

**Toddlerhood:
A Precarious Transition**

You, me, and the rules


**Attachment:
Self-protective Strategies**

Regulation: Display of Affect

Type B: Accurate display of positive and negative affect

Type A: Inhibition of negative affect & display of false positive affect

Type C: Coy signals & the alternation of coy and angry signals.



**Preschool Strategies
Type B**

Balanced strategy

- Co-operative relationship with AF
- Gender roles (time & culture dependant)

Balanced strategy

- Co-operative relationship with AF
- Gender roles
- Clear & reciprocal communication of feelings & intentions



Coy signals

Functions

- Terminate aggression
- Elicit nurturance



Signals

- Exposing the neck, belly, & genitals
- Smiling with covered teeth
- Looks out the corner of the eyes
- Broken ankle stance
- No weapons or praying hands



Split, Exaggerated, Inhibited, & Alternated Negative Affect

Anger

Fear & Desire for Comfort

Escalation of Negative Affect & Behavior

- Threat
- Aggression
- Provocative behavior
- Risk-taking
- Disarm
- Feigned helpless
- Submissive behavior
- Risk-taking

Principle:

To elicit protection,
we sometimes need to do risky things.



Effects of Type C Strategy

- Inability to talk about feelings



Fear & Desire for comfort

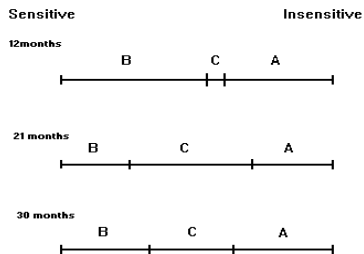


Anger

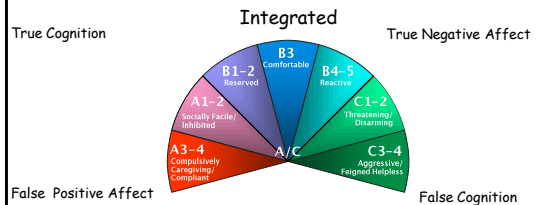
Effects of Type C Strategy

- Inability to talk about feelings;
- False cognition (threaten & bribe) & poor language use;
- Effects of parental habituation:
Provocative behavior
Risk-taking behavior
- Anxious attention to hierarchy in relationships;
- Irresolvable problems as a way to stay together.

Maternal Sensitivity and Attachment at 12, 21, and 30 Months



DMM Strategies in the Preschool Years



Preschool Strategies

Type A

Split Positive & Negative Affect

Displayed Positive Affect
(false positive affect)

Inhibited Negative Affect
(anger, fear, & desire for comfort)

Compulsive Patterns

Inhibition of fear

- Compulsive attention
(ψ unavailability)
- Compulsive caregiving
(abandonment)

Inhibition of anger

- Compulsive performance
(love withdrawal)
- Compulsive compliance
(punishment)

Effects of Type A Strategy

- Use of emotion language without reference to inner feeling states



Happy!



~~Afraid!~~

Effects of Type A+ Strategy

- Use of language without reference to inner states, i.e., without feeling;
- False positive affect;
- Effects of parental approval:
 - Dependence on others for evaluation;
 - Shame associated with true negative affect;
- Anxious compulsions.



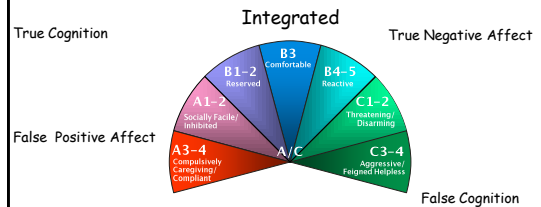
Distortions of Sexuality

- **Seductiveness**
 - Person-specific
 - Unpredictable outcome
 - Hidden agenda
 - Coy and aggressive signals (flirtatious signals)
- **Promiscuity**
 - Directed to any and all
 - Predictable outcome
 - Explicit exchange
 - False sexual interest

Sexual Abuse & Pedophilia

- Causation versus responsibility for effects
- Complicitous victimization
- Eliciting stimuli versus attribution of meaning & action
- How does being able to foresee effects affect responsibility?

DMM Strategies in the Preschool Years



Type A+ Risk in the Preschool Years

1. Inhibition
2. Vigilance
3. Withdrawn shyness
4. Passivity
5. Developmental delay
6. Over-achievement

7. Neglect
8. Compulsion:
 - a. Attention/Caregiving
 - b. Performance/Compliance
9. Isolation
10. Social/emotional promiscuity
11. Somatic symptoms - dismissed
12. Depression

Type C+ Risk in the Preschool Years

1. Emotional intensity/lability
2. Attention problems
3. Hyperactivity
4. Provocative behavior & behavior problems
5. Risk-taking
6. Accident prone
7. Physical abuse

9. Social Rejection

10. Coy Shyness
11. Fearfulness
12. Incompetence
13. Sexual Abuse
14. Bully-victim Pairs
15. Somatic Symptoms - exaggerated

Attachment: Information Processing

Intensity, Arousal, & Affect

- Death
- Pain
- Fear
- Anger
- Desire for comfort
- Alert & comfortable
- Bored
- Tired
- Depressed
- Unconscious
- Death

Crittenden, 2006

Intensity, Arousal, & Affect: Normative

- Anger
- Desire for comfort
- Alert & comfortable
- Bored
- Tired

Crittenden, 2006

Intensity, Arousal, & Affect: Severe Pathology

- Pain
- Fear
-
-
-
-
- Depressed
- Unconscious

Crittenden, 2006

Using language

- Type B: When language communicates
- Type A: Borrowed language & perspectives
- Type C: When words fail



Explicit Memory

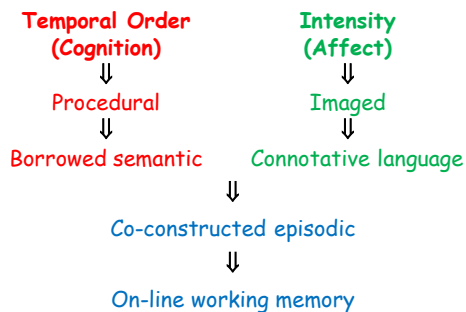
- Semantic memory: Knowing in general
 - Descriptively how things are;
 - Prescriptively how they *should* be (PC).
- Episodic memory: Knowing what you did.
 - Co-construction
 - Prevents scanning



Integration

- Two cortical processes
 - Keep apart: dis-associate (pre-frontal cortex)
 - Put together: associate (posterior cortex)
- States of consciousness
 - Preconscious (begins at birth)
 - Conscious (begins at ~3 yr)

Types of Representation



Assessment:

Preschool Assessment of Attachment (PAA)

Two Preschool Assessments

- PAA (DMM) - 22 studies (N=1500)
- Cassidy-Marvin (ABCD) - 31 studies (N=2300)

Comparative Validity of the PAA & Cassidy-Marvin Strange Situation

Method	Precursors ¹ birth - 24 months		Concurrent ² with PAA / C-M			Consequences ¹ School Years 1-5
	Maternal Sensitivity	Maternal Depression	Maternal Sensitivity	Abuse & Neglect	AAI	Internalizing Behavior
PAA	YES	YES	YES	YES	YES	YES
C-M	no	no	no	no	no	no

1. Spieker, S. J., & Crittenden, P. M. (March, 2006). Preschool attachment and child care research: Comparison of two theories. Poster Presentation at the biennial meeting of the Society for Research in Child Development, Boston, MA.

2. Crittenden, P. M., Clausen, A.H., & Kozłowska, K. (2007). Choosing a valid assessment of attachment for clinical use: A comparative study. *Australian Journal of Family Therapy*, 28, 78-97.

DMM Special Issue:
*Journal of Clinical Child
Psychology and Psychiatry*
Summer, 2010

DMM Publications 2012

Conclusions

- It matters how one assesses attachment!!
- PAA has overall greater validity.
- PAA has greater specificity.
- PAA & C-M are closest (50%) with older, middle class, & verbal children.
- PAA is more precise for younger, lower class, & at risk children.



Treatment Approaches

- ### Treatment Approaches
- Assess the family
 - Change the danger, not the child
 - Work with the parents or parent-child dyads/triads
 - Consider Types A versus C

Treatment Approaches, cont

- Focus on doing and reflecting (video-feedback, etc.)
- Teach parents to be observers & experimenters
- Consider couples' issues
- Choose a level of family functioning

Treating Type C

- Reveal current contingencies
- Identify the function for child & parent (think at the family level)
- Treat the source(s) of the problem
- Anticipate the contingencies
- Modify behavior to prevent need for undesirable behavior
- Avoid after-the-fact contingencies by shaping behavior before it occurs.

Risky Approaches

- Working for parents - without considering their (hidden) contribution
- Speaking for children who lack firm source memory, especially if also touching them (because child then perceives the source as self)
- Being better with the child than the parent
- Overlooking "too good" children.
- Using semantic prescriptives (should, must)

Risky Approaches, con't

- Rescuing the child from the parent
- Focusing solely on changing behavior without understanding the strategy in which it is embedded & the function of the strategy
- Any off-the-shelf program or manual because
 - It provides a solution before you have met the problem;
 - The 'problem' cannot participate in shaping their personal solution.