
Regulatory Disorders in Infants

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Editor

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Assessment, Diagnosis, and Treatment

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Preface

The present book addresses the most important regulatory disorders in infants and toddlers. Disorders of early behavioral regulation, i.e., crying, sleeping, or feeding disorders, are those most commonly encountered in this age group. The symptoms, which can affect a number of functional domains simultaneously, fall under the umbrella term of “regulatory disorders.”

Epidemiological studies indicate that early childhood disorders occur in 5–20 % of infants and toddlers. Disorders are mostly transient and resolve in the course of early childhood development, either as a result of the infant’s growing maturity or since the parents find a way to compensate for their infant’s difficulties.

Infant development depends on communication with significant caregivers, generally the parents. Childhood maturation and development evolve within the natural context of early interaction with parents. Both parents and infant are well prepared for this reciprocal process by virtue of biologically anchored skills. In the first months of their infant’s life, parents learn to “read” their baby and understand its signals, enabling them to respond to its needs with sensitivity. Thus, these intuitive parenting skills ensure that expectant mothers and fathers are well prepared for parenthood. By experiencing that its need will be reliably and appropriately satisfied, the infant develops a secure attachment to its parents, who become its “safe haven.”

Therefore, any book on regulatory disorders in early childhood must seek to avoid prematurely “pathologizing” the problem in the infant, in the parents, and in the dysfunctional parent–infant interaction. Having said that, possible behavioral disorders in infants need to be taken extremely seriously for the reasons discussed below.

An infant’s inconsolable crying, disordered sleep, violent and persistent temper tantrums, or clinginess can put a considerable strain not only on the parents but also on the infant. If the problem becomes entrenched, parents generally turn to their pediatrician, midwife, or other expert qualified to provide support in the context of pregnancy and childbirth. A knowledge of the problems and symptoms that can manifest in infants during early childhood is also relevant to professionals active in the field of “early support,” since they will be confronted with these problems in the performance of their profession, e.g., as family midwives or family nurses on their home visits. Youth welfare services now offer far greater support in terms of child protection and relevant help for parents with infants aged 0–3 years. The aim of this book is to sensitize these professional groups to the problem of regulatory disorders and to provide information on the options available to them in terms of intervention.

Excessive and persistent regulatory disorders in early childhood need to be taken very seriously. Immediate help is required for two reasons: Firstly, a regulatory disorder can strain and exhaust parents and their infant so rapidly that an acute crisis situation may emerge within the family. Situations of overload can, in rare cases, result in impulsive actions on the part of the parents, generally toward their infant. Secondly, if left untreated, regulatory disorders that persist over a long period of time can lead to developmental deficits in the infant, as well as to behavioral disorders in the further course. Approximately a third of disorders persist. The greater the burden on parents and family—and the less they provide their infant with the attention and affection it needs—the poorer their ability to compensate their infant's emotional and cognitive developmental deficits.

The individual chapters of the book attempt to illustrate how support for parents and their infant can look. The idea on which our interventional approaches are based is that parents should regain the “fit” they had with their infant as rapidly as possible. In some cases, a “low-dose” intervention is sufficient to achieve this goal. Counseling of this kind attempts to combine different methods and techniques in order to help the family on various levels as rapidly as possible. If parents are motivated to be guided by their infant's needs, they can fulfill the developmental potential all parents have to be good parents. They can achieve this all the better when their interpretation of their infant's behaviors is not superimposed by exaggerated wishes and fears based mostly on difficult experiences in their own childhood. Counseling approaches are inadequate in cases where parental perceptions and interpretations have a lasting dysfunctional effect on parent–infant interaction. Psychotherapy (sometimes long term) is indicated in such cases. Psychodynamic approaches focus above all on the mostly subconscious expectations and attitudes (representations) of the parents and on the relational patterns these give rise to. Over the course of treatment, parents become aware that they contribute to this dysfunctional interaction with their own biographies and, by so doing, maintain a negative interaction cycle. This insight, and the repeated working-through of problems within the protected sphere of psychotherapy, enables them to modify interaction with their infant.

This book, authored by German experts in parent–infant/toddler psychotherapy, aims to illustrate clinical work in Germany. It is the editor's hope that our concept of clinical work will be stimulating and rewarding for experts in other countries.

I would like to thank all the authors involved for their contributions and active collaboration. Springer-Verlag, Heidelberg and New York, has once again provided me expert support for the publication of this book. My special thanks go to Mrs. Christine Schaefer for her excellent translation from German to English and her painstaking copyediting of the manuscript.

It is my sincere hope that readers will find this book both inspiring and informative!

Contents

1 From Normal Development to Developmental Crisis and Regulatory Disorder	1
Marisa Benz and Kerstin Scholtes-Spang	
1.1 Early Childhood Development.....	1
1.1.1 Self-Regulation as a Central Developmental Task.....	2
1.2 Parent–Infant Communication	3
1.2.1 Demands on Parents.....	3
1.3 “Goodness of Fit”.....	5
1.4 Normal Developmental Crises	8
1.5 The Concept of Early Childhood Regulatory Disorders	11
1.5.1 Triad of Symptoms in Early Childhood Regulatory Disorders.....	12
1.5.2 Mixed Regulatory Disorders.....	13
1.6 Conclusion.....	15
References.....	15
2 Approaches to Diagnosing Regulatory Disorders in Infants	17
Sarah Groß	
2.1 Diagnosing Subjective Aspects	17
2.2 Diagnostic Interviews.....	18
2.2.1 General Diagnosis.....	18
2.2.2 Psychodynamic Diagnosis	19
2.2.3 Interactional and Relational Diagnosis	21
2.2.4 Diagnosing Couple and Family Dynamics	23
2.3 Diagnostic Systems	24
2.3.1 ICD-10 and DSM-V.....	25
2.3.2 Zero To Three	25
2.3.3 Guidelines of the German Society for Child and Adolescent Psychiatry and Psychotherapy	28
2.4 Behavior Diaries.....	30
2.5 Questionnaires and Interviews to Gather Data on Behavioral Abnormalities and Regulatory Disorders.....	30
References.....	31

3 Excessive Crying in Infancy	35
Consolata Thiel-Bonney and Manfred Cierpka	
3.1 Case Study.....	35
3.2 Definition and Symptom Triad of Excessive Crying	37
3.2.1 Disorder of Behavioral Regulation in Infancy	37
3.2.2 Dysfunctional Interaction.....	38
3.2.3 Parental Overload Syndrome	38
3.3 Prevalence and Prognosis.....	39
3.4 Development of Behavioral Regulation in the First Months of Life	40
3.5 Factors Affecting the Development of Excessive Crying	41
3.5.1 Organic Stressors and Risk Factors	41
3.5.1.1 Prenatal and Postnatal Organic Stressors	
and Risk Factors.....	42
3.5.2 Sleep–Wake Organization.....	42
3.5.3 Reduced Capacity to Self-Regulate	43
3.5.4 Temperament Factors.....	44
3.5.5 Familial and Psychosocial Stressors	44
3.6 Diagnostic Methods	46
3.7 Counseling and Therapy	48
3.7.1 Somatic Level	49
3.7.2 Developmental Level: Developmental	
Psychological Counseling.....	51
3.7.3 Interactional and Communication Level.....	52
3.7.3.1 Extract from a Parent Interview	53
3.7.4 Psychodynamic-Relational Level: Parent–Infant/Toddler	
Psychotherapy	58
3.7.4.1 Case Report.....	58
3.8 Conclusion.....	61
References.....	61
4 Sleep Disorders of Early Childhood	67
Kerstin Scholtes-Spang, Hortense Demant, and Marisa Benz	
4.1 Definition of Early Childhood Sleep Initiation	
and Maintenance Disorders.....	67
4.2 Development of Sleep and Sleep Behavior.....	68
4.3 Age-Typical Regulatory Development Tasks	
in the Context of Sleep.....	70
4.4 Symptoms, Causes, and Parent–Child Communication in Early	
Childhood Sleep Initiation and Maintenance Disorders	71
4.5 Diagnostic Assessment.....	73
4.5.1 Diagnostic Questions	73
4.5.2 Differential Diagnosis	74
4.6 Interventional Approaches	76
4.6.1 Prevention-Focused Parent Counseling in Practice	76
4.6.2 Sleep Counseling in Practice	77
4.6.3 Psychotherapy	80

4.7	Parasomnias.....	83
4.7.1	Diagnostic Assessment	84
4.7.2	Treatment	85
4.8	Pitfalls in Practice	86
4.9	Conclusion.....	86
	References.....	87
5	Feeding Disorders in Infants and Young Children	89
	Consolata Thiel-Bonney and Nikolaus von Hofacker	
5.1	Drinking, Eating, and Feeding: Developing Eating Skills in a Social Context.....	89
5.2	Definition and Symptom Triad of a Feeding Disorder.....	90
5.2.1	Disorder of Infant Behavioral Regulation in the Feeding Context.....	91
5.2.2	Dysfunctional Interaction.....	92
5.2.3	Parental Overload Syndrome	92
5.3	Prevalence, Course, and Prognosis.....	93
5.4	Risk Factors for the Development of Feeding Disorders.....	93
5.4.1	Organic Risk Factors.....	93
5.4.2	Problems of Behavioral Regulation and Temperament Factors	94
5.4.3	Traumatic Early Childhood Experiences	95
5.4.4	Parental and Familial Risk Factors	95
5.4.5	Feeding Disorders and Attachment.....	96
5.5	Diagnostic Workup.....	96
5.5.1	Diagnostic Classification According to the ICD-10, DSM-V, and DC: 0-3R.....	96
5.5.2	Feeding Disorder in the DC: 0–3R (<i>Zero To Three 2005</i>)... ..	97
5.5.3	Diagnostic Steps in the Feeding Context.....	101
5.6	Counseling and Therapy	103
5.6.1	Somatic Level	103
5.6.2	Developmental Level	104
5.6.3	Interactional and Communicational Level.....	106
5.6.3.1	Particular Features of Sensory Food Aversion and Posttraumatic Feeding Disorders	107
5.6.4	Psychodynamic Relational Level: Parent–Infant/ Toddler Psychotherapy	109
5.6.5	Indications for In- and Out-Patient Treatment.....	111
5.6.5.1	Case Report.....	112
5.7	Course of Therapy	114
	References.....	115
6	Developmentally Appropriate and Excessive Clinginess.....	119
	Kerstin Scholtes-Spang and Marisa Benz	
6.1	Clinginess: An Overview	119
6.2	Clinginess in the Course of Normal Development.....	121

- 6.3 Excessive Clinginess 124
 - 6.3.1 Aspects Requiring Particular Attention in Practice:
Typical Trigger Situations and Risk Factors..... 125
 - 6.3.2 Infant Aspects Requiring Particular Attention..... 127
 - 6.3.3 Aspects Requiring Attention in the Parent Interview 128
- 6.4 Treatment Approaches 129
 - 6.4.1 Developmental Psychological Information..... 129
 - 6.4.2 Psychosocial Counseling 130
 - 6.4.3 Parent–Infant Psychotherapy 132
- 6.5 Conclusion..... 135
- References..... 136

7 Developmentally Appropriate vs. Persistent Defiant and Aggressive Behavior 139

Manfred Cierpka and Astrid Cierpka

- 7.1 Developmentally Appropriate Defiance..... 140
 - 7.1.1 Prevalence 140
 - 7.1.2 Defiance as a Regulatory Phenomenon..... 141
 - 7.1.3 Trigger Situations..... 142
 - 7.1.4 Information and Developmental Psychological
Counseling for Parents..... 143
 - 7.1.5 Aspects Requiring Particular Attention
in the Parent Interview 143
 - 7.1.6 Pitfalls 144
- 7.2 Excessive Defiance and Persistent Temper Tantrums 144
 - 7.2.1 Prevalence 145
 - 7.2.2 Severity, Risk Factors, and Prognosis 145
 - 7.2.3 Diagnosis..... 146
 - 7.2.4 Therapeutic Approaches 147
 - 7.2.5 Aspects Requiring Attention During Parent Interviews 149
 - 7.2.6 Pitfalls in Practice 149
- 7.3 Aggressive Behavior in Toddlers 151
 - 7.3.1 Diagnosis..... 152
 - 7.3.2 Prevalence 153
 - 7.3.3 Risk Factors and Prognosis 153
 - 7.3.4 Interventional Approaches 154
 - 7.3.4.1 Behavioral Therapy..... 154
 - 7.3.4.2 Family Therapy 154
 - 7.3.4.3 Psychodynamic Interactional Parent-Child
Psychotherapy 155
 - 7.3.5 Typical Aspects in Everyday Practice..... 157
 - 7.3.6 Pitfalls in Practice 158
- 7.4 Conclusion..... 158
- References..... 158

8 Disinterest in Play in Infancy: Problems in the Regulation of Attention and Play	161
Mechthild Papoušek	
8.1 Clinical Picture of Disinterest in Play in Infancy.....	161
8.1.1 Parent Complaints: Aspects of Patient History Requiring Attention	162
8.1.2 Conditions of Origin in the Context of Pervasive Regulatory and Relational Disorders.....	163
8.2 Normal Developmental Course of Play and Attention.....	163
8.2.1 Infant Needs of Play and Self-Efficacy.....	163
8.2.2 Regulation of Play and Attention.....	164
8.2.3 Parent–Infant Communication in Joint Play	165
8.2.4 Play and Attachment Security.....	166
8.2.5 Regulatory Developmental Tasks in Play, 0–3 Years.....	166
8.3 Diagnostic Assessment of Disinterest in Play: Observation of Solitary and Joint Play	166
8.3.1 Incidental Observations During Counseling Sessions	167
8.3.2 Structured Video-Supported Observation	168
8.3.3 Aspects Requiring Attention During Joint Play and Solitary Play.....	168
8.3.3.1 Observations in the Context of Persistent Crying	169
8.3.3.2 Observations in Restless/Sensation-Seeking Toddlers.....	170
8.3.3.3 Observations in Hypersensitive Toddlers Unable to Filter Stimuli	171
8.3.3.4 Observations on Communication in Joint Play and Detachment	172
8.4 Counseling and Therapy in Routine Practice.....	174
8.4.1 Play-Related Developmental Counseling	175
8.4.2 Play-Focused Guidance in Parent–Infant Communication and Psychodynamic Communication- Centered Relational Therapy	176
8.4.3 Video-Supported Guidance in Play and Psychodynamic Relational Therapy.....	177
8.4.4 Indications for Individual Psychotherapy and Occupational Therapy	177
8.5 Pitfalls in Practice	177
8.5.1 Problems in the Treatment Plan.....	177
8.5.2 “No Time to Play”.....	178
8.5.3 Headwinds Driven by Social Trends.....	178
8.6 Disinterest in Play in Infancy and Developmental Psychopathology of ADHD	178
8.7 Conclusion.....	179
References.....	179

9 Treatment Approaches for Regulatory Disorders.....	181
Manfred Cierpka	
9.1 Early Childhood Interventions Using a Stepwise Treatment Concept	181
9.1.1 Providing Parents with Information.....	181
9.1.2 Guidance	183
9.1.3 Counseling	184
9.1.4 Psychotherapy	185
9.2 Treatment Modalities	187
9.2.1 Focusing on Parental Behavior	187
9.2.2 Focusing on Representations	189
9.2.2.1 Parental Representations as the Starting Point.....	190
9.2.2.2 From Infant Behavior to Parental Representation.....	191
9.2.2.3 Mentalization-Based Parent-Infant Psychotherapy	192
9.2.2.4 Access via Therapist Countertransference.....	193
9.2.2.5 Mother/Father–Infant Interaction as a Starting Point	194
9.2.3 The Integration of Approaches	195
References.....	197
10 Video and Video Feedback in Counseling and Therapy.....	201
Consolata Thiel-Bonney	
10.1 Introduction.....	201
10.2 Counseling and Therapy Concepts Using Video Feedback	202
10.3 Videotaping and Video Feedback.....	203
10.3.1 The Videotaping Context	203
10.3.2 The Therapist’s View of Parent–Infant Interaction and Videotaping	204
10.3.3 Video Feedback.....	205
10.3.3.1 Part 1: Positive Scene.....	206
10.3.3.2 Part 2: Negative (dysfunctional) sequences	206
10.3.3.3 Part 3: Anchoring feelings of positive emotional relatedness.....	207
10.3.4 Case Studies.....	207
10.3.4.1 Case Study 1	207
10.3.4.2 Case Study 2	209
10.4 The Effectiveness of Video Feedback	209
10.5 Conclusion.....	210
References.....	211

11 Focus-Oriented Psychotherapy of Parents with Infants and Toddlers 215
 Michael Stasch, Manfred Cierpka, and Eberhard Windaus

11.1 The “Relationship” as the Basis of Psychoanalytically Oriented Parent–Infant/Toddler Psychotherapy 215

 11.1.1 Access to the Psychodynamic Level via the “Dominant Theme” 217

11.2 Therapeutic Foci in Psychoanalytic Parent–Infant Psychotherapy 218

 11.2.1 Conflict-Centered Therapeutic Foci 219

 11.2.2 Structure-Centered Therapeutic Foci 220

 11.2.2.1 Structural Level of Mentalization {XE "Mentalization"} 221

 11.2.3 Mixed Forms: Conflictual and Structural Foci 223

11.3 Diagnostic Questions and Clinical Synopsis 223

11.4 Case Report 224

 11.4.1 Initial Contact 224

 11.4.2 Clinical Synopsis 225

 11.4.3 Course of Therapy 227

11.5 Conclusion 228

References 228

Index 231

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