

A panoramic view of Salzburg, Austria, featuring the prominent red-tiled dome of the Salzburg Cathedral (St. Remy) and the spire of the Salzburg Residence (Hofburg) against a backdrop of blue mountains under a cloudy sky.

Regulatory Disorder & Parent Child Relation

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Symptom-Triad of Regulatory Disorders

CHILD

BEHAVIORAL
ABNORMALITIES
REGARDING
ADAPTATION AND
DEVELOPMENT TASKS
DURING EARLY
INFANCY

INTERACTION

DYSFUNCTIONAL
INTERACTION PATTERN;
MAINTENANCE AND
ESCALATION;
BURDENING OF
RELATIONSHIP;

PARENTS

EXCESSIVE DEMAND
SYNDROME IN THE
MOTHER/ PARENTS;
PROBLEMS ADAPTING
TO PARENTING ROLE
AND DIFFICULT CHILD



THE DIAGNOSIS OF EARLY INFANT REGULATION DISORDERS IS A DYSFUNCTION OF THE CHILD & THE PRIMARY PERSON OF REFERENCE & INTERACTION!

Sample

- Intervention group
 - 24 participants (23moth,1f) (babies:12girls/12boys)
 - Child's age at T1: 1-15 months (M=5.88, SD=4.03)
 - Diagnosed with regulation disorder
 - Recruited through SPZ Traunstein
 - parent-child-psychotherapy
- Control group
 - 19 participants (17moth, 2f) (babies:10girls/9boys)
 - Child's age at T1 : 1-18 months (M=8.11, SD=5.32)
 - No diagnosed disorders
 - Recruited by SPZ Traunstein & University of Salzburg
 - no intervention

Aim of the Study

- Aim of the study was to assess the coherences of the regulatory disorder with the parental and psychological stress, emotion regulation, the quality of the mother-child-interaction, as well as the evaluation of the efficacy of the therapy.
- Main focus of the study was the understanding and change of mothers sensitivity and the parent-child-relation-quality (in dyadic synchrony and patterns) in connection with the regulatory disorder of their child.

Contents of Therapie

- Videobased interaction analysis with a following therapy to change the dysfunctional relation-patterns and to increase the sensitivity of the mother (quality of the m-c-interaction).
- Further components were psychoeducation about the developmental (adequate) competences of the child, take-over/change to the perspective of the child, self awareness in the self- and co-regulatory tasks, as well as the reflection about own attachment/care experiences and its straight influence to the interaction with the baby.

Variables of Parents

- Depression -> EPDS (Edinburgh Postnatal Depression Scales) (Cox, Holden & Sagovsky, 1987).
- Psychological Symptoms -> BSI (Brief Symptom Inventory) (Franke, 2000);
- Parental Stress -> PSI (Parental Stress Index) // EBI (Eltern-Belastungs-Inventar)(Tröster, 2011) (5 infant, 7 adult scales)
- Dealing with Emotions -> SEE (Skalen zum Erleben von Emotionen) (Behr & Becker, 2004)

Variables Interaction

- Dyadic-Interaction-Quality (Care Index, Crittenden 2006)
 - Sensitiv, Control, Unresponsive (Adult Scales)
 - Cooperative, Compulsive, Difficult, Passiv (Child Scales)



Results

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to you.

Here is an example, already completed:

I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

In the past 7 days:

1. I have been able to laugh and smile freely
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. I have looked forward with enjoyment to the day when the baby will be born
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily for things which went wrong



Client code: _____ Date of birth: _____

Gender: feminine masculine _____ Data of testing: _____

BSI

BSI – The following list contains a series of symptoms which may occur. Please read carefully each question and decide to what extent this symptoms have occurred during the last seven days. Please do not select you answer in order to leave a good impression, but according to the reality experienced by you. Mark for each question the appropriate answer. Please answer all the questions!

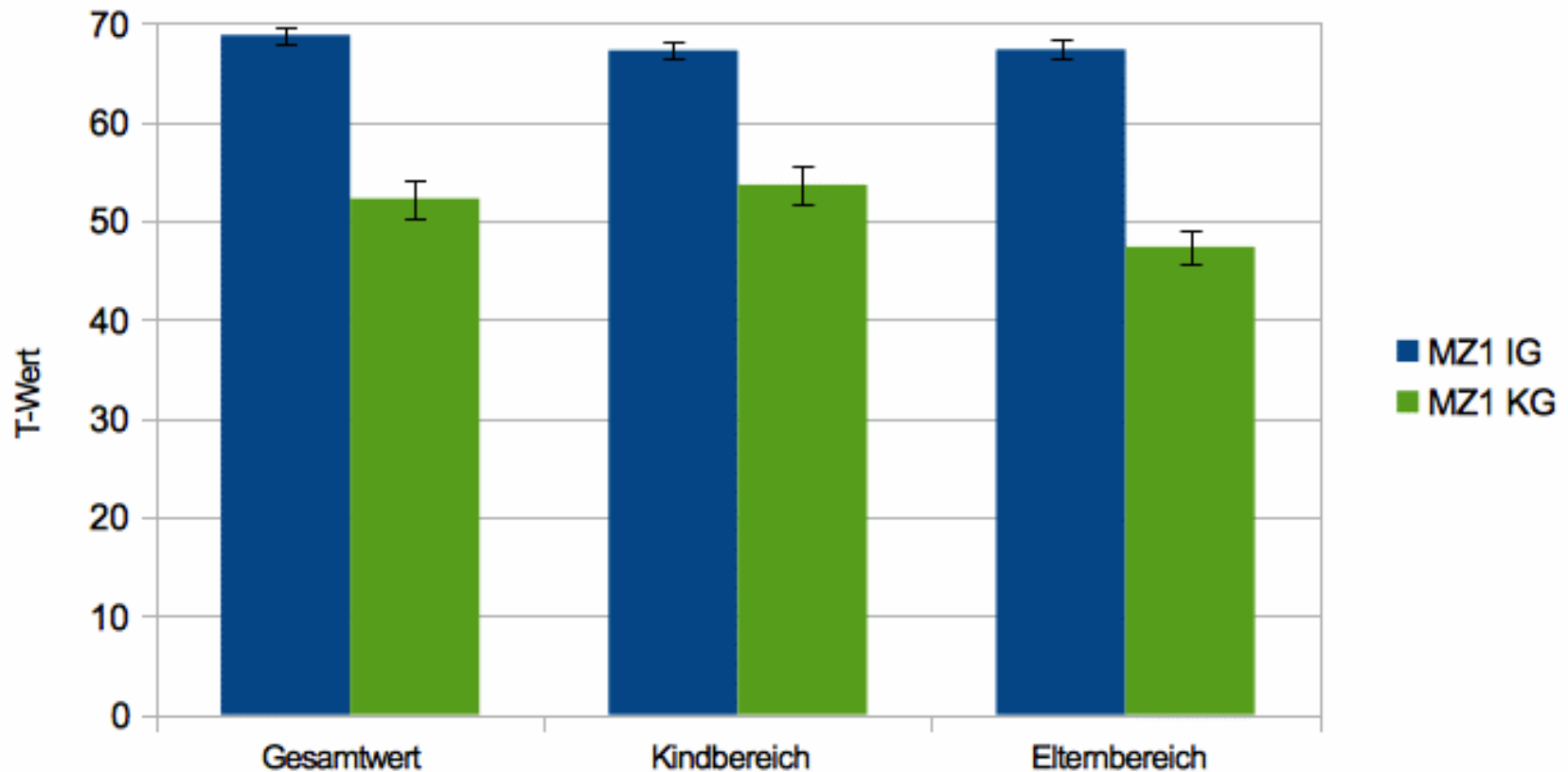
Not at all	A little	Moderate	Strong	Very strong
①	②	③	④	⑤

To what extent did you experience from...in the last seven days

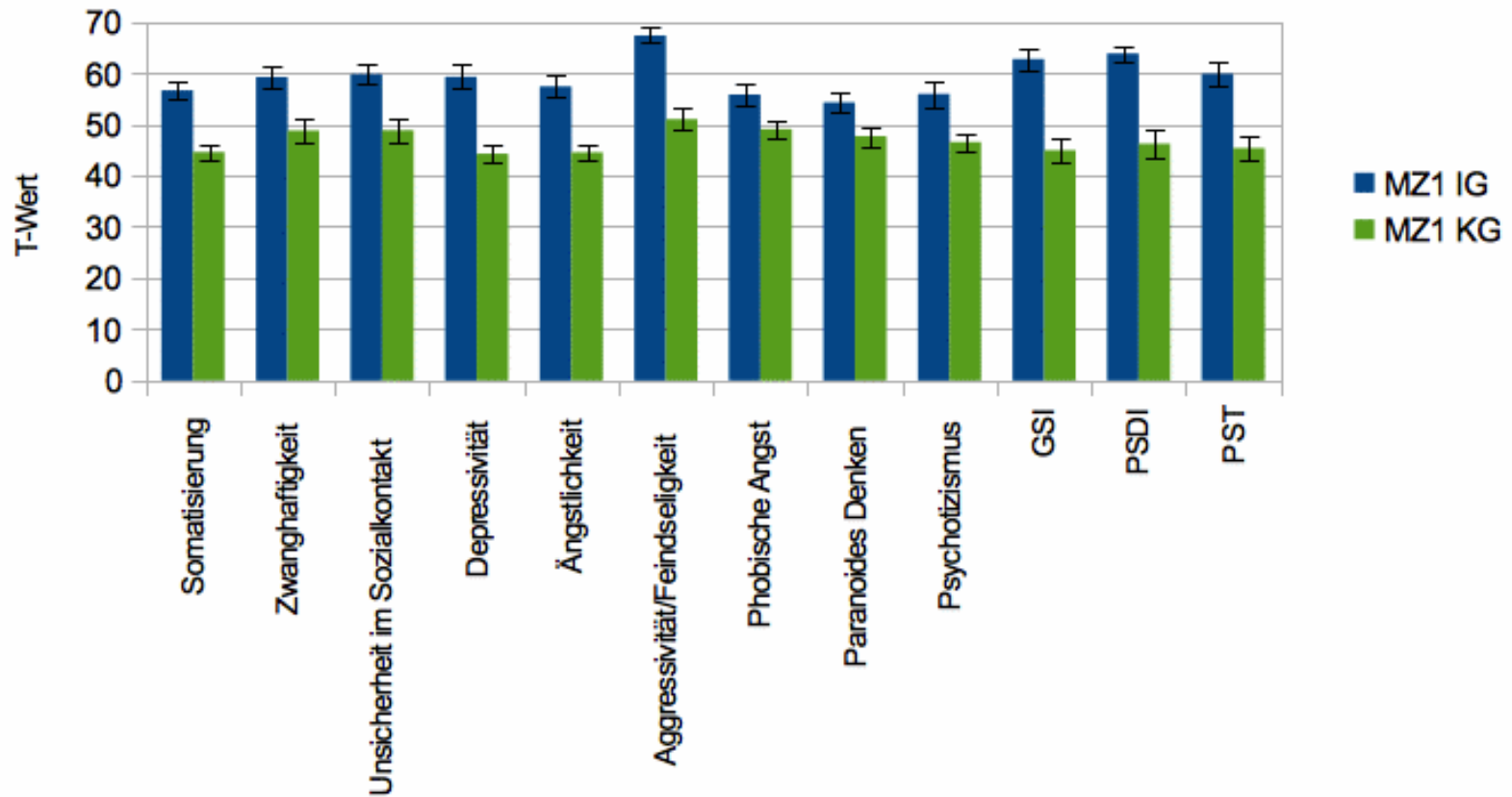
1. Anxiety or tremor
2. Dizziness or loss of consciousness
3. The feeling that someone else has control over your thoughts
4. The feeling that someone else is responsible for all difficulties
5. Memory loss
6. The feeling that you are edgy or irritable
7. Heart- or chestaches
8. Fear of open spaces or to be on the street
9. Suicidal thoughts
10. The feeling that the majority of the people are not to be trusted
11. Appetite loss
12. Fear without reason



Parental Stress (PSI/EBI) IG & KG // T1

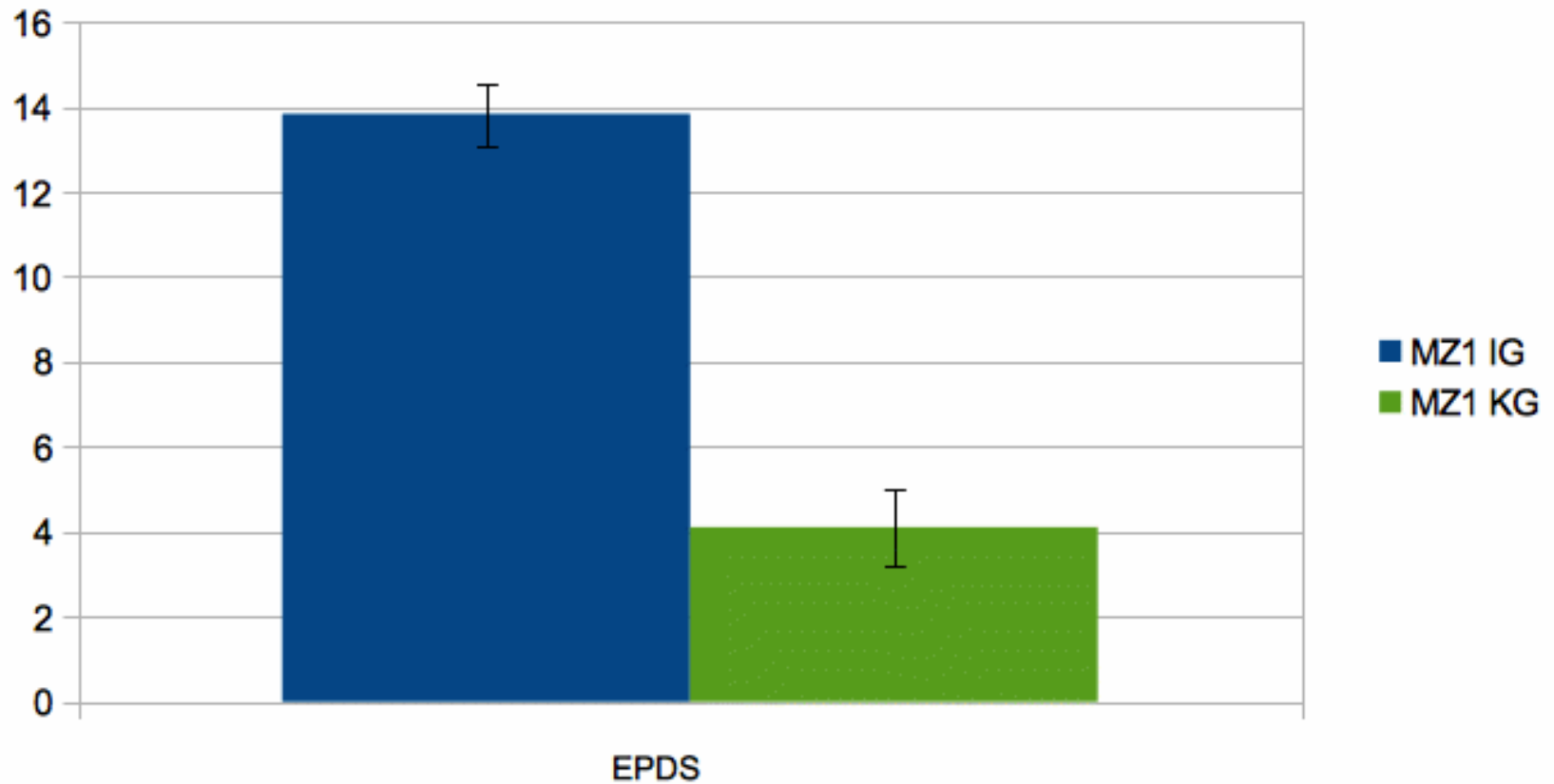


Psychological Symptoms (BSI) IG & CG // T1



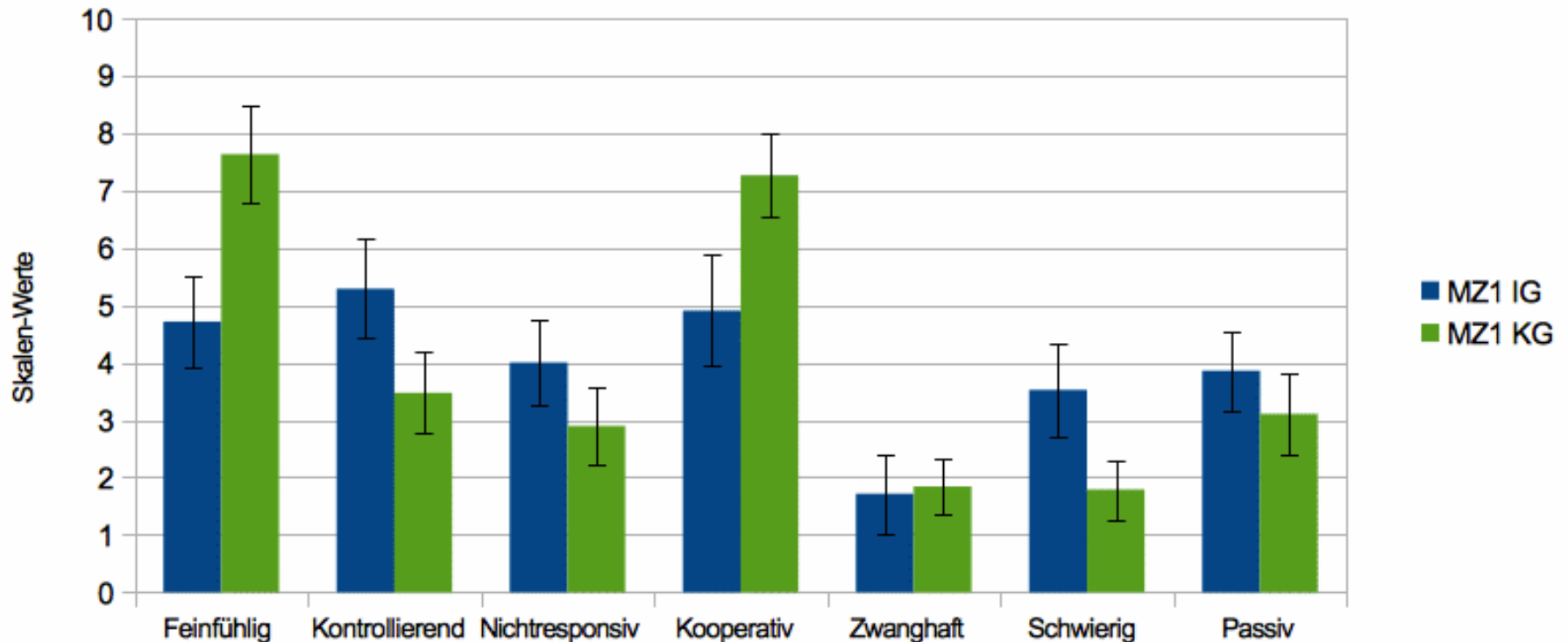
Depression (EPDS)

IG & CC// T1



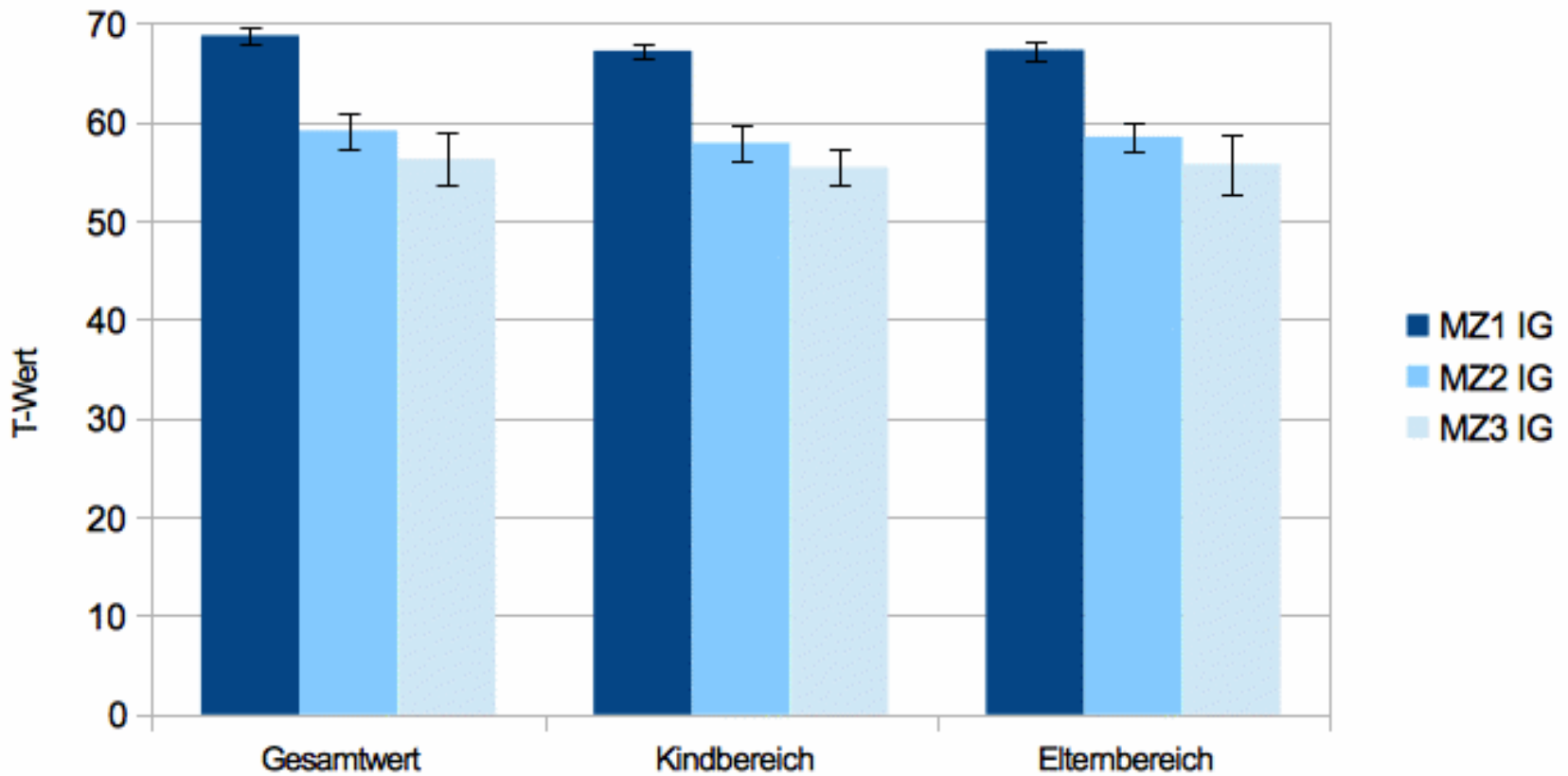
Care-Index Scales

IG & CG // T1

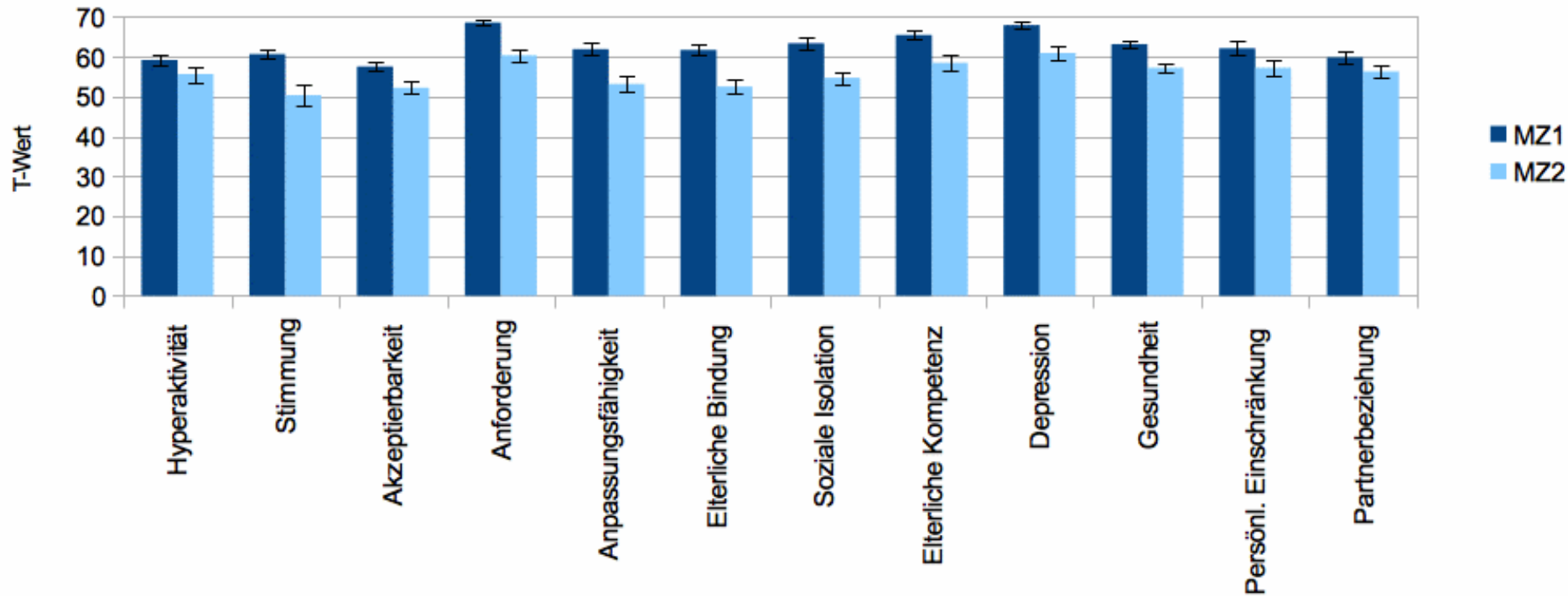


Intervention Outcome

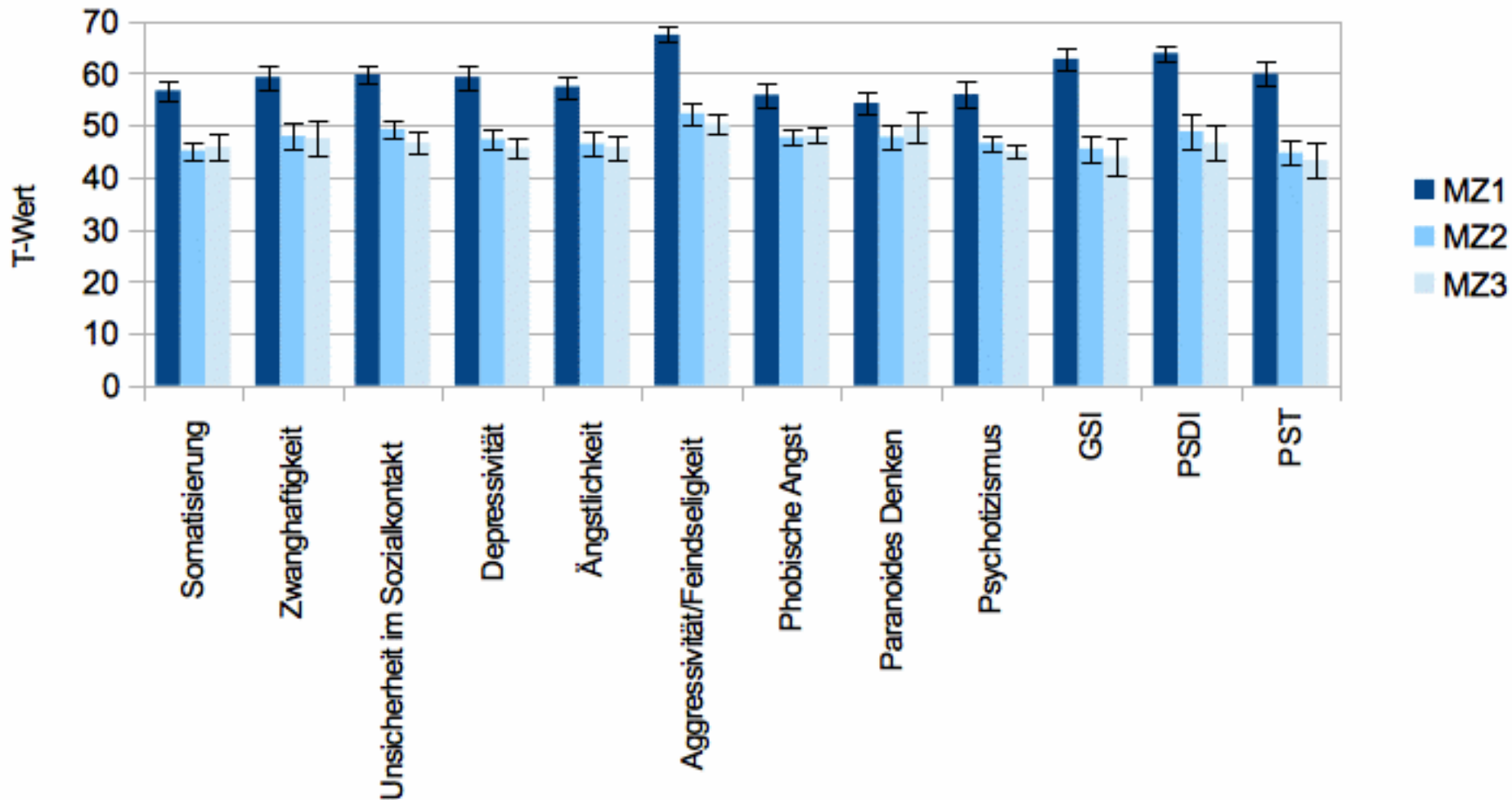
Parental Stress Reduced (PSI/EBI) // IG; T1->T2->T3)



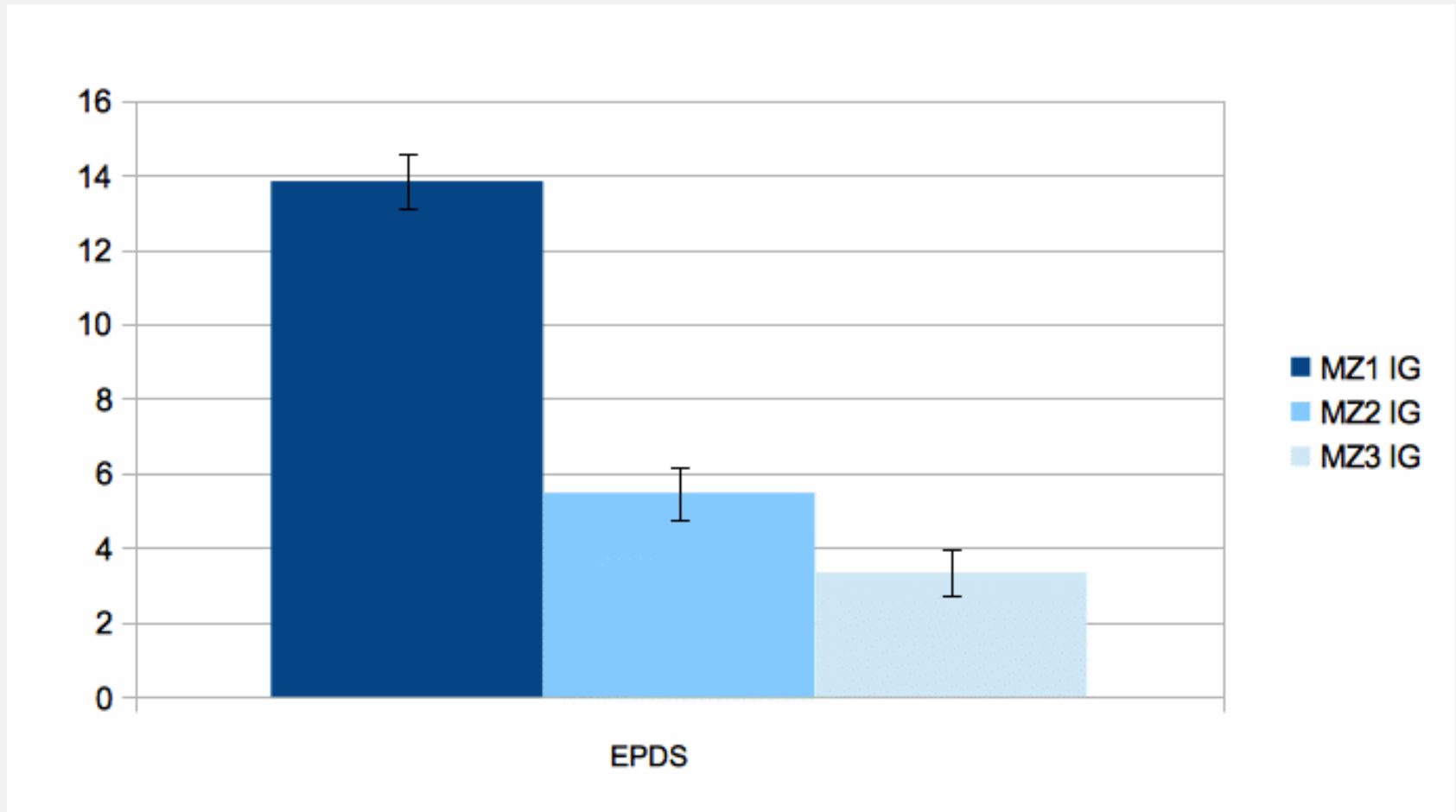
Parental Stress (Subscales) Reduced (PSI) // IG; T1->T2



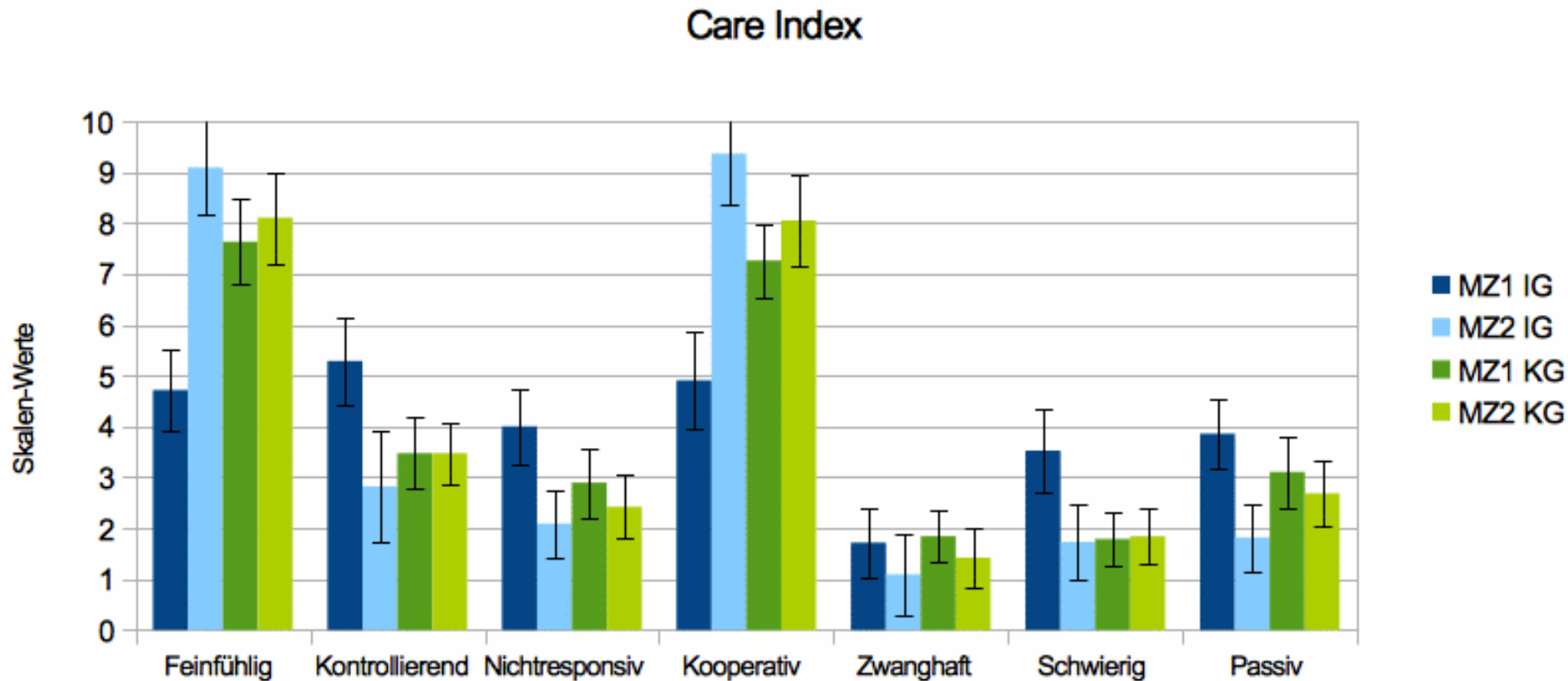
Psychological Stress Reduced (BSI) // IG; T1->T3



Depression Reduced (EPDS) // IG; T1->T3



Sensitivity & Cooperation improved (IG; T1->T2)

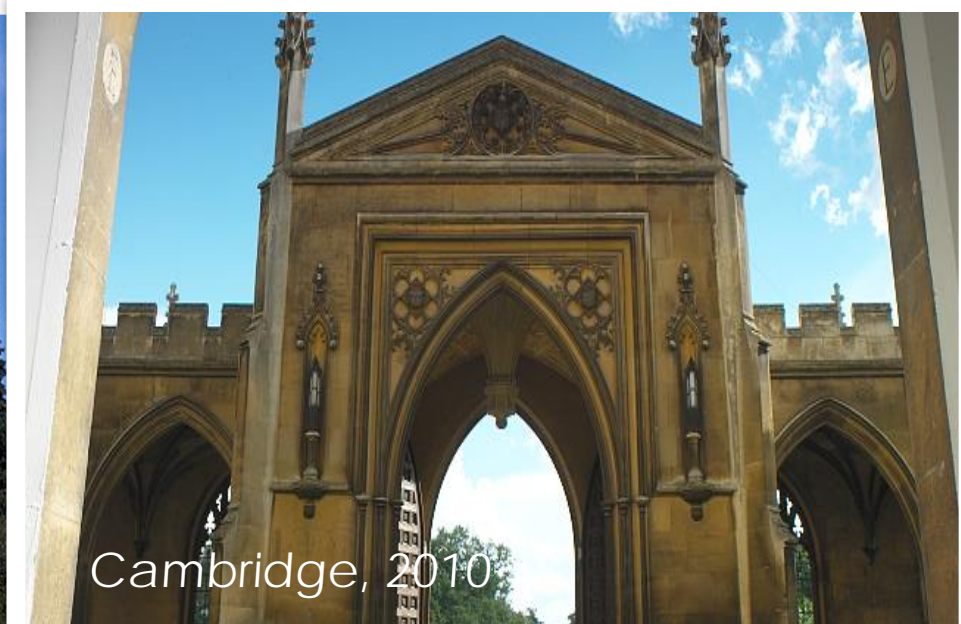


Conclusion

- Parents of babies with regulation disorders (crying or/and sleep) are, at the introduction, in all measured areas significant more burned than the parents of the control group. In most of the measured psychological factors the mothers were at the border to the pathological range, i.e. over the average (norm population).
- Sensitivity of the parents, cooperation of the babies - and so the Dyadic-Interaction-Quality differed significantly between the groups and were, at the beginning (t1), in the clinical group, in a charged „intervention range“.
- by the intervention, with solution of the regulation disorder, there was a significant improvement in all areas of maternal psychopathology, as well as in the mother-child-relation (interaction quality) between the measurement points.
- at t2, after the intervention the clinical mothers were, except depression (PSI/EBI), all over in normal range and at the level of the control mothers. In the control group we found no changes/variances between the measurement points.



Bertinoro, 2008



Cambridge, 2010

To download program materials, click here
<https://www.iasa-dmm.org/iasa-conference/>



Frankfurt, 2012



Miami, 2015