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**Listening for Parental Representations and Nurturing Reflectivity:
The Working Model of the Child in Clinical Practice**

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Disclosures

- The presenter has no conflicts of interest for this presentation
- My work has been funded by Zero to Thrive, the Washtenaw County Mental Health Preservation Millage, the MDHHS Centers for Medicaid and Medicare Services, SAMHSA, ACF, NIH, Health Endowment Fund, Gerstacker Foundation, Ouida Foundation



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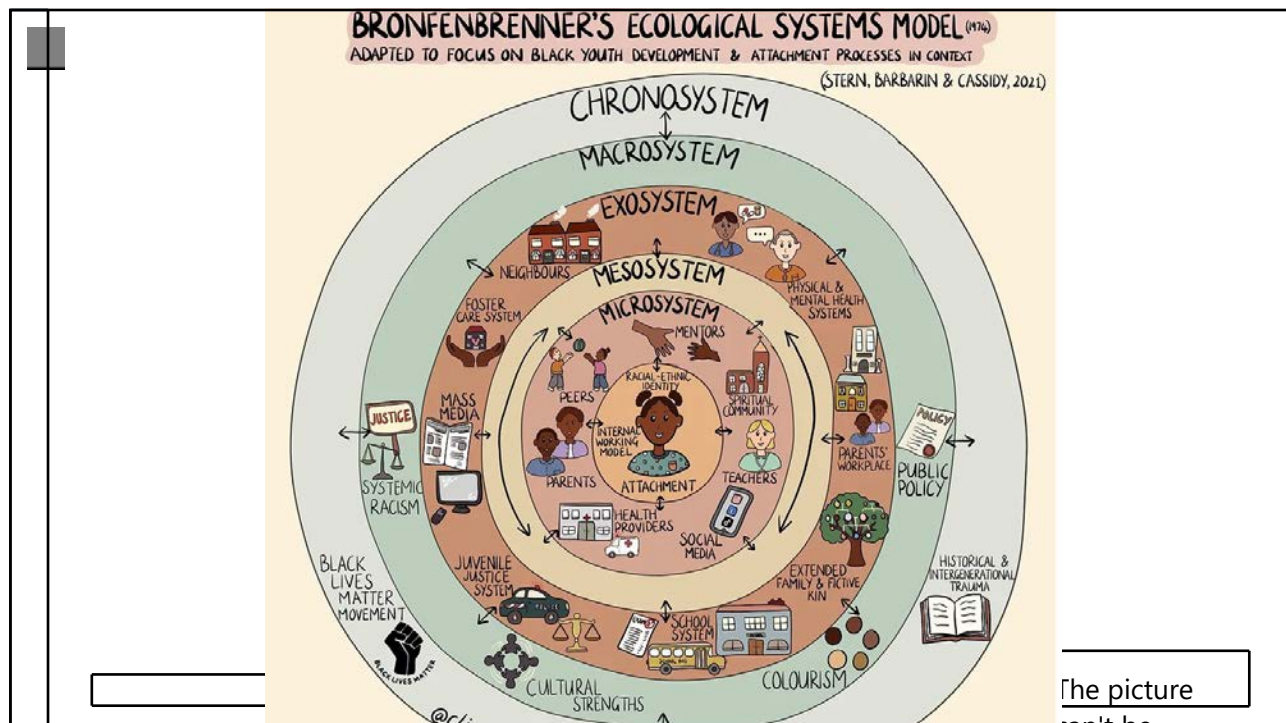
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<h2>The plan...</h2> <ul style="list-style-type: none"> • Learn about the research on parental meaning making, representations, and their implication for early relationships, including critical attention to linguistic supremacy and bias • Explore how to “listen” for key discourse and content markers of WMCI representations and reflective parenting • Practice “coding” brief narratives • Explore how to use these types of questions to promote reflective functioning 	 The picture can't be displayed.	
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Universal - but not Uniform

- Early relationships are universally important
- Relationships universally exist at multiple levels – how we behaviorally are with one another, and represented- how we internalize, think about, and make meaning of relationships
- How relationships look and sound is variable– relationships are deeply culturally embedded
- Linguistic discrimination – the unfair treatment of people based on use of language and the characteristics of speech

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Working Towards Anti-Racist Perspectives in Attachment Theory, Research & Practice

ARTICLE

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CULTURALLY SENSITIVE ASSESSMENT OF
ATTACHMENT IN CHILDREN AGED 18–40 MONTHS
IN A SOUTH AFRICAN TOWNSHIP

KLAUS MINDE AND REGINA MINDE
McGill University

WENDY VOGEL
University of Wittenberg

Working Toward Anti-Racist Perspectives in Attachment Theory Research, and Practice

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*Research on parental
representations*



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From Selma Fraiberg... On the Intergenerational Transmission of Attachment

“In every nursery there are ghosts... Even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment...But how shall we explain another group of families who appear to be possessed by their ghosts? The intruders from the past have taken up residence in the nursery, claiming tradition and right of ownership... While no one has issued an invitation, the ghosts take up residence and conduct the rehearsal of the family tragedy from a tattered script.”

- Fraiberg, Adelson, & Shapiro, 1975, pp. 387-88)

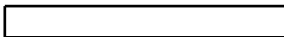


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Attachment Theory Perspective on the “Ghosts”: Internal Working Models

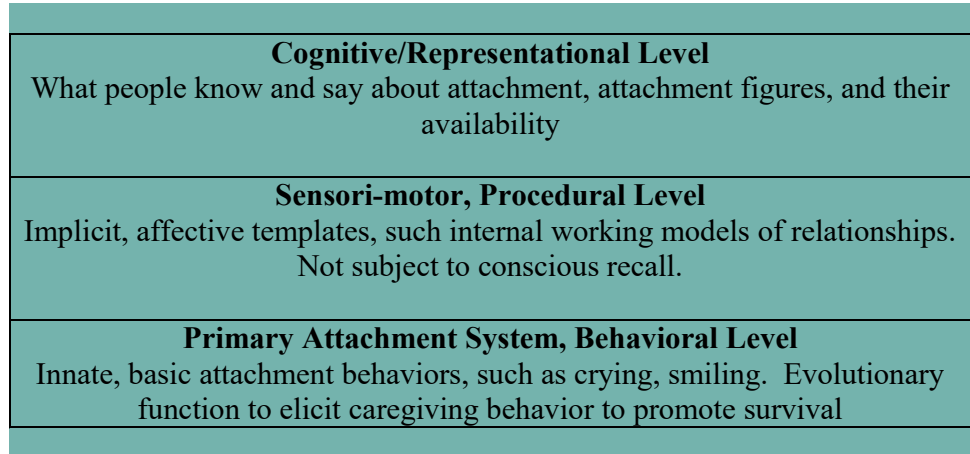
- “Move to the level of representation”
- Underlying continuity in internal working models from infant attachment to adult representation of relationships
- Adult representations shape perception & interpretation of infant signals



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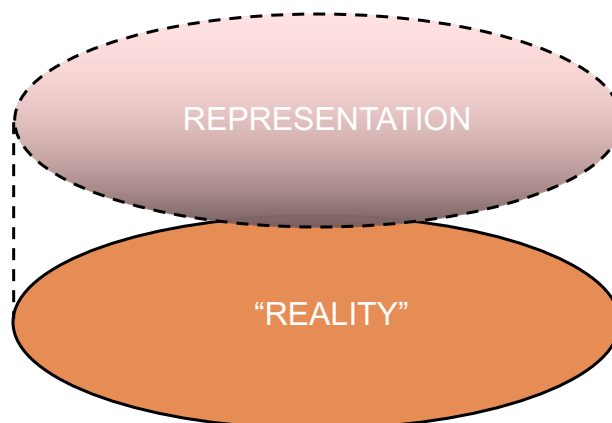
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Levels of organization of attachment systems



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representational model

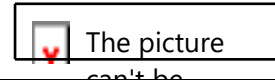


Slide courtesy of Sameroff, 2012

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Why assess representations?

- They reflect parental meaning-making– and can be a window into the relationship
- They are associated with parenting and with child-parent attachment security (even when representations are assessed prenatally!)
- This allows for engaging parents in story-telling which can be highly relevant, meaning-full, and content rich
- Can help you understand how parent/caregiver might process emotionally-laden experiences and/or information
- Understanding “transference” and counter-reactions

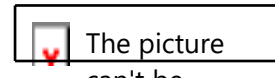
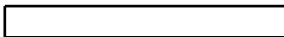
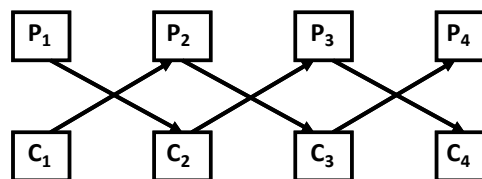


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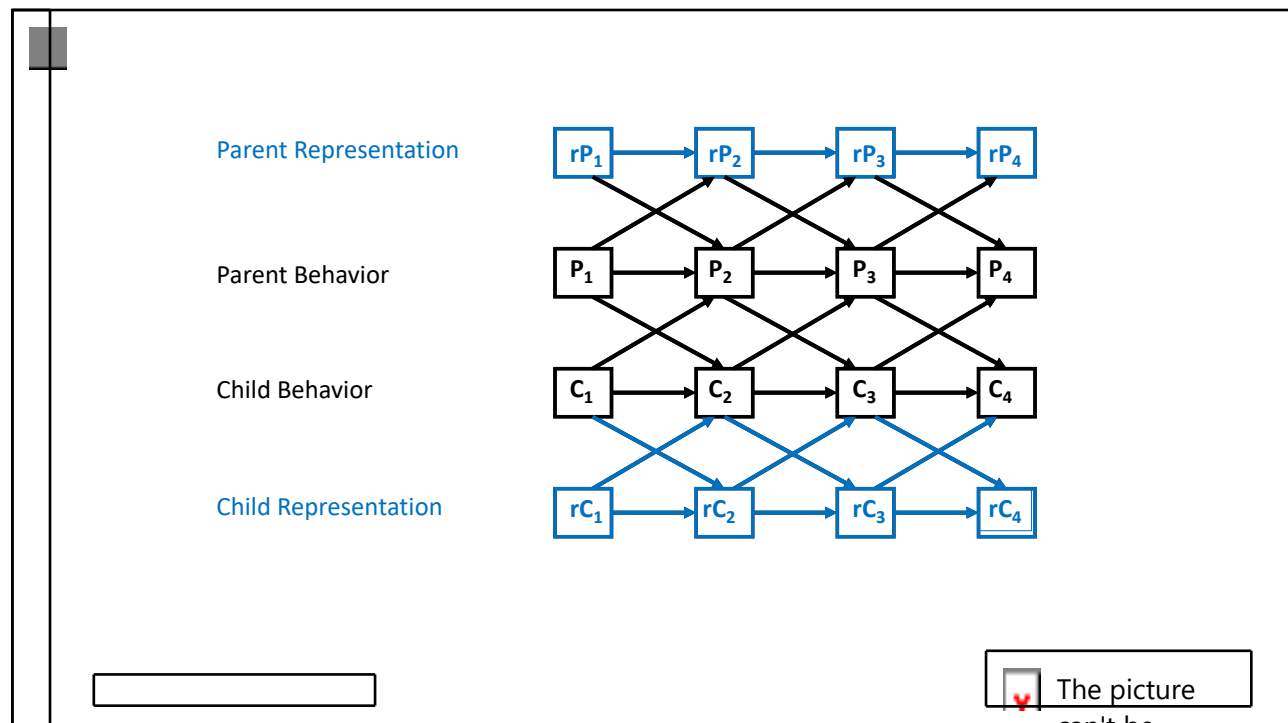
Sameroff (1975) transactional model

Parent Behavior (Other)

Child Behavior (Self)



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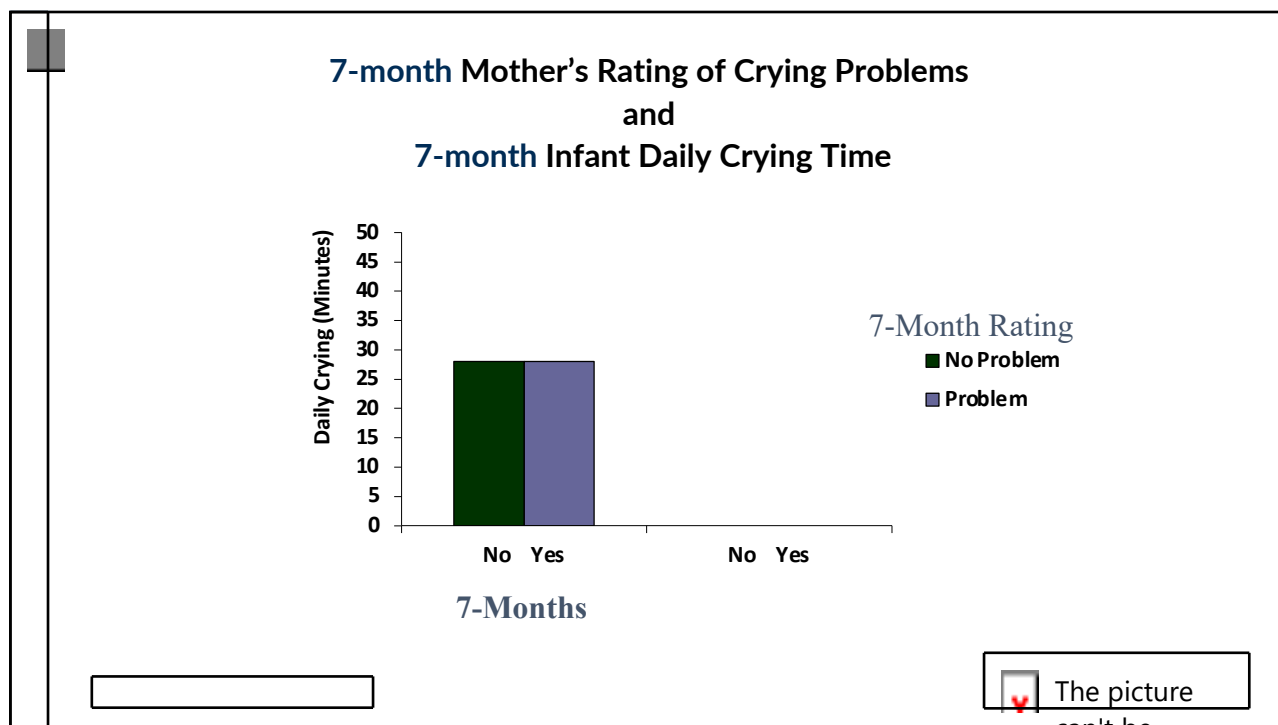
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Mother Perceptions and Infant Crying

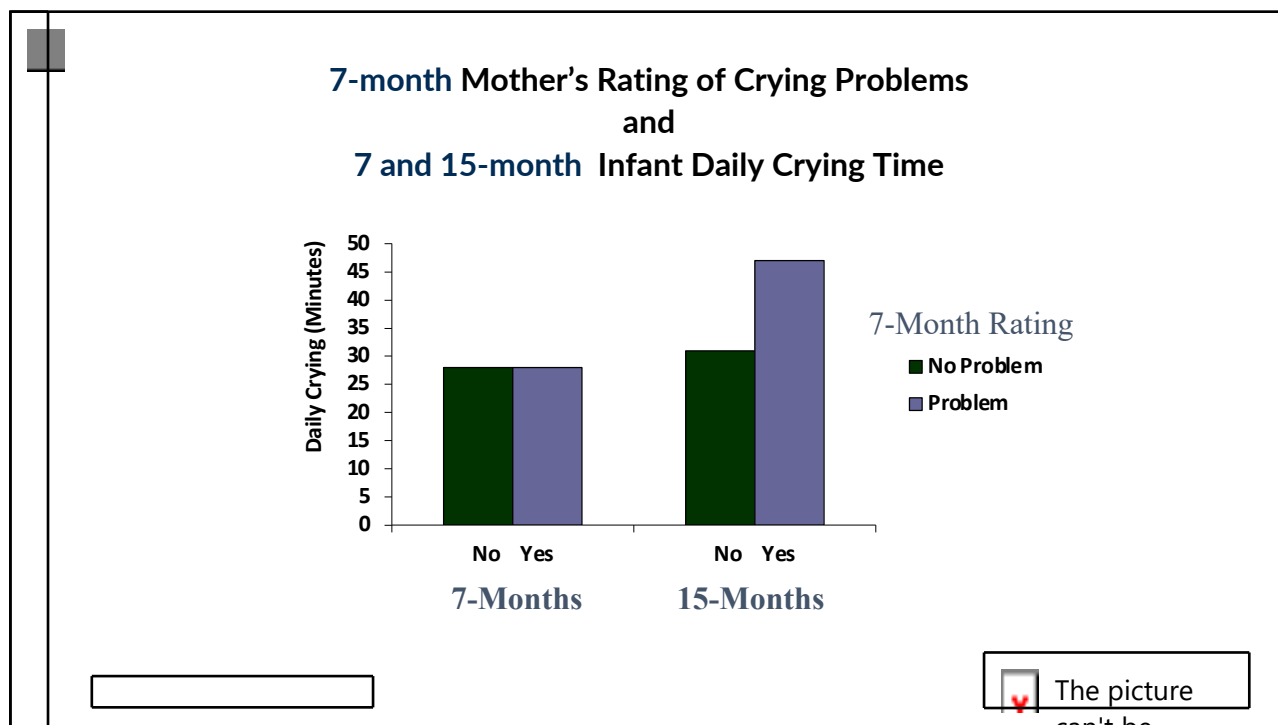
- 200 Mothers and Infants
- 7 months
 - *Assess Amount of Infant Crying*
 - *Assess Mother's Judgment of Problem*
- 15 months
 - *Assess Amount of Infant Crying*
- 33 months
 - *Assess Infant Mental Health (CBCL)*

MacKenzie, M. J., & McDonough, S. C. (2009)

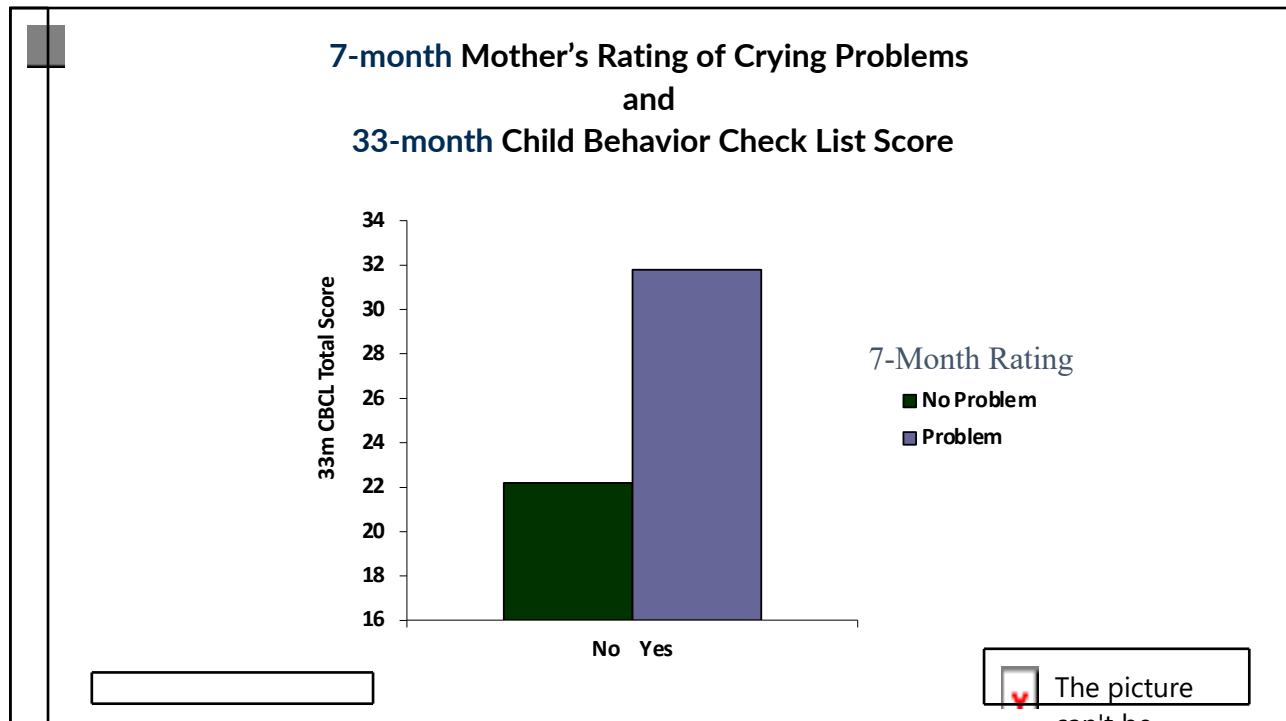
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Assessing Mental Representations via Attachment-based Interview Narratives

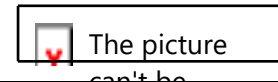
- The Adult Attachment Interview (Main et al)
- The Working Model of the Child Interview (Zeanah et al)
- The Parental Development Interview (Slade et al)
- Dollplay Task (Story-stem procedure) (Solomon & George)
- Projective Tasks (George & Solomon)
- Insightfulness Assessment (Oppenheim)
- 5" speech samples (Oppenheim)

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What is common across these approaches

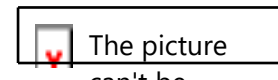
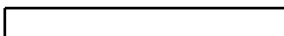
- Semi-structured, open-ended questions
- Allowing person to speak without interruption, and without evaluation (positive or negative)
- Listening both for *content* and *process*
- Analysis of discourse markers
- Not intended to measure of intelligence, general memory
- Questions that are designed to 'surprise the unconscious' (Mary Main) – which helps reduce odds that replies are “scripted”



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Circling back ...

- While not *intended* to measure memory, intelligence, use of particular dialect/language characteristics, etc-- concerns have appropriately been raised regarding linguistic supremacy or linguistic racism.
- History of white people's colonization of language of Indigenous, Black and Brown peoples
- Much of the work using the WMCI (including its development) has been done by white people
- Critically important to consider who is interviewing, and who is coding, so that dialect or other features of language are not confused with discourse markers!
- **Let's continue to keep this in mind throughout our discussions together!**



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Working Model of the Child Questions

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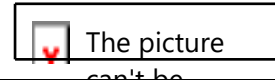
WMCI Instrument

- You received a modified version of the WMCI interview on the conference app (this and the longer version are available on the Tulane website for download)
- Full interview has optional questions about pregnancy, developmental history
- Phrased differently if administered during pregnancy
- Shorter versions – or even just ‘select’ questions -- are often used for clinical practice

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WMCI Sample Questions

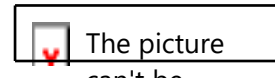
- Tell me about your baby's personality/what she or he is like...
 - 5 (in clinic- we do 3) words or phrases to describe your baby's personality
 - Why did you choose ___?
 - Can you tell me an example to illustrate how your baby is ___ ?
- Tell me about your relationship with baby...
 - 5 (in clinic- we do 3) words or phrases to describe relationship with baby
 - Why did you choose ___?
 - Can you tell me an example when your relationship was ___ ?



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WMCI Sample Questions

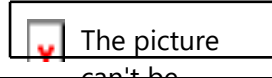
- What about ___'s behavior is most challenging for you now?
- [if not spontaneously offered] Can you tell me a typical example?
 - How often does this occur?
 - What do you feel like doing when your child reacts that way?
 - How do you feel when your child reacts that way?
 - What do you actually do?
 - Does [child] know you don't like it?
 - Why do you think s/he does it?
 - What do you imagine will happen to this behavior as your child grows older? Why do you think so? [probe: How will the 2 of you get along?]



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Sample Questions

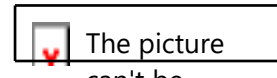
- How did you choose ____'s name? How well does it seem to fit?
- What is a favorite story about ___? What do you like about that story?
- Who does your child remind you of?
- Which parent/caregiver is your child closest to? How can you tell?
- Can you tell me something you hope your child will learn from having you as a parent?



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WMCI Sample Questions

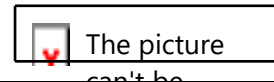
- How do you feel your relationship with your child has affected your child's personality?
- Has your relationship to your child changed at all over time? In what ways? What is your own feeling about the change/



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Sample Questions

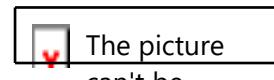
- Are there times when your child seems especially happy?
- Does your baby get upset often? [even if "no" – ask about when your child is upset]
 - What do you do at these times?
 - What do you feel like doing when this happens?
 - What do you feel like at these times?
- What about when he/she is emotionally upset (repeat probes)
- What about when she/he has been physically hurt? (repeat probes)
- Has your child been sick at all? (repeat probes)



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In our psychiatry clinic..

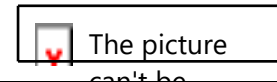
- Shorter subset of questions
- Family of origin reflections [Not WMCI, but clinically useful]:
- All parents have things they experienced growing up that they want to pass on to their children, and other things they don't want to pass on, or want to do differently, or to protect their child from.
- Can you tell me something you hope your child gets from you that you had growing up, and something you hope you will do differently, or protect your child from?



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Analysis of WMCI responses: Attending to both Content and Process

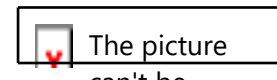
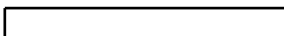
- What parents say is important – and is often what we are ‘tuned into’
 - Coherence
 - Integration of episodic (semantic) memories and episodic (specific) memories
 - Content- acceptance of the child, sensitive/responsive caregiving, feelings of helplessness, intensity of psychological involvement, rejection of the parenting role, etc.
- How they say it is also important– discourse markers
 - Fluency/dysfluency (e.g., is it ‘fresh’ or scripted; are there ‘stumbling blocks’- lots of pauses, etc; richness of perception?)
 - Affective Tone



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The importance of general/broad questions with follow up probes for specific examples

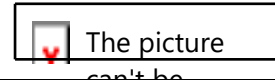
- Semantic and episodic memory questions pull for coherence– very important
- “Tell me about your child’s personality, what is s/he like?”
 - Semantic– can they pull together a broad picture of who their child is?
 - Are they distracted by specific instances, examples, or have a hard time painting a general picture?
- “Can you give me an example of a time that would illustrate how ____ describes his personality?”
 - Episodic– can they share a specific time?
 - Does the episode “fit” with the semantic descriptions?



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What do we code from WMCI?

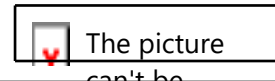
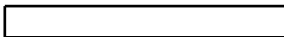
- Parenting Reflectivity
- WMCI Scales
- WMCI Typologies
 - Balanced
 - Disengaged
 - Distorted
- * note we do not cover the WMCI-D system in this course



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Reflective Functioning (e.g., Fonagy, Slade)

- Derived from AAI
- Mentalizing is the human ability to understand behavior in relation to mental states such as feelings, thoughts, intentions, desires
- Reflective Functioning is the manifestation of mentalizing ability and allows the person to link behaviors to mental states, understand that behaviors have meaning, and to think about mental states



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Parenting Reflectivity (Rosenblum & Muzik)

- Reflective functioning in the context of the WMCI
- Ability to tolerate complex and / or conflicting emotions in self or baby
- Perspective-taking, thinking 'in context'- e.g., developmentally, or across generations
- Have validated against mind-minded speech ("you want that ball" "what are you thinking?" "are you sad?") (Rosenblum et al. 2008)
- Associated with infant attachment (unpublished personal communication, Huth-Bocks)
- Sensitive to change with intervention. (Rosenblum, et al, 2017, Julian et al, 2017)
- In a military sample that had experienced deployment-with both mothers and fathers- Parenting Reflectivity was strongly correlated over time $(78)= 0.48, p<.01$

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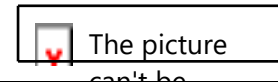
High	Low
Acknowledge mental states	No evidence of reasoning about one's own or others mental states
Tolerate complexity & ambiguity of mental states	Need for defense, e.g., splitting, denying, distorting
Able to acknowledge that mental states have impact on one's own or others behavior	No acknowledgment of the impact of mental states on behavior
Able to acknowledge that mental states have an impact on one's own or others experience or perception of the world	No ability to acknowledge that mental states have an impact on one's own or others experience or perception of the world
Ability to reflect meaningfully on changes in relationships over time	
Transgenerational and transactional perspective	

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WMCI Typologies

Internal Working Models as Emotion Regulators

- We can conceptualize infant and adult attachment as engagement processes associated with regulating emotion in the relational context (Rosenblum, Dayton, McDonough, 2004)
- 3 Main WMCI Typologies reflect emotion regulation strategies:
 - Balanced: Open experience and expression of range of affect
 - Disengaged: Deactivation of affect
 - Distorted: Over-activation of affect



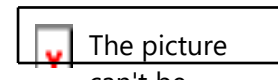
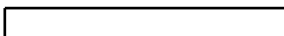
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Quality of Infant Attachment: Secure Type

- **Strange Situation Behavior:**
 - Affiliative to stranger in mother's presence-- social referencing
 - Explores environment with caregiver present
 - If distressed at separation-- seeks & maintains contact at reunion
 - If not distressed-- active greeting behavior & strong initiation of interaction
 - Consolable by attachment figure
 - Parent as "secure base"

Emotion Regulation Strategy:

FREELY PERCEIVE &
EXPERIENCE
EMOTIONS AND
OPENLY EXPRESS &
COMMUNICATE
POSITIVE &
NEGATIVE FEELINGS

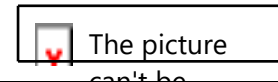


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WMCI typology: **BALANCED**

Emotion regulation Open Strategy: Free experiencing of positive and negative feelings, without being overwhelmed

- Coherent– can describe both positive and negative feelings and experiences without contradiction– OR recognizes and corrects contradictions
- Can give semantic and episodic memory responses and they 'fit' together
- Reflective– can see how feelings motivate and underlie behavior, perspective take, and talk about conflicting emotions, takes a developmental and/or intergenerational perspective
- Fluent– limited dysfluencies, Rich– elaborative, and Fresh– not scripted, semantic statements are supported with evidence
- Rich perceptions/elaborated, Caregiving sensitivity (or repair of lapses), Psychological investment in the relationship, Acceptance of the baby and baby's needs, Low resentment of parenting role

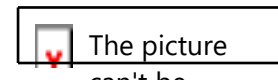
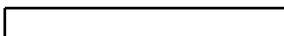


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Quality of Infant Attachment : Avoidant Type

- **Strange Situation Behavior:**
 - Independent exploration
 - Little affective sharing
 - Affiliative to stranger– even when caregiver is absent
 - Less overt distress at separation
 - Less manifest distress at reunion
 - Avoids contact with parent
 - Object-focused

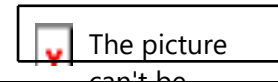
Emotion Regulation
Strategy:
**DEACTIVATION
OF AFFECT**



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WMCI typology: DISENGAGED

- Emotion Regulation Dismissing/Deactivating
- Minimizing emotions– stronger “cognitive” overlay to responses
 - Low coherence (contradictions, or general descriptions without support)
 - Distancing speech
 - Less reflective
 - Less rich- less to say
 - Lower intensity of involvement (“not knowing”)
 - Low acceptance of infant/High resentment of parenting role
 - Lower sensitivity
 - If anger– it tends to be a “cool type” e.g., sarcasm

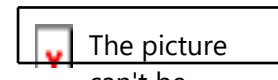
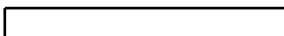


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Quality of Infant Attachment: Ambivalent Type

- Strange Situation Behavior:
 - Poverty of exploration
 - Wary of stranger
 - Distress at separation
 - Distress at reunion
 - Inability to be consoled by attachment figure
 - Oscillating between seeking comfort & failing to be comforted

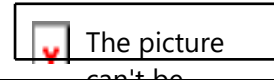
Emotion Regulation
Strategy:
**OVER-ACTIVATION
OF AFFECT**



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WMCI typology: DISTORTED

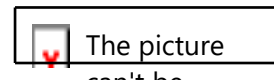
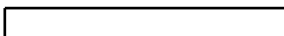
- Emotion Regulation: Over-activation of Affect
- Preoccupied with emotions
 - Low coherence (wandering/contradictory)
 - Can talk about emotions -- but they are overwhelming (e.g., starts talking as if past event is in the present)
 - May have trouble with 'overarching' statements to organize the narrative, instead may be distracted examples-- hopping from one hot emotion to the next
 - If anger-- it is often "hot"
 - 4 subtypes: Self-involved, Distracted, Role Reversed, Confused



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Small group exercise

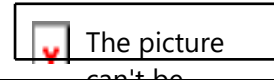
- What typology do you think this fits?
- What are the specific markers in the narrative that support your conclusion? Identify as many as possible
- Are there any things in the brief narrative that seem inconsistent with the typology you picked? What are these?



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Sample WMCI Narrative 1:

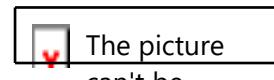
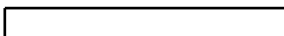
- **WMCI Question: What about Joey's behavior now is the most difficult for you to handle?**
 "Um, there's not anything too bad, but.. y'know, I guess waking up at night gets to be pretty hard. It's really hard because I'm kinda, y'know, so tired. And for a while he was sleeping through the night, but he's waking up at least once almost every night these days. It gets pretty exhausting! I think it's because he's teething."
- **Question: And how do you handle these situations?**
 "Um, hm., well, I feel bad to see him hurting, so, y'know, even though I'm tired I try to find some way to comfort him. He likes it when I hold him, um, like last night, he woke up, y'know, and I didn't want him to feel bad, y'know, that he woke me up. I want him to know I'm there for him, y'know.. So, um, I just held him and talked to him. Anyways, I think it's just a phase. It will get better."



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Sample WMCI Narrative 2:

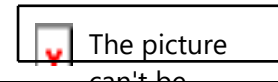
- **WMCI Question: What about Joey's behavior now is the most difficult for you to handle?**
 "Um, I don't know... I guess when he wakes up in the night....He's always making a fuss and waking you up.. (pause) That's how he is."
- **Question: Can you give me a specific example?** "Um... I don't know. It's always... (long pause) it's just always like that.. (long pause) He's always waking you up and whining and fussing like, y'know, they just want your attention and that's all- nothing's going to make them stop until you get up." Mostly he just chews on stuff
- **Question: What do you do?** " Well, I don't want to spoil him, y'know, so I don't get him every time... They have to know how to ... um..., handle that."
- **Question: Why do you think he does it?** "That's how they are. They just want your attention."



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Sample WMCI Narrative 3

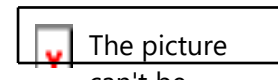
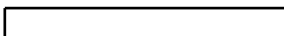
- **WMCI Question: What about Mark's behavior now is the most difficult for you to handle?**
 "Oh my goodness! Definitely when he's waking up at night and then he cries and he won't stop and I don't know what to do, it's y'know (gasps) terrible! Like last night, y'know, he just cried and cried and cried and I was talking to him and saying 'hush now, it's going to be okay' because he's like my little baby angel, y'know, and I love to hold you, but you're breaking my heart with your crying, and I just didn't know what to do! And so then I made a bottle and fed him and rocked him and, y'know, everything I could think of, but he was still so fussy. I felt sooo bad, y'know. I mean, we try to make each other feel better, he's just my little angel and I hate to see him suffer. It's terrible to deal with him when he's like that, y'know, because now I'm so exhausted because he's keeping me up half the night! And I have to work the next day, do you know what I'm saying? I don't know what to do."



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Secure Dyad

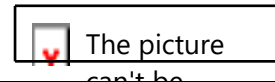
- Parents don't restrict child's attention & emotional expression
- Balanced attention toward self & environment
- Sensitive response to needs in context
- Free flowing attention between self & infant
- Infant can express range of emotion and (on average) get needs met
- Attention and emotional expression across range of situations



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Avoidant Dyad

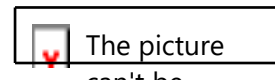
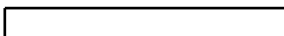
- Constriction of emotional expression
- Rejection of attention
- Attention deflected to environment
- Infant minimizes display to avoid rejection
- Promote isolation of affect and splitting



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Anxious Dyad

- Direct attention to self
- Parent may enmesh child in their own needs (often role reversed, distracted, self-involved, and/or confused)
- Unpredictable in responding to emotional expression
- Child heightens emotion to maintain attention
- Inconsistent support of modulating emotional expression



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Stability, Change, and Concordance – Properties of the WMCI

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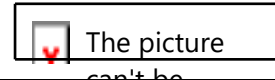
Stability and Concordance of WMCI Classifications

- Stability of WMCI over time
- Concordance of AAI with WMCI
- Concordance of WMCI to infant attachment

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Distribution of classifications

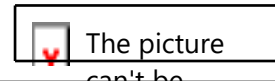
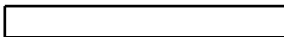
- Vreeswijk et al., 2012, systematic review
- 912 interviews across 14 studies
- Non-clinical samples: 53% balanced, 21% disengaged, 26% distorted
- Infant risk (eg prematurity, failure to thrive, sleep disorder): 22% balanced, 34% disengaged, 44% distorted
- Parent risk (eg psychiatric disorder or history of abuse): 34% balanced, 23% disengaged, 43% distorted
- clinical



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Stability and Change in WMCI

- Benoit, Parker, & Zeanah (1997) – convenience sample, all parents in this sample were white, economically secure, most married
- Prenatal representations to Postnatal Representations and Infant Attachment Security
- WMCI classifications stable over 12 months for 80% of mothers (with only 51% expected by chance alone).
- Pregnancy WMCI predicted infant attachment in 74%.
- Postnatal WMCI predicted infant attachment in 73%
- Stability greatest for balanced category



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“Prototype Hypothesis” Madigan et al, 2015

Mothers with autonomous prenatal AAI classifications were 25x more likely to have balanced prenatal WMCI

Mothers with autonomous prenatal AAI classifications were 11x more likely to have balanced postnatal WMCI

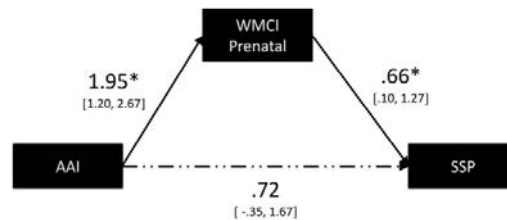


FIGURE 1. Mediation model linking mother's attachment classification derived from the Adult Attachment Interview (AAI) with child's classification in the Strange Situation Procedure (SSP) via mother's prenatal representation of the child (WMCI). * $p < .05$. Parameter estimates are probit estimates, and their 95% confidence intervals are reported in brackets. $N = 84$.

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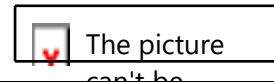
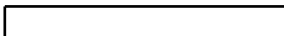
Stability and Change in WMCI (Theran et al., 2005)

- Sample of women over-representing experiences of intimate partner violence; 63% white, 24% Black/African-American, 5% Latinx, SES varied
- Prenatal to postnatal WMCI
- In pregnancy: 51% balanced, 21% disengaged, 20% distorted
- Collapsed balanced vs nonbalanced- 71% of sample stable (62% for stability with all 3 typologies)
- Balanced type most stable; distorted least stable
- Income, single parenthood, DV, depressive sx predicted change.
- Women who became non-balanced postnatally benefited from having balanced representations while pregnant with respect to parenting interactions with infant

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WMCI (prenatally) and Infant Attachment

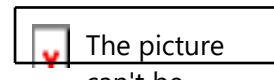
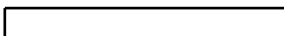
- Predicting to infant attachment (Huth-Bocks et al., 2011)
- Same IPV sample
- Concordance between balanced/non-balanced representations prenatally to secure/insecure infant attachment
- 60% of sample was concordant over time
- 63% with balanced classifications, 57% with non-balanced reps
- More family resources, less domestic violence, more maternal social support, fewer depressive symptoms, and more infant adaptability was associated with moving from nonbalanced prenatal representations to secure infant attachment



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Prenatal WMCI and Parenting at 1 year

- Prenatal representations and later parenting behavior with infant at 1 year postnatally (Dayton et al, 2010)
- Disengaged WMCI associated with more controlling behavior
- Distorted WMCI associated with more hostile behavior
- Balanced associated with more positive parenting behaviors
- No direct association between IPV and parenting and IPV did not moderate these associations



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Considering culture & context

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Parenting and relationships are deeply culturally embedded

- This is a language-based assessment, and the original coding system was developed in the US, and in English
- Cultural knowledge of each person in communication determines the context for communication.
- Greater differences in cultural knowledge creates a smaller context for communication, and therefore a greater chance for misunderstanding

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Jancovic-Paus (2017) *Misunderstandings in Communication: Maxims of Conversation and Intercultural Differences*

CULTURALLY SENSITIVE ASSESSMENT OF ATTACHMENT IN CHILDREN AGED 18–40 MONTHS IN A SOUTH AFRICAN TOWNSHIP

KLAUS MINDE AND REGINA MINDE
McGill University

WENDY VOGEL
University of Witwatersrand

TABLE 2. *Attachment Ratings*

	Q-sort	WMCI (US)	WMCI (local)
Secure	21 (47%)	14 (31%)	26 (58%)
Insecure	24 (53%)	31 (69%)	19 (42%)

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Black/African-American Mothers in Chicago

(Sokolowski, Hans, Bernstein, & Cox, 2007)

- 100 African-American mothers of 17-to 20-month-old infants; interviews conducted by Black/African-American women
- Reliably coded (83% agreement for typologies, kappa .75)
- Distribution of typologies: 36% Disengaged, 38% Balanced, 26% Distorted
- Mothers who experienced more conflict with their own mothers (baby's grandmother) had increased odds of having disengaged representations of the relationship with their infants.
- Mothers who experienced more conflict with their infants' fathers had increased odds of having distorted views of their infants.
- Links to parenting behavior: Disengaged representations associated with less sensitivity, more passive behavior, and less encouragement and guidance in interaction

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Working Models and Emotion Regulation Strategies – research evidence

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Working Models as Emotion Regulators and the Affective Organization of Parenting (Dix)

- **Activation** processes precipitate emotion & determine what emotion will be experienced
- **Engagement** processes orient, organize, or motivate parental behavior– ie once activated, emotions influence how parents think or respond behaviorally
- **Display:** how emotion is transmitted from parent to child

Rosenblum, Dayton, & McDonough, 2006

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WMCI Typologies differ in “affective tone” of the representation

- In the same interview
 - balanced representations more joyful, less indifferent
 - disengaged representations are more angry and indifferent
 - distorted representations are more anxious and less joyful

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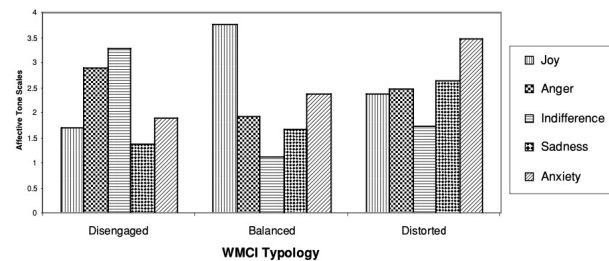


Figure 4.1. The affective tone of mothers' representations of their infants by WMCI typology classifications.

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WMCI typologies and projections regarding ambiguous infant facial affective display

Table 3
Associations between maternal WMCI classifications and IFEEL categories by coding method

IFEEL category	Video scores			Transcript scores		
	<i>F</i> (2, 27)	<i>p</i>	Posthoc comparisons	<i>F</i> (2, 27)	<i>p</i>	Posthoc comparisons
Surprise	.48	n.s.	—	.86	n.s.	—
Interest	1.70	n.s.	—	2.80	n.s.	—
Joy	.91	n.s.	—	1.60	n.s.	—
Content	2.03	n.s.	—	.78	n.s.	—
Passive	4.55	.02	Balanced > disengaged	5.10	.02	Balanced > disengaged
Sad	2.40	n.s.	—	1.24	n.s.	—
Cautious	1.06	n.s.	—	.35	n.s.	—
Shame	.60	n.s.	—	.96	n.s.	—
Disgust	.68	n.s.	—	.63	n.s.	—
Anger	3.47	.04	Disengaged > balanced	8.19	.002	Disengaged > balanced
Distress	.48	n.s.	—	.85	n.s.	—
Fear	1.73	n.s.	—	.44	n.s.	—
Other	1.38	n.s.	—	1.61	n.s.	—

Note: posthoc comparisons were significant using Bonferroni correction for multiple comparisons.

Rosenblum, Zeanah et al.

66

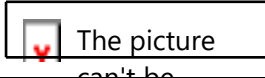
Associations between the Affective Tone of Representations and Maternal Behavior

Table 4.3. *Correlations between Affective Tone Scales and Maternal Affective Behavior during the Still Face Procedure*

	Maternal Positive Affect Free Play	Maternal Positive Affect Reengagement	Maternal Anger/ Hostility Free Play	Maternal Anger/ Hostility Reengagement	Maternal Anxious/ Resigned Free Play	Maternal Anxious/ Resigned Reengagement
Affective Tone						
Joy	.19	.19	-.30**	-.02	-.05	-.15
Anger	-.02	-.30**	.14	.10	-.09	.09
Indifference	-.17	-.27*	.31**	-.08	.11	.10
Anxiety	-.03	.11	-.10	.11	.09	.11
Sadness	.03	.11	-.10	.10	.18	.20*

* $n < .05$; ** $n < .01$

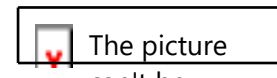
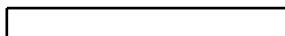
(Rosenblum, et al 2002)



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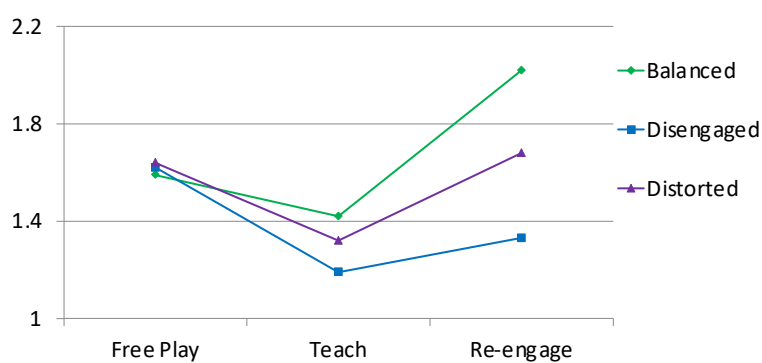
Engagement and Display: Maternal & Infant Emotion in Interaction

- Emotion across a lab session
- Low-challenge free play
- Moderately challenging 'teaching task'
- High challenge Still Face task
 - reunion/re-engage episode



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Maternal Positive Affect



Rosenblum, 2000

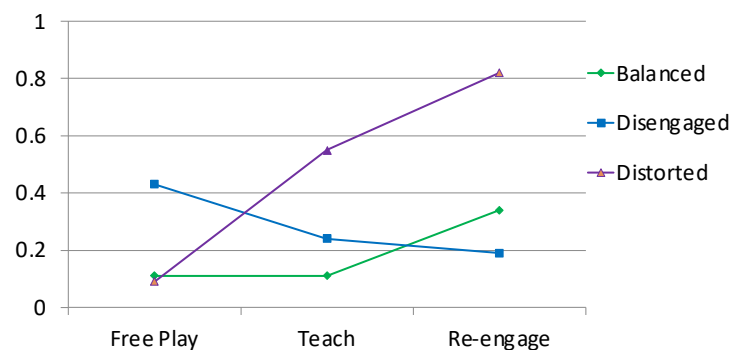


The picture

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69

Maternal Hostility



Rosenblum, 2000

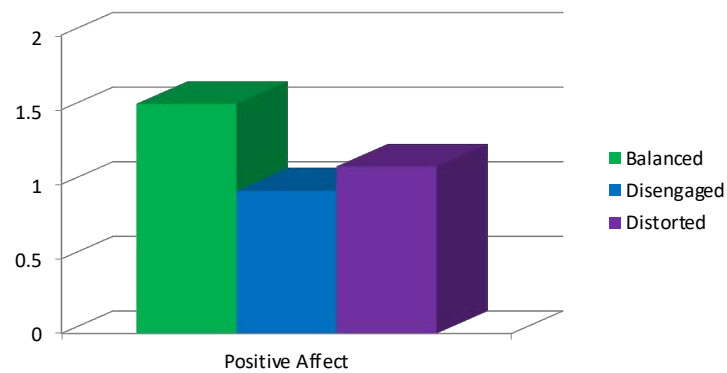


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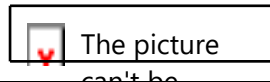
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70

Infant Positive Affect during the Still Face REENGAGEMENT

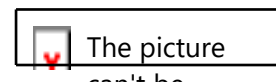


Rosenblum, et al., 2002



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Parent/Child Intervention Impact on WMCI and Reflectivity



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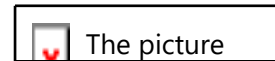
Parenting intervention increases Balanced and decreases Disengaged WMCI classifications

	Mom Power		Control	
	<i>Pre % (n)</i>	<i>Post % (n)</i>	<i>Pre % (n)</i>	<i>Post % (n)</i>
Balanced	28.6 (12)	52.4 (22)*	33.3 (11)	30.3 (10)
Distorted	33.3 (14)	31.0 (13)*	39.4 (13)	33.3 (11)
Disengaged	38.1 (16)	16.7 (7)*	27.3 (9)	36.4 (12)

* $p < .05$ ** $p < .01$



Rosenblum, Lawler, et al., 2017 Child Psychiatry Hum Dev



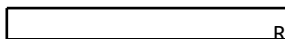
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73

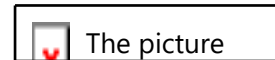
Parenting Intervention increases WMCI-derived Parenting Reflectivity

	Mom Power			Control		
	<i>Pre</i>	<i>Post</i>	<i>d</i>	<i>Pre</i>	<i>Post</i>	<i>d</i>
Reflectivity	2.6	2.9*	.29	2.7	2.7	.0

* $p < .05$ ** $p < .01$



Rosenblum, Lawler et al., 2017 Child Psychiatry Hum Dev



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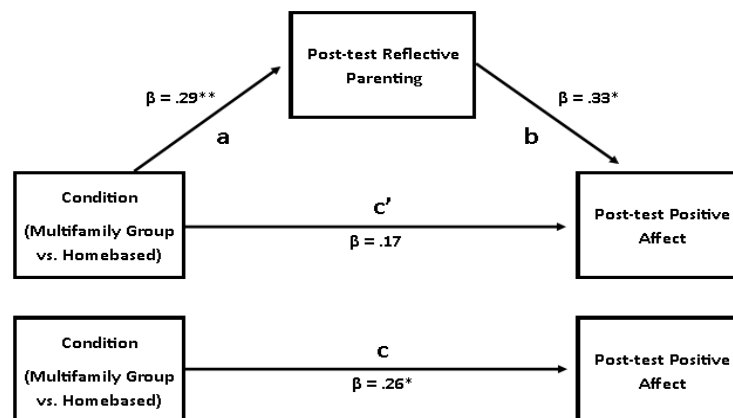
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Mechanism for Impact of Representations of Parenting Behavior?

Parenting Reflectivity

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WMCI Parenting Reflectivity mediates treatment effect on parent positive affect during interaction



Julian et al, 2017

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Other ways the WMCI might be used or serve as a framework...

- Some of you may want to use/code the interview or coding approach in other contexts
- eg content coding or using similar typologies for interviews about specific content

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Analyzing content for themes

A R T I C L E

STRONG, SAFE, AND SECURE: NEGOTIATING EARLY FATHERING AND MILITARY SERVICE ACROSS THE DEPLOYMENT CYCLE

CAROLYN JOY DAYTON
Wayne State University

TOVA B. WALSH
University of Wisconsin

MARIA MUZIK
University of Michigan Health System

MICHAEL ERWIN
U.S. Special Operations Command

KATHERINE L. ROSENBLUM
University of Michigan Health System

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Analyzing for Themes – Women with Childhood Abuse Experiences

“The world is not a safe place,”

“I am helpless to protect my child,”

“I’m afraid I might be like my [perpetrator] or too close to my baby;
but I try hard to be different,”

“I don’t want to think about it,”

“I have come to understand how my past influences me as a parent.”



Muzik, Rosenblum, Zero to Three Journal, 2009

