

# A COMPARISON OF SERVICE PROVISION MODELS—ABA AND RDI

## Therapy vs. RDI Life Style

### **ABA**

Typically with ABA parents hire a staff to work with their child. These therapists work with the child during scheduled therapy times. If parents work with their child, they need to set a side therapy time & typically a therapy room is required.

### **RDI**

RDI is a parent based program & is not typically done at specific “therapy times.” RDI is considered a life style program because instead of adding therapy time to a parents already hectic & full day, it is incorporated into what parent have to or want to do in their typical day. RDI can be done anywhere in or out of the house, although at first an environment should be removed of as many unnecessary distractions as possible so the child and parent relationship will be central, ultimately no special rooms or environment is needed.

## Parents as therapists vs. Parents as guides

### **ABA**

Depending on the ABA program parents may or may not receive parent training. Assuming they do however, the training consists of teaching the parents how to be therapists to their child. They are taught behavior principles, such as extinction, reinforcement, chaining, shaping, prompting, etc. They are taught to interact with their child the way a therapist would.

### **RDI**

Parents are the primary agents for change and do not take on a therapist role, but rather maintain their role as parent. The role of any parent whether they have a child with ASD or not is to guide there cognitive growth. RDI is not asking the parent to change from the job of a typical parent, however, it is slowing down the entire process to afford the child a re-do on the developmental stages they missed. The role of an RDI consultant is to help the parents in the how-to of re-establish a reliable feedback system that exists between neurotypical children and their parents.

Under some circumstances children may have other guides in addition to their parents. These people are called “extenders” because they “extend” the work being done by the parents. One example of when an extender is needed is when a child attends school. A child in school will need an extender to help create an environment that doesn’t just meet academic and classroom management needs but ensures that the child is provided with opportunities to incorporate their developmental goals as well.

# Static vs. Dynamic Thinking

## **ABA**

Just by the way ABA is structured promotes static thinking which you could also think of as black and white thinking. There are correct answers and there are incorrect answers just as there are appropriate behaviors and inappropriate behaviors. This type of teaching actually works quite well for individuals with ASD in teaching static skills as the ASD brain is extremely good at learning Black & White rules, scripts, and answers. However, this is actually reinforcing static neurological pathways in the brain and therefore, individuals on the spectrum become rigid and inflexible in their thinking and they do not develop the ability to think dynamically or understand that in real life problems for the majority of the time do not have black and white answers and tend to fall into more of what is commonly referred to as “grey areas.”

ABA attempts to “generalize” black + white answers to more grey areas but this is often difficult as they static pathways they are creating are difficult to change. A child taught to answer “I’m ok” to being asked “How are you?” who is then asked to use generalized versions of this answer such as “Good” or “Fine” can do so but often replaces the answer “I’m ok” with one of the other options thinking “good” is the new “correct” answer instead of using “I’m ok”, “Good” and “Fine” interchangeably as hoped.

## **RDI**

Because RDI is not a skill based program, it does not place the same emphasis

on “correct” answers. Its focus is more about developing the dynamic function of the brain & the individual with ASD’s ability to think like their guides. So for example, if you think about the question “where is the right place for a box of cereal to go in the cabinet?” The person with ASD learns with the aide of their guide that there are many “correct” places, although some may be better or worse than others, for the cereal to go. It is in many such experiences with a guide that the individual with ASD will discover how to make “good enough” choices to “grey area” problems.

# Lacking Skills vs. Developmental Gaps

## **ABA**

ABA would assess a child to determine what skills they lack and then teach to fill in these skill areas. For example, if a child was not pointing and labeling objects, a “labels” program would be implemented. Likewise, if a child could not cut on a line, a “cutting” program would be implemented. Whatever skill deficit there is, a program would be created to address this skill.

## **RDI**

RDI is not against skills as everyone needs to learn what objects in their environment are called as well as how to cut. However, RDI follows typical development to determine developmentally appropriate objectives for each individual on the spectrum. If a person is able to re-do missed developmental milestones, catching up on skills will not take long, however the reverse is not true. Being able to cut does not guarantee you will be able to understand the perspective of another person.

Below is a list of critical developmental milestones from birth to five. What I hope you will see are not of these are “skills” that ABA teaches or that can be taught in a skill acquisition approach. These are developmental milestones and no amount of skills can replace or compensate for these developmental foundations. These are the foundations upon which meaningful cognitive, communication, social and behavioral development is built.

1. Learns that actions can be coordinated with others, but not controlled by them; and that coordinating actions with others is better than acting alone.
2. Repairs breakdowns in coordination with partners
3. Interprets and uses non verbal communication to have meaningful exchanges with partners, including facial expression, gestures, and voice
4. Communicates with partners mainly for sharing experiences and learning about how others interpret the world
5. Monitors interactions to ensure partners have understood what has been communicated
6. Enjoys being with partners that change their actions and routines; does not like doing the same thing over and over again
7. Takes turns appropriately and at the correct time in a wide variety of interactions
8. Understand that perception is dependent on position and person’s unique experiences
9. Recognizes that everyone can have different perceptions of the same item or event, and that all perceptions are equally important
10. Pretends on his/her own with a partner, and can coordinate his/her imagination with partner’s imagination
11. Understands that friendship is consensual, acknowledges others’ similarities and differences and desires to be liked and accepted
12. Develops more than one solution to a problem, and more than one way to approach tasks
13. Thinks about actions before taking them, and can determine what actions are appropriate for the current setting
14. Understands teasing, offers of support, and degrees of agreement
15. Accurately interprets when others are upset, as well as regulates the degree of emotion tied to different experiences
16. Transitions with little preparation
17. Carries out familiar routines and tasks from memory
18. Uses the knowledge of negative consequences to adjust behavior
19. Takes pride in accomplishing challenging task
20. Understand and regulates own emotions based on the current situations, and recognizes that others may have similar or different reactions to an event based on their personal experiences

# Instruction vs. Fostering Opportunities

## **ABA**

Since ABA is a behavioral program and focuses on skill acquisition and changing behavior, “getting the child” to learn a new behavior or cease to do an inappropriate behavior is key. There are many methods at the disposal of an ABA therapist to make this happen such as rewards and prompts.

## **RDI**

The goal of RDI is for the child to make their own discoveries and progress in filling in developmental gaps. The focus is not on “getting the child” to do anything. This does not mean that the child can choose to walk away from the parent, it just means that a parent can’t make the child learn something, they can only set the stage for the learning to occur. The focus is on providing opportunities for the child to make discoveries. At the same time, parents provide the appropriate level of support and of challenge. The goal here is for the child to learn to think not just elicit a behavior. There may be times that the child does not discover or learn anything new because you can’t “make” someone learn something, but through repeated opportunities presented by the parents they are increasing the chances for discoveries to happen.

# Behavioral Disorder vs. Underconnectivity of the Brain

## **ABA**

ABA classifies Autism as a behavioral disorder and as such it is treated by increasing the frequency of some behaviors and decreasing the frequency of others.

## **RDI**

RDI classifies Autism as a Neurological disorder that manifests itself in the underconnectivity of the brain. As such, this underconnectivity is treated by helping the individual with ASD develop these unconnected areas of the brain by building new connections through well choreographed interactions between child and parent.

# Good ABA/ Bad ABA

Some people will argue that those people who do not or did not see changes with their children had a bad ABA program. Speaking from personal experience, I was a FABULOUS ABA therapist and I have videos to prove it. The problem isn’t the therapist, it’s the therapy. ABA does what is what designed to do...change behavior. It was not designed to foster dynamic thinking, episodic memory, flexible thinking, problem solving, or re-do missed developmental stages. Therefore, good ABA vs Bad ABA is a mute point because it has limitations and can only do what it was design to do.

## Old ABA/ New ABA

Some people will say that there is a difference between old ABA and new ABA. Old ABA used discrete trials, new ABA doesn't. Old ABA is done in a therapy room, new ABA is done in the natural environment. The thing is however, that Old and New ABA are both based on the work of Skinner. Skinner's work has not changed and neither has the INTENT of ABA. Just because the teaching method might change or where ABA is conducted may change, the intent has not changed. The intent is still to increase or decrease the likelihood of a behavior. It still does not focus of cognition or thought.

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