

and their environment.

- why they can learn facts and figures—yet have limited self and social awareness.
- why they can handle static situations—but have difficulty with transitions or “going with the flow.”
- why they can learn and use concepts, yet be unable to obtain their own meaning from change.

Obviously individuals on the spectrum can think and they can feel, but understanding they lack the “superhighways” between areas of the brain which fully integrate thinking and feeling, past and future, self and others, speech and non-verbal communication, we now have a much deeper grasp of why—despite their abilities—the autism has such a devastating effect on their ability to create meaning and function in the real world.

Going beyond Compensation —to Remediation

These profound new insights in our understanding of autism, means treatment can be much more targeted to building new neurological patterns and pathways—actively building the “superhighways” that are missing. We already know from years of rehabilitation research for other conditions like strokes, that previously damaged and under-used parts of the brain can be strengthened. And we also know that cognitive interventions have been successful in changing brain pathways of people with other disorders like dyslexia, obsessive-compulsive disorder, and depression. Finally, neurological research has also shown the incredible plasticity of the human brain throughout the life span.

Combining this information with the new advances in understanding autism has lead to the third generation of autism treatment—the Relationship Development Intervention® (RDI®) Program, a cognitive-developmental approach to actually remediating autism. Already, the RDI® Program has changed the lives of thousands of families. The initial study of the RDI® Program (accepted for publication by the peer-reviewed Journal of Autism and Developmental Disorders) is the first study to ever demonstrate that a clinical intervention method can change a child’s diagnostic classification on the Autism Diagnostic Observation Schedule (ADOS).

For more information on this topic, see the March 21/06 and March 28/06 newsletters:
<http://www.rdiconnect.com/archive/default.asp>

Often described as “the missing link” in the treatment of Autism Spectrum Disorders, the Relationship Development Intervention® (RDI®) Program is a cognitive-developmental treatment program that helps parents learn how to guide their child to desire and succeed in genuine give-and-take relationships, while addressing:

- motivation
- communication,
- emotional regulation,
- episodic memory,
- rapid attention-shifting,
- self-awareness,
- appraisal,
- executive functioning,
- flexible thinking, and
- creative problem-solving.

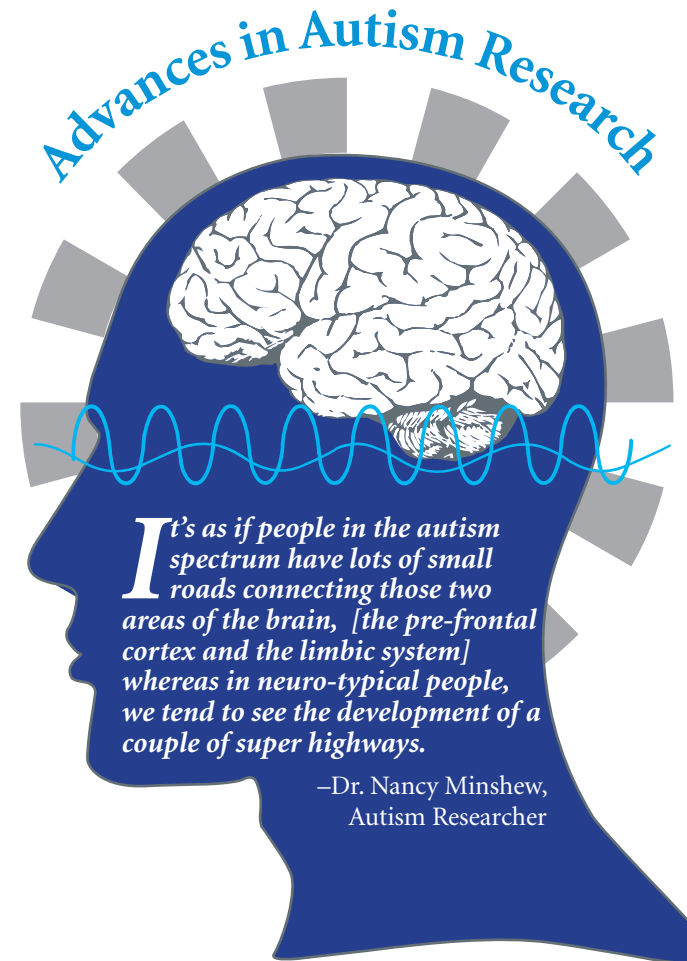
The RDI® Program is based on the latest scientific research about autism, the brain and developmental psychology. The initial study on the RDI® Program is the first study to ever demonstrate that a clinical intervention method can change a child’s diagnostic classification on the Autism Diagnostic Observation Schedule (ADOS). This ground-breaking study has been accepted for publication by the peer-reviewed Journal of Autism and Developmental Disorders (JADD) and is currently “in press.”

For more information, visit our web site at
www.RDIconnect.com.

*Part 1 of a 4-part series for Autism Awareness Month.
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relationship development intervention
www.RDIconnect.com



Advances in Autism Research

It's as if people in the autism spectrum have lots of small roads connecting those two areas of the brain, [the pre-frontal cortex and the limbic system] whereas in neuro-typical people, we tend to see the development of a couple of super highways.

—Dr. Nancy Minshew,
Autism Researcher

**Third
Generation**
Treatment for Autism
Asperger's & PDD-NOS

Going beyond Compensation—to Remediation

Groundbreaking advances in the field of autism spectrum disorders (ASD) since DSM IV (*Diagnostic and Statistical Manual of Mental*

Disorders, 1994) have profound new implications for treating autism, Asperger's Syndrome and PDD-NOS, which affects 1 to 1.5 million Americans and more than 190,000 Canadians. Prominent researchers, including Nancy Minshew (University of Pittsburgh), Uta Frith (University of London), Peter Mundy (University of Miami), Rita Jordan (University of Birmingham, England), Amy Klin (Yale Medical School) and Peter Hobson (Tavistock Institute, London) along with many others, have reached a consensus that autism is not a behavioral disorder, nor a social disorder, but a neurologically-based information processing disorder which impacts those on the spectrum in very specific ways, regardless of their IQ or language abilities.

1st & 2nd Generation Autism Therapies

Understanding these very specific impairments means—for the first time—we have the opportunity to target the neurological impairments of autism directly and go far beyond the behavioral or social skills approaches of earlier treatments. First generation therapies, developed in the 70's to mid- 80's, targeted short-term goals such as behavior management, independent task completion, or decreased aversive and harmful behavior. Second generation therapies, developed in the mid-80's to the 90's tackled bigger goals such as emulating superficial behaviors for compliance, greater social acceptance, isolated academic content acquisition and speech. Unfortunately, none of these

Not a single published study has ever looked at any particular type of autism therapy & outcomes related to employment, independent living, friends, or marriage.

first or second generation compensation approaches have been proven to bring a real quality of life for those on the autism spectrum.

What little scientific research on adult outcomes that has been done (all in the last 5 years), showed that only 6-12% of adults on the autism spectrum were able to hold full-time jobs, and only 3-4% were able to live fully independently. For those with the average to high

“functioning” autism or Asperger's Syndrome, studies showed very similar results: 6-12% were able to hold jobs, and 0-3% were able to live fully independently. (Visit www.RDIconnect.com for more information about these studies.)

Opening the Door to a 3rd Generation of Autism Treatment

As with other medical conditions, advances in science provide the opportunity for more effective treatment and therefore better outcomes. Clearly in

the field of autism a new understanding of the disorder has been critical, if we are to improve outcomes and help those on the spectrum lead productive, independent adult lives. The groundbreaking research done by Nancy Minshew and others has finally opened the door to a third generation of autism treatment. This latest research shows the information processing problems of ASDs are not caused by a specific organ in the brain, but by an impairment of the neurological pathways between different parts of the brain, specifically the pre-frontal cortex (the “executive system”) and the limbic system (the emotional center). Dr. Minshew, one of the best known of the neurological researchers, explains it this way: “It's as if people in the

autism spectrum have lots of small roads connecting those two areas of the brain, whereas in neuro-typical people, we tend to see the development of a couple of super highways.”

Unraveling the Mystery of Autism Spectrum Disorders (ASDs)

Understanding that both the pre-frontal cortex and the limbic system can each function independently, but that the problems of ASD arise when the two parts of the brain have to communicate in an integrated way

with each other, clears up some of the mystery of autism. It explains why the overwhelming majority of individuals on the autism spectrum are quite able to learn, yet have been unable to attain a good quality of life. It explains:

- why those with ASD can recognize and label emotions—yet fail to reference parents when uncertain.

- why they can learn

social scripts and social procedures—yet have difficulty co-regulating with others on a moment-to-moment basis.

- why they can learn to communicate to get their instrumental needs met—yet lack the motivation to share experiences.
- why they can remember procedures and events—yet be unable to integrate them with personal meaning to create productive memories for use in the future.
- why they can have average to even gifted IQs—yet have trouble understanding flexible, grey-area, relative, or “good enough” thinking.
- why they can use rule-based formulas—yet lack the ability to improvise or solve problems creatively.
- why they might be able to appraise whether something is “safe” or “dangerous”—but be unable to make a “best-fit” between their own personal goals

