

Teaching Social Skills with RDI™

By Sarah Wayland, Ph.D.

Children who have trouble navigating the social world have a lot to learn. A disability in social communication can be quite detrimental, with repercussions in the classroom, on the playground, and outside of school. These children are often bullied, ignored, and even shunned. The repercussions can be devastating, lasting into adulthood and beyond.

Gifted kids are not immune to the impact of this disability. Indeed, outcomes for gifted people with social communication disorders are worse than those for people with IQs below 70. The reason is that those with higher IQ scores are ineligible to receive the intensive supports upon graduation that children with lower IQs get. Although they may be trustworthy, honest, punctual, and detail-oriented, adults with high-functioning autism and Asperger Syndrome still struggle with the social component of employment and with adapting to new work environments (Burgess & Gutstein, 2007). While there is no data speaking specifically to outcomes for those who qualify as gifted on standard IQ tests, there is research that shows that fewer than 12 percent of those with above-average IQs are employed as adults and fewer than 3 percent live independently (Barnard, et al., 2001; Engstrom, Ekstrom, & Emilsson, 2003).

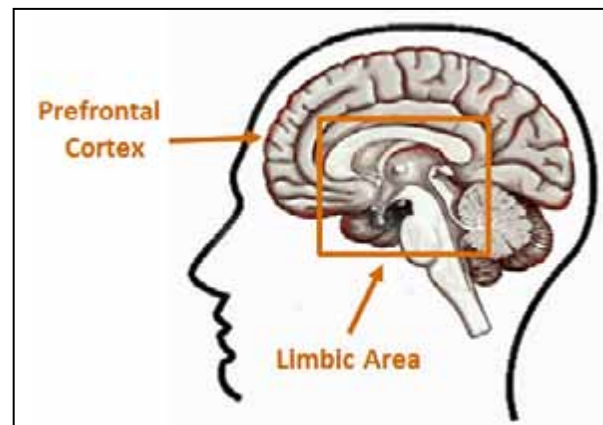
Kids who cannot learn social skills through normal social interaction must be taught differently. The most common approaches teach these skills using a structured curriculum that first explains the skills, and then helps the child to practice the skills in increasingly unstructured situations. Examples of these skills include making eye contact, taking turns, and cor-

rectly interpreting facial expressions. The focus with these approaches is on teaching the “what” of social interaction.

But what about the “why” of social interaction? Would it help to explain why a child should care about eye contact, why it’s important to take turns, why facial expressions matter, and why children with social communication disorders don’t know the answers to these questions?

The Problem

Brain imaging research provides some clues as to the reasons why individuals with social communication disorders struggle to answer the questions just posed. Marcel Just and his colleagues at Carnegie Mellon University propose that autism, one of the more extensively studied of the social communication disorders, is the result of “under-functioning integrative circuitry” (Just, et al., 2004). While this underconnectivity applies to nearly every area of the autistic brain, two areas of the brain seem to be most affected, the prefrontal cortex and the limbic area.



Specifically, the underconnected pathways lie between the emotional center of the brain, the amygdala complex in the limbic area, and two areas in the prefrontal cortex:

- The orbitofrontal cortex, which is involved in controlling and correcting reward-related and punishment-related behavior (Rolls, 2004)
- The medial frontal cortex, which detects unfavorable outcomes, errors, conflict, and uncertainty and signals the lateral prefrontal cortex to adjust performance (Ridderinkhof, et al., 2004).

This underconnectivity has been implicated in the inability to develop a Theory of Mind, a core deficit for those diagnosed with autism (Siegal & Varley, 2002). (We can think of Theory of Mind as the ability to understand how others perceive the world and how their perception shapes what they think, feel, and do. It also includes the ability to understand that the experiences of others are often different from one’s own experiences.)

Furthermore, people with fewer pathways from the amygdala complex to these specific areas of the prefrontal cortex have trouble processing the meaning and importance of new information. These individuals do not understand that they can look to others for information about how to navigate unfamiliar territory. Instead, they feel they must navigate the world without help from anyone else, an extremely anxiety-producing situation, especially for young children.

If the neural subsystems in a child’s brain are unable to collaborate flexibly, the child will struggle to adapt to change. Consequently, the child will

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prefer situations that are consistent and predictable, and will be frightened by those that are complex and dynamically changing. Some children with these challenges try to direct the play of their peers to make the interaction easier to navigate. Unfortunately, trying to control others by insisting that they behave predictably is unrealistic and results in failed social interactions. Other children with these challenges withdraw, avoiding the chaos of social interaction because it is too overwhelming.

In general, people with social communication disorders display the characteristics in the table below.

They are...	But they...
Able to recognize emotions	Don't necessarily use that information to guide their actions
Good at learning what to do	Struggle to apply and adapt that knowledge in a way that comes across as natural and fluid to others
Excellent at learning facts and procedures, applying rules, and telling right from wrong	Find it challenging to engage in more dynamic processes like developing coping strategies or accepting a result that is good enough, even if it is not perfect
Quite able to learn complex procedures	May struggle to remember what has happened previously, making it difficult to use that information to formulate effective strategies should the situation arise again

Furthermore, their communications are often scripted or demand-focused, with less of the normal back-and-forth typical of conversation.

The Solution

People with social communication disorders benefit from social skills instruction. To be effective, this instruction should address the following core skills.

Core Social Skills	Description
Social referencing	Managing uncertainty by evaluating the reaction of a trusted person
Co-regulation	Taking small adaptive actions based on the reactions of others to avoid communication breakdowns
Experience-sharing communication	Exploring what you have in common with others and where you are different
Flexible dynamic thinking	Taking relevant factors into account and adapting as the situation evolves
Creating episodic memories	Remembering what happened in the past and using this information when planning for the future

Typically developing children learn these skills by watching their parents, deciding how to respond based on how their parents are acting, and imitating them. If their parents are confident, the children are confident. If their parents are scared, the children are scared. If their parents show them how to do something in a way that makes sense to them, the children can do it. The children are, in short, apprentices to their parents.

Parents of typically developing kids use the feedback their children give them to determine the optimal level of challenge. If children are clearly feeling competent and confident, their parents will increase the demands to provide a just-right level of challenge. If their children are overwhelmed, parents will decrease their demands so that the children will feel competent. When children do not provide reliable feedback about how they are feeling, parents struggle to determine the *just-right* level of challenge.

Ways to Teach Children Who Lack Effective Social Skills

Drs. Steven Gutstein and Rachelle Sheely developed a program to teach effective social skills to children who never learned them. The Relationship Development Intervention (RDI™) program builds a child's proficiency and feelings of competence by working with parents. Through this program, parents learn how to effectively guide their child, work that helps to re-establish neural pathways that failed to develop during early childhood.



Teaching Social Skills with RDI™, continued

The RDI curriculum begins by teaching parents about the core social skills (Gutstein, 2009). Simultaneously, an RDI consultant does an assessment to determine which skills the child lacks. RDI consultants also collaborate with other professionals on the family's team as necessary to identify co-occurring conditions, and these are given careful consideration.

As part of the assessment, the RDI consultant develops a set of appropriate accommodations and modifications, with a plan for fading supports as the child becomes more competent. In this way, the consultant and family work together to develop a customized plan for restoring a feeling of competence and healthy functioning. The family and consultant can then begin the collaborative work of systematically guiding the child through the process of learning the missing skills.

How an RDI consultant might teach these skills is best explained by example. Because making eye contact is seen as important for social connection, let's start with that skill. To begin, we consider why eye contact is important. While it's true that eye contact makes other people feel comfortable, its real importance is that it allows us to determine how others are feeling. For example, by looking at facial expressions, you can determine how to feel about an unfamiliar person or object. Should you be scared? Happy? Sad? Other people can give you clues about how you should feel. This social referencing can also help you assess the impact of your actions on others. This very basic social skill develops in typical children by 12 months of age (Campos & Sternberg, 1981).

To teach children the importance of social referencing, the RDI consultant might work with the family to set up learning engagements. A typical engagement

is one in which a family member's emotional reactions are the only information available to the child to resolve confusion and determine what to do next. An example of an engagement might be you and your son making pancakes together. You might put all the ingredients on the counter, with the goal of guiding him through the process of dumping them in the bowl and stirring them up. You could start by breaking the eggs into the bowl, and then looking at the milk in a very pointed manner so that the child knows it's the next thing to add. If he goes to put in the melted butter, you could frown and shake your head, "No....", and then look pointedly at the milk, while waiting to see what he does. When he goes to get the milk, you could nod

"Yes!", and smile as he pours it in. Then you could add the butter, he could add the vanilla, and so on, until all ingredients are in the bowl.

The purpose of the exercise is not to teach the child how to make pancakes. Rather, the purpose is to teach him to look at you to determine what to do next, and to learn that it's fun to do things together. The structure of the activity and the amount of scaffolding required would be customized to the child's profile. Parents are asked to record a video of the interaction and to analyze what went well and what did not. Parents can then use this information the next time they do something together.

The Outcome

Because RDI is a family-centered therapy, the consultant works closely with parents to help them restore a guide/apprentice relationship with their child. By rebuilding a healthy family dynamic, parents learn that they can counsel their children through the process of learning. The majority of caregivers who have participated in RDI report that their children are more able to accept their guidance, more interested in interacting with people (as opposed to interacting with objects or engaging in isolated activity), and more interested in the feelings of other family members. The children take more responsibility for themselves, and are more thoughtful and creative when problem solving. Indeed, parents participating in the RDI program report feeling more hopeful and less fearful about the future (Gutstein, 2009).

RDI: A family-centered therapy



Teaching Social Skills with RDI™, concluded

Our family has been working through the RDI program for over three years. Our son had serious challenges with social referencing, co-regulation, and dynamic thinking. In the beginning, we had to create a vision for him. Our short-term vision (one to two years) was that our son would respect that others were unable to talk to him when they were busy with another task, and that he would be able to wait calmly until they could pay attention. In addition, we hoped that he would develop the ability to work independently on his homework, even when it was difficult; that he would contribute to our household by helping with chores; and that he would enjoy listening to our stories and sharing his own.

I'm happy to report that our vision has come to pass. As a result of the RDI program, our son has become increasingly connected to our world. We've seen his creativity blossom, and we appreciate even more the insightful young man he has become.

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For information on RDI, visit: www.rdiconnect.com. 

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