

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

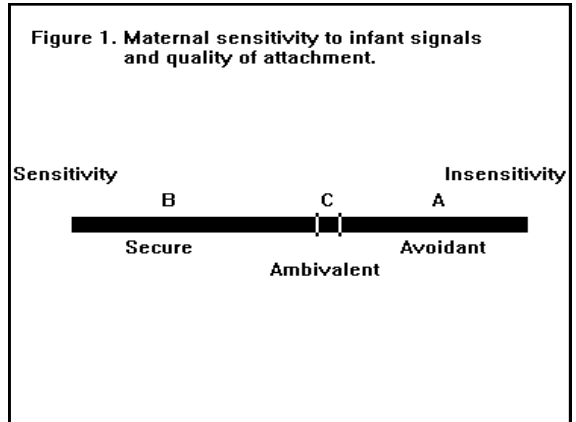
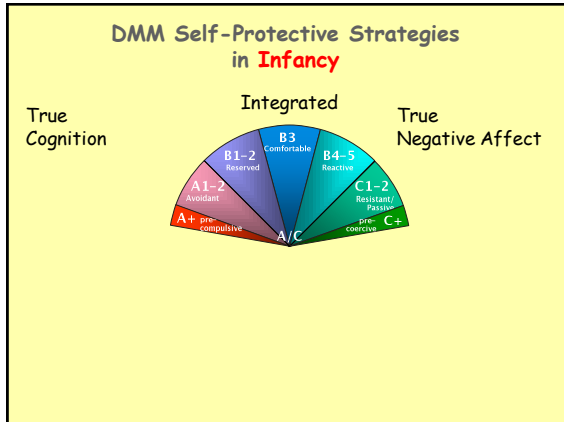
Signal what you want & intend to do and adjust based on information from the AF.

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)

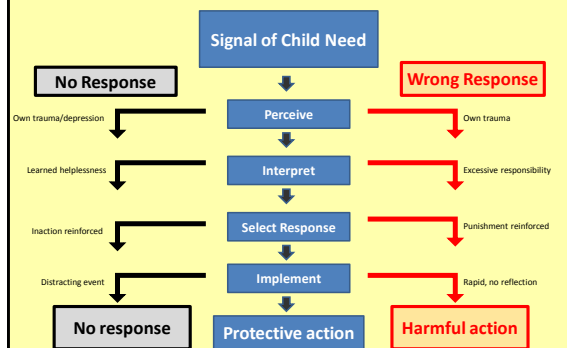
Treatment of PND

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?
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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

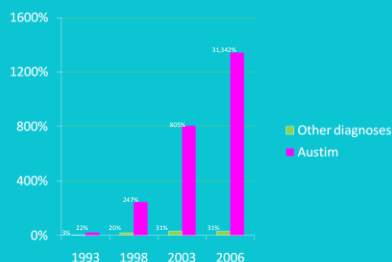
- Compulsive A strategy (A)
- Depression (Dp A)
- Extreme unmet need for protection & comfort
- Dp A [ina]
- Extreme alternation in arousal in context of irresolvable conflict

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

Peripheral Nervous System Central Nervous System



Organic states

Temporal order

Intensity of stimulation



Somatic

Cognition

Affect

Memory Systems

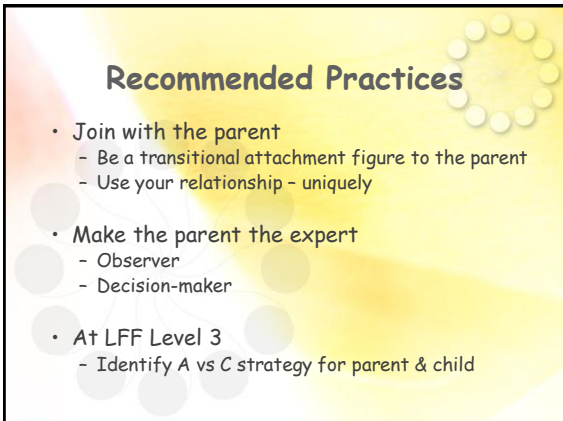
Body State (Soma)	Temporal Order (Cognition)	Intensity (Affect)
↓	↓	↓
Somatic Memory	Procedural Memory	Imaged Memory

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.