

Treatment Intervention Advisory Committee Review and Determination

Date: October 28, 2016

To: Wisconsin Department of Health Services

From: Wisconsin Department of Health Services Treatment Intervention Advisory Committee: Lana Collet-Klingenberg, Ph.D. (chairperson)

RE: Determination of Relationship Development Intervention (RDI) as a proven and effective treatment for children and adults

This is an initial review

This is a re-review, with previous reviews on 5/10/2011, 11/7/2011, 7/26/2013, 7/25/2014, and 7/31/2015.

Section One: Overview and Determination

Please find below a statement of our determination as to whether or not the committee views RDI as a proven and effective treatment. In subsequent sections you will find documentation of our review process including a description of the proposed treatment, a synopsis of review findings, the treatment review evidence checklist, and a listing of the literature considered. In reviewing treatments presented to us by the Department of Health Services, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a treatment is with regards to quality research. The committee does not make decisions regarding funding.

Description of proposed treatment

From the Autism Speaks website at <https://www.autismspeaks.org/what-autism/treatment/relationship-development-intervention-rdi> :

“Relationship Development Intervention® (RDI) is a family-based, behavioral treatment designed to address autism’s core symptoms. Developed by psychologist Steven Gutstein, Ph.D., it builds on the theory that “dynamic intelligence” is key to improving quality of life for individuals with autism. Dr. Gutstein defines dynamic intelligence as the ability to think flexibly. This includes appreciating different perspectives, coping with change and integrating information from multiple sources (e.g. sights and sounds). RDI aims to help individuals with autism form personal relationships by gradually strengthening the building blocks of social connections. This includes the ability to form an emotional bond and share experiences.”

It should be noted that the RDI Program is now being promoted/ marketed as RDIconnect. This is a company that has expanded beyond ASD programs to include other populations. Besides expanding the range of populations served, RDIconnect provides consultant training, a “Family Guided Participation Program” a “Dynamic Education Program”, and specifically ASD-focused programs. This is concerning, as there is no evidence of RDI’s efficacy.

Synopsis of review

In the case of RDI, please refer to the attached reference list which details the reviewed research. The committee's conclusions regarding RDI include:

- Empirical verification has not changed since the last review. Prior empirical inquiries lacked adequate control to make judgments regarding behavioral changes due to RDI techniques.
- Other authoritative reviews indicate that RDI is unsupported.
- Alternative procedures exist that are empirically stronger.

In sum, it is the decision of the committee that RDI remain a Level 4 – Insufficient Evidence (Experimental Treatment).

Section Two: Rationale for Focus on Research Specific to Comprehensive Treatment Packages (CTP) or Models

In the professional literature, there are two classifications of interventions for individuals with Autism Spectrum Disorder (National Research Council, 2001; Odom et al., 2003; Rogers & Vismara, 2008):

- (a) **Focused intervention techniques** are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome, and
- (b) **Comprehensive treatment models** are “packages” or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

To determine whether a treatment package is proven and effective, the Treatment Intervention Advisory Committee (TIAC) will adopt the following perspective as recommended by Odom et al. (2010):

The individual, focused intervention techniques that make up a comprehensive treatment model may be evidence-based. The research supporting the effectiveness of separate, individual components, however, does *not* constitute an evaluation of the comprehensive treatment model or “package.” The TIAC will consider and review only research that has evaluated the efficacy of implementing the comprehensive treatment *as a package*. Such packages are most often identifiable in the literature by a consistently used name or label.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Odom, S. L., Brown, W. H., Frey, T., Karusu, N., Smith-Carter, L., & Strain, P. (2003) Evidence-based practices for young children with autism: Evidence from single-subject research design. *Focus on Autism and Other Developmental Disabilities, 18*, 176-181.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 40*, 425-436.

Rogers, S., & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-38.

Section Three: DLTC-TIAC Treatment Review Evidence Checklist

Name of Treatment: *insert therapy name*

Level 1- Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, National Professional Development Center) have approved of or rated the treatment package as having a strong evidence base; authorities are in agreement about the level of evidence.
- There exist ample high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
 - Minimum of two group studies or five single subject studies or a combination of the two.
 - Studies were conducted across at least two independent research groups.
 - Studies were published in peer reviewed journals.
- There is a published procedures manual for the treatment, or treatment implementation is clearly defined (i.e., replicable) within the studies.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having at least a minimal evidence base; authorities may not be in agreement about the level of evidence.
- There exist at least two high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
 - Minimum of one group study or two single subject studies or a combination of the two.
 - Studies were conducted by someone other than the creator/provider of the treatment.
 - Studies were published in peer reviewed journals.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have recognized the treatment package as having an emerging evidence base; authorities may not be in agreement about the level of evidence.
- There exists at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
 - May be one group study or single subject study.
 - Study was conducted by someone other than the creator/provider of the treatment.
 - Study was published in peer reviewed journal.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes: At this level, include ages of participants and disabilities identified in body of research

Level 4 – Insufficient Evidence (Experimental Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- There is not at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
 - Study was conducted by the creator/provider of the treatment.
 - Study was not published in a peer reviewed journal.
- Participants (i.e., N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities.

Notes:

Level 5 – Untested (Experimental Treatment) &/or Potentially Harmful

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- There are no published studies supporting the proposed treatment package.
- There exists evidence that the treatment package is potentially harmful.**
 - Authoritative bodies have expressed concern regarding safety/outcomes.
 - Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes.

Notes: At this level, please specify if the treatment is reported to be potentially harmful, providing documentation

Date: October 28, 2016

Committee Members Completing Initial Review of Research Base: Roger Bass, Lana Collet-Klingenberg

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective:
Level 4 – Insufficient Evidence (Experimental Treatment)

References Supporting Identification of Evidence Levels:

- Chambless, D.L., Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66(1) 7-18.
- Chorpita, B.F. (2003). The frontier of evidence---based practice. In A.E. Kazdin & J.R. Weisz (Eds.). *Evidence-based psychotherapies for children and adolescents* (pp. 42-59). New York: The Guilford Press.
- Odom, S. L., Collet-Klingenberg, L., Rogers, S. J., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure*, 54(4), 275-282.

Section Four: Literature Review

No new peer-reviewed research was identified.

Literature Reviewed for Previous Determinations

Earbart, J., Zamora, I. (2015). Achievement together: the development of an intervention using relationship-based strategies to promote positive learning habits. *Infants and Young Children, 28(1)*, 32-45.*

Gutstein, S.E., Burgess, A.F., & Montfort, K. (2007). Evaluation of the Relationship Development Intervention program. *Autism, 11(5)*, 397-411.

Zane, T. *Relationship Development Intervention: A review of its effectiveness*. Association for Science in Autism Treatment. (Review of Gutstein et al., 2007). Retrieved July 3, 2013 from <http://www.asaonline.org/resources/articles/rdi.htm>

**Note that ASD clients may have been included in this study in the aggregate, but whether the client whose data are discussed was ASD is not included.*