

# INTRODUCTION TO RELATIONSHIP DEVELOPMENT INTERVENTION™ (RDI™)

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# Characteristics of a Dynamic System

- Organized for growth and challenge
- Requires co-regulation
- Promotes productive levels of uncertainty
- Meant to be safe and playful

# Static Systems are control based.

Maintaining system sameness is the goal  
Novel information is viewed as disruptive

Novelty



System members take  
unchanging actions to  
produce predictable  
results

Novelty

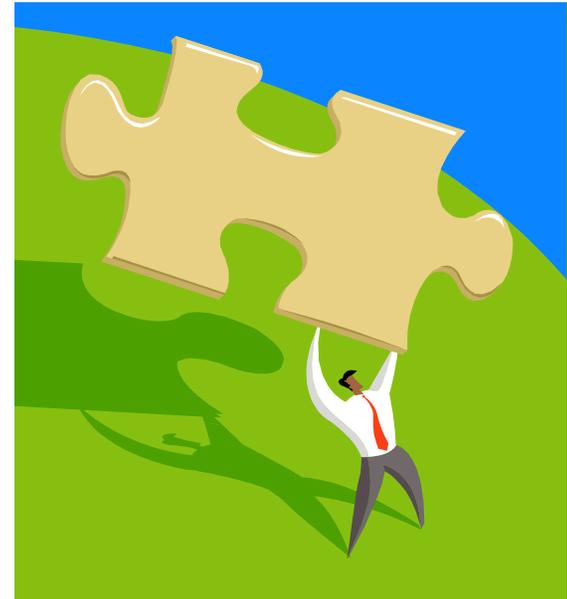


## By 12 months....

- Infants have developed a powerful drive to move toward incongruity and to find pleasure in cognitive challenge. Through their constant involvement in increasingly complex Dynamic Systems, infants have become expert co-participants. They have learned that mental discoveries and the excitement that accompanies them, can be found by traveling to the edge of their competence.

# What is Autism?

The inability to benefit from the productive uncertainty inherent within dynamic systems and essential for cognitive growth.



# Recent Research has found that autism is....

- A deficit of neural relationships: “autism is a cognitive and neurobiological disorder marked and caused by underfunctioning integrative circuitry that results in a deficit of integration of information at the neural and cognitive levels

[Brain function has sometimes been construed as a collaboration of a confederation of processing centres...fMRI findings suggest that, in autism, the confederation is loosened or underdeveloped.]

[Cortical activation and synchronization during sentence comprehension in high functioning autism: evidence of underconnectivity. Brain, Vol. 127, 1811-1821. August 2004. Just M; Cherkassky, V; Keller, T. & Minshew, N.]

# Dirt Road vs. Superhighway



# What is Autism: Finding a theoretical common ground

- Nancy Minshew: A cognitive/neurobiological disorder marked and caused by underfunctioning integrative circuitry.
- Peter Mundy: A fundamental disturbance in the motivational and executive processes that serve to prioritize and organize how we orient to salient stimuli
- Stuart Jordan & Rita Powell: A deficit in the emotional aspect of determining meaning. Without meaning, problems cannot give us rise to intentional behavior.
- Ami Klein: The typical overriding salience of social stimuli is not present . They “acquire the tools of thought outside the realm of active social engagement.”
- Peter Hobson: People with ASD do not make the discovery of being a mental being with a capacity to “think about” things.

# Critical Deficits of People with ASD

1. Motivation
2. Perceptual Organization
3. Interpersonal Competence
4. Communication
5. Hindsight & Foresight
6. Self-Awareness
7. Thinking & Problem-Solving

## Co Occurring disorders of ASD's

Disorders that co-occur with a high frequency, but are not central to being on the autism spectrum

- Behavior Problems: Aggressive, oppositional, disorganized
- Speech & Language: Apraxia, Central Auditory Processing, Word Retrieval
- Sensory-Motor: Sensory integration, over sensitivity, motor planning, visual organization
- Attention Deficit Hyperactivity Disorder: Attention regulation and maintenance
- Emotional Regulation: Anxiety Disorder, Obsessive Compulsive, Depression
- Medical Problems: Seizures, Allergies, Nutritional deficits, sleep disorders

# Outcome for adults with Asperger's Disorder

Over 50% pursue  
higher education,  
but ...

- 12% hold full-time jobs
- 83% have less than two social contacts per month
- 3% live independently

# Howlin, 2004

- IQ scores below 70 predict poor outcome
- However, adults with IQ's over 100 were less successful than those with IQ's between 70 and 100
- Complete lack of language predicted poor outcome (<15% of population)
- However adults with basic language skills were just as successful as those with high fluency
- Attending or completing college did not increase the likelihood of success

IQ, academic achievement and language are not predictive of successful outcome for people with ASD.

# RDI™: A Remediation Program

- A gradual, systematic process of correcting a deficit, to the point it no longer constitutes an obstacle to reaching one's potential.
- Addressing the early years that, due to the neurological disorder, were never mastered.
- A search for the period in development where the child “hit a wall” and didn't progress further.
- “a do-over”: a chance to address areas of development that NT children develop in their early years to provide a “foundation”.

# The Goal of RDI™

- Develop a child's and parent's motivation for accepting challenges and mastering new and more complex environments (productive uncertainty)
- Develop the ability for families to independently carry on the process
- Develop the ability for children to independently discover new ways of engaging with their world (becoming self organizing, self evolving systems)

# RDI™ Principles

- A supportive partnership facilitating parent and family functioning.
- Encourage the growth of declarative communication
- Developing the child's trust in and motivation to utilize parents as guides (master apprentice relationship) to challenges and uncertainty
- Carefully framing activities to serve as opportunities for mental engagement
- Developing increasingly sophisticated episodic memories of coping with uncertainty

# RDI™ Principles Continued

- Gradually elaborating activities by adding complexity and responsibility for co-regulation
- Developing a well balanced treatment plan, addressing compensations, co-occurring disorders, customized remediation objectives, and parent and child obstacles to remediation.

# Careful Evaluation: The Relationship Development Assessment (RDA)

- Review of prior and current functioning
- Home video tape review
- 3 observation periods
  - RDA1: Baseline structured assessment
  - RDA2: Child's functioning in optimal setting
  - RDA3: Establish workable starting point for intervention
- Setting appropriate objectives
- Distinguishing between functions and skills
- Analysis of obstacles and progress
- Developing a customized plan

<p><b>Child with skills, but without functions in place.</b></p>	<p><b>Child with functions in place.</b></p>
<p>Child may have a good vocabulary but not use it to communicate socially. They may be able to express wants and needs but not be able to engage in a reciprocal conversation.</p>	<p>Child communicates declaratively (either verbally or nonverbally) – i.e. has desire to share emotions and experiences, and the ability to co-regulate.</p>
<p>Child may have learned to have “eye contact” because it’s expected from them</p>	<p>Child wants to look at a person at key moments for the purpose of emotion sharing or referencing when uncertain</p>
<p>Child may “go through the motions” of a joint activity more out of compliance than due to appreciation of their social partner</p>	<p>In M/A relationship, child trusts master as guide, actively seeks master’s perspective. In peer relationships, child recognizes the peer as someone with a different and valued perspective, and the interaction is based on mutual enjoyment and interests.</p>

# A closer look at Stage 1: Emotion Sharing

- **Initial Objectives (Functions):**
- **F1A: Shares excited gazes during pleasurable activities**
- **F1B: Initiates facial gazing, specifically to share pleasurable facial expressions.**
- **F1C: Initiates excited, facial emotion sharing during brief pauses in pleasurable shared activities.**
- **F1D: Communicates anticipatory excitement (body orientation and facially orienting to you) for up to 20 seconds when you pause during and after a mutually exciting activity**
- **F1E: Initiates excited emotion sharing just prior to beginning shared activities that have been pleasurable in the past**
- **F1F: Uses facial gazing for emotion sharing when distressed.**

# Meta-Functions

## 1. Declarative vs. Imperative Communication

**Declarative**-verbally or non-verbally sharing an experience or feelings with someone. Invites, but doesn't require a response.

**Imperative**-response is intended

## 2. Master Apprentice Relationship

Also called "Guided Participation". A type of "student teacher" relationship in which the more competent individual assumes most of the responsibility for structuring and maintaining the interaction and gradually helps the less capable partner to function on an equal basis.

## 3. Competency

# Video Clips

- NT RDA 1
- ASD RDA 1
- ASD RDA 2

# Regulation

- Regulatory systems contain continual fluctuations within a specific range from a central point
- Simple regulatory patterns teach the child to perceive predictability through pattern repetition amidst small, but constant variations of the pattern's presentation, rather than static, rigidly repeating sequence
- Once the child can perceive the regular patterns, amidst ongoing variation, then you are ready to insert pattern changes in a safe, but challenging manner.
- The regulatory pattern is “joined” whether the child desires it or not. All that is needed is the child's recognition of participating in maintaining a regulated pattern

# Video Clip

- Establishing regulation

# Video Clips

- Mark and Michael: Nonverbal Emotion Sharing, Mental Engagement, Master Apprentice
- Craig: Lifestyle, Master Apprentice
- Fletcher: Lifestyle, Regulation

# Stages

Stage 2: Referencing

Stage 3: Coordinating Actions

Stage 4: Variations

Introduction to flexible thinking

Stage 5: Unpredictable Change

Introduction to coping with unexpected change

Stage 6: Co-Regulation

Integrating referencing, regulating and adapting

Stage 7: Self-Awareness

Learning to evaluate your impact on others

Stage 8: Collaboration

Juggling divergent objectives for a common goal

# RDI™ Support

- [www.rdicconnect.com](http://www.rdicconnect.com)
- “Solving the Relationship Puzzle” Dr. Gutstein
- “Getting to the Heart of Autism” DVD
- Attend a 2 or 4 day workshop
- Yahoo Groups: RDI-NC, RDI-Mid\_Atlantic, RDI Teen, RDI-HOMESCHOOLERS