

Display of Affect

- Type A infants experience a punishing response to their display of negative affect.
- They learn to inhibit the display of negative affect.
- Their relationship with their AF gets better.
- They begin the splitting of somatic feeling from display of feeling.

Caregiver Responses to Infants

1. Predictable transformation of infant distress to comfort (B);
2. Predictable increase in infant distress (A);
3. Inconsistent response (C).

Type C

- Over- or under-responsive
- Unpredictable, intermittent positive reinforcement of negative affect
- Resists punishment, extinction, reinforcement of incompatible behavior
- Mixed anger, fear, & desire for comfort → mixed motivation
- Confuses parent

Assessment of Interaction: CARE-Index

Existing Screening Tools

- Medical risk
- Nutritional risk
- Educational/intellectual risk
- Demographic risk

CARE-Index

- Predict child abuse & neglect
- Predict psychosocial disorder
- Predict psychosomatic disorder
- Explore the effects of maternal disorder

Method of Assessment

- 3 - minute videotaped play interaction
- Birth to 3 years
- Any setting
- Trained coders
- 10-15 minutes to code

Functional Definitions

- Behavior can mean different things;
- Dyadic construction of interpersonal meaning;
- Appearance versus reality:
Negative intentions and feelings are often disguised.

Validity

- Concurrent - 24 studies
- Predictive longitudinal - 5 studies
- Intervention - 10 studies

Uses of the CARE-Index

- Screening
- Intervention
- Research

CARE-Index videos

Attachment as: Information Processing



Feeling Connected

1. Temporal contingencies

- a. Positive
- b. Punitive
- c. Unpredictable

2. Affective attunement

- a. Similarity ("contagion")
- b. Complementarity

Intensity, Arousal, & Affect

- Death
- Pain
- Distressed
- Alert & comfortable
- Drowsy
- Sleep
- Depressed
- Death

Crittenden, 2006

Intensity, Arousal, & Affect: Normative

- Fretful
- Alert & comfortable
- Tired
- Sleep

Crittenden, 2006

Intensity, Arousal, & Affect: Severe Distress

- Pain
- Eating, breathing, sleeping, skin disorders
-
-
-
- Depressed
- Unconscious

Crittenden, 2006

Attachment: Self-protective Strategies

Attachment Strategies

Type B: Blooming with Balance

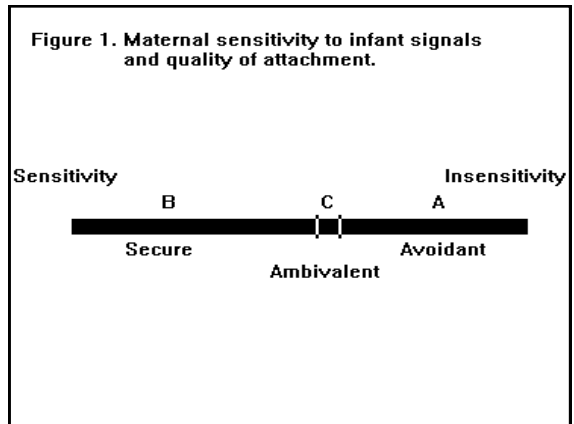
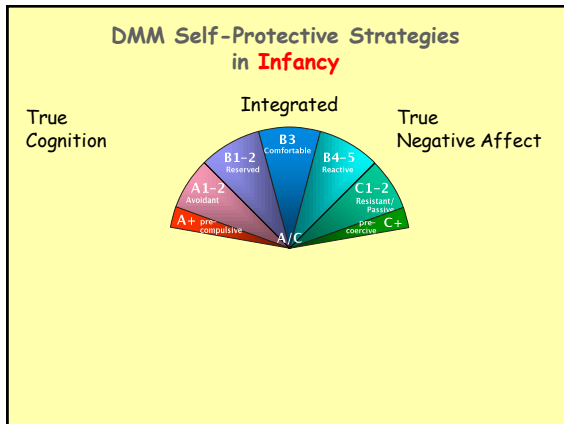
Signal what you want & intend to do and adjust based on information from the AF.

Type A: Adapting to Adversity

Inhibit expression of negative affect & intentions; do what the AF wants.

Type C: Changing the Contingencies

Signal your negative feelings intensively, changing your behavior according to what your AF does.



Depression

- Affect: Low arousal, non-motivating affect
- Cognition: Low expectation that one's behavior will have any effect(i.e., non-contingency between self & outcomes)
- Absence of strategic behavior of either an inhibitory or arousing sort;
- Modifies a primary strategy (A, B, or C).

Two Videos

Post-Natal Depression

- Increase in rates of PND, especially in middle class
- Compulsive strategy (performance?)
- Work, wife, and mother!
 - Women's new roles
 - High rates of single parenting
 - Older mothers
 - Less childhood parenting experience
 - Isolation from other young mothers
 - Importance of mothers in early years
- All perfect, please!
- Dp A4- ?

Effect on Baby of PND

1. Lack of perceived connection to mother
 - a. No temporally contingent connection
 - b. No affective connection (no attunement)
2. No perception of existing (Dp) unless
 - a. Compulsive caregiving attracts the mother (A3)
 - b. Exaggeration of negative affect attracts the mother (C+)

Effect on Baby of PND

- What is function of negative affect?
 - Risk of feeling better without changing the situation
 - Ease the pain & hide the problem?
- CBT to change understandings
 - Is it helpful to change semantic reasoning in Type A individual?
 - Risk of saying the right things and doing the wrong things (with the baby)

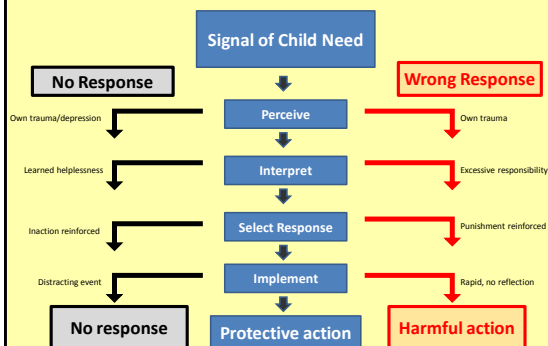
Treatment of PND

1. Effects of CBT:
 - a. Change semantic cognitions of failure (I can't do it') to cognitions of "I can do it."
 - b. Separate cognition from context
 - c. Repair the compulsive performance strategy
2. Effect of pharmacological treatment:
 - a. Raise arousal to motivate positive activity
 - b. Separate arousal from context
 - c. Pristiq!

Treatment of PND

- Medication to change affect
 - What is function of negative affect?
 - Risk of feeling better without changing the situation
 - Ease the pain & hide the problem?
- CBT to change understandings
 - Is it helpful to change semantic reasoning in Type A individual?
 - Risk of saying the right things and doing the wrong things (with the baby)

Information Processing: Maladaptation



A Functional Formulation of PND

- Crisis of:
 - New role requiring change in old roles
 - Old rules requiring high competence in all roles
 - Inattention to function of negative affect
- Resolution requires
 - Change in daily life priorities
 - Change in standards of performance
 - Attention to feelings as information

Outcomes if PND is assuaged, rather than resolved

- Mother's strategy is repaired, not changed
- Context must then adapt
 - Spouse
 - Children
- Children may become caregivers
- Without adaptation, someone will become symptomatic

Appropriate Treatment of PND?

Audience discussion

Intrusions of Forbidden Negative Affect

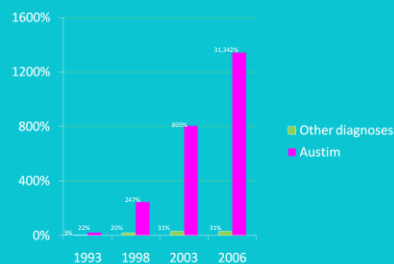
- Compulsive A strategy (A)
- Depression (Dp A)
- Extreme unmet need for protection & comfort
- Dp A [ina]
- Extreme alternation in arousal in context of irresolvable conflict

A Functional Formulation of Psychosis

- Crisis of:
 - Current context requiring new behavior
 - Old context requiring old behavior
 - Irresolvable conflict between the two contexts
 - Engagement of extra-familial system to manage the crisis
- Resolution requires
 - Labeling the problem interpersonally and developmentally
 - Change in the past context to accommodate the new
 - Change in standards of performance
 - Attention to intrusions as information about the self

Strange Situation Video

Increase in Children with Autism



US Department of Education, 2006

SSP: Take-away ideas

1. Genes cannot explain rise in autism diagnoses
2. Irresolvable conflict
 - a. Baby: must have contact/must not approach
 - b. Mother: Must care for baby but cannot tolerate closeness or negative affect
3. Appearances are not always reality
4. Troubled children have troubled parents
5. Inhibition of pain
6. Dis-association (somatic/affect/action)

Implication of Alternate Formulations

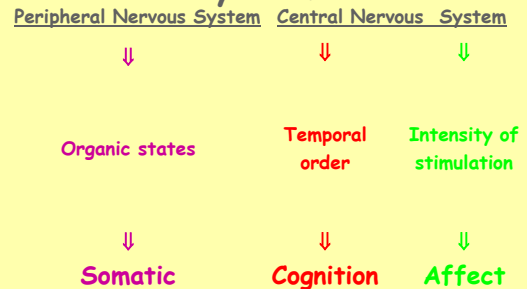
- Diagnosis of **autism**
 - Lowered expectations
 - Intervention to change child behavior
 - Support for parent, not change
- Formulation of **maternal crisis**
 - Attention of mother's needs
 - Focus on relationships - across generations
 - Use of infant behavior to assess effect of intervention

Is it true?

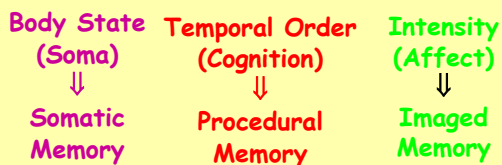
- I don't know! That is a clinical and research question.
- Good theory plus good clinical observation can yield new hypotheses.
- The hypotheses can be tested.
- Some need strategic assessments.
- The result can be changed theory & clinical practice.

Attachment: Information Processing II

Sensory Stimulation



Memory Systems

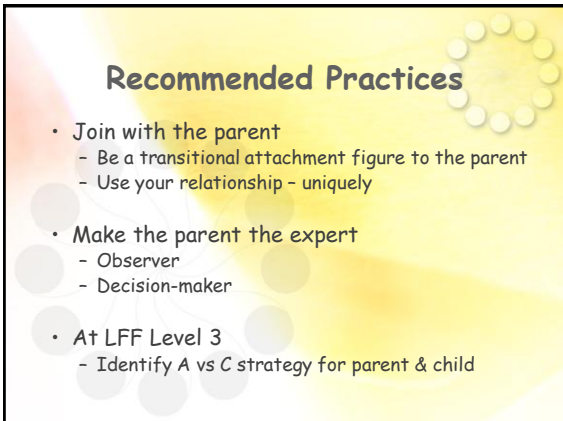


Implicit Memory Systems

- Knowing how you feel is **Somatic Memory**
- Knowing what to do is **Procedural Memory**.
- Knowing where you feel it is **Imaged Memory**.



Approaches to Treatment



Recommended Practices

- Join with the parent
 - Be a transitional attachment figure to the parent
 - Use your relationship - uniquely
- Make the parent the expert
 - Observer
 - Decision-maker
- At LFF Level 3
 - Identify A vs C strategy for parent & child



Risky Practices

- Working with the baby
- Touching, holding, or demonstrating with the baby
- Forming a relationship with the baby
- Seeking to change the baby's attachment directly
- Treating the parent as the client who needs to be pleased.