KIT
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Resource Article

This month's KIT article, Emotional Development in Children with Different Attachment Histories: The First Three Years, by Grazyna Kochanska, looked longitudinally at the emotional development of basic emotion systems (fear, anger and joy). The study included 112 toddlers with different attachment histories (e.g., avoidant, secure, resistant, and disorganized/ unclassifiable). The congruity/incongruity of emotional responses to episodes designed to elicit particular emotions was examined as was the emotional development of children with a history of disorganized attachment.

Data collection occurred at 9, 14, 22, and 33 months. At 9 months children were seen their homes. Subsequent visits occurred in structured settings. Assessment methods included use of the Strange Situation, the Laboratory Temperament Assessment Battery (LAB TAB), and participation in episodes designed to elicit fear, anger and joy. Examples of the episodes included: *Fear* – Stranger Approach (i.e., stranger approaching and picking up baby) and Masks (i.e., experimenter putting on different frightening masks); *Anger* – Car Seat (i.e., babies confined in a car seat) and Toy Retraction (i.e., toy removed from babies but kept within sight); and *Joy* – Puppets (i.e., hand puppet 'show') and Peek-a-boo game. Another fear assessment (Risk Room paradigm – mildly stressful events in an unfamiliar environment) was used at 22 and 33 months.

The results supported previous research on emotional development and expanded upon it. Over time, resistant children were generally more fearful than any other group; they also were the least joyful. Fear in avoidant children increased substantially by 33 months. Anger scores for securely attached children increased between 9 and 14 months then decreased between 14 and 33 months. Higher scores in secure attachment predicted less expression of negative emotions (fear and anger) approximately 20 months later. Children more secure as infants were less fearful at 33 months. Disorganized/unclassified children became more angry over time. Boys were less fearful and had more anger than girls; they also tended to be more joyful. For all attachment groups, fear appeared stable from 14 to 33 months; joy was stable from 9 to 33 months; and anger did not become stable until 22 months. Results for disorganized/unclassifiable children suggested a higher level of anger at 33 months than at younger ages. Collectively, these results reinforce the importance of supporting families to promote children's positive social emotional development.

Kochanska, G. (2001). Emotional Development in Children with Different Attachment Histories: The First Three Years. Child Development, March/April 72(2), pp. 474-490. Retrieved October 2011 from http://www.psy.miami.edu/faculty/dmessinger/c_c/rsrcs/rdgs/attach/kochanska_CD_attach_emot.pdf

On the WWW

The web resource this month is a publication from Georgetown University titled "Bright Futures in Practice: Mental Health – Volume 1." This online resource is fairly lengthy, but easy to navigate. It includes a section on mental health development, which contains a separate section for infancy and early childhood. In addition, there is a section called "bridges" that provides information on a variety of topics, such as anxiety disorders, eating disorders, parental depression and domestic violence. Each of the "bridges" incorporates key facts followed by more detailed information. The entire guide is online, simply follow the link below to access this resource.

www.brightfutures.org/mentalhealth/pdf/

What Do the Data Say?

Where, how, and when are babies being delivered in the United States?

To explore this question, data from the 2008 U.S. births from the National Vital Statistics Report Volume 59, Number 1, December 8, 2010 were examined. The full report is available online at: http://www.cdc.gov/nchs/data/nvsr/nvsr59_01.pdf

First, let's look at where babies are being delivered. According to the report, 99% of all babies were delivered in hospitals and the majority (94.4%) were attended by doctors of medicine. Of the one percent born out of hospital, 63.3% were born at home and 28.1% were born in a freestanding birthing center. In 2008, Montana and Vermont had the highest rate of home births (2.2% and 2.0% respectively). It was also noted that home births are more common in rural counties.

Regarding how babies are being delivered, the total cesarean delivery rate continues to increase slowly. In 2008, 32.3% of deliveries were via cesarean. This represents a slight increase from 2007 (31.8%). Births to older women (40-54) were more likely delivered by cesarean compared to younger women (under 20) (49% and 23% respectively). Forceps and vacuum extraction continue to decrease. In 2008, 3.9% were delivered using these methods compared to 4.3% in 2007. This decrease is in part due to concern of fetal injury.

Next, let's look at when babies are being born. The preterm (less than 37 weeks) birth rate declined from 12.7% in 2007 to 12.3% in 2008. Preterm deliveries are about twice as likely among the youngest (under 15) and oldest (45 and up) mothers. Contributing to the increased rate among older mothers is their greater likelihood of having a multiple birth.

As we summarize where, how, and when babies are born we see that that the majority of babies are born in hospitals and involve a vaginal delivery. While the cesarean delivery rate has increased, the majority of babies continue to be delivered vaginally. The preterm rate has declined over the past three years.

Consultation Corner

From August through January 2012, we are excited and honored to have Jennifer Best from Iowa State University in as the KIT consultation corner expert addressing the topic *Understanding and Temperament in Young Children*.

Welcome to October! I hope you have had an opportunity to reflect on how a child you know might fall along each of the nine temperament scales. It is often a very enlightening experience for parents and providers to consider a child's behavior and attitude through the "lens" of his/her temperament.

Sometimes when I ask parents, caregivers and providers to participate in this exercise, someone says to me, "The child I am thinking of has been dealt some rough hard wiring. No wonder they are a challenge for adults around

them." This is the essence of what we are going to discuss this month: temperament clusters. Remember that there are no "good" or "bad" temperaments. Temperaments are what they are. However, some are easier to deal with than others, especially as each of the nine temperament traits do not operate in a vacuum. In fact, they are quite interactional. Consider this:

Amy is an attractive seven-year-old girl whose parents are concerned about the havoc Amy is wreaking on their family. Amy's parents have to repeat instructions many times – much more than they ever did with Amy's brothers and sisters. They often have to guide Amy physically through tasks such as getting ready for bed. She pays little attention to and gives little effort toward school work, chores or what people are saying to her unless she is very interested in the activity at hand. It is a battle to teach her new tasks, because she doesn't try at them. Most days, Amy has difficulty sitting through meals, and staying in bed at bedtime. Amy doesn't walk – she runs. Amy doesn't talk a little – she talks constantly. Her siblings are usually upset with her because she doesn't listen to them, doesn't finish activities and interrupts their conversations.

Clearly, Amy's family has a reason to be frustrated! Let's consider the temperamental factors that contribute to Amy's issues.

1. High distractibility. From Amy's parents' description of their family, it is apparent that Amy is easily distracted and needs to be redirected and reminded multiple times in order to stay focused on a task.
2. Low persistence. It appears that Amy doesn't have much motivation to try at tasks that aren't very interesting to her.
3. High activity level. Amy has lots of energy. She wiggles, paces, runs, climbs, jumps and talks at times that cause others to be irritated and frustrated.

Individually, each of these temperament types might be challenging. When taken together, these temperament traits interact in such a way that families experience extreme stress. In fact, both adults and children in households such as this one can experience issues with communication, feel socially isolated, experience anxiety or depression, and even self-medicate with drugs, alcohol, sex, food, etc.

When temperaments interact with each other in ways that contribute to the overall functioning of an individual and family system, we call them "temperament clusters." Many psychiatrists believe there are three main temperament clusters. Researched by Thomas & Chess (1989, 1991), the first of these is what has been called an "easy" temperament. Characterized by regularity, approachability, adaptability, mild responses and positive moods, about 40% of children in the US have an "easy" temperament cluster. When new parents talk about how their infant "eats and sleeps well, hardly ever cries, goes to anyone, is very smiley, etc." this is a child with an "easy" temperament cluster. For good reason, these parents have a much easier time transitioning to parenthood. Even I have thought, "Hmph! If I could order a baby like that, I might consider another one myself!"

Not every child has "easy" hard wiring, though. About 10% of US children are characterized by irregular schedules, low approachability, low adaptability, intense responses and negative mood. This temperament cluster is called "difficult" for good reason. My grandfather used to say, "that child acts like he was weaned on a pickle" about this type of child. If you have ever worked with a family who has a child like this, you know what I am talking about. The child doesn't have any reason in the world to be grumpy, crabby and demanding, but he/she is anyway. Difficult temperaments have been linked to increases in child maltreatment and abuse.

Somewhere between 5-15% of US children have a temperament cluster referred to as "slow to warm up." These children are slow to adapt, high withdrawal, low activity level, low intensity of reaction and have a mostly negative mood. This is another one of the temperament clusters that you know when you see. These children are very difficult to engage in a personal

interaction or a social situation. They often "watch from the sidelines", are very quiet and seem almost "out of sorts."

Let's return to our seven-year-old friend, Amy, for a moment. If you read the vignette about her and thought "that child sounds like she has ADHD", you may be right. Along the continuum of traits is a great amount of variability. However, when temperaments and their surrounding clusters begin to be more extreme in nature, parents and providers often start asking themselves, "Is something wrong with this child?" Sometimes the answer is "Well, this is definitely a problem for the family, but it doesn't meet the criteria for a 'diagnosis.'" Sometimes, the answer is "Yes, this child does meet the clinical criteria for a mental health diagnosis."

Suppose a child has a temperament cluster of negative mood, high intensity of reaction and slow adaptability. These children may exhibit behaviors that remind you of Oppositional Defiance Disorder. If severe enough, a child might even meet the clinical criteria for this diagnosis when evaluated by a mental health professional. A child who is highly sensitive with low approachability may have symptoms of a sensory processing disorder. An occupational therapist with specialization in sensory issues may be able to work with this child to reduce some of the disruptive symptoms. Children with low approachability, negative mood and high persistence may appear to be anxious or have a phobic disorder. Again, a mental health professional might assess the child and determine he/she meets clinical criteria for such a diagnosis, depending on the severity of the symptoms and how much they are interrupting daily functioning.

One final thought about temperament clusters is that they aren't all "problems." In fact, the "task orientation cluster" is made up of persistence, distractibility and activity level. If children have high to moderate persistence, low to moderate distractibility and low to moderate activity levels, they often do well in school. The personal-social flexibility cluster is made up of mood and approachability. Children with generally positive moods and moderate to high approachability are often well-liked by peers.

This month, return to the child you were reflecting upon last month. Consider how his/her temperament traits interact in ways that create stability and resiliency within the family system, or lead to stress and risk within the family system.

Why do you think this is the case?

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding Temperament in Young Children*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August through December 2011) and completing a multiple-choice exam about the content covered in these KITs.

If you are interested, take the exam online at www.edis.army.mil and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

Please send your Consultation Corner questions and KIT ideas via email to
ediscspd@amedd.army.mil

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