The Reaction To Diagnosis Interview (RDI) Training
An Evidence-Based Clinical Assessment Course

Pre-Conference Workshop, August 27th - 29th
Pavia, Italy

Presented by
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This is a three-day, video-based training course, which is followed by completion of practice interviews and a certification test.

The Reaction To Diagnosis Interview (RDI): Parents' Resolution Regarding Their Children's Diagnoses

The Reaction to Diagnosis Interview (RDI) (Pianta & Marvin, 1992) is a brief, 15-minute interview, derived in part from Mary Main's concept of "resolution of trauma or loss" originally developed as part of the Adult Attachment Interview (George, Kaplan & Main, 1985). The RDI examines resolution of the potential loss/trauma associated with the experience of learning that one's child has a disability or chronic illness. Parents report this to be a period of crisis: the family's routines are disrupted, expectations for the child may be challenged, the parent may feel guilty or may search for a very personal reason/cause, and their sense of themselves as effective parents is challenged. Parents vary in their reports of the diagnostic experience and its aftermath, in their ability to reflect on these experiences, and in their ability to turn their attention to the present and future regarding their child. In other words, parents vary in the degree to which they are able to resolve the crisis of the diagnosis. The RDI assesses this resolution or lack of resolution through videotaping and then coding an individual parent's responses to 6 standardized questions with specific probes. The interview requires 10-20 minutes to administer, and 30-40 minutes for an experienced and certified professional to code. The coding yields major classifications of Resolved and Unresolved, plus a number of sub-classifications within each major classification. These sub-classifications are helpful in the coding process, and are useful for planning and conducting interventions. The RDI has been used in basic and clinical research, and intervention, with populations that include a range of developmental disabilities or chronic medical conditions. Some examples include cerebral palsy, epilepsy, congenital disfigurement, phenylketonuria, autism, ADHD, and deafness. Depending on the diagnosis, studies have found rates of Resolution to vary between 33% and nearly 90%, with approximately 50% being common. Studies have found coder agreement rates to be high, and the classifications are relatively stable. Studies have also found significant associations between

RDI classification and numerous child and parent outcomes. Among these are: security of attachment (e.g., Marvin & Pianta, 1996; Barnett et al.,,1999; Oppenheim et al., 2009); higher developmental ability scores in some studies (e.g., Barnett et al., 2006); parenting stress, social support and marital satisfaction (e.g., Sheeran, Marvin and Pianta;1997; Lord et al., 2008); and caregiver sensitivity to child signals (e.g.,Oppenheim et al., 2009, 2011). The RDI is currently being used in the U.S., Europe, Israel, and Australia.

The Training Workshop
- **The workshop is designed for:** clinicians, researchers, health care educators
- **Structure of the training process:**
1. Phase 1: Three days face-to-face training in Pavia, Italy (pre-conference workshop for IAC. From lecture and videos of RDI's, participants will learn the background to the interview, how to administer it, and how to code/classify it. Participants will also have opportunity to practice the coding with Dr. Marvin's coaching, as well as participate in discussions about research and clinical application of the interview.
2. Phase 2: Participants will be provided videos of completed interviews to use in practicing the coding system over the weeks following the 3-day workshop. Dr. Marvin will be available over email or Skype to assist in this process.
3. Phase 3: When ready, participants will be provided a video-based certification test of 12 RDI's, with 9 of 12 correct being sufficient for certification. Letters of certification will be provided to all participants who pass this test.

Dr. Bob Marvin

Dr. Marvin was an undergraduate student and research associate with Mary D. Ainsworth at The Johns Hopkins University. He received his Ph.D. in developmental and clinical psychology from the University of Chicago in 1972. After completing a postdoctoral fellowship at the Institute of Child Development, University of Minnesota he began teaching at the University of Virginia, where he is currently Professor Emeritus in the School of Medicine and Research Professor in the Department of Psychology. He is also founder and Director of the Mary D. Ainsworth Child-Parent Attachment Clinic in Charlottesville, Virginia. Throughout his career, Dr. Marvin has been active in basic and clinical attachment research and intervention. He has focused on families with normally-developing children, families who have children with chronic medical or developmental conditions, and families who have children with histories of disrupted or maltreating early relationships. He was co-author (with Jude Cassidy, Ph.D.) of the MacArthur Preschool Attachment Classification System; and co-author (with Robert C. Pianta, Ph.D.) of the Reaction to Diagnosis Interview. He was also the Principle Investigator in developing and testing the *Circle of Security*® intervention protocol. Currently, he is especially active in using these procedures and protocols in developing community-based partnerships among professionals working with families whose children have the risk factors listed above. He travels extensively to train these professionals in implementing science-based practices that integrate developmental psychology, clinical psychology, and family systems work.