

What is RDI™ and how does it compare to Applied Behavior Analysis and Verbal Behavior?

By Robert Schramm, MA, BCBA

Applied Behavior Analysis (ABA) is currently the most popular and proven educational approach to supporting the development of children with Autism and its related disorders. The successes of the modern approaches to applied behavioral autism interventions are becoming consistently better in the process of teaching children toward the concept of autism recovery. Verbal Behavior (VB) being one of the most behaviorally advanced and effective approaches has moved ABA beyond the rote, repetitive, table learning of its past and developed it into a natural, relationship building, holistic learning program. Along with the ever growing success rate of modern ABA, there is an ever growing body of scientific evidence supporting its use. For these reasons ABA has become the most commonly accepted path for families of children with autism to follow throughout much of the world. In addition, ABA is currently the only autism therapy recommended for long-term benefit by the United States Surgeon General. As a treatment for autism, Chapter Three of the Surgeon General's report on Mental Health, 1999, states, "Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior."

Relational Development Intervention (RDI™) was developed and is taught by Steven E. Gutstein Ph.D. (www.rdicconnect.com). Dr. Gutstein's conceptual work can be found in the book "Solving the Relationship Puzzle," Jessica Kingsley Publishers. RDI™ is a social relationship development program designed to enable parents to teach "dynamic intelligence skills" to their children. Its stated goals include helping children with autism become more flexible thinkers and to adapt more easily to ever-changing environments. The goal of this program is to help a child gain the important missing pieces that allow him to truly understand the shared benefit of being with others. The program is designed to give children with autism the tools needed to make real and lasting friendships.

Dr. Gutstein, his wife, and associates originally designed RDI™ in response to concerns about older methods of ABA. For many years in an attempt to be objective, these older forms of ABA recommended a strict impersonal approach to teaching. Because compliance training took precedence, some ABA providers regularly used aversive techniques including physical manipulation or restraint in order to force learning on unwilling learners. Parents were seldom involved in the development or implementation of therapy. Positive relationships between therapist and student were considered unnecessary or disruptive to good teaching. Many prior therapy procedures were designed around teaching in the intensive trial teaching (ITT) environment. Table teaching was rote and repetitive. Because of the inflexible and often counterproductive procedures used in ABA during that time, children were not encouraged to seek or desire social interaction nor did the method foster interaction or experience sharing. Indeed, experience sharing, as defined by Dr. Gutstein, was often inadvertently extinguished. Consequently, many children gained learning skills but were inept when it came to forming relationships with others.

Dr. Gutstein designed his approach specifically to teach to the areas of social experience sharing in which most children with autism were deficient. Dr. Gutstein studied the needs of children who had learned many skills through the teaching procedures of traditional ABA. He concluded that the procedures used to teach these children skills did not foster social experience sharing and in many instances obstructed the development of social goals. Therefore, from a desire to find a better way, he began to develop and then trademarked his recommended compilation of teaching procedures and curriculum called RDI.TM

The developers of RDITM claim that their program addresses the core deficits of autism. This claim to teach to autism's "core deficits" serves the developers purpose of making RDITM the most important therapy option. Unlike the Connections Center's dogged determination to protect both the quality of his intervention and the financial gains of their trademarked educational approach, no one owns or controls ABA/VB. There is no opportunity for an individual to make blanket statements about what autism is, what information should cost, who should be allowed to make developments to the approach, or what procedures all other followers of the approach are expected to accept. Instead, ABA/VB is guided solely by the scientific data supporting its use. Because of this ABA/VB does not claim a core deficit to autism. In my study and experience, autism is not a thing that has a core deficit. In most cases, autism is a biological predisposition to a combination of several specific behavior deficits that children exhibit. This behavioral predisposition can manifest itself in severe pervasive developmental delays. Therefore, having an intervention that only focuses on a "core deficit" is ineffective because it ignores the other areas of deficit that normally result as a part of autism.

Although there is anecdotal evidence that RDITM has helped some advanced and naturally vocal children with autism in meaningful ways, I have seen no independent data supporting the use of RDI.TM I have also heard anecdotal reports that RDITM is often lacking when attempting to help early learners, especially non-vocal learners and children demonstrating a strong desire for control. The belief in the greater ABA community is that foregoing the proven principles of ABA and focusing exclusively on RDITM is a potentially dangerous experiment for most families of children with autism with an unattractive risk to reward ratio.

I agree with the assessment of early ABA methods espoused by RDITM proponents. The procedures used prior to the Verbal Behavior movement in ABA were in many ways limiting to a child's ability and desire to participate in relationship development. However, I also feel that the RDITM program is a case of throwing the baby out with the bathwater. RDITM used outside of the context of a good ABA/VB program is an attempt to ignore reinforcement, extinction, motivation, and other proven principles of behavior. Thus, parents using any program that does not teach to these important principles often flounder when things do not go as they are told to expect. In my experience, traditional ABA and RDITM are polar opposites that have a perfect middle ground. That middle ground is ABA/VB. A good VB program keeps the principles of behavior in the forefront while looking at teaching as more of a fluid process predicated on the desires of the child. However, some of the teaching recommendations of RDITM deserve a closer look. RDITM is in many cases an approach and set of goals that can strengthen the social interaction and relationship developments skills of a child in an ABA/VB program.

Upon closer inspection it becomes clear that RDI™ and ABA/VB are more alike than their respective practitioners would have you believe. RDI™ recommends that about 75% of your interactions be based on the use of non-verbal and declarative language. Declarative language uses words that share thoughts, ideas, and feelings. It does not ask for a response from your child. RDI™ attempts to use this declarative language to teach children a desire to share of themselves through positive modeling and fun. The RDI™ complaint about older ABA and even some ABA/VB is that ABA in general relies too heavily on imperative language. Imperative language requires a response. Most S^Ds (instructions) in ABA are imperative. To some degree, I think Dr Gutstein may be right. When you are taught always to speak to your child in S^Ds, you often lose the ability to share in the joy of your child. When your child is taught to communicate through required response, he also may not learn to share in the joy of you. In the Verbal Behavior approach to ABA, it is recommended that pairing yourself with reinforcement should be 75% of all of your interactions with your child. The problem with pairing as a concept in ABA/VB is that it is not well defined. Pairing is a process of playing with your child. Thus, making his daily experience more enjoyable when he is with you than when he is without you. Good pairing does not include the use of S^Ds (instructions). It is merely fun play activities guided by the child's lead with the goal of creating the parent/teacher as a generalized reinforcer for behavior choices.

If RDI™ recommends approximately 75% of your interactions to be declarative language and ABA/VB recommends that approximately 75% of your interaction to be without S^Ds (imperative language), then both recommendations are identical. However, rather than pointing to a “core deficit” of autism ABA/VB recognizes that every child with autism is affected in a different way. Consequently, individual children have differing sets of developmental delays in four learning areas. These areas are behavior, general learning skills, communication, and social interaction. In fact, the 1999 Surgeons General report on mental health that recommends ABA interventions for autism identifies these exact deficit areas. Teaching to each of these deficits takes a special consideration. If you are to teach toward recovery, you must teach to all of these deficits in any proportion they present themselves in the case of your specific child. It should be noted that even the best ABA/VB programs only offer a very general description of how to teach your child to desire participation in learning through pairing. Most attempts at teaching social skills in traditional ABA were developed around instructions, responses, artificial reinforcement, and involved social scripting. However, I feel that the makeup of relationship development comes not from what a child is told or asked to do but from what he chooses to do in order to maintain an interaction with a particular person. It is during the 75% of time spent pairing with a child, that you are purposely not eliciting, prompting, or reinforcing responses. It is only during this pairing time that the child is allowed to make the necessary choices to explore the joy of others and spontaneously share feelings of his own. Similar to the beliefs of RDI,™ I feel that the way to teach social experience sharing and a desire for social relationships is in large part through the 75% of teaching time that we are simply pairing with a child.

Although the scientific research demonstrating the effectiveness of RDI™ procedures is either nonexistent or currently not independently replicated, my opinion is that it is quite possibly a step in the right direction toward finding the missing parts of this final piece to the autism intervention puzzle. What I feel is

still missing in even good ABA/VB is the understanding of how to use our pairing time to target the many subtle individual steps involved in building a child's desire to participate in interactions that are purely social in function. This would include the child's desire to socially reinforce others. The RDI™ program uses non-verbal games, social referencing, and declarative statements in large quantities, among other program recommendations to teach to the fourth category of learning deficit that comes with autism. This category is social interaction or more specifically the experience sharing part of social interaction.

Using the principles of ABA in concert with the procedures of VB best prepares you to address all four deficit categories of behavior, general learning skills, communication, and social interaction. However, by more effectively using the time you are not presenting S^D's (imperative language) through the procedures of RDI™, you may be able more systematically to address social experience sharing deficits that for some children pairing alone will not overcome. The main difference between ABA/VB and RDI™ is that ABA/VB procedures and principles are experimentally demonstrated effective in detailing exactly what to do with your child during the 25% of time you are using imperative language. While RDI™ is filled with promising but mostly unproven recommendations of how you should use your 75% pairing time to teach to social experience sharing goals.

Rich or poor, all parents have a limit to the amount of time, energy, and money available to them to educate their child toward recovery. So how do you use this yin and yang of ABA/VB and RDI™ to decide where to best allocate your limited resources? This depends on what you have already experienced and to what areas of deficit most significantly affect your child. If you are currently using traditional ABA methods that do not include the research of the Verbal Behavior approach to ABA, it is a good choice to upgrade your current program. If you already use the best methods of ABA/VB to help teach your child, you should consider looking into RDI™ so that you have a more definitive set of relationship development goals to more effectively teach to during your pairing time. In many cases the basic books of RDI™ "Relationship Development Intervention with Young Children," and "Relationship Development Intervention with Children, Adolescents and Adults" along with "The RDI™ Program Progress Tracking System," and the most recent version of the RDI™ video is sufficient to achieve this goal. Conversely, if you have already begun teaching yourself how to use RDI™, consider studying ABA/VB. Go to a few of the major workshops and consider employing a BCBA. Try to become competent at using the seven steps to instructional control detailed in the book "Educate Toward Recovery; Turning the Tables on Autism" (www.lulu.com/knospe-aba). This book will give you a detailed understanding of the Verbal Behavior approach to ABA and offers a complete and systematic path to developing the important Master/Apprentice relationship you must have for RDI™ success. By embracing ABA/VB you will learn the principles and procedures that will allow you to take full advantage of the 25% percent imperative language you are allowed to use in RDI™ without infringing on your RDI™ program. This will allow you to best teach to your child's deficits in behavior, communication, and general learning skills.

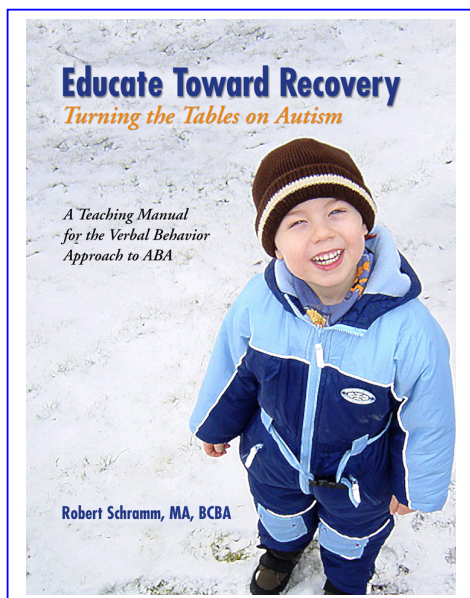
If you are currently not familiar with either approach and your child is at all delayed in his behavior, communication, or general learning skill, you are best advised to focus your time and energy on the evidence based teaching techniques of ABA/VB, due to the outstanding record of success and ever growing body of evidence supporting its use. However, if you have the resources and you feel your child's relationship skills are not begin address effectively in your ABA program consider RDI™ as a supplementary social relationship development approach. But with either approach, make sure that the people you are trusting to guide you have references, are certified, and up to date with the latest information and teaching procedures available.

Robert Schramm is a Board Certified Behavior Analyst (BCBA), with a Master's degree in Special Education. He is the lead behavior analyst for Knospe-ABA, Europe's largest ABA/VB autism intervention institute. Knospe-ABA uses the principles and procedures of behavior analysis espoused by the biggest names in ABA/VB to guide the education of over 150 children worldwide. He is also the author of the very popular autism teaching manual, "Educate Toward Recovery: Turning the Tables on Autism" which can be found at www.lulu.com/knospe-aba.com. For more information on Robert Schramm, Applied Behavior Analysis or Verbal Behavior you can go to the websites www.autismusaba.de and www.knospe-ABA.de

“Educate Toward Recovery: Turning the Tables on Autism” A Teaching Manual for the Verbal Behavior Approach to ABA.

“Robert Schramm has written a book that is a must read for parents, therapists, and teachers of children with autism. This book is clear, heartfelt, informative, and provides behavioral terminology in a way that is applicable and easy to understand. He has beautifully explained Applied Behavior Analysis as an effective, scientifically validated treatment for autism. Robert’s book offers realistic hope in a world where it is needed most. We personally recommend this book to every parent or educator of a child in need.”

(Cherish Twigg, MS, BCBA and Holly Kibbe, MS, BCBA, Establishing Operations, inc.)



“This is the best book on the Verbal Behavior approach to ABA that I have seen. If I was going to recommend only one book to either the parents of a child with autism or to anyone who is trying to help a child with autism, this is the book that I would recommend. It has a lot of important information that I wouldn't expect to find anywhere else. I would give it five stars out of five.” *(Reg Reynolds, Ph.D., C.Psych.)*

The book is filled with well-written chapters that address the important aspects of developing a quality ABA program. The best of these chapters discuss understanding behavior, earning instructional control, discrete trial teaching, using motivation to teach, Skinner’s behavioral classification of language, errorless learning, toilet training, VB teaching procedures and the ethics of ABA.” *(Tony Balazs, MSc. BCBA)*

“A first class piece of work and a necessary read for anyone who is involved with a child with autism, personally or professionally. This book has been well worth waiting for. Outstanding! A valuable, one-of-a-kind resource.” *(Brenda Roussel, M. ED.)*

“It is one of the best manuals I've seen to date. I absolutely love it... You are a wonderful writer and I relate to your journey as a parent AND a special ed. teacher.” *(Melinda Poist – Pres. DAFEAT)*

“I have just ordered my second copy of this wonderful book! My first was used so often that the pages have begun to come undone... You are so easy to understand that I can gear the training to any audience with this book as the backdrop. Thank you for putting what I do into everyday plain English for all to finally better understand!”

(Lindajeanne Schwartz, MS, SLP, TSHH, BCBA)

“Robert Schramm’s book, Educate Toward Recovery, revolutionized my work with children both young and old. I gratefully and highly recommend this book to all Montessori teachers whose hearts ache for every student they have had to send away from their classrooms, due to behavior problems and academic, communicative and social challenges.

(Mary Childerston, MA,)

“This book was written by one of the most sensitive and compassionate behavior analysts I have ever known. He used his years of experience and wisdom to explain ABA and particularly verbal behavior to parents in clear words and easy to follow examples. A great buy if you want to really understand ABA rather than just blindly use procedures that have worked for other kids. Robert, you are my hero when it comes to solving problem behavior.” *(Juliet Burk, MD.)*

“ETR” should become the first book recommended to and read by all parents of newly diagnosed children with autism. It is written primarily for parents and therapists who lack any formal behavioral training; however, autism teachers and Board Certified Behavioral Analysts will also be well served by reading it.” *(Barbara R. Bucknam, MD.)*

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More reviews and information about how to purchase a copy of “Educate Toward Recovery: Turning the Tables on Autism” is now available at the following web address:

www.lulu.com/knospe-aba