

## EVALUATION REPORT

# A Formative Evaluation of the Relationship Development Intervention<sup>®</sup> (RDI<sup>®</sup>) Program

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## I. INTRODUCTION

Autism and Autism Spectrum Disorder (ASD) are general terms for a number of maladies that occur due to disordered brain development. ASD manifests itself in early childhood. Children with ASD have difficulties with a variety of issues that may include social interaction, verbal and non-verbal communication, obsessive, compulsive or repetitive behavior, and/or physical health. Often, when children present with ASD characteristics, parents feel ill-equipped to adequately address this mysterious disorder.

Within Prince George's County Public Schools (PGCPS), the Department of Special Education is responsible for providing necessary services to students with ASD. From 2001 to 2010 the number of students in the district with ASD more than tripled from 404 to 1,319, respectively. This increase has resulted not only in greater demand for services from the district, but also in a need to develop a wider variety of services that best fit the individual needs of children with ASD, which was the impetus for the introduction of the Relationship Development Intervention<sup>®</sup> program in PGCPS.

### A. *Program Description*

The Relationship Development Intervention (RDI<sup>®</sup>) is just one of a number of programs that aim to provide families with the skills they need to become an integral part of their child's intellectual and social development. It is research-based and nationally recognized as an intervention that enhances the social and cognitive development of children with ASD. Furthermore, it is unique in that it is parent-centered. Children with ASD require consistency to advance their development, which cannot stop at the end of the school day or school year. The RDI<sup>®</sup> program trains parents so that they can provide their child with that consistency during out-of-school time.

The RDI<sup>®</sup> program as implemented in PGCPS begins with five, three-hour sessions that seek to increase parents' understanding of how disorders on the autism spectrum interfere with their child's neurologic functioning; how ASDs impede social and intellectual development; how ASDs impact the quality of life of the entire family; and the shortcomings of most conventional treatments, which their child may currently be receiving. Parent participants are assigned homework after each of these workshops, which must be completed and turned in to an RDI<sup>®</sup> consultant to demonstrate their understanding of the topics that were covered in each session.

After completing the introductory sessions, participants who continue in the program gain access to RDI<sup>®</sup> Connect, which is a proprietary internet-based tool that provides parents with information and training. Additionally, RDI<sup>®</sup> Connect serves as a link to each parent's RDI<sup>®</sup> consultant and to the larger RDI<sup>®</sup> community. Participants meet individually with their RDI<sup>®</sup> consultants once a month and bi-weekly with other participants for group discussions facilitated by an RDI<sup>®</sup> consultant. The one-on-one sessions serve to individualize the treatment to each child's specific needs, and the group sessions cover issues that are common among families with an ASD child and serve to provide peer-support to parents who often express a sense of isolation following an ASD diagnosis.

## ***B. The RDI® Program within PGCPS***

The RDI® Program was introduced to PGCPS four years ago by a special education professional with over 20 years of experience working with autistic children in the district. After seeing a presentation by Dr. Stephen Gutstein, one of the developers of the RDI® program, Betty Adkins became convinced of the importance of involving the family in helping ASD children overcome certain aspects of the disorder. In her spare time and at her own expense, Ms. Adkins became a certified RDI® consultant. As part of the certification process, Ms. Adkins had to recruit families with whom she could practice the techniques.

Encouraged by the perceived success she was having with her “practice” families, Ms. Adkins appealed to the Department of Special Education to expand the program so that more personnel could be trained as RDI® consultants and a greater number of families could learn the techniques espoused by RDI. In SY2010, PGCPS received “stimulus funds” from the federal government as a result of the passage of the American Recovery and Reinvestment Act of 2009. Some of those funds were allocated to the Department of Special Education and provided the seed money to cover the expense of certifying four additional consultants so that a greater number of families would have the opportunity to participate in the program. PGCPS was able to offer RDI® training to a total of 15 families and pay for four additional special education professionals to complete the RDI® certification process.

To further expand the program, the Department of Special Education applied for a grant from the Maryland State Department of Education (MSDE). Not only would this “supplemental grant” allow 18 additional families to participate in the program it would open participation up to families throughout the state of Maryland. As of June 2012 PGCPS had five certified RDI® consultants on staff and was providing the RDI® program to 32 families, three of whom are from neighboring school districts.

## ***C. The Supplemental Grant***

While PGCPS provides autistic children with an array of services, the district has struggled to provide comprehensive in-depth training for parents. Therefore, in June 2011, the Department of Special Education applied for a grant from the Maryland State Department of Education (MSDE) to address this shortcoming. The grant funded the cost of RDI® training for 18 families, which included the RDI® Connect website subscription and the RDI® book. It also covered the cost of a one-day seminar by Dr. Gutstein for 100 families, and the participation of two PGCPS staff members at an RDI® conference in Houston, TX.

Families who attended Dr. Gutstein’s seminar were then eligible to participate in a free five-session introductory RDI® module. Participants in the introductory course would be chosen to fully enroll in the RDI® training program. Full enrollment included one-on-one training from a certified RDI® consultant, group training sessions, and access to the RDI® Connect website, through which they could access a variety of resources including webinars, forums, message boards, and the larger RDI® community. For a family to be considered for full enrollment in the program they would have had to attend all five introductory sessions and satisfactorily complete all homework assignments. With the knowledge that only 18 families could be accommodated through the supplemental grant, RDI® program staff anticipated having to choose participants

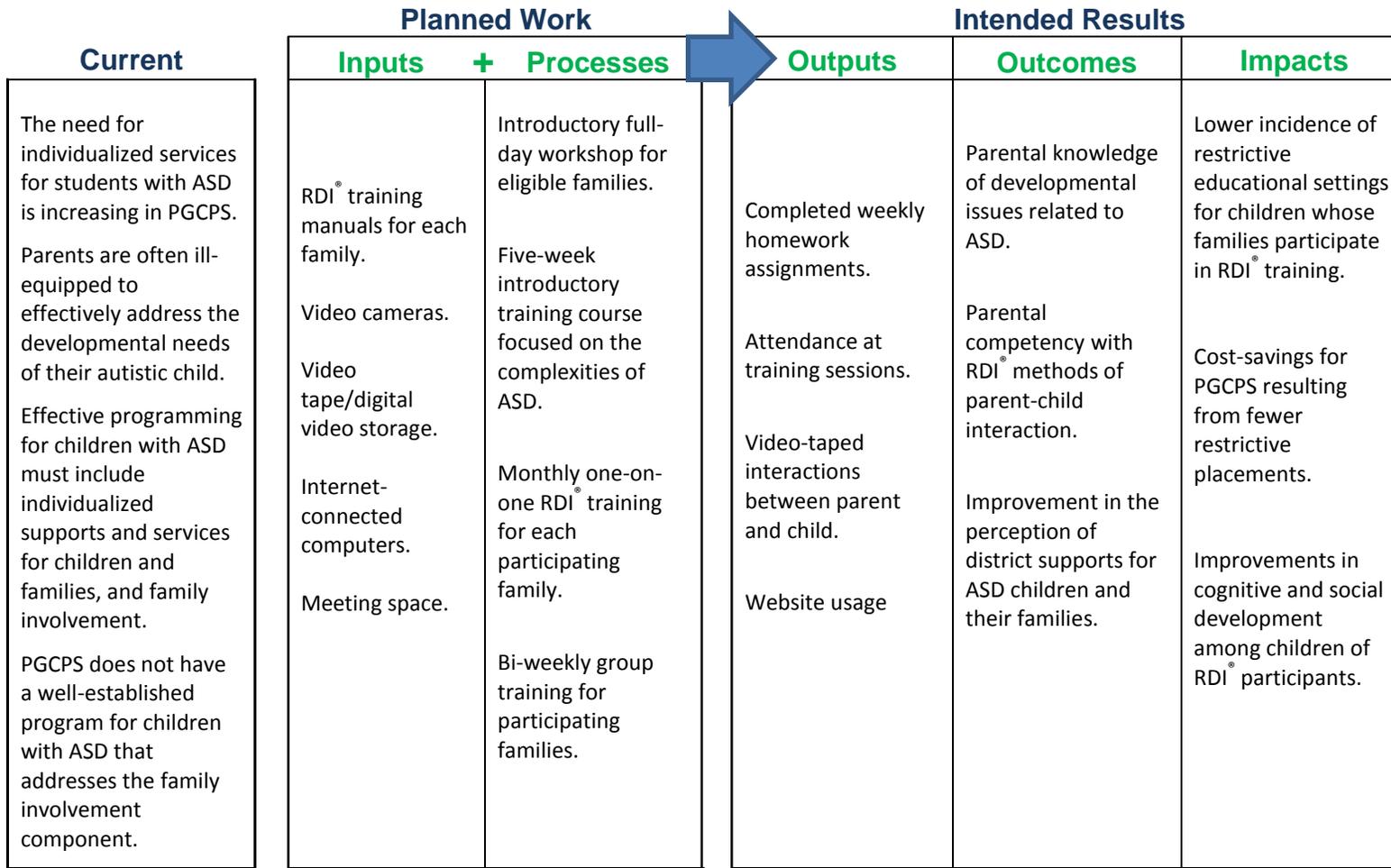
based on attendance and the quality of the homework. Coincidentally, only 18 families met the criteria, so all were invited to participate. Since then, however, three families have left the program due to personal issues, such as moving out of state or a family crisis.

The parental training, which followed the five introductory sessions, began in January 2012 and will continue through the summer of 2012. These training sessions consist of six developmentally sequenced sessions that address the core deficits of autism. Throughout the sequence of training modules, participants were given homework assignments and videotaped interactions with their child so that trainers could gauge the parents' progress. By the end of the training, parents had a fuller understanding of ASD and its impact on their child's cognitive and social development. They are also better able to interact with their child in ways that promote the child's cognitive and social development.

#### *D. Logic Model*

The Logic Model, displayed in Figure 1, outlines the rationale for implementing the RDI<sup>®</sup> program, the resources and activities that address shortcoming in services for children with ASD and what will happen as a result of participating in the RDI<sup>®</sup> program. The first column, "Current conditions" highlights the areas that the RDI<sup>®</sup> program should affect. The next two columns (inputs and processes) represent the program's treatment, i.e. the tangible resources provided to participants that, when applied, will produce the outputs, outcomes and impacts detailed under the heading, "Intended Results".

**Figure 1–Logic Model**



## *E. Evaluation Questions*

While the RDI<sup>®</sup> program began as a pilot in SY2010, this evaluation focuses on the supplemental grant that enabled PGCPs to expand the program to a greater number of families. The supplemental grant funded the participation of 18 families who became engaged in RDI<sup>®</sup> during SY2012. Given that these families have been receiving training for less than six months, making it impossible to measure program impacts, it was decided that this would be a formative evaluation that focused on intensity of program use and parent perceptions of a number of aspects of the program and how the program has affected them, as participants, their child and their larger families. In reference to the Logic Model outlined above, this evaluation focused on outputs and outcomes.

The specific evaluation questions addressed in this report are:

- *To what extent are parents utilizing the program resources available to them?*
- *To what extent has participation in RDI<sup>®</sup> affected:*
  - *Parental understanding of their child's diagnosis?*
  - *Parental perceptions of child's cognitive and social development?*
  - *Parent/child interactions?*
  - *Family dynamic?*
  - *Parental confidence in guiding child's social and cognitive development?*
  - *Parental expectations of their child's short- and long-term development?*
  - *Parent perceptions of district support?*
- *What are some of the challenges associated with participation in the RDI<sup>®</sup> program?*

## II. EVALUATION PLAN

This formative evaluation, which focuses on outputs and outcomes, contains two components: One is the intensity of program utilization by participants, and the second is the participants' perception of the program and its effect on their daily lives as parents of ASD-diagnosed children. The data used in this evaluation have been provided by program staff and self-reported by participants through a focus group and a participant survey. The analyses of the data presented in this report are descriptive in nature, and meant to provide program staff, current participants, future participants and potential funders with information about how users perceive the value of the program.

### A. *Formative Evaluation Components*

#### Intensity of Program Use

There are a number of components through which participants receive training in the methods of RDI<sup>®</sup>. These include resources available to them through RDI<sup>®</sup> Connect, one-on-one training with a certified RDI<sup>®</sup> consultant, and group meetings with other families facilitated by an RDI<sup>®</sup> consultant. The online tools, for which participants pay a subscription fee, were covered by the supplemental grant. The one-on-one training and the group meetings are covered by PGCPs in that the RDI<sup>®</sup> consultants conducting these training sessions are full-time PGCPs special education professionals.

In measuring the extent of use among participants of the online tools, the evaluators proposed reporting on the number and length of training videos and webinars viewed, combined with the number of videos posted by the participant. We surmised that this measure, while not a true measure of the extent to which participants were following the training, was at least an indication of the extent to which participants were availing themselves to the available online resources. We were later informed, however, that this information could not be obtained from the website owner. As a proxy for the extent of exposure to online resources, the evaluators chose to use the number of times families post videos or interact with their RDI<sup>®</sup> consultants through the website.

Participation in the one-on-one training sessions and the bi-weekly group meetings are other components of the RDI<sup>®</sup> training program that assist parents in increasing their competency as guides in their child's social, emotional, and intellectual development. To gauge the intensity of use of this component of the training program, the evaluators relied on the RDI<sup>®</sup> consultant to provide attendance records of participants since January 2012, when the families for whom the supplemental grant provided funding commenced with their one-on-one and bi-weekly sessions.

The one-on-one training sessions are typically one hour in length and occur once per month and the group sessions last 1.5 hours for each bi-weekly meeting. So, in addition to the unlimited use of the online tools and online interaction with their RDI<sup>®</sup> consultant, participants receive four hours of training in-person training per month with their RDI<sup>®</sup> consultant.

## Participant Perceptions

To measure the extent to which participants perceive effects from the RDI<sup>®</sup> training they are receiving, the evaluators developed a survey that was administered online to participants. The survey was based on input from families who had been receiving RDI<sup>®</sup> training through PGCPS prior to the implementation of the supplemental grant, as well as from program staff, and published information about expected short-term benefits of RDI<sup>®</sup> participation. Additionally, a focus group was conducted with members of the pilot RDI<sup>®</sup> class.

The survey asked that parents indicate how the various aspects of the RDI<sup>®</sup> training program effect their understanding of their child's conditions, the quality of their interactions with their child, the dynamic of the larger family (beyond parent and ASD-diagnosed child), their child's cognitive and social development, their confidence and competency as their child's primary guide, and the extent to which they feel supported in their efforts by PGCPS.

Because this is a formative evaluation of an ongoing program, the evaluators also wanted to know what participants' hopes were for how RDI<sup>®</sup> could affect their child's development in both the short- and long-term. Participants were also asked to describe challenges they have faced as a result of participating in the program.

### ***B. Data Analysis***

The analyses conducted for the program utilization component of this evaluation are descriptive in nature in that we report the number of posts families make to the website and the number of one-on-one sessions and bi-weekly group meetings that each family attended. A qualitative analysis of the survey data was conducted manually. Due to the small number of families participating in the program, evaluation staff had the opportunity to read and code each participant's responses to the survey items and focus group prompts to discern themes that reveal how the group of participants perceives the effects of the program thus far.

### III. FINDINGS

This evaluation, which is formative in nature, does not purport to estimate impact, but to provide program staff with an indication of the extent of outputs and outcomes. Some of the outputs presented in the Logic Model (Figure 1, p. 3), such as website use and training attendance are described in the next sub-section under Program Use. Findings related to outcomes that measure the extent to which participants perceive the program has affected various aspects of their lives follow in the sub-section, “Participant Perceptions”.

#### A. Program Use

To determine the extent to which participants are utilizing the range of resources available to them through the RDI<sup>®</sup> training program, the evaluators asked RDI<sup>®</sup> consultants to provide the number of posts each family made to the website since January 2012, and the attendance records for the monthly one-on-one sessions and the biweekly group meetings. Table 1 displays website posting data. These data show that all families who enrolled in the program in January 2012 and are still active participants utilize the website quite regularly.

**Table 1—Online Postings by RDI<sup>®</sup> Participants, January through May 2012**

Participating Families	15
Number of Families with Posts	15
Total Number of Online Posts	468
Average Number of Online Posts per family	31
Average Number of Online Posts per family per month	6
Range (low to high) in Total Number of Posts	21 to 55

The 15 active families funded by the supplemental grant utilized the RDI<sup>®</sup> website a total of 468 times to post video, questions, or comments or to receive feedback and assignments from their RDI<sup>®</sup> consultants. This averages to 31 posts per family since January, or about 6 posts per family per month. While some families utilize the website more than others, the family with the fewest number of posts (21) over the five-month period covered by this evaluation made or received a post about once a week.

The number of posts that a family makes or receives does not include all the other times a family may utilize the resources available to them via the RDI<sup>®</sup> website, which include webinars, forums, videos, and other e-learning tools. Because it was not possible to obtain this information from the website owner, participants were asked to self-report the frequency with which they accessed the aforementioned resources. Nine out of the 15 families provided information to the evaluators on their utilization of the website tools. Three families indicated that they accessed the web-based resources weekly; four said they did so 3 times per month; and two utilized the web-based training resources monthly.

Participation in the one-on-one and bi-weekly group training is vital to the parent’s mastering the RDI® techniques, and thus the program’s success. It is through these sessions that parents and RDI® consultants customize the program to the child’s specific needs and prioritize the child’s developmental goals. The bi-weekly group sessions take place in the evening, which allows for maximum participation, at the One World Center located in the John Carroll building in PGCPS. The one-on-one sessions are scheduled individually between each family and their consultant. The RDI® consultants try to be as accommodating as possible and often see families outside of their regular working hours.

Since January 2012, the five RDI® consultants in PGCPS have conducted 74 individual training sessions with the 15 actively participating families covered by the supplemental grant. Table 2 presents the participation data for the one-on-one sessions. On average, families participated in nearly 5 individual training sessions from January through May 2012, or about one per month, which is typical. Some families, however, participated in as few as two individual training sessions, while others had as many 8 sessions over the five-month period covered by this evaluation.

**Table 2–One-on-One Training Attendance among RDI® Participants, January – May 2012**

Participating Families	15
Number of Families attending at least one session	15
Total Number of One-on-One Sessions Conducted	74
Average Number of One-on-One Sessions per family	4.9
Range (low to high) of Total Number of One-on-One Sessions	2 to 8

The families covered by the supplemental grant were broken up into three groups for the purpose of the biweekly meetings. The RDI® consultant with the most experience in training families is responsible for one group of five families. The four newest consultants work in teams of two to facilitate the other group meetings that consist of five families each. Since January 2012, the team of RDI® consultants has facilitated 28 group training sessions.

The number of and attendance at group training sessions varies by group assignment. Participants in Group A were provided with 8 opportunities to attend group training since January 2012; those in Group B had 9 sessions available to them; 11 sessions were available to Group C members over the five month period covered by this evaluation. Group C not only had the most training sessions available, they also had the highest attendance rate among members. Group A members attended an average of 4.6 group training sessions out of the 8 available to them for an attendance rate of 57.5%; Group B members attended 6.2 (or 68.9%) out of 9 sessions; and Group C members attended 9.2 (83.4%) out of the 11 sessions conducted by their facilitators.

**Table 3–Group Training Attendance among RDI® Participants, January – May 2012**

	<b>Group A</b>	<b>Group B</b>	<b>Group C</b>
Participating Families	5	5	5
Number of Families attending at least one session	5	5	5
Total Number of Group Sessions Conducted	8	9	11
Average Number of Group Sessions Attended per Family	4.6	6.2	9.2
Average Attendance Rate in Group Sessions Conducted	57.5%	68.9%	83.4%
Range (low to high) of Group Sessions Attended per Family	2 to 8	3 to 9	5 to 11

The combination of online postings and training attendance plus self-reported RDI® website usage shows that the typical RDI® participant made or received approximately 31 online posts, received about 5 hours of individualized training and 10 hours of group training, as well as accessed resources from the RDI® website 3 times per month. While there is a range of utilization levels among RDI® program participants, the data presented in this section demonstrate a sustained level of participant commitment from January through May 2012, the five month period covered by this evaluation.

***B. Participant Perceptions***

Data regarding how participants perceive the RDI® program and its effect on various aspects of their lives were gathered through a survey that was developed with input from program staff, members of the RDI® pilot group who started the program in SY2010, and published reports about the program and its expected effects. The areas of interest upon which this evaluation focuses include parents’ perceived understanding of their child’s ASD, how it impacts the child’s cognitive and social development, and parents’ perceived self-confidence in being their child’s primary developmental guide; perceived changes in the quality of parent/child interactions; perceived changes in the dynamic of the larger family (beyond parent and ASD-diagnosed child); expectations for short- and long-term development; and perceptions of district support for families with ASD children.

Understanding ASD

While the rates of autism and ASD diagnoses continue to grow throughout the country as well as the school district, each case is unique and affects children differently so many parents lack a basic understanding of what living with the disorder in their family will be like. Parents who are enrolled in the RDI® program and receiving one-on-one and group training participated in five introductory seminars that focus on the core deficits of ASD and how these deficits

manifest themselves in their child's behavior as well as their cognitive and emotional development.

Among the 22 families (out of 32) who responded to our survey, 16 indicated that their participation in the RDI<sup>®</sup> program has greatly improved their understanding of their child's disorder, and six families indicated that it had improved somewhat. Some of the participants explained further:

- *I now understand more how the deficits my son has affects his ability to communicate and function*
- *Before starting RDI<sup>®</sup> I knew a fair amount about the symptoms of Asperger's Syndrome (AS), but not a lot about what caused it, or how to improve the life outcomes of someone with AS (especially our son). While I'm still a little skeptical about some aspects of the RDI<sup>®</sup> theory of where it comes from, the description of what's probably going on in his head have been very enlightening.*
- *RDI<sup>®</sup> has filled a void in knowledge at a number of detailed levels. RDI<sup>®</sup> has changed our family goal of looking for a cure or a cause to fix to actually understanding that autism is a condition that can be overcome in gradual steps. Like a person who recovers from a major accident has to go through years of therapy to learn to walk again.*

### Developmental Changes

Most parents report that they have noticed changes in their child, even within the short time that some have been participating in the program. While these perceived changes may not seem profound to parents of neurotypical children, they have given participants hope that their child will continue to develop—socially, emotionally and cognitively. Specifically, 12 families indicated that their child's development had greatly improved, seven families said their child's functioning had improved somewhat and three have not perceived any changes in their child's development.

Participant descriptions of some of the changes they have perceived in their child include:

- *My son is much more responsive when engaged in guided participation. I also have better control over most situations when I use the strategies I obtained through RDI. For instance, by simply acting as a sturdy oak (standing still and firm) when my son pulls my hand, I have virtually eliminated that behavior.*
- *Our son has improved in such a huge way it is unbelievable. Is it the RDI? Honestly, who can truly say? But I will say that we only attend 3 therapies - feeding clinic, social group (structured play) and RDI. I know which one I put my money on!*
- *He's become more tolerant, and calm. We still have a lot to work on, but I've seen the improvement in our interactions and his willingness to spend time with us.*

### Parent/Child Interactions

As parents work through their RDI<sup>®</sup> training, they learn how to manage their own behavior and thus that of their child, which improves the quality of their interactions. All of the tools available to RDI<sup>®</sup> participants are meant to facilitate parent/child interactions. Improving

the ease with which parents can interact with their child leads to increased interaction, which positively affects the child's development.

Parents have indicated that the different components of the RDI® program work synergistically to improve the quality of the parent/child relationship. For example, parents videotape typical interactions with their child and then either post it on the RDI® website for the consultant to review or bring it to a training session to get feedback from the consultant. One parent describes how video-taping his child has helped him improve their interactions thanks to the RDI® consultant's trained-eye.

- *We are able to see objectively how we are acting and sounding when we interact with our son, and how he is reacting to us and the RDI® strategies we are implementing. Our consultant also views the film, and spotlights many details we might miss. All these observations help us to continuously improve our interactions, which result in our son making progress.*

The training sessions and website materials provide parents with strategies on how to manage ASD in their daily lives, and the group sessions allow parents to share their experiences, get tips from each other and feel supported by others who truly understand what they are going through. One parent described how the materials on the RDI® website have helped improve her interactions with her son this way:

- *The resources and information on the website are a great resource, which allows us to gain further insight into the RDI® program, join groups of RDI® parents with similar concerns (such as implementing RDI® with teenagers), listen to RDI® trainings, read RDI® references to reinforce what we learn with our consultant, and most important, communicate with our RDI® consultant and keep an archival record of our communication that all team members can read and refer to. By supporting our knowledge and training in this complex therapeutic approach to communication, we are able to improve our RDI® skills and thus become more effective in our interactions with our son.*

All parents that participated in the group training sessions enthusiastically discussed how learning with and from other families has helped them improve the quality of the interactions that they have with their child.

- *The groups have been most beneficial for me. Videotaping and website access have been more challenging because of my family situation. I cannot express in words how priceless the family training has been in terms of increasing my effectiveness as a parent. I am more patient and mindful of opportunities for my child's social and relational growth.*
- *The group sessions are immensely helpful in translating the concepts discussed on the website into real-world examples.*

### Family Dynamic

When a child is diagnosed with ASD, the family dynamic is profoundly affected. Because of the mysteriousness of the disorder, parents may need to spend a lot of time learning about the disorder, seeking out specialists, taking the child to appointments and meeting with the child's education team. The disorder may also place limits on family travel or recreational activities. According to RDI® participants, the training has helped them have perspective so that

the disorder does not dominate family life. Some parents describe the impact of RDI® participation on their family life this way:

- *Before we started RDI, our son was a roving disruption in our family life. He was very demanding, required constant attention and supervision, and it was impossible to have normal family interactions while he was present. Now he is a participant in normal family interactions, taking turns at the dinner table or in family discussions and attending to other family members concerns and feelings. We still have a journey ahead of us, but our family now feels at least within shouting distance of "normal."*
- *We were able to have our other children often participate in the RDI® activities, which I think brought them a little closer to their brother.*
- *The reduction of stress and improved, real communication has benefitted all of us, including our other children. Our son is interested in his siblings more often than bothered by them now, and I see them opening up to him in ways they never have before. Instead of our son with Autism getting most of the attention, the focus can be more balanced among the children, which benefits us all.*

### Parental Self-Confidence

A main tenet of RDI® program is to give parents the confidence to be their child's social, emotional, and cognitive development guide. Parents, faced with an ASD-diagnosed child, often feel overwhelmed and doubt their ability to help their child overcome certain aspects of the disorder. Participants agree that the program has increased their confidence in their ability to successfully manage their child's disorder and assist his/her overall development. Specifically, 18 families said the program has greatly improved their confidence in dealing with their child's disorder and four indicated that their confidence had improved somewhat.

- *I really didn't know what to do to help him out before starting, and now I feel empowered to help him develop. I know that the training we've received has made it possible for me and my wife to guide him forward, because we are the ones (with absolutely necessary guidance from our RDI® consultant) who have brought about the immense improvements we've seen in him during our participation in the program.*
- *I have been empowered as a parent. I am the teacher and I have tools to parent my children which were absent before.*
- *I'm more aware now than before of the way to reach into my child's world and bring him to mine so that we can be the best of friends... Before I was trying too hard to help and RDI® has shown me that I need to take it slow, and it's been an incredible journey and we have only just begun.*

### Parental Expectations

The majority of parents who are participating in the program have already tried a variety of therapies for their ASD-diagnosed children to varying degrees of success. The trial-and-error nature of finding the right therapy or combination of therapies for the affected child can leave parents with a somewhat jaded view of what to expect from the newest program. Still, parents must have some hope of improvement because otherwise they would not have enrolled in the

RDI<sup>®</sup> program, which requires a significant time commitment and comes with a steep learning curve.

In the short-term, parents indicate that they hoped to see their ASD-diagnosed children become more confident in their interactions with the people and things they encounter every day. They hoped to see improvements in their child's social and emotional development in the short-term, but were clearly not expecting miracles. Specifically, short-term expectations included:

- *Short term, I expect my son to be able to interact better with his environment*
- *Increased interest in other people and an improved ability to interpret and react appropriately to their behaviors.*
- *More aware of his surroundings, improve in his interactions with gen. ed. peers.*
- *I am hoping to have him more present in order to be more receptive to learning.*
- *The program is beyond my expectations at this point. We are looking at his emotional ability to relate to others to continue to improve.*

In the long-term, participants are much more optimistic about their expectations for the program's effect on their child's development. Their optimism about the future could be due to the encouraging changes they have perceived in the short-term. Again, while these hopes may not seem out of the ordinary for parents of neurotypical children, they are for the parent with the ASD-diagnosed child.

- *Long term, I hope that my son will be able to better manage his emotions at home and school, to interact better with typically developing children, to communicate in a meaningful way*
- *Building on the short term improvements, we see him able to function effectively in an adult social environment, without supports.*
- *I expect him to be functioning socially and cognitively within the normal range (though I expect he will always be a bit quirky). This is based on the improvements we have seen so far and are continuing to see.*
- *enough progress in social skills and executive functioning (planning, initiative) to attend college or vocational education program, then get and keep a full-time job, have friends, have a meaningful relationship with someone special, etc.*

### District Support

Parents, when initially confronted with their child's ASD diagnosis, often feel isolated and unsure of where turn for help and guidance. Not only do they need assistance with their child's educational needs, but also have many questions and concerns about how to adapt so that they can successfully manage their everyday lives. Most current participants report that prior to enrolling in the RDI<sup>®</sup> program, they did not feel like there was much support for their families from PGCPs. Some parents described the lack of District support prior to the availability of the RDI<sup>®</sup> program this way:

- *Prior to RDI, we had a very adversarial relationship with the school system that resulted in many complaints to the state, the involvement of compliance officers, and much correspondence to all levels of the school system, including to Dr. Hite.*
- *The first support I received as a parent was meeting Betty and attending her RDI® seminar series. I know IEP meetings are meant to address academics, but those present have a lot of knowledge about ASDs, I never felt that knowledge was shared, even when I asked for specific help.*

Others, however, gave credit to the special education teams that worked with the children and cited special events that provided support.

- *As parents, we had to be in constant communication with the school about school work not being brought home or turned in, assignments not written down, outbursts in class, etc. our demands on the staff—teachers, special educators, autism specialists—were frequent throughout the year.*
- *We had access to various evening/weekend training and counseling opportunities (I participated in the "Dad's Night Out" program, for instance, which was very helpful).*
- *...support from his classroom teachers and special educators who worked closely with us to help him function effectively.*

As participants in the program, they are not only more involved in their child's education, but are recognized as being integral to promoting their child's overall development. Working so intensely with their RDI® consultants and participating in the group training sessions provides much needed support for parents and families living with ASD. In their own words, parents feel supported in the following ways:

- *I love the opportunity to work closely with other parents who are experiencing the same issues. I look forward to the sessions.*
- *I learn a lot just by listening to what other parents are doing, and also I don't feel like I'm fighting alone...we are all working on this together.*
- *The interaction with our consultant, and the ability for her to coach us through the RDI® program. We could never have assimilated and internalized the foundations of RDI® into our parenting without her observations and teaching.*

### Challenges

When asked to talk about the challenges they experience due to their participation in the program, some parents mentioned specific aspects of the program, such as videotaping, or using non-verbal communication, but nearly all talked about the time demands. One of the main characteristics of the RDI® program is its intensity. Parents must immerse themselves in the language of the program, continually practice techniques, attend group training session and meet with their RDI® consultant. Still, parents accept the difficulties that come along with participation because they have perceived improvements in their child's functioning and their family life.

- *The only challenge has been trying to find time to do the videotaping and making the meetings, but that would be with any program.*

- *The demands on our time have been immense, and we have both taken a lot of time off from work to make the program work for us (an average of 1-2 hours per week, which adds up). Our consultant has been spectacularly flexible about when we meet, which has made it possible for the program to work for us.*
- *Guided participation--I always told him exactly what to do. It was harder to model because he never looked at me.*
- *It's a big commitment and sometimes you get burned out with the videos.*
- *It is a HUGE amount of work, though it's definitely been beneficial for us.*
- *It does take constant learning and work daily on objectives. It is at times like running a marathon physically and mentally. But every objective accomplished is like crossing the finish line.*

## IV. CONCLUSION

### A. *Discussion*

The Relationship Development Intervention<sup>®</sup> program is a relatively new therapy for treating young people with autism and ASD. The key difference between it and traditional therapies for ASD children is the family involvement component. In recognizing the importance of the family unit in helping children overcome certain aspects of their disorders, RDI<sup>®</sup> empowers parents who often express feelings of helplessness when their child are initially diagnosed. Additionally, ASD is not a condition that can be treated with a one-size fits all approach. Even if children present with symptoms or deficits that are similar their response to treatment can differ greatly. RDI<sup>®</sup> consultants have the expertise to tailor training to the needs of the specific child and family.

While RDI<sup>®</sup> is considered a promising therapy it has yet to be rigorously tested and researched. Published research measuring the program's impact on the development of ASD-diagnosed children whose parents received the training shows very positive results. The number of cases considered in these studies, however, is very small, which limits the ability of the researchers in generalizing the findings to a wider population.

The findings presented in this report suggest that participants are fully engaged in all aspects of the program based on their attendance at training sessions and use of the website. Additionally, they perceive significant benefits from their involvement with the program based on responses to the survey and focus group prompts.

Moreover, the RDI<sup>®</sup> program holds potential benefits for PGCPs as a whole. If the training results in parents helping their child overcome certain aspects of the disorder, it follows that such children will require fewer services from the district and, perhaps, a less-restrictive educational setting. All of which would be a cost-savings to the district. The program's success could also serve to bolster the reputation of PGCPs as an innovative school district that is finding solutions to help special education students succeed.

### B. *Limitations*

Again, while the findings are suggestive of success, this study has some limitations. These include the small number of self-selected participants in the program. This limitation may be somewhat mitigated by the fact that the RDI<sup>®</sup> will never serve a large proportion of families living with ASD because of the demands it places on the family. That the Department of Special Education did not have to ration participation among interested families illustrates RDI's niche-factor. Clearly, there is a fundamental difference between the parents who enroll and persist in the RDI<sup>®</sup> program and those who do not. They are a group of people who are willing and able to devote a lot of time and energy to dealing with their child's conditions. That they have already perceived some benefit from the program has given participants a vested interest in having the program continue in the district.

### *C. Next Steps*

RDI<sup>®</sup> program staff members are interested in having the Department of Research and Evaluation conduct a summative evaluation of the program. Developing the methodology for such a project would begin during the summer of 2012. Data collection and analysis would start early fall of 2012 and a final report could be delivered by end of 2012. The issue that first must be addressed is the availability and access to necessary data. ASD-diagnosed children are only assessed by the district every three years, and the tools with which they are assessed are not consistent across cases, so developing a valid measure will be a challenge. Still, DRE staff will investigate the possibility of employing a research method that utilizes the results of a variety of assessments and converts them to one “standard” measure.