Relationship Development Intervention® (RDI®) is a cost effective, research guided, intervention approach for remediating Autism Spectrum Disorders (ASD). The purpose of RDI® is to develop intersubjectivity, the agreed upon core of autism’s social and communicative deficits (Baron-Cohen, 2000). Intersubjectivity encompasses joint attention, social referencing, theory of mind, social reciprocity, and communication for experience sharing purposes. RDI® has a foundation of research and theoretical support, and a growing body of empirical evidence for its practices.

Based on comprehensive reviews of ASD treatment research, expert consensus is that no evidence exists that any one approach is better than any other approach (National Research Council, 2001; Rogers, 2006; Prizant, 2009). The field of study of ASD as a whole is still very early in the process of determining what kinds of interventions are most efficacious for whom, for what, and when (Rogers & Vismara, 2008). Consequently, applying an evidence-based practice (EBP) approach, espousing a combination of the best available research, clinical expertise, and patient characteristics and preferences (APA 2006) for decision making becomes ever more critical for treatment decision making for ASD (Twachtman-Cullen, 2009). The RDI® program has peer-reviewed evidence to support its efficacy for children with ASD (Gutstein, 2005; Gutstein, Burgess & Montfort, 2007; Hobson, Hobson, Gustein, Ballarani, & Bargiota, 2008) and further studies are in progress. A broader examination of the literature demonstrates a growing body of empirical research evidence and best practice recommendations supporting the practices embedded in RDI®. Specifically, RDI® is a family-centered, intensive, objective driven, individualized intervention targeting the developmental components and processes of joint attention and communication in the context of the parent-child relationship. The summary below outlines the evidence supporting core components of RDI®, reflecting why it is a viable and desirable EBP for treating ASD.¹

**SUPPORT FOR RDI® in remediating the core deficits of autism in a developmental progression (e.g. joint attention, social communication, and theory of mind)**


¹ Because the evidence for RDI is expected to grow over time, this document is dated and will be updated periodically. Please contact the authors to request the most current version.


**SUPPORT FOR RDI® for improving overall functioning related to ASD**

(outcome research: ADOS diagnostic category, special education placement, flexibility, joint attention)


SUPPORT FOR RDI® for systematically training parents with ongoing consultation and using the parent-child relationship as a natural context for child learning and growth


Relationship Development Intervention® (RDI®) as Evidence Based Practice for Autism Spectrum Disorders:
Authors: Amy Leventhal, Ph.D. and Deborah Berrang, M.Ed.
January 25, 2010


SUPPORT FOR RDI® for intervening in the child and family’s natural environment by incorporating intervention into daily routines that account for caregiver needs and child functioning.


The research evidence above is not an exhaustive list.

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