

(ACR criteria) were enrolled at a faculty ambulatory specialized consultation. They were assessed by means of clinical interview, a life events interview (LEDS) and by the following questionnaires: TAS-20, AAS –R, BSI, and SF-36. A second evaluation occurred after one year (55 patients), regarding the same psychosocial factors. All patients were diagnosed according to criteria adopted internationally, the clinical variables assessed were: length of disease, SLICC, SLEDAI and medication. All patients were not compromised cognitively. **Results:** We observe significant levels of stressful life events (with a mean of 1.311 event per patient). We found high prevalence of alexithymia (59%), depressive symptoms (49%), insecure attachment, and somatization. After one year, the same patients exhibit levels of stressful life events (mean of 0.67). We also found stability in insecure attachment, in alexithymia (58%), depressive symptoms (53%), and somatization. In the first moment we only found significant statically correlations between SLEDAI and stressful life events. But in the second moment we did find significant associations between SLEDAI and psychopathological symptoms as somatization, anxiety and depression; also, with stressful life events and alexithymia. **Conclusions:** The association between stressful life events and clinical variables it is very important, highlighting the importance of understating what happened to the life of the SLE patients, and how they are dealing with it. The present results are interesting but confounding as they underline the complexity of this disease, of its presentation, of its course, and strengthens the unpredictability of the disease, that potentiates significant psychic suffering.

## 29 Infants' physiological responses during the Face-to-Face Still-Face at 3 months according to the patterns of attachment at 12 months

Miguel Barbosa<sup>a</sup>, Marjorie Beeghly<sup>b</sup>, João Moreira<sup>c</sup>, Edward Tronick<sup>d,e</sup>, Marina Fuentef

<sup>a</sup>Faculdade de Psicologia, Faculdade de Medicina, Universidade de Lisboa, Lisbon, Portugal

<sup>b</sup>Department of Psychology, Wayne State University and Division of Developmental Medicine Boston Children's Hospital, Boston, MA, USA

<sup>c</sup>Faculdade de Psicologia, Universidade de Lisboa, Lisbon, Portugal

<sup>d</sup>Department of Psychology, Developmental Brain Sciences Program, University of Massachusetts, Boston, MA, USA

<sup>e</sup>Department of Newborn Medicine, Harvard Medical School, Boston, MA, USA

<sup>f</sup>Center for Psychology, University of Porto and Lisbon School of Education, Lisbon Polytechnic Institute, Lisbon, Portugal

**Background:** Patterns of organized behavior employed by infants to manage interactive stressful situations have been described in both attachment and Face-to-Face Still-Face (FFSF) research. The current study examined the infants' heart rate responses during the FFSF at 3 months according to the patterns of attachment at 12 months. **Methods:** One hundred and eight full-term infants and their mothers participated in the FFSF paradigm at 3 months and in the Strange Situation procedure (SSP) at 12 months. Infants' heart rate during the FFSF was assessed. **Results:** The results indicate that the heart rate of infants in the three patterns of attachment was

statistically higher at the still-face episode compared to the baseline, showing the typical still-face effect in terms of physiological responses. However, only the heart rate of secure infants recovered to baseline levels. The heart rate of ambivalent infants tended to increase even more in the reunion episode, while there were no statistically significant differences between the heart rate of avoidant infants at baseline and reunion as well as at still-face and reunion. Infants later classified as secure recovered baseline levels suggesting that the dyads were effective in repairing the interactive disruption. Inversely infants later classified as insecure ambivalent and insecure avoidant maintained or increased the heart rate levels in the reunion, showing the inefficacy of the dyadic system to repair and reestablish the interaction. **Conclusions:** The results suggest that infants develop a regulatory strategy in response to parental unavailability as early as 3 months that appear to be developmental precursors of attachment styles.

## 30 Predicting patterns of regulatory behavior in the still-face paradigm at 3 months

Miguel Barbosa<sup>a</sup>, Marjorie Beeghly<sup>b</sup>, João Moreira<sup>c</sup>, Edward Tronick<sup>d,e</sup>, Marina Fuentef

<sup>a</sup>Faculdade de Psicologia, Faculdade de Medicina, Universidade de Lisboa, Lisbon, Portugal

<sup>b</sup>Department of Psychology, Wayne State University and Division of Developmental Medicine Boston Children's Hospital, Boston, MA, USA

<sup>c</sup>Faculdade de Psicologia, Universidade de Lisboa, Lisbon, Portugal

<sup>d</sup>Department of Psychology, Developmental Brain Sciences Program, University of Massachusetts, Boston, MA, USA

<sup>e</sup>Department of Newborn Medicine, Harvard Medical School, Boston, MA, USA

<sup>f</sup>Center for Psychology, University of Porto and Lisbon School of Education, Lisbon Polytechnic Institute, Lisbon, Portugal

**Background:** The current study addressed two aims: to describe different patterns of infant regulatory behavior during the Face-to-Face Still-Face (FFSF) paradigm at 3 months of age; to identify specific, independent predictors of these patterns from an a priori set of demographic data, infant (e.g., temperament), and maternal (e.g., sensitivity) variables. **Methods:** Analyses were based on data collected for 121 mother–infant dyads assessed longitudinally in the newborn period and again at 3 months. In the newborn period, infants' neurobehavior was evaluated using the Neonatal Behavioral Assessment Scale (NBAS) and mothers reported on their caregiving confidence and their newborns' irritability and alertness. At 3 months, mothers reported on their infant's temperament, and mother–infant interactions were videotaped during free play and the FFSF. **Results:** Three patterns of infant regulatory behavior were observed. The most common was a Social-Positive Oriented Pattern, followed by a Distressed-Inconsolable Pattern, and a Self-Comfort Oriented Pattern. Results of multinomial logistic regression indicated that categorical assignment was not associated with demographic or infant characteristics, but rather with dyadic regulatory processes in which maternal reparatory sensitivity played a crucial role.

**Conclusions:** Maternal sensitivity during an independent free play context discriminated the Social-Positive Oriented Pattern from the other regulatory patterns, whereas infant compliance-compulsiveness during free play was the strongest predictor of the Self-Comfort Oriented Pattern.

---

31

### Robust stability and physiological correlates of infants' patterns of regulatory behavior in the still-face paradigm at 3 and 9 months

Miguel Barbosa<sup>a</sup>, Marjorie Beeghly<sup>b</sup>, João Moreira<sup>c</sup>, Edward Tronick<sup>d,e</sup>, Marina Fuentest<sup>f</sup>

<sup>a</sup>Faculdade de Psicologia, Faculdade de Medicina, Universidade de Lisboa, Lisbon, Portugal

<sup>b</sup>Department of Psychology, Wayne State University and Division of Developmental Medicine Boston Children's Hospital, Boston, MA, USA

<sup>c</sup>Faculdade de Psicologia, Universidade de Lisboa, Lisbon, Portugal

<sup>d</sup>Department of Psychology, Developmental Brain Sciences Program, University of Massachusetts, Boston, MA, USA

<sup>e</sup>Department of Newborn Medicine, Harvard Medical School, Boston, MA, USA

<sup>f</sup>Center for Psychology, University of Porto and Lisbon School of Education, Lisbon Polytechnic Institute, Lisbon, Portugal

**Background:** Previous research has suggested the existence of three patterns of regulatory behavior in the Face-to-Face Still-Face (FFSF) paradigm: Social-Positive Oriented, Distressed-Inconsolable, and Self-Comfort Oriented. The current study examined the stability of these regulatory patterns from 3 to 9 months and investigated whether variations in infants' heart-rate activity in each episode of the FFSF paradigm were associated with the three infant regulatory patterns at 3 and 9 months. **Methods:** One hundred and twelve healthy full-term infants and their mothers participated in a free-play task and in the FFSF when infants were 3 and 9 months old. Infant and maternal interactive behaviors were coded during free play and infants' regulatory patterns in the FFSF were coded with the Coding System for Regulatory Patterns in the FFSF. Infants' heart rate during the FFSF was also assessed. **Results:** The results indicate a significant stability of the regulatory patterns from 3 to 9 months. The heart-rate level of infants with a social-positive-oriented pattern at 3 and 9 months showed recovery to baseline levels following the still-face. In contrast, the heart-rate level of infants with a distressed-inconsolable pattern at 9 months increased from the still-face to the reunion episode, whereas the heart-rate level of infants with a self-comfort-oriented pattern at 9 months did not change from the still-face to the reunion episodes. **Conclusions:** These results suggest that infants exhibit distinct organized regulatory patterns as early as 3 months that are stable over a 6-month interval and associated with variations in infants' physiological responses across FFSF episodes at both ages.

---

32

### Effectiveness of a brief training program in relational/communication skills for medical residents

Miguel Barbosa<sup>a</sup>, Lidia Del Piccolo<sup>b</sup>, António Barbosa<sup>c</sup>

<sup>a</sup>Faculdade de Medicina, Universidade de Lisboa, Lisboa, Portugal

<sup>b</sup>Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, Italy

**Background:** Relational and communication skills are a central component of clinical competence and a cornerstone of quality of care. To assess the effectiveness of a brief training program in Relational/Communication Skills (RCS) for medical residents. **Methods:** This longitudinal study enrolled 64 medical residents who participated in a RCS training program in small groups. Teaching was based on interviews with standardized patients and reflective practice. Video-recorded consultations were coded according to the Verona-Coding-Definitions-of-Emotional-Sequences (VR-CoDES) and a coding system developed to assess ten communication skills for breaking bad news. The outcome measures were: independent raters' score in RCS for breaking bad news and the percentage of providing space and empathic responses, by comparing baseline (T1) skills with those after three-days (T2) and three-months (T3). **Results:** After the training program residents provided more space for further disclosure of cues and concerns according to VR-CoDES definitions. There were significant improvements in seven of the ten communication skills for breaking bad news. All of these improvements were observed either at T2 or at T3. **Conclusions:** This study demonstrates the effectiveness of a brief RCS training program designed to improve medical residents' ability to respond appropriately to patients' cues and concerns and to conduct a breaking bad news encounter.

---

33

### Group hypnosis in the treatment of psychological and somatic symptoms in adjustment disorder with study abroad university students

Mary Ann S. Bellini

Scuola Italiana Ipnotisi e psicoterapia Milton Ericson, Florence, Italy

**Background:** This study describes the group hypnosis that was a tool in the treatment of psychological and somatic symptoms that are manifested with Adjustment Disorder in international university students, during the first months of their program. The students usually study abroad for 3 to 12 months. Many of these students go through a period of transition or stress. During this period, several symptoms can occur such as anxiety and worry about academic performance, restlessness or feeling on edge, fatigue, difficulty concentrating, muscle tension, headaches, and sleep disturbance. Headaches and muscle tension can become severe in some cases and pain can become chronic. In the treatment of Adjustment Disorder for these students, group hypnosis can be useful as a tool to experience a state of trance to find ways of dealing with the symptoms, especially headaches and muscle tension. **Methods:** A total of 76 students participated to the study. They were assessed via the Mental Health Check List for International Students Revised (MHC-r). This is a