

The Differences and Similarities

Relationship Development Intervention (RDI®) and Applied Behavior Analysis (ABA)

1. Who does the therapy?

RDI®

In an RDI® program parents are the primary guides to their children and are empowered to re-establish a trusting relationship with them. Parents are provided with ongoing intensive training and education and work closely with an RDI® Certified Consultant. As parents become more experienced they rely less on their consultant and take on more responsibility for guiding their child through the stages of typical development.

ABA

In many ABA programs, therapists come into the home and work directly with the child in a 1:1 format. Many programs consist of several therapists and a supervisor. The supervisor is often times a Masters level consultant who puts the program together, recommends modifications, and evaluates the ongoing progress or obstacles.

2. What type of relationship does the therapist/parent have with the child?

RDI®

As mentioned above the goal is to establish a trusting relationship between parent and child. Parents take on the role of “Mentor” where they carefully support their children who act as their “Apprentice.”

ABA

The therapist acts as an instructor where the individual is expected to follow through with task demands as indicated by the behavior plan. Parents are taught basic ABA principles and strategies to manage behavior and promote independence.

3. Where and when does the therapy take place?

RDI®

RDI® is better thought of as a way of life than a therapy. In this regard, parents begin to recognize opportunities for growth in the course of their day and focus on specific assigned concepts. Parents learn to set up structured moments to highlight a new

concept for the child. In addition, they adopt strategies that they implement during all interactions with their child such as the way that they communicate, adopting a slow pace to allow for processing time, decreasing language, increasing nonverbal communication, and learning to recognize when their child is overwhelmed or confused. Therefore, RDI[®] takes place anywhere and anytime.

ABA

As mentioned above, because the therapists come to the home, usually the child will have a specific number of hours per week of ABA therapy. The number of hours varies and can be anywhere from 2-60 hours per week. Many drills are conducted at a table but therapists use their judgment to determine if something would be better learned in another environment. A few examples include: on the floor, in the community, in the child's backyard etc.

4. How is eye contact/gaze addressed?

RDI[®]

Guides carefully create opportunities where it is necessary and meaningful for the individual to reference them. For example, an individual might look to his parent to determine which ingredient to add to a recipe, at which point the parent would provide nonverbal feedback. In this example, the individual would be shifting his eye gaze to gain valuable information in a dynamic way. The most important part of the process is that the *individual* recognizes the value of looking to his parent.

ABA

The therapist or parent tries to get the individual to look at them by drawing attention to their eyes. This may occur by holding up an item right next to or near their eyes, by saying, "Look at me," calling the child's name before a fun activity, or by moving within the individual's field of vision. In some cases a therapist would track the length of time the individual maintained eye contact. An individual is then given reinforcement (e.g., social praise combined with a tangible reinforcer such as access to a fun activity) after gazing at the interventionist or caretaker.

5. How are behaviors addressed?

RDI[®]

Before responding to a behavior, parents and RDI consultants consider the core reason for it. Commonly seen behaviors include: avoidance, aggression, scripting, becoming

floppy, having tantrums, etc. There are many reasons for these behaviors. While at times children on the spectrum are simply being non-compliant, it is believed that most of the time they are responding to intense confusion and are feeling overwhelmed. Therefore, parents modify their own actions to increase the child's level of understanding. This may be achieved by decreasing the amount of information that the child has to simultaneously process. Some examples include: slowing down, clarifying their role, simplifying the activity, and decreasing language. This process is individualized based on the situation, the child and their response. If it is determined that the behavior is due to non-compliance alone, a limit will be set and if needed a consequence will be given. For example, if it is determined that the child understands the expectations and chooses to not comply a consequence might include, a time-out to reflect on the choices that were made, or a desired activity or item will be removed.

ABA

Generally programs will include a behavior support plan to both increase and decrease behaviors. When a desired response is given, positive reinforcement will be awarded such as a piece of candy, tickles, desired toy, or praise. On the contrary if an undesirable behavior is exhibited the therapist will take some measure in an attempt to reduce the likelihood of it happening again. Some examples include: ignoring attention seeking behaviors, time-outs, redirecting attention, speeding up or moving on, removing a token from a token system, giving an X on a behavior chart, overcorrecting the behavior, or taking away a desirable toy/activity etc.

6. What are the main goals of the programs?

RDI[®]

One goal of RDI[®] is to develop a trusting relationship between parent and child.

All targeted concepts follow typical development systematically and gaps are identified and addressed. While many individuals have some higher level skills, most have deficits that typically develop within the first year of life. Parents also focus on specific concepts aimed at helping them be a more effective guide to their child. To better gauge their progress parents video tape interactions and analyze themselves and their child according to their assignments.

Another goal of RDI[®] is to remediate the core deficits of autism. Remediation is defined as treating these areas until they are no longer obstacles in an individual's life. Autism is commonly considered an information processing disorder making it challenging for these individuals to think flexibly, relatively, and problem solve unexpected situations. Often novel information is processed and stored in a static and concrete manner leading to confusion and preference for sameness. It is therefore critical that individuals with these deficit areas be afforded the opportunities to experience competence in dynamic

situations where *they* are the ones making discoveries without direct prompting. As a result, they become increasingly curious and intrinsically motivated to expand these discoveries.

Furthermore, because concepts are meaningfully presented throughout the day, individuals naturally generalize their discoveries to others and new situations.

ABA

The overarching goal of ABA is to acquire a set of taught skills so that the individual gains independence. In addition, adaptive behaviors are taught to replace maladaptive behaviors. Behavioral data is accumulated tracking the frequency, intensity, the trigger and the consequence for the targeted behavior. Progress is measured by quantitative data taken during the child's session with the therapist, and includes documenting the number and type of prompts necessary to achieve the desired result. Many ABA programs target skills related to academics, social settings, self-help, safety in the community and play. Once skills are determined to be mastered in a discrete way, therapists present the skills in other settings, with other materials, and/or with different people in an effort to generalize them.

7. Can the therapies be conducted in the school setting?

RDI®

While RDI® is a parent based program, many of the concepts can be applied in a classroom setting. Implementing what the parents have worked on at home in other environments will help to generalize the individual's thought process even further. If requested, the RDI® consultant will observe the child in the classroom, make ongoing recommendations and provide training to the individual's teacher, aide, and/or Speech and Occupational Therapists. Recommendations might pertain to curriculum modification, classroom routines, social interactions, and behaviors. TAG, Inc. can also provide an aide trained in the RDI® philosophies.

ABA

ABA therapists may function as an aide for the individual and apply ABA principles throughout the day. This might include teaching discrete skills, and prompting the individual during social interactions, to complete classroom routines, and to comply with behavioral expectations. An ABA supervisor will also make recommendations for the IEP team to modify curriculum, to facilitate social interactions, and to help the child to be more compliant in the classroom and independent across environments.