomes one of mutual responsibility and respect as they also learn to function as competent Apprentices to their parents.

## Reflections & Exercises

RDI is committed to:

- Investing in building strong minds
- Developing the abilities needed for quality of life and real-world success
- Restoring their natural guiding role to parents and family members
- Tailoring intervention to meet each child and family member’s unique needs



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