White Paper: Relationship Development Intervention for the Treatment of Autism Spectrum Disorders

There are a myriad of treatment options for children who have autism spectrum disorders (ASD) with varying levels of empirical support. Some treatment options have strong empirical support and have been classified as evidence-based practices (National Autism Center, 2009; Odom, Collet-Klingenberg et al., 2010). Yet, the majority of treatments have not been established as evidence-based (cf. Jacobson, et al., 2005; Odom, Boyd et al., 2010). This is not to suggest that all treatments without empirical support are ineffective; some treatments are likely to be effective, however, such effects are unknown at this time. Given the current emphasis on the need to use scientifically-based research and evidence-based practices outlined in both No Child Left Behind (PL107-110) and the 2004 Individuals with Disabilities Education Improvement Act (PL108-446), determining which treatments are evidence-based should be a high priority. This white paper presents a review of scientific evidence on using the Relationship Development Intervention (RDI; Gutstein & Shelly, 2002a and 2002b), which has been described as a comprehensive program specifically designed to remediate core deficits of ASDs (Gutstein 2005; Zane et al., 2008). RDI is “based on a cognitive and developmental systems approach that emphasizes teaching children to appraise and adapt their actions to others as they participate in ongoing interactive processes, rather than on providing instruction in discrete skills” (p. 5-6, Gutstein, 2005).

To examine the empirical evidence supporting RDI, a search of the terms “RDI and autism” was conducted in MEDLINE and PsycINFO in October 2011. The specific inclusion criteria were (a) empirical report of the effects of RDI on children who have a diagnosis of autistic disorder, Asperger’s disorder, or pervasive developmental disorder, not otherwise specified, and (b) publication in English in a peer-reviewed journal. Six results were located and one report (Gutstein et al., 2007) met the inclusion criteria for this review1. This study presents a retrospective analyses of 16 young children with higher-functioning ASDs who received RDI for greater than 30 months at the Connections Center. The findings reported that a majority of the children made significant progress and no participant met ADOS or ADI-R criteria for autism after treatment. Although these are significant findings, the study had many methodological weaknesses including reliance on retrospective review, lack of a comparison group, and reliance on an outcomes measure designed and validated as diagnostic tools (i.e., Autism Diagnostic Observation Schedule; Lord et al. 2002, and Autism Diagnostic Interview-Revised; Rutter et al. 2003). Moreover, the evaluation was conducted by the creator of the program at a for profit clinic run by himself and his wife. Independent evaluation of the method is needed before more confident conclusions can be drawn about its efficacy, which was noted by Gutstein in his 2007 report (p. 409).

In conclusion, the extent of the published research on the efficacy of RDI consists of a single highly methodologically flawed retrospective analysis of 16 cases that was conducted by the founders of the program, who continue to have vested interest in the program’s success. Until additional research published in peer-reviewed journals solidifies these claims, RDI should not be considered an evidence-based practice for the treatment of children with ASDs.

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1 a second study by Gutstein was listed in several reference lists as “in press” in the Journal of Autism and Developmental Disorders, but was unable to be located in the journal, and was therefore excluded from this review
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