Manfred Cierpka *Editor*

Regulatory Disorders in Infants

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!

Heidelberg, Germany Manfred Cierpka

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From Normal Development to Developmental Crisis and Regulatory Disorder

1

Marisa Benz and Kerstin Scholtes-Spang

1.1 Early Childhood Development

The development and maturation of an individual spans their entire lifetime. Thus, developmental tasks are encountered throughout life, such as the manifold physical and emotional changes experienced in puberty or during the transition to parenthood (Erikson 1973; Havighurst 1948). During the early years of life, however, an individual develops faster than at any other time. Children undergo approximately 50 % of their entire development during the first 4 years of life (Largo 2010). As a result, humans are confronted with an exceptional number of developmental tasks in their early childhood and have a relatively short time in which to solve these tasks. On the one hand, development generally follows a highly uniform course, with the individual developmental stages occurring as a rule in the same sequence in all children. For example, all children develop the ability first to lift their head, then to sit, and finally to walk upright. On the other hand, child development is also characterized by astounding diversity and marked interindividual and intraindividual differences. Most notably, the time at which certain developmental phases take place and the extent to which certain behaviors occur are unique to each child.

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Case Study 1 At the age of 11 months, Max had already started several months earlier to pull himself up while holding onto furniture, followed by walking while holding a parent's hand, and had just taken his first steps on his own; in contrast, 17-month-old Leo had still been sliding about on the floor of his parent's home on the seat of his trousers. "I hadn't ever really given it a thought, since he's so far ahead in many other areas, but my mother was phoning almost daily to ask whether he was finally walking," the mother reported. "I kept telling her that it would take a bit longer; after all, up to that point, Leo hadn't shown even the slightest urge to stand. But then things changed from one day to the next: suddenly, he was standing in front of me in the middle of the living room. I have no idea how he managed that."

While some infants start walking at as early as 10 months, others can take up to the age of 18 months. Moreover, while one infant follows the classic developmental course of rolling, crawling, sitting up, and standing up, another may skip the crawling stage altogether or slide about instead on the seat of his trousers before taking his first upright steps. This phenomenon is partly explained by inherited movement patterns, as well as by variations in infants' urge to move, which also play a role here. There is no relationship between the speed of motor skill development and development in other areas. Hence, it is not unusual for an infant to be far advanced in its motor skill development compared with its peers, while its first words are a long time in coming, and vice versa.

1.1.1 Self-Regulation as a Central Developmental Task

Self-regulation: self-regulation describes a child's ability to control their behavior according to the cognitive, emotional, and social demands of a particular situation (Posner and Rothbart 2000).

An infant's regulatory capacity plays a central role in early childhood development (Papoušek 2008). For example, in the context of physiological regulation during the first 3 months of life: an infant needs to learn about basic physical processes and adapt to these accordingly. This includes, amongst other things, the regulation of behavioral states (alert wakefulness and quiet sleep, as well as the transition between the two). From the age of 6 months, an infant begins to move about independently (locomotion). He or she is now capable of actively seeking attachment figures, but also of missing these when they are absent. Autonomy is now the big issue. Once able to walk independently, an infant has mastered the skill of unrestricted autonomous locomotion; now they also want to feed themselves, indeed do as much as possible on their own. These major steps toward autonomy are coupled with demands on the infant to tolerate greater levels of frustration and deal with physical and social boundaries. This often results in greater dissatisfaction and, despite their new-found autonomy, an increased need for love and affection (see Chaps. 6 and 7). Thus, again, self-regulation plays a crucial role in addressing the conflicting needs for exploration and closeness and in closeness–distance regulation.

1.2 Parent–Infant Communication

Infants are dependent on the care of their parents or other caregivers for a long period of time. This applies not only in terms of their physical care and welfare, but also in terms of their ability to accomplish the tasks of early development, tasks that an infant is only capable of achieving with the help of its parents. According to Cierpka's family model, this is the core task of the family: to ensure and protect the psychosocial development of its members (Cierpka 2005).

As part of this process, preverbal parent–infant communication takes place on various sensory levels, that is to say, with the help of all observable behavior. Affects and moods, needs and incentives, as well as interests and intentions expressed in behavior are as much a part of this process as specific interactions.

▶ From the outset, infants are capable of perceiving and reacting to their environment. With the help of a diversity of signals, such as gaze behavior, facial expressions, posture and body tension, as well as their movement and voice (crying and noises), they are active interaction partners engaging in contact with their parents in order to communicate their needs via a variety of channels.

To ensure this type of communication, infants are inherently equipped with a particularly strong interest in social interaction. They focus their attention preferably on a human face, as well as on the voice and language of their primary caregiver. This ability for and interest in interaction in infants encourages adults to actively care for them. Thus, infant signals ensure that a baby receives the basic and appropriate care it needs, thereby also making it possible to jointly accomplish the developmental tasks at hand.

1.2.1 Demands on Parents

It is the task of all parents to support the development of their infant. The principal requirement here is to respond as appropriately as possible to the individual needs of an infant and to identify where its self-regulatory abilities are perhaps not yet sufficient and need to be supported by parental co-regulation. To meet this requirement, all parents are inherently equipped with intuitive skills to deal with their infant.

Intuitive skills: the innate, universally valid motivation in human beings to recognize and adequately respond to the needs of an infant.

These intuitive skills enable parents to cater to the individual characteristics of their infant. However, parents differ in the extent of their parental sensitivity. Parental sensitivity is defined as the ability to perceive and correctly interpret an

infant's signals and to respond to these signals both promptly and appropriately according to developmental stage and situation (Ainsworth 1977). This can be seen in everyday interactions, e.g., when parents, prompted by their infant's signal, soothe their infant when it is not capable of self-calming, or, guided by their parental sensitivity, recognize and respond to their infant's need for closeness and reassurance. In this way, parents compensate for what their infant cannot yet manage alone. The infant learns that it can depend on its parents' support, as well as learning what the possible responses to inner states may be. A high level of parental sensitivity on the part of the caregiver results in an infant feeling emotionally secure.

Jonas (12 weeks) and his mother were immersed in an intimate exchange. The mother was talking to Jonas in a melodic voice, her eyes wide open. He was watching her facial expressions keenly, all the while moving his arms and legs and making happy cooing sounds. The mother imitated Jonas' sounds. Every now and then, Jonas turned his head to the side and his mother waited while he took a short break before reestablishing eye contact with her. After a while, Jonas started to deflect his gaze ever more frequently and his mother noticed that it was becoming increasingly tiring for him to maintain eye contact. Jonas started to move about restlessly and yawn. His mother recognized his signals of fatigue. She took Jonas in her arms with his head on her shoulder and softly hummed a lullaby while rocking him gently and dimming the light in the room. By the time she placed Jonas in his cot, his eyes were already virtually closed and shortly thereafter he fell asleep.

Thanks to the early recognition of Jonas' signals of fatigue and the ensuing opportunity he is given to sleep, Jonas is increasingly able to identify his initially diffuse discomfort as fatigue due to the maternal "labeling" that takes places, as well as his own cognitive development. For the mother's part, Jonas' positive reaction to the support offered results in her experiencing a sense of competence, which in turn increases her parental confidence ("I know my child; I know what he needs, hence I also know what needs to be done"). In this way, interactions based on positive reciprocity are formed between parent and infant ("virtuous circles" according to Papoušek 2008), which enable both sides to jointly tackle the next interaction sequence with each another. Thus, parents and infants that regularly experience stable and successful communication sequences with each other are able to form a constellation whereby the parents offer the secure foundation and sheltered environment in which an infant can increasingly discover and test its own self-regulatory skills.

Experiencing that they are able to offer their infant appropriate support permits parents in the further course of the infant's development to gain increasing trust in its growing abilities. They are able to distinguish whether and to what extent their infant needs regulatory support and which situations it is potentially already capable of tackling alone.

In turn, infants that are supported with parental sensitivity in the regulation of behavioral states are thus increasingly able to put what they have learned into practice independently and are able to deal with situations in a self-efficacious manner. This sends parents the signal that they can gradually withdraw their support.

Likewise, misunderstandings of the type that occur every now and then as a matter of course in the communication between all parents and infants are coped with well by both sides in constellations in which both sides regularly experience successful interaction.

1.3 "Goodness of Fit"

Reconciling an infant's needs with the demands and support opportunities of their environment (as described in the previous section) can be seen as a matching of—or a "fit" between—the two. The term "goodness of fit" was coined by Chess and Thomas (1984) in the course of their research.

▶ According to Chess and Thomas, infants develop best when there is good congruence between an infant's motivation and temperament on the one hand, and the opportunities, expectations, and demands of their environment on the other. A good fit between these two results in satisfied parents as well as a satisfied infant. A less good fit, in contrast, can lead to perturbation on both sides.

Thus, there are likely to be few problems of fit between the infant that has a particular need for calm and quiet and parents that are by nature calm and quiet themselves, whereas an infant with highly active and lively parents may need to demand their calm and quiet more vigorously. In the latter case, there is a particular demand on the parents to perceive their infant's need for calm and quiet and to create sufficient opportunities in the turbulent family routine for their infant to rest.

An optimal fit, however, is never guaranteed in the long-term. An infant's development is continuous, meaning that parents are constantly required to readapt to their infant. Temporary phases of less good fit in the course of new adaptation processes are, therefore, in the nature of things. Indeed, they can be seen positively, as a sign that a new stage of development is about to begin or has been successfully completed and is now, as in a crisis, placing more demands on those involved.

The processes of need recognition and adaptation may function highly successfully in one developmental phase and possibly be associated with difficulties in another, difficulties which manifest in the form of more frequent expressions of dissatisfaction in the infant, an increased burden on the parents, or difficulties in interaction. Difficult phases such as these are not infrequently the result of misunderstandings in communication.

Exhausted, the parents of 11-week-old Lilly sought advice at a parent–infant outpatient clinic. “Lilly cries nearly all day—I think mostly when she is bored. I now spend almost all of my time keeping Lilly amused and offering her new stimuli” her mother reported. “Although I really love playing with Lilly, I'm often so tired that I simply can’t any longer. Lilly needs constant amusement; I can’t even make myself a sandwich without her instantly starting to cry. Lilly sleeps around 8 h straight through the night. Of course, that’s great, since I’m able to get some rest myself.” Lilly’s father went on to add: “My mother advised us early on not to let Lilly sleep too much during the day, so that she'd be tired in the evening and would start sleeping through the night as soon as possible. My mother brought up four children herself and knows how tiring the nights can be otherwise.” “That’s why the nights are so good. It’s the daytime that’s a problem.” Lilly’s mother reported: “Lilly usually has three, sometimes only two short naps of 30 min each during the day; she’s awake the rest of the time and never really happy. About 2 weeks ago, she cried so much that I took her to the A&E department at the local pediatric hospital. The doctor there advised us to feed Lilly more often, since her crying could be a sign of hunger and she doesn’t weigh much for her age. Although we had thought up to then that Lilly was being fed enough, she actually did calm down, usually very quickly, when I put her to the breast. We feel like terrible parents for not recognizing that Lilly was hungry. We both have too little experience with babies and often don't know what Lilly’s trying to tell us. The regular breastfeeding is also quite tiring. Lilly often just sucks without really feeding properly and she often falls asleep at the breast. Then I have to wake her so that she carries on feeding; it breaks my heart to do it, because she seems so exhausted.” During this conversation, Lilly was at first very interested and looked attentively around the room. Then, after a few minutes, she became restless, started rubbing her eyes, yawning, arching her back, and sucking her fingers. The parents took it in turns to calm and distract Lilly, which worked, but only for short periods at a time. The mother noted in exasperation: “This is exactly the sort of situation we’re talking about. What does she want? When she yawns, I think she’s tired, but then she sees something and is suddenly all interested and everything seems fine—so maybe she was just bored? Then the next minute she’s crying again and trying to eat her own hand—so is she perhaps hungry after all?”

Although the parents recognize their infant’s signals, they are unsure how to interpret them. As a result, they respond inappropriately, e.g., by offering stimulation in response to signs of tiredness. Whilst rapid changes in their infant’s behavior make the parents feel insecure and diminish their confidence in their intuitive assessment of Lilly’s needs on the one hand, Lilly, on the other, has not yet experienced an association: “When this feeling appears (hunger, tiredness, or boredom), certain behaviors (eating, sleeping, or stimulation) help me to resolve it.”

In the same way that infants develop in highly distinct ways, they also differ greatly in terms of their temperament traits and, consequently, also in terms of their needs. In addition to their own temperament and personality traits, parents in turn additionally bring notions of what they consider normal in infant development into their interaction with their infant. These expectations may be based on their own (biographical) experience, but also on advice and information from their environment.

As in the case study above, parents have a particular notion about the sleep requirements of an infant. This notion is born of their own sleep requirements, experience with their infant's older siblings, accounts they hear from relatives and friends, as well as what they read in parenting manuals. In actual fact, the sleep requirements of an individual infant vary considerably (between 12.5 and 17.5 h in the first 6 months; Basler et al. 1980). Thus, it is quite possible that the notions and expectations of parents do not correspond with the actual amount of sleep their infant needs, but that these requirements are instead being over- or underestimated. Particularly in the case of underestimated sleep requirements, an overwrought infant may fuss and cry more as a result of their lack of sleep (see Chap. 3). Prolonged misunderstandings of this kind arise when parents either fail to perceive their infant's signal, or perceive it incorrectly. It is possible that parents are unable to recognize their infant's signals in particular due to their own stressors or a lack of parental sensitivity, or that they lack confidence in their intuition as a result of insecurity. It might be that, although parents recognize their infant's signals, they misinterpret them: thus, for example, signs of fatigue, as in Lilly's case, are often interpreted as boredom and responded to as such. Especially infants that are hypersensitive to stimuli can always be temporarily distracted from their fatigue to a certain degree by new stimuli. This short-term pseudo-stability reinforces the parents' impression that their infant is bored; as a result, they tend to offer new stimulation ever faster, ultimately exacerbating their infant's overstimulation. Another common misconception is that breastfeeding serves not only food intake, but also as an effective means of comforting an infant by virtue of the physical closeness and soothing effect that nursing and sucking provide. This often results in a mix-up in the perception of the need for closeness and calming and the perception of hunger signals.

It is essential, when working with parents and infants, to discover not only the needs and signals of the infant, but also the expectations and impressions of the parents: How do parents recognize fatigue? How does your infant signal their hunger? Do you recognize differences in how your infant expresses differing needs? In addition to posing questions to the parents, observations on an infant's signals in the counseling setting are of central importance. An objective log kept by the parents (e.g., in the form of a sleep diary; see Chap. 3) and video recordings can also yield valuable clues to possible misunderstandings in parent–infant communication.

A poor fit between the perception, expectations, attitudes, and life circumstances of parents on the one hand and the individual needs of an infant on the other can cause temporary difficulties in parent–infant communication, difficulties that need to be resolved together in the further course.

1.4 Normal Developmental Crises

The parents of 17-month-old Emma hardly recognized their daughter. Up until that point, Emma had always been a happy and balanced infant; however, over the previous few weeks she had been constantly unhappy, fussing a lot of the time, and occasionally throwing "real tantrums." Emma would go wild, throw herself on the floor kicking and screaming and was impossible to soothe. The parents reported that there had been several changes in Emma's life over the previous few weeks: Emma was now going to a child care provider on weekday mornings. To the parents' surprise, she had settled there without any problems. The mother reported with relief: "The first few days, Emma cried a little when I left her. After only a week, she happily waved goodbye to me. I think Emma's very happy at the child care provider's, who in turn says she has absolutely no problems with Emma. The problems start when I pick her up at lunchtime." The mother reported that she always looked forward to picking Emma up from the child care provider at 12 midday and spending the afternoon with her daughter. However, Emma was often so crotchety that playing together was out of the question. The mother had the impression that Emma was bored at home after her stimulating morning at the child care provider's with the other three children. Although the mother tried to entertain Emma and occupy her with games, nothing seemed to make her happy. Emma's daily routine had also changed as a result of visiting the child care provider: up until that time, Emma had always taken a 1.5-h midday nap at around 1.00 p.m. Although her parents believed that she still urgently needed this sleep, she often refused it vehemently. "If she doesn't have a midday nap, she is so tired by the end of the afternoon that she's impossible to deal with. She's so tired, she's virtually tripping over her own feet; she can't manage anything and gets all the more frustrated." Food had also become a point of conflict. Emma had discovered that she was particularly fond of biscuits and cheese and continually asked for these between meals. Emma's mother was unwilling to give her these snacks, since they had a significant effect on mealtimes. Although both parents had accepted that it would be necessary to set clear and definite boundaries in Emma's development, they were unprepared for how challenging it would be to remain consistent in their approach. In this respect, Emma clearly had the greater stamina and, especially since there were already numerous conflicts, the mother often found it difficult to remain firm. "Sometimes giving in is the lesser of two evils. Since Emma's been going to the child care provider in the mornings, we see much less of each other, so I don't want to spend the whole afternoon fighting with her."

It is clear from their accounts that parents of infants and toddlers are particularly challenged in terms of their ability to adapt in order to keep up with the rapid pace of their infant's development. At the same time, it is their task to offer their infant support and guidance, particularly during phases of change.

▶ Crisis situations form a natural and integral part of meeting the challenges posed in normal infant development. Coping with these challenges is part of everyday life for parents and infants (Largo and Benz-Castellano 2008).

In the past, development processes have been described on a number of occasions in the context of developmental crises (Erikson 1973) or developmental tasks (Havighurst 1948). Stage models of development, like those proposed by Havighurst and Erikson, assume that each transition from one phase to the next is characterized by problems and conflicts. Coping successfully with a crisis fosters new skills and increases self-confidence.

As in the models of normative developmental crises, problems in early childhood are typically expressed as a function of the developmental phases and tasks at hand. Thus, they generally arise during certain age periods and in those areas of behavior in the foreground of the respective developmental phase (the "touchpoints" concept) (Brazelton 1999). For example, excessive crying is seen most notably in the first months of life in conjunction with physiological adaptation processes (see Chap. 3), as clearly demonstrated by the age distribution of children referred to the parent–infant/toddler outpatient clinic at the Heidelberg University Hospital due to excessive crying (see Fig. 1.1). In their second year of life, toddlers

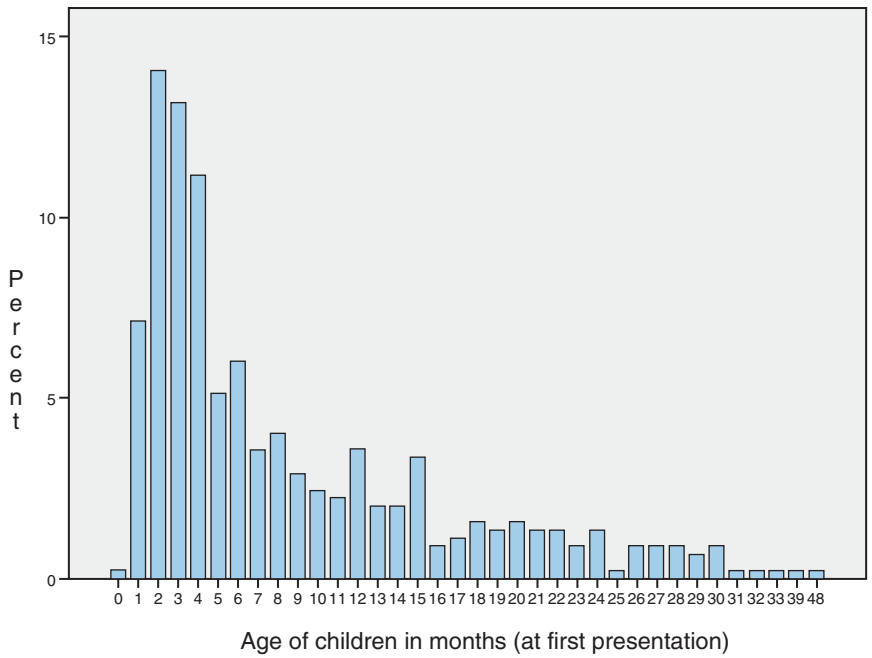

Fig. 1.1 Age distribution of children referred to the parent–infant/toddler outpatient clinic at the Heidelberg University Hospital due to excessive crying (Thiel-Bonney and Erb 2011)

are increasingly required to cope with the frustrations associated with their growing autonomy, on the one hand in relation to the boundaries set by their parents and social rules, on the other due to their still limited own potential, e.g., in terms of motor skills. Against this backdrop, increased acts of defiance and expressions of dissatisfaction are often seen during this phase (see Chap. 7).

> The mother of almost 10-month-old Anton recounted to a friend that Anton had started to crawl 2 weeks previously. The mother's pride at her son's new skills was mixed with considerable relief. "The last few weeks with Anton before he learned to crawl were really tiring," she told her friend. "He was constantly in a bad mood and crotchety. He just wanted to be carried the whole time. When he was picked up, he pointed from one place to the other and woe betide anyone who didn't take him where he wanted to go immediately. And before that he used to occupy himself so happily on his play mat; in the end, he didn't want to go on it at all. He was still happiest in his high-chair, but he kept dropping his toys and I kept having to pick them up and give them back to him; but even that didn't seem to make him happy. I think he was frustrated that he couldn't get his things himself and that he couldn't get to where he wanted to go. He's been in a much better mood since he's been able to crawl, even though nowhere is safe from him at home and we've started having to put everything up on shelves out of his reach."

In addition to normative crises, critical life events as described by Filipp and Aymanns (2010) can also trigger normal developmental crises. The birth of a sibling, for example, or changes in the caregiver situation, as in Emma's example, can cause temporary difficulties. Therefore, it is advisable to enquire during counseling about recent changes, both in an infant's behavior and its environment and daily family life.

The shape that an individual crisis takes is determined not only by the task to be accomplished, but also to a crucial extent by the temperament of the infant and its parents, their resources and stressors, the interaction experiences garnered to date, as well as the quality of the relationship.

An infant's ever-advancing development requires parents to constantly readapt to the developmental stage of their infant, as described above (see Sect. 1.3). Parental strategies to support self-regulation that were perhaps highly successful up to a certain point in time are possibly no longer age-appropriate. Thus, whilst swaddling an infant or carrying it in a baby sling can be effective ways to promote sleep in the first weeks of life, these strategies are no longer appropriate to the developmental stage of a 6-month-old infant; therefore, new and more appropriate strategies for promoting sleep need to be found and introduced (see Chap. 4). This process of need recognition and adaptation can work highly efficiently in one developmental phase, while being associated with difficulties in another, difficulties that may manifest in the form of an infant expressing dissatisfaction more often, increased strain on the parents, or intermittent difficulties in interaction.