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# I. PLENARY ADDRESSES

## **Childhood experience and the development of reproductive strategies: An evolutionary theory of socialization revisited**

Jay Belsky (USA)

Even though a great deal of mainstream developmental psychology is devoted to understanding whether and how experiences in childhood shape psychological and behavioral development later in life, little theoretical attention has been paid to why such cross-time influences should characterize human development. This is especially true with respect to the well-studied determinants of mating, pair bonding and parenting. Theoretically, Draper and Harpending (1982), Belsky et al. (1991), Ellis (2004) and Chisholm (1996) have all addressed this lacuna, stimulating research on linkages between childhood experience and reproductive strategy which is summarized in this presentation. Concern for experiential effects on pubertal timing distinguishes this line of inquiry from more traditional developmental studies because an evolutionary perspective suggests that experiences in the family might affect somatic development. Twenty years since BSD advanced their “uncanny” prediction, it seems clear that this pubertal timing, at least in females, is related to selected aspects of early family experience (Ellis, 2004). Implications for the study of attachment are outlined.

## **Trauma and chronic depression: Clinical results from the LAC study of chronic depression.**

Marianne Leuzinger-Bohleber (Germany)

As we all know: by the year 2020, according to WHO prognoses, depression will be the second most frequent illness in the Western industrial nations. While there is increasing recognition that the treatment of depression is a problem of relevance to the society as a whole, relapse rates following all forms of short-term therapy are alarmingly high. Insights gained from the German Psychoanalytic Association’s outcome study on long-term psychoanalytic treatment as well as from an ongoing comparative study of therapeutic efficacy of long-term treatments for chronic depression (the German LAC depression study, n= 389) show that psychoanalytic long-term therapies may help chronic, multi-morbid depressive patients. One explanation for these findings is that psychoanalysis as a developmental theory and a dynamic understanding of psychic development and its disturbances offers a conceptual framework for discovering “the past in the present“. Clinical case material as well as some extra-clinical findings of the depression studies illustrate that the dark shadows of depression are often determined by an unconscious transmission of severe traumatizations. Thus, it has been an unexpected finding of the LAC Study that 84% of all the patients who are in psychoanalytical treatments in the study center Frankfurt had gone through cumulative traumatizations during their early childhood. Depression and severe trauma thus can neither be restricted diagnostically or therapeutically to patients of one single generation: Only in the intergenerational context can a deeper understanding, a lasting therapeutic change as well as effective prevention be attained.

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## Parenting Practices Across Culture: Implications for Research and Practice

Guerda Nicolas (Haiti and USA)

What are the images that come to mind when you think of “good parenting”? Where do these images come from? What factors shape our beliefs and perceptions of this “good parenting” ideal? These are some of the questions that we will ponder during this presentation. Although there is much research regarding parenting practices across different cultural groups, the focus of this talk is to provide a socio historical perspective on parenting meaning, beliefs, and practices across difference culture groups. Decades of parenting research highlighted the important role that parenting plays in the development of children and emerging adults and thus it is undisputable that parenting is an important component for the well-being of individuals. What is understudied is the different shapes that parenting play within different culture groups and the need to expand our perspectives from the work of Mary Ainsworth and Baumrind model of parenting. This presentation will: (1) Highlight the current parenting frameworks in the field; (2) summarize the research linking these frameworks to outcomes for different ages groups; (3) highlight the cultural gaps that exist in the current framework and research on parenting; and (4) share some examples of parenting practices from different cultural groups from our parenting programs-Strong Roots.

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## II. INVITED LECTURES

### **Letters from Ainsworth: The untold story of the split between the DMM & ABC+D**

Robbie Duschinsky (UK) with Sophie Landa (UK)

Based on oral history and archival research, our paper will examine the historical roots of the split in attachment theory between the ABC+D and Dynamic-Maturational Model of attachment and adaptation. From the late 1970s, researchers began to note behaviours that did not fit Ainsworth's ABC classifications for coding Strange Situation Procedures such as combinations of A and C behaviour, signs of disorientation, and sometimes infants' fear of their own caregiver. However, most of the infants displaying such behaviours were placed in B, as secure, as the best available fit for classifying their reunion behaviour. What could be the meaning of these behaviours? Riding on this issue was the very meaning of attachment, and the validity and reliability of the Strange Situation Procedure as a measure of assessment. Different answers to this question, based on two very different interpretations of the meaning of the term 'organisation', emerged in the early 1980s from two former pupils of Ainsworth. Mary Main added the D classification and proposed that such behaviour was a breakdown in an ABC strategy caused by a conflict between a desire to approach and flee from the caregiver. Patricia Crittenden extended the subtypes of A and C using a developmental model and observed that they could be used together in A/C combinations. The letters of Mary Ainsworth to John Bowlby during the 1980s shed light on the theoretical and interpersonal issues of the period. These letters not only offer insight into Ainsworth's intellectual rationale for encouraging both Main and Crittenden in their conflicting endeavours. They also reveal her pride in, and her incisive analysis of, the respective advances made by Main and Crittenden. Although written in the 1980s, the power of these previously unknown analyses gives the letters a pressing significance for contemporary theoretical discussions.

### **Signs of meaning: A biosemiotic approach**

Jesper Hoffmeyer (Denmark)

Biosemiotics is the study of living systems from a semiotic or sign theoretic perspective. A sign is something that refers to something else. For this to happen, somebody must interpret (or misinterpret) the sign. This 'somebody' may be a human person or another kind of living system (even tissues and single cells). By seeing the sign process rather than the molecule as the basic unit of the study of life processes biosemiotics reframes the way biology understands the relation between body and mind. The presentation will explore possible extensions of such a view into the area of human psychology.

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## **Evaluating expert witness psychological reports: Exploring quality**

Carol A. Ireland (UK) and Jane L. Ireland (UK)

The current study examined 126 expert psychological reports submitted in family court proceedings. They covered both adult and child assessments and were obtained from three courts. There were four independent raters. Seventy-nine percent of experts were qualified, with over 80 percent clinical psychologists, and the remainder educational and forensic psychologists. Each report was rated with regards to its consistency with the expected content of expert reports as indicated by the Civil Procedure Rules, the extent to which the psychometrics used fulfilled recognised rules for the admissibility of expert evidence (i.e. Daubert Criteria), coupled with an overall assessment of the quality of the report with regards to process. Results indicated wide variability in report quality with evidence of unqualified experts being instructed to provide psychological opinion. One fifth of instructed psychologists were not deemed qualified on the basis of their submitted Curriculum Vitae, even on the most basic of applied criteria. Only around 10% of instructed experts maintaining clinical practice external to the provision of expert witness work. Sixty-five percent of reports were rated as 'poor' or 'very poor', with 35% between good and excellent. The study concludes with recommendations concerning how courts can increase their instruction of appropriate experts and what should be avoided.

## **Early psychological intervention for preterm babies and their parents: How to enhance playfulness, engagement and attachment?**

Grazyna Kmita (Poland)

Extreme prematurity with all its consequences constitutes one of major challenges to parent-infant relationship as well as a severe risk factor for child development and mental health. The aim of this lecture is to present the “why, when, what and how?” of an early psychological intervention for preterm babies and their families. Theoretical assumptions stemming from attachment theory and Trevarthen’s theory of innate intersubjectivity will be outlined and different contexts of the intervention, and namely Neonatal Intensive Care Unit (NICU), home or out-patient clinic environment will be briefly discussed. The author will refer to two interrelated levels of addressing the intervention, i.e. interactive behaviors of the participants as well as their mental representations. The role of playful, mutually enjoyable, finely attuned parent-infant interactions will be analyzed, together with the ways of enhancing them in the case of families with preterm babies. The lecture will be illustrated with short clinical vignettes.

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## Therapeutic responses to patients' representations of danger

Andrea Landini (Italy)

To select a therapeutic intervention, therapists need to define the nature of their patients' condition. Psychiatric diagnoses, however, don't benefit from the functional understanding that underlies most medical diagnoses. Data on the efficacy of treatments of psychological disorders on the basis of descriptive psychiatric diagnoses suggest the need for a functional understanding. This talk describes an information processing approach to the formulation of therapeutic responses to patients' problems. Past or present threat to the self is proposed as central to understand present maladaptive functioning. Danger to the self can be represented in various ways:

- a) Somatic: Threats to the structural integrity of the body are represented in ways that more or less directly involve pain.
- b) Cognitive: Events are connected to somatic threats by expected temporal sequences.
- c) Affective: Events are connected to somatic threats by spatial context, associating perceptual intensities with somatic preparation to threat.

The mental processing of these representations of danger is described as "memory systems". Strategies for protection are described in terms of patterns of information processing. Assessments of attachment can describe how patients protect themselves and their families in terms of both psychological processes and behavioral responses. Treatment is conceptualized as a transitory attachment relationship for individuals or family members that promotes changes in information processing through integration in a safe environment. The changes can improve the fit of strategy to context. Learning a process of ongoing updating of representations of danger increases adaptability. Therapeutic tools include all the means of regulating interpersonal behavior that have been proposed by models of treatment (e.g. psychoanalytic, behavioral and family). In all cases, reflective integration is central to change. Many therapists work intuitively bridging the gap between abstract theoretical models of treatment and behavioral practice; the DMM articulates this process, thus making it available to all therapists. Testing techniques' expected effects on memory systems could add precision to practice and training in psychotherapy.

## Immigrants in the dynamic of transition: Relational stress, transnational connections and ambiguous loss

Andrea Lanfranchi (Italy)

Theory and practice on migration are usually focused on the active actors of migration processes. However, there are not only those individuals, who leave home, but also those who stay and those who come and go. Migration for individuals and families (nearly) always means change, but sometimes also blockade and stagnation. So we not only have renewals, but also ruptures with symptoms of grief and sadness, which can involve the older generation, the parents and the children. Counseling or therapy with immigrants is demanding work. It is not about establishing at what »cultural« point an individual or a couple or a family are, but about finding out, how they have transformed themselves in the process of integration and acculturation. Very often this change has

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not progressed further than the migrant being able to deal with the daily demands of the society in which they now live. During the process of »arriving« some migrants become resistant towards the change in their therapy/counseling. And it is useful to normalise this resistance, rather than to pathologise it. This, however, asks for intercultural competence with regard to the professionals.

## **Cortisol patterns of depressed mothers and their infants are related to maternal-infant interactive behaviours**

Nicole Letourneau (Canada)

**Background:** Postpartum depression (PPD) reduces maternal-infant interaction quality, stresses infants, and produces adverse child social and cognitive developmental outcomes. Less than optimal maternal-child interactions may affect child development via overactivation of the Hypothalamic-Pituitary-Adrenal (HPA) axis linked to altered cortisol patterns. Increased levels of salivary cortisol levels predict depression, anxiety and withdrawal from social interaction in mothers and reduced cognition and memory, attentional difficulties, poor self-control, and behavioural problems in children. While cortisol levels of mothers and infants are strongly correlated, numerous environmental, maternal, infant and maternal-infant interactive factors may also contribute to cortisol patterns.

**Aim:** The objective of this study is to explore the influences on maternal and infant diurnal cortisol patterns for matched pairs of mothers and infants affected by postpartum depression.

**Methods:** Secondary analyses were conducted on data collected from mothers and their infants affected by symptoms of postpartum depression. Multiple regression models were undertaken to study mothers' and infants' diurnal cortisol patterns using area under the curve analysis.

**Results:** Having a preterm child predicted both an increase in overall cortisol levels and reduced the daily decline in cortisol patterns for mothers. Difficult life circumstances also predicted a reduction in mothers' expected daily decline in cortisol. For infants, maternal-infant interaction qualities including cognitive growth fostering and socioemotional growth fostering activities reduced overall cortisol levels and increased the daily decline in cortisol, respectively.

**Conclusion:** For mothers, preterm birth is the most robust predictor of elevated cortisol levels. For infants, having a mother who provides more optimal cognitive and socioemotional growth fostering activities predicted lower levels of infant cortisol.

## **Indigenous mental health treatments in Botswana: Contributions to Western mental health treatments**

Seipone B. M. Mphele (Botswana)

Although mental illness has been around for some time, modern treatment approaches have been utilized only since the early 1960's. Even then, interventions were more biological since all mental illnesses were understood to be mainly medical conditions. Prior to the 60's, most of the illnesses, including mental illnesses were treated by traditional and spiritual healers. Based on this strong history, traditional and spiritual healers still form a very crucial part of mental health treatment. This paper will attempt to discuss the different indigenous treatments and their effectiveness from the perspectives of both the providers and the users.



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## **Introduction to the DMM, in German: Einführung in das DMM**

Nicola Sahhar (Germany) und Martin Stokowy (Germany)

Das DMM basiert auf der empirischen Erfahrung, dass jedes Bindungsmuster eine Anpassungsleistung des Einzelnen an seine Umgebung darstellt und überwindet die mittlerweile hinderlich gewordene, laienhafte Unterscheidung von sicherem Bindungsverhalten als gesundem und unsicherem als krankhaftem. Gefahr organisiert die Erfahrungswelten im Dienste des Überlebens. Das schließt das Selbst, den Partner und die eigenen Kinder ein.

Beziehungserfahrungen formen von Geburt an die unbewussten, zunächst auch nur vorsprachlich erinnerten Erwartungshaltungen, Handlungen und Befindlichkeiten im Kontext von Begegnungen.

Desorganisiertes Verhalten ist vor diesem Hintergrund am wenigsten wahrscheinlich. Zentraler Bestandteil des DMM ist eine eigenständige Entwicklungstheorie von Reifung und Erfahrung.

Bindungsstrategien müssen sich in Abhängigkeit von Reifung und Erfahrung verändern.

Grundlegende Muster können dabei in ihren Grundzügen beibehalten, ergänzt, erweitert oder aufgegeben werden. Bedeutsame Begegnungen, etwa in der Psychotherapie, können zu einer Reorganisation von Bindungsmustern beitragen. Im Zentrum dieses Zuganges steht das Verstehen der selbstprotektiven Erfahrungswelten und nicht deren diagnostische Pathologisierung.

Traumatisches Erleben verweist darauf, dass relationale Bindungsmuster nicht ausreichend protektiv sind. Gelingt es, solche Ereignisse als Erfahrungen in der Vergangenheit zu belassen und selbstprotektive Information daraus in die Zukunft mitzunehmen, und d.h. in die eigenen Bindungsstrategien zu integrieren, so kann ein Trauma als bewältigt betrachtet werden. Diese Bewältigungserfahrung führt zu einer erhöhten reflektiven Kapazität.

## **The neuronal basis of social emotions such as empathy and compassion: Measurement, modulation and training**

Tania Singer (Germany)

With the emergence of social neuroscience, researchers have started to investigate the underpinnings of our ability to share and understand feelings of others. After a definition of concepts, I will shortly revise the main results of neuroscientific studies investigating empathic brain responses elicited by the observation of others in pain and show how these empathic brain responses are modulated by several contextual and stimulus intrinsic factors such as perceived fairness or ingroup/outgroup membership. Furthermore, I will present data from a novel paradigm on empathy for pleasant and unpleasant touch allowing the investigation of the neural mechanisms underlying affective egocentric bias in adults. These data will be complemented with developmental findings showing age-differences in egocentric bias, social emotions such as envy and Schadenfreude as well as strategic decision making during childhood. Finally, I present evidence of affective brain plasticity based on mental training of social emotions such as empathy and compassion. More specifically, after compassion but not memory training participants showed increased positive affect even if confronted to the distress of others and this increase in positive affect was associate with an increase of activation in a neural network comprising mOFC, pallidum, striatum and VTA/SN; a network which has been shown to be relevant for positive valuation in general and affiliation in specific. These data will be discussed in lights of their relevance for recent models of socio-affective cognition.

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## **Preschool assessment of attachment: Results of the DMM based method**

Ulrike Zach (Germany)

Firstly, the theoretical conceptualization of the Preschool Assessment of Attachment (PAA) will be outlined and contrasted with other accounts. Secondly, results from the author's studies using the PAA will be presented, including a recent small sample pilot study on preschoolers attachment strategies to both parents (funded by Köhler Stiftung). Although attachment theory does not presume gender related differences of children's attachment organization, empirical findings show a general vulnerability for boys in regard to behavioral problems. Thus, the focus is on the preschool-boys' self-protective attachment regulations, their parents' DMM classifications on the Adult Attachment Interview (AAI) and their beliefs of gender stereotypes.

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# III. SYMPOSIA

## **SYMPOSIUM: DMM Applications**

Kasia Kozłowska (Australia)\*, Bronwen Elliott (Australia), Arne Lillelien (Norway), Clark Baim (UK), Annette Wetherall (UK), Riccardo Bertaccini (Italy), Vicky Lidchi (UK), Latoya Morgan (UK), Siw Karlsen (Norway), Juliet Kesteven (UK), Charley Shults (UK), Maria Dally (UK)

### **Overview**

Kasia Kozłowska and Bronwen Elliott will open the Roundtable by sharing their own experiences with using DMM ideas and assessments in the assessment and treatment of children and their families. Kasia Kozłowska will talk about the strong pull of the DMM as a developmental theory because, unlike other prevalent theories, it focused on emotional development in a relational context and described and gave meaning to the interpersonal interactions that she observed day in and day out in family therapy. She will also talk about her use of the AAI in family assessments to help her better understand the self-protective functioning of parents. Lastly she will discuss how the SAA and TAAI have provided helpful information in the treatment of patients with medically unexplained somatic symptoms both in clinical practice and from a research perspective. Bronwen Elliott will conclude the talk by highlighting the key elements from the roundtable presentations, and discussing their implications. In the poster session Kasia Kozłowska will present a multimodal mind-body rehabilitation program and the manner in which the DMM informs this program and Bronwen Elliott will expand her use of the DMM in supervision.

### **Using DMM tools in parent-infant therapeutic intervention**

Juliet Kesteven will describe ways in which she uses the Adult Attachment Interview and CARE-Index in her practice to inform her work in parent-infant therapeutic interventions. She will explain how understanding the ongoing effects of past trauma and danger on the parent's perceptions of their child and their relationship with their child informs therapeutic dialogue through exploration both of areas of preoccupation of the parent(s) and also areas which may be outside their usual focus and perception. The process helps facilitate the parent developing a greater understanding and reflection of their child's experience as separate from their own.

## **SYMPOSIUM: Using IASA Court Protocol in Child Care Proceedings**

Peter de Mille (UK)\*, Ben Grey (UK), Louise Atkin (UK), Stewart Whyte (Ireland), Rebecca McCallum (UK), Giuliana Florit (Italy)

## **SYMPOSIUM: Culture and Parenting**

Guerda Nicolas (USA and Haiti) \*, Seipone Mphole (Botswana), Catherine Thomas (South Africa), Hiltrud Otto (Germany), , Natasha Pleshkova (Russia), Patricia Carranza (Argentina), Grazyna Kmita (Poland), Monica Herma-Boeters (Namibia/South Africa/Germany), Iyabo Fatimilehin (Nigeria/UK), Marina Fuertes (Portugal)

Findings from studies will be used to highlight the fact that what is considered to be “good parenting” is often based on the behaviors of European and European American middle class families and often

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classified as warmth and control. Existing studies indicate that parenting practices and behaviors differ significantly from one culture to another. For example, among an African American, Latino, and European American sample, findings revealed that African American and Latino adolescent females demonstrated significantly more respect for parental authority than European Americans (Dixon et al., 2008). This talk will highlight research findings regarding parenting practices across different cultural groups, highlighting some examples from Latino, Black, and Asian cultures. It is clear that meaning of parenting and practice differ significantly across different culture groups and failure to acknowledge so leads to erroneous conclusions about these different groups, but more importantly does not allow the expansion of the parenting that is needed. We may need to shift our images of parenting and recognize that parenting practices may not be the same across different culture groups.

## **SYMPOSIUM: Policy & the DMM**

Ute Ziegenhain (Germany)\*, Karen Raine (Australia), and Melanie Gill (UK)

### **Early preventive intervention and child protection: Experiences and development in Germany Ute Ziegenhain (Germany)**

Child protection is an important aspect of child policy in Germany. In the wake of the deaths of several infants due to child maltreatment, political activities were established to systematically prevent or at least reduce neglect and abuse in infants in Germany. Up to these incidents infancy was not systematically recognized as a developmental phase with particular risks for child maltreatment. Although various best practice models for early prevention and child protection existed, a systematic approach applicable for infants and toddlers was lacking. The following activities were based on federal republic initiatives, federal state initiatives as well as community initiatives. A nationwide agenda was applied to evaluate intervention programs to prevent child maltreatment. Child protection laws in all 16 federal states of Germany were passed that, however well-intended, contributed to disorientation rather than to establish a standardized approach to deal with child maltreatment. A recently passed federal child protection act only partly integrated the heterogenous legal norms.

Two aspects emerged as especially important for early prevention and child protection. (1) Interdisciplinary collaboration. Altogether, social services, and health care services in Germany are relatively good. However, there are problems in service delivery for infants in need and their families. This is due to different responsibilities and jurisdiction (different codes of social law that administer and direct health care and social services or financing). Especially, child welfare and health care systems need to collaborate in order to deliver comprehensive and high quality services and secure effective interventions for families with various needs of both intensive and/or specific support. (2) Early intervention programs to enhance parental sensitive behavior. There is a plethora of service provision for infants and families in need, however, in the child welfare system service provision is rather general (counseling, social work assistance for the family etc.). Manualized and evidenced-based intervention programs are still not systematically implemented in the social services and the health care services. Especially attachment based interventions have proved effective.

Currently, the necessity for early preventive intervention is widely accepted, and programs are eventually established and integrated in the regular service provision. By now, an increasing

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understanding of the developmental underpinnings of child protection can be observed. The Dynamic Maturational Model plays a role both conceptually as well as in regard to methods applied (CARE-Index). The current state of the development of early prevention and child protection and the evaluation and implementation of selected programs will be presented and discussed.

## **DMM as conceptual framework to critique policy**

Karen Raine (Australia)

Perinatal depression is widely recognized as an important public health concern. Allocation of resources to epidemiological prevention strategies in Australia have resulted in Policy frameworks to ensure that all women are screened for depression during the perinatal period (during pregnancy and again in the postnatal period) using the Edinburgh Perinatal Depression Scale. In one Australian State alone this Policy targets approximately 200,000 occasions of screening each year by a workforce of around 4000 Midwives and Nurses. The dynamic maturational model (DMM) of attachment offers a conceptual framework to critique and potentially improve perinatal depression screening Policy initiatives. The premise for public health policy mandating universal perinatal depression screening is to prevent maternal mental health problems and optimize mother-infant relationship quality yet the sensitivity and specificity of perinatal depression screening for detecting and predicting mother-infant relational quality is unknown. This presentation will draw on data from evaluation of a perinatal depression screening Policy initiative, child protection data and issues, and key DMM conceptual constructs to highlight:

- Organizational systems and culture - interpretation and implementation of Policy
- The central importance of relationships – mother-infant dyad, intra-organizational and inter-organizational

The presentation will explore the question ‘why invest in universal perinatal depression screening Policy’, and it will compare UK and Australian Guidelines

## **SYMPOSIUM: Attachment, engagement and stress**

Nina Sajaniemi (Finland)\*, Susanna Hakonen, Eira Suhonen  
and Kerstin Uvnäs-Moberg

### **Neuroendocrinology of attachment and stress**

Susanna Hakonen (Finland), Eva Ekholm (Finland) and Hasse Karlsson (Finland)

Altered functioning of the stress response regulatory systems (e.g. HPA-axis) is one of the mechanisms through which life events and environmental factors are suggested to associate with increased risk of later psychiatric and cardiovascular disorders. Attachment patterns, the quality of nurture, and social support are reported as significant mediators of stress regulation. Oxytocin (OT) and vasopressin (AVP) systems of the brain may mediate the interactions between parental care, attachment, and stress responses (Levine et al., 2007; Gunnar et al., 2007; Boukydis et al., 2006). Adequate nurture and secure attachment might enhance the development of the OT and

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AVP systems of the child by a feedback mechanism. These enhanced systems may function better as facilitators against depression and stress compared to the OT and AVP systems of a child being inadequately nurtured and developing insecure attachment. The study will start in spring 2012. It is a part of the FinnBrain Birth Cohort Study.

## **Pedagogical sensitivity, stress and learning**

Nina Sajaniemi (Finland) and Eira Suhonen (Finland)

Researchers agree that the quality of early parent-child relations is crucial for child development and that the brain is utmost plastic in early years. However, parents are not the only ones impacting on children's development. A growing number of children attend to day care after their first birthday. More data is needed about the effects of day care experiences in boosting or undermining learning and development. The aim of our longitudinal study is to examine, whether pedagogical sensitivity moderates the effects of child characteristics after the transition to institutional day care. Pedagogical sensitivity is defined as a child-responsive pedagogy, where teachers/caregivers recognize children's intentions and individuality along with enriching their activity by encouraging them to function in the zone of potential development of their current abilities. We suggest that high quality relationships with the early education personnel promote learning through intent participation. We define intent participation learning as learning based on participation in ongoing or anticipated activities (Rogoff et al., 2003). We assume that pedagogical sensitivity equalizes learning and development in cases of increased biological or family risks. Most importantly, we think that pedagogical sensitivity enhances the zest for learning, well-being and development of every young mind and thus, promotes over all well-being and social inclusion. We focus on the development of HPA axis functioning as a core of adaptation, and strengthening of the self-regulation, and thus a key component supporting intent participation learning. Balanced stress regulation is essential for sustaining attention (Fonagy, 2011) and attention is a prerequisite for participation in ongoing or anticipated activities. During these moments, children learn to use cultural symbols and artefacts. Along with the children's growing understanding and strengthening skills, opportunities to participate increase, which widens the scope of intent participation learning. It is assumed that that teachers'/caregivers' pedagogical sensitivity has a positive effect on intent participation learning mediated through children's stress regulation.

## **Oxytocin, bonding and attachment in mothers and babies**

Kerstin Uvnäs-Moberg (Sweden)

Oxytocin is a hypothalamic peptide well known for its stimulatory effects on uterine contractility and milk ejection. Oxytocin released from nerves in the brain stimulates social interaction, bonding and well-being, it decreases anxiety and pain and stress levels and stimulates restoration and growth. It is suggested that secure attachment may develop as a consequence of the repeated oxytocin release induced by skin-to-skin contact and suckling. The positive oxytocin mediated effects caused by skin-to-skin contact (the primary stimulus) in the infant (and to a certain extent in the mother) may after some time be conditioned to the sight, sounds or smells of the mother/infant. In the beginning, when they are close, but after a while, as internal representations are formed, also when they are more distant. This secure relationship may later on be transferred to other humans and form the basis for secure attachment. Oxytocin is released during labour and suckling and also

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during skin-to-skin contact in the mother and presumably in the infant. The oxytocin released in these situations contributes to the development of bonding and attachment between mothers and infants. Skin-to-skin contact between mothers and infants for 90 minutes after birth is associated with facilitated social interaction in both mothers and infants and increased stress buffering in the children one year later. These data suggest that there is an early sensitive period or a biological window immediately after birth during which the processes of attachment and bonding are facilitated. Separation between mothers and infants after birth delays the development of bonding between mothers and infants and so does medical interventions in connection with birth, such as caesarean section, epidural analgesia and infusions of oxytocin.

## **SYMPOSIUM: DMM in academic education**

Steve Farnfield\* (UK), Franco Baldoni (Italy), Airi Hautamäki (Finland), Shari Kidwell (USA), Natalia Pleshkova (Russia)

### **DMM at the University of Bologna, Italy**

Franco Baldoni (Italy)

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The interest of the University of Bologna in the Dynamic-Maturational Model (DMM) began in 2000, when Patricia Crittenden was contacted regarding a longitudinal study, funded by the Italian Ministry of Education, University, and Research (MUIR) on “The development of attachment and the onset of psychological suffering in pregnancy and post-partum”. In 2001, the Attachment Assessment Lab (AAL) was founded at the Department of Psychology, and Patricia Crittenden and Andrea Landini became official partners and advisers. AAL activities include DMM based research, in particular the transmission of attachment, the attachment in families of preterm born children, and attachment in psychotherapy. Annual conferences, seminars and training courses on the DMM are organized by the AAL, including a course from 2001 to 2005 on the administration and coding of the Adult Attachment Interview (AAI) following DMM criteria. This led to the training of the first Italian reliable coders, very active in Italian and international research. Franco Baldoni, Head of the Attachment Assessment Lab, is the International Editor and the editor of the Italian Edition of DMM News, the official journal of IASA. In 2008, at the University Centre of Bertinoro, University of Bologna, the 1st Biennial Conference of IASA was held, attended by about 200 researchers from 10 different countries. The teaching of the DMM in academic programs at the University of Bologna includes the fundamentals of the DMM, taught by Franco Baldoni in the “Clinical Methodology” course and short workshops on the CARE-Index and on DMM based AAI conducted by AAL collaborators, at the Master’s level in Clinical Psychology (a two years degree after the Bachelor in Psychology). These classes are taught in Italian, but the degree course provides also some English lessons. Finally, AAL activities include internships and stages for students and mentorships for thesis and research.

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## The MSc in Attachment Studies at the University of Roehampton, UK

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The University of Roehampton is a relatively small institution on the edge of Richmond park in south west London UK. The course is based in Whitelands College which specialises in psychology, primatology and the arts and play therapies.

The MSc in Attachment Studies took its first intake of 13 students in October 2011. This is a unique Masters programme which is based on DMM theory and assessment procedures and aims to equip students with both practical tools to assess attachment and a conceptual vocabulary to explore and critique current developments in attachment practice and research.

### **Key areas of study**

All students take the Infant CARE-Index plus one other procedure and are required to reach screening level of reliability of above in at least one procedure in order to gain the award of MSc. By the end of the course all students have taken an introduction to the full range of DMM procedures: PAA; SAA and AAI as well as DMM related and non related procedures such as Lausanne Trilogue Play Assessment, Narrative Story Stems, Child Attachment Interview, The Attachment Style Interview, Parent Development and Meaning of the Child Interview. We also provide the possibility of training in Video Interactive Guidance and plan to add other interventions and assessment procedures as the course develops.

### **Modules also include**

Current developments in attachment theory and research, including neuroscience and non human primates.

How to take cortisol saliva tests, measure heart rate, EEG and Eye Tracking. We also have use of an fMRI scanner.

Play and exploration

Observation of children and adults in natural settings including the family and larger systems including whole societies.

Emphasis on a systems approach



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The application of attachment theory and research to a variety of practice settings including forensic work with families and individuals

Attachment under differing social and cultural conditions

Research methods

### **Commitment**

The MSc can be taken full time over one academic year or part time over two.

### **Typical students**

The programme is designed for broadly two groups of people:

Health and social care professionals who wish to broaden their skills in assessing attachment and /or want to develop their research.

Graduates who are interested in a research career in the field of attachment studies

### **Awards**

Following completion of their dissertation students gain an MSc in Attachment studies and may progress to a PhD. Students may also take an introductory pathway and gain a Diploma or post graduate certificate and then upgrade to the Msc.

## **DMM at Morehead State University**

Shari Kidwell (USA)

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DMM theory is one of the dominant approaches taught in the M.S. Clinical Psychology Program at Morehead State University (Kentucky, USA). The program involves two years and 60 semester hours. It enables master's-level licensure in Kentucky and provides excellent preparation for doctoral-level programs. Roughly two-thirds of the courses are applied, teaching both theory and skills. A DMM approach is taken to understanding the connections between parent and child problems in my courses (Psychopathology, Child Therapy, Practicum, and Internship), in the Program's final oral examination, and in my research. The DMM strategies are taught in the first semester's Psychopathology course. They watch a PAA, see excerpts of AAI's that illustrate unresolved trauma, and read DMM theory and research articles. Along with cognitive, behavioral, and physiological approaches, they learn introductory-level skills in applying DMM theory to conceptualizing the development of adolescent and adult problems. Towards the end of the second year, students take Child Therapy, in which the DMM shares the course about equally with cognitive-behavioral theory. They read case-based articles and chapters that show the relevance of DMM theory for

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understanding child psychopathology and the importance of working with parents. They view the PAA, Attachment-Story Completion Tasks, the SAA, AAI excerpts and several parent-child tasks, with the aim to model DMM functional formulation with a specific family. Students seeking a deeper understanding of the DMM either work with me on research or are supervised by me in their 1000 hours of clinical practicum and internship. Students engaging in research with me have learned how to conduct PAA's, SAA's, and AAI's in a longitudinal study of the connections between adjustment and parent and child attachment over time. The DMM approach has proven very appealing to students, and roughly 50 percent have taken advantage of advanced research or clinical opportunities involving this approach.

## **DMM at the Universidad de Chile, Chile**

Carlos Gonzalez (Chile)

Infant and Adolescent Psychiatry Unit

School of Medicine, Universidad de Chile

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### **1. Advanced Course in Attachment Promoting (Diplomado en Promoción de Apego)**

It is an advanced course (275 hrs, 220 in classroom), intended for professionals working in early childhood. It is organized by the Infant and Adolescent Psychiatry Unit of Universidad de Chile. The aim is to train students in basic topics in attachment theory, reviewing classic and contemporary contributions, with special emphasis in DMM model. The students can learn about the diversity of self-protection strategies through the life-span, and cognitive and affective processes at the base of them. It reviews the contributions of the various instruments developed by Crittenden, in general terms, in comparison with other assessments from ABC-D model.

The course covers neurodevelopmental issues, early determinants of development, maltreatment and attachment, attachment and psychopathology, relational risk, cultural issues, systemic perspective in family intervention, in particular, early intervention strategies. It also reviews the potential contributions of DMM to the public policy in the early intervention field.

[http://www.medichi.cl/ugc/apego\\_seguro\\_infancia/descripcion.htm](http://www.medichi.cl/ugc/apego_seguro_infancia/descripcion.htm)

<http://www.clinicapsiquiatricauniversitaria.cl/page5/index.html>

### **2. Master in Infant and Adolescent Clinical Psychology**

The program lasting four semesters is organized by de Psychology School of Universidad de Chile together with the Infant and Adolescent Psychiatry Unit. The master plan incorporates “child psychopathology”, where a class is focused on disorders of attachment in terms of the DMM. Another subject is called “interventions strategies”. Some classes are focused on early intervention from the perspective of DMM.

<http://www.psicoinjuv.uchile.cl/>

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### **3. The presence of the DMM in other academic activities**

The Infant and Adolescent Psychiatry Unit does clinical work and supervision in cases of early attachment disorders. The procedure is done by students of psychiatry and psychology. Different teachers apply their own perspectives on this work. The implementation of DMM has gained ground in the Unit. Regularly update seminars on topics such as adult attachment, relational risk etc. are carried out. Several of these seminars have applied the DMM, and helped to spread the model to the professionals that form the Psychiatric Department.

Currently we work on two research projects: assessing the impact on attachment of a program of home visits (using the Care-Index), and assessing the relationship between maternal depression and attachment in preschool children (using the PAA).

### **4. Future Projects**

We are currently working on the creation of a Specialized Unit in Attachment and Intervention, dedicated to clinical work, research and training of child psychiatrists and psychologists.

<http://www.clinicapsiquiatricauniversitaria.cl/psiquiatriainfantil.html>

## **DMM at the University of Helsinki, Finland**

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The DMM thinking and methods have been in use in research, family intervention and clinical practice in Finland, since P.M. Crittenden started in 1995 to train Finnish researchers and professionals at the University of Helsinki in the DMM based assessment methods of attachment, i.e., the SSP, the PAA, CARE-Index and the AAI. The DMM assessment methods have been used in research projects, lead by Airi Hautamäki: Transmission of attachment across three generations: Mechanisms of continuity and discontinuity(together with Sinikka Maliniemi-Piispanen) ; self-protective strategies among adult ADHD patients (together with Milla Syrjänen); the development of self-protective strategies among children taken into custody in the context of the self-protective strategies of their foster parents and their biological parents (together with Mirjam Kalland and Jari Sinkkonen).

As a CARE-Index trainer Airi Hautamäki has given CARE-Index courses at the University of Helsinki that professionals and researchers have taken part in.

A course in English, "Attachment theory and assessment methods – A DMM perspective on family interaction and intervention" is given by Airi Hautamäki, and targeted to international Bachelor, Master as well as doctoral students. The goal is to provide a developmental and clinical

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psychological perspective on the growing body of attachment theory and research, from John Bowlby to Mary S. Ainsworth, Mary Main and Patricia M. Crittenden. The focus is on Crittenden's Dynamic-Maturational Model of Attachment and Adaptation, DMM, and the contribution of the DMM to the attachment assessment methods, in particular, the SSP, CARE-Index, PAA, and AAI. The lectures are accompanied by video clips demonstrating DMM attachment assessment methods and how these may be used to assess attachments strategies and evaluate family functioning. Participants are instructed and supervised how to conduct one attachment assessment method, e.g., CARE-Index, the SSP or the AAI.

### **SYMPOSIUM: Psychoanalysis & the DMM**

Marianne Leuzinger-Bohleber (Germany)\*, Franco Baldoni (Italy), Nicola Sahhar (Germany) and Naomi Silberner-Becker (Germany)

### **SYMPOSIUM: Family Systems Theory & DMM**

Rodolfo de Bernard (Italy)\*, Patricia Crittenden (USA), Paul Dignam (Australia), Kasia Kozłowska (Australia), Andrea Landini (Italy), Anette Wetherall (UK)

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## IV. VIDEO WORKSHOPS (ASSESSMENT)

### **CARE-Index, Infants**

Nicola Sahhar (Germany)\*, Francesca Nuccini (Italy), Peter Kalble (Germany)

### **CARE-Index, Toddlers**

Karen Raine (Australia)\*, Riccardo Bertaccini (Italy), Miljenka Jakobovic-Payot (Switzerland), Anne Kolb (Germany)

### **Strange Situation Procedure (SSP)**

Airi Hautamäki (Finland)\* and Natasha Pleshkova (Russia)

The workshop will explore differences in infant attachment patterns based on the Strange Situation Procedure (SSP-DMM), using video segments of infants and their mothers from 1) a Finnish study concerning transmission of attachment across three generations, and 2) a Russian study of infants reared in orphanages in St Petersburg. In particular, speakers will cover Type preA+ and Type preC+ patterns of attachment, and some modifiers, and provide video clip examples, illustrating distinctive features of self-protective attachment strategies not covered by the ABC-D model.

### **Preschool Assessment of Attachment (PAA)**

Bente Nilsen (Norway)\*, Jane King (USA), Shari Kidwell (USA) and Patricia Carranza (Argentina)

In the Preschool Assessment of Attachment (PAA) the organization of behaviors in time and space between two partners are of primary interest. Based on Crittenden's Dynamic-Maturational Model of attachment and adaptation this workshop will exemplify how children from the age 2-5 use temporal order and feelings as basic information to organize their self-protective strategies within an attachment relationship. Using the strange situation DMM conceptualize four main patterns of attachment in the preschool years, together with sub-patterns and non-strategic patterns. The PAA has shown its strength applied in clinical settings to understand how children adapt to challenging and adverse experiences, thus giving crucial information to therapeutic intervention and services to families in need. The PAA has also shown its strength for research application as the method differentiated patterns of attachment strategies on four validating variables (maltreatment status, maternal sensitivity, developmental quotient and maternal attachment strategy).

### **School-age Assessment of Attachment (SAA)**

Penny Dodsworth (UK)\*, Sara Lo Scocco (Italy), Nancy Cook (USA) and Nicola Brewerton (UK)

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## Transition to Adulthood Attachment Interview (TAAI)

Helene Hetu (Canada)\*, Kasia Kozłowska (Australia), Elizabeth Hanser (Sweden) and Anne Harrington (Ireland)

## Adult Attachment Interview (AAI)

Valerie Hawes (UK)\*, Clark Baim (UK) and Uditā Iyengar (USA)

Following a brief introduction to the AAI, three presenters will describe how they have used the AAI in research, clinical and forensic settings.

**Uditā Iyengar**, Research Coordinator at Baylor College of Medicine Attachment and Neurodevelopment Laboratory will describe the use of AAI as part of ongoing research. Her presentation will be illustrated with video clips from interviews with first time mothers from a normative population and with mothers recovering from substance abuse.

**Val Hawes**, Consultant Forensic Psychiatrist at Fens Unit, HMP Whitemoor will briefly summarize findings from AAIs carried out with prisoners diagnosed with personality disorder. A case example will illustrate both the complexity of attachment patterns and the potential for discovering links between early trauma and later offending.

**Clark Baim**, Senior Trainer in Psychodrama and for the National Probation Service of England and Wales will present a case study with a forensic client describing how the AAI informed the treatment plan with positive outcomes. He will also describe how material from the AAI can inform psychodrama psychotherapy.

## Parents Interview

Louise Atkin (UK)\*, Rebecca Carr-Hopkins (UK) and Vicky Lidchi (UK)

The Parents Interview (PI) is a semi-structured interview that is given to the parent(s) or main caregivers of a child(ren) which asks the speakers to consider (a) their childhood experience, (b) their functioning together, and (c) how they work together to raise the child(ren). Like the Adult Attachment Interview (AAI), the PI asks for the same information in multiple ways; this permits exploration of conflicting ideas that could motivate incompatible behaviours. Individuals with less integration of thought and feeling, i.e., with varied and incompatible answers to the same question, are more likely to behave in unexpected and unacceptable ways than individuals with greater awareness of how the past motivates their current behaviour. Unlike other assessments of attachment, the PI explores how the couple works together in the relationship by looking at how they work together to answer the questions. Compared to the AAI, it does not capture the range and specificity of unresolved losses and traumas. Information is gained by attending to each individual's speech, their relationship to each other, and their relationship with the interviewer. The PI is analysed using the DMM-AAI method of discourse analysis in which the content of the interview is less important than how the speaker thinks about their childhood, as an adult, and how they interact with their partner and the interviewer. There is only one published study using the PI (Crittenden, Partridge, & Claussen, 1991). That study indicated that the PI could differentiate four groups of parents: abusing, neglecting,

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marginally maltreating, and adequate. The PI yields 4 types of information: 1. An approximation of an attachment strategy, i.e., the way speakers (separately) use information to organize their behavior when they feel threatened or believe their children to be endangered, i.e., their self-protective strategy; 2. An over-riding distortion of the strategy such as depression; 3. A brief developmental history of each speaker. This history combines information provided directly by the speaker with information derived from the pattern of errors and transformations (i.e., dysfluency) in the discourse. The history is neither complete, nor accurately balanced, but does tell something about the current perceptions of the speaker and how these might affect their parental behaviour. 4. Level of parental reasoning (LPR), i.e., how the parent thinks about making caregiving decisions for the children. The levels range from inarticulate to simplistic to complex interpersonal decision-making. The LPR suggests the flexibility and sensitivity with which the parent will be able to interpret and respond to the child's behaviour. In this session the Parents Interview theory and practical use will be described. This will be further illustrated by the role play of excerpts from a Parents Interview in an anonymised Child Protection case, with discussion highlighting what information was obtained from the PI and how this integrated with other assessments and assisted in decision making for the family.

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# V. POSTER SESSIONS:

## ACADEMIC POSTERS

### Unresolved trauma in mothers and infant attachment

Udita Iyengar (USA), Sheila Martinez (USA), Sohye Kim (USA)  
and Lane Strathearn (USA)

Studies have indicated a strong relation between adult attachment security utilizing the adult attachment interview (AAI), and infant security (SSP), thereby suggesting that maternal representation of attachment may impact the development of her child's own attachment. In successful functioning, a self-protective strategy at times can be disrupted by specific dangerous events in an individual's history. When the threatening or dangerous experiences are resolved, that includes retaining the predictive information and setting in the past non-predictive information (Crittenden & Landini, 2010). However, when threatening and dangerous information interferes with the mental processes by which integrative information is not elicited, it can lead to unresolved trauma. Mothers with unresolved trauma may not be able to respond sensitively and effectively to their infant's needs, thus placing them at a greater risk of rearing non-secure children.

### Attachment forerunners in mothers of preterm babies

Giulia Landi (Italy), Elisa Facondini (Italy), Loredana Cena (Italy), Mattia Minghetti (Italy), Andrea Landini (Italy), Patricia M. Crittenden (USA) and Franco Baldoni (Italy)

When the birth of a baby occurs before the due date, there is not only a preterm baby admitted to the Neonatal Intensive Care Unit (NICU) at risk of survival, but also a mother and a father with a preterm baby. To study the characteristics of the early bond between the mother and the preterm baby, a sample of 110 mother-child dyads, 55 with preterm babies (birth weight < 1500 g), and 55 with full-term babies were assessed from the first 6 months of corrected age. All dyads were subjected to CARE-Index, a video-recorded procedure of mother-child interaction assessing parental sensitivity and attachment forerunners. Mothers were also subjected to CES-D, for the assessment of depression, and STAI Y-2, for the assessment of trait anxiety. The child's psychomotor development was assessed by the Bayley Scales of Infant Development (BSID III). Mothers of preterm children, compared to controls, evinced higher levels of anxiety ( $p < .05$ ), lower scores on dyadic sensitivity as assessed by the CARE-Index ( $p < .05$ ) (40% fell into the high risk category requiring psychological and/or pharmacological treatment), and expressed more frequently insecure attachment forerunners ( $p < .01$ ). In turn, preterm babies, compared to controls, showed insecure attachment forerunners at 3 months of corrected age ( $p < .05$ ) and lower psychomotor development scores at 6 months of corrected age ( $p < .01$ ). Risk factors for mothers of preterm babies were conflicted relationships with their families of origin and a strong fear for the death of the baby. The results underline the need for longitudinal studies conducted on large samples assessing the Internal Working Models of parents with preterm babies. This would clarify whether the particular behavior observed in the mothers of preterm children is transient and adaptive or a stable pattern influencing negatively the child-mother interaction in the future.



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## **The impact of maternal emotional availability on children's Theory of Mind**

Maria Licata (Germany), Susanne Kristen (Germany) and Claudia Thoermer (Germany)

Several studies suggest that emotionally available caregiving promotes children's socio-emotional development (e.g. Volling et al., 2002; Mäntymaa et al., 2009). In contrast, the relationship between parent-child-interaction and children's social-cognitive development is less clear. The few existing studies showed that maternal sensitivity (Symons et al., 2000) as well as maternal mind-mindedness (Meins et al., 2002), and maternal warmth (Hughes et al., 1999) are positively related to children's Theory of Mind. Nevertheless, it is unclear which specific features of the interaction quality are most beneficial for children's Theory of Mind (ToM) development (Research Question 1). Furthermore, there are heterogeneous findings whether the interaction quality in infancy or the concurrent interaction quality is more important for child development (Wakschlag & Hans, 1999; Lewis, 1997; Research Question 2). To address these two research questions, we examined the relationship between different dimensions of maternal emotional availability (EA) and children's ToM. As control variables, we assessed child IQ, language, gender, temperament, number of siblings, executive functioning and maternal education.

## **EVA – Evaluation of the two early prevention programs SECOND STEP and EARLY STEPS in day care centers in Frankfurt am Main**

Verena Neubert (Germany) and Marianne Leuzinger-Bohleber (Germany)

A large number of randomized empirical studies have proved the importance of early prevention for children at kindergarten age. The Sigmund-Freud-Institute (SFI) initiated in close cooperation with the Institute for Psychoanalytic Child and Adolescents Psychotherapy (IAKJP) and the municipal education authority various early prevention projects. One of which –namely the Frankfurt prevention study– demonstrated statistically significant effects of the program Early Steps (FRÜHE SCHRITTE) in comparison to a control group. Its follow-up project EVA now reviews and evaluates the differential effectiveness of two established prevention programs Second Step (FAUSLOS) – a violence prevention program and Early Steps – a psychoanalytical prevention program. These programs were applied to a cluster randomized controlled sample of high-risk children (N=286) in day care centers which are located in deprived neighborhoods in Frankfurt am Main. The scientific aim of the EVA-project is to examine the advantages and disadvantages of both prevention programs. Children were tested with the Manchester Child Attachment Story Task (MCAST, Green et al., 2000) – a story-stem technique assessing children's attachment style to the primary caregiver via four attachment related stories. Results of the MCAST revealed that the EVA-sample is a high-risk sample with over 23% of children with an insecure-disorganized attachment type as compared to the average population of only 3-5% children with this attachment style. Children with a disorganized type have a particularly poor prognosis, which is why the EVA-project tried to engage the children and their families in psychoanalytic treatment. This new form of psychoanalysis is a psychoanalytic approach of early prevention and an attempt of augmented integration of this marginalized group of children.

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## Thinking about obese children's attachment

Ines Pinto (Portugal), Conceicao Calhau (Portugal) and Rui Coelho (Portugal)

The aim of the present study was to describe the associations between HPA-axis function, as measured by cortisol levels and attachment insecurity (Types A and C) in obese children. The study is part of the Roots of Early Obesity project, a study of Portuguese obese children aged 8-13 years. HPA-axis measures were used; parent- and self-report questionnaires (Inventory of Attachment in Childhood and Adolescence (IACA) were used to assess child attachment. Linear regression analyses were performed for individuals that scored low versus high on familial vulnerability problems, and for boys and girls separately. For individuals with high familial vulnerability problems, there was a significant effect of the association between cortisol and insecure attachment in boys, adjusting for Body Mass Index (BMI) ( $p=0.002$ ,  $B=-.960$ ,  $R^2=0.922$ ), a negative association. There was also a significant main effect of the association between cortisol and insecure attachment in girls with high familial vulnerability problems, adjusting for BMI ( $p=0.015$ ,  $B=0.945$ ,  $R^2=0.893$ ), a positive association. Insecure Attachment (Type A and C combined) was associated with cortisol levels in obese children. Apparently, associations between physiological risk factors and insecure attachment are more evident in individuals with a high familial vulnerability. Furthermore, these associations are different in boys and girls. Although the available data are preliminary rather than conclusive, this study supports the association between attachment insecurity and individual differences in the physiological stress response. More broadly, the concept of attachment can contribute to defining and managing the psychosocial dimension of pediatric care in obese children.

## Children's self-protective strategies and assessment of the self

Jin Qu (USA), Shari Kidwell (USA) and Megan Burgin Marcum (USA)

The construct of self is intrinsic to mental health and is formed largely through experiences with others (Shavelson, 1976). The parent-child attachment relationship may facilitate or impede children's abilities to develop positive representations of themselves (Steele, Steele, & Johansson, 2002). However, measuring the self among young children is difficult, made more so by the tendency for defense in the service of self-protection within an insecure relationship. The current study examines the associations between preschooler self-protective strategy (i.e., attachment) and projective indices of self-functioning, both concurrently and longitudinally. Fifty-four families living in a rural community in the U.S. participated when the children average 4.5 years old, completing the Strange Situation procedure (Ainsworth, Blehar, & Waters, 1978). Children's attachment was classified using Crittenden's DMM Preschool Assessment of Attachment (2004). They also completed a puppet interview in which they chose the puppet most like themselves, either positive or negative, on a number of dimensions of self-concept. Additionally, children completed a family "drawing" using felt people and clothes. Two years later, the puppet interview was repeated and the Draw-a-Person (DAP) task was completed with thirty-four children. The family drawing at Time 1 was scored for atypicality, which was based upon the DAP: SPED (Naglieri, McNeish, & Bardos, 1991). The latter was used to score the DAP at Time 2. This system scores 55 markers within the drawings that the clinical literature suggests are important markers of self-difficulties (e.g., restarts, transparencies). The results showed that children with B strategies had the most positive perceptions of self, particularly at age 6, followed by A children and C children. Both A & C children's DAP's were in the clinical range, on average, using the DAP:SPED scoring system. These findings suggest DMM self-protective strategies in young children have important implications for the development of self.

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## Parental depression and child attachment

Kayla Sizemore (USA), Shari L. Kidwell (USA) and Katelyn Fugate (USA)

Previous research in developmental psychopathology suggests that maternal depression is strongly correlated with child attachment insecurity. Parenting sensitivity has been the primary mechanism suggested for these findings. However, the majority of studies examine infant attachment only, do not make use of DMM theory or coding, and do not include aspects of parenting that have been proposed more recently as creating risk for child attachment security. The current study examines the relationships between parental depression, parenting, and preschooler attachment across three time points. Further, we explore whether the parenting variables (sensitivity, reflective functioning and insightfulness) can explain the correlation between parental depression and child attachment insecurity through mediating relationships. Fifty-four families living in a rural Appalachian community in the U.S. participated when the children averaged 4.5 years old, completing the Strange Situation procedure (Ainsworth, Blehar, & Waters, 1978). Child attachment was classified using Crittenden's DMM Preschool Assessment of Attachment (2004). Two years later thirty parents held conversations with their child about their recent "good" and "bad" behavior and these were rated for parental sensitivity. Additionally, to measure insightfulness, parents were asked in separate interviews to discuss what they believed their child thought and felt during the task. We have currently collected data more recently with 22 of our families, approximately 8 years after they were first seen. Parents have completed an interview to assess their ability to explain their understanding of emotions in themselves and their children, and this will be coded for reflective functioning. Parents also completed a depression questionnaire at each time point. Analyses revealed that parental depression, sensitivity, insightfulness, and child attachment were associated as expected, and also that sensitivity mediated the relationship between parental depression and child attachment. These findings provide further validation of the DMM and have important implications for programs targeting parental depression.

## Attachment, social anxiety & interpersonal function

Sonja Skocic (Australia)

Research suggests that socially anxious populations are a heterogeneous group that may be divided into subtypes according to underlying attachment (Brumariu & Kerns, 2008; Erozkhan, 2009; Darcy, Davila & Beck, 2005; Eng, Heimberg, Hart, Schneier & Liebowitz, 2001). Attachment researchers have begun to investigate the mechanisms underlying individual differences in avoidance behaviour and interpersonal functioning in adults (e.g., Eng et al., 2001). The present study extended research in this area by examining the severity of social anxiety symptoms, social anxiety-related avoidance behaviour and interpersonal functioning impairment in a sample of adults. The results provide preliminary information that will be used as a basis for the development of an integrated theory of social anxiety. The integrated theory is presented as an extension of contemporary proximal models of social anxiety that are currently used for treatment.

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## **An integrated model of social anxiety & attachment**

Sonja Skocic (Australia)

Significant relationships between information processing variables and attachment styles have been indicated (e.g., Cobb, Davila, & Bradbury, 2001; Gallo & Smith, 2001; Mikulincer, 1998; Feeney & Noller, 1990; Pickering, Simpson & Bentall, 2008). The present study extends this research in order to inform treatment of social anxiety that is based on Clark & Wells' (1995) Model of Social Anxiety.

## **CULTURAL PARENTING POSTERS**

### **Attachment forerunners in fathers with preterm babies**

Franco Baldoni (Italy), Elisa Facondini (Italy), Loredana Cena (Italy), Giulia Landi (Italy), Mattia Minghetti (Italy), Andrea Landini (Italy) and Patricia M. Crittenden (USA)

Preterm birth is a stressful and potentially traumatic event for the family. In this critical situation, the psychological characteristics of the father are important for the protection of the family and for the child development. The paternal function is manifested not only by supporting and encouraging his partner to foster a good mother-child bond, but also directly in the relationship with the child. The aim was to study the influence of some attachment forerunners and the dyadic sensitivity of the father in child development. A sample of 110 father-child dyads, 55 with preterm babies (birth weight < 1500 g) and 55 with full-term babies were assessed from the first 6 months of corrected age. At 3 months of corrected age of the baby, all dyads were subjected to CARE-Index, a video-recorded procedure of adult-child interaction assessing parental sensitivity and attachment forerunners. The baby's psychomotor development was assessed at 6 months of corrected age by the Bayley Scales of Infant Development (BSID III). Fathers of preterm babies, compared to controls, showed lower dyadic sensitivity scores ( $p < .01$ ) and more frequent insecure attachment forerunners ( $p < .01$ ). 75% of these "preterm" fathers fell into the high risk category of the CARE-Index (requiring psychological and/or pharmacological treatment). These factors were associated with lower scores on the psychomotor development of the infants at 6 months of corrected age ( $p < .01$ ). The presence of insecure attachment forerunners and poor dyadic sensitivity even in fathers with full-term babies seemed to have a negative effect on the psychomotor development of child ( $p < .05$ ). The results stress the great importance of the quality of the relationship of the father with his baby from the first months of life. Poor parental sensitivity and insecure attachment forerunners influence negatively the psychomotor development of the newborn.

### **Transmission of attachment in a DMM perspective**

Franco Baldoni (Italy), Bruno Baldaro (Italy), Mattia Minghetti (Italy), Paola Surcinelli (Italy), Andrea Landini (Italy) and Patricia M. Crittenden (USA)

The aim of the study was to investigate the association between the mother's attachment pattern and that of her child at 12 months of age, using the Dynamic-Maturational Method (DMM) AAI criteria for the first time in an Italian sample of mothers. It was hypothesized that mothers with balanced pattern (B) - more sensitive and protective towards their offspring - should foster a Type B pattern in

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their child. On the contrary, insecure mothers - less sensitive, more anxious and controlling - should promote the development of an insecure pattern in their children. A sample of 40 Italian mothers-child dyads was initially considered and 30 mothers (aged from 19 to 40 years) and their children met criteria for inclusion in the study. A final sample of 26 dyads completed the procedures. All mothers, at the 6th month of delivery, were subjected to the Adult Attachment Interview (AAI), and afterwards to the Strange Situation Procedure (SSP), when their children were 12 months old. Both procedures were coded in a double blind way by 2 reliable coders following DMM classification system. 23.1% of mothers were balanced (B), 15.4% dismissing (A), 42.3% preoccupied (C), 11.5% dismissing/preoccupied (A/C) and 7.7% were reorganizing (R). 34.6% of children were secure (B), 23.1% avoidant (A), 38.5% ambivalent (C) and 3.8% avoidant/ambivalent (A/C). The study confirmed the attachment transmission hypothesis revealing a modest correlation between mother's balanced and the child's secure attachment (B) ( $p < .05$ ). However, a reversal pattern was evident in a significant part of the insecure groups: the child of an insecure mother showed the opposite pattern in respect to their mother (A versus C or C versus A). This "reversal hypothesis" in the intergenerational transmission of insecure attachment was in line with earlier studies (Hautamäki et al., 2010a, 2010b; Shah, Fonagy, Strathearn, 2010) and is coherent with the DMM theory.

## **Prematurity and SES in dyadic interaction**

Marina Furtés (Portugal), Anabela Faria (Portugal) and Patricia Crittenden (USA)

In order to study the impact of premature birth and low income on mother-infant interaction, four Portuguese samples were gathered: full-term, middle-class ( $n=99$ ); premature, middle-class ( $n=63$ ); full-term, low income ( $n=22$ ); and premature, low income ( $n=21$ ). Infants were filmed in a free play situation with their mothers, and the dyad was coded using the CARE-Index. The overall inter-coder agreement for major classification prior to conferencing was  $> 80\%$ . All coders were blind to the hypotheses studied and the group status of the dyads. By means of multinomial regression analysis, social economic status (SES) was found to be the best predictor of maternal sensitivity and infant cooperative behavior within a set of medical and social factors. Contrary to the expectations of the cumulative risk perspective, two factors of risk (premature birth together with low SES) were as negative for mother-infant interaction as low SES solely. In this study, as previous studies have shown, maternal sensitivity and infant cooperative behavior were highly correlated, as was maternal control with infant compliance. According to correlation analyses, our results further indicated that, when maternal unresponsiveness was high, the infant displayed passive behavior, whereas when the maternal unresponsiveness was medium, the infant displayed difficult behavior. Indeed, our findings suggest that, in these cases, the link between types of maternal and infant interactive behavior is more dependent on the degree of maternal unresponsiveness than it is on birth status or SES. The results will be discussed in terms of developmental and evolutionary reasoning.

## **Parental sensitivity and differences in the infant's attachment to his mother and father**

Marina Furtés (Portugal), Anabela Faria (Portugal), and Patricia Crittenden (USA)

Differences in infant-mother versus infant-father attachment were studied, and whether such differences were related to the amount of time parents spent with their infants or how that time was

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spent (e.g., feeding, bathing, walking in the park, napping etc.). A sample of 82 mother-infant and father-infant dyads with healthy full-term infants (30 girls, 52 boys, 48 firstborn) from middle class households was gathered. At 9 and 15 months, mothers and fathers were independently observed playing with their infants and the videos were coded with the CARE-Index (Crittenden, 2003). After the play observation, parents described their family routines with a Portuguese validated adaptation of Parent Responsibility Scale (McBride & Mills, 1993). At 12 and 18 months, mother-infant dyads and father-infant dyads were observed in an adaptation of the Ainsworth Strange Situation Procedure (SSP). Two independent coders scored SSP and the differences were resolved by discussion. About 15% of the data was scored by another independent blind coder and the agreement with the previous classifications was 90% for the Type A, B and C classification and 80% for the Type A, B and C sub-scales. The results of mother-infant and father-infant quality of interaction in free play using the CARE-Index were scored by two trained and blind coded by one reliable coder. The total mean of Kappas from maternal scales was .84 and the total mean of Kappas from infant scales was .81. The results indicated that mothers were more sensitive in free play than fathers both at 9 and 15 months. Moreover, the child using a secure attachment strategy was more likely in mother-infant dyads than in father-infant dyads at 12 and 18 months. At 12 months, children were more likely to exhibit as resistant strategy with their fathers than with their mothers, and fathers were significantly more passive playing with their infants than mothers. At 18 months, there was a significant decrease of children using the ambivalent-resistant strategy both with their mothers and their fathers. Neither the parent-infant interaction nor the amount of time spent with infants was critical in shaping the attachment. How parents spent the time with their infant was crucial. Indeed, mothers that spent more time providing primary caring (performing tasks related to hygiene, feeding, shopping infant goods, health care) were less likely to have a secure child or a sensitive interaction with their infant than mothers that used that time to play or to walk with their infant in the park/playground. On the contrary, fathers that took more part in the primary care of their infant had a more sensitive interaction with their infant.

## Phenomenology and the father-child relationship

Terry Michael Keller (USA)

Fathers provide unique experiences for their infants and are an extra source of stimulation to enhance their child's development. Grossman et al. (2002) conclude that fathers foster secure exploration, while mothers foster secure attachment. Both parents can foster secure attachment and exploration through sensitive support (Grossman, Grossman, Kindler, & Zimmerman, 2008). Fostering secure exploration with the father includes teaching the child to play in more mature ways and taking the child's point of view, when giving explanations and suggestions (Grossman et al., 2002). It is not fair to assume that differing interaction patterns mean that parent child relationships are also different in quality (Ricks, 1985). Based on the themes found, it appeared that the relationship between the father and his child was a sensitive, individual, and gradual process. The fathers that participated in this study took their roles seriously. They had designated jobs within their families and felt a sense of pressure, when they were unable to meet the demands of their roles. They tried to balance between external influences and their parental responsibilities, and they struggled with isolation, adversity, and expectations they had placed upon themselves in order to be involved and committed fathers. Being an involved and committed father meant interacting on a daily basis with their child.

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## The relationship between attachment and emotion

Shari L. Kidwell (USA), Shelby D. House (USA) and Amberleigh Slone (USA)

Emotion skills are a central aspect of adjustment and an explicit focus of clinicians working with children. The parent-child attachment relationship has been conceptualized as inextricably tied to the development of such skills; yet published confirmatory findings are somewhat lacking. Crittenden's DMM (2008), however, is a much more differentiated and developmental theory than the more typical ABC+D model. As such, it may be a much better framework for understanding children's emotion skills, particularly those of at-risk children. The current study investigates the association of children's DMM attachment strategies and their emotion skills at three time points. Fifty-four families living in a rural Appalachian community in the U.S. participated when the children were four years of age, completing the Strange-Situation procedure (Ainsworth, Blehar, & Waters, 1978). Attachment was classified using Crittenden's (2004) PAA system. Emotion skills were measured when the children were four and six years of age (N=35), via ratings of an interview that asked children to discuss a time they experienced six emotions. At follow-up six years later, the interview asks children to discuss their experience of sad and angry feelings, as well as the feelings that were most frequent and the most problematic for them. Data collection is ongoing (N= 22 currently). Openness to discussing negative affect and engagement with the interviewer are the focus of initial coding. Because of the decreasing sample size, the preliminary analytic strategy examined children using low risk attachment strategies (B, A1/2, C1/2) vs. children using high risk strategies (A3/4, C3/4, A/C, Dp). These revealed the expected advantages for lower-risk children in terms of being able to discuss their feelings in a meaningful and detailed manner, while also remaining engaged in the task and well-regulated behaviorally. The difficulties that higher-risk children have with these emotion skills have important implications for their socio-emotional functioning.

## Prenatal attachment and early interactions

Francesca Nuccini (Italy), Marcella Paterlini (Italy) and Leonardo De Pascalis (Italy)

Pregnancies following infertility treatments show higher levels of depression and of concerns regarding the positive continuation of the pregnancy. While there is a growing body of evidence that depression negatively affects parent-child emotional attachment in the postpartum period, the impact of depression during pregnancy on maternal emotions and cognitions about the fetus is unclear, as is the effect of these cognitions on the later parent-child relationship. It was assumed that prenatal depression influences the characteristics of prenatal attachment, which, in turn, will influence the quality of early parent-infant interactions. The aim was to assess the effect of depression on prenatal attachment at 22 and 32 gestational weeks and the quality of parent-child interactions, 3 months after birth, comparing fertile and infertile parents. The subjects were parents of 32 three-month-olds born from spontaneous conceptions and 20 three-month-olds born following an infertility treatment, assessed in interactions with both their mothers and their fathers. The design was that of a longitudinal prospective case-control study. At 22 and 32 gestational weeks, all parents completed the Edinburgh Postnatal Depression Scale (Cox et al., 1987), and the Maternal/Paternal Antenatal Attachment Scale (Condon, 1993). At 3 months from delivery, parent-child interactions were assessed using the CARE Index (Crittenden, 2002). Higher gestational depression was associated with lower prenatal attachment, especially in infertile parents. Infertility did not influence the quality of parent-child interactions, but in infertile parents, higher prenatal attachment was tied to lower

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interactive quality, and vice versa in fertile ones. Thus, gestational depression indirectly affected early interactions, influencing prenatal attachment. For infertile parents, an excessive attachment to the fetus might be detrimental for interactive quality.

## **TRAUMA AND ATTACHMENT POSTERS**

### **The child's attachment with a deceased parent**

Anna Baas-Anderson (Canada)

This study looked at the dynamic system of how children viewed the past, present and future relationship between themselves and the deceased parent. The exploratory study provided insight into how children perceive their relationship with a parent who has a stagnant past and no anticipated future.

### **Early childhood trauma in an attachment relationship**

Doris D'Hooghe (Belgium)

There is a range of stressful events occurring in attachment relationships that may impair the development of secure attachment. It is necessary to broaden our vision on attachment trauma. If we consider attachment trauma an interpersonal trauma in an attachment relationship, it is important to identify several risk factors. Risk factors, e.g., aspects of the parent-child relationship, parental psychopathology, relationship difficulties etc. may interfere with the parents' ability to form a secure attachment relationship. It is common knowledge that early relational experiences shape brain growth and organization. The major environmental influence on the development of the brain is the attachment relationship. The presentation elaborates the importance of the personal history of the parents' attachment relationships as well as their physical and psychological conditions. The importance of a proper assessment of the personal history of the parents, the child, the relational history of the child and the parents is stressed. The traumatic experiences impact the different levels of the developing personality of the child: physical, emotional, cognitive, relational, transpersonal, self-esteem, and social skills. The treatment of children includes all these levels. Also the neuro-physiological model identifies these consequences and treatment is issued. Treatment for traumatic reactions has generally been sequenced and progressive. It is important to involve the parents in the treatment, so that the relationship with the child is positively affected, if they come to terms with their personal issues. Expanding our view on the existing criteria for traumatic experiences, considering the timing of the experience and the developmental phase of the child, gives us the opportunity to get a more accurate view on and to plan an appropriate treatment.

### **The manic robot boy: A DMM case formulation**

Shari Kidwell (USA), Kayla Sizemore (USA) and Jin Qu (USA)

This case is taken from a longitudinal study of DMM self-protective strategies among moderate-risk rural American families. Although we are not the therapists, we hope that brainstorming a DMM approach with other professionals will help both this family and others. The problems in this family were



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largely hidden in the first waves of data collection (ages 4 and 5): in fact, the mother appears to have explicitly not told us that he was in treatment at age 4. The best indication we had of possible difficulties was the PAA, in which Mrs. Robot tried to be nurturing but came across as intrusive, while her son alternated C+ and A+ behaviors. At age 11, he had recently been discharged from a long stay at a psychiatric institution, after severe aggressive outbursts. He had been diagnosed as Bipolar and was taking several psychiatric medications. However, it appeared as if every behavior and symptom was attributed to his diagnosis. He brought it up, as well as his “10 coping skills for anger problems”. Yet his discussion seemed forced and “robotic”. His SAA showed predominantly A+ tendencies (approaching A6 and 7), with unresolved preoccupied trauma for his placement. His difficulties made sense as an attempt to adapt to his mother’s problems. Her AAI revealed a severe history of loss and trauma throughout her childhood; this was in a preoccupying form but she denied any lasting negative impact. Her predominant self-protective strategy appears to be C5/6. For her, Manic Robot Boy’s behavior was explained sufficiently by his Bipolar diagnosis, as her problems were explained by hers (eating disorder, depressions, and recent Borderline Personality Disorder). She strongly stated that she was a “very good mother”, perhaps because understanding the true impact of her experiences on herself and her child would be very threatening to her. Instead, she adopted the idea that her son was “very sick”.

## **fMRI correlates of unresolved trauma in mothers**

Sohye Kim (USA), Peter Fonagy (UK) and Lane Strathearn (USA)

In the present study, we provide a neurobiological account of how mothers with unresolved trauma appear to be less responsive to (i.e. “turn away” from) their infants distress, rendering their infants psychologically “alone” in the midst of intense sadness the phenomenon that has been proposed to epitomize the essence of attachment trauma. We discuss maternal disengagement from infant distress, as captured in an attenuated brain amygdala signal, using functional MRI, as a potential mechanism that contributes to the intergenerational transmission of trauma.