

Infant Mental Health Journal Supplement to Volume 33, Issue 3

Program Abstracts

**World Association for Infant Mental Health
13th Biennial World Congress
Cap Town, South Africa**

Editors

**Kaija Puura, M.D. Ph.D., Finland
Mark Tomlinson, Ph.D., South Africa
Neil W. Boris, M.D., United States of America
Minna Sorsa, MNSc, Finland**

Production Editors: Infant Mental Health Journal Offices

**Hiram E. Fitzgerald, Ph.D.
Stephanie K. Fitzgerald, M.S. W.
Dolores K. Fitzgerald, M. A.**

From the Editors:

The abstracts in this special supplement to the *Infant Mental Health Journal* (IMHJ) are organized to match the Program Book distributed at the 13th World Congress of the World Association for Infant Mental Health. The Program Book is available on-line through the WAIMH web page. Abstracts were copy edited at the IMHJ Editorial offices. Where abstract language seemed confusing, the copy editors attempted to capture the spirit of the written text to make it more readable to the audience. Errors that may have occurred are the responsibility of the copy editors, not the authors. Where abstracts are not presented, they were not supplied. The following is an example of a correct citation for any individual abstract in this special supplement to the *Infant Mental Health Journal*.

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Precongress General Sessions

Tuesday 17 April

10:00-12:30

WORKSHOP 1

Welcome and Introduction: A Birds-eye View of DC:03 R and Questions for Integration with Other Classification Systems

Robert Emde, Chair (Denver, United States).

Research: Rates and outcomes of early childhood mental health disorders--A longitudinal community study from toddlers through early school age

Lauren Franz (Cape Town, South Africa and Durham, United States)

Perspective: Use and Evaluation of DC: 03R in a National Study-

Vibeke Moe (Oslo, Norway)

Research: DC and DSM-V - Results of a Designated Clinical Trial with Children

Marianne Wamboldt (Denver, United States)

Perspective: DC and ICD-X11- Perspectives from a WHO Working Group

Tuula Tamminen (Tampere, Finland)

Overview: What we know from research and clinical experience about Integrating Developmentally-Sensitive DC systems

Helen Egger (Durham, United States)

Discussion of above by a panel of experienced clinicians

Antoine Guedeney (Paris, France), Yee-Jin Shin (Seoul, South Korea), Kai von Klitzing (Leipzig, Germany). Miri Keren (Tel Aviv, Israel)

Going Forward

Robert Emde

14:00-16:00

WORKSHOP 2:

The WAIMH Congress in Yokohama, Japan in 2008 marked the 60th anniversary of the United Nations Universal Declaration of Human Rights. The Declaration was a remarkable accomplishment, although it has been honored more for what it expresses than necessarily what it has been able to implement worldwide. The UN Convention on the Rights of the Child (UNCRC, 1989) requires all children to be respected as persons in their own right, including the very youngest children. The issue however is not without complexity (despite the obvious moral imperative). The wording of the UNCRC is intentionally vague in terms of issue of when childhood begins open to interpretation (Woodhead, 2008), as a precise definition would have threatened universal ratification, because of moral and cultural debates about (for example) abortion. WAIMH, together with a number of international organizations such as Zero to Three and the International Association for Child and Adolescent Psychiatry and Allied Disciplines (IACAPAP), is in the process of preparing a Declaration of Infant Rights. This panel will discuss the problems involved in such a Declaration and hopefully, push this important agenda forward.

Panelists

Professor David Benatar is the Head of the Department of Philosophy at the University of Cape Town and specializes in moral and social philosophy, applied ethics, philosophy of law and philosophy of religion. He has published numerous books - Procreation and Parenthood: The Ethics of Bearing and Rearing Children (2010, Oxford University Press); The Second Sexism (2012, Wiley-Blackwell); Better Never to Have Been The Harm of Coming into Existence (2006, Oxford University Press); Ethics for Everyday (2002, McGraw-Hill); Life, Death and Meaning (2004, Rowman & Littlefield); Cutting to the Core: Exploring the Ethics of Contested Surgeries (2006, Rowman & Littlefield).

Professor Julia Sloth-Nielsen specializes in children's rights law. Based in the Faculty of Law at the University of the Western Cape, South Africa, she has worked in an African and international context and has diverse interest in children's law. Her expertise includes juvenile justice, HIV/Aids and the rights of the child, child abuse reporting systems, legal representation of children, inter-country adoption, and the African Charter on the Rights and Welfare of the Child.

Professor Mark Tomlinson is based in the Department of Psychology at Stellenbosch University, South Africa. His scholarly work has involved a diverse range of topics that have in common an interest in factors that contribute to infant and child development in contexts of high adversity and how best to prevent compromised development in these contexts. He has a particular interest in maternal health and infant and child development in conditions of high social adversity, as well as developing community based prevention programs.

16:15 -18.00 Congress Opening Ceremony

President of WAIMH Antoine Guedeney
Program Committee Chair Kai von Klitzing
Local Organising Committee Chair Astrid Berg

St Cyprians's Girl Choir

Opening Talk 1

From South Africa with love and forgiveness: Journey through violence -- and *back*
Pumla Gobodo-Madikizela (South Africa)

Opening Talk 2

Reducing the burden of infant health problems in Africa: Our collective responsibility!
Olayinka Omigbodun (Nigeria)

18:00 - 18:45 Plenary Lecture 1

Moderator: von Klitzing K. (Germany).

2797

One Hundred Fifty-Five million infants and children in search of an evidence base: Thoughts towards an African research agenda

Tomlinson M. (Stellenbosch University, South Africa)

More than seven and a half million children under the age of five died every day in 2010 (nearly 21,000 children every day). Most of these deaths were from preventable diseases, and almost all occurred in sub-Saharan Africa and South Asia. As shocking as these figures are, they are a substantial improvement on the 9.7 million children under 5 who died in 2006. A substantial body of research is emerging charting the extent to which health is associated with inequity –the social determinants of health. The UNICEF index of child well-being in rich countries is related to inequality, with the USA and UK (highest level of inequality) faring worst, while Sweden and Finland with the lowest levels of inequality fare best. The link between inequality and poor health is repeated across domains such as life expectancy, teenage pregnancy and numbers of mentally ill. Perhaps this is not surprising in the light of recent figures that shows that six members of the Walton family in the USA (children of the founder of WalMart) are as

wealthy as the bottom 30% of the US population, while the wealthiest 400 Americans are as wealthy as the bottom 50% of Americans. Very similar figures pertain in South Africa, and other low and middle income countries such as Brazil and Colombia. In this plenary, I will argue that in a world of such extremes, developing a robust evidence base is central to ensuring a more equitable world, respectful of the rights of infants and children, and where infants and children do not die or fail to achieve their developmental potential due to an accident of geography. In order to do this I will outline current research in the area of maternal depression and child growth in low and middle income countries and show that while we have made significant progress, we are still some way from understanding the mechanisms involved in how maternal depression affects infant growth. In addition, I will present evidence from a number of recent intervention studies to show how we are beginning to develop models of early intervention and community based programming that have the potential to become scaled up more widely across low and middle income countries and in so doing improve infant and child outcome.

19:00 Welcome Reception

Wednesday 18 April

08:00-09:00 Master Classes

Mother-infant relationships in South Africa: Khayelitsha as a case study

Cooper P. (United Kingdom), Tomlinson M. (South Africa), Murray L. (United Kingdom)

Working in the ‘here and now’: Making use of the ‘transference’ and ‘counter-transference’ experience in clinical interventions with parents, infants and young children

Emanuel L. (United Kingdom)

Father Involvement from Birth to Five: Do fathers matter?

Fitzgerald H. (United States)

Attachment, caregiving and the first meeting in Infant Mental Health Clinic: how to make possible a second session?

Guedeney N. (France)

Embodied communications in working with parents and infants: a subject for clinical study

Baradon T. (United Kingdom)

Plenary lecture 2

Creating Futures: The Secrets of Human Development

Sameroff A. (University of Michigan. USA)

Infant mental health is a precursor of later healthy development, but it is only one contributor to a series of developmental achievements that are strongly influenced by social circumstance. A theory and supporting data will be presented for explaining the success or failure of children as they traverse the life course. Developmental science is in the midst of a theoretical and empirical consolidation that will be the launching pad for major advances in the study of young children. Models of personal change, context, regulation, and representation will be integrated in a comprehensive view of the determinants of life success.

Symposium 1:

Moderator: Dayan J. (France)

2507

Ontogeny and socialization: Innate mind, brain and mother baby interactions

Dayan J. (INSERM, France), Murray L. (University of Reading, United Kingdom), Ouss L. (University Hospital of Necker, France), Rochette J. (SPP (member of IPA), France)

Some abilities to socialize are present as soon as birth. From chaotic stimuli the brain has to create a coherent environment. Innate abilities to regulate and organize stimuli need, to be fully developed, the complementary action of the “mother-environment” (Winnicott). Neurosciences have started to provide insights into the neural mechanisms underlying our capacity to represent others people’s intentions and emotions. Imaging studies provide some cues to understand the neural basis of mentalizing, motor action imitation and empathizing: functional and anatomical connectivity, synaptic plasticity, role of the central “line” of the brain in the integration of the self, treatment of information devoted to interconnected parts of the brain, and mirroring function. Individual understanding of reality is negotiated during the course of interaction with others. Infants are early committed in social interactions which participate, according to the seminal theories of Vigotsky, to the sense of self and to interpret (and give) reality to the world. Reciprocally, the bodily sensitivity to the environment and care is also reflected through the genomewide distribution of epigenetic changes. In conclusion, this symposium discusses how interactions themselves may participate to shape an ensemble of body factors including the baby’s brain. These issues will be addressed through three interventions: Lynne Murray will discuss how a non developmental disorder of the baby may predict cognitive impairments seven years after birth. Lisa Ouss will discuss how developmental disorders of the baby modify parental reactions, and Jacques Dayan will discuss some hypotheses about the emergence of a pre-reflective self-consciousness, its relations with emotion and cognition through the neurobiology of interpersonal experience. Developmental theories (Karmiloff-Smith, 2009) are now grounded within transactional and probabilistic (Gottlieb, 2007) frames, including bidirectional influences between genetic, neural, behavioral and environmental levels. L. Murray and al. show that infants with cleft lip who had undergone surgical repair after three-months, but not those with early neonatal repair, had significantly poorer cognitive development at 18 months, globally persistent seven years later. These results argue for a sensitive period in development. Moreover, this result suggests that some aspects of maternal responsiveness to behavioral and visual cues from the infant may directly affect cognitive processes via mother baby interactions. Ouss et al. study the effects of baby’s developmental characteristics on interactional processes and show how early brain and developmental disorders of the baby modify parental reactions. In the studied group of 25 infants with early epilepsy (West syndrome) they particularly show that joint attention characteristics differ from controls and, although more insecure attachment is found, attachment does not strictly depend on developmental level. The studied group is of particular importance as autistic disorders are often occurring among this population (30%) and interpretation of the results took in account the predefined therapeutical targets. J Dayan et al., will discuss some hypothesis about the emergence and development of the self through the process of acting with the environment. Early or innate abilities such as sense of space, pre-representations of intention, memory capacities allow complex interactions in which cognition and emotion are closely intertwined as shown by experimental paradigms such as “glass cliff” and “still face”. Moreover, the bodily sensitivity to the environment and care is also reflected through epigenetic changes and hormones regulation.

Symposium 2: Meeting Room 1.41-42

Moderator: Mazzoni S. (Italy)

2264

Family interactions: Protective and risk factors associated with severe developmental problems

Mazzoni S. (Sapienza University of Rome, Italy), Feldman R. (Bar Ilan University, Israel), Lucarelli L. (Psychology Department, University of Cagliari, Italy), Alessandra S. (DPSS- Faculty of Psychology, University of Padua, Italy), Ammaniti M. (Department of Dynamic and Clinical Psychology, Sapienza University of Rome, Italy), Veronesi C. (Department of Dynamic and Clinical Psychology, Sapienza University of Rome, Italy), Vismara L. (Department of Psychology, University of Cagliari, Italy)

Observation of family interactions is essential to study child development trajectories. Several procedures evaluated the development of family coordination and coparenting from the pre-natal period through to preschool years (Fivaz-Depeursinge, Corboz-Warnery, 1999; Favez et al., 2006; McHale, 2011) and several studies observed the quality of family interactions considered as risk and protective factors related to child functioning (Feldman, 2007; Jacobvitz et al., 2004; Mazzoni et al., 2010). Such studies may improve psychoeducational and psychotherapeutic interventions (Sameroff, 2004). The Symposium aim is to focus on parenting at risk because of child psychopathology and to discuss both assessment procedures and proposal of interventions.

Feldman will present results from two longitudinal studies, the first following a group of well-functioning parents and their firstborn from birth to 3 years, the second assessing children exposed to chronic maternal depression from birth to five years. In the first study, maternal and paternal Oxytocin and micro-level triadic interactions in the first

six months of life predict children's interactions with their best friends at 3 years, indicating a transfer from the atmosphere of the family to the first close non-kin relationship. The second study addresses the father role in the context of chronic maternal depression and shows that father engagement and coparental mutuality within a triadic family interaction at five years predicts lower child propensity for psychopathology, higher child social engagement, and more optimal HPA-axis functioning among children of depressed mothers. Lucarelli, Simonelli and Ammaniti will focus on Infantile Anorexia. Considering previous results that showed mother-child conflictual interactions during feeding and pointed out that maternal depression and eating disorders are frequently associated with IA, the present research will explore the influence of the paternal role on mother-child affective differentiation process in children with IA. The LTP paradigm was adapted to observe father-mother-infant primary triangle in the feeding context, compared to the play context; results highlight that the procedure is useful in providing an overview of family interactions and in showing limitations and resources of the family relational functioning. Mazzoni, Veronesi & Vismara will present the clinical LTP proposed to families with children who have an Autistic Spectrum Disorder (ASD). Families showed different types of miscoordination at the level of participation, role organization, focal attention and affective contact. Despite the fact that family functionality was correlated with children functionality (ADOS), some cases demonstrate a counterintuitive trend: e.g. child high functionality/low family functionality and vice versa.

Clinical Teach-In 1: Meeting Room 1.43-44

2209

Introduction to Circle of Security Parenting: Utilizing the COS Parenting DVD to facilitate change through reflective dialogue with parents.

Powell B. (Circle of Security International, United States)

Circle of Security Parenting© (COS-P) created by Kent Hoffman, Glen Cooper and Bert Powell is a reflective parenting program designed to help parents increase their capacities to serve as a secure base and safe haven for their child. In this workshop, Bert Powell will present an overview of the intervention program. The protocol includes a DVD and a manual that presents content in a standardized sequence, layering salient concepts so that each session serves as a foundation for the next. The COS-P protocol teaches caregivers the fundamentals of attachment theory (i.e., children's use of the caregiver as a secure base from which to explore and a safe haven in times of distress) by using a user-friendly graphic that becomes available for immediate and ongoing reference by caregivers. The process of change is facilitated by providing a secure base relationship with the facilitator while engaging in reflective dialogue with the parent about his or her thoughts, feelings, representations and behaviors. COS-P is remarkably direct in presenting caregivers with a simple, user-friendly structure for considering the ways in which their internal working models influence their cognitive, affective, and behavioral responses to their children. The goal is to provide accessible language that gives caregivers awareness and understanding of the non-conscious, problematic responses they sometimes have to their children's needs. Simply put: The COS-P approach provides caregivers with the skills to understand their children's behavior, and the skills to understand and regulate their own cognitive, affective, and behavioral responses to their children. For more information go to circleofsecurity.org

Symposium 3: Meeting Room 1.61

2180 WITHDRAWN

Symposium 4: Meeting Room 1.62

Moderator: Thomson-Salo F. (Australia)

2247

Perinatal & infant/toddler psychotherapy: Exploring countertransference in innovative developments in preventive work and intervention

Thomson-Salo F. (Royal Children's Hospital, Australia), Raphael-Leff J. (Anna Freud Centre, United Kingdom), Leuzinger-Bohleber M. (Sigmund-Freud-Institut, Germany), Frost K. (Ububele Psychotherapy Resource Centre and Educational Trust, South Africa), Paul C. (Royal Children's Hospital, Australia), Maharaj S. (Rahima Moosa Hospital, South Africa), Koursaris J. (Rahima Moosa Hospital, South Africa)

Four clinicians from different countries present innovative ways of working antenatally and in the early postnatal period with young and/or disadvantaged mothers, and with parents and toddlers experiencing continuing difficulties. Countertransference feelings with high-risk clients who face extreme danger and deprivation are immensely painful. In the UK a manualized training program, 'Adolescence as a Second Chance', is offered to a variety of practitioners working with pregnant teenagers, young mothers and fathers and their children. This focuses on the emotional experiences of all concerned, enhancing mentalization in work with this high risk clientele by helping practitioners recognize their own blind spots. Using DVD clips, the presentation will explore countertransferential responses evoked by disowned feelings of young clients. Reflective supervision is encouraged for effects of workers' unexplored feelings about sexuality, aggression or substance abuse, and collusion with teenage defenses against unbearable feelings. In Germany, recognising that one of the most urgent social responsibilities is integration of children from an immigrant background; The psychoanalytically oriented program 'First Steps' offers immigrant families a prevention program, starting in pregnancy and supporting them until the children enter kindergarten at age 3. The program combines home visits and center-based meetings with the goal of motivating mothers to attend obligatory language courses instead of withdrawing to their parallel communities of origin, thereby undermining integration into German society. This randomized controlled evaluation (200 families) compares effects of the program with nonprofessional self organized meetings of immigrants. In Johannesburg, two therapists describe pioneering work in a weekly group for mothers and premature infants in a Mother-child hospital Kangaroo Mother Care ward. The therapy evokes powerful countertransference feelings oscillating between being overwhelmed and bored as if baby does not exist; and extreme tiredness parallel with the mother's experience, making the work particularly challenging. Supervision is crucial in processing these feelings, allowing the premature infant to be born in the therapists' minds; although challenges remain, this allows the infant to come more alive in the mothers' minds. In Melbourne, toddlers and parents who continue to struggle with issues around separation and expression of anger are offered a psychodynamic time-limited parent-young child therapy group. Countertransference issues in therapy as well as what enables the therapist to identify with the positive strengths in an infant, even in the face of severe disability or delay, will be explored. Directly and respectfully engaging the infant and his or her family in communicative play is suggested to contribute to developing reflective function and a mentalizing stance. This will be explored in micro analysis of play illustrated on DVD.

Symposium 5: Meeting Room 1.63

Moderator: Foley M. (New Zealand)

2468

Infant Mental Health (IMH) policy matters: A relational perspective on IMH

Foley M. (Victoria University of Wellington, New Zealand), Maguire C. (Health Service Executive, Ireland), Daligga B. (Youngballymun, Ireland)

This symposium explores the possibilities and challenges involved in translating IMH theory and practice knowledge, into IMH policy. Central to the IMH theory-policy bridging process are the ever evolving relationships between IMH specialists and policy specialists. Each of the three papers in this symposium explores this shared relationship from a different perspective.

First, Catherine Maguire (Senior Clinical Psychologist & IMH Specialist, HSE, North Cork & Eleanor Mc Clorey (CEO, Youngballymun, Dublin) will talk about the experience of a) developing an IMH service in Ireland and b) extending relationships out from the program to include those working at the level of government policy. Irish IMH Specialists have begun to integrate an infant mental health (IMH) model of service delivery for infants, toddlers and caregivers into early childhood services. This model acts to bridge a gap in services for this population and places a renewed focus on the key role of the relationship as a mediator of change. Partnership relationships are being developed across clinicians within health services, local communities and voluntary agencies where an IMH framework is being translated into their service provision. It is anticipated this model will inspire a national shift in perspective to further promote early social and emotional development at all levels. Active collaboration between government policy makers and clinicians is now planned to facilitate the integration of an IMH framework into early childhood policies and practice. Second, Bonnie Daligga (IMH Mentor, Youngballymun, Dublin) and Eleanor Mc Clorey (CEO Youngballymun, Dublin) will present on the role of the relationship and key IMH principles in progressing partnerships, capacity building and services. The process of developing relationships on behalf of infant's well being is similar whether on a home visit with a distressed family or working to improving a community's or governmental capacity to support babies and parents. IMH principles for building trustworthy

relationships have guided Irish efforts in both urban and rural settings. This philosophy equally applies across the spectrum of services, funding sources, and disciplines. These principles include progressing and respecting individual strengths and cultures, understanding and responding to the needs presented while simultaneously keeping the central focus and collective investment in the baby. Discussion will focus on this process and outcomes to date, including progression of collaborative partnerships, capacity building and service provision. Finally, Maree Foley, Victoria University of Wellington, (NZ) will present findings from her doctoral research: “What’s good for babies makes good business sense: The manager-employee relationship”. Managers and employees (n=400) were surveyed and manager-employee dyad case studies, conducted. Workers who used a secure strategy of interaction in regard to conflict resolution and help seeking/help provision (when they were under pressure), with colleagues, also showed higher levels of organizational commitment (OC) and lower levels of intention to quit (ItQ). Both OC and ItQ are strong predictors of business level outcomes. This study bridges IMH theory with theories of management and business.

Workshop 1: Meeting Room 1.64

2211

Mellow Bumps - a structured attachment-based antenatal program for parents with additional health and social care needs

Puckering C. (Mellow Parenting , United Kingdom), Renaud M. (Mellow Parenting, United Kingdom)

The growing body of evidence of the impact of stress in pregnancy (O’Connor et al., 2008) on the child, even some four years after birth has led to a demand for antenatal interventions which address parental stress and begin to help mothers become attached to the baby before birth. Mothers who are vulnerable because of domestic violence, previous child protection concerns, mental health problems including addictions and social isolation or simply being very young are at particular risk of poor outcomes for themselves and their babies, who are more likely to be born prematurely and at low birth weight. The Mellow Bumps program is a six week program that supports mothers to think of their own needs, introduces the capacity of babies for interaction very early in life and shows the significance of this interaction for brain development. Mellow Bumps was designed to be offered at 20 to 30 weeks gestation to capture the period when the pregnancy is most secure and the mother may have experienced foetal movement, but before her attention is taken up with the delivery. It is especially relevant to the work of midwives, health visitors, family support workers and others who support vulnerable families

The workshop will be an active opportunity to try the materials and activities used in the Mellow Bumps program. Uptake and attendance at the groups has been very good even in the most vulnerable groups. The workshop will present the outcome findings and invite discussion.

References available upon request.

Clinical Teach-In 2: Meeting Room 2.41-42

2191

Trauma is trauma, a tale of two countries: Applications of reflective practice to counteract the impact of toxic stress

Schalit J. (Children's Hospital and Research Center, Oakland, United States), Nalo A. (Children's Hospital and Research Center, Oakland, United States), Mbanda T. (Red Green Gold Educare, South Africa)

Multitudes of well-constructed studies have demonstrated how trauma impacts infants, young children and adults in ways that can have long-term impact. Megan Gunnar and her colleagues have demonstrated how chronic exposure to trauma can have long-term impact on brain function and physical health of young children (Gunnar, 2009).

Children and adults alike living in trauma saturated areas often develop a protective veneer of toughness and aggression as a protective mechanism against the chronic anxiety and fear that may pervade their realities.

Researchers have differentiated between isolated or discrete stressful events, and ongoing or chronic stress, referring to the latter as toxic stress. The development of children can be severely impacted by living in an environment marked by toxic stress, where resources are poor, trauma reminders are plentiful and parents who are traumatized pass on much of their own anxiety and fear to their children (Shonkoff, 2000). This presentation describes the use of three strategies as a protective buffer against the effects of toxic stress in two programs serving high risk families:

1) The use of trauma informed services that are protective rather than re-traumatizing to infants, children and

parents; 2) the importance of specialized training and additional support to staff working in areas highly impacted by trauma, as they are likely to be impacted by trauma themselves; and 3) the use of reflective practice, reflective supervision and team support as a buffer against the worst effects of working in settings highly impacted by trauma. The proposal will provide examples of how trauma informed services of several kinds have been implemented in the United States site and how cross continent consultation has been supportive in a day care site in Cape Town, South Africa. The United States site is an Infant Mental Health Program that provides services to mothers and children who are dealing with issues of substance and alcohol abuse, trauma and incarceration. The South African site is a grassroots day care, serving children who are low income and living in a township outside of Cape Town. An informal cross-continent collaboration began when the United States therapist visited South Africa and volunteered at the township daycare.

Workshop 2: Meeting Room 2.43

2536

Treatment of children with Post-traumatic Feeding Disorder

Wilken M. (Spectrum Pediatrics, LLC, Germany), Berry J. (Spectrum Pediatrics, LLC, United States), Basye M. (Spectrum Pediatrics, LLC, United States), Huppert T. (Spectrum Pediatrics, LLC, United States)

Medical procedures carried out during intensive care can result in Post-traumatic Feeding Disorders (PTFD). It has been assumed that traumatic impact in intensive medical care in high risk infants results in total food refusal and tube feeding. In PTFD children, any oral stimulation acts as a traumatic reminder. Therefore, feeding attempts result in crying or gagging upon contact with the mouth or even the face. Most of these children show a minimal oral intake and are tube fed, despite the ability to eat orally. In this workshop the pathogenesis of post-traumatic feeding disorder, the diagnostic schedule as well as the treatment of PTFD will be presented, with regard to following aspects: -The impact of intensive care treatment and painful procedures on eating and feeding behavior. - A diagnostic schedule to evaluate medical, swallowing and psychological aspects of the feeding, with regard to treatment readiness. - Psychological treatment during an intensive short-term home-based treatment. The treatment comprises feeding therapy as well as play therapy under medical supervision. - Follow-up: All children require follow up for at least six months in case of medical infection or short-term food refusal. In this workshop we will provide insight of the treatment process, including video examples of PTFD treatment.

45 Minute Workshop 1: Meeting Room 2.44

2584

Creating a space for play: Working together across nations, cultures and language

Stone J. (Uthando Project Inc, Australia), Shabangu F. (Dlalanathi, South Africa), Rozentals-Thresher R. (Dlalanathi, South Africa)

Together with workshop participants, workshop leaders, who bring a wealth of experience from working with diverse groups in African and Australia, will weave knowledge with experience to demonstrate how creativity and play can be used to open new possibilities for reflection about the child, her experience and the importance of the child-caregiver relationship.

The group will discuss how a gentle awakening within the caregiver can lead to improved physical and emotional well being for the caregiver and the children in their care. Wherever young children live, their internal world is furnished by their early family experience and a greater understanding of how grief and loss affects even the very youngest members opens the way to explore how play can bring courage to speak difficult truths and assist healing emotional wounds. Participants will be guided through a variety of games and reflective exercises that can be used with mothers, grandmothers or other caregivers in any setting. Participants will also explore the power that making a doll can offer as an invitation to self reflection and gentle care.

By highlighting experiences from their South African (Dlalanathi)/Australian (Uthando) partnership workshop leaders will share reflections on ways their relationship may highlight new possibilities for working together across the “developing” and the “developed” world.

During the conference, there will be an exhibition titled 100 Dolls, Countless Hearts which will also highlight some of the stories that will be shared during the workshop.

45 Minute Workshop 2: Meeting Room 2.44

2612

The getting to know you film series: Hello Dad and Hello Everyone

Blick B. (NSW Institute of Psychiatry, Australia), Warren B. (NSW Institute of Psychiatry, Australia), Mares S. (Western Sydney AHS, Australia)

This session presents the third, fourth and fifth in a series of perinatal education films created to enhance parent's knowledge, sensitivity and responsiveness to their infant's cues for communication, social interaction and play in the course of development. From birth the baby is a keen participant in interaction and his own development in partnership with his parents. However in spite of the body of research which demonstrates the innate competencies of infants, many parents are unaware that babies are born sensitive and responsive to their social environment. In this film series a team of paediatric and psychiatric health professionals have focused on the period from birth to sixteen months. "Hello Dad" (2006) arose after community feedback indicated the need for a specific film in order to engage fathers, as research has indicated that men require specific targeted programs that directly speak to them. It uses filmed interactions of infants and fathers to highlight and demonstrate infant social and emotional skills and cues in the first months of life. "Hello Everyone" (2011) consists of 2 films focusing on the period four to nine months and nine to sixteen months respectively. Using a sample of ordinary parents and their infants, the films demonstrate infants meeting the developmental challenges of remaining alert and attentive for greater periods; taking the initiative in interaction; developing motor competence in sitting, on all fours and finally upright. As the infants progress the interweaving of emotional and social development becomes apparent. We will see how infants display 'clingy' behavior and parents manage the infant's hesitancy with strangers. Toward the end of the film we observe the motorically competent infant of 16 months exploring further a field and more intensely and, as a consequence, learning about limits. The film medium was chosen as it allows for behaviors to be modeled (which is important where there is a social learning component) without undermining a parent's sense of competency or contact with their infant. The films have far reaching potential benefits for parents by promoting the ability to sensitively read one's infant's cues and the value of seeing things from the infant's perspective. The benefits to the infant for their social, emotional, and motor development occur as a result of their parent's attunement to their needs and sensitive handling. The films thus become tools that add value to routine primary care. The session will present the materials and their background and explore the experience to date of using these programs in both group and individual settings.

45 Minute Clinical Teach-In 1: Meeting Room 2.45

2548

Lessons from mothers in a Kangaroo Mother Care ward

Geiger M. (Centre for Rehabilitation Studies - University of Stellenbosch, South Africa)

Background: The author is a speech therapist, working in under-resourced communities in the Western Cape. As she works with mothers and caregivers of children with severe disabilities (including cerebral palsy), she reflects on past experiences in student clinical supervision in a Kangaroo Mother Care (KMC) ward and the valuable opportunities there for secondary prevention for the specific contexts she is working in now. **Purpose:** The purpose of the presentation is to share the responses of mothers in a KMC ward over a four-year period of Speech-Language Therapy student clinical involvement. The goals of this student clinical placement were health promotion and prevention in terms of mother-child interaction and communication disorders. **Description of Activities:** Students' weekly inputs in the ward included information sharing (about the value of KMC and ideas for supporting early interaction etc.); providing one-to-one support and problem-solving; facilitating intra-group support between mothers and connecting mothers with other sources of support as needed. **Formats included** videos, illustrated talks, posters, pamphlets, question and answer sessions, focus group- type discussions around specific topics and mothers' personal experiences and opportunities for one-on-one chats and further referrals to the social worker and/or other health care staff in the hospital or in the community. **Challenges:** Language challenges were addressed through student-interpreters and/or liaison-interpreting where possible. Time constraints in a very full student clinical timetable were also a challenge as the inputs - especially the establishing of trust with mothers - took time: the facilitation of intra-group support and a comment book partially helped. **Outcomes:** Mothers' contributions in group discussions, their verbal feedback and mothers' written comments in a comment book indicated the value of these

sessions in: (a) affirming the mothers as nurturers, (b) encouraging the enjoyment of their infants and (c) facilitating early mother-child interaction. Furthermore, mothers who had discovered meaningful interaction with their infants, felt empowered to share specific skills and tips with newer mothers. Recommendations: More groups (formal or informal) with: opportunities to ask questions, special support for teenage mothers, opportunities for mothers to share individual experiences and opportunities for one-on-one. Discharged mothers, coming back for follow-up clinics with their at-risk infant-toddlers could be a valuable resource in contributing to and/or leading these groups.

45 Minute Workshop 3: Meeting Room 2.45

2513

Family Centered Neonatal Care: Full integration of the family into NICU care

Brune T. (NFSU, Sweden)

Since 2004 the neonatal Unit at Danderyd sjukhus at “Karolinska Sjukhuset” in Stockholm has offered families, with newborn and preterm babies in need of advanced neonatal intensive care, so called “Family Centered Care” or “Couplet Care”. This means that a separation of mother and baby is reduced as much as possible by treating the mother and the baby on the same ward. This unit was created out of the experience that a lot of parents of preterm babies have difficulties in feeling confidence in their new role, as long as the child is admitted at hospital. The expectation was that by involving the parents as early as possible in the daily care of the child, the bonding process would be facilitated and long term complications could be reduced. The guidelines of our neonatal unit are: 1) Minimize separation, 2) Support the attachment and bonding process, 3) Strengthen the parents. After a short theoretical background the presentation will focus on how parents could be involved in the daily treatment of the child and how the role of the neonatal staff is changed: Instead of taking the role as the primary caregiver of the baby they are supposed to encourage the parents to grab this role. Advantages of and difficulties in implementing Family Centered Care are discussed, as well as the influence of the surrounding systems like the hospital system and society. A recent randomized trial at our Unit, including 366 infants, will be presented. This study has shown that Family Centered Neonatal Care has a positive impact on both the length of stay at hospital, as well on the prevalence of lung diseases in preterm babies. The most preterm babies seemed to be most influenced by the Family Centered Care intervention.

Video Presentation 1: Meeting Room 2.46

2699

Distance participatory training of health and educational professionals in the city of Água Boa, Mato Grosso, Brazil

Miliauskas C. (Universidade Federal Fluminense, Brazil), Werner J. (Universidade Federal Fluminense, Brazil), Araújo S. (Universidade Federal Fluminense, Brazil), Dal Pizzol F. (Universidade Federal Fluminense, Brazil), deSalles Fonseca Carvalho I. (Universidade Federal Fluminense, Brazil), Jordão P. (Universidade Federal Fluminense, Brazil), Bruce P. (Universidade Federal Fluminense, Brazil)

Poster Workshop 1: Assessment: Diagnostic and Clinical Issues

Auditorium 2 Upper Foyer

Facilitator: Emde R. (United States)

2654

Follow-up study of a group of children with C Pattern Multisystem Developmental Disorders

Caldeira da Silva P. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal), Rebordão C. (Hospital de Santa Maria, CHLN- EPE, Portugal)

Introduction: In an Infant Mental Health Unit (UPI) of a pediatric hospital there has been an increase in the diagnosis of Multisystem Developmental Disorders (MDD) in recent years. In spite of the international increase in the prevalence of Autism Spectrum Disorders, there are still few follow-up studies of these disorders. Objectives: To evaluate the current functioning of children diagnosed with Pattern C MDD, Pattern C, using DC: 0-3 criteria. Methods: We selected the children observed in our unit between 1997 and 2002 who were diagnosed with Pattern C MDD; those with neurogenetic disease were excluded. The current clinical status and functioning of children was

evaluated through a follow-up questionnaire applied by telephone interview to the main caregivers. The Global Assessment of Functioning (GAF) score was also determined (good functioning cut-off GAF ≥ 70 was considered). Results: In the population considered (n = 20): 1) the initial average age at consultation was 38 months; 2) 19 children were male; 3) 16 were attending regular school with regular curriculum, 4 were in TEACCH classroom; 4) school integration was considered "very good" or "good" in 65% of cases; 5) socialization difficulties were the most frequently mentioned problems; 6) clinical follow-up in our Unit lasted three years in average, with good adherence in most cases; 7) the child was described as "much better" or "better" in 95% of cases; 8) the AGF average was 62; and 9) half the population maintains follow-up by different professionals. Conclusions: Most children didn't have a current good overall functioning. The study had several limitations: there wasn't a control group; the questionnaire was applied to parents without children observation; the assessment was subjective and not performed by a professional working outside UPI. Future studies of systematic follow-up will clarify more objectively the evolution of these disturbances.

2656

Feeding Disorders: A follow-up study

Caldeira da Silva P. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal), Rapazote R. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC-EPE, Portugal), Pardilhão C. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal), Vilarça P. (Hospital Dona Estefânia, CHLC-EPE, Portugal)

Introduction: Feeding disorders in infancy are common clinical situations that cause great concern in families. Feeding difficulties are often transient and part of the normal developmental process, and may arise with changes and everyday life events that affect the child, as the birth of siblings or entering the nursery. In more serious cases, there is an important effect on the child's physical health, which can even become life threatening. In these situations, the disorder often has a great impact on parents' relationship with the child, mirroring the central role of feeding in the parent-infant relationship. Unlike older children, there are few studies assessing the future impact of these disorders at an early age. Objectives: To characterize the cases of eating behavior disorders (DC:0-3) diagnosed in an Infant Mental Health Unit of a pediatric hospital, between 2000 and 2005; to assess the current situation of these children and adolescents, five to ten years after diagnosis and intervention. Methods: We selected the population of children observed in first consultation between January 2000 and December 2005 with the diagnosis of Feeding Disorder, according to DC:0-3. We characterized the current status of these children, by applying a follow-up form by telephone interview. Results and conclusions: We obtained a sample of 14 children, aged between 3 and 36 months at the time of first consultation; 71% are female. All children showed a significant symptomatic improvement and only one is dealing with learning difficulties. Although more control and follow-up studies are needed, these results highlight the impact and specificity of the intervention in Infant Mental Health.

2657

A follow-up study of early childhood depression

Caldeira da Silva P. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal), Pardilhão C. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal), Rapazote R. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC-EPE, Portugal), Vilarça P. (Hospital Dona Estefânia, CHLC-EPE, Portugal)

Introduction: Clinical experience has shown that toddlers and preschoolers develop depressive disorders. To date, systematic research on clinical depression in early childhood has been very limited, and so has the literature on the future impact of this disease at an early age. Longitudinal follow-up studies are important to clarify if there is a continuity between these and the later forms of depression in latency and adolescence, in order to substantiate the need for early intervention programs. Objectives: 1) Characterize the population of children observed from 2000 to 2005 in an Infant Mental Health Unit of a Pediatric Hospital with the diagnosis of Early Childhood Depression. 2) Assess these children's current situation, five to ten years after diagnosis and therapeutic intervention. 3) Assess the carers' degree of satisfaction regarding both service and intervention at UPI. Methods: We selected the population of children observed in first consultation between January 2000 and December 2005 at UPI with a diagnosis of depression according to the diagnostic classification system DC: 0-3. The demographic and clinical characterization was carried out by consultation of the relevant medical records in the UPI's database and archive. To evaluate the current clinical status and functioning of children, an adapted semi-structured questionnaire was designed as a follow-up form, which was completed by telephone interview with the main caregivers. Results and Conclusions: 1)

There was a predominance of male children and in the second year of life; therapeutic consultation was the most common treatment option. 2) Half of the caregivers expressed concern about the daily functioning (mild to moderate difficulties, predominantly at school). However, most children were described as being currently improved in all areas. This can be a positive effect of early intervention in a critical period, although it may also be due to other factors not evaluated in this study. 3) All caregivers expressed satisfaction regarding the unit's service, which can be attributed to the characteristic type of intervention in this unit, of close partnership between professionals and families.

2659

Cases observed in a Portuguese Infant Mental Health Care Unit in 2006: A 5-year follow-up study

Caldeira da Silva P. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal, Portugal), Crujo M. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC-EPE, Portugal), Rapazote R. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC-EPE, Portugal), Pardilhão C. (Unidade da Primeira Infância, Hospital Dona Estefânia, CHLC, EPE, Lisboa, Portugal)

Introduction: Evaluation is fundamental in any project. In Early Childhood Mental Health, evaluation is a key point to improve the quality and effectiveness of the treatment, as it allows to characterize the clinical population, the prevalence of disorders and the impact of interventions. There are very few studies assessing the influence of infant mental disorders in patients' mental health future. Objectives: 1) Characterize the cases observed in 2006 in an Infant Mental Health Unit of a Pediatric Hospital and 2) Assess the current mental health situation of these children five years later. Methods: The selected population comprised all the children observed in first consultation between January and December 2006. All diagnosis were defined using DC:0-3 criteria. A follow-up form was created to assess the current clinical status and functioning of children and it was applied by telephone interview. The data obtained is currently under statistical analysis. Results and Conclusions: ongoing study.

2714

A systematic review of the psychometric properties of observational measures of mother-infant interaction

Lotzin A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Schiborr J. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Romer G. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Ramsauer B. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany)

Background

Behavioral observational tools of mother-infant interaction are crucial to identify potential problems in the primary social relationship. Although many observational tools to measure mother-infant interaction are available, their psychometric properties have not been compared systematically. The objective of this review is to identify observational tools used to assess mother-infant interaction and to summarize the evidence of their validity, reliability and feasibility. Data Sources. Electronic and other resources will be searched to find potentially relevant observational measures of mother-infant interaction. The test reference databases [PSYINDEXplus Tests](#), Health and Psychosocial Instruments, [Educational Testing Service](#), The Mental Measurements Yearbook, and Tests in Print will be searched. Test reference books and databases of test publishers will also be screened for commercially available measures. To obtain published and unpublished tools described in published journal articles an electronic literature search of PsycINFO, ERIC, SocINDEX, Ovid MEDLINE, [Embase](#), ISI Social Sciences Citation Index, and CINAHL will be conducted. Combinations of subject headings and text words related to mother-infant interaction and behavioral assessment will be used. Additional studies will be identified by hand searching of known reviews of parent-infant assessments as well as reviews found through literature search. Other strategies for locating tools will include personal communication with experts in the field as well as screening conference proceedings. For all of the potentially relevant tools, published as well as unpublished manuals will be obtained. Selection of studies Two authors will independently screen the titles and abstracts of electronic databases and test reference books to identify potentially relevant instruments. If all found information about a tool will be insufficient to make a decision regarding eligibility for inclusion, further information will be requested from the authors or publishers. All authors of the included measures will be asked for additional data regarding the use and psychometric properties of the measures. Databases and testbooks were searched again with the full titles, acronyms, and author indexes to locate further information about the tests. Data extraction and management. The evaluation of scales will be based on the

identified information from manuals, journal articles, book chapters, and authors. Data from the included observational tools will be independently extracted by two review authors. Any discrepancies will be reconciled by consensus. Extracted information will include tool characteristics, validity, reliability, and feasibility. Results. Preliminary results will be presented.

2327

A proposal for the assessment of development and behavior of young children

Williams G. (Developmental Pediatrician, Australia)

This presentation provides a profile that highlights self-regulation of infants in the context of a genotype, illness, parenting style, temperament, attachment, sensory processing, emotional / social development, language / communication and cognitive ability. The assessment uses a hierarchical model of infant brain development and will outline the paths between adaptive and maladaptive behavior. This tool was initially devised to assess the complex behavior patterns in children with CHARGE Syndrome. CHD7 is the major gene is mutated on chromosome location and site 8q12.1. SEMA3E is a mutated gene on 7q21.11. The two gene mutations are responsible for the large majority of children with CHARGE Syndrome. The behavior phenotype of this syndrome is complex and variable, and was described by Hartshorne. There is no consistent behavior phenotype for the genotype. Each of the eleven domains in the inverted pyramid is assigned a score from 1 to 10. An optimal score of 110 will be attained if the infant has typical development. Atypical development will attain a lower score (see diagrams). Self-regulation will also be measured and scored as described by DeGangi. This assessment has proved to be a clinically useful tool that can be used by pediatricians, psychologists and psychiatrists. The scale provides a comprehensive overview of an individual child and of the developmental challenges faced by children with complex clinical disorders. The assessment can be repeated over time and will allow for serial documentation of progress and intervention. Parents can be reassured about their child's atypical and typical development. Clinical cases will be presented to demonstrate instances in typical and atypical development. The assessment will require field testing with a large sample in an academic center before it can be recommended for routine clinical use.

2397

Follow up study on the relationship between cognitive abilities, physical features of infants and their parents

Shi J. (Institute of Psychology, Chinese Academy of Sciences, China), Chen N. (Institute of Psychology, Chinese Academy of Sciences, China)

Factors playing important roles on child development either psychologically or physically are always very intriguing to scientists as well as to the public. It is important for people to understand the mechanism of child development if we can draw a clear picture of relations between factors related to cognitive abilities and significant physical characteristics of children and their parents. It is hypothesized that children's cognitive abilities are related to their physical characteristics, at least to some of their significant physical characteristics, and their physical characteristics are related to their parents' physical characteristics. In consequence, children's cognitive abilities are related to their parents' significant physical characteristics. In order to test this hypothesis, about 500 children aged from 6 months old to 6 years old and their parents (both father and mother) have been continuously observed, systematically studied and followed up in present study. Children's and their parents' cognitive abilities, physical characteristics, and behavioral features have been constantly measured. The relations between all these variables have been analyzed. Their family environment or growing situation in family circumstances including child rearing behavior, parenting styles, feeding behavior, interpersonal relations between family members, physical surroundings, and interactions between infants and their parents have been video-taped with permission. The authors will present their findings of this follow-up project and select some vivid video materials to share with participants at the conference.

IACAPAP Invited Symposium Auditorium 2

Moderator: Kaukonen P. (Finland)

2557

Supporting infant development in the face of adversity: Natural & human-made disasters and the role of the protective factors of culture and community

Omigbodun O. (Department of Child & Adolescent Psychiatry, University College Hospital & College of Medicine, University of Ibadan, Nigeria), Wiguna T. (Child and Adolescent Psychiatry Division, Department of Psychiatry, University of Indonesia/Cipto Mangunkusumo General Hospital, Indonesia), Wittenberg J. (Infant Psychiatry Program, Infant Mental Health Promotion, The Hospital for Sick Children, Canada), Sparrow J. (Brazelton Touchpoints Center, Children's Hospital, Harvard Medical School, United States)

Diverse cultures around the world have ways of protecting infants even in the most difficult circumstances of chaos and calamity. This symposium under the auspices of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) brings together perspectives from Asia and the indigenous cultures of North America, with an introduction from an African viewpoint to illustrate approaches towards infant care in adversity. After the tsunami hit the North Aceh District, Indonesia in December 2004, supplies of basic life amenities of whole communities were disrupted. Observations revealed that infants became anxious and showed evidence of pathological attachment towards their parents or caregivers who also needed psychological support during this period of devastation. To meet the needs of infants, a biopsychosocial program was designed and made appropriate for the Acehnese culture consisting of activities such as capacity building in child development and outreaches. These were observed to provide support for infants and their families. Another program for infants, describes supporting security which integrates knowledge and practice derived from attachment theory with local cultural values and traditions. European immigration devastated Canadian aboriginal culture with consequences of loss of family organization, abject living conditions, high levels of addictions, physical and mental illness. Loss of cultural identity has been associated with poorer psychological functioning and higher levels of suicide. Attempts to help northern Canada's isolated communities have shown little success. To help communities that have struggled to sustain it, supporting security is combined with a retreat led by aboriginal elders and focused on cultural development. The goal is to foster more motivation and support for the intervention by embedding it in a culturally meaningful tradition. In a third illustration, an example of a strengths-based approach to rally a community around its children, mobilize existing resources, overcome historical and present trauma and revitalize traditional ways of healing is drawn from the Blackfeet Nation's Project HOPE (Helping Our People Empathically). Initiated in the Blackfeet early childhood (Head Start) education center and health center (Indian Health Services), Project HOPE was conceived to mitigate the effects of parental depression on infant mental health. This is based on the premise that infants can inspire communities emerging from crisis to construct a hopeful vision of their children's future. Building upon enduring strengths, social networks disrupted by community-wide trauma can be reconnected so that scarce resources can be pooled and redeployed to invest in this shared mission. Culturally-rooted strengths, even if stressed or obscured by past and present oppression, can provide communities with the resilience needed to promote healing and raise healthy children.

Symposium 6: Meeting Room 1.41-42

Moderator: Lindblom J. (Finland)

2291

Early family dynamic influences on child's emotion regulation development

Lindblom J. (University of Tampere, Finland), Du Rocher Schudlich T. (Western Washington University, United States), Riva Crugnola C. (University of Milano-Bicocca, Italy), Gazzotti S. (University of Milano-Bicocca, Italy), Ierardi E. (University of Milano-Bicocca, Italy), Moioli M. (San Paolo Hospital, Italy), Albizzati A. (San Paolo Hospital, Italy), Tissot H. (Center for Family Studies, CHUV, University of Geneva, Switzerland), Frascarolo F. (Center for Family Studies, CHUV, Switzerland), Tièche M. (Center for Family Studies, CHUV, Switzerland), Favez N. (University of Geneva, Switzerland), Tolvanen A. (University of Jyväskylä, Finland), Vänskä M. (University of Tampere, Finland), Peltola M. (School of Social Sciences and Psychology, University of Tampere, Finland), Leppänen J. (School of Social Sciences and Psychology, University of Tampere, Finland), Hietanen J. (University of Tampere, Finland), Tiitinen A. (Helsinki University Central Hospital, Finland), Tulppala M. (Helsinki University Central Hospital, Finland), Punamäki R. (University of Tampere, Finland)

This symposium examines how family relations during infancy predict and shape the child's later self- and social-regulation of emotions. Multilevel approaches to family relations are considered, involving both dyadic relations and triadic relations, and whole family systems. The presentations bring together scientific models and naturally occurring complexities in families and clinical settings. Early Interparental Conflicts Predict Child's Emotion and Behavioral Regulation (Du Rocher Schudlich). The presentation examines how infant's exposure to and reactions during marital conflict predict the child's emotion regulation at preschool age. The longitudinal study (n=74) uses stressful family interaction tasks both during infancy and at the child's preschool age. Multiple dimensions of marital conflict, and child's self-regulating behaviors and emotional expressions were coded from parent-child interactions. Results demonstrate the continuity in children's regulatory behaviors. Motherhood in Adolescence: Interactive Styles, Affective States and Emotional Regulation (Riva Crugnola, Gazzotti, Ierardi, Moioli, & Albizzati). The presentation examines co-regulatory differences between adolescent (n=25) and normative (n=23) mother-infant pairs, and evaluates effectiveness of video-feedback intervention among adolescent mothers. The quality of mother-infant interactions was assessed at 3 and 6 months by Care-index and Infant Caregiver Engagement Phases. The results show less adequate co-regulation in adolescence mothers than normative pairs, and that the intervention improved co-regulation quality. Children's Regulatory and Communicational Behaviors in Dyadic and Triadic Family Contexts (Tissot, Frascarolo, Tèche & Favez). The presentation examines how parent-infant dyads and father-mother-infant triads influence the infant's social regulation and regulatory problems. Community sample of infants and families (n=69) were videotaped in three situations: The Lausanne Trilogue Play, and both dyadic mother-child and father-child free play (coded by Care-index). Infant's behavioral and emotional problems were measured with the Symptom Checklist. Results indicate that both dyadic and triadic family functioning account for child symptomatology. Early Family Systems Predict Child's Regulatory Attentional Biases at Early School Age (Lindblom et al.). The presentation examines the effects of whole-family systems on child's self-regulation of emotions. Whole-family systems were identified with latent profile analysis, based on relationship autonomy and intimacy during pregnancy, and infant's 2 and 12 months, and child's emotion regulation in middle childhood (n=80). The study identified Cohesive, Enmeshed, Authoritarian and Disengaged families, and Dot probe - laboratory results revealed family-type related vigilant and avoidant regulation styles.

Symposium 7: Meeting Room 1.43-44

Moderator: Urwin C. (United Kingdom)

2333

What babies can do for other babies in mother-infant and infant-infant groups

Urwin C. (Tavistock Centre, United Kingdom), Bradley B. (Charles Sturt University, Australia), Selby J. (Charles Sturt University, Australia), James J. (Anne Freud Centre, United Kingdom), Ritchie S. (Perinatal Parent Infant Service, NELFT, United Kingdom), Urwin C. (Tavistock Centre, United Kingdom)

Several decades of research have explored the contribution of mother-infant relationships to infants' developing minds. Research is increasingly moving outside the dyad to include infants' other important relationships such as with siblings and peers, raising questions about when peers become 'necessities' and not just 'luxuries' for development (Hartup). Evidence supporting Dunn's contention that young infants can manage and are interested in relationships with more than one other person now includes research showing that young babies are able to participate in group processes with other babies, without adult support, suggesting that the 'group in the mind' may be available very early. Infants' sensitivity to group processes is consistent with findings from therapeutic mother-infant therapy groups, where it can be helpful to make a group interpretation via a reference to a baby's behavior or emotional state that expresses an aspect of the infantile experience of the adults in the group. The success of such interpretations shows that babies in these groups are a part of the group process. Increasing attention is being given to how babies' interactions with each other as well as with the adults present bear on the group process, and to the development-enhancing potential of these infant-infant interactions. How far does babies' potential for group relatedness affect their perceptions and interactions with the social world around them? This symposium presents evidence supporting the existence of group relatedness in young infants. We will draw out the developmental and therapeutic implications of infants' group-capacities and examine the social and community contexts that make possible their expression. The first paper illustrates group processes in non-clinical groups aged 7-10 months video-recorded in a research context with no adults present. Developing a taxonomy to encapsulate the variety of ways in which infants respond to other infants' distress, it highlights how interpreting such responses depends on one's understanding of ongoing dynamic, contextual and individual factors. Two papers present work on infants

interacting in mother-infant therapeutic groups: firstly, to indicate how the therapist achieves therapeutic effects by proactively harnessing rhythmicity and affect in the mothers and using group interpretations focused on infants' behavior. Secondly, focusing on empathic behavior, processes of identification and affect attunement between infants are highlighted and discussed in relation to the possible activation and functions of mirror neurones. As in groups with older children and adults, infant group processes include the projection of unwanted and hostile feelings as well as receptivity and nurturance. Presenting findings from infant-infant groups run by adult leaders with no parents present, the final paper explores the developmental and therapeutic potential and theoretical significance of such group interventions.

Symposium 8: Meeting Room 1.61

Moderator: Borghini A. (Switzerland)

2432

Changes over time in clinical samples: Considering narratives, competencies and attachment

Borghini A. (SUPEA, Switzerland), Zigante F. (Hôpital Necker APHP Paris, France), Habersaat S. (SUPEA, Switzerland), Vion E. (Hôpital Necker APHP Paris, France), Pierrehumbert B. (Child and Adolescent Psychiatry Department, SUPEA, Switzerland), Golse B. (Child Psychiatry Unit, Necker Hospital, France)

Narratives in childhood give us a valuable opportunity to explore the children internal world and inner emotional states as well as the way children may express and regulate their emotions. Narratives allow us to access to the child internal working models related to the parent-child relationships as well as the way children will manage the relationship with the interviewer within the narrative task itself. These questions are of crucial importance in clinical samples for which the emotional internal world evolution will prevent or help to free from developmental difficulties or psychopathology. This symposium focuses on narratives evaluation in clinical samples of children which have been assessed at least twice during childhood considering attachment features. Stability of the attachment representations as well as factors underlying attachment and narratives changes over time will be explored in details. Four presentations considering three different clinical samples will present the evolution and changes over time of narratives competencies and attachment during childhood. These presentations are dedicated to: 1) The links between premature children narratives across childhood and maternal characteristics such as posttraumatic symptoms: A cohort of 70 premature children and 30 term-born controls has been followed from infancy to childhood according to attachment and narratives competencies measured successively by the Attachment Story Completion Task (ASCT) and the Children Attachment Interview (CAI). Preliminary results show that stability and changes over time are linked to the maternal characteristics such as early attachment representations and posttraumatic stress symptoms related to prematurity. This presentation will be done by Ayala Borghini from SUPEA in Lausanne. 2) The evolution of marginally secure 12 months-old infants born with an orofacial cleft in a narrative task at 4 years old: At 12 months of age, the Strange Situation was administered to a sample of 38 CLP infants and 39 healthy controls. At 4 years of age, the ASCT was proposed. CLP infants displayed secure attachment behaviors as frequently as control babies (58%). However, the majority (71%) of CLP infants displayed distal attachment strategies such as B1, B2 or A1, A2 subcategories. Moreover, CLP infants with distal strategies at 12 months were more prone to become insecure at age 4. Subtle differences in attachment behaviors at 12 month-old may reveal attachment vulnerabilities, which seem to increase over time. This presentation will be done by Stéphanie Habersaat from SUPEA in Lausanne. 3) The evolution of the narrative quality in a sample of 36 children who get individual psychotherapy with an assessment before the beginning of the therapy and each year during therapy: A cohort of thirty-six clinical children (5-11 y.o.), receiving analytic therapy, has been assessed according to narratives (ASCT) once every year during the first 4 years of their therapeutic treatment. The results show a "first year" effect with a strong improvement of attachment features for the whole sample. After two years of therapy, the evolution is more subtle. The interindividual variability remains very high and the results show deconstruction and reconstruction phases of the narratives throughout the therapeutic process. This presentation will be done by Erwan Vion from the Child psychiatric unit of Necker Hospital, Paris. 4) The evolution of the narrative quality in the same cohort of children in psychotherapy according to their initial psychopathological diagnoses. Psychopathological diagnoses have been coded according to ICD-10: 14 children present emotional disorders, 12 present conduct disorders and 10 present more pervasive developmental disorders. The first results show that the improvement of narratives competencies and attachment quality on the course of therapy is strictly related to the psychopathological initial diagnoses. This presentation will be done by Franck Zigante from the Child psychiatric unit of Necker Hospital, Paris.

Symposium 9: Meeting Room 1.62

Moderator: Mäntymaa M. (Finland)

2617

Contentment and joy in dyadic interactions: What is their influence in infant mental health?

Puura K. (Department of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Mäntymaa M. (Tampere University Hospital, Finland), Weatherston D. (Mi-AIMH, United States), Luoma I. (Department of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Latva R. (Department of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Salmelin R. (University of Tampere and Tampere University Hospital, Finland), Tamminen T. (Department of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Leppänen J. (School of Social Sciences and Psychology, University of Tampere, Finland), Peltola M. (School of Social Sciences and Psychology, University of Tampere, Finland)

Infants acquire their capacity to have and express emotions through interactions and care giving by their parents. Of particular importance is the way parents express their emotions, allowing infants to imitate facial expression and attune to their affect (Gergely & Watson, 1996; Tronick, 2007). From previous research we know that infants who are in the care of depressed mothers often withdraw from interaction and show little expression of positive emotions (Klein et al., 2009). Recent follow-up studies on children raised by parents with long lasting or recurrent depression have shown that these children have difficulties in feeling and expressing positive emotions also later in life (Goodman et al., 2011). In our symposium we aim to look at how important positive emotions, like contentment and shared joy or pleasure, are for the social and emotional development in infancy and early childhood, and whether or how they play a role in therapeutic work with families with infants and very young children. First, Mirjami Mäntymaa will discuss findings from a longitudinal early intervention study. Associations of mothers' contentment with their lives, parenting stress and shared pleasure in mother-infant interaction and children's later socio-emotional symptoms were examined. At T1, 144 mothers with their two-month-old infants were videotaped in face-to-face interaction, the mothers were interviewed and their contentment as well as parenting stress were investigated. At T2 when the children were 2 years old, mothers completed the Child Behavior Checklist to assess the emotional and behavioral symptoms of their child. In the group receiving no intervention, mother's contentment at T1 was correlated with child's internalizing ($r = 0.35$) and externalizing symptoms ($r = 0.38$) with more discontent mothers at T1 having children with more symptoms at T2. The second presenter is Kaija Puura who will talk about a study with 67 mothers and their healthy 7-month-old infants (48% females) recruited from the database of the Population Register Center. The infants were videotaped in a 20 min long free play situation with their mothers, and their social interaction behavior was evaluated with the Alarm Distress BaBy –Scale (ADBB; Guedeney & Fermanian, 2001). Maternal behavior in the interaction was assessed with the Emotional Availability Scales, 2nd Edition (EAS, Biringen & Robinson, 1991). Mothers filled in the Edinburgh Postnatal Scale (EPDS, Cox, Holden & Sagovsky, 1987) and the Infant Behavior Questionnaire (Rothbart, 1981). The infants also looked at different facial expressions (happy, sad, frightened, neutral) on a computer screen, and their visual engagement with each type of facial expression was measured. Finally, the amount and length of sequences with shared joy or pleasure in the dyad was measured from the videotapes. In this study we aimed to see whether and how the amount of shared joy or pleasure is correlated with infant and maternal variables. The results will be discussed in the presentation. The last presenter is Deborah Weatherston who will discuss the joy discovered in her work with infants and families and offer a brief case story with personal reflections about that work.

Symposium 10: Meeting Room 1.63

Moderator: Shai D. (Israel)

2528

A comparison between explicit verbal and implicit embodied mentalizing in a sample of high-risk African mothers

Shai D. (Interdisciplinary Center, Herzliya, Israel), Bain K. (University of the Witwatersrand, South Africa), Slead M. (Anna Freud Centre, United Kingdom)

Research demonstrates the value of measuring parental mentalizing via verbal and declarative expressions in predicting the child's developmental outcomes (e.g., Arnott & Meins, 2007; Oppenheim et al., 2001; Slade, 2002).

Nonetheless, Shai and Belsky (2011) suggest that exclusive reliance on explicit verbal processes may fail to capture fully interactive mentalizing processes and that a focus on bodily movement (kinesthetics) during parent–infant interaction may provide additional, significant information with regards to the parent’s capacity to make sense of the feelings and behaviors of their infant. Although nonverbal information plays a crucial role in interpersonal communication, it often does so outside of conscious awareness (Beebe, 2003) and the construct of mentalizing may require consideration of embodied features independent of verbal ones (Fonagy & Luyten, 2009). However, despite the claim that implicit embodied mentalizing merits attention, it remains to be determined whether this form of mentalizing is associated with overt, verbally-based, mentalizing capacities as manifested in narrative. A recent South African study that replicated a UK study with a sample of African mothers (Bain et al., 2011) assessing the efficacy of a group parent-infant intervention, found that gains made in mother and infant responsiveness were comparable to the UK sample. However, whereas the mothers in the UK sample demonstrated an increase in parental mentalizing capacities (measured as reflective functioning using the Parent Development Interview: Slade et al., 2004), the mothers in the African sample did not. While it is possible that the reflective functioning of these mothers did in fact not change over the course of the intervention, the issues of language and possible countertransference towards the interviewers were also considered. Although both the groups and the PDIs were conducted in English, and participating mothers were proficient in English, it was their second language. The possibility exists that changes on a more implicit level may have occurred, that a measure of embodied mentalizing might capture. This symposium presents the findings of a comparison between these mothers’ verbal, declarative reflective functioning as measured by the PDI and their non-verbal embodied mentalizing, as measured using PEM (Parental Embodied Mentalizing Scale; Shai, 2010). The sample consists of 16 African mothers currently residing with their infants in shelters for homeless women. The presentation will include a discussion of the convergences and divergences in the mentalizing capacities of these mothers found between the measures. The symposium will present (via video and oral presentation) and discuss embodied parental mentalizing (Dana Shai) and parental mentalizing as manifested in narrative (Michelle Sleed) within an African context of deprivation, HIV and severe early relational trauma (Katherine Bain).

Workshop 3: Meeting Room 1.64

2385 WITHDRAWN

45 Minute Symposium 1: Meeting Room 2.41-42

2265

Results from the first French early preventive childhood intervention: the CAPEDP project

Saias T. (Hôpital Maison Blanche, Laboratoire de Recherche, France), Guedeney A. (Hôpital Bichat, France), Tubach F. (Hôpital Bichat, France), Greacen T. (EPS Maison Blanche, France), Tereno S. (Hôpital Bichat, France), Dugravier R. (Hôpital Bichat, France), Saias T. (Hôpital Maison Blanche, Laboratoire de Recherche, France)
 The CAPEDP Project took place in Paris, France from 2006 to 2011. The CAPEDP project was developed to consolidate access to perinatal and early childhood mental health promotion services in Paris and its suburbs, by offering home visit support to families identified as at risk for maternal postpartum depression and infant mental health problems. The program aimed to reduce the incidence of maternal postpartum depression and infant mental health problems as well as to promote parenting skills, infant–mother attachment security and social and socioprofessional integration. 440 pregnant women who were less than 26 years old and primiparous were recruited in maternity wards between 2006 and 2009 and agreed to participate. Mothers had to present one or more of the following inclusion criteria to participate in the program: (1) less than 12 years of schooling, (2) intending to raise the child without the father and (3) eligible for the minimum benefits allowance provided by the French government. The firsts results from this study (postnatal depression, parental skills, attachment child behavioral disorders as well as impact of the intervention on social support) will be presented. Methodological issues will be discussed

45 Minute Symposium 2: 2.41-42

2498

In a combined psychotherapeutic relationship treatment for infants and parents we hold the babies in mind and reflect together about the infants' minds

Malmqvist Saracino A. (Infant- and Preschool Team, Child and Adolescent Psychiatry, Sweden), Havnesköld A. (Infant and Preschool Team, Child and Adolescent Psychiatry, Sweden)

The aim of the presentation is to describe a psychotherapeutic relationship treatment for infants and their parents, used at an Infant and Preschool team within the Child and Adolescent Psychiatry Clinic in Stockholm, Sweden, through case histories. The assessment procedure is connected to the guidelines developed by the Child and Adolescent Psychiatry in Stockholm for infants and small children, based on the Diagnostic Classification System DC:O-3R. We use different ports of entry to help babies with severe disturbances within their attachment context. We put emphasis on the transgenerational perspective. The combined relationship treatment involves group sessions for the mother and infant couple, individual sessions for the dyad infant - mother, family sessions with the triad infant - father - mother, evaluation sessions once a month with the whole family, and collaboration meetings with adult psychiatry and/or social authorities when needed. Video based interaction methods are used both in the dyad and the triad constellation. In all sessions except in the individual there are two therapists and we use the co-therapist relationship as a psychotherapeutic instrument. Intake and treatment process and the ending phase will be described as well as the outcome. Different cases will reflect different kinds of relationship problems treated in our unit. In some families the parents basically have "good enough" parenting skills but they are momentarily prevented by that they experience the childbearing period of life as an existential trauma. In others the parents have deficits in their capacity to regulate their baby's affects. In both cases the impact on the infant and the infants' need for treatment including new relationship experiences and focus on mentalization will be the same. The presentation is illustrated with images and video vignettes.

Workshop 4: Meeting Room 2.43

2295

"But who is my baby?," bonding difficulties following perinatal traumas: Parent-infant psychotherapy in England, Italy and Switzerland

Pozzi Monzo M. (Child and Adolescent Mental Health Service, United Kingdom), Micotti S. (University of Pavia and Centro Benedetta d'Intino, Italy), Ceccato P. (Zero-Five Association, Switzerland), Terragni L. (Child and Adolescent Neuropsychiatry, Italy)

This workshop explores three different clinical situations where mothers could not "recognize" their babies emotionally due to traumatic events during the perinatal period. The baby was a "stranger" to the mother. These mothers have not been "present" either during the baby's journey from inside the womb to the outside world or at the actual birth. Fathers were present but not enough to break the circle where mothers and babies were estranged to one another. These babies' mind was already enveloped in a negative veil of maternal projections since before being born. The presenters are part of the "International Association Zero-to-Five" for the training and practice of Parent-Infant and Parent- Underfive psychotherapy founded in Vacallo, Switzerland. This work took place at the Child and Infant Neuropsychiatry (Como, Italy) directed by Dr. M.L. Terragni. Sara Micotti's psychotherapy with a postnatally depressed mother shows the link between mother's state of mind and the baby's mind, who could not begin to develop self-awareness but functioned in a somatic way. The development of a wide-spread infant eczema,- a reminder of a second skin formations (Spitz, Bick) - protected the baby from the sensation of falling into a shapeless space. The therapeutic intervention (Centro Benedetta D'Intino, Milan, Italy) fostered the movement from "shapeless terror" (Ogden) to containment of emotional experience. Maria Pozzi's parent-infant psychotherapy with parents with mental illnesses and their baby (NHS England) focuses on bonding and on the effect of the parental state of mind on the baby's developing mind. The family agreed a time-limited psychotherapy contract. The therapist's task was to share the observations and understanding of the baby's mind by engaging in a dialogue with both parents and baby and thus create a thinking space free from toxic projections. The babies described were "strangers" to themselves and to their mothers: the first baby's mind could neither relax at night nor sleep peacefully; the second baby could not develop the beginning of a capacity to bear sensations and to give shape to his feelings, which were then expressed at body level; the third baby was stiff in her body and hypervigilant in her mind as her mother's mind was filled with depression, persecution, bad object and had no space for her baby to be. The

workshop highlights the value of early psychotherapeutic interventions, which address parental unconscious conflicts, projections, anxieties and trans-generational issues, which cloud the mental space where a real baby can be born and cradled.

45 Minute Workshop 4: Meeting Room 2.44

2405

Understanding my own and my child's mind: Examining the role of caregiver reflective function in transforming relationships using Circle of Security

Huber A. (Centre for Early Life Matters Marymead Child and Family Centre, Canberra, Australia)

The Circle of Security (COS) intervention is an attachment based, individualized video-treatment protocol which aims to improve caregiving relationships, by increasing relational capacity in the caregiver. This is done by increasing caregiver understanding of the child's needs in the attachment relationship and by addressing both caregiver representations of the child and of the relationship and by building caregiver reflective capacity. (Powell et al, 2009). A range of data has been collected from several cohorts of caregiver- preschool/toddler dyads referred with relationship concerns and /or child behavioral/emotional problems who completed the 20 week Circle of Security group intervention in a community based infant and early childhood clinical service. We sought to examine reflective function changes in caregivers after completing COS. A preliminary study (Challis 2009) coded pre and post narrative interviews (COSIs) of 8 of these dyads and revealed clinically significant changes in reflective function (RF) following the COS intervention. We have subsequently analyzed RF changes coded from pre and post COSI narrative interviews from a further 19 dyads who completed the 20 week Circle of Security Intervention. The aggregated data on RF changes in all 27 dyads will be presented and hypotheses given for changes seen after the Circle of Security intervention. This workshop will present case examples from this cohort using video material to illustrate changes seen in reflective function and any associated shifts in the caregiver child relationships.

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45 Minute Symposium 3: Meeting Room 2.44

2491

Reflective functioning and the parent-infant relationship: The promise of intervention and reflective supervision

Stacks A. (Wayne State University-Merrill Palmer Skillman Institute, United States), Muzik M. (Department of Psychiatry, University of Michigan, United States), Rosenblum K. (University of Michigan, United States), Ribaudo J. (University of Michigan, United States), Marcus S. (University of Michigan, United States), Barnett D. (Wayne State, United States), Koren N. (University of Haifa, Israel), Oppenheim D. (University of Haifa, Israel), Whelan W. (University of Virginia, United States), Marvin R. (University of Virginia, United States)

Research suggests that reflective functioning (RF) underlies sensitive caregiving behavior and the development of a secure parent-child attachment. Further, IMH interventions can improve RF, which in turn supports caregiving and attachment. To date, very little research has been conducted on RF in samples of trauma survivors and more research is still needed on interventions that promote RF, parenting, and attachment, especially in these. However, the contribution of the therapist's RF to the therapeutic relationship as well as the role of supervision in developing and supporting therapist RF is relatively unexplored. This symposium includes 3 papers that present various

perspectives about RF. The first two papers present findings from the Maternal Anxiety in the Childbearing Years study (MACY), which is a longitudinal study that is following nearly 200 mothers who have survived some form of abuse during their childhood and some of whom who have been diagnosed with PTSD. Paper 1: Protective Effects of Reflective Functioning in Survivors of Child Abuse. Approximately 8% of women have PTSD in pregnancy or postpartum, which is associated with heightened risk for medical complications in pregnancy, less sensitive parenting, and higher rates of insecure attachment. This paper presents findings from a subsample of 68 women participating in the MACY study. Preliminary analyses reveal that RF scores vary greatly across the sample (1-8), which is unique for a sample of trauma survivors, and that it is related to both parenting and attachment security. Analyses also reveal that parenting sensitivity mediates the relationship between RF and Attachment. Data are currently being analyzed to understand if RF moderates the relationship between trauma and sensitive parenting in this sample. Paper 2: Enhancing Maternal Insightfulness using the Circle of Security Parent Course. This paper focuses on the efficacy evaluation of a short-term group intervention, the Circle of Security Parent Course (developed by Marvin and Whelan), designed to enhance parents' RF and insight, and ultimately their sensitive parenting behaviors. In this research pilot project 20 mothers in the MACY study who had been exposed to childhood maltreatment and suffered depression and/or PTSD underwent the 12-week intervention, and evaluative data were collected before and after the intervention. Findings suggest that mothers demonstrated significant improvements in maternal insight, a core element of RF, and child attachment outcomes after the intervention. Paper 3: Minding the Therapist's Mind: Reflective Functioning and Supervision. This paper reviews the available literature regarding therapist RF and implications for the therapeutic relationship. In addition, core components of Reflective Supervision will be addressed and finally, a theoretical argument for the role of Reflective Supervision in increasing mentalization in new and seasoned clinicians will be presented. Using vignettes from actual supervisory exchanges, the author will describe the essential features of inviting supervisees to reflect on their own thought, feelings, fantasies and actions in interaction with clients. Barriers to clinician RF and the role of the supervisor in containment of affectively charged exchanges between therapist and patient will be discussed.

45 Minute Workshop 5: Meeting Room 2.45

2280

Intimate warfare: Two different cultural backgrounds battling it out within the family

Tuters K. (University of Toronto, Canada), Nkungu M. (Toronto East General Hospital, Canada), Tuters E. (Hincks-Dellcrest Children's Mental Health Centre, Canada)

A team of three clinicians (of psychoanalytic background, but different geo-political origins) working in a multicultural city will present their work with a family where the parents of the two young children also come from very different geo-political backgrounds and have very different personality styles. The unique aspect in this clinical presentation is the fact that the involvement with this case went on for several years, providing an opportunity to follow the sequential development of a new nuclear family unit. But even under the "therapeutic umbrella" the "derailing" of a hoped for developmental path, in terms of the marital growth and their children's development, could not be fully prevented. The husband (Canadian, age 48) married a woman (Russian, age 27). She was looking for a caring and admiring father figure, and he was looking for a rejected child to take care of. Both were eager to become parents. This was fulfilled soon after their marriage. Their hoped for vision was to give birth to a baby boy through natural childbirth. It was shattered when complications arose during labor. Because of this the mother could not bond with the baby. As soon as the baby boy entered their lives, the significantly differing child rearing approaches and their own personalities started to create constant clashes. From here on dysfunctions developed – attachment problems, feeding problems, sleeping and health problems, which were the result of a rapidly deteriorating marital relationship. A referral was made for a Clinical Infant Mental Health intervention. The therapeutic contact had already begun in the last trimester of pregnancy and continued for 3 years. However, they discontinued after an incident requiring investigation by Child Protection Services. Thereafter, the recommendation was that the 3-year-old should be seen in intensive individual therapy with full parental involvement to protect his own development. This therapy is still on-going.

45 Minute Workshop 6: Meeting Room 2.45

2542

Hidden hurts: When the professional network emerges in response as a mindful container

Sischy D. (Marlborough Family Service, United Kingdom), Tydeman B. (Marlborough Family Service, United Kingdom)

Our paper is about work with a family and a professional network, where the mother experienced chronic abuse and trauma in her family of origin, and has unresolved internal conflicts, which impacts on her emotional state and makes her behavior unpredictable to her children and impacts on their distress. Our paper describes the therapeutic journey of 'Mrs R', a Latin American woman and her children ('Ed' aged 2 and 'Ken' aged 8) and focuses largely on the relationship between Mrs R and Ed. The family was referred to its Child and Family Service in London by its GP, as a result of Ed's 'aggressive, impulsive and hyperactive' behavior and Mrs R's difficulties in 'controlling' him and communicating with him. In relation to background history, Mrs R is a Jehovah's Witness who had an affair with an unmarried man of a different faith, resulting in an unplanned pregnancy, which was unacceptable in her family and community. As a result, she had to conceal her pregnancy and experienced several complications and a decline in her mental state. She felt ambivalent about her pregnancy and contemplated both a termination and putting Ed up for adoption. Following Ed's birth, Mrs R described feeling increasingly depressed, socially isolated and ousted from her family and community. She experienced multiple physical health and somatic difficulties during the first two years of his life, requiring visits to hospital and her becoming pre-occupied with her health needs. Mrs R experienced difficulties in bonding with Ed which made her feel guilty. However, she struggled to make links with her own emotional state and being able to provide the mental space he needed and the attachment with him. The therapy involved working with a child psychotherapist and meeting Mrs R and Ed fortnightly, and Ken during the holidays. Our work involved adopting Parent-Child Interaction principles and also drawing on modelling techniques and behavioral strategies. The aim of the therapy was to help Mrs R become more attuned and responsive to her children and their needs, develop an understanding of their mental states and help her make sense of their communications, behaviors and experiences, in order to empathise and help them develop healthy minds and express themselves. The work proved difficult for Mrs R as her own needs for support and containment overshadowed her capacity to think about her children. This led to reflecting on the fact that in order for her to have the mental space to think about her children's needs, she required her own individual work to address her needs, and additional community support for the family to complement our intervention. We therefore created a community support network and containing structure made up of professionals from different services to support the needs of the family. As a result, Mrs R became more connected to her own therapist and responded to the efforts made by the community network and became more able to internalize a sense of herself as a more effective mother. She also began to be more playful and interested in her children's communications, and create more of a space in her mind to think about them. Although the connection between the mindless mother and the mindless hyperactive child is well understood in the psychoanalytic field, in our workshop, we will discuss how the therapists helped the community to emerge and grow as the mindful and containing network and substitute family for Mrs R and her children, which she had lost and which was absent in her family's life and in her own family of origin.

Video Presentation 3: Meeting Room 2.46

2466

Preterm infants, early pluridisciplinary intervention (0 -12 months) and psychoanalytically oriented infant-parent consultations

Chaillou E. (Armand Trousseau Hospital, Camsp, CMPP, France)

Some preterm infants with psychic disorders evolve positively in response to an appropriate treatment put in place in the very first months after the NICU: this involves consultation with the family, or parent-infant psychotherapy, etc.

At the Armand Trousseau hospital in Paris, pre-terms born minus 30GW have multi-disciplinary consultations during the very first weeks after they leave hospital, due to close co-operation with neonatologists. This ambulatory consultation, once a month during the first year, in the hospital, involves a neuropediatrician, a physician therapist and a psychiatrist. The complementary clinical observation of the infant with the parents allows for a reduction in the delay prior to the beginning of the appropriate treatment, especially when the infant has psychic disorders. This pluridisciplinary approach increases the feeling of reassurance of both the specialists and the parents and reduce the

dangers of making an over-dramatic pathological diagnosis. Thus it is possible to diagnose the psychic disorders of the parents, those of the infant and the parent-infant interactions. Consultations with the psychiatrist are increased when the infant and/or the parents present disorders. The regularity of these consultations favors the development of a solid therapeutic alliance. These consultations are conducive to an "envelope of attention" that can receive traumatic affects, depressive affects and parents projective reactions. The video illustrates the role of the this multidisciplinary consultation to allow parent-infant treatment. It shows changes in an infant, born at 26 GW, who, when 7 months old, presents gaze avoidance; at the same time, the mother has depressive symptoms. During consultations with the psychiatrist, the mother evokes representations of a handicapped child; this is linked to her traumatic experience and to death wishes that she had, as indeed had her own mother. During a relatively short psychotherapy of the mother, within a few weeks, her depressive symptoms disappear. The gaze avoidance of the infant disappears likewise. The parents ask to consult again when the child begins to attend school; their anxiety concerning consequences of prematurity reappears. The child does not herself have learning disorders, but her parents often have representations of a handicapped child. This exemplifies the variability of post traumatic effects of every parent with a preterm infant. In this case, once fantasmatic interactions, ghosts in the nursery and parents images have been explored, depressive affects and post traumatic effects can decrease.

Video Presentation 4: Meeting Room 2.46

2522

Evaluation of the suffering of the mother baby dyad first year postpartum with the BMI scale (baby / mother / interaction) (video of PIPE scale)

Rochette J. (SPP (Member of IPA, France), Chauvin F. (CHU Sainte Margueritte, France), Poinso F. (CHU Sainte Margueritte, France), Dugnat M. (CHU Sainte Margueritte, France), Fouque H. (CHU Sainte Margueritte, France), Leroy Dudal G. (CHU Sainte Margueritte, France)

We propose to introduce a rating scale of parent-child interactions: Pediatric Infant Parent Exam. This scale was developed by Fiese et al. (2001). We used this scale in a research protocol involving the broader assessment of the development of pain on a course of one year and in three areas: Baby, Mother and Interaction (BMI). This research is still continuing in the Parent-Child Unit of the service of Professor Poinso, University Hospital of Marseille, France. This research is multicentric: it is also conducted in the nursery of Chalon-sur-Saone and will start in Haiti. Signs of pain in infants are detected using the ADBB: Alarm Distress Baby (Guedeney A. et al., 2001). For the mother, using the EPDS: Edinburgh Postnatal Depression Scale (Cox et al. 1987). BMI Tool was designed by J. Rochette and has been used. The ADBB and PIPE are rated using videos. The authors developed the scale as a measure PIPE observation of dyadic interactions, which emphasizes the reciprocal nature between parents and their infants aged 6 to 9 months. In order to construct this scale, Fiese et al. started from the basic principle, demonstrated by research, that the sequences of parent-infant interaction typically involve a beginning, a middle and an end to identify (Cohn and Tronick, 1989; Field, 1987). Thus, the PIPE involves systematic observation of parent and child playing together in an interactional play. Moreover, the PIPE was designed for a rapid screening instrument to perform, easy to use in different situations and with no equipment needed, rather than a comprehensive assessment. Considering that the interactions also involve mismatched phases of initiation, maintenance and end, the quality of interactions is obviously different. Mismatched interaction is characterized by intrusive or disengaged stimulation of the parent when the child responds with a neutral or negative affect (Field, 1983; Stern, 1985; Tronick and Gianino, 1986). Parent and child seem insensitive to one another. Over time, these interactions can increase the risk for the child to develop relationship disturbance (Sameroff and Emde, 1989). In addition, we were able to link the suffering in dyadic interactions mother / child with severe organic components with the baby's psychosomatic type gastroesophageal reflux or eczema. The PIPE is an interesting tool to use in clinical population. These complex, multimodal findings define different aspects of communication disturbance, with relevance for therapeutic intervention.

Poster Workshop 3: Caregiving Contexts Auditorium 2 Upper Foyer

Facilitator: Boris N. (United States)

2643

Children of lesbian parents: A research on family triadic interactions

Miscioscia M. (Université de Liège, Belgium), Lidia S. (University of Liege, Belgium), Salvatore D. (University of Liege, Belgium), Alessandra S. (DPSS- Faculty of Psychology, University of Padua, Italy)

Background: Literature on relational dynamics in lesbian headed families (Bos, et al. 2007; Goldberg, 2009; Chan, et al. 1998) focuses on intergenerational relationships using mainly self-report scales. Only few researches adopt an observational methodology aimed to study family interactions. Our preliminary study is aimed to observe through the Lausanne Trilogue Play (Fivaz-Depeursinge, Corboz-Warnery1999) postnatal family interactions of lesbian headed families. We expect a good internal correlation of LTP scales and a distribution of family alliances similarly to other non-referred families. Method: 10 non-clinical lesbian families procreating through medically assisted procreation (IVF). Families were recruited through associations and forums. The Lausanne Trilogue Play paradigm (LTP Fivaz-Depeursinge, 1999) is coded using Family Alliance Assessment Scale (Favez et al, 2008). Average age: biological mothers 34,4 (Ds: 5, 85); not biological mother 36,6 (Ds: 7,69) and childrens 28,3 months (Ds: 22,08).

2425

Developmental trajectories in institutionalized children: Inter- and intra-individual associations with child, family, and institutional factors

Martins C. (School of Psychology, Minho University, Portugal), Soares I. (School of Psychology, Minho University, Portugal), Castro F. (Instituto Nacional de Salud Pública, Mexico), Marques S. (School of Psychology, Minho University, Portugal), Silva J. (School of Psychology, Minho University, Portugal), Baptista J. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Oliveira P. (University College London, United Kingdom), Mesquita A. (University of Minho, Portugal), Belsky J. (University of California, Davis, United States)

Physical and mental developmental delays have been repeatedly linked to children's experience in institutional care. However, an important question emerges regarding why and how some institutionalized children show those delays whereas others do not. The present study aims to address these issues, focusing upon distal and proximal factors such as pre-institutional factors related to early family life of children placed in Portuguese institutions, baseline in terms of children's developmental status at admission, and institutional context factors related to the quality of the relational care provided by caregivers. This developmental-ecological approach is empirically examined through appropriate analytical strategies for longitudinal data. Using longitudinal data on physical growth and developmental measures from a cohort of 43 institutionalized children (Age at baseline, $M = 6.73$ months; $sd = 7.00$; range: 0-26) assessed 4 times over 9 months), our aims are: 1) To describe the time variability/stability of physical growth and developmental measures and explore if the variability can be explained by pre-institutionalization, baseline and institutional context factors. 2) Using latent class analyses, to explore whether discrete groups can be identified in terms of children's longitudinal trajectories and whether these groups can be differentiated in terms of pre-institutionalization, baseline and institutional context factors. 3) Estimating a series of longitudinal regressions to explain how variability in time can be explained by (i) between-subjects differences for pre-institutionalization and baseline factors, and (ii) within-subject changes for social withdrawal behavior, caregivers' sensitivity and cooperation. The results show overall improvements in physical growth, mental development and social withdrawal. Intra-class correlations indicate that this variability in time is stronger for mental development and social withdrawal than for physical growth. Cluster analyses identify discrete groups with different trajectories, which, in turn, can be explained by pre-institutionalization, baseline and institutional context factors. Finally, longitudinal analyses show that inter-individual differences in prenatal risk are negatively associated with weight and height; social withdrawal is negatively associated with language. Intra-individually, decreases in social withdrawal are associated with steeper increases in weight and cognition; improvement in caregivers' cooperation is associated with steeper growth in height, but improvement in their sensitivity is associated with steeper improvement on cognitive development. Despite the small sample size of the present study, its longitudinal approach presents some advantages which contribute to the robustness of the findings.

2179

Improving the social context of children living in residential care facilities in Johannesburg

Koch L. (University of the Witwatersrand, South Africa), Kok G. (Thusanani Children's Foundation, South Africa)

Normal brain as well as behavioral development is influenced by a variety of factors. The environment, particularly the social context (the human interactions within an environment), plays an important role in promoting good development amongst infants and toddlers. Orphans and abandoned children living in residential care facilities are at high risk of developmental delays and long-term emotional, behavioral and cognitive problems. These problems have been linked to deprived social contexts within residential care facilities. This poster will present provisional data on the social context within residential care facilities in Johannesburg, South Africa and will consider intervention methods that may be used by occupational therapists in the community setting to improve the social context within residential care facilities.

2422

Early breastfeeding experiences influence parental self-efficacy

Kunseler F. (VU University Amsterdam, Netherlands), Hankel M. (VU University Medical Center Amsterdam/ VU University Amsterdam, Netherlands), Balm K. (VU University Amsterdam, Netherlands), Oosterman M. (VU University Amsterdam, Netherlands), Schuengel C. (VU University Amsterdam, Netherlands)

Parental self-efficacy (PSE) is defined as "the expectation caregivers hold about their ability to parent successfully" (Jones & Prinz, 2005, p. 342). According to Bandura (1977), self-efficacy is based on four sources, including 'performance accomplishments': if successful experiences are repeated this can lead to increases in efficacy expectations, while repeated failures can lead to decreases. With respect to parenting, breastfeeding is one of the first experiences mothers have with their infants. Previous studies showed that self-efficacy is an important predictor of the duration and level of breastfeeding (e.g. O'Brien, Buikstra, Fallon, & Hegney, 2009). However, it can also be suggested that the association between breastfeeding and PSE is bidirectional. Based on the theoretical framework of Bandura, it could be argued that successful experiences with breastfeeding are related to an early sense of efficacy in parenting and therefore to an increase in PSE. As part of an ongoing longitudinal study 205 primiparous expecting women completed questionnaires on breastfeeding and parental self-efficacy (the Maternal Self-Efficacy in the Nurturing Role Questionnaire) at 32 weeks of pregnancy (T1) and 3 months after birth (T2). Prenatally (at T1), these mothers stated that they would prefer to breastfeed as opposed to bottle-feed their infants. With respect to the postnatal breastfeeding questionnaire (at T2), mothers rated on 5-point Likert scales whether they 1) experienced breastfeeding as very difficult to very easy and 2) whether they experienced breastfeeding as very tiring to not tiring. The preliminary results of two hierarchical regression analyses, with PSE T1 scores entered first, indicated that mothers who experienced breastfeeding as easier or less tiring increased in PSE from T1 to T2 (respectively $\beta = .16, p < .05$ and $\beta = .18, p < .01$). PSE scores at both time points were not related to breastfeeding at T2. A subset of the mothers ($n = 77$) stopped to breastfeed their infants before three months of age. The mothers who indicated that they stopped earlier than planned had marginally lower PSE scores at T2 as opposed to mothers who did not stop earlier than planned ($p = .08$). For health care practices, the current findings emphasize the importance of supporting mothers' early experiences with breastfeeding, especially since success-based efficacy beliefs are related to positive parenting and child outcomes.

2344

Infants of seasonal migratory farmworkers

Simsek Z. (Harran University, Turkey), Simsek Z. (Harran University, Turkey), Koruk I. (Harran University, Turkey)

The aim of this cross-sectional survey is to investigate the role of migratory farmworker on childhood growth and psychomotor development. We studied 174 children ages 0-5 years raised in migratory farmworker families ($n=174$), and compared them to a sample of non-farmworkers' children ($n=174$) selected by probability sampling method. Data were collected using a structured questionnaire and anthropometric measurements, and Ankara Developmental Screening Inventory. Migratory farmworker families had lower parental education, greater household size, higher number of children, and greater poverty. Nearly 32% of children in the migratory farmworker sample had language-cognitive delay; 48.8% had fine motor development delay; 15.1% had gross motor development delay; and 19.2% had social skills/ self care developmental delay. This contrasts with non-farmworker families' children, who had respective developmental delay rates of: 10.9%, 27%, 9.8% and 3.4 %.

Farmworker mothers reported that none of their children had been monitored by healthcare professionals. In conclusion, children of migratory farmworkers represent a vulnerable population that deserves special attention in terms of healthcare rights and primary healthcare services.

Plenary Interface I Auditorium 2

Discussant: Von Klitzing K. (Germany)

Embodied communications in working with parents and infants: A subject for clinical study

Baradon T (Anna Freud Centre, United Kingdom), Salomonsson B (Institute of Women's and Children's Health, Sweden).

Workshop 5: Auditorium 2

2781

Promoting infant mental health in conflict-ridden areas

Jump V. (Utah State University, United States), Yearly J. (Training and Resources, Military Family Projects, ZERO TO THREE, United States)

ZERO TO THREE provides trainings to multidisciplinary professionals in an effort to address the needs of very young children in the context of military specific stress and trauma. These trainings, part of the Coming Together Around Military Families® (CTAMF) initiative, are designed to offer an integrated, systemic approach to advancing infant/toddler social-emotional health and well-being within the U.S. military population. ZERO TO THREE (ZTT) has a rich tradition of promoting infant mental health by engaging the community of professionals surrounding the family. ZERO TO THREE has developed a comprehensive series of materials and training to meet the needs of the parents, caregivers and professionals who are supporting the over 500,000 very young children in military families in the United States. The ZTT materials address the continuum of challenges of military life, from the day to day stress of deployment and relocation to the intense challenges of trauma, grief and loss that are experienced by some. These materials provide a platform for professionals to open a dialogue to support babies and toddlers in their healthy development during these crucial years. They also provide similar opportunities for parents to communicate with their youngest children and support them through these challenging times. Through the wide dissemination of materials through the Duty To Care training experiences, we will increase the awareness of methods to support babies and toddlers and build communities that are armed with the information and resources they need to support the next generation of military families. This presentation will focus on discussion of needs arising in American military families with young children as a result of engagement in the Afghanistan and Iraq wars, strategies used by ZERO TO THREE to address these needs, suggestions for other agencies serving families in conflict-affected areas to help increase the mental health of young children through working with their families, and discussion of actual scenarios impacting participants with an eye toward developing concrete plans to reduce the impact of trauma on families in conflict-ridden areas. The presentation will combine discussion, video vignettes, sharing of resources, and brainstorming between participants. Participants will also share their successes and challenges in working with families to promote infant and toddler mental health. It is hoped that at the end of the presentation, participants will be aware of the importance of working with families to increase infants' and toddlers' mental health, have additional resources for working with trauma-affected families, be able to advocate for the needs of families with young children, and plan for implementation of services for families experiencing such conflicts. Suggestions and resources for how to work with families in conflict-ridden areas to promote children's mental health will be shared throughout the presentation.

Symposium 11: Meeting Room 1.41-42

Moderator: Hill J. (United Kingdom)

2749

Social and biological processes in links between prenatal stress and negative emotionality and psychomotor maturity in early infancy

Hill J. (University of Manchester, United Kingdom), Sharp H. (University of Liverpool, United Kingdom), Pickles

A. (King's College, United Kingdom), Tibu F. (University of Manchester, United Kingdom), Pawlby S. (King's College London, United Kingdom), Pariante C. (King's College, United Kingdom), Conroy S. (King's College, United Kingdom), Osborne S. (King's College, United Kingdom)

Long term effects of prenatal stress on offspring physiology and behaviors have been shown in animal studies, mediated via alterations in the HPA axis and moderated by offspring sex: also of maternal tactile stimulation in the early postnatal period mediated via gene expression. This symposium describes findings from two complementary samples on the relationship of pre- and post-natal environments and infant genotype, with infant negative emotionality, psychomotor maturity and cortisol regulation over the first weeks of life in humans. The studies share many features including prenatal measurement of maternal depression and cortisol, and postnatal observational assessment using the Neonatal Behavioral Assessment (NBAS). Equally there are informative contrasts in sampling, pre- and post-natal measurement, and in timing of NBAS assessments. Presentation 1: From a community sample of 1233 first time mothers recruited at 20 weeks gestation a subsample of 214, stratified by partner psychological abuse in pregnancy provided saliva for diurnal cortisol at 32 weeks gestation. Their infants were assessed with the NBAS 5 weeks after birth, when mothers also reported how often they stroked their babies. Sex of infant interacted with waking maternal cortisol to predict infant negative emotionality ($p = .014$). Maternal stroking interacted with waking cortisol ($p = .006$) and the awakening rise ($p = .013$) only in girls. Maternal cortisol was associated with negative emotionality in girls, but not boys, and this association was stronger in girls who experienced low maternal stroking. Presentation 2: 208 women from the Presentation 1 sample were assessed for life events during pregnancy and their infants provided saliva for genotyping. Low (L) vs high (H) expression MAOA ($N = 57$ vs 151) interacted with life events to predict negative emotionality in the NBAS ($p = .013$). In follow up analyses increasing life events were associated with elevated negative emotionality ($DR2 = .13$, $p = .004$) in the MAOA-L infants, but not in those with MAOA-H ($DR2 = .00$, $p = .89$). Presentation 3: Study 2 compares women with DSM-IV Major Depression at 20 weeks gestation and controls, assessed using the SCID-I. Saliva for cortisol was collected at awakening, 15, 30, 60 minutes later, mid-day and 8pm, at 25 and 32 weeks gestation. The infants were assessed with the NBAS at 6 days. Since the NBAS involves handling the baby, a stressor for the newborn, saliva for cortisol was taken from the baby immediately before, at completion and 30 minutes after administration of the NBAS. Compared to controls, mothers with prenatal depression had higher evening cortisol ($p < .05$) at 32 weeks; the newborns of depressed mothers showed less maturity for the NBAS orientation ($p < .01$) and motor ($p < .01$) clusters, were less able to regulate their state ($p < .05$), required more examiner facilitation ($p < .05$); and were less alert and attentive ($p < .05$). The differences were greater in boys than in girls.

45 Minute Symposium 4: Meeting Room 1.43-44

2285

The Circle of Security® Intervention Project in Hamburg on mothers with mental illness and their infants (RCT)

Ramsauer B. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Lotzin A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Schiborr J. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Onur N. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Schulte-Markwort M. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Romer G. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Cooper G. (Marycliff Institute, United States), Hoffman K. (Marycliff Institute, United States), Powell B. (Circle of Security International, United States)

Background ; The importance of early intervention when women with mental disorders become parents or develop a mental illness in the transition to parenthood, as well as potential benefits for the involved children and the parents is well acknowledged in the literature. There is still a lack of evidence-based early intervention strategies for mother-infant treatment. The Circle of Security®(COS) Intervention (Hoffman, Marvin, Cooper & Powell, 2006) was designed to alter developmental pathways of at-risk parents and their children. Conceptualized as a group-based, 20-week intervention program, the focus is on the caregiver and his relationship capacities, to enhance the quality of child-parent attachment. This study project examines how the COS intervention program works and might be effective in the context of a maternal mental illness and with respect to key attachment processes (i.e. working

model of attachment, reflective functioning, behavior). Within a randomized control design the COS intervention is evaluated in comparison with the mother-infant unit standard treatment practice (TAU) at the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics at the University Medical Center of Hamburg. The primary aim is to enhance secure attachment in the child. Methods and Findings; All mothers consulting the outpatient unit for women with mental illness and their infants, having given their informed consent to participate in this study, are randomly assigned into the COS intervention and the control group (TAU). The inclusion criterion is infant's age of 4 to 9 months at beginning of study. Exclusion criteria are an acute maternal state of mental illness (i.e. suicidal tendency), schizophrenia, primary substance-abuse, intellectual impairments (IQ < 80) and, on part of the child, autism and mental retardation. After treatment and at the child's age between 16 to 20 months, the attachment quality is surveyed by the Strange Situation Procedure (Ainsworth et al., 1978) and the Rating for Disorganization (Main & Solomon, 1990). The major hypothesis is that the COS intervention is more effective in enhancing secure attachment in favor of insecure or disorganized attachment than the TAU intervention. Currently, 42 mother-infant dyads were included in the study (acceptance rate 73%). 72 dyads are envisaged. Preliminary results will be presented. Conclusions ; The findings may be of great importance for the consideration of differential indications and mother-infant-treatment of postpartum mental illness towards promoting infant's attachment security.

45 Minute Workshop 7: Meeting Room 1.43-44

2514

Circle of Security Parenting: Fostering parents' capacity for reflective thinking using a DVD based parent education program

Torsteinson S. (Nic Waals Institute, Norway), Brandtzæg I. (Regional Center for Child and Adolescent Mental Health, Eastern and Southern Norway, Norway)

The workshop presents the preliminary results from a pilot study at the Nic Waals Institute of the dvd-based psychoeducational program Circle of Security Parenting (Cooper, Hoffman, Powell, 2010). The program addresses both supportive and disrupted affective parent-child communication. Central concepts in the program are "the circle of security" (a map to parental reflective functioning), «being with» (affect regulation through mentalization, affect attunement and containing emotions) and "shark music" (naming unregulated affect in the parent). The content of the DVD refers very much to a historical development of focus that has taken place in the area of attachment research and applications, a movement from the impact of trauma and loss toward a more subtle, and harder-to-find manifestation of maternal disrupted affective communication. New research suggests that children who experience extensive levels of disruptive affective communication in their childhood are in even higher risk for psychopathology than children who experience trauma and loss (Dutra et al. 2009; Lyons-Ruth, 2011). The present workshop addresses the attachment-related treatment guidelines in Circle of Security Parenting. We emphasize how one can foster parental internal working models of attachment and mentalizing capacity by exploring concepts such as "the circle of security" and "being with". In this endeavor we also emphasize the importance of making implicit relational defense behavior explicit by exploring the concept of "shark music", and how one can increase parental openness to a wider range of affective experiences. The treatment goal of Circle of Security Parenting is to develop new skills for balancing the needs of the parent's self and the psychological needs of the young child, so that the caregiver will be able to enhance attachment and be more emotionally available when interacting with the child. At the time of analysis of the pilot study, the preliminary results indicate that the DVD based Circle of Security Parenting program changes parental reflective functioning and thereby has the potential to make a change towards more secure parenting. The presenters at this workshop are supervisors in the Circle of Security treatment program and co-authors of a recently published Norwegian book by Ida Brandtzæg, Lars Smith and Stig Torsteinson entitled *Microseparations; attachment and treatment*.

Symposium 12: Meeting Room 1.61

Moderator: Kaukonen P. (Finland)

2635

Assessing mental health of infants and young children in primary health care

Borg A. (Tampere University Hospital, Finland), Kaukonen P. (Tampere University Hospital, Finland), Miettinen S. (Tampere University Hospital, Finland), Mantymaa M. (Tampere University Hospital, Finland), Salmelin R. (University of Tampere and Tampere University Hospital, Finland), Gleason M. (Dept of Psychiatry and Behavioral Sciences, Tulane University School of Medicine, United States)

Assessing infants' and young children's mental health in front-line services calls for reliable and feasible methods. Primary health care professionals need easy-to-use methods to identify children in need of psychosocial support or further assessment. In this symposium we present new screening methods for assessing mental health of infants and young children in primary health care. Sari Miettinen will describe the process of developing the "Mental health assessment form for children under the age of 4 years" (PikkuLAPS) and discuss the collaboration processes between child psychiatric and front line professionals, when developing children's mental health services. Anne-Mari Borg will then present preliminary findings of the validity and utility of the method in Finnish primary health care, in family guidance clinics and specialized care in child psychiatric clinics. Dr. Gleason will present on the validity of the Early Childhood Screening Assessment (ECSA) in a US sample and a Romanian pediatric sample. The measure includes the US Preventative Task Force Depression Screening items and Dr. Gleason will present on the predictive value of those items in predicting a diagnosis on the Preschool Age Psychiatric Assessment as well as the associations between the ECSA and child medical and social risk factors.

Symposium 13: Meeting Room 1.62

Moderator: Thomson-Salo F. (Australia)

2213

Working at the edge: The quiet subversiveness of psychoanalytic thinking

Thomson-Salo F. (Royal Children's Hospital, Australia), Daws D. (Tavistock Clinic, United Kingdom), Guedeney A. (Hopital Bichat Claude Bernard, APHP Paris, & University Denis Diderot Paris VII, France), Paul C. (Royal Children's Hospital, Australia), Berg A. (University of Cape Town and Red Cross Children's Hospital, South Africa)

At the WAIMH Leipzig Congress this panel of 4 presenters and the Chair discussed a 'subversive' topic in exploring 'failed' cases. In this panel they consider psychoanalytic thinking as subversive, while working in hospitals in Paris, Cape Town, and Melbourne and in British Health Service clinics. This thinking is subversive in that there is a high priority given to working with complexity rather than simplicity. The therapist may act in ways that are unexpected to the infant, the parent and the therapist. Steven Seligman has suggested that working with infants may be subversive in the broad social arena because therapists put feelings first, and take the uncomfortable stance that investment in the future is compassionate which is avoided at our peril. Working with infants is subversive firstly because as infant clinicians we believe that behavior and action is just as meaningful in getting to essential meanings, and secondly it challenges analysts' grandiosity since the interventions are so often interdisciplinary, and difficult. The panelists make the following points. Working with health visitor colleagues there may, in contrast to other techniques, be no agenda and silences may take place that allow feelings to grow and be communicated. One health visitor colleague who became appreciative of this in joint work said, "At first I couldn't stand the silences". The therapist had not noticed these as she had felt occupied with being in touch with the feelings in the room. One patient said, "You really listened and you didn't tell me what to do." The power of listening cannot be overestimated. For a second panelist, a former psychoanalyst who is still an 'attachmentist', subversiveness of psychoanalytical thinking was clear when the scope of infantile sexuality was discovered in mental development and psychopathology. It is important and still subversive to emphasize the strength of the pleasure principle, even though the search for security and mastery may override it. However, in psychopathology, the importance of conflict whether within the child or the caregivers may be the most subversive aspect of current psychoanalytic thinking. From Australia, it is suggested that directly and respectfully engaging using play with the infant is subversive in that this is not envisaged by adult intervenors and aims to help adults move towards greater use of reflective function. Therapeutic action is conceptualised as owing more to chaos theory. Surprise, teasing and, as Freud pointed out, humour are a key part of the work. This will be illustrated with vignettes from infant-parent psychotherapy. The

panelist from South Africa discusses how the infant opened the way for connection with the 'other' - reconciliation in South Africa, the other culture, the community etc. Jung's phrase of "bigger than big and smaller than small" is used to depict the infant's position....so, perhaps while not subversive, certainly cutting edge.

Clinical Teach-In 3: Meeting Room 1.63

2525

Family care for infants and their mothers with both a significant mental illness and borderline personality disorder

Sved Williams A. (Women's and Children's Health Network, Australia)

Using experience gained in 25 years work in an inpatient unit in Adelaide, South Australia, this teach-in will focus on women who have both a mental illness and personality problems both of which may impact on their infants.

Women with severe mental illnesses requiring intensive treatment in the postnatal period frequently have a diagnosable psychiatric illness combined with personality characteristics formed by abusive experiences in their early lives. Inevitably, there will be substantial consequences, potential or already evident, for their infants. The infants may, for instance, be gaze avoidant, hyperaroused, or developmentally delayed. Immediate family lives are often also in turmoil, with troubled partner and family of origin relationships. Ensuring that not only the woman herself, but her relationship with her infant, her infant herself and other family relationships are appropriately managed is a challenging package. Infants may have been premature or have other physical and developmental problems which also complicate the picture. In an inpatient setting, initial multimodal treatment includes a biopsychosocial approach to assessment, diagnosis and management of the mother's problems. Management of the mother's mental illness is complex in its own right as attempts are made to ensure safe treatment of mother which keeps her together with her infant and also may need to encompass issues around medication with breastfeeding. Thorough infant assessment is also central to later management. Work in the unit in recent years has particularly focused on those patterns of parenting which combined with the maternal illness are particularly prone to produce problem outcomes for the infant. Thus after full pediatric and developmental assessment of the infant, mother-infant relationships are assessed, both by nursing staff observation and routine enquiries with the mother and family. Using a reflective functioning framework, mother-infant therapy is offered to the majority of women admitted to the unit. Techniques vary depending on the woman's capacity to reflect: interactional video feedback may be used sometimes to enhance interventions at the behavioral level, but also in ways which are designed to enhance the woman's capacity to reflect. Information gained during the inpatient admission is also used to ensure that longer term community supports are engaged as appropriate, as the personality factors are often likely to cause longer term difficulties and mothers are generally motivated to continue a better pathway they have commenced. This teach-in will therefore focus on: 1 Theoretical framework of systems and attachment theory used, enhanced by knowledge of reflective functioning capacity, 2 Presentation of data regarding maternal illness, personality diagnosis, psychosocial characteristics of population, diagnoses and treatments used. 3 Modes of mother-infant therapy including video presentation, 4 Outlines of wider family work undertaken, including partner and family of origin work, 5 Staff difficulties and strengths in working with this troubled population

Workshop 6: Meeting Room 1.64

2521

You be the judge. The costs and benefits of protecting infants: Safety vs. emotional security

Calica R. (Juvenile Protective Association, United States)

One of the most drastic interventions to keep infants safe involves removing them from their homes. Given what we now know about the effects of disrupted attachment relationships on emotional and physical development, there is a serious conflict between prevailing notions of child safety versus emotional security. While disrupting primary attachment relationships may be unavoidable in some cases, it is always accompanied by trauma to the infant and the family. The trauma of separation and placement is well documented in the literature. Unfortunately, most public and private systems of foster care are so focused on safety that they ignore issues of infant "wellbeing" and the damage that their well-intentioned interventions inflict. Once an infant is placed, visits are often used as an opportunity to observe parents in interaction with their children but rarely used as a "real time" therapeutic opportunity to either address the psychological problems separation cause for infants or to help parents improve and

demonstrate the capacity to keep their children safe and secure. In addition, child welfare personnel are usually ill prepared to provide the court with information relevant to ongoing decision making regarding long term plans for an infant's care. "You Be The Judge" will begin with an exercise using a real case scenario. Participants will be separated into small groups and asked to: decide if the situation warrants removal of an infant to ensure child safety; articulate what the group considers their operational definition of minimal parenting standards and safety; specify what protective steps might be taken short of removal to protect a child, and; discuss how they would attend to the iatrogenic effects of separation and placement and by what indicators they would decide if or when an infant would be returned to their parent. The small groups will return and all the participants of the workshop will discuss their group findings. This workshop will have as its learning objectives: 1) an understanding of the cost-benefits of removing infants from their homes vs. "watchful waiting"; 2) helping parents and infants deal with the sequelae of abuse/neglect while they are still together; 3) Understanding interventions to address infant's trauma as a result of separation and placement; 4) acquiring a framework for creating guidelines as to what types of information to require from social workers which would be related to consideration of parental progress in their capacity to keep their infant safe beyond compliance with court orders and the passage of time; 5) an expanded ability to understand what types of information visitation might yield to help in critical decision making, and; 6) an appreciation for the role the judiciary should play in requiring social workers to use visitation as a means to reduce the trauma to infants caused by separation from parents and to provide a therapeutic / growth opportunity for parents and children.

Clinical Teach-In 4: Meeting Room 2.41-42

2702

Working with extreme maternal violence: Past or present and the impact on the mother-baby bond and the professionals trying to help

Jones A. (NHS & Warwick Medical School, United Kingdom), Ritchie S. (NHS, United Kingdom)

This teach-in will explore the impact of extreme historic or current maternal violence on the new parent-baby relationship and the professionals involved. The following theoretical frameworks were helpful: a psychoanalytical understanding of group processes and parent-infant psychotherapy; and a systemic appreciation of the multiple levels that influence complex systems both consciously and unconsciously. In the first case, a young asylum seeker had experienced extreme sexual and physical violence throughout her childhood and adolescence. When finally in a "safer" place in the UK, pregnant with a baby conceived through rape, she suffered transient psychotic episodes in which she became violent towards her surroundings and her therapist. The work involved managing real fears the attacks could involve her baby. Enabling mother and baby to remain together required capacities to work with risk and high levels of paranoia in professionals who feared being blamed if something awful happened. With the help of video material, the case will illustrate how keeping the mother in touch with her baby's experience of what good his mother could provide for him (through her breastfeeding and tender physical care), somehow helped to keep connecting her to the 'sane' part of her mind that wanted a different future for both of them. But the therapist's own "parental" body and mind had to survive actual insane physical and violent attacks for this to happen. In the second case, there was a history of sexual violence enacted by a female teenager on a younger girl. Having served a custodial sentence, the adolescent later became pregnant and understandably concerns emerged in the professional systems. We will describe the therapeutic process and the systemic tensions that needed to be worked with. The child protection team understandably worried about the safety of the baby and anticipated mother and baby being separated at birth. A good "parental relationship" was created between the therapist and social worker and this provided a good context for therapeutic work to be tried. Parent-infant psychotherapy started in pregnancy working with the expectant mother's representation of her baby. The therapy continued for 18 months. The clinical supervisor had to work hard with the social worker to manage the anxieties inherent in such work. Understanding the reverberating impact for these two mothers with their own law-breaking fathers and unable-to-protect mothers, was crucial. It was notable how the therapists had to, in a way, be the new "father figures" for the mothers' babies given the absence of the actual fathers. We hope to exemplify how in both cases fundamental laws of conduct were breached, the language of criminality and the need for forensic expertise were necessary, and all of us felt out of our depth at times and yet found away to navigate new and challenging waters.

45 Minute Workshop 8: Meeting Room 2.43

2377

Use of Clinical Parenting Capacity Model (CPCM) with vulnerable mother/infant-child dyads

Reebye P. (UBC, Canada), Stikarovska I. (UBC, Canada)

The Clinical Parenting Capacity Model (CPCM) is primarily based on extensive experience with clinically referred caregivers who are parenting young children. Evaluation of parenting capacity is often considered a distinct task belonging to the forensic or social welfare system. Yet clinicians serving children and families are constantly making formal and informal inferences about the ability of the caregiver to provide optimal parenting for the index child. This model addresses this necessary step in understanding the clinical mother-child relationship in the context of the caregiving environment. This model does not purport to replace a standard psychiatric examination, however, it offers important information about caregivers who have a burden of mental illness and who are expected to parent. This does not replace mental status examination, but can be a very useful adjunct. Additionally, this model has the potential to indicate dyadic interventions that might be beneficial. This model has several distinctive features: 1) It is applicable to both clinical and non-clinical populations. 2) It is a dynamic relational model. 3) The port of entry is through in-depth analysis of the caregiver's capacities. 4) The emphasis is on the relationship with the infant/child rather than individual parental pathology, which should be assessed separately. 5) It is a semi-structured clinical interview with the parent and observation of parent-child play. 6) It generates information regarding the parent, the infant and their relationship. 7) The model can be incorporated as part of routine interviews and scores easily. 8) It requires minimal training, however, a thorough understanding of the essential concepts is highly recommended. 9) It is not culturally biased. 10) This information can be translated to make the best therapeutic predictions. This model comprises three major dimensions i.e. basic parenting, socioemotional competence and intergenerational parenting. The model is intended for use with the caregiver who is most familiar with the child. It can be used with fathers as well as mothers; however, a caveat is that the majority of the clinical population studied was mothers, because mothers are most often the primary caregivers. This model may not be applicable to severely developmentally delayed children as they bring out a different set of parenting difficulties that were not studied. This model is most applicable to the parenting of young children (infants and preschoolers). The model cannot be coded through phone interviews because parent-child play needs to be observed in real time, although videotapes provided by the parent may be sufficient to garner the needed information. Learning objectives of this workshop are: To introduce essentials of parenting capacity assessments in emotionally vulnerable dyads. To discuss dyadic socio-emotional functioning and attachment experiences using the CPCM To learn hands-on coding of selected items of the CPCM in an interactive milieu

45 Minute Workshop 9: Meeting Room 2.43

2566

Using the DC:0-3R to understand the needs of infants, young children, and their families

Witten M. (Molly Romer Witten, Ph.D., United States), Anderson T. (State of Illinois, United States), Freel K. (Ounce of Prevention Fund, United States)

The developmental and mental health needs of infancy and early childhood has led to construction of a viable 'crosswalk' establishing a correspondence between DC:0-3R diagnoses with those found in previous ICD and DSM systems. These atheoretical diagnostic schemas inadequately account for complex, rapid early development that characterizes infancy and early childhood. Nor do they account for the importance of primary care-giving relationships to the child's mental health development. A collaboration between Infant Mental Health clinicians and state administrators created the Illinois Crosswalk to address not only primary Axis I diagnoses, but also relational issues, environmental stressors that can impact a baby's coping and functional behavior. The multi-disciplinary crosswalk committee first developed clinically relevant linkage between each Axis in the DC:0-3R and the conventional DSM and ICD diagnostic schema. It then brought together focus groups and listened to their requirements for using the DC:0-3R. It then went back and finalized a nonlinear correspondence between the various systems, taking into account the focus groups' requests for relevance and ease of use. In creating this tool for establishing the criteria for funding services of infants and young children, the Illinois Crosswalk combines knowledge of developmental processes with qualities of primary relationships to inform the correspondence with the DSM and ICD systems, thus embodying the theoretical foundation of the DC:0-3R. Consequently, the crosswalk

addresses correspondence in all five Axes of the DC:0-3R. Axis II reveals the effects of vulnerable primary relationships on the baby's functioning. Axis III remains similar in both systems. Axis IV expands psychosocial stressors to include all those environmental conditions that impact infants and young children. Axis V of the DC:0-3R, which evaluates the coping capacity and the Functional Emotional Developmental Level of the infant, corresponds with appropriate Axis I and II diagnoses in the ICD and DSM systems.

45 Minute Workshop 10: Meeting Room 2.44

2638

Counseling for fetal diagnosis of a serious heart defect: It's emotional impact during pregnancy and mothers' experiences following the birth

Re J. (Royal Childrens Hospital & Murdoch Children's Research Institute, Australia), Menahem S. (Southern Health, Monash Medical Centre, Australia)

Taking different perspectives, a pediatric fetal cardiologist and a child psychotherapist researcher, explore the experience of a prenatal diagnosis of severe congenital heart disease (CHD) for the affected families. The first part of the presentation probes the medical, emotional and ethical implications of counselling parents for a prenatal diagnosis. After that, the qualitative findings of a semi-structured interview are presented, surveying the experience of mothers of infants with CHD. The antenatal diagnosis of complex congenital heart disease allows for counseling of the affected parents. The diagnosis usually confirmed by mid term with the help of high resolution ultrasound, enables the clinician to provide detailed information about the nature of the abnormality, its potential consequences in utero and once the baby is delivered, the need for intervention – surgical or otherwise, together with their risks and potential complications. It also allows for information to be presented as to the short and long term outcomes of the affected infant, child, adolescent and even adult. Such counseling provided in a setting of great emotional distress for the parents who were anticipating a normal infant, and who may be further stressed if faced with a time constraint if termination is being considered, is generally done in a non-directive manner, highlighting the main aspects of the heart abnormality and outcomes, concentrating on the quality of life of the affected individual following hopefully successful interventions. Yet there may be situations where the parent(s) may be better served by the clinician being more directive, taking into account the severity of the abnormality, the limited long term outcomes, and being further influenced by the emotional well being of the affected parent(s), the cost to them and to the community. Examples to highlight these difficult issues are presented allowing one to question the recommended practice at least in the western world, as to whether the decisions with respect to the continuation of a pregnancy or otherwise, should only be arrived at by non-directive counseling and whether the contributions by the partner and close extended family need to be considered. What can mothers of infants with serious cardiac abnormalities tell us about their experience of prenatal diagnosis and its impact on their hopes and dreams for their imaginary baby and their maternal investment? A semi-structured interview was conducted with thirteen mothers of two-month old infants with CHD. The interview explored their experiences of having received the diagnosis during pregnancy. A qualitative thematic content analysis was performed to identify emergent and higher-order themes. Domains analyzed and presented here include the mothers' reactions to the diagnosis, and their reflections on the pregnancy, birth and first reactions on seeing the baby. Mothers were asked for their future family planning thoughts and whether they would consider a termination in a future pregnancy with a similar diagnosis. They were also asked whether they would want to know of any similar diagnosis in a future pregnancy. The implications of the mothers' responses are explored with the issues related to counseling during the pregnancy.

45 Minute Workshop 11: Meeting Room 2.44

2399

The context of maternity and its implications for perinatal mental health interventions

Maldonado M. (University of Missouri Kansas City, United States), Gomez K. (Department of Psychiatry, University of Missouri Kansas City, United States)

We present the findings of two studies with women in the perinatal period. Based on the findings, the workshop focuses on the implications of the studies that should guide more sophisticated clinical interventions with women at high psychosocial risk during pregnancy and the post partum. First we discuss the findings of 100 consecutive mental health consultations in the perinatal mental health clinic in a large inner city hospital in the USA. We

highlight the “attachment context” of maternity. The psychopathology encountered is often quite complex, including high rates of dissociative experiences and severe mood dysregulation and extreme anxiety. There are high levels of anxiety in about two thirds, also 56% have antecedents of abuse and or neglect. A fourth manifest posttraumatic stress disorder and 25% have a personality disorder. We discuss the implications of this “complex psychopathology”, the effects of previous losses (removal from their parents, separations, loss of contact with caregivers) as well as unresolved trauma, and the implications for the capacity and style of caregiving for the baby. Then, we compare these findings with the results of a survey of 100 non-referred pregnant women at the same hospital. This exploration included the Edinburgh Prenatal depression scale, the history of care and abuse with the CECA instrument, their capacity for “mind mindedness” and the maternal fetal attachment. Mind mindedness vis a vis the unborn child is correlated with the quality of attachment of the baby toward his or her mother. Also the perinatal anxieties of these women (Using the Pregnancy Related Anxiety Questionnaire) was explored and their demographical features and stress factors. We discuss the implications of these findings in terms of the transition to motherhood in conditions of high psychosocial risk. A fourth of these non-referred women also exhibit a history of abuse and neglect and the tendency in these women of not thinking in terms of the mental and emotional life of the baby. It is feasible to detect important difficulties. We compare both cohorts of mothers and discuss the implications for clinical intervention with an at risk population of women in an inner city. One is the need for adequate detection of these severe psychosocial problems early on. There is not only depression, but often mood dysregulation, constant fear, posttraumatic memories and frequently dissociative experiences. These often lead to “abnormal maternal behaviors” and difficulties empathizing with the baby and to harsh parenting strategies. We discuss a model of intervention that takes into account these empathy and mentalization difficulties and the need to intervene clinically assisting them to resolve the traumatic experiences and improve the level of mentalization under stress. Our model implies intervention after delivery and helping the new mother to take into account the mind of the baby during parent child interactions. With the women who manifest complex psychopathology, a new multimodal strategy of interventions is required, which addresses the various difficulties shown by women in the continuity of their mental life, mistrust and anxiety in relationships, and pervasive feelings of guilt. This often involves mentalization-based psychotherapeutic approaches, work on resolution of traumatic experiences and losses, relaxation techniques and pharmacotherapy. We illustrate these interventions with video vignettes.

45 Minute Workshop 13: Meeting Room 2.45

2564

Critically ill baby and mother-infant interaction therapy

Pölkki M. (Department of Child Psychiatry, Kuopio University Hospital, Finland), Kumpulainen K. (Department of Child Psychiatry, Kuopio University Hospital, Finland), Kemppinen K. (Department of Child Psychiatry, Kuopio University Hospital, Finland)

This clinical case report represents a young mother’s and baby’s beginnings with baby’s recurrent, severe seizures and neurological impairment in middle. A young mother cries for help for her baby girl suffering from vague seizures since neonatal period. The baby is rushed to hospital repeatedly, but no well recognized symptoms are found. The family is referred to the Infant Out Patient Unit of the Child Psychiatric Department because of the burdening situation and problems of mother-child interaction. Mother describes her baby as cheerful, but also feels that the baby is absent-minded and this frightens her. Father is not particularly worried. Mother tells us that she is thoroughly distressed by the fear of new seizures and fear of losing her baby. Mother feels that the baby is not calling her. She wonders if she should or not “interrupt” the baby by making an initiative for interaction when the baby is absorbed in a world of her own. We started the mother-infant interaction therapy and also supported mother when the baby’s condition was more critical or mother was overwhelmed by distress. Videorecording is a remarkable way to capture flashing moments, which would otherwise be lost unseen in the middle of the interaction. During the mother-infant interaction therapy videotaping allowed us to consider and re-consider the videotaped interaction sessions together with the mother. The small nuances in the baby’s appearance became visible; for example, deviant expressions and episodic blankness of expression. A faint hunch of baby having some neurological dilemma became stronger. Using videos also facilitated defining the mother-infant interaction therapy. The neurological diagnosis Glut-1 Deficiency Syndrome of the baby was confirmed after the working with the family at the Infant Out Patient Unit was started. The Glut-1 Deficiency Syndrome is characterized by infantile seizures, developmental delay, acquired microcephaly, spasticity, ataxia, and hypoglycorrhacia. The ketogenic diet produces a good seizure control (Wang, Pascual, Yang, Engelstad, Jung, Sun and De Vivo, 2005). Already before the ketogenic diet we witnessed improvement in the baby’s interactional skills. In this presentation we see a video of

the baby-mother interaction when the baby is nine months old. In contrast we will watch a wait-watch-and-wonder situation (Cohen, Lojkasek and Muir, 2006; Muir, 1992), where mother is requested to wait for and respond to baby's initiatives. At the end we meet via video the same little girl now, four years later. The purpose of this case report is to remind us how essential it is in clinical work in the field of child psychiatry to keep in mind that features baby brings to the scene of early interaction, and may impede the parent-child interaction, may indeed be neurological in origin. On the other hand, when focusing on care of the child's somatic or neurologic symptoms, it is crucial to keep in mind that parents' continual fear of losing the baby, for example in the throes of seizures is a notable risk on parent-child interaction and also complicates development of safe attachment with the child.

45 Minute Workshop 14: Meeting Room 2.46

2313

Keeping the baby in mind while working with the parent

Ferguson J. (St John of God Raphael Centre Blacktown, Australia), Barnett P. (St John of God Raphael Centre Blacktown, Australia)

The Adult Attachment Interview (George, Kaplan & Main 1985) has been established as an important tool for both research and clinical application (Steele & Steele, 2008). When working with expectant or new parents, clinicians tend to feel they must do so quickly before maladaptive strategies are embedded in the next generation. Inclusion of the AAI in the therapy expedites progress by helping to: (i) establish the therapeutic alliance (a secure base), (ii) encourage parents to reflect on their own experiences of being parented, and (iii) reveal traumatic experiences, including losses, and the responses to them that are adversely affecting current relationships. Case presentations will be used to highlight clinical use of the AAI with parents referred to our secondary level perinatal and infant community mental health service, in Sydney, Australia.

45 Minute Workshop 15: Meeting Room 2.46

2381

Mind to mind training: Training parent infant psychotherapists via infant observation

Hatzor T. (Parent Infant Program of Columbia University Center for Psychoanalytic Training and Research, United States), Bered P. (The Parent Infant Program of Columbia University, United States)

The Parent Infant Psychotherapy (PIP) training program of Columbia Psychoanalytic Center for Training and Research in New York City has been training professionals of various backgrounds in Infant Mental Health knowledge and in the provision of psychotherapy to infants and their parents. The program emphasizes strong theoretical and clinical training. One of the program's main and unique components in training the psychotherapist is the Infant Observation course. This method of direct observation greatly enhances the psychotherapist's capacity to learn from experience and to integrate theory and practice. It is an important tool in expanding the psychotherapist's mind capacity to understand others minds. The Infant Observation as a unique method to train psychotherapists was developed by Esther Bick 60 years ago at the Tavistock Clinic in London. It consists of observing a baby in her home once a week from birth up until the end of the 2nd year. The observers present their observations in a weekly seminar, where the content of the observation and the observer's experience is discussed with a seminar leader. It is the group containing capacity that is the nourishing ingredient, like the yeast to the dough, to the development of the therapist capacity to contain early emotional experiences and to the understanding of the first relationship. The importance of the internal reality and the importance of the external environment are understood from within the experience for further use and professional growth. In this workshop we will focus and expand on three essential pillars of infant observation: Theory-free observation (emptying one's mind of preconceived ideas) which liberates one's thinking; using one's mind to record experience - as opposed to the camera: turning one's mind into a sensitive "photographic paper," enhanced by the development of free floating attention; and the development of the capacity to contain via experience that develops out of closely observing and attending to an infant and putting one's mind at the disposal of another. We will discuss the importance of the three pillars in training the mind of the infant psychotherapist. It is these three pillars which place infant observation in the territory of what is perhaps counter-culture, asking us to do something that is not 'conventional practice' these days: it is not research, it is not clinical intervention, it does not teach or discuss theory, and it requires extended time and dedication. After a theoretical presentation of the Infant Observation method we will present observation vignettes

material from one of the presenter's infant observations, and how this experience enhanced her professional growth as an infant psychotherapist via the seminar. More specifically, we will discuss her experience in the context of how applying the three pillars of Infant Observation enhance the capacity to think and develop a "containing" mind".

Poster Workshop 2: Preventive Intervention Auditorium 2 Upper Foyer

Facilitator: Keren M. (Israel)

2248

Infant massage and mother-infant stress: A multidisciplinary approach

Boshoff N. (North West University, South Africa), Van Rensburg E. (North West University, Potchefstroom Campus, South Africa)

Objectives: The objective of this pilot study was to investigate the effect of infant massage on a group of South African mother-infant dyads' stress. This study was conducted through a multidisciplinary approach utilizing a mixed-method investigation. *Method:* A group of eight mother-infant dyads' levels of stress was measured through saliva cortisol levels as a biomarker of stress, as well as the Parenting Stress Index and semi-structured interviews in order to obtain psychological quantitative and qualitative data. An experimental design was used and participants were divided into an experimental and control group, with the experimental group trained to perform infant massage and instructed to perform infant massage three times a week for the duration of four months. A repeated measure design was used with pre-testing commenced before and post-testing occurred after the four month program was implemented. The groups' pre-and post test results were compared to investigate the differences between the experimental and control group, changes within the groups as well as differences between the physiological and psychological account of stress levels. *Results:* The results from the psychological measures indicated that the mothers experienced their and their infants' stress levels to be lower after cessation of the intervention. The cortisol results differed to some extent of the psychological data, explainable by the presence of certain factors. *Conclusion:* The findings indicate that infant massage can be implemented as an intervention to reduce infantile and parental stress levels.

2739

Understanding how trauma matters with infants and toddlers

Jones Harden B. (University of Maryland, United States), Malik N. (University of Miami, United States), Boris N. (Tulane University, United States)

While safety and security are important at any age to functioning, it is important to understand how violations of safety, in the form of traumatic experiences, affect children at different developmental stages (Margolin, 2005). Violence exposure in the 0-3 age range may be particularly important to developmental functioning, given the limited resources of the very young child (Cicchetti & Toth, 1997). A small but growing body of empirical work is beginning to examine how trauma is related to functioning in infants and toddlers (Lieberman & Knorr, 2007). The present study examined exposure to trauma in the context of family, maternal, and child characteristics in a sample of 220 high risk Early Head Start families from two separate communities in the southeastern US. Given the paucity of research in the area, this study sought to increase understanding of how exposure to traumatic events was related to child aggression and other indices of socioemotional functioning in infants and toddlers, utilizing an ecological framework focusing on known risk factors in early childhood functioning, including maternal depression (CESD, Radloff, 1977), maternal health status (maternal self report), family conflict (FES; Moos & Moos, 2002), parenting stress (PSI, Abidin, 1995) and relationship satisfaction (single parent report item). Outcomes included child aggression (CBCL T score, Achenbach & Rescorla, 2000) and Negative Emotionality and Prosocial Peer behavior on the ITSEA (Carter & Briggs-Gowan, 2000). Approximately half of mothers report that their children have been exposed to traumas such as accidents, family violence, separations from caregivers, and death of close relatives. Of those mothers reporting child exposure to traumas, 22% indicated that their infants and toddlers were exposed to between 2-7 traumatic events, with 29% reporting exposure to one traumatic event. Preliminary data, in the form of multiple regressions and ANOVAs (with path models proposed to be presented), indicate that exposure to traumatic events may be an important factor in understanding developmental functioning in high risk children, particularly with regard to child aggression. When examining aggression, maternal depression and the number of traumatic events exposed to remain in an equation accounting for 26.2 of the variance ($p < .001$). With regard to Negative Emotionality, 32% of the variance is accounted for by higher numbers of trauma experienced, gender (being male),

and poorer maternal health ($p=.001$). Finally, only lower rates of parenting stress appear related to Prosocial Peer behavior in infants and toddlers, with no effects for trauma exposure ($R^2=.132$; $p < .01$). Path models and implications for research and intervention with trauma-exposed, high risk families will be discussed.

2734

Maternal detachment: Direct and indirect influences on toddler problem behavior.

Jones Harden B. (University of Maryland, United States), Denmark N. (University of Maryland, United States), Holmes A. (Uniformed Health Services, United States).

Detachment is operationalized as uninvolved and disengaged parenting (Ryan et al., 2006), is more likely displayed by parents who have mental health and other challenges (Burstein et al., 2006), and is linked to adverse child outcomes (Chang et al., 2009). The current study examined parental detachment in Early Head Start mother-child dyads, and associated maternal characteristics and child outcomes. *Methods.* Participants included 81 mother-child dyads, recruited from Early Head Start centers. Data were collected in participants' homes during two visits approximately six months apart. Mothers reported on parental stress using the *Parenting Stress Index Short Form* (Abidin, 1990), and provided demographic profiles on their families. Videotaped parent-child play interactions were coded using the *Parent Child Interaction Rating Scale* (Sosinsky et al., 2004). Children's neurodevelopment was assessed with the *Bayley Infant Neurodevelopment Screener* (Aylward, 1995) and their problem behaviors were reported by mothers on the *Brief Infant-Toddler Social & Emotional Assessment* (Briggs-Gowan & Carter, 2002). *Results.* Path analyses indicated that demographic risk and parental stress were associated with higher levels of parent detachment. The mediator parent detachment significantly predicted children's later problem behavior. There was a direct effect of parent stress on children's behavior problems, but no direct effect of children's neurodevelopmental risk. Parent detachment partially mediated the influence of parenting stress on children's problem behavior. The final model moderately accounted for the variance in parent detachment and children problem behaviors: demographic risk and parental stress explained 17% of the variance in parent concurrent detachment; parent stress and detachment explained 25% of the variance in children's later problem behaviors. *Discussion.* As hypothesized, parental detachment was related to children's problem behavior. In contrast to predictions, children's neurodevelopmental risk did not influence maternal detachment or children's problem behavior. The combination of demographic risk and maternal psychological variables did somewhat explain parental detachment, which did to some extent mediate the relation between these maternal risks and child outcome. Interventions focused on parental stress and detachment may facilitate decreased toddler problem behavior.

2355

CAPEDP-A: The first infants' attachment French cohort and a very vulnerable one

Tereno S. (Institut de Psychologie, Université Paris Descartes, Sorbonne Paris Cité, France)

Rational: Attachment is a long-term emotional link fostered between an infant and his caregiver. The way the infant learns to establish this link seems essential to his subsequent psychosocial relationships, influences his ability to manage stress or alarm and, consequently, his later mental health. **Aims:** To our knowledge, there is no French cohort describing infants' attachment quality. Within the context of the CAPEDP Project (parental competences and infant's attachment: reducing the risk of mental health disturbances and promoting resilience), a randomised control trial study using PROBe methodology and abiding to the CONSORT methodological requirements with 440 first time pregnant women, younger than 26 years old, the CAPEDP-Attachment Project (CAPEDP-A) intends to create such a cohort. We present descriptive data on infants' attachment behavior in a mainly first or second generation immigrant multi-risk French sample. **Measures:** Infant's attachment was assessed using the Strange Situation Procedure for a subgroup of 117 child-mother dyads, randomly invited to participate at this segment of the project when infants were aged between 12 and 16 months. **Results and discussion:** In our sample, 59.4% of the infants were categorized as secure, 21.2% as avoidant and 19.5% as ambivalent/resistant. In general our results confirm other data attachment distributions found in the meta-analysis of van IJzendoorn (1999), generally in middle SES samples. They seem, however, to emphasize eventual sample specificities regarding insecure attachment subgroups, with a larger representation of ambivalent/resistant infants than usual and equivalent to the avoidant subgroup.

2203

Examining the factors hindering the early detection of developmental disorders in Japan (Part 1): Problems in the Nursery School

Kimura R. (Kanazawa University, Japan), Tsuda A. (Kanazawa University, Japan)

In recent years, many children in nursery schools throughout Japan have been discovered to exhibit developmental problems after taking a medical examination at the age of three. Hence, we conducted a survey by randomly selecting nursery schools throughout Japan using a questionnaire to investigate children with developmental problems and examine the difficult factors in early detection. We obtained responses from 1070 childcare specialists across Japan. As a result, the ratio of childcare specialists who responded their class contained “children exhibiting strange behavior” increased with the age of the child and in relation to the specific problem of the child, 70.4% stated interpersonal troubles, 53.8% stated restlessness, 42.8% stated the inability to adapt to their environment, 38.7% stated delays in language and development. In contrast, 37.7% of parents felt their child exhibited interpersonal troubles, 47.7% stated restlessness, 60.8% felt their child unable to adapt to the surrounding environment, 32.0% indicated delays in language and development. A major difference in opinion between parents and childcare specialists is in a child’s interpersonal troubles in a group setting. The major issue is that the childcare specialist cannot share the problems of the child with the child’s parents. The reason for this can be seen in the following responses from the childcare specialist: 92.8% believe that “the parents aren’t aware of their child’s problems”, 49.2% believe that “the parents are aware of their child’s problem yet reluctant to acknowledge it”, 42.6% believe that “the hospital nor the medical examination indicates no problems with their child hence the parents think there is nothing abnormal”. The childcare specialist is influenced by the attitudes of such a parent and is concerned that the relationship of mutual trust with the parent may breakdown if pointing out any problems a child may have, hence cannot share the problem with the parent. In addition, only 19.8% of childcare specialists are dedicated to looking after children with disabilities, while 76.4% of childcare specialists are responsible for looking after normal children together with children who have problems. Hence, 95.3% of childcare specialists request for expert advice to evaluate and give guidance on whether their involvement in a child’s development is ideal or not. 74% of childcare specialists indicated they cooperate with outside expert organizations. However, it was also mentioned that nursery schools would ask external organizations for expert opinion but in reality received very little response. The variety of problems which children have are wide ranging including character formation and interpersonal social problems resulting from dysfunctions in the brain, problems between parent and child as well as differences arising from innate dispositions and as such, the nursery school is a very important training ground for the early detection and early intervention of problems children may have.

2202

Examining the factors hindering the early detection of developmental disorders in Japan (Part 2): Problems with the Infant Medical Examination

Tsuda A. (Kanazawa University, Japan), Kimura R. (Kanazawa University, Japan)

In Japan, infants at the ages of 18-months and 3-years are advised to undertake the infant medical examination with the purpose of “early detection and prevention of diseases in infants as well as the promotion and maintenance of health”. However, an increasing number of children with behavioral disorders and interpersonal social problems as well as developmental disorders are being discovered in children after the age of three throughout Japan. Therefore, a reconsideration of the infant medical examination is necessary for the early support of children with developmental disorders. We conducted a survey by randomly selecting public health nurses (hereafter PHNs) involved in administering the infant medical examination throughout Japan. We obtained responses from 499 PHNs with an average clinical experience of 10.6 ± 7.8 years. The most important objective of the infant medical examination as indicated by the PHNs is “for the early detection of slow development” in both the 18-month and 3-year old infants. However, the possibility of detecting developmental disorders through the infant medical examination was 36.5% in the 18-month old infants and 54.9% in the 3-year old infants. Half of the PHNs mentioned that it was difficult to screen developmental disorders. The probability of discovering disorders was higher in the more populated areas. The reason being that there are a greater number of specialist medical institutes in the urban areas. Only 17.1% of PHNs made use of existing screening tools for developmental diagnosis. This suggested that the existing methods for early detection of developmental disorders are not effectively utilized. PHNs listed the following reasons for the difficulties faced when screening for developmental disorders: 27.5% felt a sense of incongruity in the child’s behavior yet lacked conviction, 25.4% felt that the conditions and timing of the medical

examination were inappropriate, and 19.2% felt there were discrepancies between the assertions of the parents and the state of the child. When asked about the overall state of the medical examination, 22.0% of PHNs indicated that there was a lack of appropriate staff, 14.7% stated that an appropriate manual for screening didn't exist, and 14.7% mentioned that there were no experts who could properly evaluate the development of a child. In addition, PHNs who identified problems with the medical examination specialists felt that there are few doctors who can properly evaluate the state of mental development in a child (39.0%), 23.1% felt that doctors were unable to properly correspond with the parents, and 11.5% felt that doctors without expertise in pediatrics were in charge of the medical examination. Concerning the PHNs themselves, 60.5% felt they were lacking in suitable ability and this was the number one concern. The infant medical examination is an important opportunity for the early detection of developmental disorders in children. However, there are an overwhelming lack of experts who can properly diagnose developmental disorders, a lack of PHNs with the proper knowledge and technical expertise to engage in medical examinations, as well as not being able to secure the required time to properly carry out medical examinations. The challenges are numerous and solving these problems are of urgent matter.

2744

Validation of the French version of the Impact on Family Scale (IOFS) with parents of children with orofacial clefts

Grollemund B. (Département d'Orthopédie Dento-Faciale, Faculté de Chirurgie Dentaire, Hôpitaux Universitaires de Strasbourg/ Laboratoire d'Ethique et Pratiques Médicales, Université de Strasbourg, France), Guedeney A. (Hôpital Bichat, France), Danion-Grilliat A. (Pôle Psychiatrie Santé Mentale, Hôpitaux Universitaires de Strasbourg, France)

Cleft lip with or without cleft palate (CLP), or cleft palate alone (CP) are the most frequent cranio-facial malformations in humans. Frequency varies according to geographical regions from 1/300 births for Asians to 1/2500 births among Africans (in France is 1/700 births). Two clinical forms are generally distinguished: CP and unilateral or bilateral CLP which account for 70 to 80% of cases. The consequences of CLP are not only aesthetic and functional (affecting phonation, hearing, swallowing, chewing and ventilation), but also psychological (impact on self-image, relationships). CLP can prevent recognition of an intergenerational affiliation and hamper the integration of the child into the family. Thus, the parent-child relationship can be affected from birth on. In order to improve the assessment of quality of life among children with CLP and their parents, we aimed to validate a French version of the IOFS (Impact On Family Scale) for use in this population. For the present study, the IOSF has been translated and validated in French. In 1980, Stein and Riessman presented preliminary results on the IOFS in an attempt to develop an easily administered measure of family impact for use in a clinical study of children with heterogeneous diagnoses. Impact was conceptualized as the effects of a child's illness on the family system. Four dimensions were theorized as relevant: economic, social, familial, and strain. This self-report questionnaire has previously been translated and validated in English, German, Spanish and Italian. For the purpose of this study, our translated French version of the IOSF was used to assess the consequences and influences of CLP (uni- or bilateral) in a child on his family and his quality of life, in a prospective multicenter study design. The IOFS- French version is a 15-item inventory (each item is rated from 1 to 4) that takes approximately 5 minutes to complete. Recruitment occurred at two large university hospitals, Strasbourg and Nancy. Families were enrolled as part of a longitudinal investigation for parents of children with CLP. Eligible parents had a child 7 to 12 years old. Families were excluded if the child had CLP as part of a syndrome. In this ongoing study, our current sample includes 185 families with 110 mothers and 96 fathers who have been assessed over a 5-months period. In this preliminary analysis, only results for the Total IOFS score on the 70 families where both the father and the mother answered the questionnaire are presented. The theoretical range of the score was 15 – 60. A high impact on the family was characterized by an elevated score. The mean score was 20.7 (95% CI: 19.1 – 22.3, range: 15 – 44). There was no significant difference between fathers and mothers ($p = 0.80$). The scores were not different according to the type of cleft ($p = 0.14$), and were not influenced by the financial resources ($p = 0.22$) nor by the educational level of the parents ($p = 0.51$). They were neither influenced by the number of surgical procedures undergone ($p = 0.22$). Considering the constitutive items of this scale, it appears that parents are mostly affected by fatigue and wonder whether they should treat their child "specially". They also feel that other people don't understand the burden they carry. While our present data are preliminary, our results using IOSF may be of immediate usefulness to other investigators, as measures of quality of life in this population are currently rare.

2266

Is a home visiting program a way to promote social support in vulnerable populations?

Saias T. (Hôpital Maison Blanche, Laboratoire de Recherche, France), Saias T. (Hôpital Maison Blanche, Laboratoire de Recherche, France)

Primary goals from home visiting interventions are to promote parental skills and/or reducing child psychopathology. Besides those indicators, it seems that home visiting programs developed within communities can focus on the informal social support (by family, friends and peers). The aim of this presentation is to present the results from the French CAPEDP program, which took place in Paris, France from 2006 to 2011. The CAPEDP project was developed to consolidate access to perinatal and early childhood mental health promotion services in Paris and its suburbs, by offering home visit support to families identified as at risk for maternal postpartum depression and infant mental health problems. The program initially aimed to reduce the incidence of maternal postpartum depression and infant mental health problems as well as to promote parenting skills, infant-mother attachment security and social and socioprofessional integration. The intervention showed a significant impact on the social support indicators (size of social network, satisfaction with the support received from friends and family), specifically on emotional support. The Barrera (1986) 5 factor model was used to evaluate the effects of the intervention on social support.

2345 WITHDRAWN

Poster session 1: Adolescent Parenting Jasminum Restaurant

2233

Changes in maternal depression predict changes in the quality of mother-child relationship: A moderational analysis for adolescent mothers

de Castro F. (National Institute of Public Health, Mexico), Hernandez G. (Instituto Nacional de Salud Pública, Mexico)

Introduction: Many studies to this date have reported the multiple vulnerabilities associated to adolescent motherhood. These include increased risk for emotional distress (Knoche et al, 2007) and more likelihood to suffer from Postnatal Depression (PND) (Troutman and Cutrona, 1990) when compared to their adult counterparts. Adolescent mothers also present difficulties in their parental competencies (Borkowski et al, 1992) such as lower levels of empathy and more acceptance of physical punishment (Fox et al, 1987). Additionally, other studies have reported that adolescent mothers tend to be less sensitive (Trad, 1992) and affectionate (Krpán et al, 2005) with their children, having greater difficulties in interpreting their child's cues regarding comfort, hunger, and exploratory behaviors, responding with disregard, intrusiveness and anger (Osofsky et al, 1993; Pomerleau et al, 2003). These vulnerabilities are then associated with adverse child outcomes. Despite the abundance of evidence which has shown that adolescent mothers present higher risk for PND and that on the other hand PND impairs several aspects of early mother-child interaction, such as diminished sensitivity (Murray et al 1996) and increased negative affect (Moses-Kolko et al 2010), there are a few longitudinal studies which have investigated the effects of maternal depression in adolescent mothers and their offspring (Borkowski et al 2002; Luster et al 1993) and none which has looked at the specificity of maternal sensitivity and post-natal depression in teen mothers. Aims and method: Using longitudinal data from the NICHD Study of Early Child Care (N=1362) our aims are: 1) To explore how changes in maternal depression levels, over the first 36 months of the child's life, predict changes in the quality of the mother-child relationship. 2) To inspect whether the effect of depression on the quality of the mother-child relation is moderated by maternal age. 3) By using appropriate methods to analyze longitudinal/panel data, we expect to control for the unobserved heterogeneity (which is a known, but frequently ignored source of confusion and bias in developmental studies with other methodological arrangements), and thus to obtain a fairly robust estimation of causality. Main conclusions: We explored specific within and between subjects effects using longitudinal-panel data, and found that an increase in depression is associated with an increase in negative regard, and that this effect is stronger for the adolescent group. These results replicate previous findings on higher depression rates among adolescent mothers and differences between adult and adolescent parenting which include negative biases towards the baby. In conclusion,

our study presents accurate and unbiased information on the adverse effect of maternal depression on the quality of mother-child relation. Additionally we find evidence of a moderational interaction between age and depression meaning that this effect is stronger for adolescent mothers. We hope that this poster provides specific information on the mechanisms involved in risk transmission for intervention and research purposes, while demonstrating the advantages of longitudinal methodological approaches to address questions of causality and control for unobserved factors.

2396

On the influence of postpartum anxiety disorders on mother-child interaction and child development
Reck C. (Department of General Psychiatry, University of Heidelberg , Germany), Tietz A. (University Hospital Heidelberg, Germany), Mueller M. (Department of General Psychiatry, University of Heidelberg, Germany)

Anxiety disorders are, alongside depression, the most common mental disorders in the postpartum period. Disturbances in mother-child interaction as well as deficits in the emotional and cognitive development of children have been repeatedly demonstrated in connection with postpartum depression. The quality of mother-child interaction plays an important role as a moderator variable between maternal psychopathology and the child's level of cognitive development. With regard to anxiety disorders, however, there has been little investigation into the influence of anxiety disorders in the postpartum period on mother-child interaction and child development. The present study examined mother-child interactional reaction patterns during the infant's first six months of life in connection with the mother's anxiety disorder. We also directed our attention to the relationship between the anxiety disorder, the quality of the mother-child relationship and the cognitive development of the child at the age of 12 months. In the study, mother-child dyads with anxiety disorders were compared with a healthy control group. The analysis of specific mother-child interaction patterns took place at 3 and 6 months, and the examination of the child's level of cognitive development was carried out at 12 months. Attributes of the mother-child relationship were determined using both self and third-party evaluation methods. The initial findings indicate that mothers with anxiety disorders evaluate their bond with their child and their ability to support their child in its self-regulatory competence more negatively than mothers in the healthy control group. With regard to cognitive development, there was no difference at 12 months between the children of mothers with anxiety disorders and the children of psychologically healthy mothers. The long-term aim of this study is to acquire a solid body of knowledge to assist in the planning of disorder-specific mother-child interventions; the ultimate goal is to prevent developmental deficits from arising in children with mothers who suffer from anxiety disorders in the postpartum period.

2475

From pacifier to prison? Educating teens to aid in lowering aggression and overall expulsion rates in their pre-k children in New Mexico

Del Fabbro A. (University of New Mexico, United States)

New Mexico has by far the highest expulsion rate for pre-K children in the United States. The primary reason for expulsion is aggression. The poster will be used to show how the Circle of Security Parenting Training, an innovative eight week manualized DVD program (Powell, Cooper, Hoffman & Marvin), can be used in an alternative middle and high school for pregnant and mothering teens to teach them unique ways of interacting in a more secure manner with their young children. Circle of Security is an attachment-based modality used in a psycho-educational context. It helps caregivers learn about the basic principles of attachment as well as empathic, nurturing and specialized parenting skills. It is the state of mind of the caregiver, which organizes and directs caregiving behaviors and this affects the child's security of attachment. Prior to being involved in the intervention, many of the participants had a history of asking Head Start staff for specific behavioral suggestions resulting in little change. Preliminary results show an improvement in behavior, including aggression, with the children involved. This testing was done with women of all ages. However, New Mexico has the second highest teen birth rate in the country. It makes sense to incorporate this model into the school curriculum of teens in order to lower the level of aggression in their children. It would behoove the State to look into possible early interventions aimed at the caregivers to lower the rate of aggression and thus expulsion for their children so early in life before it becomes a way of life.

2573

Coping with depression and effects on parenting satisfaction for adolescent mothers in rural Midwestern United States

Jensen L. (Clarkson College, United States)

About 500,000 adolescents give birth each year (Allen Guttmacher Institute, 2006). Adolescent mothers are frequently stressed and studies have shown that 21-32% of adolescent mothers developed moderate to severe depression (Logsdon, Birkimer, et al., 2005). As farms are larger and further apart in rural areas of the United States, social support from families may be less available. Rural areas also frequently lack adolescent parenting programs, subsidized childcare programs, and other resources found in urban areas (Jensen, 2001). Sixty-eight adolescent mothers between the ages of fourteen through twenty years residing in a rural area of the Midwestern United States were visited in their homes 2 to 6 months after their infant's birth. They completed several surveys including: the Adolescent Coping Orientation for Problem Experiences, Center for Epidemiological Study-Depression Scale (CES-D), Interpersonal Relationships Inventory (Tilden), Rosenberg Self-Esteem Scale, and What Being the Parent of a Baby is Like (Pridham, and were also videotaped holding and caring for their infant. The study questions were: 1. What patterns of coping were found in this sample of adolescent mothers? 2. What levels of depression were found in this sample of adolescent mothers? 3. Were some types of coping significantly correlated with depression levels in this sample of adolescent mothers? 4. Were levels of depression related to other variables studied including social support, self-esteem, conflict in the support system, age, and parenting satisfaction? Results showed that 21.7% of the teens were rated as depressed by the CES-D scale. Seventeen percent of these mothers had been treated for depression previously, with only four currently being treated for depression. Various types of coping behaviors mediated parenting satisfaction and parent-infant interaction. The conclusions were that postpartum depression is under detected and undertreated in teen mothers. Resources for depression screening and treatment are scarce in rural areas of the United States. There is evidence that depression has high implications for child neglect and abuse. Screening for depression in adolescent mothers is of utmost importance as up to 90% can be helped with early intervention and effective treatment.

2671

Bonding with Bumps: Evaluation of a relationship-focused antenatal intervention

Waugh H. (Mellow Parenting, United Kingdom), Puckering C. (Mellow Parenting, United Kingdom)

Mellow Bumps is an antenatal program that aims to reduce stress during pregnancy and to increase bonding and sensitive responsiveness in mothers-to-be. Over a six week period mothers-to-be learn about themselves and their new baby-to-be, as well as the importance of relationships and communication. The sessions all take place in a warm, welcoming environment and each week there are activities to keep mothers-to-be engaged and to encourage reflection as well as get them thinking about their future relationship with their child. Mellow Bumps uses interactive materials such as videos to help mothers-to-be identify and bond with the new life inside them. This can help the mothers-to-be learn to anticipate their babies needs and encourages them to consider how to interact with their babies once they are born, for example through eye contact, turn taking and nonverbal communication. This maternal attunement can help the baby to develop secure attachments, become resilient to life stressors and gain strong cognitive skills later in life (National Scientific Council on the Developing Child, 2005; Caspi et al, 2006). Relaxation is practiced every week and promoted as part of the "homework" tasks. This is especially important due to the impact antenatal stress can have upon not only the mother's wellbeing but also the future outcomes of her unborn baby (Talge et al, 2007; O'Connor et al, 2002). For the majority of weeks there is a small gift, e.g. a relaxation CD, for the mothers-to-be, which helps consolidate what is being learned and acts as a concrete reminder of the content of the preceding session. Mellow Bumps aims to help vulnerable and hard to reach mothers-to-be. Additional needs have included child protection issues, low socioeconomic status, lack of social support, addiction, gender-based violence, homelessness, poor education and also ante/postnatal depression and other mental health issues. By providing a targeted approach, Mellow Bumps aims to address these areas of need in young mothers-to-be by improving the mother's wellbeing and her relationship with her future child. The current pilot assessed the effectiveness of Mellow Bumps across the UK with a sample size of nineteen. The Adult Wellbeing Scale, which measures depression, anxiety, outwardly directed irritability and inwardly directed irritability, was used as the primary quantitative outcome measure at the start and end of each group. It was found that there were significant differences in depression ($p < .05$, $d = .65$), anxiety ($p < .005$, $d = .92$), outwardly directed irritability ($p < .005$, $d = .96$) and inwardly directed irritability ($p < .05$, $d = .55$). Where possible, information on gestational age, birth weight and other services with which the mother had engaged was gathered. This provided encouraging anecdotal data with

gestational age averaging at 38.8 weeks ($SD=1.79$ weeks) and birth weight, uncorrected for gender, averaging at 6.61 pounds ($SD=0.79$ pounds), suggesting healthy pregnancies. The pilot also found that all of the mothers followed up engaged with further postnatal services. This was particularly encouraging in groups who often find it very hard to accept input from any service. This pilot provides preliminary evidence of the effectiveness of an early intervention program which promotes maternal wellbeing in pregnancy and later positive relationships between vulnerable mothers and their babies.

2380

Family focused treatment and preventive intervention services with young children (birth to five) with Fetal Alcohol Spectrum Disorder

Zarnegar Z. (VIP's Birth to Five Services Program, United States)

The American Indian Child and Family Services Program is the only system based (government operated) program covering the entire county of Los Angeles with over one million children five and younger, over 1% of them American Indians. A Child-caregiver(s) early intervention scientific model for American Indian young children in foster care with Fetal Alcohol Spectrum Disorder (FASD), who were identified with Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), bipolar and/or other disorders is implemented to teach and train the parents, preschool teachers, children's court staff (attorneys and judges), child protective services staff and other professionals about FASD and differential diagnoses with other disorders. Family involvement is a critical component of the intervention process. It uses multiple teaching strategies, integrating focused learning, Positive Parenting, Mindful Functioning, and parent/caregiver support. This program includes home visitation, Field/milieu intervention, with an emphasis on preventive intervention of the secondary disorders of the child with FASD, and parental awareness that alcohol and pregnancy do not mix. Participants engage by going through the assessment process of real cases, differential diagnostic processes, experience sharing, and shared decision making to represent the best possible outcome, and questions/answers dialogue. Goals and Objectives: The participant will be able to recognize diagnostic complexities presented in children with FASD. The participant will be able to identify and discuss the issues and challenges related to families of children with FASD, who are faced with mixed signs of ADHD, ASD, and other signs and symptoms. The participant will be able to describe the key components of an early intervention program for young children with FASD, showing early signs of ASD, ADHD, and/or Bipolar Disorder. The participant will be able to describe the key components of a family support program. The participant will be able to learn about multigenerational vulnerabilities of indigenous population in Los Angeles County in California, and the significant role of preventive intervention and early intervention using cultural sensitivity in teaching and training caregivers and professionals.

2546

Building strong relationships right from birth

Rice L. (Head Start, United States)

Conscious Discipline is an emotional intelligence program that teaches us to respond rather than react to life events, based on relationships and using I Love You rituals to create strong healthy children and family's right from birth. As a Certified Conscious Discipline Instructor I have been acknowledged by the originator of Conscious Discipline and the I Love You Rituals Dr. Becky Bailey in her new book, as a contributor to the wealth of knowledge, that families receive when exposed to these tools and structures. I will present these tools and rituals in hands on ways that participants can then recreate in their own lives and homes. I will present a new spin on classic nursery rhymes that build stronger relationships through eye contact, touch, presence and in playful situations while increasing parents self esteem and abilities to be the best they can be. Research has shown Conscious Discipline decreases aggression, increases academic achievement, decreases impulsivity, and creates positive social climates, all while enhancing parenting effectiveness. Participants will also receive handouts and tools they can use right now that are based on intrinsic motivation, so there is no need to purchase gifts or bribes for children to "be good". The connectiveness that is created through these relationship building techniques creates more cooperation between adults and children and even adults and adults.

Poster session 2: Alcohol and Other Drugs Jasminum Restaurant

2185

Maternal smoking is related to teacher's perceptions of preschool children's externalizing and internalizing behavior problems

Fitzgerald H. (Michigan State University, United States), Lee K. (Michigan State University, United States), Barnes J. (Michigan State University, United States), Farrell P. (Michigan State University, United States), Belleau A. (Intertribal Council of Michigan, United States), Gerde H. (Michigan State University, United States)

The health risks associated with smoking are well documented, particularly with respect to risk for cancer and cardiovascular disease. Although similar health risks are attributable to secondary exposure to smoke, there are relatively few studies linking parental smoking to children's behavior, including their cognitive functioning. Prevalence rates for smoking in American Indians are the highest for all ethnic groups, as are the negative outcomes related to death and disease. Based on the hypothesis that if very young children are negatively impacted by secondary exposure to maternal smoking, one might expect them to differ from children of non-smokers on a variety of early organizing adaptive behaviors. Analyses from Wave 1 indicated that preschool children with smoking parents were rated as 3 times more likely to have anger control problems, 3.69 times more likely to be aggressive, 1.56 times more likely to be anxious, 1.75 times more likely to be depressive, 5.7 times more likely to have physical complaints, and 3 times more likely to have internalizing problems. We then combined two waves of children to model to determine whether parent smoking had direct or indirect (mediated by family environment or parenting beliefs) effects on externalizing behavior (hyperactivity, aggression) in Tribal Head Start age children, as assessed by Tribal Head Start teachers. Participants were 192 boys and 190 girls enrolled in Tribal Head Start programs. 48% of their mothers were smokers (anytime, everyday, half-pack/day). Structural Equation Model results indicated that for boys, the effects of maternal smoking were mediated by family environment (conflict, cohesion) but not by parenting beliefs (lack of empathy, inappropriate expectations), Family environment, however, had a direct effect on parenting beliefs. For girls, family environment predicted parenting beliefs, but there were no relationships between parent smoking and children's externalizing behaviors. Boys whose parents smoked were being reared in more conflicted homes and were assessed by teachers as being higher in hyperactivity and aggression. A second SEM indicated that family environment mediated the effects of maternal smoking on children internalizing behavior problems (anxiety, depression, somatization). Family environment had a direct effect on parenting beliefs, which also predicted children's internalizing behavior problems. Results are discussed within the context of determinants of children's behavior and performance in early childhood educational settings.

2392

Maternal sensitivity in mothers with substance abuse and psychiatric problems: Longitudinal development of mother-infant interaction 3 to 12 months

Siqveland T. (University of Oslo/National Network for Infant Mental Health, Norway), Moe V. (The National Network for Infant Mental Health, Norway)

Maternal substance abuse problems are complex and multifaceted, and often act as a marker for several adverse conditions such as comorbid psychiatric problems, difficult relational experiences during childhood and socio-economic disadvantage. Thus, in order to better tailor interventions it is vital to determine what specific factors that influence on maternal sensitivity among women in treatment for substance abuse problems. The aim of the present longitudinal study was to investigate maternal level of optimality during pregnancy and maternal sensitivity in interaction at 3 months in relation to mother-infant interaction at 12 months. Three different groups of mothers and their infants (recruited from substance abuse treatment institutions, a psychiatric outpatient center, and well-baby clinics) were followed from pregnancy to child age 12 months. The sample consisted of 80 mother-infant dyads. Four maternal optimality indexes assessing substance abuse, psychiatric problems, relational experiences and socio-economic status, were computed based on information obtained during pregnancy. Maternal sensitivity at 3 and 12 months, as well as infant and dyadic behavior in mother – infant interaction at 12 months was measured by the Parent Child Early Relational Assessment (PCERA). The present study revealed significant group differences on maternal sensitivity, infant behavior and dyad reciprocity in mother-child interaction at 12 months. Maternal optimality related both to substance abuse and to psychiatric problems, as well as maternal sensitivity assessed at 3 months predicted infant expressed affect in interaction at 12 months. Dyadic affective quality at 12 months was significantly predicted by the substance abuse index and maternal sensitivity at 3 months. Noteworthy, a negative and significant change in maternal sensitivity from 3 to 12 months was found, and this change was associated with

the relational experiences of the mothers. An important clinical implication of the results is that maternal relational experiences ought to be addressed in a therapeutic setting to cause resolution of her own difficult feelings and thoughts, in order to increase her ability to be sensitive and emotionally available in interaction with her child. The study also showed that even if these mothers underwent treatment during pregnancy and after birth, the ability to be sensitive toward the child became poorer from 3 to 12 months when most of the mothers no longer were in treatment. These results underscore the need mothers struggling with substance abuse and psychiatric problems and their infants have for comprehensive and long-term treatment that starts in pregnancy or early in infancy.

2413

Maternal drug addiction: From parenthood at risk to well-being

De Palo F. (University of Padova, Italy), Alessandra S. (DPSS- Faculty of Psychology, University of Padua, Italy), Capra N. (Community "Villa Renata" for Drug-addicted mothers, Italy), Fani B. (Department of Developmental and Social Psychology, University of Padova., Italy), Rao M. (Department of Developmental and Social Psychology, University of Padova., Italy)

Background: Several studies show that maternal drug addiction is a specific condition of psychopathology often associated with other mental disorders (Casillas & Clark, 2002; Gerra & Frati, 2000; Walton & Roberts, 2004) and represents a condition of parenthood at risk (Suchman, McMahon, Slade, & Luthar, 2005; Pajulo, 2001). First, children born affected by drug use during pregnancy may have neurobiological risks for the fetus (Fisher, 2003), then dysfunctional caregiving models, related to parental substance abuse, may lead to a vulnerability in psychosocial development of the child (Molitor, Maves, & Ward, 2003; Eiden, 2001). Currently, communities residential treatments for addicted mothers and their children of the Veneto region take charge of both members of the dyad, providing services to both individual and dyadic therapeutic interventions. This paper presents a single case, representative of a wider project of research and intervention: the project focuses on diagnostic evaluations of the mother, the child and their relationship, and planning of interventions tailored to needs of each user. In this single case we illustrate the evaluations concerning dyadic interactions (mother-infant relationship) and also triadic interactions (mother-father-child relationship). Method: The single case concerns of: mother (41-year-old, drug-addicted), father (39-year-old), infant (25-months) and two health providers. First, diagnosis of maternal personality was investigated by the Reactive of Rorschach (Rorschach, 1921) and by the Structured Clinical Interview for DSM-IV (SCID-II; First, Gibbon, Spitzer, Williams, & Benjamin, 1997), while the assessment of attachment representations is investigated by the Adult Attachment Interview (AAI; George, Kaplan & Main, 1985). Second, regarding the assessment of the infant we investigated: the level of adaptive functioning was by using the Vineland Adaptive Behavior Scales (VABS; Sparrow, Balla, & Cicchetti, 1984), the symptomatology by using the Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, 1991), and the quality of attachment relationships using the Attachment Q-Sort (AQS; Waters, 1987). Finally, the quality of family interactions was assessed by using the Lausanne Trilogue Play (LTP; Fivaz-Depeursinge & Corboz-Warnery, 1999). Results:

Data show that the dyadic relationship is seriously compromised, in fact a) the mother has a pathological structure of personality, characterized by ego deficiencies in managing affects, dissociative episodes, and meta-cognitive processes compromised, b) the child show a delay in adaptive functioning, a multifaceted set of symptoms and insecure attachment. On the other hand, the father seems to be an important resource for family setting, acting as a supportive adult in shared activities and furthering more functional family interactions.

2649

Team Haga: Cross-disciplinary specialist care for substance-abusing pregnant women and their infants in Gothenburg, Sweden

Reuter A. (Maternity and Child Health Care, Primary Health Care Gothenburg, Sweden)

Sweden's comprehensive, free-of-charge antenatal and paediatric health care services have almost 100% attendance and high credibility among women and families. Local antenatal care routines in western Sweden now entail a first visit to a midwife one week after positive pregnancy test and very early AUDIT screening and narcotics/nicotine/medication counselling for all pregnant women. Since 2007, Team Haga serves Greater Gothenburg's substance-abusing pregnant women and their infants with specialist antenatal and pediatric care. Goals: protect the fetus from substance-abuse effects, support women to stop abuse and to stay substance-free after delivery. Team members: midwives, pediatric nurse, social worker, psychiatric nurse, gynaecologist, pediatrician, psychiatrist, assistant nurse. Women are referred by antenatal care centres, substance abuse facilities, social services or criminal justice system and some come on their own initiative. During pregnancy, women see midwives weekly

and most are tested for narcotic/alcohol regularly. Team conferences determine individualized care and support for each women and follow-up for infants/women. Extensive collaboration with social services, psychiatry and the pediatric health care system is essential. Long-term follow-up is often required. Challenges: psychiatric morbidity complicates many cases; no designated resources for care/support of fathers-to-be (majority are substance abusers); varying knowledge of perinatal substance abuse aspects among social workers; some substance-abusers are unmotivated to attend Haga. Results: A majority of the patients stay substance-free during pregnancy, and no cases of FASD or other serious neonatal effects of substance abuse have been diagnosed so far. An evaluation of the unit is in progress.

2726

Children prenatally exposed to alcohol - a case study

Xavier M. (Faculty of Education and Psychology, Catholic University of Portugal, Portugal)

Alcohol use during pregnancy is a significant public health problem. Purpose of this poster is to present the developmental characterization of a group of children prenatally exposed to alcohol, born at a Hospital Unity of North of Portugal between 2005 and the first 6 months of 2009, and discuss difficulties of detecting prenatal alcohol exposure. Analysis of paper medical records allowed identification of 13 children. Emotional and behavioral problems were studied by use of Achenbach's Child Behavior Checklist (CBCL) and general development and language, motor and social development and cognition were assessed using the Griffiths Mental development Scales (0-2 and 3-8 years). Socio-demographics characteristics were assessed by caregiver interview. 61.5% mothers report not to currently consume alcohol. All children scored below the normative mean (problems in language, mobility and autonomy). CBCL results were related to nonclinical normative sample. Prenatal exposure were under-diagnosed but adequate diagnosis is critical to early intervention.

2729

Developmental outcomes of a group of children (2-3 years) prenatally exposed to illicit drugs

Xavier M. (Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Xavier M. (Catholic University of Portugal, Portugal), Carolino R. (Hospitalar Centre of Porto, Portugal)

This poster presents developmental outcomes of a group of Portuguese children (2-3 years) prenatally exposed to illicit drugs (opiates and cocaine). Methods: Children prenatally exposed (n=26) were born to mothers recruited from a central maternity and were compared to a randomly comparison group (non-exposed, n = 26). Bayley Scales of Infant Development (BSID) were used and data concerning caregiving environment (social and demographic) factors were analyzed (for instance: family composition, professional status of the parents, socioeconomic status of the family, type neighborhood, home characteristics/conditions, childcare). We also analyzed maternal and infant characteristics like neonatal withdrawal symptoms, Apgar scores, gender, gestational age, weight and head circumference at birth, maternal age, type of delivery civil state, illicit substances, alcohol and cigarettes. Results: Children prenatally exposed had reduced birth weight and length and gestational age with reduced head circumference. No differences were found between groups in caregiving environment with the exception of family composition. No differences were found between groups in BDI and MDI scores (BSID). Conclusions: Examination of developmental consequences suggests a subtle and complex process which must take into account not only the prenatal exposure but also the various other environmental factors which contribute to eventual outcome.

2329

Improving and promoting developmental domains of young children with FASD through early childhood mental health intervention

Zarnegar Z. (VIP's Birth to Five Services Program, United States)

Abstract : This presentation will highlight the complex impacts of prenatal exposure to alcohol on various developmental components of a human child, and present positive outcome of acting early to improve psychosocial, emotional, relational, sensorimotor development of children served. The author will present a scientific based foundation for child-parent psychotherapy and its positive outcomes, through the pre-test/post-test comparison used with ten young children with FASD. This presentation also elaborates the importance of educating caregivers and full inclusion of the significant adults during the intervention process, potential impact upon school readiness and the social-emotional outcomes. Participants engage through identified needs, skills, and perspectives;

observation/experience sharing, alternative detection and treatment modalities review; and questions/answers dialogue. Goals and Objectives: The participant will be able to define examples of the three best practice models of early childhood mental health intervention. Participants will be able to identify how partnerships between mental health providers, educators, and parents promote growth and development in children with FASD. Participants will be able to identify three positive social-emotional outcomes resulting from the implementation of early childhood mental health intervention.

2782

Early indicators of affective disturbance in prenatal alcohol exposure

Molteno C. (University of Cape Town Faculty of Health Sciences, South Africa), Jacobson J. (Wayne State University School of Medicine and University of Cape Town, Faculty of Health Sciences, United States), Jacobson S. (Wayne State University School of Medicine and University of Cape Town, Faculty of Health Sciences, United States)

Prenatal alcohol exposure is associated with an increased incidence of psychopathology in children and adults. The aim of this study was to determine whether early indicators of affect disturbance are seen in infants exposed prenatally to alcohol. We hypothesized that (1) prenatal alcohol exposure is related to greater infant withdrawal and to alterations in infant temperament; (2) the effects of prenatal alcohol exposure on withdrawal and temperament are independent of each other and independent of maternal depression and postnatal maternal alcohol use, and (3) the effects of prenatal alcohol exposure on cognitive function at 5 years will be mediated, in part, by affective disturbance in infancy as assessed by withdrawal and temperament. The Cape Town Longitudinal Cohort consists of 159 mothers and infants from the Cape Coloured (mixed race) community in Cape Town, South Africa, a large proportion of whom were exposed to alcohol during gestation. Mothers were interviewed about their alcohol consumption using a timeline follow-back approach to determine frequency and amount of drinking on a day-by-day basis. The Alarm Distress Baby Scale (ADBB) of Guedeney and Fermanian (2001), which assesses sustained affective withdrawal behavior, was administered at 6.5 months postpartum, and the mothers were interviewed on the Buss and Plomin (1984) EAS Temperament scale at 13 months. At the 5-year follow-up, the Junior South African Intelligence Scales (IQ) assessment was administered, and the EAS interview was repeated. ADBB withdrawal was associated with reduced activity on the EAS ($r = -.29, p < .01$) but was not related to emotionality, shyness, or sociability. Prenatal alcohol exposure was associated with greater ADBB affective withdrawal ($r = .30, p < .01$) and lower EAS activity ($r = -.23, p < .01$). These effects were independent of each other, and both remained significant after controlling for postnatal maternal alcohol use and depression. Mediation of the effect of prenatal alcohol exposure on 5-year IQ by the ADBB fell just short of statistical significance (Sobel $z = -1.34, p = .085$), suggesting that affective withdrawal that is already evident in infancy contributes to poorer cognitive function at school entry. Supported by grants from NIAAA (two supplements to RO1 AA09524 and a U01 AA014790 in conjunction with CIFASD); NIH Office of Research on Minority Health; the Foundation for Alcohol Related Research, Cape Town, South Africa; and the Joseph Young, Sr., Fund from the State of Michigan.

Poster session 3: Antenatal and Perinatal Practices Jasminum Restaurant

2292

“The words of babies”, a working group on perinatal mental health: issues, challenges, and research findings

Caruso R. (Istituto Clinico Città di Brescia, Italy), Tironi C. (Istituto Clinico Città di Brescia, Italy), Zerbi F. (Istituto Clinico Città di Brescia, Italy), De Rossi F. (Istituto Clinico Città di Brescia, Italy)

This paper presents the results of clinical research on perinatal mental health undertaken in the context of a working group set up in Brescia, Italy, over the past year. This research arises from the need to promote a culture of prevention of psychological discomfort from its origin. Our work confirms and refines findings discussed in the current literature, namely: a) the importance of involving the largest number of parents, overcoming resistance linked to their psychological structure; b) the importance of helping gynecologists, pediatricians, general practitioners, midwives, nurses, and social workers to recognize the relevance of primary and secondary prevention, in order to avoid the regrettable resurgence of iatrogenic resistors. In Italy the cultural and personal emotional training of physicians is often inadequate for a correct approach to the problems of children and family and is often linked to diagnostic errors, such as minimization, disqualification of psychology or, by contrast, pathogenic interpretations linked to misdiagnosis in content or timing. We have set up a working group called “the words of babies” with the specific aim to overcome these issues. Its name, location (Gynecology Unit, Istituto Clinico Città di

Brescia) and publicity (in the local press, for example) are designed specifically to offer expectant parents, neo-parents and anyone who has or is looking for a baby discussion group on the physiology of birth and the growth of the emotions of children. Groups are led by a psychoanalytic psychotherapist, assisted by one psychologist, one gynecologist, two midwives, one kindergarten educator, and a few parents who have undergone specific training. These parents have created an association, "ilsorrisodeibimbi" ("the smile of babies"), which organizes cultural and recreational activities meant to promote the idea of a "normal" attention to emotional issues from birth. The group leader is very careful to elicit answers from the parents or the non-psychological participants, and to address the adequacy and timing of interpretations. Over one year of sessions the following issues have been discussed: somatizations in pregnancy, sleep, feeding, digestion, muscle tone disorders of the baby, the role of kindergarten, parents-grandparents-grandchildren relationships, "jealousy" of the brothers, childhood problems that appear at the birth of a child, and extended families. Monthly sessions have allowed the monitoring of risk conditions and sometimes the relief of the symptoms. This multidisciplinary group provides a valuable opportunity for all staff involved. Monthly meetings and the following briefings allow the integration of theoretical notions with the clinical approach. Personality traits that could negatively affect consultations in daily professional practice are revealed and analyzed, especially their potentially pernicious influence on doctor-patient relationship.

2294

Meeting your baby: Developing a typology of how first-time mothers look at their newborn babies

O'Rourke P. (Women's and Children's Health Network, Australia)

This poster will outline my study which explores the mother's experience of "looking" in the first 48 hours of her developing relationship with her newborn baby. The overall goal is to assist midwives to use the way mothers look at their babies to intervene where indicated in the mother /infant relationship. Birthing is an elemental experience and provides a possible window of opportunity in terms of change in a mother's psychological process. The study seeks to understand the role that "looking" plays as mothers reconcile their actual newborn baby with the imagined baby of their hopes, fears, reveries, dreams and fantasies. This reconciliation may be pivotal for the mother-infant relationship and thus the infant's developmental trajectory.

Using video and a brief semi-structured interview, the first part of the study was to develop a typology of "looking" to help the early identification of mothers who may struggle relationally with their babies. The second phase of the study will develop a training package with midwives to use the typology to intervene early in the mother/infant relationship. The poster will highlight preliminary data and analysis to date, raise questions and hopefully provoke thoughtful responses.

2303

Emotional states, maternal representations and prenatal attachment in women experiencing pregnancy-induced diseases and complications

Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Tereno S. (University Paris Descartes, France), Claverie H. (University Paris Descartes, France), Brunswick A. (Hôpital Antoine Bécclère, France), Benachi A. (Hôpital Antoine Bécclère, France)

Pregnancy-induced diseases and complications require frequent medical visits and checkups, as well as significant adaptation and life change for the pregnant woman including: dietary changes, stop of work and leisure activities, limitation of movement, bed rest, drugs intake, and/or hospitalization. These life changes are likely to disturb the emotional state of the pregnant woman, the parenthood process, as well as the relationship she develops with the future child. The present paper will present and discuss the results of an on-going study on the psychological impact of three frequent pregnancy complications: gestational diabetes, gestational hypertension and threatened premature delivery. Women are addressed at the high-risk pregnancy care ward of the Antoine Bécclère Maternity Hospital, in Clamart, France. Participants are pregnant women, primi- or multipara, with sufficient fluency in French, diagnosed with a pregnancy-induced disease (diabetes or hypertension) or complication (threatened premature delivery), requiring or not the mother's hospitalization. A sample of women carrying a normal pregnancy with no somatic complication composed a control group. Assessments include: maternal depression and anxiety symptoms, maternal prenatal attachment to fetus, maternal representations of the future child and of self as mother, the medical history of the current pregnancy and of past pregnancies, as well as the experience of the transition to parenthood in the context of a high-risk pregnancy and its consequences.

2342

Prenatal maternal depression is associated with low birth weight and shorter gestational age

Chang H. (Yonsei University College of Medicine, South Korea), Shin Y. (Yonsei University College of Medicine, South Korea), Lee S. (Yonsei University College of Medicine, South Korea)

Prenatal maternal depression is known to be associated with adverse birth outcome, and hypothesis for mechanism underlying this association include self-destructive behavior, such as smoking, drinking and malnutrition, and maternal fetal neuroendocrine disturbance. In this study, we recruited 495 mothers in their 3rd trimester pregnancy and gathered information on socio-demographic characteristics, past history of major illnesses including depression, smoking and drinking status, and nutritional intake and weight gain during pregnancy. Depression was measured with Center for Epidemiologic Studies Depression (CESD), and top 10%ile was identified as Mothers with Depression (n=58). Mothers were followed up until delivery, and perinatal complication and birth outcomes (birth weight, gestational age) was collected. Babies from Mothers with Depression exhibited significantly shorter gestational age compared to babies from Mothers without Depression (M:38.83 wks, SD:1.377 vs M:39.29, SD:1.124, p-value .005), and significantly lower birth weight (M:3131.6g, SD:401.31 vs M:3240.3, SD: 397.21; p-value .045). Mothers with Depression gained significantly more weight during the first 6 months of their pregnancy compared to Mothers without Depression (M:6.98kg, SD:3.44 vs M:5.55, SD:3.24; p-value .001). The number of mothers who smoked or drank during pregnancy was too few to be statistically meaningful. In this study, Mothers with Depression had babies with lower birth weight and shorter gestational age, as expected. However, Mothers with Depression exhibited more calory intake and more weight gain compared to Mothers without Depression, contrary to our expectation. Further studies regarding underlying mechanism of prenatal maternal depression and lower birth weight/ shorter gestational age is needed.

2444

Psychological distress among couples experiencing high-risk pregnancy

Dollberg D. (The Academic College of Tel Aviv Yaffo, Israel), Dollberg D. (The Academic College of Tel Aviv Yaffo, Israel), Heldman D. (The Academic College of Tel Aviv Yaffo, Israel), Langer M. (The Academic College of Tel Aviv Yaffo, Israel), Sela Daniely R. (The Academic College of Tel Aviv Yaffo, Israel), Kupfermincz M. (Tel Aviv Sourasky Medical Center, Lis Maternity Hospital, Israel)

High-risk pregnancy is indicated when maternal or fetal complications are present and pose risks to the health and safety of either the mother or the infant (Dangal, 2007). In Israel, about 15-20% of pregnancies are diagnosed as high-risk (Levy-Shiff et al., 2002). High-risk pregnant women report high levels of stress, anxiety, depression and pessimism compared to women experiencing uncomplicated pregnancy (Lindgren, 2001; Lobel et al., 2008). Less is known about the psychological impact of high-risk pregnancy on fathers to-be. Attachment style affects a person's adaptation to life changes and adaptation to pregnancy in particular (Mikulincer and Florian, 1999). Insecure attachment, presented as an anxious or avoidant style, is associated with less favorable adaptation, whereas secure attachment is associated with psychological wellbeing and better adaptation during pregnancy (Simpson et al., 2003, Besser et al., 2002). The goal of the present study was to compare the level of psychological distress among high and low-risk pregnant couples and to assess the relative contribution of pregnancy risk, attachment style and social support to the prediction of distress. One hundred pregnant women (50 high-risk; 50 low-risk), aged 21-39 years (M = 30.4, SD= 3.43), and 61 spouses (33 high-risk; 28 low-risk) aged 23-53 (M = 32.5, SD = 5.18) participated in the study. Women were in their second or third trimester of pregnancy. High-risk pregnancy was defined as requiring hospitalization of at least one week. Participants completed the State-Trait Anxiety Inventory (STAI)(Spielberger et al., 1970), Beck Depression Inventory (BDI)(Beck, 1978), Inventory of Socially Supportive Behaviors (ISSB)(Berrara et al., 1981), and Experience in Close Relationship (ECR)(Brennan, Clark & Shaver, 1998) questionnaires. Results showed that high-risk pregnant women reported higher levels of depression and state anxiety compared to low-risk pregnant women. Spouses of high-risk pregnant women similarly reported higher levels of state-anxiety compared to spouses of low-risk pregnant women. No differences in depression reports were found between the spouses' groups. For men and women, the best single predictor of state anxiety was pregnancy risk; whereas, the best single predictor of depressive symptoms was anxious attachment style. The findings highlight the psychological risk associated with high-risk pregnancy for women and men and indicate the importance of supporting couples experiencing high-risk pregnancy in order to assure the parents' wellbeing and smooth transition to parenthood.

Table 1
Differences in reported psychological distress among high and low- risk pregnant women and their spouses

Variable	High-risk pregnancy		Low-risk pregnancy		t
	M	SD	M	SD	
Women					
STAI	2.38	0.62	1.70	0.49	-6.03**
BDI	0.38	0.38	0.19	0.23	-2.98*
Spouses					
STAI	1.86	0.52	1.56	0.32	-2.76*
BDI	0.15	0.15	0.12	0.14	-0.67

* $p \leq .01$; ** $p < .001$

2474

Understanding the meaning and impact of the ultrasound experience for expectant fathers: Exploring a potential setting for preventive intervention

Neugut T. (University of Michigan, United States), Tolman R. (University of Michigan, United States), Singh V. (University of Michigan, United States), Davis R. (Intermountain Medical Group, United States), Palladino C. (Georgia Health Sciences University, United States)

This poster will present findings from two studies (one qualitative and one quantitative) to describe how attending the routine prenatal ultrasound is experienced by fathers-to-be, and explore the ultrasound as a potential setting for preventive intervention. In the qualitative study, semi-structured interviews were conducted with twenty-two expectant fathers immediately after attending the routine prenatal ultrasound. Data were analyzed through a thematic analysis approach, drawing on principles of grounded theory to identify themes from fathers' accounts of the ultrasound experience. Results indicate two primary pathways by which the ultrasound experience contributes to an expectant father's developmental trajectory as a parent. By providing reassurance that the pregnancy is proceeding normally, and contributing substantially to fathers' perception of the reality of the pregnancy and child, the ultrasound experience serves as a stimulus for the rapid expansion of thoughts and feelings about becoming a parent. Further, results indicate that the father's ultrasound experience, and the thoughts and feelings that take shape as a result of that experience, both influence and are influenced by the contextual environment of his relationship with his partner and the clinic setting. Findings related to fathers' ultrasound experience will also be presented from a quantitative investigation of first-time fathers' prenatal behaviors, motivation to parent and partner, and their pregnant partner's perceived support. In this study, fathers report on their reactions to attending the ultrasound; those aspects of the ultrasound experience they find most compelling; with whom they share the experience itself, and, subsequently, stories and images; and their perceptions of how they are treated by prenatal care providers. Findings from these two studies demonstrate the profound meaning and impact of ultrasound attendance for many expectant fathers, and suggest that pregnancy, and in particular the pregnancy milestone of ultrasound, could be a time when men are more open to preventive interventions that could shape their positive partnering and parenting across the lifespan. We argue that there is potential for significant gains in reduction of intimate partner violence and child maltreatment, and increase in maternal and child health through such efforts.

2496

Parental attitudes and psychological responses related to stage of pregnancy, prenatal ultrasound and childbirth

Björk M. (Sorlandet Hospital, Norway), Björk M. (Sorlandet Hospital, Norway), Skreden M. (Sorlandet Hospital, Norway), Skari H. (Oslo University Hospital, Norway), Malt U. (Oslo University Hospital, Norway), Pripp A. (Oslo University Hospital, Norway), Faugli A. (Vestre Viken Hospital Trust, Norway), Emblem R. (Oslo University Hospital Trust, Norway)

Background: Parental psychological distress during pregnancy and after birth is important for the child's physical, psychological, emotional and cognitive development. The prevalence of maternal depression during pregnancy is

reported to be around 10 %. Psychological distress in pregnancy has not routinely been measured in obstetric care. Recently, both national and international reports highlight assessment of psychological health in pregnant women as an important factor of antenatal follow-up. Furthermore, a broader view on family atmosphere, including paternal psychological health, has been recommended. Prenatal ultrasound is performed in 98 % of Norwegian pregnancies and is highly valued by parents. The need for increased knowledge of parental expectations and psychological distress related to the routine prenatal ultrasound examination in the second trimester has been recognized. Aim: To prospectively investigate psychological distress in mothers and fathers during pregnancy and childbirth by standardized psychometric methods, and to identify predictors of parental psychological distress and depression in pregnancy and after childbirth. Secondly, we want to explore parental distress, experiences, expectations and attitudes related to the second trimester routine ultrasound examination. Methods: Psychological responses were assessed on three occasions (week 17 – 19, week 30 and 0- 4 days after birth). The following questionnaires were used; General health Questionnaire (GHQ-28); State /Trait Anxiety Inventory (STAI-X1 / X2) Impact of Event Scale (IES-R); and Edinburgh Postnatal Depression Scale (EPDS). We included 464 mothers and 414 fathers. High response rates (around 80%) were achieved. Hypotheses: Mothers report higher level of psychological distress 0-4 days after birth compared to week 17-19 or week 30-32 of pregnancy. Fathers report higher levels of psychological distress at week 17-19 compared to later in pregnancy and at birth. Social situation (unemployment, single parent, and economical problems) and gender have impact on parental psychological distress. Mothers and fathers have similar expectations and attitudes concerning ultrasound in pregnancy. High expectations toward prenatal ultrasound examinations are predicted by being mother, first-time pregnancy, and higher educational attainment. Results: The study will enhance our understanding of parental attitudes, experiences and behavioral stress responses related to the second trimester routine ultrasound examination. By exploring predictors of increased psychological distress, the study might provide knowledge about how to identify high-risk parental groups that will benefit from preventive measures and thus contribute to better pregnancy care, improved parental mental health and enhanced child development.

2708

Development of a doula intervention for postpartum depressive symptoms: What mothers and doulas taught us

McComish J. (Wayne State University, United States), Groh C. (University of Detroit Mercy, United States), Moldenhauer J. (Wayne State University, United States)

Background: Historically, women have been supported by a “doula,” a trained non-medical individual who provides support during labor, birth and postpartum. There is evidence that doula labor support decreases medical interventions, improves attachment, and decreases postpartum depression (PPD). About 15% of women worldwide experience PPD. If women lack knowledge of PPD, many will not seek care. Depressed women may be less responsive to their infants, resulting in poor infant outcomes. Lack of social support is a major risk factor for PPD. Postpartum doulas can help new mothers sort out their postpartum needs, gather additional support to address those needs, create networks for support, and provide education about PPD. Purpose: Develop and test an intervention protocol for enhanced doula care focused on encouraging women to identify signs of PPD and seek treatment if needed. Methods: In this qualitative study, our multidisciplinary team conducted focus groups with mothers, doulas, and doula trainers. Audiotapes of the sessions were transcribed verbatim and themes were identified. From the focus group transcripts, we developed resource materials for doulas to use with mothers in the postpartum period. Findings: Separate focus groups were held with mothers (n = 20), doulas (n = 5), and trainers (n = 7). In our first round of focus groups, all participants preferred materials that use simple language, talk about “adjusting to motherhood” rather than postpartum depression, and that can be used flexibly in a variety of contexts. Based on these findings, we developed innovative materials that reflect perceptions of mothers, doulas, and trainers about what would be useful. These materials include a printed tri-fold brochure, and content for Smartphone and digital tablet applications, which are being validated and refined through a final round of focus groups with the same participants. Implications: These educational materials provide information about signs and resources for PPD to be used interactively with mothers by doulas. Since doulas are not associated with the stigma of mental illness, they can encourage mothers to recognize PPD symptoms and seek treatment in a non-threatening way. The high-tech and low-tech design options of the materials enable doulas to individualize this home-based, supportive intervention in ways that complement the care of Infant Mental Health Specialists and other care providers. Our multidisciplinary team included psychiatric nurses and a graphic designer who specializes in health literacy; and we had strong involvement in the development of these materials by doula trainers from across the United States. The

disciplinary diversity in our collaboration resulted in materials with increased user-friendliness, effectiveness and visual appeal.

2742

A time of opportunity - Pregnant women in therapy in an out-patient clinic

Brean G. (Child and Adolescent Mental Health Outpatient Clinic, Vilde Parent- Child Institution, Norway)

Background. The perinatal mental status of a woman influences greatly upon the woman herself, her family and her baby's development. The latter is being increasingly confirmed in neurobiological research, making it evident that many epigenetic changes take place prenatally and in early childhood. It is therefore important that women at risk are identified for adequate intervention. This work presents 3-years of experience from a specialized outpatient unit for pregnant women. **Methods.** The pregnancy unit at Vestfold Pyschiatry, Norway, was established in 2009. It consists of a part time (50%) consultant psychologist, and covers a county of 220 000 inhabitants. Women are referred from GPs and midwives, and undergo a first assessment, including evaluation of depression and suicidality. Cooperation with primary health care is established for all women. The women receive intensive therapy focusing on neuroaffective regulation and, postnatally, evaluation of the child and intervention into the mother/father-infant relationship. Finally, the child is evaluated with DC 0-3R including evaluation of relationship, as well as PIRGAS. **Results.** The unit has received 43 referrals, falling into three categories: - 8 women referred because of pre-existing marginal cognitive or social level of function. These women had problems that were too extensive to handle within the frames of this unit. They were referred to more appropriate authorities after a mean of 3 appointments. The children were not formally evaluated. Nine women referred because of pre-existing psychiatric diagnoses. These women had on-going psychiatric treatment but needed more specialized help concerning pregnancy and motherhood. Twenty-Six women referred because of pre- or post-natal depression. Most had classic symptoms with anxiety, obsessive thoughts and/or depression. These women had high or normal levels of function before pregnancy. The mean number of appointments at the unit in the two latter groups was 20 (range 10-40). Only 2 children were given a tentative diagnosis in axis 1. At the termination of the therapy, the PIRGAS-scores had improved in all relationships to a mean of 80. All women were contented with the therapy, many describing the process as a "turning point". **Discussion.** Therapy in pregnant women focusing on affective regulation makes theoretical and practical sense. The heightened vulnerability in pregnancy represents an important opportunity for creating change, because the parents are more psychologically receptive than in their normal state. The perinatal period therefore constitutes a unique developmental opportunity for both parents and child. Women referred with pre-existing psychiatric diagnoses or because of pre- or post-natal depression seem to be able to profit from this level of care, but women with a pre-existing marginal level of function need more extensive resources. Flexibility and accessibility are keys on behalf of the therapist. Affective regulation is a key component in the therapeutic approach, and the therapist needs to have specialized insight into the psychology of pregnancy and the needs of the fetus and newborn baby.

2751

Impact of perinatal stress on mother-infant interaction: Relationship between intimate partner violence and maternal bonding failure

Yamashita H. (Kyushu University Hospital, Japan), Yoshida K. (Department of Child Psychiatry, Kyushu University Hospital, Japan)

Background: Rates of Intimate Partner Violence (IPV) are highest among women during their peak childbearing years. Although IPV at any time during a woman's life is devastating, women who experience IPV during the perinatal period are at risk not only for their own health but also for the health of their developing fetus or neonates. Women with IPV during pregnancy have an increased risk of physical abuse in the postpartum period which is frequently associated with postpartum depression, and the onset of the depression usually occurs within early postnatal period. The purpose of the present study was to examine the prevalence of IPV in pregnancy and its impact on postnatal mental health and mother-infant interaction. **Materials and methods:** 156 obstetric clinics participated in a longitudinal survey from 3rd trimester to 1 month postnatally. Socio-economic status, psychosocial risk factor and Domestic Violence Screening Questionnaire (Gundolf, 1997) were administered during pregnancy. Written informed consent was also obtained at that time. GHQ12 (Goldberg, 1978) and Mother Infant Bonding Scale (MIBS; Yoshida, submitted) were filled out by mothers at 1 month postnatal check up. **Result:** 4258 women completed the questionnaires. 1.9% of those women were teenager. 14.2% were positive according to DV screening (DV+ group) however 36.6% were screened in teenage mothers. Unwanted pregnancy and lack of support were

significantly high in DV+ group. Poor mental health status was indicated by higher score of GHQ in DV+ group. Negative emotion toward baby was significantly high in DV+ group. Especially higher risk of abuse was suggested in teenage mothers. Conclusion: Importance of the early intervention for the women with IPV especially in teenage mothers was demonstrated. Further investigations on the relationships between maternal psychopathology and bonding problem are planned at the presentation.

Poster session 4: Assessment for Family Law Issues Jasminum Restaurant

2704

A case report: The effect of neglect in a child with frontal lobe epilepsy

Reverger J. (FKUI, Indonesia), Widyawati I. (FKUI, Indonesia)

Epilepsy is a chronic neurological disorder characterized by seizures. Seizures in epilepsy indicate a disruption of neuronal activity in the brain. Epilepsy usually appears in children and can last a lifetime. One type of epilepsy is frontal lobe epilepsy. This type of epilepsy often goes undiagnosed because the clinical feature and the neurological disorder is very minimal. The frontal lobes covering 24-30% of the cortex and mostly associated with the limbic system. Patients tend to experience depression, anxiety, psychosis or behavioral problems. Some common symptoms are impaired verbal communication and executive functions. In patients who have behavioral problems due to frontal lobe epilepsy, handling this patient will become difficult. First of all, epilepsy should be treated appropriately with anti-convulsion therapy, which can improve the quality of the patient's life. Psychoeducation becomes important because the family could misinterpret symptoms, thereby obstructing treatment. Lack of knowledge about epilepsy can lead to lack of proper care and abandonment. In the case report, a 11 year old boy, came to our clinic with his step father. His mother did the physical restraint and confinement to him, because the mother saw that he had a bad behavior. He often ran after and bothered a girl in their village so the mother become shame. He had been caged in a small wood room outside their house. He had been fed from outside the "cage", and he screamed loudly if he was hungry. This uncontrolled behavior appeared after he had a seizure while he was 2 years old. Her mother did not treat the seizure and the seizure occurred almost 5 times a week. After being caged for nine years, a social foundation intervened and removed him from his mother. His behavior is still uncontrolled. He does whatever he wants to. He still chases girls in the villege and a lot of people are afraid of his condition because of his long period of isolation. He had been given risperidone to control his emotion. After a series of tests, he was diagnosed with frontal lobe epilepsy. He was treated with anti convulsive therapy but the prognosis is poor because of the extension period of social isolation he experiences.

Poster session 5: Assessment: Diagnostic and Clinical Issues Jasminum Restaurant

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Assessment of mentalization on infants' care givers

Farkas C. (Pontificia Universidad Catolica de Chile, Chile), Santelices M. (Pontificia Universidad Catolica de Chile, Chile), Carvacho C. (Pontificia Universidad Catolica de Chile, Chile), Himmel E. (Pontificia Universidad Catolica de Chile, Chile)

The mentalization is the ability of the caregiver to create mental models, through his/her inter-subjective relation with the child. This ability makes possible the inferences of mental states in themselves and others, and explains behaviors and anticipates future reactions, being the basis for a coherent mental structure (Fonagy, 1999). Through the mentalization, the adult explain the child his/her experiences, feelings, thinking and emotions, creating an image of himself/herself like an individual with feelings, desires, ideas and thoughts. The mentalization occurs in the child-caregiver interactions, through linguistic and paralinguistic processes (Fonagy & Target, 1997). This poster will focus on the assessment of mentalization on infants' caregivers. Specifically, familiar and non-familiar caregivers. The poster will present (a) the process conducted to build the stories and materials to assess mentalization, (b) the rubric to code the adults' answers, (c) the items discrimination analyses, (d) the inter-judges consistency, and (e) the reliability and validity analyses. The final version of the instrument is discussed considering the relevance of these kinds of instruments to detect and promote adequate abilities in significant adults in their interactions with infants, and suggestions of future interventions in this area.

2300

French validation of the Brief Infant-Toddler Social and Emotional Assessment (BITSEA) in a population of 600 infants aged 12 to 36 months

Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Foucault C. (DEPSE-CPAM, France), Saias T. (EPS Maison Blanche, France), Danet M. (University Paris Descartes, France), Le Bail M. (University Paris Descartes, France), Gacoin E. (University Paris Descartes, France), Puccinelli O. (University Paris Descartes, France), Cazenave M. (University Paris Descartes, France), Chirac O. (University Paris Descartes, France), Didane N. (University Paris Descartes, France), Medeiros M. (University Paris Descartes, France), Molina T. (University Paris Descartes, France), Bodeau N. (Hôpital Pitié-Salpêtrière, France), Gerardin P. (CHU Rouen, France), Bracha Z. (Tel Aviv Municipality, Israel), Cohen D. (Service de psychiatrie de l'enfant et de l'adolescent Pitié salpetriere University Hospital, France), Guedeney A. (Hôpital Bichat, France)

The screening of socio-emotional difficulties or delays during infancy and early childhood is of crucial interest for prevention and intervention in mental health. Epidemiologic studies show a prevalence of socio-emotional difficulties or delays ranging from 7 to 24 % for children aged 1 to 3 years. The use of cost-and-time effective screening tools in well-child services and pediatric visits can support the dialogue between parents and physician/nurse on the parents' worries concerning their child's development and behavior, and thereby facilitates the referral of the family towards specialized services. The BITSEA is designed to meet these needs: it's a brief, time-efficient screening tool and comprises 42 problem and competence items derived from its long and original form, the ITSEA. The BITSEA is intended as a first-stage screen for identifying infants and toddlers aged 1 to 3 years who, according to parental reports, exhibit elevated levels of problem behaviors or low levels of competence, and may benefit from additional follow-up assessment to determine whether clinically significant difficulties are present. The present study aimed at testing the adaptation and the psychometric properties of the BITSEA in a population of 600 French parents and their infants / toddlers aged 12 to 36 months. Parents were met in public child health services, childcare centers and well-baby clinics. Results will be discussed in terms of their implications for prevention and early intervention in child development and mental health.

2524

Assessment of psychopathology in preschool children with the ASEBA battery: Preliminary psychometric data from the Portuguese population

Dias P. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Carneiro A. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Sousa Lima V. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), César Machado B. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Veríssimo L. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Xavier M. (Catholic University of Portugal, Portugal)

Emotional and social development in infancy and adolescence can be influenced by positive or negative life events that can have effects in the individual response to other situations (Sameroff, & Fiese, 2000). These developmental stages allow children to acquire many competencies that are not only the result of their experiences, but the sum of these with prior learning (Sameroff, & Chandler, 1975). Therefore, in mental health services, there should be a constant effort to understand how children and adolescents are involved in their context and how their development occurs (Zeanah, 2000). In that way, the use of an empirically based assessment (EBA) is crucial, since it enables the design of effective interventions that are also empirically based (Achenbach, 2005). The Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, 2001) allows the collection of information in several contexts (e.g. school, family) with more than one informant (e.g. mother, father, school teacher). This is a quick and cost-effective way to perform a complete assessment of the problem (Hannesdóttir, & Einarsdóttir, 1995). The form scales don't provide a diagnostic or even a categorization of the problem, but they contribute to the comprehension of how the symptoms manifest themselves in each context. ASEBA forms results quantify the problem variation with reference to the normative functioning, attending to age and gender (Hannesdóttir, & Einarsdóttir, 1995; Achenbach, 2005). The study of internalizing and externalizing problems in preschool children has been recognized as one of the major priorities in the literature on children's mental health (Feil et al., 2005). There are many reasons for this need: a) one of the first studies, in this area, showed, in a community sample of 3 year-old children, that 7% of population had behavior problems that ranged from moderate to severe (Richman, Stevenson & Graham, 1975); b) the substantial increase of young children admitted in psychiatric hospitals (Causey, Robertson & Elam, 1998);

and c) the possible confirmation, through longitudinal studies, that the problems occurring in infancy and preschool years are likely to continue in the following stages of development (Campbell, 1995; Furniss, Beyer & Guggenmos, 2006). In order to discriminate levels of problems that are typical/expected in preschool ages from those that are extreme enough to deserve clinical attention, it's important to compare data from clinical and general population, in order to determine prevalence rates of behavioral and emotional problems (Rescorla et al., 2011). The present study aims to validate the Portuguese version of the ASEBA battery (Achenbach, 2001). In this poster, preliminary results on the preschool forms (CBCL 1½-5 and CTRF) will be presented (alpha coefficients and group differences), based on the collection of data with a clinical sample (N=69; 73.9% male) and a sample from the Portuguese general population aged between 18 months and 5 years (N=85; 58.8% male). Mothers/fathers and preschool teachers were asked to complete the ASEBA forms. Parents also completed a sociodemographic questionnaire and, in the clinical sample, mental health technicians completed a checklist regarding the child's diagnosis. Data regarding internal consistency of the instruments, and group differences (based on gender, age groups and clinical status) will be presented and discussed.

2604

Illness perceptions in mothers with depression after childbirth

Wittkowski A. (University of Manchester, United Kingdom)

Background and objectives: The Illness Perception Questionnaire (IPQ) and the revised IPQ (IPQ-R) have been extensively used to explore illness perceptions in physically ill individuals but limited data is available for people with mental illness. This study examined illness perceptions of mothers experiencing depression after childbirth utilizing the IPQ-R, assessing its psychometric properties within this clinical population. Relationships between illness perceptions, depression severity and perceptions of maternal bonding were explored. **Design and method:** A sample of 40 women screening positive for depression after childbirth completed the IPQ-R and measures of depression severity and maternal bonding. Illness perceptions and depression severity were explored at two time points, four weeks apart. **Results:** Mothers endorsed IPQ-R subscales of cyclical timeline, consequences, emotional representations, treatment and personal control. IPQ-R subscale scores and depression severity correlated significantly at Time 1. Initial IPQ-R subscale scores, however, were not associated with and accounted for little variation in depression severity at Time 2. IPQ-R identity and consequence subscales positively correlated with perceived bonding difficulties. **Conclusions:** The IPQ-R was shown to be a reliable measure of illness perceptions in mothers experiencing depression after childbirth. Maternal illness perceptions have implications for clinical practice. Interventions aimed at allowing mothers to develop a more coherent understanding of their depression may help enhance beliefs of personal control over symptoms, helping reduce the number of perceived symptoms and associated emotional distress. Educating mothers regarding benefits of interventions may be important in increasing the number of mothers accessing support for depression after childbirth.

2609

Evolution of the patient's profile attending an infancy unit between 1997-2009

Cordovil C. (Hospital Dona Estefania - Unidade Primeira Infancia, Portugal), Caldeira da Silva P. (Hospital Dona Estefania - Unidade Primeira Infancia, Portugal), Madeira L. (Hospital Dona Estefania - Unidade Primeira Infancia, Portugal)

Introduction: In an Infancy Mental Health reference center in the area of prevention, diagnosis and intervention around 200 new cases are assessed each year. Since 1997 the cases are recorded in a database where the information on children followed in this Unit is gathered, using DC:0-3 and DC 0-3R diagnostic frameworks. In 2007 we presented a preliminary study of the population followed between 1997 and 2005 (n=1370) that contributed to the characterization of the population seeking consultation with regard to socio-demographic characteristics, motives for referral and diagnosis. It also helped to identify risk factors for early onset of psychopathology. **Objective:** To present the data on the population of children observed in a reference center from 2006 to 2009 (n=1263) in terms of socio-demographic classification, symptomatology and diagnosis through the application of DC: 0-3R. Compare the data of the patients attending between 1997 and 2005 and between 2006 and 2009. **Method:** Statistical analysis of data from the database of a Infancy Unit. **Results:** Ongoing.

2619

The Anxiety Screening for Kids (ASK): A new self-report instrument

Krueger N. (University of Hamburg, Germany)

Several authors note that patients with various disease patterns, particularly with anxiety disorders and depressions, were already impaired in their childhood. This circumstance supports the approach of prevention at an early stage. So far there is a lack of adequate tools; in German-speaking countries are to be found only area-specific procedures for the age group of six to nine year olds. Within the scope of this dissertation project the Anxiety Screening for Kids (ASK) is to be checked in regard to its quality. At this time there are records from N=497 elementary school children, their parents and teachers. This summer a record of a clinical sample (N=30 with internalization symptoms) has started. First results of the evaluation show a satisfactory reliability and an adequate retest-reliability after 3 months and a satisfactory reliability. The discriminate validity showed the expected correlations (neuroticism and empathy were measured). The results of the convergent validity (angst and anxiety) confirm the quality of this new instrument. The test was also used for the evaluation of a prevention program in 2007: high short-termed and long-termed effects were measured; so the ASK also seemed to be a change-sensitive instrument. At this time there were also translations into Dutch and English available. In this presentation the test will be described, first results will be presented and limitations of this study will be critically discussed.

2732

The clinical approach to mental health of children and adolescents from the cultural historical paradigm

deSalles Fonseca Carvalho I. (Universidade Federal Fluminense, Brazil), deSalles Fonseca Carvalho I. (Universidade Federal Fluminense, Brazil), Miliauskas C. (Universidade Federal Fluminense, Brazil), Werner J. (Universidade Federal Fluminense, Brazil), Araújo S. (Universidade Federal Fluminense, Brazil)

The knowledge about the processes of human development is essential to understanding and addressing the various mental disorders. In this study we used conceptual framework as the work produced by Lev Vygotsky, who followed the assumptions of the dialectical method sought to identify the qualitative changes of behavior that occur during human development and its relationship to social context. According to Vygotsky the complexity of the structure derived from the human development process is deeply rooted in the relationship between the individual and social history. This approach assumes an important place in the context of intense scientific and overspecialization of knowledge today, contributing to value the human dimension by integrating the dialogical perspective wholistically, and embedding the individual socially and biologically within an historical process. Ginzburg (1989) believes that the paradigm for medicine and the disciplines that address the issues of human beings should not and can not be the same as “natural” sciences. The author contrasts the paradigm of the natural sciences or evidentiary semiotic paradigm, which consists in using other methods such as tracks and signs (seemingly insignificant) to know a deeper reality. The social representations of illness, the dominant thinking in medical science produces new theoretical concepts and categories that have deep integration and social repercussions, such as in the case of classification of mental disorders presumably related to school failure, such as the attention deficit disorder and hyperactivity. The diagnostic evaluation based on the concepts of normality and pathology, balance and deviation from the Cartesian scientific thinking continues today in constant use both in health and in education. Due to the group of disorders related to learning difficulties there is a large influx of children who are referred to health services with complaints related to education, which are labeled with diagnoses that generalize their difficulties, medicalized mass school failure. As a result it is necessary questions about the reductionist approaches that guide the development and evaluation of student learning. In this context the assessment of affective and cognitive processes has, from the historical-cultural perspective, an evaluation proposal that articulates the evidentiary paradigm as a microgenetic analysis of nature, which can be used both in the medical-clinical mental health of children and in the educational context

2550

Feeding problems: Detection, evaluation and treatment modalities

Ramsay M. (Montreal Children's Hospital, Canada), Maldonado M. (University of Missouri Kansas City, United States)

Screening instrument. Although some feeding problems are relatively common (25-50%) and transient in nature, 3 to 10% of children present with more severe forms of feeding problems that, if left untreated, place them at risk for malnutrition, interactional difficulties and behavioral and developmental disturbances. Today most clinicians view feeding problems as biopsychosocial in nature as both physiological (and medical) and psychosocial factors may contribute to their initiation and maintenance. This view holds that physiological factors (low appetite, and/or poor oral sensory motor integration) trigger altered mealtime behaviors and interactions with parents, which then

maintain or increase the severity of feeding problems, depending on parental vulnerabilities. Given the prevalence and negative consequences of feeding problems in young children, clinicians need a valid and reliable screening instrument that can quickly verify parental complaints about their child's feeding difficulties. The Montreal Children Hospital Feeding Scale (MCH-Feeding Scale) with its 14 items is such a standardized instrument. The MCH-Feeding Scale is presently being standardized in Netherlands and Thailand with similar results. Evaluation of feeding problems. An evaluation may be done by an individual professional or by a multidisciplinary team, depending on the age of the child and the severity of feeding problems. The following aspects of the mother are assessed: 1. Strength and distress/anxiety in general and during mealtimes, 2) Readiness to make changes and 3) Family and milieu support. The child is assessed for: 1. Nutritional status, 2. Stability of medical problems, 3. Developmental skills and general regulatory/sensory integration, 4. Motivation (appetite) to feed 5. Sensory-motor feeding skills and food texture/taste tolerance, 6. Mealtime behaviors and interactions with mother (active/passive or problematic: avoidant/ disruptive). Treatment modalities. Treatment modalities depend on the age and health of the child, medical stability, severity of physiological, developmental problems and degree of parental ability and readiness to make changes. The treatment may be carried out by a single professional (sometimes in sequence) or by a multidisciplinary team, functioning jointly. The following treatment modalities applied singly or jointly: 1. Interaction guidance and psycho-education, 2. Behavioral intervention with mealtime structuring, 3. Regulation of appetite, and if necessary, use of medication, 4. Treatment of oral sensory-motor delays or sensitivities, 5. Applied Behavioral Analysis (ABA). These approaches are highly relevant for ASD children or children with history of prematurity, IUGR and other serious medical illnesses, and children with gavage feeding from birth. The effectiveness of our approach to feeding problems will be demonstrated by pre- and post assessment of 300 children with the MCH-Feeding Scale.

2508

Sensory-motor intelligence in Argentine babies: A preventive perspective of infant development

Oiberman A. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME). Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina), Santos M. (CIIPME-CONICET, Argentina), Nieri L. (CONICET-University of Palermo, Argentina), Mansilla M. (UBA, Argentina), Dehollainz I. (UBA, Argentina)

The purpose of the workshop is to present a test for the assessment of cognitive development of infants and the results of a research project in Argentina. On the one hand, baby tests have been used for a long time and they have been considered a landmark in the assessment of the infant's development. They assess the psychomotor development in four areas: motor, coordination, language and social. Although these scales for the assessment of the psychomotor development have contributed to improve diagnosing, treatment and prevention of the infant's mental health, they did not succeed in considering the cognitive development of the youngest children properly. Therefore, we proposed to create a specific test that would allow the assessment of cognitive development, particularly the sensory motor intelligence. The test was developed in 2002 in Buenos Aires, Argentina and it is named "Argentinean Scale of sensory motor intelligence (EAIS)". EAIS is based in the theory developed by Jean Piaget, which considers that there are two main periods in the development of intelligence: before and after the constitution of the symbolic (or semiotic) function. The first period is called sensory motor intelligence. The sensory motor intelligence is the ability to solve problems through activities in which perception, attitudes, tone and movements without symbolic evocations – that is, before the verbal language appears – are mainly part of. EAIS evaluates four series: exploration of the objects, searching for the missing objects, using proxies and combination of objects, and is administrated to infants aged between 6 and 30 months old. Because we have a specific tool to assess sensory motor intelligence, we are conducting a research project in order to study and analyze the characteristics of sensory motor intelligence in Argentinean babies. The mentioned research is called: "National (Argentinean) assessment of the sensory motor intelligence in babies of 6 to 30 months old" and its main objective is to assess the periods involved in the construction process of the practical intelligence in Argentinean babies from different provinces, as well as the elaboration of national and provincial percentiles, administrating the Argentinean scale of Sensory motor intelligence (EAIS). In the analysis of the results obtained in a sample of 719 babies from the provinces: Buenos Aires, CABA, Chaco, Cordoba, Entre Rios, Mendoza, Misiones, Rio negro, Salta, Santa Cruz y Santa Fé, it could be observed that 20% of the infants obtained results indicating risk or delay in the sensorymotor intelligence process. We will present the results of the research and analyze the variables that may influence in the development process.

Thursday 19 April

08:00-09:00 Master Classes

Interaction Guidance: Translating Theory into Clinical Practice

McDonough S. (United States)

The intergenerational transmission of anxiety disorder: processes and implications for treatment

Murray L. (United Kingdom), Cooper P. (United Kingdom)

Expanding Clinical Work with Traumatized Young Children

Osofsky J. (United States)

Overcoming developmental risk: A biopsychosocial foundation for early interventions

Sameroff A. (United States)

Plenary Lecture 3 Auditorium 2

Moderator: Boris N. (United States)

Too Much, Too Soon: Toxic Stress in Early Childhood

Richter L. (Human Resources Research Council, South Africa)

Toxic stress is strong, frequent or prolonged activation of the body's stress response system in the absence of ameliorating factors. Toxic stress is harmful to foetal and infant development because it sets in motion physiological and psychological adaptations that attempt to maximise short-term survival, but with longer term costs. These adaptations may lead to permanent alterations in structure and metabolism, including in the brain that, in concert with particular behavioral and environmental conditions, can result in debilitating personal problems, social maladjustment and disease across the lifespan, with traces into the next generation. In resource poor settings, toxic stress may be triggered by scarcity, traumatic shock, disease, and unstable and unpredictable conditions. While it is well accepted that both genes and environment determine physical and psychological development, the extent to which early exposures and experiences affect phenotypic expression with potentially lifelong consequences have only recently become evident. In this paper I will outline some of the recent science and theory in this field, and explore its implications for policy to promote early child development.

Symposium 14: Auditorium 2

Moderator: Goodman S. (United States)

2297

Perinatal depression: Why are some children more affected than others? The roles of fetal, neonatal, and infant exposures and genetics

Goodman S. (Emory University, United States), Oberlander T. (British Columbia Children's Hospital, Canada), Feldman R. (Bar Ilan University, Israel), Rouse M. (Emory University, United States)

Why some children are affected by perinatal maternal mood disturbances and others are not remains a pressing question for clinicians, researchers, policy makers, depressed mothers and their families. In this symposium, presenters will be researchers from three labs in three countries who have long-standing interest in this area of study. Each will highlight findings from their prospective, longitudinal studies addressing this question from their unique theoretical perspectives. The first talk will focus on prenatal exposure to depressed maternal mood and serotonin reuptake inhibitor (SRI) antidepressants, as exemplars of early life events that altered early childhood behavior- possibly via changes in serotonergic signaling. Maintaining optimal levels of the key neurotransmitter serotonin (5HT) is central to setting developmental pathways for optimal brain growth and function. SRI-exposure-related risks appear to differ from the effects of maternal depression alone and may be modified by genotype for the serotonin transporter gene (SLC6A4). Whether adverse outcomes reflect increased drug levels or sustained changes in brain development related to altered central serotonergic tone remain unclear. Data distinguishing behavioral disturbances related to SRI from maternal mood exposure will be presented, focusing on findings that illustrate how serotonin signaling contributes to behavior and cognitive function during early childhood. Developmental outcomes

from birth, 3 years and 6 years will be presented. The second talk will address critical hypotheses about prenatal exposures were tested in a prospective, longitudinal study. We will present findings focusing on two purported mechanisms: (1) intrauterine exposures to mothers' mood and antidepressant medication and (2) parenting behavior across the first postpartum year. Problems emerging in offspring may have their origins in fetal development, with exposure to the mother's postpartum depression possibly adding separate risks. This notion will be explored in the context of newborn neurobehavioral functioning and infants' (to 12 months) behavioral, neuroendocrine, and psychophysiological indices of vulnerabilities to the later development of psychopathology. The third talk will focus on the human affiliation system as a potential mediator between maternal postpartum mood disturbance and child outcomes at 9 months, five years, and ten years. Women diagnosed with MDD and non-symptomatic matched controls were identified at 9 months from a large birth cohort. Mother-infant synchrony at 9 months mediated the relations between maternal mood and infant emotion regulation. Consistent exposure to maternal depression across the first five years resulted in significantly higher risk for child psychopathology and lower social, empathic, and neurocognitive skills. Father-child synchrony, child salivary Oxytocin, and more optimal allelic variations on the Oxytocin Receptor gene attenuated the effects of maternal depression on child propensity for psychopathology and predicted improved outcomes in the context of chronic exposure to maternal depression. Speakers will lead a discussion of how these findings shape research, clinical care and the questions that families have.

Symposium 15: Meeting Room 1.41-42

Moderator: Foley M. (New Zealand)

2761

Natural and technological disasters: Infant mental health matters

Foley M. (Victoria University of Wellington, New Zealand), Osofsky J. (Louisiana State University Health Sciences Centre, United States), Erol N. (Ankara University, Turkey), Kaukonen P. (Tampere University Hospital, Finland), Puura K. (Dept. of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Watanabe H. (Keio University Hospital, Japan), Paul C. (Royal Children's Hospital, Australia)

WAIMH is committed to furthering understanding of the needs of families with infants at times of natural and technological disaster. This symposium explores the possibilities and challenges involved in translating infant mental health (IMH) theory and practice knowledge, as part of a response to families with infants at times of natural and technological disaster. This symposium includes four presentations, each of which represents a unique but related perspective to listening and responding to the voice of infants with their families during times of natural and technological disaster. Disasters of all kinds occur far too frequently, be they hurricanes, typhoons, earthquakes, fires, flooding etc. The potential for young children being impacted is great because, even with preparedness, it is not possible to anticipate when a disaster may occur. When a disaster occurs, not only is the child impacted, but also the parent or caregiver whose role is to keep the child safe and provide protection and nurturance, is also affected and often traumatized. Young children in particular can be profoundly impacted by disasters because they lack the cognitive and emotional maturity and skills to cope that are even present in older children. Professor Joy Osofsky, will begin by focusing on improvements that are needed in disaster response with more attention to the developmental needs of children, with particular attention to younger children who are so much more vulnerable and dependent on adults. Dr Pälvi Kaukonen and Prof Kaija Puura, representing WAIMH as an organization, will then talk about, a) current disaster response initiatives within WAIMH, and b) ideas for disaster response initiative development. This presentation will be followed by Professor Nese Erol who will present experiences from the WAIMH affiliate in Turkey regarding recent response efforts in Turkey to an earthquake in 2011 and in 1999. Dr. Erol will also focus on "the individual needs of pregnant women exposed to disasters". Central to this work has been an inter-disciplinary effort to work together with all allied professionals as a way to make the needs of infants, toddlers with their families visible. In addition she will also share the "IACAPAP Statement on Responses to Natural Disasters". Next, Associate Professor Hisako Watanabe and colleagues will present on experiences in the aftermath of the Great North Japan Disaster and nuclear plant accident in Fukushima where the lives of infants and families in northern Japan have drastically changed following the Great East Japan Earthquake in March 2011. Especially the infants and young children in Fukushima now endure additional devastation caused by the nuclear plan disaster, which has brought multiple hardships such as daily fear of radiation, deprivation of age-appropriate outdoor play and exposure to massive demoralization living in radiation contaminated area. They will also report on their Kooriyama Post-disaster Childcare Project in Fukushima. Maree Foley will then present work on behalf of the New Zealand IMH Affiliate that occurred in response to the earthquake in Christchurch, New Zealand, 2011. This

presentation will describe an initiative that included writing narrative based letters to parents with infants addressing current day-to-day realities and trauma related experiences – such as lack of sleep. The community response to these letters will also be discussed. In addition, stories from IMH practitioners who shared a dual role during the rescue and recovery efforts of being both parents and practitioners will be shared. In addition, this symposium will also include contributions from Professor Neil Boris who will share thoughts on the New Orleans experience and Associate Professor Campbell Paul and colleagues who will reflect on the experiences within Australia regarding the recent floods and bush fires and their impact upon families.

Symposium 16: Meeting Room 1.43-44

Moderator: Egger H. (United States)

2777

Symposium on early childhood emotional disorders

Egger H. (Duke University Medical Center, United States), Frannz L. (Duke University Medical Center, United States), Fuchs S. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Klein A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Otto Y. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), von Klitzing K. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, Germany), Gleason MM. (Tulane University, United States)

We will present data on early childhood emotional disorders, from three independent, but complimentary, research groups: (1) The Duke Preschool Program, Center for Developmental Epidemiology, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center (2) The University of Leipzig, Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics and (3) The Tulane Institute of Infant and Early Childhood Mental Health. All three research groups use the Preschool Age Psychiatric Assessment (PAPA) as their diagnostic psychiatric interview. The PAPA is a structured parent-report interview for the comprehensive assessment of mental health symptoms and disorders, and environmental risk factors, in children 2 to 6 years old. Estimates of diagnostic reliability of PAPA scales and diagnoses are similar to those obtained from interviews with parents of older children and adults. Helen Egger MD and Lauren Franz MBChB, MPH from Duke University Medical Center will present data on epidemiology of specific anxiety disorders and depression in a community sample of preschool children (n=930). Domains include prevalence rates for specific disorders, patterns of comorbidity, child impairment and family impact, and psychosocial and family risk factors. They will also present data from an on-going longitudinal eye tracking and neuroimaging study with 210 of the children who participated in the preschool study; which will focus on the differences in the neural substrates at early school-age of children with and without specific anxiety disorders as preschoolers. Data will include fMRI and DTI scans conducted with children ages 5.5-7 years old. These neuroimaging findings will be presented within the context of the continuity or discontinuity of emotional disorders in early childhood and the impact of environmental risk factors on the persistence of emotional disorders and differences in neural substrates. Sandra Fuchs PhD, Annette M. Klein PhD, Yvonne Otto, and Kai von Klitzing MD from the University of Leipzig in Germany will present information on emotional symptoms and affective disorders in a German preschool sample. The goal of the presented study is the systematic evaluation of early manifestations, and conditions causing the emergence of affective disorders and emotional symptoms. 250 4-6-year-old children and their families participated in the study. Half of the children have emotional symptoms the other half have no psychological symptoms. In order to assess children's Symptoms/strengths, parents as well as preschool teachers completed the Strengths and Difficulties Questionnaire, and children completed the Berkeley Puppet Interview. Affective disorders were assessed using the PAPA. Possible risk factors include, but are not limited to, family adversity, family climate, parenting style, critical life events, mental health of the parents, stress reactivity, peer victimization, and social-cognitive capacities. We will report data on the prevalence of affective disorders in the preschool sample investigated, as well as associations with risk and protective factors. Mary Margaret Gleason, MD will present data describing the convergence of the Early Childhood Screening Assessment and the PAPA diagnostic outcomes in a Romanian pediatric population. In this presentation, we will describe the association between children's life events, including potentially traumatic and medical events and child psychopathology.

Symposium 17: Meeting Room 1.61

Moderator: Salomonsson B. (Sweden)

2217

Evaluation of brief psychodynamic parent-infant and toddler interventions

Salomonsson B. (Institute of Women's and Children's Health, Sweden), Göttken T. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Emanuel L. (Tavistock Clinic, United Kingdom), Winberg Salomonsson M. (Unit of Child Psychiatry, Karolinska Institutet, Sweden), Lyberg E. (Unit of Child Psychiatry, Karolinska Institutet, Sweden), Klein A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), White L. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), von Klitzing K. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany)

Systematic investigations of the evidence of early parent-infant interventions are increasingly called for. The nature of this population poses special problems when evaluating the results; parents and infants function at different developmental levels, and the effects on each participant within the dyad is not easy to disentangle. Further, a third effect needs to be measured, namely, the development of parent-infant interaction. Another problem concerns how to devise methods for capturing changes that are expected from psychodynamic therapy; not only behavioral changes but also internal changes in the parents and their child. Despite these difficulties, efforts have been made and are continuing to be made. We will present results from three such European projects. One is a follow-up study in Stockholm, Sweden of an RCT on Mother-Infant Psychodynamic treatment (MIP), when the children now are reaching 4½ years of age. The second is a study with a quasi-randomized design performed in Leipzig, Germany on 4-10 year-old children undergoing Psychoanalytic Child Therapy (PACT) in mixed settings, with and without parental participation. The third is a study on the Brief Intervention Project (BIP) from London, UK. It concerns brief, psychodynamically focused family work with parents, babies and young children. We will compare our results and discuss issues on research methodology such as the nature of the samples, procedures of randomization, assessments and follow-up.

Symposium 18: Meeting Room 1.62

Moderator: Lindblom J. (Finland)

2449

Pathways from early risks to the child's later mental health: Insightfulness, infant withdrawal and socioemotional processing

Lindblom J. (University of Tampere, Finland), Braarud H. (Centre for Child and Adolescent Mental Health and Welfare/Uni Health/Uni Research, Norway), Heimann M. (The National Network for Infant Mental Health, Linköping University, Norway), Moe V. (The National Network for Infant Mental Health, Norway), Slinning K. (The National Network for Infant Mental Health, Norway), Vannebo U. (The National Network for Infant Mental Health, Norway), Guedeney A. (Hôpital Bichat, France), Smith L. (National Network for Infant Mental Health, Norway), Tänavsuu T. (University of Tartu, Tallinn Children's Hospital, Estonia), Elias A. (University of Tartu, North Estonia Medical Centre, Estonia), Tulviste T. (University of Tartu, Estonia), Tänavsuu T. (University of Tartu, Estonia), Konsabel K. (University of Tartu, Estonia), Lust M. (University of Tartu, Estonia), Punamäki R. (University of Tampere, Finland), Vänskä M. (University of Tampere, Finland), Peltola M. (School of Social Sciences and Psychology, University of Tampere, Finland), Leppänen J. (School of Social Sciences and Psychology, University of Tampere, Finland), Hietanen J. (University of Tampere, Finland), Tiitinen A. (Helsinki University Central Hospital, Finland), Tulppala M. (Helsinki University Central Hospital, Finland)

Research demonstrates the importance of early experiences on later child's mental health and development. This symposium focuses on mind-to-mind perspective as possible explanation for the link between early risks and development. The presentations examine the roles of maternal mental health, maternal insightfulness and parenting stress during the first year of life. They analyze the dyadic, socioemotional and medical risk factors in predicting child outcomes. Sustained withdrawal in infants at 3, 6, 9 and 12 months: Biomedical risk factors and mothers' mental health. The first paper by Braarud, Heimann, Moe, Slinning, Vannebo, Guedeney, & Smith examines the interplay between the biomedical and socioemotional risk factors, i.e. maternal depression and prematurity, as

predictors of infant's sustained withdrawal, and subsequent socioemotional outcomes. The study (n=284) follows the developmental course of infant's sustained withdrawal during the first year, and illuminates the pathways in which the early adversity possibly compromises the infant's natural socio-emotional skills and motivation.

Maternal Insightfulness as Moderator of Developmental Outcome in Very Low Birth Weight Prematurely Born Preschoolers. The second paper by Tänavsuu, Elias, Tulviste, Tänavsuu, Konsabel & Lust emphasizes the importance of mother's ability to connect with the infant's subjective world. The data consist of four very premature and high-risk child-mother pairs, assessed during the child's second and sixth year. A detailed case analysis, exemplified with video fragments, demonstrates how maternal insightfulness style may either protect from, or lead to socioemotional and cognitive problems, interfering with the child's ability to connect with others. How Threat-related Processing Mediates the Effects of Early Parenting on Child's Later Mental Health. The third paper by Lindblom et al. examines the effects of early parenting quality on child's socio-emotional information processing, involving avoidance and hypervigilance of emotional stimuli. The experimental study (N=80) tests the meditational model in which the early parenting stress increases child's later mental disorders, via shaping the child's socio-emotional information processing. The study shows how early biased socioemotional processing is the mechanisms underlying between early adverse experiences and later mental health problems.

Symposium 19: Meeting Room 1.63

Moderator: Wittkowski A. (United Kingdom)

2457

Strengthening the mother-infant-relationship: What works and what works well?

Wittkowski A. (University of Manchester, United Kingdom), Zietlow A. (Centre for Psychosocial Medicine, University Hospital Heidelberg, Germany), Reck C. (University Hospital Heidelberg, Germany), Morawska A. (Parenting and Family Support Centre, University of Queensland, Australia)

Strengthening the mother-infant-relationship: What works and what works well?

Postpartum depression, anxiety disorder and attachment patterns in a longitudinal study (Anna-Lena Zietlow). A comparison of the interactive co-ordination of clinically depressed mothers and their infants with healthy dyads (Corinna Reck), Baby Triple P: Promoting a positive start to life (Alina Morawska). Preliminary findings from two studies using the Baby Triple P Positive Parenting Program in a mental health context (Anja Wittkowski). The symposium will present and examine new developments in the psychological assessment and treatment of mothers with or without psychopathology as well as the prevention of difficulties in mother-baby relationships. In the first paper, Anna-Lena Zietlow will outline the impact of postpartum psychiatric disorders (including postnatal depression and anxiety) on the mother-infant relationship and the long-term consequences for the developing child in a longitudinal study of 62 mothers. Corinna Reck will then continue with this theme and present findings from a German study on mother-baby-interactions. She will outline specific mother-infant focused interventions for depressed dyads that show less co-ordinated interactions and take longer to repair mismatches in interactions with their infants. The need for efficacious and brief interventions will be central to Alina Morawska's paper. She will provide an overview of the Baby Triple P Positive Parenting Program which was designed on the basis of current empirical evidence about risk and protective factors that are at work during the transition to parenthood. Evidence from randomized controlled trials of the program will be presented to highlight outcomes for infants as well as their parents. In the final paper, preliminary findings from two studies using Baby Triple P in a mental health context will be presented by Anja Wittkowski. The impact of Baby Triple P on the mother-infant-interaction and relationship will be evaluated in mothers with postnatal depression and also in mothers with severe mental health difficulties who are admitted with their baby to a Mother and Baby Unit in the UK. The impact of maternal psychopathology will also be discussed. This symposium will not only offer insights into how to assess mother-infant interactions and the impact of poor dyadic relationships on the mother and her developing infant but also introduce effective psychological and parenting interventions.

Workshop 7: Meeting Room 1.64

2323 WITHDRAWN

Clinical Teach-In 5: Meeting Room 2.41-42

2625

Attachment-traumata, attachment disorders and attachment-based therapy: From clinical intervention to prevention

Brisch K. (Dr. von Hauner Children's Hospital, Germany)

Patients with attachment disorders have experienced multiple traumata within their relationships with primary caregivers. The presentation of clinical case studies (with video) will demonstrate the differential use of the classification system of attachment disorders in infants and children. The general and special guidelines of attachment-based therapy will be presented with case-presentations. For prevention, two attachment-based intervention programs SAFE® and B.A.S.E.® were developed in Germany. Their major aims are to promote the infants' development of secure attachment and to prevent transgenerational re-enactment of violence. SAFE® starts early in pregnancy and guides parents in group meetings and individual trauma-oriented psychotherapy till the end of the first year of their infant. B.A.S.E.® is a training for children in kindergartens and schools that use mother-infant observation to promote sensitivity and empathy for the infant's signals and to reduce aggression and anxiety. Both preventive programs will be demonstrated with video-clips and preliminary results of a randomized-controlled trial will be presented. Ref: Brisch, K. H. (2002) Attachment Disorders. From Attachment Theory to Therapy. Guilford Press, New York.

Clinical Teach-In 6: Meeting Room 2.43

2606

Conducting evaluations with children in out-of-home care

Miron D. (Tulane University Health Sciences Center, United States), Chesher T. (Tulane University Health Sciences Center, United States), Black C. (Tulane University Health Sciences Center, United States), Smyke A. (Tulane University Health Sciences Center, United States)

Infant mental health clinicians are sometimes asked by child welfare systems, courts, or parents to evaluate the best interest of a child residing in out-of-home care. However, few clinicians are trained to conduct such evaluations or to make recommendations about a child for whom they are providing services. How is the best interest of a young child who has been placed in the custody of the State determined from the perspective of that child? for more than 15 years, the Tulane Infant Team (Zeanah, et al., 2001) has collaborated with the child welfare system in Jefferson Parish, Louisiana, US to serve the best interest of young foster children. The Infant Team is comprised of psychiatrists, psychologists, and social workers. The Infant Team Clinic serves as a training site for students in mental health fields and infant mental health trainees. The model has had international interest and is being replicated across the United States and in Scotland. Participants of this teach-in will be introduced to the models of assessment and intervention of the Tulane Infant Team, which considers the young child's perspective as paramount. Participants will be provided an overview of the assessment approach, which includes evaluating the child individually and within the context of caregiving relationships. Participants will learn about the Foster Care Team (FCT), which is responsible for developmental and socio-emotional screening when young children are first referred from Child Protection Services to the Infant Team. The FCT's role is to identify and address the young traumatized child's multiple, complex developmental and behavioral needs in an effort to support stability. Each child receives developmental and socio-emotional screening with particular focus on the development of the young foster child's attachment relationships. Assessment approaches include interviews with foster parents and daycare providers as well as direct observation of caregiver-child interaction, with emphasis on understanding the young child in multiple settings. Video of actual evaluations with young children and their caregivers will be used during this presentation to illustrate assessment procedures. Case vignettes about young children and their biological and foster parents will be presented to illustrate how to formulate assessment results and present best interest considerations to child welfare officials and courts. Participants of the Tulane Infant Team teach in will: 1) Develop an understanding of the role of and services provided by the Foster Care Team division of the Infant Team. 2) Learn basic developmental, behavioral, and social-emotional assessment approaches and procedures with children in out-of-home care. 3) Learn basic relationship assessment approaches and procedures with children in out-of-home care and their caregivers. 4) Learn how to consider the best interest of the child when making determinations about placement

and reunification. 5) Learn strategies for effectively conveying results of assessments to child welfare staff and the courts. 6) Learn about the implications of assessment results for treatment.

45 Minute Workshop 16: Meeting Room 2.44

2479

A neurodevelopmental perspective: Role of child maltreatment in child psychopathology, analysis and intervention modalities

Zarnegar Z. (VIP's Birth to Five Services Program, United States)

The purpose of this workshop presentation is to describe complex relationships between maltreatment in early childhood and the subsequent pathological outcome. Numerous research findings confirm various negative developmental representation of maltreatment in early childhood, such as increased risk for emotional, psychological, psychosocial, neurophysiological, social and behavioral disorders. Basis of the neurodevelopmental perspective is based on the premise that the human brain is the mediator for all our cognitive, affective and emotional, social and behavioral functioning. Accordingly, any alteration in the brain systems jeopardizes normal functioning of the impacted system, resulting in regulatory disorders, anxiety, depressive disorders, affect dysregulations, post-traumatic stress disorder, relational, and thought disorders. The neural networks, which are impacted by maltreatment, suggest alterations in the brain's ability to mediate the stress response. In this workshop, presenter will review and discuss Neurosequential developmental Model of Therapeutics (NMT) developed by Bruce Perry, to measure and analyze various developmental domains impacted by maltreatment (trauma, abuse, and neglect) through case studies, which with direct participation of the attendees will draw a brain map for each of the three cases. Similarities and differences among the brain maps of each traumatized, abused and neglected child will be reviewed and discussed. Preventive, and early intervention options, as well as alternative therapeutic models will be exemplified.

Through this workshop presentation, participants will be able to: Understand the similarities and differential impacts of trauma, abuse, and neglect on the brain development; Review how developmental stressors may cause genetic vulnerabilities; Learn about NMT constructs and brain mapping processes using video samples; Understand different mechanisms underlying the psychopathology resulted by maltreatment, and choose appropriate intervention modalities accordingly; Enhance their skills in practice, and program and policy development to prevent maltreatment.

45 Minute Workshop 17: Meeting Room 2.44

2382

Does stress in early childhood result in epigenetic modification, influencing interactions between genes and environment?

Zarnegar Z. (VIP's Birth to Five Services Program, United States)

Young children are particularly vulnerable to the detrimental effects of stress. Infant stress, leading to diminished coping skills and a negative "cycle of stress" between parent and infant that may have lasting devastating effects on the relationships and the health and safety of the infant. Stress may influence genes' susceptibility, which in turn may cause subtle molecular abnormalities in cells, resulting in systems' information processing to malfunction. Temperament, cognition, emotion, neurological, regulatory, psychosocial and behavioral disorders are some of the complex functional interactions outcomes represented as clinical symptoms (such as anxiety, inattention, relational challenges, and psychomotor functioning deficits). Through this workshop, attendees will learn about the complex inter-connectivity and inter-dependence of emotional, neurological and psychophysiological functioning, and thus the need for a comprehensive, collaborative, inter-disciplinary intervention team. At the end of this workshop, attendees will be able to: Learn about the symptoms of stress in an infant and how the "cycle of stress" affects child-parent stress response pattern; Identify physiological consequences of stress on an infant; Recognize how young child's emotional stress results in neurobehavioral functional symptoms as stress response markers; Review and discuss alternative intervention modalities and possible outcomes.

45 Minute Workshop 18: Meeting Room 2.45

2317

"Terrible twos" and "terrible teens" and the importance of play

Raphael-Leff J. (Anna Freud Centre, United Kingdom)

Illustrated by DVD material, this workshop will explore ways in which practitioners can encourage shared play, helping young parents to become more reflective and aware of the child's emotional states. It is one module of a manualized training for a variety of practitioners working with teenage parents and their children. A power-point presentation will elaborate on the common process of individuation for both toddlers and their adolescent parents, claiming they share similar dynamics - of fierce self-assertion and defiance coupled with powerful internal struggles, emotional vulnerability and a need for guidance. When synchronized, their similarities create a bond of mutual excitement; yet when their intentions clash a massive battle of wills erupts, fueled by their respective 'terrible' reactions of passionate fury and/or despair. A young carer may feel tested to her/his limits by the child's intensely negative emotions. Unable to step back to reflect on the reasons for these feelings, s/he may become overwhelmed, and engage in various retaliatory or defensive enactments. It is suggested that play can serve as an essential bridge between toddler and teen, enabling each to work through anxiety-laden preoccupations about difference and separateness, bodily changes and fears of losing control, from their own perspective. Similarly, their shared anxieties around loss of love and containing aggression can be explored in age-appropriate ways. Play also fosters a variety of crucial functions for the developing mind, enhancing social engagement and fostering mentalization in both parent and child. Finally, through imaginative play the child populates the inner world and 'practices' facets of relationships, recognizing the existence of inner states in others, and developing empathy and the capacity to modulate feelings, and better express them in words. However, teen parents who have missed out on play in their childhoods or currently feel deprived of their own leisure time may resent providing a happy play experience for their child. A carer who is unable to play or who finds it dangerous and dissociates may become controlling. Others are too intrusive or project disowned feelings into mutual play, distorting the play experience by breaking the 'frame', generating confusion between pretence and reality. The interactive workshop will examine the emotional needs of both teen and toddler, and ways in which practitioners can help foster a responsive playful dialogue between them.

45 Minute Clinical Teach In 2: Meeting Room 2.45

2353

Holding the baby: The role physiotherapy can play in infant mental health

Robinson B. (Physiotherapy for Babies and Toddlers, Australia)

Physiotherapists are concerned with movements, co-ordination, posture and the cardio respiratory system. When working in pediatrics with babies, the physiotherapy service is provided to the infant in the presence of or via his/her primary caregiver. Pediatric physiotherapy usually involves a mother and infant who are in the very early stages of their relational journey together. Physiotherapists can enhance this relationship by collaborating with mothers to develop positioning and handling skills that make both the babies feel physically secure and the caregivers more confident in their parenting role. The development of specific early gross motor skills is fundamental for many of the infant's developing social, emotional and physical functions and relationships. For example, infants with weak stability and poor control of their core trunk muscles often have concomitant difficulties with not only fine motor skills, but also with the feeding relationship and feeding, sleeping, speech, language and communication. In addition, daily care activities can become a stressful experience for the infant and the caregiver if lifting, carrying, lowering, bathing, feeding, positioning, and protection are awkward and if cues are misunderstood. From a pediatric physiotherapy perspective it is clear that the infant's posture in combination with sensory input influences the state of the baby's alertness and tranquillity. For example, an infant in flexed posture is usually calmer than an infant in an extended posture. Understanding this will affect the way we work with the caregiver and her baby to ensure he / she feels physically secure. Flexion develops in utero, where this doesn't develop well and improve in the first weeks of life difficulties with self-regulation can occur and the developing communication and relationship between the infant and the caregiver may be compromised. This presentation will use multiple case studies, demonstration (with a baby doll), photos and video clips to illustrate and explain physiotherapeutic intervention with caregivers and their young infants that result in both improved motor development and emotional wellbeing for

mother and child. The presentation will conclude with discussion of the role of pediatric physiotherapy in infant mental and developmental health. It is the contention of this author that pediatric physiotherapists are in a unique position to positively influence the mother baby relationship while improving the baby's immature early gross motor skills. They also have the opportunity if skilled and aware to detect severe relationship difficulties at a very early stage and refer families to more specialist infant mental health services.

Video Presentation 5: Meeting Room 2.46

2434

Parental trauma after a premature birth: New results about evolution of narratives across years

Borghini A. (SUPEA, Switzerland), Muller Nix C. (Child and Adolescent Psychiatry Department SUPEA, Switzerland)

This video is dedicated to the exploration of parental trauma after a premature birth and its evolution across years. Thirty mothers of infants born very premature (< 33 weeks GA) have been interviewed three times: early after the end of the hospitalization, few months after and 11 years after the birth. This new video explores, with more participants than the first one, how the parental subjective experience concerning the traumatic effects of a premature birth will change across time. Moreover, this video tries to understand how the child subjective experience at 11 y.o. may be impacted by the parental trauma. The mothers' and children's subjective experience is explored through narratives. The interviews at 11 years have been conducted using the PDI (Parental Development Interview, Aber & Slade, 1985) for the mothers and the CAI (Children Attachment Interview, Shmueli-Goetz, Target, Fonagy et al, 2008) and FFI (Friends & Family Interview, Steele & Steele, 2003) for the children. The first interviews with the mothers after the birth were conducted using the CLIP (Clinical Interview for high-risk infants, Meyer et al, 1993) and the WMCI (Working Model of the Child Interview, Zeanah, 1995).

Video Presentation 6: Meeting Room 2.46

2349

The AMPLE Project (Adolescent Mothers' Project: Let's meet your baby as a person): Preliminary trial of a brief, perinatal intervention

Nicolson S. (Royal Women's Hospital, Melbourne, Australia), Thomson-Salo F. (Royal Children's Hospital, Australia), Judd F. (Royal Women's Hospital, Australia)

'AMPLE' is a PhD project completed at the Royal Women's Hospital in Melbourne in December 2011. The project involved a preliminary trial of a brief, peri-natal attachment intervention for adolescent mothers and their infants. Affordable and replicable preventive infant mental health interventions are important for this population. However, to date, the authors are not aware of any evidence-based, brief interventions for adolescent mothers that begin in pregnancy, fit with existing maternity care and support the mother-infant relationship during the transition to parenthood. The aim of the project was to determine whether the addition of a brief, attachment intervention to routine care for pregnant adolescents at a metropolitan maternity hospital, would be acceptable to the population and would be associated with a better quality mother-infant relationship at infant age 4 months among those who received the intervention, compared with those who did not. The intervention consisted of two infant mental health specialist sessions coinciding with routine hospital attendance: one antenatal and one neonatal. The antenatal session used film clips to show the capacity and urge of newborn babies to recognise and seek a connection with their mother. The neonatal intervention built on the antenatal session by showing mothers the social capacities of their own infant, and their infant's drive to connect with them. The intervention aimed to give the young mothers a sense of their baby as a person they may not otherwise have, to increase their enjoyment of new parenthood and to increase their self-esteem as a parent. A convenience sample of 97 pregnant adolescents was recruited at the hospital and followed until their babies were four months old. 50 control group recruits received usual maternity care and were compared with 47 intervention group recruits who were offered usual care plus the AMPLE intervention. Demographic and psychosocial data was collected on recruitment in pregnancy and again at a home visit at infant age four months. Retention rates were high in the longitudinal study. At the home visit, videotapes were made of a 20-minute episode of 'play plus separation and reunion' and coded using the 'Emotional Availability Scales' 4th Edition. The data was analyzed for statistically different differences between the intervention and control groups. The intervention will be presented in this session as well as the results of the project. Specifically, the

rationale behind the intervention will be discussed, video material used to structure the antenatal intervention session will be demonstrated and video clips of the neonatal intervention session will be shown. The demographic and psychosocial diversity of the study population will be presented. Video clips of adolescent mother-infant 'play plus separation- reunion' episodes filmed at infant age 4 months will be shown. A comparison of the quality of the mother-infant relationship between recruits who received the intervention and those who did not will be described. Study findings regarding factors important to the early adjustment to adolescent motherhood including mothers' anomalous parenting history, depressive symptoms, self esteem as a parent and views of their baby's temperament will also be presented. Finally, the implications of the project findings for future research and for maternity care of vulnerable groups will be discussed.

Poster Workshop 6: Infant Mental Health Services and Policy Auditorium 2 Upper Foyer

Facilitator: Fitzgerald H. (United States)

2311

Integrating perinatal and infant mental health into an Aboriginal health organization in remote Australia

Powrie R. (Child, Youth and Women's Health Network, Australia)

This poster presentation will describe the process of supporting an Aboriginal Health Service -Maari-Ma in Far West New South Wales Australia ,to develop an infant mental health focus within their Primary Health Care Programs. An infant mental health focus is seen as integral to their Early Child Health Strategy and this in turn is central in preventing chronic disease in the Aboriginal adult population which is very high.The author who is a visiting perinatal and infant psychiatrist will describe her engagement in a number of ways with the organization in the past three years- through training and teaching, supervision of staff and working to support better links with other health,welfare and early childhood education services with which Maari-Ma connects. The challenges and achievements of working in this way will be outlined.

2700

Doula support for young mothers: A randomized study

Hans S. (School of Social Service Admin./ University of Chicago, United States)

A doula is a woman who provides physical comfort and emotional support to mothers during labor and the immediate postpartum period. A strong multinational evidence base shows positive impacts of doulas on labor and delivery outcomes and on breastfeeding. Increasingly, the role of doulas is being expanded to include prenatal and postnatal services, services delivered in the home, and services focused on promoting positive parenting behavior. This study examines the benefits of an expanded community-based doula intervention model on parenting and the mother-child relationship. The doulas in the program studied were paraprofessionals supervised by a registered nurse. Doulas received extensive pre-service and in-service training focused on childbirth, home visiting, breastfeeding, childbirth education, and child care. The program model was for doulas to have weekly contact with mothers prenatally in the home or clinic, to provide mothers with continuous support during labor and delivery, to offer breastfeeding support in the hospital immediately postpartum, and to have weekly contact with mothers postnatally for three months to support early parenting. 248 low-income African-American women under the age of 22 years were recruited from two American urban health clinics. Following a baseline interview, women were individually randomized to the intervention or comparison group. Comparison group mothers received regular hospital case management services. Mothers and infants were assessed in the hospital after the birth and returned to be interviewed at the child's age of 4 months, 12 months, and 24 months. The randomized groups were comparable on a long list of sociodemographic and psychological variables. Nearly 80% of the sample was followed through infant age 24 months. Intent-to-treat analyses showed that at four months, mothers in the doula group showed more positive attitudes related to parenting (i.e., less role reversing attitudes and more developmentally appropriate expectations for their children). Mothers in the doula group showed more encouraging positive parenting behavior than did control group mothers in video recordings of mother-infant interaction made at four months and coded by raters masked to mothers' group assignment. Infants whose mothers had a doula spent less time crying during video recorded interaction at four months. Effects of the doula intervention on mother-infant interaction faded by twelve months of age, but there were still positive impacts of the intervention on parenting stress. Data suggest that doulas could have an important role in community-based family support and infant mental health programs whose goals are to support positive parenting behavior. Data also suggest that to maximize the impact of the program model, doula

services should be embedded within longer term home visiting or other service models for supporting vulnerable parents.

2673

Perinatal policy in the UK: Closing the gap in the core training of practitioners working with newborns and families: Using the NBAS and NBO

Hawthorne J. (Brazelton Centre in Great Britain, United Kingdom)

There is a drive in the UK to improve perinatal support for parents and babies. In 1997, the Brazelton Centre in Great Britain introduced NBAS training to the UK, and in 2009, NBO training commenced. The Neonatal Behavioral Assessment Scale (Brazelton and Nugent, 1995) is based on over 30 years of research on infant behavior. The NBO was developed from the NBAS by Nugent et al. in 2007. Over 350 practitioners in the UK have completed training in the NBAS and NBO, and thousands of others have attended workshops and study days. The Department of Health, UK has recommended the NBAS approach in their Healthy Child Program. Both the NBAS and NBO contain information on the infant's communication style, self-regulatory abilities and behavioral states, information which appears to be lacking in the core training of practitioners working with newborns. Feedback from course participants highlight the need for information about improving relationships in their professional core training: "The NBO provides a way to generate a two-way discussion about issues experienced by parents – therefore conducive to professional-client relationship", "I now see the baby as central to all contact with mother". Analysis of the practitioner's pre- and post-training questionnaires shows that practitioners are significantly more confident about infant behavior and supporting parents after the training. Further results will be presented, including progress made in the review of perinatal policy in the UK, and the introduction of the NBO into the core courses for practitioners in the UK.

2367

Building a child psychiatry practice in Ouagadougou hospital: Companionship between France and Burkina Faso

Welniarz B. (EPS de Ville Evrard, France), Ouedraogo A. (University of Ouagadougou, Burkina Faso)

Within the framework of decentralized cooperation between France and Burkina Faso hospital cooperation agreement links the Yalgado Ouedraogo university hospital in Ouagadougou, Burkina Faso and Hospital of Ville Evrard of Paris France. The goal of the partnership is to develop a child psychiatry project: opening of a child psychiatry consultation as well as a center for group therapy in Ouagadougou. Burkina Faso is a country of 16 million inhabitants with only 7 psychiatrists, without any child psychiatrist nor any training in child & adolescent mental health. The French Ville Evrard team is used to work in a socially discriminated urban zone with a high rate of African immigrants but had never worked in Africa before. Before the opening of the unit of child psychiatry in Ouagadougou in January 2005 the African head nurse had a training course of one year in Hospital of Ville Evrard and shared the practice with the team. Then, from the psychiatric department of Ouagadougou, a team of 6 nurses specialized in psychiatry, a psychologist and a social worker gradually moved their practice to infant and child mental health. A French team of 6 persons, including child psychiatrist, psychologist, speech therapist, psychomotor therapist and social worker made two missions of support a year, whereas the African professionals came in training course by periods of three months in France. The program of the missions contained theoretical courses because the team of the Burkina Faso had training only in adult psychiatry. But, from the first mission half of the time was dedicated to joint consultations in the course of which built itself a common practice taking into account different cultural contexts. We shall report the stages of this mutual enrichment of knowledge. The nurses began to practice consultations by teams of 2, which allowed them to exchange on the cases and realized a first stage of mutual supervision. Secondly the cases were discussed in general staff reunion. After one year of this, the team realized the need for specific training in speech and in psychomotor rehabilitation. Then Nurses came to France for three month companionship specific training. The Ouagadougou team has adapted the assessment and therapeutic tools to the African cultural context. As for group therapy, French professionals participated in the therapeutic sessions that were followed by a rhetorical and clinical exchange. On the other side of these exchanges, the practice of the French team with the patients stemming from African immigration improved in being much more aware of the trans-cultural dimension.

2417

Developing infant mental health services in a multicultural society - Birmingham experience

Sandhu T. (Birmingham Children's Hospital, United Kingdom)

Birmingham is the second biggest city in the UK and one of the most diverse cities in the UK and Europe in terms of ethnic and cultural heritage of its population. It has also pockets of population with high deprivation and relatively high number of children in care. Recent surveys showed that Birmingham children had higher level of emotional difficulties than national average. Every Child Matters is national agenda to improve the overall well-being of children and maximizing contribution to society. Birmingham city further prioritized emotional health of children and young people through “Brighter Future Agenda” that stressed on prevention and early intervention through targeted school emotional health programs, parenting training and other projects. Birmingham Children’s Hospital Department of Child and Adolescent Psychiatry had successfully applied for a project grant by regional Strategic Health Authorities (SHA) to transform and train workforce in Infant and Perinatal mental health and attachment. Project was led by a child psychiatrist and most of the project work was done during years 2010-2011. It involved several training events for Child and Adolescent Mental Health Service (CAMHS) and adult mental health staff. Few examples of training events are CARE index, Crittenden attachment models, Parent Development Assessment (PDA-R) training, Attachment-based Interviewing. The project staff supervised and co-facilitated HUGS (Happiness, Understanding, Giving & Sharing) group at Mother-Baby Unit to promote mother-infant bonding in depressed mothers. HUGS set a good example of collaboration between Perinatal Unit of Adult Mental Health Services and Child Psychiatry Department of the Birmingham Children’s Hospital. The aim of Consultant child Psychiatrist led the project that included other multidisciplinary staff.

The final evaluation of the project showed clear improvement in skills of staff. HUGS group evaluation indicated improved attachment in depressed mothers. As a result of the project there is pool of trained staff in attachment and infant/ perinatal mental health and there is an active multidisciplinary special interest study group (SISG) in Infant Mental Health in Birmingham that meets regularly. Developing under five mental health tertiary services is on the agenda in new service design.

2585

The “Good Enough” program: Infant mental health in the real world

Haskell S. (CAMHS, New Zealand), Pace H. (CAMHS, New Zealand)

This poster will outline an infant Mental Health (IMH) program in a rural Infant, Child and Adolescent Mental Health Service – the West Coast of the South Island. It will build on its previous incarnation “The Genesis of IMH Program” presented as a poster presentation at 2010 Leipzig Congress, focusing on what is essential to a “Good Enough” Program. It will report on how the program was established and developed, including: case material reflecting on the “Babies Cannot Wait” program – a joint project with Child, Youth and Family Service; the introduction of Parent, Child Interaction Therapy on a budget; and the benefits of the Watch, Wait and Wonder Intervention (while working like the little old lady in the shoe with so many cases – some suicidal – we struggle to remember how to watch, wait and wonder). Similar to Winnicott’s description of the “Good Enough Parent”, the “Good Enough Program” is not perfect, but it is realistic and authentic. Winnicott (1993, pg 59) related this to a “live kind of reliability, one that depends on your being what you are”. The ability to accept one’s limitations and imperfections is crucial to “good enough” parenting and “good enough” provision of services to infants and their caregivers. The aim of this poster is to share pitfalls and successes which will foster enthusiasm; a vision of joy and a sense of humour which are required to embark on the arduous task of both “good enough” parenthood and “good enough” programhood.

Reference:

Winnicott, D.W. (1993). *Talking to Parents*. Reading, Massachusetts: Addison – Wesley Publishing Company.

2648

Psychologist for maternity and child health care in Sweden

Reuter A. (Maternity and Child Health Care, Primary Health Care Gothenburg, Sweden), Lidbeck M. (Maternity and Child Health Care, Primary Health Södra Bohuslän, Sweden)

Sweden boasts a unique system of health care for families, in that all Maternity and Child Health Care Centers are expected to address the psychological needs of parents and infants. Comprising almost 100% of expectant parents, parents and infants and focusing mainly on infants first years of life the services offer a unique opportunity for early

mental health promotion. The centers have a system of multidisciplinary practice, with psychologists working close to general practitioners, gynecologists, pediatricians, midwives and nurses. This stresses the importance of a holistic approach in working with families. Psychologists within Child and Maternity Health Care Centers work with proactive (promotion and prevention) mental health care and treatment at early stage. The target group is expectant parents, families with preschool children and medical staff working in the centers. Goal: The goal for the psychologist's work is to promote mental health and prevent mental illness for expectant parents and families with preschool children. Methods: Consultation and further education aimed at midwives, nurses, general practitioners, gynecologists, pediatricians within Child and Maternity Health Care Services. The purpose is to support the medical staff in psychosocial work and to increase knowledge concerning the psychological aspects of maternity, childbirth, parenthood and child development. Assessment and diagnostic measures at the request of parents, the psychologist evaluates and analyses questions regarding a child's development. Treatment aimed at expectant parents and families with small children who expresses the need of help and/or whose problems are noticed by the medical staff. Co-operation with adjacent departments in health care and within relevant authorities. Parenting support- the psychologist can take part in parent groups led by the midwives and nurses as well as initiate and work with specific parent groups e.g twin parents, families with adopted children, refugee families, families having sleeping-, feeding- or behavior problems and women who have experienced Caesarean section. Development of methods and comprehensive issues regarding child and maternity health and parenting support. Competence: The clinical psychologists have a special knowledge and training in psychological processes during pregnancy, delivery, perinatal period and parent-infant relation, developmental psychology, family psychology, methods for diagnosis and treatment of infants and their families and consultation techniques versus parents and medical staff.

Invited Symposium Auditorium 2

Chair: Cooper P. (United Kingdom)

2319

Mechanisms mediating effects of maternal postnatal depression on infant and child development

Murray L. (University of Reading, United Kingdom), Tomlinson M. (Stellenbosch University, South Africa), Stein A. (Oxford University, United Kingdom), O'Hara M. (University of Iowa, United States), Cooper P. (University of Reading, United Kingdom)

This symposium combines differing methodological perspectives on postnatal depression, including naturalistic, longitudinal, experimental and treatment studies, all of which address the central question of what the mechanisms might be whereby the disorder could adversely affect child development. Presentations concern diverse populations from three continents. Mark Tomlinson will describe three studies from populations living in extreme poverty and chronic adversity in South Africa: a longitudinal study on postpartum depression and infant development; a screening study where community health workers are being trained to conduct community-based screening for perinatal depression; and a study of neuroaffective co-patterning of depression in left and right cradling mother-infant dyads. Alan Stein will focus on maternal cognitions, an aspect of parenting in both postnatal depression and generalized anxiety disorder that has been relatively neglected. In this UK based community sample, cognitions associated with these two disorders were elicited via an experimental manipulation, and their effects on maternal responsiveness to 10-month old infants investigated. This study shows that, in the absence of specific primes to negative cognitions, certain disturbances in responsiveness do not obtain. Mike O'Hara will present new follow up data from his treatment research conducted in the US, focusing on the outcomes in 3 and 5 year old children of mothers who were treated for postpartum depression. Outcomes include maternal report and face to face assessment data at three years, as well as maternal reports and teacher ratings on the 5 year old children. Importantly, this study also includes a group of women who were not depressed during the postpartum period and their children as a normal control. Lynne Murray will present data from a prospective longitudinal study of the development of children of postnatally depressed and well mothers from a low-risk UK community sample, followed up to 16 years. The focus will be on specificity of effects, that is, how different aspects of the difficulties depressed mothers experience with their infants and young children are associated with different child outcomes. The symposium will be chaired by Peter Cooper.

Symposium 20: Meeting Room 1.41-42

Moderator: Bain K. (South Africa)

2263

Cross cultural issues in therapy and program evaluation: Relational experience in an evidenced group intervention in UK prisons and SA shelters

Bain K. (University of the Witwatersrand, South Africa), Baradon T. (Anna Freud Centre, United Kingdom), Frost K. (Ububele Psychotherapy Resource Centre and Educational Trust, South Africa)

South Africa, as a developing country, has a large demand for mental health services but scarce financial resources, a low ratio of mental health professionals to the population, and cultural barriers that inhibit the uptake of psychological services (Kagee, 2006). There is no evaluated group psychotherapeutic treatment in SA for attachment difficulties occurring between infants and their caregivers. This despite research that reveals significant rates of attachment problems between mothers and infants (Minde et al., 2006; Tomlinson et al., 2005) and an unusually high prevalence of post-partum depression among mothers (Tomlinson et al., 2005). Also, given the significant relationship between HIV and attachment difficulties (Peterson et al., 2001) SA is facing a mental health crisis (Freeman, 2004). However, Lee, Aos and Miller (2008) demonstrate that potential benefits exist in the implementation of reviewed evidence-based programs in order to reduce the numbers of children entering and remaining in the child welfare system, to reduce crime and improve mental health. Thus, implementing programs that demonstrate therapeutic success within the SA context, could allow for improved services to mother-infant dyads that may be cost-saving in the long-term. Thus, a collaboration was formed between the University of the Witwatersrand and Ububele (NGO), Johannesburg, and the Anna Freud Centre, London, to implement a manualized, RCT evaluated group parent-infant psychotherapy program within the SA context. The Anna Freud Centre provided the program and clinical expertise, and the research aspect of the study was funded through a Carnegie research grant administered through the University of the Witwatersrand. Ububele provided the possibility of making the collaboration a sustainable community endeavour. The New Beginnings' program (Baradon, 2010) is a 12-session parent-infant psychotherapy group program developed by the Anna Freud Centre for the high risk populations of Mother-Baby Units in HM prisons in England. To replicate the program in SA, South African practitioners were trained by the program developer and ongoing supervision was provided to ensure program fidelity. Three New Beginnings groups were run in two residential shelters for women and children. The study was a randomized experimental design with a waitlist control and replicates the standardized measures used in an initial outcomes study of the program (Baradon, Fonagy, Bland, Lenard & Slead, 2008) in order to compare outcomes. Significant shifts were found in aspects of the quality of the parent-child interactions, the babies' development and in the mothers' moods in relation to the controls. The results of the SA study also appeared to validate as well as raise interesting questions around the use of the Parent Development Interview (Slade, 2004), the Emotional Availability Scales (Biringen, 2009) and the Griffiths Scales of Mental Development within an African population. The symposium would include three presenters: Tessa Baradon (Anna Freud Centre) presenting on the development and implementation of evidence-based programs cross-culturally, Katherine Bain (Wits University) presenting the findings of the South African study and Katharine Frost (Ububele) presenting clinical material from the groups.

Symposium 21: Meeting Room 1.43-44

Moderator: Minde K. (Canada)

2309

The effects of specific caretaking environments on the behavior and cognitive development of HIV infected young children in South Africa

Minde K. (McGill University, Canada), Wallace M. (Desmond Tutu HIV Centre, University of Cape Town, South Africa), Mash R. (Fikelela Children's Centre, South Africa), Letwaba R. (NGO Sparrow Ministries, South Africa)

While advances in medical treatment have increased the survival of HIV infected children, the associated psychosocial challenges remain. In this symposium we will discuss the effects specific caretaking contexts have on the behavioral and cognitive outcome of HIV infected infants in later childhood. Dr. Wallace will begin by highlighting that prior to the advent of highly active antiretroviral therapy (HAART), HIV-related encephalopathy was seen as the key feature of perinatally acquired infection, with rates ranging from 24 to 50% in this population.

Clinical features include failure to achieve developmental milestones, impaired brain growth, and motor deficits. In addition to cognitive delays, studies have also found a high prevalence of psychiatric illness and behavioral disorders, including, in particular, ADHD. This talk will provide an overview of this research and discuss the methodological complexities in teasing out the difficulties between the impact of HIV infection itself, and the environment in which it occurs. Differences between developed and developing countries will be examined, including access to HAART, as well as other interventions and how this may impact outcome.

Dr. Minde will show data from various international studies documenting that home-reared HIV+ and HIV- children have similarly high rates of secure attachment and average cognitive performance. In contrast, fewer children raised in institutions show secure attachment and more exhibit low cognitive competence, regardless of HIV status. This suggests that individualized care can ameliorate the impact of HIV on the brain. The practical implications of these findings will be discussed by Rev. Mash who will describe the structure and clinical philosophy of a program of orphan care in Khayelitsha, Cape Town. The Fikelela Children's Centre offers short term residential care to 35 young orphans and abandoned children of whom 60% are HIV+. After emotional and medical rehabilitation the children are placed in the community, either with extended family members or trained foster parents. Regular follow-up visits take place to ensure the children's wellbeing and to monitor ARV adherence. Advantages and disadvantages of this approach for staff and children will be highlighted. In the last presentation, R. Letwaba will report on the clinical and administrative challenges encountered in guiding Sparrow Ministries, an NGO caring for 240 children and 40 adults infected and affected by HIV/AIDS in Johannesburg. 50% of the children are younger than 36 months on admission and can remain at Sparrow until late adolescence. Children are raised in cluster houses consisting of 18-20 peers of the same sex and age by one house mother. The discussion will deal with the psychological difficulties encountered in both the children and their caretakers, i.e., issues of bereavement, depression, anger, lack of appropriate social skills, emotional withdrawal and high levels of burn-out. The general discussion of the last two papers will focus on the effect varying caretaking settings have on the longer-term emotional and cognitive functioning of the children.

Symposium 22: Meeting Room 1.61

Moderator: Ammaniti M. (Italy)

2227

Feeding disorders in DSM-5: Diagnostic and therapeutic considerations

Ammaniti M. ("Sapienza" University of Rome, Italy), Bryant-Waugh R. (Great Ormond Street Hospital, United Kingdom), Ammaniti M. ("Sapienza" University of Rome, Italy), Chatoor I. (Children National Medical Center, United States), Keren M. (Université d'Israël et AEPEA, Israel), Lucarelli L. (Psychology Department, University of Cagliari, Italy), Cimino S. ("Sapienza" University of Rome, Italy), D'Olimpio F. (University of Naples, Italy)

In DSM-IV-TR Feeding Disorder of Infancy or Early Childhood is a broadly defined category which in practice includes a range of presentations and is therefore of limited clinical utility. In DC: 0-3 R Feeding Behavior Disorder includes six subcategories describing specific types of feeding disorder starting from the early months of life. However, it is important to emphasize that only some of these categories have been confirmed by clinical research, with a range of other classificatory terms used in the literature also having limited empirical support. Inconsistent use of terminology and inadequacies with current diagnostic and classificatory systems remain a significant problem for the field of feeding disorders. In the draft revisions for DSM-5, consistent with a wider recognition of the need to reflect growing evidence of continuity between psychopathology more generally across the age range, it has been proposed to move all feeding and eating disorders into a single category of Feeding and Eating Disorders. Across both DSM-5 and ICD-11 it is proposed that disorders should no longer be placed under a heading of "onset usually occurring in childhood and adolescence" but a life-span approach should be adopted with guidance given regarding age-related manifestations of the same core disturbance. Accordingly the intention is that disturbances in feeding and eating should be organized by core features of psychopathology and presentation, with DSM 5 Feeding and Eating Disorders including a proposed category of Avoidant/Restrictive Food Intake Disorder. This would in effect subsume Feeding Disorder of Infancy or Early Childhood. This Symposium will approach some of the key issues relating to the diagnosis of feeding disorders from four different perspectives. Our aim is to illustrate and emphasize the importance of sensitive and valid diagnostic placeholders in developing and evaluating therapeutic interventions, and in furthering the feeding disorders field in both research and clinical practice. We need to improve our ability to consistently select and implement optimal strategies for specific feeding disorders, and to evaluate the outcomes of our therapeutic interventions to confirm and enhance our intervention strategies. Rachel Bryant-Waugh will provide an overview of diagnostic issues across DSM-IV-TR, DC: 0-3 R and proposed revisions for DSM-5. Massimo

Ammaniti (Chair) will use research data to discuss the differentiation among the DC:0-3R categories of Infantile Anorexia, Sensory Food Aversion and Feeding Disorder Associated with Insults to the Gastrointestinal Tract. Miri Keren will present parent-infant group therapy as a model for treating Infantile Anorexia and Irene Chatoor will present 5 – 10 year follow-up data on a cohort of toddlers with Infantile Anorexia. Speakers will together present for a maximum of 60 minutes with at the end of the session time being given over for active discussion with delegates of the issues raised.

Symposium 23: Meeting Room 1.62

Moderator: Pillhofer M. (Germany)

2554

Measuring prerequisites and effects of preventive intervention in early infancy

Pillhofer M. (Universitätsklinikum Ulm, Germany), Schoellhorn A. (College of Education Thurgau, Switzerland), Jungmann T. (University Rostock, Germany), Eickhorst A. (University Hospital Heidelberg, Germany), Schuengel C. (VU University, Netherlands)

In Germany early intervention has not been systematically implemented in the regular service delivery and the existing programs have not been profoundly evaluated. Due to serious child protection cases the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth participated in a federal action program named "Early Prevention and Intervention for Parents and Children and Social Warning Systems" in 2007. Within this framework several preventive intervention programs were started funded by the government, respectively the National Centre on Early Prevention (NZFH). Angelika Schöllhorn will present the conclusions of semi-structured interviews on child protection, cooperation and networking with experts in the health care and child welfare system (N=26). The findings show how to cooperate effectively and what is necessary to start a positive communication and collaboration. They demonstrate the need of working on appropriate basic conditions (e.g., mutual appreciation, regular exchange of information) and on targeted methods and agreements for case-management. Melanie Pillhofer will contribute longitudinal evaluation data of an attachment-based intervention in a quasi-experimental control group design within the project 'A Good Start to Children's Life'. The developmental outcomes of the mother-child-pairs in the intervention group (N=63) were compared to those in the control group (N=33) at 5 measurement points during the first year of baby's life. Initial analyses indicate the effectiveness of the intervention. Tanja Jungmann will present longitudinal data from a randomized controlled trial evaluating the effectiveness of the German early intervention project 'Pro Kind' in a total sample of N=755 financially and socially disadvantaged mothers and their children. Self- and observer based-ratings of maternal competencies are related to developmental outcomes of the children at 6, 12 and 24 months of age. Data analyses show higher maternal competencies as well as better child developmental outcomes for treatment participants by trend. Andreas Eickhorst will present longitudinal evaluation data of the prevention program "Nobody falls through the net" with home visits (starting shortly after birth) in a control group design (N = 2 x 150). Especially the baby's social development in the intervention group showed good improvement at 1 year of age.

As a conclusion Carlo Schuengel will facilitate sharing of views and experiences among the participants of the symposium regarding the role that research findings concerning the prerequisites and the effects of preventive intervention play in policy and practice.

Symposium 24: Meeting Room 1.63

Moderator: Kowalenko N. (Australia)

2615

The use of measures and other data collection for infant mental health: Tools, measures, services and systems

Kowalenko N. (University of Sydney, Australia), Boris N. (Tulane University, United States), Mares S. (Redbank House, Australia), Saunders A. (Redbank House, Australia), Goldfinch M. (Redbank House, Australia), Tucker R. (Redbank House, Australia)

Services, systems of care and health funders find it difficult to keep babies in mind. Among many difficulties, reliable measurement of the impact of intervening on infant wellbeing and relationship quality is often lacking. This symposium presents different strategies to address these issues at the level of the measurement tool, a clinical service and a national (country-wide) approach. The first presentation will outline potential revisions to the Parent

Infant Relationship - Global Assessment Scale (PIR-GAS) to improve its theoretical and clinical coherence, by explicitly anchoring it to attachment theory and research, and Circle of Security concepts. The PIR-GAS was introduced in the diagnostic manual published by Zero-to-Three, a US-based professional organization that used a panel of experts to create a widely used diagnostic manual for infants and toddlers (DC 0-3, revised version published in 1994). Global assessment scales, like the Children's Global Assessment Scale (C-GAS) that makes up Axis V of the DSM, allow clinicians to rate the overall progress of clinical cases by giving a summary score of impairment. The scale could be more descriptive to improve reliability. Toddler and infant versions will be presented. The second presentation will describe the development of a clinic to provide assessment and intervention for infants, toddlers and pre-schoolers in out of home care (OOHC). This service is using measures as well as clinical assessment to describe the population, to provide a baseline for monitoring effectiveness and to evaluate the utility of these measures to inform the clinical assessment and intervention process. The presentation will also focus on the specific needs of young children in OOHC and the assessment process when the child's representations are often founded in previously disrupted relationships and when abuse and neglect is likely to have had developmental impacts. The third paper will report on the findings of commissioned advice to an Australian Government Agency about the feasibility of establishing routine national infant Mental Health data collection and outcome measurement for children aged less than four years attending child and Adolescent Mental Health services. Some measures meeting the criteria for routine use, have been identified and will be described. Such a national endeavour is feasible, with certain provisos. Given the scope for prevention and early intervention in our work, opportunities to demonstrate these benefits in reliable ways that can be measured to infant service providers and to inform national policy and service development will remain a priority for infants and their families, funders, researchers, clinicians and systems of care.

Symposium 25: Meeting Room 1.64

Moderator: Soares I. (Portugal)

2581

Attachment disorganization and attachment disorders in high risk and clinical groups

Soares I. (School of Psychology, Minho University, Portugal), Bernier A. (University of Montreal, Canada), Beaudoin G. (University of Quebec at Montreal, Canada), Hébert M. (University of Quebec at Montreal, Canada), Spangler G. (University of Erlangen-Nuremberg, Germany), Bovenschen I. (University of Erlangen-Nuremberg, Germany), Nowacki K. (University of Applied Sciences and Arts Dortmund, Germany), Oliveira P. (University College London, United Kingdom), Osorio A. (University of Minho, Portugal), Fachada I. (University of Minho, Portugal), Sampaio A. (University of Minho, Portugal), Mesquita A. (University of Minho, Portugal), Martins C. (School of Psychology, University of Minho, Portugal), Baptista J. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Garayzábal E. (Universidad Autonoma de Madrid, Spain), Belsky J. (University of California, Davis, United States), Zimmermann P. (Wuppertal University, Germany), Meier S. (Child & Adolescent Psychiatry, Regensburg, Germany)

This symposium aims to further and widen the understanding of clinical implications of attachment disorganization and attachment disorders and the knowledge about factors contributing to adaptive and maladaptive attachment development by focusing on four different high-risk and clinical groups with distinct approaches to the assessment of attachment. The first paper examines whether attachment representations can predict psychological symptomatology among sexually abused preschoolers, while controlling for parental psychological distress and characteristics of the abuse. The results suggest that disorganized attachment places sexually abused young children at particular risk for the development of serious adjustment problems such as anxiety and depression, even after accounting for other serious risk factors. The second paper presents findings from a longitudinal study on the development of attachment in foster children in the first year after placement. Findings indicate lower levels of attachment security in the foster children at the beginning followed by an increase afterwards. Differences in attachment security were associated with foster parents behavior and perceived stress. Still running analyses focus on the contribution of pre-foster experiences and the foster-parent's emotional availability to changes and/or stability in the development of the foster children's attachment behavior and symptoms of disordered attachment as well as on inter-relations between symptoms of attachment disorder and other behavior problems throughout the first year after placement. The third paper aims to explore similarities and differences between a group of institutionally reared children and a group of children with Williams Syndrome. The objectives of this study were: (1) to analyze differences between these groups in terms of frequency and type of children's attachment disorders, behavior problems, and temperament, and their mothers/institutional caregivers' cooperation and sensitivity; (2) to identify

the child and/or adult characteristics that contribute to children's attachment disordered behaviors in each group; and (3) to examine the discriminant validity of the attachment disorders in relation to behavioral problems in each group. Data analyses are still in progress. The fourth paper focuses on children from child psychiatry institutions with either a diagnosis of Reactive Attachment Disorder (RAD) or of Attention Deficit Hyperactivity Disorder (ADHD). This study aimed to test whether there were group differences in personality and information processing, at the level of attention, emotion recognition, and memory. The results showed that children with RAD scored significantly lower on ego-resiliency and higher on ego-undercontrol, and aggressiveness. In addition, their emotional and social information processing was clearly impaired, whereas ADHD children's information processing was independent of the social or emotional content of the stimuli.

Clinical Teach-In 7: Meeting Room 2.41-42

2275

The dawn of psychic life - The prenatal infant's proto-experiences of space, rhythms and containment

Maiello S. (AIPPI, Italy)

The author explores the prenatal origins of aspects of postnatal psychic life, with special attention to spatial and temporal elements of the prenatal infant's experiences. The dimension of space is linked to tactile and kinaesthetic experiences and to the configuration of container/contained, whereas the dimension of time and rhythm is connected in particular with the auditory experience of the mother's voice. Her voice is viewed as one of the elements which stir the prenatal child's attention and set in train proto-mental activity. There seems even to exist a sort of prenatal proto-dialogue between the infant and the mother. The author suggests that psychoanalytic language needs to be extremely subtle and sensitive, if we want to get close enough to the prenatal child's experience and to deepen our understanding of the roots of the psychic processes whose effects can be observed after birth. Clinical material from psychoanalytic psychotherapy with children who have been exposed to prenatal trauma concludes the paper. The session material seems to bear witness to the presence of reminiscences of prenatal traumatic experiences, which can emerge into consciousness in the safe containment of the therapeutic setting.

Clinical Teach-In 8: Meeting Room 2.43

2255

Reflections on the role of the nanny in South African society: The "other mother" as symbolised by help outside

Beukes J. (Clinical Psychologist, South Africa)

In South Africa help for child care is readily available and affordable. Many children grow up with one of their primary care-givers being a so-called "Nanny". This paper will explore the complex relationship between those directly involved in the caretaking of the infant: Mother, Father and the paid "Nanny" or child-carer. This presentation examines the status and need to nurture the Nanny, so critical in ensuring her support to children. With women entrenched in the formal work sector globally, the role of Nanny is likely to continue. The insights from this teach in offer a valuable contribution to the health of a future generation of babies internationally. This exploration is holistic in nature, not simply limited to the Nanny, but rather including an examination of the complex roles that the external nanny symbolizes. The Nanny can be viewed both as potential help for the infant while often/also perceived as vile threat to Mother's concept of self as good-enough mother. Clinical findings indicate that when Mother manifests a high degree of injured self, she can unintentionally wound her precious baby. Mother potentially violates the additional containment offered by the Nanny which could have nurtured the mother-infant dyad. The infant needs secure attachments in order to flourish. These attachments can be of a hierarchical nature and are effective as long as the small circle of carers remain consistent and attuned to his or her needs. One-on-one caring can be extended from the Mother-Father-Infant unit to include a paid Nanny. Respectful co-parenting can greatly facilitate the infant's sense of self. This paper acknowledges the vital role that Nannies over the centuries have played all over the world, in providing the necessary containment and nurturing for the infant's psychological growth. From Moses' Mother-Nanny to Churchill's beloved Nan and extending, to the Nannies of thousands of children in South Africa, we need to deepen our understanding of the powerful role of the Nanny. This paper looks at what facilitates and that which undermines and corrodes that vital relationship, so as to safeguard the emotional wellbeing of our infants. A number of clinical vignettes and film will be presented to illuminate various concepts

and rhythms that are co-created in the Other container. Lullaby, Language, Holding, Honoring and Consecrating memory are each explored. Each enriches the container inhabited by a Nanny co-parent in order to contribute to the healthier development of babies. The depth and richness provided by a broader range of lullabies, language and, ways of being held, serve to provide greater chance of attunement in the dance of interaction between carer and infant. The more emergent in-the-moment less linear approach to infant rearing in African culture, provide healthy complementary alternatives to a baby finding his way in a new world. Nannies are de facto co-parents and often provide the cornerstone and co-foundation of the infant's developing trust. Since the attainment of trust is one of the most important milestones, and is so fundamental to healthy child development, our knowledge as Parent-Infant workers needs to include thinking about the understanding and honouring of our Nannies. Healthy collaboration between Nanny and Mother must be secured and the valuable role of Nannies acknowledged to protect our young children and assist beleaguered Mothers.

45 Minute Symposium 5: Meeting Room 2.44

2383

Queensland Centre for Perinatal and Infant Mental Health supporting relationships and mental health care systems that can hold the baby in mind

Davies-Roe S. (Queensland Centre for Perinatal and Infant Mental Health, Queensland Health, Australia), Hoehn E. (Queensland Centre for Perinatal and Infant Mental Health, Queensland Health, Australia), Morton L. (Queensland Health, Australia), Murray A. (Queensland Health, Australia)

Chaired by Dr. Elisabeth Hoehn, this symposium of three papers will focus on how the Queensland Centre for Perinatal and Infant Mental Health in Australia has kept the baby in mind while working towards their mission to develop, support and promote accessible and responsive perinatal and infant mental health services that are culturally sensitive and family centered, and operate within a partnership focused collaborative framework to provide a seamless, integrated system of care throughout Queensland. Holding the baby in mind within service development – Libby Morton. In Queensland Australia, infant mental health is an emerging specialist area of the state-wide system of mental health care. The Queensland Centre for Perinatal and Infant Mental Health, established as a state-wide hub of expertise in perinatal and infant mental health provides consultation, liaison and support to public mental health services and the broader community sector, utilizing whole-of-government and cross-sectoral clinical and community partnerships and networks. At a policy and service level, the aim is to support services to increase their capacity to enable infants and their families, regardless of where they live in Queensland, to have access to services that promote and enhance positive outcomes for their mental health and well-being and support the development of optimum attachment relationships to provide a strong foundation for future mental health outcomes throughout the lifetime. Holding the baby in mind within a disaster response – Andrea Murray. In 2011 Queensland suffered one of the worst summers on record for experiencing disasters. Our communities, environment and infrastructure were damaged. Homes, possessions and livelihoods were lost. People lost their lives. For infants and young children, the effects of a disaster are magnified as they try to make meaning of what is happening around them. This is compounded if parents and caregivers are unavailable to comfort or help them to make sense of what they are seeing and feeling. In addition, community services including mental health can struggle to hold the baby in mind as they work to respond and support recovery. It is through relationships with parents and other caring adults that babies and young children manage their feelings and make sense of what is happening in the world around them. This paper will explore how the Queensland Centre for Perinatal and Infant Mental Health has worked to ensure that the infant is held in mind as a mental health response to the disasters is developed. Holding the baby in mind when supporting Indigenous families in Queensland – Sarah Davies-Roe. Using collaboration and consultation processes in line with Indigenous protocols a suite of culturally sensitive mental health promotion resources was developed by Queensland Centre for Perinatal and Infant Mental Health. These are used with individuals, groups and communities to increase understanding and awareness of the importance of good social and emotional wellbeing and supports these groups to hold the needs of the infant in mind. Digital storytelling on DVD and paper print resources using photographic images deliver key messages and provide an opportunity for early identification of social and emotional difficulties and to encourage families to access services that enable early intervention and prevention of future mental health problems.

45 Minute Symposium 6: Meeting Room 2.44

Finding ways in: Contexts for intervention with disrupted, vulnerable or traumatized families in community-based infant mental health services.

Urwin C. (Tavistock Centre, United Kingdom), Emanuel L. (Tavistock Clinic, United Kingdom), Pozzi M. (Child and Adolescent Mental Health Service, Italy)

To promote infants' developing minds and their emotional lives, the importance of continuity of support across generations is well attested. Families disrupted by migration, war, natural disaster, political upheaval, or even the rapid pace of change in contemporary urban societies may be particularly disadvantaged. Parents thrown back on child rearing patterns from their own upbringing may struggle to find them meaningful or adaptive in different social settings. This symposium describes how infant mental health services provided through the community can enable parents both to care for their infants and manage this important transition in their own lives, and to begin to make good their losses and use their own resources and those in the neighborhood more effectively. We explore community support in two main senses. Firstly, we describe services that have been set up outside Child and Adolescent Mental Health Services (CAMHS), child psychiatry or hospital settings in order to increase accessibility for parents and families who would otherwise find attending too difficult or challenging. Secondly, we explore the sense in which communities and neighbourhoods may adapt to families from different ethnic or migrant groups, and the extent to which these families adapt to and eventually make use of the community and its supports. Our first presentation describes how, within a CAMHS based Under Fives' Service, telephone consultations between parents seeking help and a professional can provide a rapid response at the moment of need, enabling parents to mobilize their own resources or ability to use support from those around them. Our second paper describes psychoanalytically informed parent-infant counseling undertaken in a general practitioner's surgery, in this case as part of a weekly Baby Clinic. Questions of "access/accessibility" are especially pertinent for refugee and asylum seeking families. The paper explores how understanding these may inform brief work in community settings and considers how the barriers to accessing formal mental health services may be addressed by a flexible outreach team; for example, through linking with other services and agencies to form a containing safety net work. While these two presentations include examples of families from the African continent, the third paper describes how a Bangladeshi mother new to an urban area struggled with post natal depression and her feelings of isolation and entrapment in an arranged marriage. It describes how she used, firstly, the infant mental health service and, secondly and in parallel, other services based in the same Community Centre to come to terms with her new role, developing a stronger identity as a mother and enjoying her baby and her married life in new ways. Our presentations will invite discussion of similarities and contrasts between multicultural aspects of contemporary London and South African and other African contexts.

45 Minute Symposium 7: Meeting Room 2.45

2600

Understanding child development and becoming a parent in a culturally sensitive manner: A theoretical model and therapeutic guidelines

Kouratovsky V. (Riagg Rijnmond, Netherlands), Sampaio de Carvalho F. (Dutch Psychoanalytic Institute, Infant Mental Health Centre Amsterdam, Netherlands), Kamar N. (Riagg Rijnmond, Netherlands)

This symposium introduces culturally sensitive therapeutic guidelines for clinical specialists and the theoretical model they are based on. Working with parents and their young children requires a deep understanding of parental and child development, and factors which influence them. When working cross-culturally other factors such as varying styles of upbringing, language, and migration play crucial roles in the development of the child and everyone (actually or virtually) surrounding the child. However, until today there are not many specific guidelines on how to take these factors into account when working with immigrant families and children from diverse and mixed cultural backgrounds. The therapeutic guidelines consist of carefully outlined suggestions for a clinical encounter, focused on the development of the child and of parenthood, all in a culturally sensitive manner. The presented guidelines are based on the concept of envelopment (Kouratovsky, 2008) as the way in which the human being is protected, and increasingly learns to protect himself, by cultural layers that serve as buffers against overwhelming stress. Stress has a potentially devastating effect on child development, health and life expectancy. Especially children cannot originate and survive without the protection of others and a socio ecological niche. These

niches are part of spheres or autoimmune systems that form the essence of a culture and form the child. The caretakers transfer and reflect their often unconscious envelopment in these systems upon the children. They are able to envelop and buffer the child's stress to the extent that they can modulate their own. In a different physical and socio cultural environment, this can be extra difficult. To understand the problems of a child and to help solving them, therapeutically reconstructing the context, the affects and the meanings of the child for the caretaker[s] can be an essential part of enabling parenthood. At the Infant Mental Health unit of the Dutch Psychoanalytic Institute in Amsterdam pregnant women and parents and their babies and children up to 5 years of age come for psychodynamic parent-child psychotherapy. Many of these patients are first, second, third or further generation non-western immigrants. Their babies and children often are referred for treatment with regulatory problems. Most of these parent couples consist of mixed cultures and ethnicities. They are challenged to find a way in their inner world and within their partner relation to integrate the different cultures and to find a way to raise their children. They have to create their own culture of parenthood within the context of different worlds, languages, differences in concepts of motherhood and fatherhood, diversity in rituals, etc. The room where the therapy sessions take place becomes a transitional space where the two or more worlds immigrants live in can exist at the same time and by doing so enhance the child's development.

45 Minute Workshop 19: Meeting Room 2.45

2558

Australian Aboriginal parenting past and present: Implications for policy and infant and maternal health practice

Priddis L. (Curtin Health Innovation Research Institute, Curtin University, Australia), Barnett L. (AIMHUK, United Kingdom)

Bringing up healthy children who are emotionally resilient is essential for the survival of any culture. This is also an accordance with the beliefs of Australian Aboriginal people who care deeply about their children (Wenitong, Milroy, Brown, & Mokak, 2006). Research shows that biology and experience in early environments, including early relationships matter. Parents who did not receive "good enough" parenting in "good enough" environments may lose access to "intuitive" parenting skills (Fonagy, 2003; Shonkoff & Phillips, 2000; Siegal, 1999; Zubrick, et al., 2005). In a major epidemiological study (Zubrick, et al., 2005) it was found that the forced removal of Aboriginal children from their families under colonization policies that continued into the 1960's and 70's in Western Australia, affected 12.3% of current parents and other carers.

As the intergenerational effects of such practices come into focus for policy makers and researchers alike, there is a growing awareness that any Non-Aboriginal venture into such a sensitive area as Aboriginal childrearing practices, must proceed in a collaborative and culturally sensitive spirit. Too often Aboriginal parenting practices are viewed through the lens of western culture only, where the complexity and subtleties are either missed completely or misinterpreted. Today in Western Australia there is a growing awareness of the importance of 'closing the gap' in health between Aboriginal and non-Aboriginal people and there is a growing awareness of the significance of cultural differences by both policy makers and practitioners who work with families. This workshop will address these issues through presentation of film and research data comparing past and present Aboriginal parenting practices.

45 Minute Workshop 20: Meeting Room 2.46

2299

Assessing the capacity for reflection and insight in early childhood teachers and ways to foster it

Amini Virmani E. (WestEd, Center for Child and Family Studies, United States), Stacks A. (Wayne State University-Merrill Palmer Skillman Institute, United States)

Young children develop social, emotional, and behavioral competencies within the context of relationships with others (Thompson, 2006, Howes, 1999). In particular it is the quality of children's relationships with both parents and early childhood teachers that influence children's capacities to navigate their social and emotional worlds in prosocial ways. Often left unstudied however, are the specific skills that teachers need to establish and sustain the kind of positive relationships with children that contribute to children's developing social and emotional competencies. In the parent-child literature, attachment theorists and researchers have suggested reflective

functioning (or insightfulness) to be a fundamental component underlying sensitive caregiving behavior and the development of secure parent-child attachment relationships (Fonagy et al., 1991; Koren-Karie et al., 2002, Grienberger, Kelley, & Slade, 2005). Building upon the parent-child literature, it is likely that early childhood teachers' abilities to reflect upon the intentions underlying children's behavior and upon their own actions in response to children's behavior contribute to sensitive caregiving behavior and positive teacher-child relationships. Capacity for reflection and insight may be particularly important when teachers are trying to establish relationships with children who they identify as difficult to engage and interact with. This workshop will explore teacher capacity for reflection and insight as important skills underlying positive teacher-child relationships, discuss methodologies utilized to measure reflective functioning and insightfulness in teachers, and provide suggestions as to how to design professional development opportunities to foster reflective functioning and insightfulness in early childhood programs. Presenters will discuss findings from independent research studies that suggest 1) reflective functioning varies among preschool teachers but not as a function of demographic characteristics, 2) reflective functioning is associated with self-reported behaviors in the classroom, and 3) reflective supervision and training practices may be a promising way to foster components of insightfulness in early childhood teachers. Presenters will offer ideas for training methods that afford early childhood teachers with opportunities to reflect on interactions with the children in their care likely promote teacher awareness of both the children's emotional experiences and their own emotional processes in working with children. Presenters will elicit audience participation in exploring how to institute ongoing training opportunities in the early childhood field, identifying those types of supervisory and training methods that might be most feasible and effective in promoting reflection and insightfulness.

45 Minute Workshop 21: Meeting Room 2.46

2758

Discussion on reflective functioning

Turunen M. (Finnish Association for Infant Mental Health (PIRPANA), Finland), Friberg L. (Child Guidance Center, Finland), Lampi H. (TerapiaLampi, Finland), Mäkelä S. (Osuskunta Psykoterapeutit, Finland)

The symposium presents two clinical approaches to help mothers and babies towards better understanding of each other. Presenters wish a dialogue with participants of the symposium. A first time episode of a major mental disorder in the pregnancy, correlates with painful experiences in the childhood attachment relations. Distress occupying mother's mind leaves little room to explore the baby, to "think about the baby's thoughts and feelings" – for reflective functioning. In the adult psychiatric treatment we need to look for the baby and mother-infant-relationship, even without mother's explicit concerns regarding her motherhood. The case example is of a mother admitted to the psychiatric mother-infant outpatient unit early in her pregnancy. Theraplay-therapy was included. The video-examples follow the baby from 3 months to 4 years. Difficulties in mutual engagement give space to the joy of the little girl when she is seen by her parents with real interest and admiration. What is needed for and what comes before mentalisation - what works best with mothers without speech? Psychotherapists are used to value words and meanings in channelling anxiety, processing emotions and conflicts, making traumas more understandable. Traumatic events happen in these families without any mutual talking about it, giving impression that words are of no use and can make things worse. The video - case of one mother in the 7 month long weekly 3-hour program evaluates her capacity to "reflective functioning". The mother tells her story also through her drawings.

Poster Workshop 5: Antenatal and Perinatal Practices Auditorium 2 Upper Foyer

Facilitator: Paul C. (Australia)

2745

Study of the impact of pregnancy on eating behaviors, weight and shape concerns by using screening questionnaires and clinical assessments

Squires C. (Université Denis-Diderot Paris/Maternité Port-Royal, France)

It has been proved that women with a prior history of dieting or bulimia nervosa have been found to be more concerned during pregnancy, previous ED can either improve or be revealed. Our aim is to evaluate the impact of pregnancy on eating behaviors and body image satisfaction. In order to evaluate eating attitudes towards food during pregnancy, we used two screening questionnaires and clinical evaluation. These questionnaires and clinical

assessment allowed us to have a global vision of the pregnant women's eating attitudes. We used both screening questionnaire and eating disorder questionnaire during pregnancy and after delivery. We used Chatoor's mother-infant/toddler feeding scale to analyze mother-infant interaction and symptom check list questionnaire for the two-three months baby. Thirty pregnant women recruited at the obstetric unit answered all questionnaires. First results reveal a major concern for food among pregnant women. Body satisfaction during pregnancy confirm that thinness is still an ideal standard in french women, also influencing their psychological and psychological well-being. Some women can be relieved not to control too drastically their food intake and figure. Some women already dissatisfied with their body image before pregnancy tend to be satisfied with their pregnant body image, whereas women with dissatisfaction before pregnancy tend to be dissatisfied during pregnancy. We will give clinical examples of eating disorders pregnant women.

2746

Child and mother's psychotherapy in subsequent pregnancy and childhood after perinatal loss

Squires C. (Université Denis-Diderot Paris/Maternité Port-Royal, France)

After medical termination of a pregnancy or after stillbirth, we propose psychotherapies to our patients either to pregnant women during their subsequent pregnancy or to their following children and their parents. These psychotherapies are based on a new clinical experience oriented towards the baby and its family. We work in an obstetric hospital unit or in child-psychiatry wards. This unit can be close to maternity ward which facilitates communication between medical and psychiatric teams. We are trained in psychoanalytic practices in adults and children and we regularly discuss these cases with our partners involved in perinatality.

2592

Prenatal ultrasound screening: False positive soft markers may alter maternal representations and mother-infant interaction

Viaux-Savelon S. (Pitié Salpêtrière University Hospital, France), Aidane E. (Pitié Salpêtrière University Hospital, France), Rosenblum O. (Pitié Salpêtrière University Hospital, France), Cohen D. (Service de psychiatrie de l'enfant et de l'adolescent, Pitié Salpêtrière University Hospital, France)

Background: In up to 5% of pregnancies, ultrasound screening detects a foetal feature or "soft marker" (SM) putting the foetus at risk for a severe abnormality. In most cases, a severe defect is ruled out by prenatal diagnostic work up, and SM is considered as a false positive of ultrasound screening retrospectively. Objective: To study the impact of false positive ultrasound screening on maternal emotional status and representations and mother-infant interaction. Design: Prospective case control study. Participants: The study group consisted in 18 pregnant women whose foetus had a positive soft marker ultrasound screening and a reassuring diagnostic work up. Controls were 19 women with negative ultrasound screening, matched for age and education. Exclusion criteria included history of a medical or psychiatric disease, history of obstetrical complications, poor socio economic status, single parent. Outcomes measures: In the third trimester of pregnancy, within one week after delivery, and 2 months postpartum, anxiety and depression were scored, and maternal representations were categorized using semi structured interviews in good (integrated/equilibrate), intermediate (reduced/loss involvement) and poor (non integrated/ambivalent). Mother-infant interactions were videotaped during feeding within one week after delivery and 2 months postpartum, then analyzed using Coding Interactive Behavior (CIB) scale by blind raters. Results: Mean maternal anxiety and depression scores were significantly greater at all study times in the SM group. Maternal representations were also significantly different between SM and control groups at all study time (94% to 100% vs 5% to 11% of intermediate/poor representations, respectively). In the SM group, we observed perturbations in early mother-infant interactions with dyad dysregulation, mother showing less sensitivity to their baby and more intrusive behaviors, and infant avoidance. Multivariate analysis showed that maternal representation and depression at third trimester predicted mother-infant interaction. Conclusion: False positive ultrasound screening for SM may impact mother-infant interactions negatively.

2788

Cognitive development in preterm and full term infants

Paolini C. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME), Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina), Rodriguez D. (Hospital Italiano de Buenos Aires, Servicio de Neonatología, Clínica de Seguimiento de Prematuros, Argentina), Oiberman

A. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME), Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Buenos Aires, Argentina)

Introduction. Compared with full term, premature infants have an increasing risk for developing cognitive delay. Early detection and treatment would decrease risk for developing cognitive delay and learning problems during more advanced ages. **Objective.** To evaluate cognitive development in preterm and in full term infants and identify neonatal features (gestational age, weight of birth, age, gender) associated with cognitive developmental delay. **Population.** Preterm infants (29-36 GA), extremely preterm infants (24-28 GA) and full term infants (37-43 GA) from 6 to 24 month old, who attend the Preterm Clinic and Development Program at the Hospital Italiano de Buenos Aires and the Centro Interdisciplinario de Investigaciones en Psicología, Matemáticas y Experimental (CIIPME-CONICET). Buenos Aires, Argentina. **Methods.** The Sensory-motor Intelligence Argentine Scale (EAIS) was administrated. Socio-demographic and neonatal features data was collected from the Neonatology Service's electronic database and/or parental interview. A multivariate logistic regression was performed to evaluate: gender, age, gestational age - GA (full term [>36 GA], preterm [29-36 GA] and extremely preterm [<28 GA]) and weight of birth (Adequate Birth Weight [ABW] >2500 gr., Low Birth Weight [LBW] 2500-1500gr., Very Low Birth Weight [VLBW] <1500 gr.) as determinants of cognitive developmental delay. **Results.** A total of 343 infants from 6 to 24 month old (corrected age in case of prematurity) were evaluated. About gestational age: 214 (62,4%) were full term infants, 116 (33,8%) were preterm infants (from 29 to 36 GA) and 13 (3,8 %) were extremely preterm infants (<28 GA). Preterm and extremely preterm infants showed a higher risk of cognitive developmental delay compared to full term infants. The estimated Odds Ratio (OR) according with the multivariate regression model were: preterm infants group OR: 2.48 (CI 95%: 1.11-5.51) and extremely preterm infants group OR: 10.12 (CI 95%: 2.81-36.40). As regards the weight of birth, 228 infants (66,5%) were ABW, 62 (18%) LBW and 53 (15,5%) were VLBW. Groups of LBW and VLBW infants showed a higher risk of cognitive developmental delay compared with ABW infants. LBW group OR: 3.01 (CI 95%: 1.19-7.56); VLBW group OR: 4.60 (CI 95%: 1.88-11.25). All the results were adjusted by gender and infant age. **Conclusions.** Our results suggest that preterm and extremely preterm infants; LBW and VLBW infants showed a significant increased risk for cognitive developmental delay compared with full term and ABW infants.

2506

Perinatal psychology and early infancy: New developments in Argentina

Oiberman A. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME), Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina), Santos M. (CIIPME-CONICET, Argentina), Nieri L. (CONICET-University of Palermo, Argentina), Galli M. (UBA, Argentina), Misisic M. (UBA, Argentina), Mansilla M. (UBA, Argentina)

Obstetric-Perinatal Psychological Intervention (OPPI): a new device in perinatal mental health.

Author: Lic. Miryam Galli

THE aim of the poster is to present a new device in perinatal psychology, specifically designed to intervene during pregnancy, labor and delivery. In this research, it could be detected that during the postpartum period women are able to express life events that they had experienced during pregnancy and were associated with perinatal pathologies, such us premature birth or complications during delivery. For that reason, a specific and new psychological device was created: Obstetric-Perinatal Psychological Intervention (OPPI). The goal of the mentioned device is to detect the stressors associated at the moment in which the physical symptoms appear.

The OPPI is applied within an interdisciplinary approach, in order to integrate the multiplicity of interrelated factors involved in maternal bio-psycho-social assistance. We will present the characteristics of the device: Obstetric-Perinatal Psychological Intervention (OPPI), presenting the specific interventions during each of the moments in which OPPI is applied: psychological assistance in pregnancy pathologies, support during labor and delivery/childbirth and immediate postpartum, support intra-surgical in c-sections and network support Obstetric-neonatal.

The immediate postpartum period and its impact in child development.

Author: Lic. Misisic Marcela

Since immediate postpartum it's possible to observe the firsts interactions in the dyad mother-baby, considering that maternity is not only a biologic phenomenon, but also motherhood as a psycho-affective process that can be developed or not. Due to the fact that the detection of the qualities of the first dyadic interactions, as well as their absence, is an important preventive action in maternal-infant health, we proposed the theoretical concept of Maternal Register which involves: Primary Maternal Concern (Winnicott), Maternal Reverie (Bion) and Maternal

Function (Spitz), and is expressed in active caring behaviors. We conclude, that the observation and recognition of maternal behavior's characteristic during the immediate postpartum and the evaluation of the presence or absence of maternal register, enhance a healthy biopsychologic and cognitive development in infants, and create a common criterion in health professionals, to assess psychological conditions when the mother is discharged from hospitalization.

Mother-Incubator-Baby interaction: A study of the bonding process in Neonatal Intensive Care Units

Author: Dra. María Soledad Santos. CIIPME-CONICET

The advances in obstetric and neonatal medicine enabled the survival of babies who are born premature or with neonatal pathologies. Also, the long periods of confinement and the entrance of parents in the NICU, created new contexts where the bonding process and the first interactions mother-baby are developed. In order to assess this bonding process and with the goal of accomplishing the early detection of risk indicators in the mother-baby bond during internment in NICU, an observational scale called N-EOV-INC was created. N-EOV-INC includes 21 items divided in 6 functions: Approach, Contact with the incubator, Corporal, Visual, Verbal and Postural function; and its properties of reliability and validity had been studied. The aim of the poster is to present the results obtained from a study, which evaluates the interaction of mother and baby-in-incubator and its characteristics, using the N-EOV-INC. In the analysis of the results obtained from the administration to 146 dyads, it was detected that when a baby is in an incubator, this technological device does not block the interaction of mother and baby. In stead, both mother and baby find different communication channels overcoming the meddling of the incubator. Therefore, the interaction mother-incubator-baby presents particular characteristic due to the NICU context, which allows the development of a healthy bond.

The impact of malnutrition in the deterioration of sensory motor intelligence of infants: Emotional behaviors associated to risk or protective factors

Author: Lic Mariela Mansilla

In this poster the results of a research regarding the cognitive development in infants will be presented. The mentioned study assesses and compares the results of sensorymotor intelligence (n=100) in healthy babies and dystrophic babies. Prevalence of delayed sensory motor intelligence in anemic infants Mariela Mansilla & Dr. Verica Agustina. The aim of this poster is to present the results from a study about the evaluation of the intelligence in 50 anemic babies and in 50 non-anemic babies. Socioeconomic variables and variables related to mother-child relationship are discussed.

2785

Baby grief and stillbirth interventions

Chardon E. (University of Buenos Aires, School of Psychology, Argentina)

In this poster we will present different clinical cases in which psychological intervention in cases of perinatal death or the loss of a newborn son occurs. It has been possible to make successful interventions when these critical events happened and to carry out a follow up on perinatal grieving process and the theoretical framework supporting these interventions.

2791

The gestation of fatherhood

Nieri L. (CONICET-University of Palermo, Argentina)

The aim of the present study is to assess the feelings of fathers regarding and during the pregnancy of his wife. It could be observed that the fathers during the pregnancy of their wife, have a high rate of emotional sensitivity, which is manifested through: behavioral contact with the womb, physical symptoms and supportive behaviors with their partner. From the analysis of the obtained results, it could be consider that a new sensitive father emerges: willing to accompany their partner, to protect and raise their child. These findings demonstrate that the father's role requires a process that begins from birth, but develops since the beginning of pregnancy, where the expectant father starts to prepare psychologically and emotionally to meet his child. In order to accomplish this process, it is necessary that the wife and mother is willing to include the father from the beginning of pregnancy, allowing the support and involvement to integrate the father in the parenting process.

Clinical Symposium Auditorium 2

Chair: Berg A. (South Africa)

Babies and bathwater.

Presentation I: Why depression feels bad. Presentation

Solms M. (University of Cape Town, South Africa)

Psychiatric research these days has little to do with the psyche; it focuses on the bathwater instead of the baby. I will illustrate this problem with reference to depression. Depression research today focuses mainly on brain serotonin and its links (via cortisol and BDNF) with synaptic degeneration and regeneration. I will explain why this is the bathwater. Depression is an emotional disorder, which revolves around a feeling state that has specific meanings in relation to attachment and loss. I will explain why this feeling state is the baby, through a report on the current state of research into the brain mechanisms of attachment and loss in relation to depression.

II: Keeping the baby in the bath.

Davies J. (South Africa)

Psychoanalytically informed parent infant psychotherapy focuses on the emotional climate in the consulting room. The therapist has the opportunity to respond to the difficulties as they unfold in front of her and to track how the infant and her parents respond to interpretations. Feelings are at the center of the intervention. The triad of parents and therapist create, symbolically, a containing bath for the baby. This presentation will look at the turning point in Parent Infant Psychotherapy when the parents, or therapist, make an observation which turns into a thought which the infant then experiences as an expression of love, concern and recognition. It is these special moments which engender feelings of hope and optimism in practitioners and lead to what has sometimes been described as a "messianic wish" to spread the work. Reflecting on experiences as a teacher and clinician in Britain and in Southern Africa it is probably the different expectations parents bring with them which is the most striking. There is not a tradition of pain being taken away, of problems being instantly solved. To generalise, perhaps unfairly, there is a value placed on resilience and "making a plan", perhaps an expectation that any help will be only partial. It is the pared down nature of parent/infant psychotherapy, and, in Africa, the frequent paucity of services, which lead to a motivation and eagerness to get to the heart of problems and move forward. Often only one session is available in which to work, so each word is important but more important is the attitude of the therapist, who uses his or her mind to imagine what it is like to be an infant in a particular family at a particular point in time. There is no time for past grudges to be expressed, and the focus on what happens between parent and infant, with their history as a backdrop, means that much does not get explored. If one can get to the essence then the short history is so much less in an infant than in other age groups. And the transference, with two real parents in the room, is an easier grandparental transference, one which allows for more warmth and praise than in other work. A supervisees' recent case of a three year old, who suffers from asthma, and was referred for violent behavior, killing snails and attacking a doctor will serve as an illustration. The boy's reaction to the therapist's sharing of her observations and the feelings behind his attack will be tracked.

Symposium 26: Meeting Room 1.41-42

Moderator: Hoffenkamp H. (Netherlands)

2394

Sustaining early development

Hoffenkamp H. (Tilburg University, Netherlands), Tooten A. (Tilburg University, Netherlands), Hall R. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands), Morgan B. (University of Cape Town, South Africa), Bergman N. (University of Cape Town, South Africa), Horn A. (University of Cape Town, South Africa), Tessier R. (Université Laval, Canada), Charpak N. (Kangaroo Foundation and Universidad Javeriana, Colombia), Schneider C. (Université Laval, Canada), Ruiz-Pelaez J. (Universidad Javeriana, Colombia), Feldman R. (Bar-Ilan University, Israel)

Early bonding and the quality of parent-infant interaction are viewed as crucial building blocks for the long-term social, emotional and cognitive development of infants. In vulnerable (premature) infants these processes can be disturbed. This symposium focuses on the effectiveness of Video Interaction Guidance (VIG) and Kangaroo Mother Care (KMC) as methods to prevent disturbed bonding and interaction. A. Tooten, H. Hoffenkamp and R. Hall (The

Netherlands) will present their study, a Randomized Controlled Trial, on the effectiveness of VIG in families with preterm infants. 210 families with full term as well as (very) preterm infants were included from 8 hospitals and consequently followed during the infant's first half year of life. Data was collected through medical records, interviews, questionnaires, and video-recordings. The first results show an increased quality of bonding and interaction as well as a reduced level of stress in the VIG group, compared to the control group. A follow-up study is presently carried out to investigate the link between early bonding and interaction - and quality of attachment after two years. B. Morgan and N. Bergman (South Africa) investigated the (negative) impact of maternal-neonate separation (MNS) on the development and function of physiological systems. The physiological stress-response, quantified by heart rate variability (HRV), was measured during sleep. HRV was measured in 16 two-day old full-term neonates sleeping in skin-to-skin contact (SSC) (as in KMC) with their mothers and sleeping alone, for one hour in each place, before discharge from hospital. Infant behavior was observed and cardiac inter-beat intervals and continuous ECG were recorded. Results show a 176% increase in autonomic activity and an 86% decrease in Quiet Sleep duration during MNS compared to SSC. Maternal separation may be a stressor the human neonate is not well-evolved to cope with and may not be benign. R. Tessier (Canada) will present his results on the effectiveness of KMC on cognitive, behavioral and neurophysiologic outcomes in 39 premature-at-birth adolescents, comparing KMC (n=21) and "Traditional Care" (in incubators, n=18), together with 9 normal term subjects. Psychomotor development, behavioral symptoms, and somatic growth were measured. Neurophysiological outcomes from noninvasive brain stimulation helped assess intra- and inter hemispheric brain function. The functional connectivity of brain motor circuits was more efficient in KMC adolescents than in no-KMC and comparable to the terms. Moreover, more than 60% of the IQ variance at 15 year-old was explained by KMC and its consequences on behavioral and neurological development. These results show that KMC seems to have partly reversed the negative long-term impacts of preterm birth. R. Feldman (Israel) will present a 10-year follow-up of KMC in premature infants as compared to matched controls treated as usual. Results showed that infants who received KMC showed better physiological regulation at 10 years, including more optimal vagal regulation, lower cortisol reactivity to stressors, and better sleep-wake patterns. Although no differences were found between KMC and control children on IQ, children in the KMC group showed higher neurocognitive skills and better executive functions. Similarly, although mothers in both groups were relatively sensitive, dyads who experienced KMC showed higher reciprocity during conflict discussion at 10 years.

Symposium 27: Meeting Room 1.43-44

Moderator: Kruger L. (South Africa)

2767

Pregnancy and motherhood in adverse conditions

Kruger L. (Stellenbosch University, South Africa), Piontelli A. (Private, Italy), Long C. (University of Witwatersrand, South Africa)

Low-income mothers are particularly at risk physically and psychologically in developing countries. Besides other pregnancy-related complications, and a still staggering high mortality at delivery and the immediate postpartum, the risk of mental illness is greatly increased during pregnancy, labor and after parturition. The topic of deteriorating mental health of low income mothers during and after pregnancy is greatly undervalued and underresearched. In this symposium three experts in the field will present ethnographic and qualitative research on the emotional turmoils of low-income mothers belonging to different ethnic groups, and living in very different social contexts. Individual emotional dynamics and choices are deeply affected by societal rules, and by the increasing exposure to the sheer 'luck' of women living in very different socio-economic conditions and by all the choices open to them. All three researchers found similar and apparently paradoxical responses to the emotional experience of bearing and raising children in adverse conditions. Mothers can be severely distressed, and desperate, but also highly resilient. Their children are wanted and loved, but also hated and resented; to the point of severe abuse and neglect. Twins, are even at higher risk of often lethal misconducts. While these mothers have strong, urgent and often overwhelming emotional needs, they also have a clear tendency to repress/deny/suppress their problems and needs. All these and other conflicting emotions, result in mothering being at best a very ambivalent experience which has a profound, often long-lasting impact on infants and children. The three discussants will present their work and results, showing, amongst others, how, through the exploration of the psychological experiences of women who mother in extreme conditions, a better understanding of motherhood in general can be obtained. Alessandra Piontelli: "Twins: a double challenge in poverty and war." Carol Long "Contradicting maternity: HIV-positive motherhood in South

Africa.” Lou-Marie Kruger: “Mothering on the margins: the manifestation of depression in one group of South African mothers”.

Symposium 28: Meeting Room 1.61

Moderator: Wittkowski A.

2602

Psychological factors facilitating the treatment of maternal mood disorders and the mother-infant-relationship: findings from recent studies

Wittkowski A. (University of Manchester, United Kingdom), Reck C. (University Hospital Heidelberg, Germany), Tietz A. (University Hospital Heidelberg, Germany), Pawlby S. (King’s College London, United Kingdom)

This symposium will include the following presentations: What type of expectations about motherhood increase the risk of postnatal depression? (Anja Wittkowski). The influence of post natal depression and anxiety disorder on maternal attachment (Corinna Reck). The impact of postpartum anxiety disorders on the mother-infant relationship (Alexandra Tietz). Maternal and infant mental health: What is good enough care? (Susan Pawlby). The effects of metacognitive therapy in the treatment of postnatal depression (Anja Wittkowski). It has long been recognized that there are several psychological factors influencing the mother-infant relationship. This symposium will draw on new findings from recent studies that focus on maternal mental health and the relationship between mother and infant. The first paper will outline the influence of specific expectations about motherhood and their contribution to the development of postnatal depression in a prospective study of 67 British women who were assessed antenatally and postnatally. The impact of mood disorders on maternal attachment and its predictive influence on the emotional development of the child will be further examined in the second paper. The particular influence of anxiety disorders on the mother-infant bond is the focus of the third paper, which will present findings from a group comparison study conducted in Germany. A key focus of the discussion will be how mother-infant therapy including video-intervention can be used as a way of improving maternal bonding and increasing well-being. The next paper will continue the discussion of offering mothers with severe mental illness who are inpatients on a British Mother And Baby Unit the most appropriate and effective treatment aimed at improving the mother’s and infant’s mental health. Video-feedback of mother-infant interactions has been used alongside discussions of the mothers’ own upbringing in this study. Findings from a multiple-baseline study of the effects associated with metacognitive therapy in the treatment of postnatal depression will be presented in the final paper. This will include identification of improvements in the mother-infant relationship. Overall, this symposium will outline the psychological factors that should be considered in the assessment and treatment of maternal mental health. Successful interventions are discussed in the context of these factors influencing the development and maintenance of maternal psychopathology, which in turn influences the mother-infant relationship and the infant’s psychological well-being.

Symposium 29: Meeting Room 1.62

Moderator: Faure S. (University of Stellenbosch, South Africa)

2230

From primary maternal preoccupation to primary maternal persecution: Empirical and clinical evidence on early maternal attributions

de Castro F. (National Institute of Public Health, Mexico), Raphael-Leff J. (Anna Freud Centre, United Kingdom), Jones A. (NHS & Warwick Medical School, United Kingdom), Faure S. (University of Stellenbosch, South Africa)

Neonatal research and clinical evidence finds that a baby’s internal world is constituted in reciprocal interaction with primary caregivers, and that maternal attributions about the baby’s nature, needs and motivations play an important role. Work with mothers reveals that the close encounter with a tiny baby disarms adult defences, reactivating troubled experiences which are unconsciously transmitted to be absorbed by the infant. The objective of this symposium is to provide empirical evidence of intangible representations in the mind of the carer and discuss their importance for developmental, clinical and preventive purposes. It illustrates a spectrum of inter-subjective dynamics between mother and baby, and ways in which the baby is "held in the carer’s mind" - from adaptive "maternal preoccupation" and benign forms of empathy to pathological levels of delusional projection. We propose that a mother who finds representations of a malevolent baby residing in her mind will experience ‘primary maternal persecution’. The first presentation uses longitudinal data from three independent studies (total n=2650) to describe

the correlates of positive and negative maternal attributions of intentionality measured within the 1st year of life and their impact on the development of 18 to 54 month old children. It is argued that the timely assessment of these attributions represents a reliable indicator of the quality of the current mother-baby relationship, as well as an efficient screening resource for later adverse outcome. The second presentation demonstrates what happens when the maternal projection meets the baby's own primitive projection in their dynamic interplay. Filmed material from psychodynamic parent-infant therapy will explore in fine-grained detail moments when a baby's hopeful expectation of being received is met by tense non-verbal expressions conveying maternal projections and refusal of the baby's emotion. The therapeutic aim of fostering maternal receptivity to her baby's authentic communications is considered the primary work in developing a capacity for concern and mentalization. Based on perinatal therapy and empirical studies the third presentation illustrates how projections arise during pregnancy as emotional reactions to the experience of two people in one body. While fantasies rooted in healthy ambivalence fluctuate, "fixed" positive or negative maternal ascriptions of the unknown baby range from idealized saviour to blood-sucking intruder, which may prefigure malignant representations of the baby as exploitative, and breastfeeding as "draining". It is argued that societies-in-transition breed intense perinatal conditions that powerfully shape the infant's self-image out of the stuff of the caregiver's unprocessed experiences. Our moderator is an expert on perinatal psychology who will lead a discussion about the symposium's findings, highlighting cross-cutting themes and implications for research and intervention.

Symposium 30: Meeting Room 1.63

Moderator: Oiberman A. (Argentina)

2374

Developments of perinatal psychology and early infancy in South America

Oiberman A. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME). Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina), Santos M. (CIIPME-CONICET, Argentina), Arvelo L. (Universidad Nacional de los Andes, Venezuela), Farkas C. (Pontificia Universidad Católica de Chile, Chile)

Perinatal Psychology: a specific device to consider and integrate the psycho-affective aspects of maternity.

Presenters: Dr. Alicia Oiberman & Dr. Soledad Santos.

The aim of this presentation is to introduce a psychological device used in perinatal mental health, specifically designed to consider and integrate the psycho-affective aspects of maternity. Perinatal psychology proposes a psycho-social approach to the process of pregnancy/gestation, delivery/childbirth, postpartum period/ first moments of life. Therefore, this specific psychological device is included in several areas of maternal and infant health: obstetrics (normal and high risk pregnancies), neonatology (premature or babies born with neonatal pathology in NICU), rooming-in (Healthy mothers and babies, breastfeeding problems, postpartum disorders) and pediatrics (healthy and high risk infants). Particularly, the main objective of this perinatal device, created as a result of 20 years of professional work in maternity hospitals of Buenos Aires, Argentina, is to promote early detection and psychological intervention, within a preventive perspective, in the bonding process between the mother and her newborn baby, developing for that purpose, specific instruments. We will present the main characteristics of the mentioned device and the specific methodology of perinatal psychological assistance, as well as the instruments developed to apply within this device and the results of its administration in maternity hospitals in Buenos Aires.

Masculinity and the paternal function. Presenter: Leslie Arvelo. The aim of this presentation is to analyze the main aspects of the intricate association patterns which exist between the concepts of masculinity and fatherhood. Both concepts include psychological, social, anthropological and historical aspects in which the biological element is part of a constructive process. The dissertation will involve the presentation and analysis of the main concepts associated with this construction. Also, it will be considered, from an integrated perspective, the exchanges between masculinity and femininity which occur during the exercise of paternal and maternal functions, as well as the comparison of specific masculine traits in various cultures, particularly those of Western cultures, which both help and hinder the paternal function. The examined concepts will be illustrated by clinical data.

Gestural Communication in Early Infancy: Presenter: Dr. Chamarrita Farkas Klein. The aim of this article is to present the Chilean program of gestural communication and to provide an actual and comprehensive overview of the development and functions of gesture during childhood. The mentioned program could support the work of psychologists, educators, and other professionals conducting research or working with babies and toddlers. There is a growing body of evidence that gestures enhances, not hinders, language development. Gesture and language

development parallels each other and share underlying symbolic abilities. Educational interventions in babies and their families encourage the intentional development of symbolic gestural communication.

Workshop 8: Meeting Room 1.64

2310

Bringing into being- A spiritual dimension in work with parents and their infants

Pozzi M. (Child and Adolescent Mental Health Service, Italy), Powrie R. (Child, Youth and Womens Health Network, Australia)

Following the success of similar workshops on spirituality and parent -infant work in past WAIMH Congresses, we offer further developments in this one. Spirituality is very strong in the African culture with its reverence for the gods, the ancestors and the spirit within nature and natural phenomenon. Cosmological and spiritual beliefs can be seen as part of the wider "holding environment" for parents and infants and thus influence motivations, behavior, interpretation of events and underpin an understanding of the nature of human experience. The first presentation focuses on the spiritual aspect of meditation as practiced in Buddhism. Psychoanalytic psychotherapy and Buddhism have been interested in the understanding of the nature and functioning of the human mind, of mental states and emotions for a long time. Both have been concerned with human suffering and how to diminish or end it and in social and emotional learning. Babies in the West are studied in their interactions and social responses with their mothers and fathers and depending on the quality of such relationship, the babies will be able to develop more or less healthily. Children in Buddhist countries are raised – from very early on – to respect life, to be gentle and compassionate. Links are made between some ideas used by psychoanalysts and others drawn from different Buddhist traditions. These ideas are: suffering, attachment, emotional thinking, no-self, reverie, mindfulness, compassion, awareness, containment and transformation. Brief clinical vignettes from work with parents and infants within a National Health Clinic in England expound some of those concepts and portray the therapist's stance, which is shaped by psychodynamic psychotherapeutic and Buddhist training. The second presentation will focus on the benefits of teaching mindfulness meditation and other like practices to pregnant women at risk of depression and therefore attachment difficulties. Mindfulness is a core aspect of Buddhist teaching but is also central to many contemplative traditions. The ancient Pali word for meditation "Bhavana" means bringing into being. "Good enough" parents in any culture bring their infants into being through a kind of mindfulness toward their infant in their day to day care. While not being a part of the attachment vocabulary the construct of mindfulness is very close to other concepts central to attachment such as mentalizing-both are inherent human capacities and necessary for parents to understand their infants needs. It is proposed that teaching these mothers mindfulness skills during pregnancy, may enhance their mentalizing or reflective capacity and promote more secure attachment patterns. Results from an ongoing trial within an Australian maternity hospital will be discussed. Participants will be offered experiential training in mindfulness during the workshop.

Clinical Teach-In 9: Meeting Room 2.41-42

2276

Cultural elements in the primary relationship - a mother-infant observation in South Africa

Maiello S. (AIPPI Italy, Italy)

The emotions, which are stirred by the great existential events in human life and the relationships between human beings have universal character. Yet, the modalities, through which conscious and unconscious psychic processes are expressed in the interpersonal relations between individuals are deeply rooted in their cultural traditions. This is true for all cultures, including Western civilization. The European author with her Western psychoanalytic background approached a trans-cultural infant observation experience with a keen consciousness of the relativity of her observing eyes and a particular attention to the impact which her presence would inevitably have on an African family. Her infant observation of a newborn baby in a South African township from birth to three months of age, allowed the observer to witness not only the evolving relationship between this particular mother and her baby, but to observe meaningful differences in the modes of interaction, in particular in connection with the specific sense channels which were privileged in the communication between mother and infant, as well as their particular way of dealing with togetherness and separation. The author thinks about the meaning of these characteristic differences

and on the impact which cultural specificities inevitably have both on the primary relationship, on the evolution of the infant's psychic life and on the qualities of his or her later human relations.

Clinical Teach-In 10: Meeting Room 2.43

2400

The outcome of infant mental health disorders during preadolescence and adolescence. A follow up study

Maldonado M. (University of Missouri Kansas City, United States)

The findings of a follow up study of 30 infants clinically evaluated at the Infant mental health center of the Menninger Clinic (Topeka, Kansas USA) are presented. The primary caregivers of the index infant were contacted by telephone and a questionnaire of the current functioning of the child was administered through the telephone interview. The interview included current demographic information, intercurrent stressful or negative events in the child's life and multiple questions about the child's psychosocial functioning at present. The areas included were academic proficiency, presence of absence of learning disabilities. Also, current use of alcohol and illegal drugs, as well as any difficulties with the law or interpersonal problems in the school setting. We inquired about current symptoms of mood dysregulation (including depression, bipolar disorder) and anxiety symptoms (separation anxiety, generalized anxiety, etc.) conduct problems and developmental disturbances. We explored the presence of current or past parent child conflict. Issues of current sensory integration difficulties (in the various sensory channels) and motor functioning and language problems were also evaluated. Also, current symptoms of sleep difficulty (insomnia, frequent waking, nightmares, sleep terrors, restless leg syndrome), eating problems (excessive selectivity, concern with dieting, obesity), management of anger and frustration and how the child dealt with stress. Also history of involvement with mental health treatment now was explored as well as any medical conditions now. For most children the Child Behavior Checklist was obtained from the primary caregiver also. The findings of the present functioning are then confronted with the symptoms and issues presented by the child and the caregiver at the time of the initial evaluation about 12 years ago. The infant participated in a evaluation that led to a diagnosis in the Zero to Three diagnostic classification and a detail characterization of the child's functioning in the various areas, sleep, crying, feeding, sensory integration, etc. The parent infant relationship was evaluated using the Parent Infant Relationship Global Assessment Scale, and the physical health of the child was assessed. In this way, pathways of "continuities and discontinuities" are presented, for each child, and then patterns that emerged in terms of areas of continued difficulty are presented. We explore the possible factors accounting for the present functioning of the child, emphasizing the issues of parent infant relationships and how caregivers were seen managing the vulnerabilities of the infant. We present the caregiver's own explanations for the child's problems and also their views and opinions as to the usefulness of the parent infant psychotherapy provided earlier on. We present what parents found useful and negative about such intervention. Videotaped material of the child as an infant and at present is used to illustrate the "before and after" conditions.

45 Minute Workshop 22: Meeting Room 2.44

2347

Mother's milk insufficiency and psychological suffering in Afghanistan

Bizouerne C. (Action Contre la Faim, France)

This presentation is based on a research and intervention project in an humanitarian context: in Afghanistan, more than 30% of the severely malnourished children admitted in the Therapeutic Feeding Centres of Action Contre la Faim (INGO) were less than 6 months old. Mothers were explaining their child malnutrition by lack of breast milk. How can this mother's milk insufficiency be explained? What are the mothers saying when they complain of a lack of milk? How can these infants and their families be supported? A research project has been set up from 2002 and 2008. The causes of mother's milk insufficiency are multiple (the characteristics of the infant, the role of the family, the mother-child relationship, the women's distress, etc.). The interventions combined psychological support for the families and/or women, improvement of the medical staffs and patients relationship, stimulation of the malnourished babies. This new approach provides a better effectiveness of the treatment of severe acute malnutrition. The humanitarian system should take into consideration the impact of the crisis on the health of the population and needs to adapt its comprehension and its approach to acute malnutrition in integrating both its anthropological and psychological dimensions.

45 Minute Workshop 23: Meeting Room 2.44

2680

Pacific early intervention program

Leuga L. (NET Pacific, New Zealand)

“E sili le puipuia i lo’o le togafitia”

“Prevention is better than cure”

Samoa proverb

This paper provides a background to Naku Enei Tamariki’s (N.E.T Inc.) early intervention program with a focus on the Pacific section and its impact within its communities in the past 5 years. N.E.T Inc. was founded in 1992, a community driven initiative that provides specialized infant mental health and well being in our communities. Based in Wingate, Lower Hutt New Zealand, we actively support families with new babies and pre-school children through holistic specialized programs and services to the Lower and Upper Hutt regions. N.E.T Inc. works collaboratively alongside professionals in the infant, child and maternity mental health services. We know that intensive home visiting for at risk babies, parents and families can improve social and health outcomes for infants. We use Pacific models of practice unique in our Pacific cultures, with a strengths based approach and with babies in mind. Babies and children are at the very heart of our Pacific families, as evidenced in our traditional social networks and collective approach in raising our children. Yet, statistically the health of our Pacific babies and children is not great in New Zealand. So we have reviewed our progress, by looking at historical data available and outline case studies with success stories and the approach used to achieve positive results for our babies and families. We will elaborate on infant mental health interventions that are relevant for Pacific babies, parents and their families. We will also review the systems we have in place to ensure that the data that is being captured is effective and useful. Our long term view is to conduct an in depth research project to track current and future families in the early intervention program to get a fuller picture in terms of whether families are better off and how this is measured for our Pacific families. This will help to strengthen the understanding of infant mental health in our Pacific babies and families.

45 Minute Workshop 24: Meeting Room 2.45

2200

FEAS (Functional and Emotional Assessment Scale) and Feeding Scale (Chatoor): Diagnostic and therapeutic use

Van de Merwe D. (UKA- ZNA-CAPRI, Belgium), Boeykens P. (UKJA - ZNA - CAPRI, Belgium)

The FEAS (Functional Emotional Assessment Scale) is a clinical assessment instrument used to assess a child and his caregivers’ functional and emotional capacities from 7 months through 4 years of age (Greenspan et al, 2001). The Feeding Scale is a clinical assessment instrument used to evaluate the feeding or eating process of a child and his/her caregiver, for the age range of 1 month to 3 years of age. This workshop deals with the use of the FEAS and the Feeding scale as part of a standard diagnostic protocol in an infant psychiatric setting. During this workshop we will elaborate use these instruments in our standard diagnostic protocol, based on a combination of parent information and standardized developmental tests, with infants ranging from 0 to 5 years of age, in a setting of infant psychiatry. The FEAS is used to evaluate the child’s development and the alignment between the child and the parents. It is scored on video material obtained during a play session. When an eating disorder is suspected, a videotaped mealtime observation is analyzed by means of the Feeding Scale. In this workshop we will focus on and discuss our experiences with regard to the practical use, benefits, disadvantages and interrater reliability of both observation scales. Secondly, the use of both scales during therapy is treated. We use the scales to assess the goal and method of treatment as well as the progress of the treatment. The video material can also be used as a therapeutic mean: parents observe their child and themselves which gives opportunities to discuss the effect of their behavior and underlying experiences and finding new ways of interacting with their child. Special attention will be given to the value of the combination of both instruments as a clinical as well as therapeutic tool. In this workshop, video material is used to illustrate all topics and there is time to exchange experiences and ask questions. References available upon request.

45 Minute Workshop 25: Meeting Room 2.45

2312

Emotional feeding during early childhood mealtimes as the main element in nurturing emotional and social development

Samish S. (Hebrew University of Jerusalem, Israel)

‘Advances in neuroscience, molecular biology, epigenetics, and the behavioral and social sciences indicate that the foundations of educational achievement, lifelong health, economic productivity and responsible citizenship are formed early in life... early experiences are incorporated into the developing brain, for better or for worse ... If we really want to build a strong platform for healthy development and effective learning in the early childhood years, then we must pay as much attention to children's emotional well-being and social capacities as we do to their cognitive abilities and early literacy skills’ – as stated by JP Shonkoff. An innovative approach to nurture emotional well being is suggested by the Emotional Feeding Model. Feeding and family mealtimes nurture the emotional, social, as well as cognitive and motor development—in the common daily situation of feeding, especially in the first year of life where it occurs 6-8 times a day. The mealtimes, serve as learning and training laboratory where parent-child relationships are experienced and shaped. Positive transactions and experiences during feeding, like listening and responding appropriately to the baby's hunger and satiation signals; placing full trust in his ability to adjust the amount of food he needs, and respecting and encouraging his initiatives and experiences to feed himself – all these are basic elements for building positive wellbeing, emotionally and socially. When caregivers feed the child mechanically or even force feed, they create an adverse and unhealthy environment for development. The ongoing struggle between dependency and independence in feeding situations might have far-reaching effects of child abuse and violence and damage the healthy development of the brain. Observing mealtime dynamics may serve as a simple, available and cheap tool for evaluation, guidance and intervention in caregiver-child relationships. It is of great significance in guiding and training young parents, as well as professionals working with young children, in how to create an environment that nurtures emotional well-being. The model will be presented in the workshop and participants will exercise and experience different feeding situations.

45 Minute Clinical Teach In 3: Meeting Room 2.46

2682

Clinical work with infants in the child protection system: Intervening at multiple levels in the system to keep the baby in mind.

Milburn N. (Berry Street Victoria, Australia)

Berry Street Victoria is a health and welfare organization in Victoria, Australia, whose roots were in residential care for adolescents and, originally, the rescue of abandoned babies during the Victorian Gold-rush era. Berry Street has formulated a specific strategy to address inequality in service delivery to infants who are clients of the government's Child Protection Services. This strategy has evolved over time and includes direct clinical work, development of a specific infant clinic in one region, secondary consultation, training and advocacy to raise the profile of infants across all levels of the welfare system. This Clinical Teach-in will review some of the issues common to child welfare and the difficulties in promoting the rights of infants to good care, protection and therapeutic treatment. A Berry Street program called Take Two is a therapeutic service for child protection clients in partnership with La Trobe University, Mindful and the Victorian Aboriginal Child Care Agency. Cases will be presented that illustrate the direct clinical work of Take Two and examples of capacity building within the sector will also be discussed. The program's commitment to a whole-of-sector approach will be highlighted as being necessary to achieve a conceptual shift to prioritizing the needs of infants — not just as a therapeutic early intervention but also as an immediate and necessary intervention for distress.

Poster Workshop 4: Parenting and Family Process Auditorium 2 Upper Foyer

Facilitator: Salomonsson B. (Sweden)

2360

Parenting stress and quality of life in first time mothers

Quitmann J. (University Medical Center Hamburg-Eppendorf, Germany), Witt S. (University Medical Center Hamburg-Eppendorf, Germany), Kolster L. (University Medical Center Hamburg-Eppendorf, Germany), Brandi D. (From the Early Beginning, Germany), Kollmeyer M. (From the Early Beginning, Germany), Bullinger M. (University Medical Center Hamburg-Eppendorf, Germany)

The purpose of this study was to examine the association between maternal stress and health related quality of life (HRQOL) among first time mothers visiting an early intervention place for parents of children from 0-3 years. Background: Motherhood is rewarding and fulfilling, but it can also be draining and stressful. Babies' needs are immediate and endless, requiring attention around the clock. All women adapt with a different level of ease to motherhood, but some first-time mothers struggle with the constant stressors, which has in turn a significant impact on their perceived quality of life. Methods: About 150 participating first time mothers completed a number of questionnaires, before, after and again after three months of treatment in an early intervention institution. Maternal stress was measured with the Parenting Stress Index. To capture the quality of life of these first time mothers, the SF 8 was used as well as some questions about the family's socio-demographic characteristics with a self-made questionnaire.

First results show a correlation of maternal stress and low quality of life: Parenting Stress scores were significantly negatively correlated to the mental domain of the SF-8 HRQOL for the overall sample. Conclusion: In view of the stress faced by many first time mothers there is evidently a need for prevention programs and support such as offered by an early intervention place in Hamburg Germany where first time families are helped by professionals to find and adapt new strategies to reduce parenting stress and improve the mental component of HRQOL.

2403

Couple relationships, co-parenting, and parental involvement during infancy

Yoo H. (The Ohio State University, United States), Schoppe-Sullivan S. (The Ohio State University, United States), Kamp Dush C. (The Ohio State University, United States), Kotila L. (The Ohio State University, United States)

Research has demonstrated that father involvement in childrearing during infancy plays an important role in infants' cognitive, behavioral, and social development. Of the factors that explain individual differences in father involvement, evidence indicates that the relationship between parents is influential. In particular, the quality of parents' romantic relationship (Volling & Belsky, 1991) and the quality of their coparenting relationship (Schoppe-Sullivan et al., 2008) both predict father involvement. However, we still have limited knowledge regarding the interplay between couple relationship quality and coparenting relationship quality in relation to father involvement. Further, while father involvement has been given much attention by researchers, studies on mother involvement are relatively rare, most likely because maternal involvement with infants is assumed. However, mother involvement may be influenced by interparental relationships as well. In this study, we expand on previous research by testing a mediation model predicting both father and mother involvement in parenting. We propose that parents' couple relationship quality prior to their infant's birth affects the initial quality of their coparenting relationship at 3 months postpartum, which in turn affects levels of maternal and paternal involvement at 9 months postpartum. Participants were 182 couples expecting their first child. Parents' perceived relationship quality was assessed in the third trimester of pregnancy using the Relationships Questionnaire (Stanley et al., 2002). Their perceptions of the quality of their coparenting relationship at 3 months postpartum were assessed using the Your Coparenting Team measure (Feinberg et al., 2008). Lastly, a 24-hour time diary, in which parents provided a minute-to-minute record of their daily activities on workdays and non-workdays, was used to assess the quantity of parental involvement in childrearing at 9 months postpartum. Four types of involvement were examined: routine childcare, accessibility, responsibility, and engagement (Pleck, 2010). The mediation model predicting parental involvement in childrearing was tested for workdays and non-workdays separately using SEM. The model fit was acceptable for both workdays ($\chi^2(124)=209.90$; CFI=.889; RMSEA=.062) and non-workdays ($\chi^2(124)=197.30$; CFI=.910; RMSEA=.057). Both parents' perceived relationship quality prior to their infant's birth predicted their own perceptions of coparenting relationship quality at 3 months postpartum. Also, parents' positive perceptions of their coparenting relationship were associated with greater parental involvement in childrearing. For example, fathers' positive perceptions of the coparenting relationship were associated with his greater accessibility to the infant. These preliminary results indicate that the coparenting relationship may be an important link between the couple relationship and parental involvement for mothers and fathers.

2354

Perceived urgency and physiological reactivity predict maternal behaviors in infant affect regulation during a simulated cry response task

Verhage M. (VU University Amsterdam, Netherlands), den Hertog S. (VU University, Netherlands), Oosterman M. (VU University Amsterdam, Netherlands), Schuengel C. (VU University Amsterdam, Netherlands)

Young infants need their caregivers to help them regulate their affect. When the caregiver does this successfully, infants gradually learn to regulate their affect themselves. However, regulating the affect of the infant is challenging for new parents; they have to learn which methods are effective from the signals the baby emits. To interpret these signals, caregivers have to be in control of their own emotions as well, which might be more difficult if an infant is hard to soothe, since research has shown that exposure to infant cries leads to strong physiological arousal (Donovan & Leavitt, 1989). The current study investigated with a simulated cry response task whether perceptions of a crying infant and physiological reactions were influenced by difficulty of regulating the infant's affect. We were also interested in whether this had an effect on the response latency and the amount and consistency of the caregiver's responses. This study has been executed with first-time pregnant women, because we expected them to be able to relate to this task more than any other group of non-parent adults, while their responses were not colored by previous parenting experiences. 179 women (age 18-40 years) who were pregnant with their first child participated at 22 weeks of pregnancy in a computerized cry response task involving audio taped baby cries. They listened to 2x10 baby cries during which they could choose one of four responses (feeding, distracting, changing the diaper or picking up the infant) to terminate the cry. The first series of cries simulated an easy to regulate infant (soothing success rate 80%, short cry duration); the second series represented a difficult to regulate infant (soothing success rate 20%, longer cry duration). After each series, the women filled out four questions regarding their perception of the cries. Physiological reactivity was measured using the VU-AMS (De Geus & Van Doornen, 1996), an ambulatory device that records ECG and ICG, allowing calculation of indicators of sympathetic (PEP; pre-ejection period) and parasympathetic nervous system activity (RSA: respiratory sinus arrhythmia). The cries of the difficult infant were perceived as more urgent, stressful, unpleasant and piercing ($p < .01$) than the cries of the easy infant. Women also gave more responses ($p < .001$) and changed their responses more often ($p < .001$) for the difficult infant. Perceived urgency was positively related to faster responses ($p < .01$), a larger number of responses ($p = .064$) and more altered responses ($p < .01$). Preliminary physiological data ($n = 76$) showed that lower PEP (more sympathetic stress) was related to faster ($p < .05$) and more responses ($p < .01$). Longer, difficult to calm crying alters pregnant women's perceptions of the meaning of the cries. Differences in perception and arousal may partly explain response tendencies to crying infants. Heightened physiological arousal may lead to excessive soothing behaviors.

2478

Marital satisfaction and parent's prenatal attachment representations: Individual and inter-parental effects

Ahlqvist-Björkroth S. (Department of Behavioral Sciences and Philosophy, Turku Institute for Child and Youth Research, Turku University, Finland), Korja R. (Department of Child Psychiatry, Turku University Hospital, Finland), Savonlahti E. (Department of Child Psychiatry, Turku University, Finland), Junttila N. (Department of Teacher Education, Turku University, Finland), Aromaa M. (Department of Public Health, Turku University and City Hospital, Finland), Pajulo M. (Department of Child Psychiatry, Turku University, Finland), Riih  H. (Department of Behavioral Sciences and Philosophy, Turku Institute for Child and Youth Research, Turku University, Finland)

Parents' attachment relationship to the becoming baby is developing during pregnancy based on earlier and present life experiences, experiences of the pregnancy and the fetus (Slade et al. 1999). Mothers' marital satisfaction is known to be one important factor modifying their prenatal attachment development (Condon & Corkindale, 1997). Marital relationship has strong implications for fathering postnatally (e.g. Erel & Burman, 1995) but less is known about prenatal development. In addition, little attention has been paid to quality of interparental relationships in the study of attachment (Bretherton, 2010). The aims were: 1) to study at the individual level whether marital satisfaction predicts parents' prenatal attachment representations and 2) to explore at interparental and at family level how marital satisfaction is predicting the parents' prenatal attachment representations. Subjects. The study involves a follow-up of 155 families. The families were recruited to the study at the maternity clinic in South-Western Finland (2007-2009). Methods: Both parents completed at the 20th pregnancy week, the Revised Dyadic Adjustment Scale (RDAS). Inclusion criteria to the study group ($n = 72$ couples) was that at least one of the parents evaluated marital relationship low in satisfaction (≥ 36) and in the control group ($n = 83$ couples) both evaluated marital relationship as satisfying (< 36). Parental attachment representations were assessed using the Working Model

of Child Interview (WMCI) between 28 – 32 gestational weeks. Parental depression (EPDS) and pregnancy related anxiety (PRAQ) was also assessed at the 20th pregnancy week. Statistical analysis. The structural equation model will be conducted with individual-, family-, and interaction level variables predicting the prenatal attachment representations of mothers and fathers. The parents' age, educational level, depression and pregnancy related anxiety will be used as moderators between the main variables. Preliminary results: Marital satisfaction was not significantly associated with mothers' ($p = 0,14$) or with fathers' ($p = 0,18$) prenatal attachment representation classification. In addition, no association between marital satisfaction and parent's balanced/non-balanced attachment representations were found. The interaction between mothers' depression and low marital satisfaction was related significantly ($p = 0,001$) to higher amount of maternal non-balanced representations. Discussion: When marital dissatisfaction was combined with maternal depression the mothers were more likely to have non-balanced attachment representations. This might be due to accumulation of risk factors. On the other hand, good marital relationship seems to protect mothers' developing attachment relationships from the effects of depression.

2178

The Assessment of Parenting Tool (APT): Ongoing validation of a new measure of parenting self-efficacy

Moran T. (Erikson Institute, United States)

According to Albert Bandura's definition of self-efficacy, the construct of parenting self-efficacy (PSE) should encompass both level of knowledge about child-rearing behaviors and degree of confidence in one's ability to perform these tasks. PSE is an important construct within infant mental health as it is negatively associated with parental depression and perceived stress and positively associated with social support, attachment, and adjustment. Currently available measures of PSE attempt to cover vast ranges of childhood which encompass different parenting challenges and cut across markers of child development. A new measure of PSE, The Assessment of Parenting Tool (APT) has recently concluded the first phase of measure validation. The APT addresses prior limitations in the PSE measurement literature in that it: 1) includes age-specific, developmentally targeted task-level items, 2) contains a variety of domain-level items, 3) is undergoing a thorough validation process with emphasis placed on sound psychometric properties, 4) is being examined in a culturally-sensitive manner, 5) is being validated for use with mothers and fathers. Using an online sample, we have collected a full battery of measures of constructs theoretically related to PSE (e.g., depressive and anxiety symptoms, social support, current measures of PSE) on 1,376 parents of children under twenty-four months of age. Confirmatory and exploratory factor analyses of task- and domain-level subscales are currently underway and will be completed for presentation in time for the WAIMH conference. Relationships between the APT and other included measures will be documented. The implications of our findings for phase two of the APT validation, which will include item and scale refinement as well as validation in clinic and diverse community samples, will be discussed. Phase three of the validation process including a longitudinal approach to APT data collection will also be highlighted. The potential ramifications of the APT regarding our knowledge of the PSE construct as well as for the larger parenting and early childhood intervention literatures will be discussed.

2199

Share and care: Experiences of equal parental leave in Sweden

Lidbeck M. (Maternity and Child Health Care, Primary Health Södra Bohuslän, Sweden), Tjus T. (University of Gothenburg, Sweden), Wickberg B. (University of Gothenburg, Sweden)

Background: Since 1974 have Swedish parents have a legal possibility of sharing sixteen months of parental leave during the child's first eight years. The aim of this law was to improve the financial situation of families and increase parental gender equality. Two months are reserved for each parent, while the other days can be transferred to the other parent. The fathers outtake of the benefit days has slowly grown from 0.5% 1974 to just over 22% 2010. 9% of the families choose to share the parental benefit days equally (Swedish Social Insurance Agency, 2010). Previous Swedish studies have particularly focused on the fathers' experiences of parental leave (Chronholm, 2004), attitudes from companies regarding fathers' parental leave (Haas & Hwang, 2007), or negotiations about how the parental leave will be apportioned of the couple (Bekkengen, 2002). Few studies have investigated couples' experiences who share the parental leave coequally as the study presented here. Aim: To examine how parents describe their experiences of coequally shared parental leave and especially the shift when the father takes over as the primary caregiver. Material and methods: Twenty-four parents of twelve infants (age six to twelve months) were interviewed separately. Data was collected using semi-structured interviews six weeks after the couple shifted parental leave and was analyzed using Interpretative Phenomenological Analysis, IPA (Smith et. al., 2009). Crucial

in the method is to seek meaning and understanding of the person's experiences, in terms of thoughts and emotions, and data was coded on a descriptive and a conceptual basis. The findings from the ongoing analysis of the interviews will be presented and discussed.

2330

Using the Lausanne Trilogue Play to assess development of father-mother-infant interactions from pregnancy till the baby's 9th month

Alessandra S. (DPSS- Faculty of Psychology, University of Padua, Italy), Bighin M. (Department of Developmental and Social Psychology, University of Padova, Italy), De Palo F. (Department of Social and Developmental Psychology, University of Padova, Italy)

Background: This study takes its theoretical start from the Lausanne Triadic Paradigm which describes the father-mother-infant primary triangle – which starts developing during pregnancy – as one of the primary matrices of affective-relational development in early infancy. From a methodological point of view, this concept relies on the Lausanne Trilogue Play (LTP) observational paradigm. Objectives: The aim of this study was to investigate a) the psychometric characteristics of the administration and coding of the pre-natal and post-natal LTP procedure; b) the patterns of stability and/or change in triadic family interactions from pregnancy till the baby's 9th month. Method: 70 non-referred primiparous families were recruited at child-birth courses of two North-Italian hospitals. Observational data were collected at time 1 (7th month of pregnancy) with the prenatal LTP, and at postnatal times 2 and 3 (when the baby was 4 and 9 months old). Results: The collected data show good reliability of the LTP coding system and a consistent factorial structure in line with previous validation studies (Carneiro et al., 2006; Favez et al., 2006). The applied multilevel analysis highlights an improvement in triadic interactive competences during the first year. Findings show a linear relationship between time and quality of family interactions whereby competences improve by 2.35 points at each observational phase. Family interactions are not stable: rather, the quality of triadic family interactions increases from pregnancy to parenthood. Conclusion: The adults' interactive abilities during pregnancy represent an interactive matrix for the construction of early family relationships and may be considered predictive of the child's development of early triadic interactive abilities during the first months of life.

2391

Parental and inter-parental mentalization in both mothers and fathers and their links with family interactions

Lopes F. (University of Geneva, Switzerland), Favez N. (University of Geneva, Switzerland)

Mentalization is the capacity to explain other's and self's behaviors in terms of mental states like emotions, intentions and beliefs (Fonagy, 2002). When well developed, this ability is believed to make social relationships more effective. Until now, maternal mentalization was studied in the parent-child relationship. In this research, we will explore mother's and father's mentalization in both parental (parent-child) and interparental (mother-father-child) relationships and test links between mentalization and family interactions. The participants in this study were 25 french speaking mid-high SES families composed by mother, father and a 18-24 month old child. Researchers met the family on two separate occasions (1-3 weeks apart). During the visit 1, at the lab, the family was asked to perform the Lausanne Trilogue Play (LTP), a semi-standardized situation where mother, father and child play all together around a table using toys adapted for the child's age. LTP was video-recorded and family interaction was assessed using the Family Alliance Assessment Scale (Lavanchy-Scaiola et al., 2006). The visit 2 was at family's home. In this occasion, mother and father separately participated in the Family Constellation Interview (FCI) in which parent is asked to expose representations and memories about parental and interparental relationships and try to explain self's and other's behavior in terms of mental states. Parents' interviews are transcribed verbatim and assessment of parental and interparental mentalization was obtained using the Reflective Functioning Manual (Slade et al., 2005). Results showed that mentalization can be assessed in both father and mother and for both parental and interparental relationships. Moreover, correlational analysis showed that parental and interparental mentalization in mothers are linked with family interactions ($p < .05$) while mentalization in fathers is not. Discussion about maternal and paternal contribution to family interactions and the role of mentalization as a strength for well functioning families will be presented.

Poster session 6: Attachment Studies and Clinical Disorders *Jasminum Restaurant*

2465

Attachment dimensions in children suffering from obesity: What about very early obesity?

Borghini A. (SUPEA, Switzerland), Zigante F. (Hôpital Necker APHP Paris, France), Ricour C. (Service de gastro-entérologie, Necker Hospital, France), Dabbas M. (Service de gastro-entérologie, Necker Hospital, France), Kobilinsky N. (Child psychiatry unit, Necker Hospital, France), Golse B. (Child Psychiatry Unit, Necker Hospital, France)

Obesity increases the likelihood of various diseases and is a leading preventable cause of death worldwide, with increasing prevalence in adults and children. Authorities view it as one of the most serious public health problems today. As far as we know, very few studies have been concerned by the links between very early obesity and emotional difficulties such as attachment styles during childhood. This is of crucial importance given that overweight difficulties are largely influenced by emotional aspects and lead frequently to affective disorders. The present study focused on this field. Twenty-seven children suffering from obesity have been compared to healthy comparable children according to their attachment styles and narratives competencies. The Attachment Story Completion Task (ASCT) has been used in order to produce a narrative and the ASCT Q-sort has been used to code the narratives. Results show that children with obesity are not too different from healthy children. However, when the age of obesity is taken into account (before 2-year-old of age versus after 2 year-old), very early obesity is largely associated with more disorganization, less collaboration and more weaknesses in narrative competencies. Links can be made between very early obesity and baby-mother interaction difficulties. Such results may orientate further research in the field as well as adjust our focus for therapeutic intervention helping these children and their families.

2516

Attachment relationships in children adopted after six

Salvaterra F. (Lisbon Adoption Team/ CEPCA-ULHT, Portugal), Santos L. (Lisbon Adoption Team, Portugal), Petisca E. (Lisbon Adoption Team, Portugal), Andrade A. (Lisbon Adoption Team, Portugal), Salvaterra M. (Ispra, Portugal)

The family experience of each child affects their development, the kind of expectations they have about caretakers and their relationship with others. Bowlby's (1979, 1982) attachment theory makes an enormous contribution to our understanding of the influence of children's experience with their primary attachment figures in the way they perceived the relationship with others and what to expect in terms of security and protection. So, different interaction histories should account for different outcomes in the quality of infant-parent secure base relationships. Bowlby also stressed the role of internal working models in the intergenerational transmission of attachment patterns. What happens with children separated from their birth parents? What kind of relationship can they establish with adoptive parents? The study of attachment in adoptive children affords the opportunity to probe assumptions of attachment theory with regard to the developmental timing of interactions necessary to form attachments and also with regard to effects of shared genes on child attachment quality. Some studies (Posada, Waters et al., Steele, Steele & Fonagy, 1996; Tini et al., 2003; Verissimo & Salvaterra, 2006; Vaughn et al., 2007; Salvaterra, 2007) support the notion that the transmission of attachment security across generations involves mutual exchanges and learning by the child and that the exchanges leading to secure attachment need not begin at birth and that adoption gives the child, whose parents couldn't or wouldn't take care of them, the opportunity of a new environment that protects her from the biological risk and where she can establish secure attachment relationships, independently of the adoption age or their background, at least with children adopted until five years (Salvaterra, 2007). The present investigation, intends to clarify how this intergenerational transmission occurs, by evaluating parents' internal working model and attachment security in children adopted after 6 years old, linking this with other variables such as age, gender, time of institutionalization, age of adoption, and contact with birth parents or not. We used narratives (Waters, 2006) to access the "secure base script" of adoptive parents and the Kerns Security Scale (Kerns et al., 1996, Santos et al., 2009) for children from 7 to 12 years old. 30 adoptive parents and their children from Lisbon Adoption Service, Portugal participated in the study. The assessments took place in the context of a more general study about the construction and development of parental relationships in Portuguese adoptive families. Results will be discussed in terms of the contribution of parents' internal working model to the construction of a secure relation with the adoptive child and about the capability of a child, adopted after 6 years old, to establish attachment relationships.

2587

Adult separation anxiety, adult attachment, mental health and infant behavior in the postnatal period

Kohlhoff J. (Karitane, Australia), Barnett B. (Karitane, Australia), Eapen V. (University of New South Wales, Australia)

Background. Separation anxiety disorder (SAD) is a disorder characterised by severe anxiety focused on the safety, well-being and proximity of close attachment figures (American Psychiatric Association, 1994). SAD has typically been viewed as a disorder of childhood, however in recent years a clinical form of Adult Separation Anxiety Disorder (ASAD) has also been documented (Manicavasagar & Silove, 1997; Manicavasagar et al., 1997; Silove et al., 2007). There is emerging indication that ASAD in the perinatal period is likely to be an important and under-recognized clinical condition. This is particularly so given the frequency of anxiety disorders in the postnatal period (Ross & McLean, 2006), the fact that maternal anxiety in the postnatal period is often focused specifically on separation from the infant (Brockington et al., 2007; Phillips et al., 2009), and the known association between maternal postnatal anxiety and a range of adverse maternal and child outcomes. The current study aimed to provide important new information about the prevalence, nature, co-morbidities and associated outcomes of ASAD in a postnatal population. **Method.** The study was conducted at a residential parent-infant unit in Sydney, Australia. Participants were 80 primiparous women with infants aged 0–12 months. During their 5-day residential admission, participants completed a range of standardized self-report and interview measures relating to ASAD, adult attachment style, current anxiety and depression, parenting confidence, recalled parenting experiences and infant behavior. **Results.** ASAD was common in this sample, with over 32% of women endorsing clinically significant ASAD symptoms. Preliminary analyses showed postnatal depression to be associated with ASAD and an anxious adult attachment style, but not an avoidant adult attachment style. An avoidant adult attachment was found to be associated with parental abuse during childhood (maternal and paternal), whereas an anxious adult attachment style was associated with an abusive and over-controlling father (but not mother). Both attachment styles were correlated with low parenting confidence. Results of meditational analyses and infant behavior data will also be reported. **Conclusions.** Taken together, results highlight the importance of attachment and pre-existing separation anxiety issues in the development of postnatal difficulties.

2605

A window into the representations of late adopted children by family drawings and attachment narratives

Di Folco S. (University of Rome "Sapienza", Italy), Pace C. (Department of Dynamic and Clinical Psychology University of Rome "Sapienza", Italy), Guerriero V. (Department of Dynamic and Clinical Psychology University of Rome "Sapienza", Italy), Li Volsi V. (Department of Dynamic and Clinical Psychology University of Rome "Sapienza", Italy), Zavattini G. (Department of Dynamic and Clinical Psychology University of Rome "Sapienza", Italy)

Introduction. According to attachment theory early experiences with caregivers are internalized into representations of the Self and the Other known as Internal Working Models which influence development and building of further relationships. Kaplan and Main (1986) pioneered in this field proposing that children's family drawings could be an important way to capture attachment representations, articulating how the four different attachment categories could be reflected in them. Therefore, according to past researches (Fury, Carlson, Sroufe, 1997; Madigan, Ladd, Godberg, 2003; Fhiner, McMahan, 2009; Behrens, Kaplan 2011) some markers of children's drawings distinguish children with varying attachment histories in infancy and further correlations with the quality of home environment have been found (Carlson, Sroufe, Egeland, 2004). The last aspect is particularly important for adoptive children coming into a new family because they have often different familiar background (institutionalization, neglect, abuse) and an insecure/disorganized attachment models. Narrative story stems, as the MCAST, are also useful measures to assess attachment representations. Therefore the aim is to explore children IWM of attachment based on previous experiences and how they perceive, under their influence, current familiar environment. **Method.** Sample: 22 late adopted children, 13 girls and 9 boys, 3 from domestic adoption and 19 from international adoption. The control group is composed of 12 blood-related children, balanced for sex. All children were 4-8 years-old at the time of collect data (mean = 78 months, S.D. = 14 months). At the time all late-placed children have been adopted by their adoptive families for 7-8 months. **Measures.** Family Drawings- and adapted version of Kaplan and Main (1986) coding system has been used. Manchester Child Attachment Story Task-(Goldwyn et al., 2000; Green et al., 2000) is adoll play completion method to elicit children's narrative responses to four attachment related themes. **Results.** Data analysis highlight that general coherence of narrative is inversely correlated with markers of insecurity ($r_s = -.313, p > .05$), with the avoidance ($r_s = -.313, p > .05$ and) with disorganization markers ($r_s = .451, p > .01$) in Family

Drawings. Mentalizing, instead, is inversely correlated ($r_s = -.409, p > .05$) with disorganization and less with insecurity markers ($r_s = .322, p > .05$) in Family Drawings. Discussion. The present study seems to suggest that coherence and mentalizing related to the representations of early attachment experiences are linked to markers of insecurity and disorganization of family in school aged children. In conclusion both the assessment of attachment representations and family drawings seem to be useful measures to tap into children's representation of their adoptive family and to explore their IWM in the attempt to open a window into their inner life.

2727

Factors moderating the risk of PTSD, emotional and behavioral problems amongst children in war zones and refugees escaping from warfare

Samara M. (Kingston University London, United Kingdom), Al-tawil M. (University of Hertfordshire, United Kingdom), Khadaroo A. (Kingston University London, United Kingdom), Hammuda S. (Kingston University London, United Kingdom)

Children who grow up in war zones are typically exposed to multiple stressors including physical harm, intimidation or other forms of psychological trauma. This can also lead to Post Traumatic Stress Disorder. On the other hand, resilient children show no psychiatric distress even when they are exposed to severe traumatic stress. Additionally, the number of refugee children due to warfare reasons is increasing. Past empirical studies have recognized that the process of migration and living life as a refugee is detrimental to the psychological health of young refugees. In this symposium we will examine the prevalence and determinants of resiliency among refugee children and children living in conditions of war and violence. The first study investigated the psychological, social and somatic effects of chronic traumatic experience on Palestinian children over six years (2000-2006). The sample consisted of 1,137 children who completed: Checklist of Traumatic Experiences, Symptoms of PTSD Scale, Network of Psycho-Social Support and Personality Assessment Questionnaire. It was found that 41% of the participants suffered from PTSD. From these 25% suffered from cognitive symptoms; 22% suffered from emotional symptoms; 22% suffered from social behavioral problems; 17% suffered from academic and 14% suffered from somatic symptoms. The support of family, friends, relatives and teachers, and positive personality traits were found to be strong protective factors aiding recovery from trauma and PTSD. The second study evaluated the relation of exposure to war traumas, and violence in the family, community, and school, to PTSD symptoms, emotional and behavioral problems amongst 330 Palestinian children. Results highlight the additive effects of exposure to war traumas and violence in different settings. In addition, it was found that psychosocial support reduced the effects of environmental factors in developing PTSD and behavioral problems. The third study included data from two refugee charity organizations in the UK. There were 200 refugee children coming from war zones and 210 control children (non-refugees). The study aimed to look at a range of factors to assess the differences between the above groups with regards to their well-being and peer and sibling relationships. Results showed that refugee children were significantly more likely to be in the clinical range for total difficulties and to have higher health and physical problems, negative friendship quality and low self esteem compared to the control group. Refugees who were bullied at home and at school were also more likely to develop PTSD symptoms. Protective factors are also discussed in this study. The above studies emphasize the fact that interventionists should consider the full range of sources of environmental risk for PTSD and emotional and behavioral problems and should strengthen the psychosocial support for children in or coming from war zones.

2748

Attachment disorder and/or autistic spectrum disorder by children aged two/five years

Merat Y. (Universite de Sherbrooke, Canada), Michel J. (CHUS, Canada)

Children with pervasive developmental disorders may present more or less secure modalities of their attachment. Even more complicated is the problem of disorganized attachment. In fact the disorganized attachment disorder may look like an autistic spectrum disorder. Therefore, it is difficult to distinguish between those two disorders or to understand their association. METHOD: From twelve complex cases of children aged two/five years, the authors examined the modalities and the standardized procedures of the diagnostic-evaluation and compare their results with those obtained during a re-examination one year later. RESULTS: The modalities and proceedings of evaluation are undiscriminating for the primary diagnostic. The evolution of the children allows for a clear diagnostic. A temporary diagnostic of autistic spectrum disorder seems to be useful. CONCLUSION: The authors refer to other possible investigations for the primary diagnostic. They insist on the usefulness of a provisional diagnostic of autistic spectrum disorder.

2463

Attachment dimensions in narratives according to psychopathology severity: Why there is not too much differences between children?

Borghini A. (SUPEA, Switzerland), Zigante F. (Hôpital Necker APHP Paris, France), Golse B. (Child Psychiatry Unit, Necker Hospital, France)

A longitudinal study assessing each year the quality of narratives in clinical children who get individual therapy has been conducted during 4 years. Attachment evaluation through narratives has been used in this study as a way to assess the process of change during the course of the therapy. A cohort of thirty-six clinical children (5-11 y.o.), receiving analytic therapy, has been assessed once every year during therapeutic treatment. The Attachment Story Completion Task (ASCT) has been used in order to produce a narrative. Psychopathological diagnoses have been coded according to ICD-10: 14 children present emotional disorders, 12 present conduct disorders and 10 present pervasive developmental disorders. Therefore, a kind of psychopathological severity graduation can be inferred on the basis of those diagnoses. However, the first results of this study show that children with less severe psychopathology (such as emotional disorders) do not present different attachment styles than more severely affected children. This video presentation focuses on the characteristics of the attachment dimensions (security, deactivation, hyperactivation and disorganization) according to children psychopathology. Particularly, different types of disorganization will be evidenced when children with different psychopathology are compared according to behavioral versus verbal narratives.

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Mother-Infant attachment, reflective functioning, and unresolved trauma in mothers with childhood histories of abuse and neglect: A prospective study

Ensink K. (Université Laval, Canada), Berthelot N. (Université Laval, Canada), Bernazzani O. (University of Montreal, Canada), Normandin L. (Université Laval, Canada), Luyten P. (Katholieke Universiteit Leuven, Belgium)

Despite growing research attention, still relatively little is known concerning the impact of childhood experiences of abuse and neglect on the intergenerational transmission of attachment from mother to child. This study presents findings of a prospective, 20-month follow-up study in 57 mothers with histories of abuse and neglect and their infants examining the relationship between attachment and levels of reflective functioning in mothers and infant attachment. Pregnant women were screened using the Parental Bonding Instrument (PBI). Women reporting low parental care on the PBI were further evaluated with the Childhood Experience of Care and Abuse Interview (CECA), and the Adult Attachment Interview (AAI) was administered to assess attachment, unresolved trauma, global reflective function (RF-G) and reflective functioning regarding traumatic experiences (RF-T). Infant attachment was evaluated with the Strange Situation Paradigm (SSP) when children were 17 months. Results showed that the majority (83%) of infants developed insecure attachments. In mothers that were classified as unresolved, 67% of infants were disorganized, and 70% mother-infant dyads had corresponding attachment classifications. Mother's attachment style and infant gender were the only predictors of infant attachment security, while unresolved trauma, infant gender and RF-T, but not RF-G, predicted disorganized attachment. The findings of this study highlight the importance of trauma, gender and reflective functioning in the intergenerational transmission of trauma in mothers with a history of abuse.

2771

Parenting difficulties of mothers with HIV/AIDS and HIV/AIDS-psychosis: a systematic literature review

Spies R. (Vrije Universiteit Amsterdam, Netherlands), Schuengel C. (VU University Amsterdam, Netherlands), Sterkenburg P. (Vrije Universiteit Amsterdam, Netherlands), Van Rensburg E. (North West University Potchefstroom Campus, South Africa)

Aim: South Africa has the world's highest prevalence of HIV/AIDS: in 2009 approximately 5.6 million people lived with HIV/AIDS, that is approximately 11% of the national population. HIV/AIDS is reported for 32.7% of the women aged between 25 and 29 years and 29.1% between 30 and 34 years. Psychotic disorder associated with HIV tends to surface when the illness has progressed to its later stages of development and affects an estimated 0.2 to 15% of HIV+ patients. Due to her chronic physical symptoms, but also due to her psychiatric symptoms the infected mother may be less physically or emotionally available for her developing child or display confusing or frightening behavior, resulting in insecure or disorganized attachment relationships. This systematic literature review describes

and synthesises studies addressing the parenting difficulties of mothers with HIV/AIDS and HIV/AIDS-psychosis in order to better understand its effects on parenting. Method: Academic Search Premier, Africa-Wide Information, CINAHL, ERIC, Health Source, Medline/Pubmed, PsycARTICLES and PsycINFO databases were searched via EBSCOhost for relevant articles from 1997 to 2011 resulting in 4370 articles. Findings from fifty-one peer reviewed articles were deemed relevant using defined inclusion criteria. Results: None of the studies simultaneously focused on the topics HIV/AIDS, psychotic disorders and parenting. Studies identified a number of resilience factors that partly offset the risk of HIV/AIDS, namely an improved maternal bond and motherhood being a source of hope, esteem, motivation. Identified risks include parental concerns and stressors as well as physical illness and hospitalization; with social relations and support being a risk factor as well as a resiliency factor. Studies on parents with psychosis report decreased theory of mind and -mentalization, poor social relationships and –support networks, abnormal parental behavior, insensitive caregiving and problematic attachment representations which result in poor parenting outcomes. Conclusion: A moderation model integrates the results. Psychosis is likely to exacerbate the effects of HIV/AIDS on parenting. Increased awareness of the likelihood and importance of these symptoms may be used to improve care for families with a mother affected by HIV/AIDS-psychosis.

2792

Stress and attachment: What can we learn from neuroendocrinology?

Vuksanovic N. (Dr von Hauner Children's Hospital LMU München, Germany), Bidlingmaier M. (Endocrinology Lab, University Clinic LMU , Germany), Kern C. (Dr. von Hauner Children's Hospital, Germany), Zeber K. (Dr. von Hauner Children's Hospital, Germany), Brisch K. (Dr. von Hauner Children's Hospital, Germany)

Objective: The basal HPA-axis activity has been shown to be altered in many psychiatric disorders like major depression, PTSD and anxiety disorders. It is still unclear, if those neuroendocrinological alterations develop as a part of the disorder or if they can be seen as a risk factor. Since attachment plays such an important developmental role, we analyzed the impact of perinatal risk factors as well as of the attachment figure on neuroendocrinologic regulation in healthy boys. Methods: In a group of healthy boys (N=40, Age 5-9Y) cortisol levels were measured immediately after awakening on two successive days. Boys and their mothers were assessed at the level of attachment representation with Story Stems (Emde et al., 2003, Bretherton et al., 1985) and with the Adult Attachment Projective Test (AAP; George et al., 1997). None of the mothers had a psychiatric disorder. Multiple information on pre- and postnatal risk factors as well as on child development, traumatic events of the child and of the mother were collected retrospectively. Results: Pre- and postnatal risk factors like pregnancy or delivery complications had no influence on basal cortisol levels in boys. However, the attachment representation of the mother seems to play an important role, since children of mothers with insecure attachment representation showed much higher morning cortisol as those of secure (U-Test, $p=.01$). Of all the traumatic events, death of close relatives or friends in the life of the mother correlated with higher basal cortisol levels in boys (Spearman= .420, $p<.01$). Surprisingly, neither the attachment quality nor traumatic events of the child showed a significant impact on the basal cortisol levels. Discussion: According to our preliminary data, morning cortisol levels in boys could be highly influenced by their attachment figure. Further research is needed in order to answer the question, if this mediation occurs prenatally or in early childhood. Those results shed a new light on previous concepts concerning dysfunctional HPA-axis in psychiatric disorders and point out the importance of maternal attachment in prevention programs for children.

Poster session 7: Autistic Spectrum Disorders Jasminum Restaurant

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Narrative ability of preschool children with Asperger's Syndrome

Shin Y. (Yonsei University College of Medicine, South Korea), Lee K. (Department of Rehabilitation, Hanshin University, South Korea), Cho S. (Department of English Language and Literature, Sogang University, South Korea)

Background & Objective: Several studies of children with autistic spectrum disorder (ASD) have reported that narrative assessment is sensitive to the communication impairments. Narrative development of preschool children with ASD has rarely been examined, and it is unclear how qualitatively different their deficits may be from typically developing Korean children's narrative ability. The purpose of this study was to provide an analysis of narratives in 10 children with Asperger's Syndrome (AS) and 10 typically developing children matched on age, gender, language abilities, and cognitive abilities. Methods: Participants completed stories based on the MacArthur Story Stem

Battery. Each of their stories was assessed in terms of story organization components developed in Strong Narrative Assessment Procedure (Strong, 1998). Results : It was found that children with AS produced narratives that were significantly less coherent than the narratives of controls. It seemed less likely for children with AS to organize their utterances coherently in relation to the gist of the story stems provided at each setting. Conclusion: These results are discussed with a focus on their relationship to lack of narrative ability to integrate utterances coherently into developing them into a story and deficiencies in cognitive skills involving theory of mind.

2435

Analysis of play in mother-child and father-child interaction in children with Autism Spectrum Disorder

Venuti P. (University of Trento, Italy), Bentenuto A. (University of Trento, Italy), Villotti P. (University of Trento, Italy)

Much of children's first learning and many of their first experiences occur during play (Piaget 1962; Vygotsky 1978; Tamis-LeMonda & Bornstein 1996; Bornstein 2007). Caregiver involvement in child play activities enhances the frequency, the duration, and the complexity of child play both in typically developing children and in children with intellectual disabilities (Cielinski et al. 1995 Bornstein et al. 1996, 2002; Venuti et al. 1997, 2008). In addition, children with ASD show less spontaneous, frequent and limited symbolic play, spend less time in such play and show fewer extended sequences of symbolic play compared to typically developing children or children with mental retardation (Blanc et al, 2005; Jarrold et al, 1996, Rutherford and Rogers 2003). The aim of the present study is to investigate the play during parent-child interaction in families with children with ASD. The study involves 60 parent-child dyads with children (age between 3 and 5 years) with Autistic Spectrum Disorders (ASDs): 40 dyads mother-child and 20 dyads father-child. Data were collected during 10-min play-sessions. A set of standard, age-appropriate toys that represent feminine, masculine, and gender-neutral categories was used (Caldera, Huston, & O'Brien, 1989). During the session, the mother or father was asked to play individually with her or his child, as they typically would do. Sessions were video recorded. The play code consisted of mutually exclusive and exhaustive category system that included eight levels and a default (no play) category (see Bornstein et al., 1996; Bornstein & O'Reilly, 1993; Tamis-LeMonda & Bornstein, 1996; Vibbert & Bornstein, 1989). Level 1: Unitary functional activity focused on the production of effects that were unique to a single object. Level 2: Inappropriate combinatorial activity included the inappropriate juxtaposition of two or more objects. Level 3: Appropriate combinatorial activity included the appropriate juxtaposition of two or more objects. Level 4: Transitional play approximated pretense but without confirmatory evidence. Level 5: Self-directed pretense consisted of pretense activity directed toward self. Play level 6: Other-directed pretense consisted of pretense activity directed towards someone or something else. Level 7: Sequential pretense included the child linking two or more pretense actions. Level 8: Substitution pretense involved one or more object substitutions. Play is coded continuously by noting play level as well as starting and ending times. Scores for Levels 1-4 are summed up to form a measure of exploratory play, and scores for Levels 5-8 are summed up to form a measure of symbolic play. For each level (symbolic and non-symbolic play) four measurements are calculated: the frequency (absolute and proportional) the duration (absolute and proportional). Data analyses showed small differences concerning the play in mother-child and father-child interaction.

2509

To the relationship - and beyond: Advancements in CORE- a "pre" preschool for young children on the Autistic Spectrum

Woodside R. (Rivendell School, United States), Taddonio D. (Rivendell School, United States)

Inaugurated in 2007 and based on object relations and attachment theories, Rivendell School's CORE program, as presented in the poster session of the 12th WAIMH Congress in Leipzig, 2010, prepares children on the autistic spectrum for preschool by teaching readiness skills in a flexible environment that progressively introduces classroom elements as each child's skills develop. Social curriculum begins with 1:1 teacher and service provider experiences and expands to include CORE peers, regular visitors, and facilitated visits to Rivendell preschool classrooms. CORE serves preschool age children on the autistic spectrum who demonstrate a high risk for or have already failed in even the most welcoming environments designed to include children with special needs. As a follow-up to our previous poster presented in Leipzig (CORE: "Pre" Preschool for Young Children on the Autistic Spectrum) our current poster features important new practical findings and how we are addressing these findings in the fifth year of intervention service. "To the Relationship ... and Beyond: Advancements in CORE" demonstrates that focusing on the development of the "teacher/child dyad" has not proven sufficient to significantly improve a

child's readiness for learning in preschool. Although this dyad continues to be crucial, interventive services must also include methods that develop the child's understanding of the key concepts we have identified. In the poster session we will show with detailed examples how we have incorporated a greater focus on social thinking and the transactional model of development into our work. We will provide examples of: • How we assess the baseline of the child's interpretation of the world (what is going on in the child's mind?) • What key concepts must the child understand to function in preschool (What does the child's mind need to develop next?) • How we develop each individual child's understanding of the key concepts identified for him/her • How we assess that the child HAS developed an understanding of a concept • How we incorporate the unique set of transactions, interactive styles and expectations that parents represent in the child's life. The critically important preparation of a child with ASD for participation in the dynamic processes of the interaction of child, teachers, peers, and the environment must involve specific individualized methods that systematically teach concepts critical to the development of social thought with strong consideration given to alterations within the minds and responses that take place in the parents, teachers and children as a result of the dynamic process. The child must acquire not only observable skills and behaviors, but also an understanding of the key concepts that enable functional use of such skills in a dynamic environment. We believe our methods will enhance the experiences and improve the outcomes for children with ASD who are enrolled in inclusive preschool settings. Based on our previous poster session experience, we anticipate more positive exchanges with colleagues from around the world that will continue to stimulate the growth of our knowledge and ideas: for example, how our methods can be implemented within such existing service models as education, medicine, and health services.

2510

The impact of the diagnosis of Autism Spectrum Disorders (ASD) on mother-child interaction: A comparison with Mental Retardation diagnosis

Jorge J. (Centro Hospitalar do Porto, Portugal), Jorge J. (Centro Hospitalar do Porto, Portugal), Araujo M. (Centro Hospitalar do Porto, Portugal), Tavares C. (Centro Hospitalar do Porto, Portugal), Fernandes G. (Centro Hospitalar do Porto, Portugal), Dias G. (Centro Hospitalar do Porto, Portugal), Gesta C. (Centro Hospitalar do Porto, Portugal), Rebeljo A. (Centro Hospitalar do Porto, Portugal)

Background: Receiving a diagnosis of a developmental disorder for one's child is a painful experience for a mother. That requires an adjustment of their thoughts, feelings, and expectations regarding the child so that they continue coping with raising their child. That psychological adjustment is probably more difficult than that of the diagnosis of any other developmental disability. Objectives: (1) to compare the maternal stress and subjective experiences to diagnosis in children with ASD diagnosis to those mentally retarded, (2) to compare the quality of the mother-infant interaction in children with ASD diagnosis to those mentally retarded and (3) investigate which ASD mothers and infants are most at risk for having low quality interactions with their infants. Methods: We selected a group of children aged to 10 years with an ASD diagnosis and compare them with a group of children mentally retarded. The clinical sample had medical and psychological evaluations. The maternal stress and subjective experiences were assessed through the portuguese adaptation of the Parenting Stress Index (PSI) and a brief questionnaire about perceptions of her child and expectations. The quality of mother-infant interaction was rated using the Emotional Availability Scales (maternal sensitivity, structuring, non-intrusiveness, non-hostility, child responsiveness and involvement).

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Deciphering gaze peculiarities in children with Autism Spectrum Disorders

and Adolescent Psychiatry Department, SUPEA, Switzerland), Billard A. (EPFL - Polytechnical School of Lausanne, Switzerland), Noris B. (EPFL - Polytechnical School of Lausanne, Switzerland), Pierrehumbert B. (Child and Adolescent Psychiatry Department, SUPEA, Switzerland), Muller Nix C. (Child and Adolescent Psychiatry Department, SUPEA, Switzerland)

Introduction. Major efforts are deployed in the field of child psychiatry to diagnose children with Autistic Spectrum Disorders (ASD) as early as possible, as access to specialized and intensive treatment permits better outcome and knowing the babies' brain plasticity. ASD encompass several developmental impairments related to social interactions. Gaze peculiarities are one of the most frequent and clinically well recognized signs in ASD. Up to date, and as far as we know, no device has permitted to measure these peculiarities in a semi-structured play session. The objectives of the study were to explore and quantify eye-gaze peculiarities in ASD children. To evaluate these potential differences, we measured the number of gaze fixations, the duration of each fixation and the lateral glances

directed to others versus to objects. **Methods.** In our study, we used the WearCam, a novel easy-to-use device developed at the Ecole Polytechnique Fédérale de Lausanne (EPFL). This camera-on hat records what the child can see and what he/she actually looks at. A group of 15 ASD children (aged 2 to 8 years old) was compared to a developmentally matched group of typically developing (TD) children. ASD children were recruited in outpatients units from the University Hospitals of Lausanne (CHUV) and Geneva (HUG). The Autism Diagnostic Interview – Revised (Rutter, Le Couteur, & Lord, 2003) plus a clinical assessment was performed to diagnose these children. The TD group was recruited in private kindergartens and schools from the area and the Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984) were performed to match both groups. We used soap bubbles and items from the Early Social Communication Scale (Seibert, & Hogan, 1982) to create a semi-structured play session, typical to clinical assessment. The child was seated at a small table or on his/her parent’s lap for younger ones. While playing with an examiner for about 15 minutes, the child had the WearCam on his/her head, and in addition, 2 external cameras filmed the whole scene. The recordings were then manually labeled. **Results.** The results revealed novel indicators of gaze peculiarities in ASD, measurable in children as young as 2 years old. Although children with ASD were facing their social partner just as frequently as their controls, they glanced at the other rapidly and infrequently, compared to the controls, and kept the other at the periphery of their field of view. The differences were found to be independent from the severity of the Autistic Spectrum Disorder. **Conclusions.** These preliminary results suggest that the above differences in gaze strategy could provide quantifiable indicators of ASD that may help clinicians when forming a diagnosis of ASD. While measurements of gaze patterns typical of ASD may in no way replace clinical and parental assessments, such quantifiable measurements may, however, help clinicians and parents measure improvements over time, and, for instance, after therapy.

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The Clinical Lausanne Trilogue Play: Triadic relational resources in the context of autistic spectrum disorders

Vismara L. (Department of Psychology, University of Cagliari, Italy), Agus M. (University of Barcelona, Spain), Doneddu G. (Center for Pervasive Developmental Disorders; A.O.B., Italy)

Background: Family active involvement is needed to improve atypical behaviors of children with an Autistic Spectrum Disorder (ASD). Positive parental characteristics, i.e. maternal sensibility (Oppenheim, 2011), have shown its positive impact on child’s outcome and ASD prognosis. On the other hand, several contributions have highlighted the negative effect of parental stress upon the efficacy of interventions oriented towards the child with an ASD (Yamada et al., 2007; Cassidy et al., 2008; Hamlyn-Wright, Draghi-Lorenz, Ellis, 2007; Mouridsen, et al., 2007; Everett, 2001; Herring et al., 2006; Hastings et al., 2005; Osborne, 2008). Our study is aimed to evaluate family triadic relationship as a specific protective factor in the context of ASD. **Methods:** 20 families of children with an ASD were assessed through a standardized observational procedure adapted from the Lausanne Trilogue Play (LTP, Fivaz-Depeursinge, Corboz-Warnery, 1999): the Clinical Lausanne Trilogue Play (CLTP; Malagoli, Mazzoni, 2006), used as a measure of family’s ability to cooperate towards a shared task. Children’s behaviors were evaluated through the Autistic Diagnostic Interview-Revised (ADI-R, ADI-R; Le Couteur, Lord, & Rutter, 2003; Rutter, Le Couteur & Lord, 2003) and the Autism Diagnostic Observation Schedule (ADOS: WPS Version; Lord, Rutter, DiLavore, & Risi, 1999). The parental subjective level of stress was evaluated through the administration of the Parenting Stress Index (Abidin, 1995). **Results:** Correlation analysis and MANOVA were carried out to evaluate associations between the quality of family relationships (LTP), levels of parental stress (PSI) and specific characteristics of the child’s disorder (ADI; ADOS). Functional but distressed families showed higher scores at the PSI; collusive, dysfunctional families had children with higher social impairment. **Conclusions:** We may conclude that results highlight the impact of Autistic Spectrum Disorder on family ability to cooperate and on parental levels of stress. In particular, LTP scores of such families are mainly within the dysfunctional range; as regards parental stress, it seems to be higher in parents who are not fully disorganized with respect to their coordination. Further data need to shed light on such outcomes.

2703

Delay in diagnosis and prognosis of Autistic Disorder: A case report

Reverger J. (FKUI, Indonesia), Widyawati I. (FKUI, Indonesia)

Autism spectrum disorder is a very complex developmental disorder, it is characterized by the presence of three main symptoms, which is lacking in social interaction emotional abilities, poor quality of mutual communication, limited interest, improper behavior with repetitive movements without purpose. Symptoms of

autism spectrum disorders are usually discovered before the age of three years. Early detection of autism disorders is quite important. Early diagnosis and treatment of important aspects of child development, and this can affect family interactions. When autism spectrum disorder is known earlier, the families can learn about the child's condition and how to overcome them. In fact, the disorder of autism spectrum disorder is still quite often not early diagnosed. A survey showed that there were 1200 cases of autistic spectrum disorder are diagnosed after the age of 6 years. The prognosis in patients with autism is also determined by the quality of life of patients and families. Family life, family activities and routine can be changed if the child in the family, suffered from autism spectrum disorder if compared with controls. By understanding the autistic spectrum disorders, family attitudes and behavior towards patients could be improved, and can increase the success of the intervention on patients. In the case report, a 4 years-old boy, Sundanese, came to the therapist with his mother because he still could not speak properly, he just make grumbling voices which could not be understood, and he screamed if he did not get what he want. His parents did not notice about the delayed speech. He suffered from inguinalis hernia while he was 2 months old and he had been operated for this condition when he was 3 years old, this make his parents paid more attentions to the physical condition of patients. He also had late in growth, he could roll while he was 7 months old and he could walk properly by the age 3.5 years. He still could not take care of himself now. While he was 2 years old, he diagnosed with TBC and he had to take the medicine for 6 months. After he had been operated, his mother noticed that patient had difficulties in social interaction and he had not adequate eye contact. He also had difficulties in verbal and non verbal communication, and bad in emotion control. His parent took him to a preschool near their house, in the class, he often ran, could not sit down, he liked watch the fan or air conditioner's machine. He could not express his feeling to his parents, if his mother want to hug him, he will ran away. Now, he still cannot speak fluently, he also prefer play alone in community. He still defecate in this pants and he had difficulties in sleep and feeding. This patient diagnosed with autism spectrum disorder, and this late diagnosis has resulted in late treatment and could worsen the prognosis of this patients. This patient had been given risperidone 2x0,5mg to overcome the behavioral symptoms. The therapist also gave psychoeducation for the parents, because their expectation in patients still high and they thought that this condition is a normal condition. The prognosis are Quo ad vitam: bonam, Quo ad functionam: dubia ad malam dan Quo ad sananctionam: dubia ad malam. The prognosis influenced by delay in diagnosis and treatment in this patient.

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The study of sub-threshold traits of the broad autistic spectrum suggests assortive mating in parents of autistic probands

Golse B. (Hôpital Necker APHP Paris, France), Robel L. (Hôpital Necker APHP Paris, INSERM, France), Rousselot-Pailley B. (Hôpital Necker APHP Paris, France), Fortin C. (Hôpital Necker APHP Paris, France), Falissard B. (INSERM, France)

Background: Autism is defined as a categorical developmental disorder characterized by impairments in three main domains, socialization, communication, and by the presence of restricted and circumscribed interests. However, several authors have described the presence of subthreshold autistic traits in the general population, PDDs representing the extreme end of this distribution. In this study, we studied the presence of autistic traits in siblings and parents of an autistic proband, or in siblings and parents of a normally developing child, using the previously validated self report FAQ. FAQ is an adaptation of the AQ developed by S. Baron-Cohen. Scores are shared in two main factors, F1 corresponding to socialization and communication, F2 to imagination and rigidity. Methodology: 66 families with an autistic proband, including 66 parents and 24 siblings aged 6 or more were included. 127 parents and 92 over 6 years old siblings of normally developing children were included as controls. Both parents and siblings were asked to fill the FAQ self report. Their answers were compared between sex within groups, and between groups. The repartition of the answers was analyzed in each group by the mixing model. Results: We show that both parents and siblings of an autistic child have higher scores in the domain of communication and socialization, but not in the domain exploring imagination and rigidity. Moreover, we show that, in these families, the parents but not the siblings, are distributed in different subgroups, according to their scores in F1 and F2 domains. 72% of the spousal pairs are in the same higher scores category for the socialization and communication domain (F1). We think that this result is suggestive of an assortative mating. We discuss the implications of this finding.

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Development of TEDIS, an information system dedicated to patients with pervasive developmental disorder

Golse B. (Hôpital Necker AHP Paris, France), Robel L. (Hôpital Necker AHP Paris, INSERM, France), Ben Saïd M. (Hôpital Necker AHP Paris, France), Vion E. (Hôpital Necker AHP Paris, France), Boddaert N. (Hôpital Necker AHP Paris, France), Bourgeois M. (Hôpital Necker AHP Paris, France), Desguerre I. (Hôpital Necker AHP Paris, France), Bahi-Buisson N. (Hôpital Necker AHP Paris, France), Philippe A. (Hôpital Necker AHP Paris, France), Ouss L. (Hôpital Necker AHP Paris, France), Ghazaly A. (Hôpital Necker AHP Paris, France)

Autism is a developmental disorder starting before the age of three, characterized by the presence of a qualitative impairment in social interaction, communication, and by the presence of restricted repetitive and stereotyped patterns of behaviors, interests and activities. It is included in the broader category of pervasive developmental disorders (PDDs), including Asperger syndrome, which are characterized by a huge heterogeneity in terms of range of severity, evolution, and etiology. The creation of expert centers in the diagnosis and the evaluation of PDDs in all regions of France has improved the recognition of PDDs. These centers, called CRA (Centre Ressource Autisme) are devoted to establish a nosological, functional and etiological diagnosis when possible. Therefore, these centers collect important data for each patient concerning the history, the familial characteristics, the cognitive and developmental functioning of the patients, as well as the results of the investigations in neurology, genetics, audiology and ophthalmology, electroencephalography, and MRI. Methodology: we have developed an innovative information system devoted to PDDs called TEDIS (Trouble Envahissant du Développement Information System). TEDIS is designed to easily integrate PDD expert assessments in multiple centres at the region and the national levels. Expected dataset growth will allow evaluating the significance of correlation between PDD phenotypes and genetic and/or biological disorder, and support research and decision making. Results: The use of TEDIS has improved the systematization of the information records. It proves to be a very good support to the multidisciplinary meetings where patients individual cases are reviewed. Experimentation of the system included 40 prospective PDD patients records. The analysis of the first data shows that the mean age of evaluation is included between 4 years 6 months and 5 years 1 months, whereas the age of the first symptoms recognized by the parents is included between 1 year 3 months and 2 years 3 months. Only 21, 5% of the patients have an appropriate diagnosis prior to the hospitalization. The evaluation has a impact on medico-social measures and therapeutic orientations for a large majority of children. Conclusion: TEDIS is a promising device supporting decision making and collaborative research, which may contribute to a better knowledge of the etiology and epidemiology of pervasive developmental disorders.

Poster session 8: Caregiving Contexts Jasminum Restaurant

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Parents and teachers in infant day care centres: Impact of attachment and unresolved trauma experiences for institutional care of infants

Brisch K. (Dr. von Hauner Children's Hospital, Germany), Menken V. (Dept. of Psychosomatic Medicine and Psychotherapy, Dr. von Hauner Children's Hospital, Ludwig-Maximilians University of Munich, Germany), Forstner B. (Dr. von Hauner Children's Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Kern C. (Dr. von Hauner Children's Hospital, Germany), Quehenberger J. (Dr. von Hauner Children's Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany)

Introduction. The development of infant day care units will expand in Germany within the next years. Since educators will have a huge influence on the development of children's attachment patterns a group training program for educators SAFE® (Safe Attachment Formation for Educators) was implemented in 12 day care units in the city of Munich. The training is targeted on the modulation of behavior that leads to a secure partnership between educators and children as well as parents and their children. Methods. Children's attachment behavior with mother and educator is measured in Ainsworth's strange situation. Educator's and parent's attachment representation are tested with the Adult Attachment Projective (AAP; George et al., 1997) before and after day care entry. Their traumatic life events are measured in the Posttraumatic Stress Diagnostic Scales (PDS, Foa, E.B.). Results. We assessed 39 educators with the AAP. 45.2% displayed the U category and unresolved in the cemetery story dealing with stories about death and loss. All of the babies we assessed with the mother in Ainsworth's strange situation were organized attached. Preliminary data will be presented. Discussion. In contrary to our expectation, a high percentage of educators displayed the category for unresolved status of attachment representation. This could have

an impact on the sensitivity of the day care teachers in their interaction with the infants and the attachment quality of the infants in day care

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Child psychiatric nursing: The roots and innovations

Hemmi A. (Tampere University Hospital, Finland), Virtanen M. (Tampere University Hospital, Finland), Rantanen P. (Tampere University Hospital, Finland), Olkinuora T. (Tampere University Hospital, Finland), Ylijoki A. (Tampere University Hospital, Finland), Mäkelä M. (Tampere University Hospital, Finland)

Our aim is to present the history and innovative present of different nursing methods on the Child Psychiatric Clinic at Tampere University Hospital, Finland. The Child Psychiatric Clinic is the oldest department of child psychiatry in Europe. It was started in 1927 in Pitkänieni, Nokia. At that time it was called a Care Department for Bad Children. The growth of our organization in the 1990's created a growing need to develop our services. Child Psychiatric Clinic's new administrative structure was planned to support the continuity of the treatment and also strengthen the alliance with primary health care, child protection and social services. The existing eleven separate in-and outpatient teams were reorganized as five specialized patient centred processes. Those are Child Trauma Psychiatric Unit, Child Neuropsychiatric Unit, Family and Infant Psychiatric Unit, Child Regulatory Disorder Unit and a Special Services Unit including Acute response team, Therapy services and Forensic Child Psychiatry. This has enabled nurses to specialize in these specific areas of child psychiatric nursing. Mental health nursing is a professional action, whose aims are dialogue and equal relationship. With such a relationship targets promote positive mental health and prevent negative mental health. A shared understanding of mental health is an important part of the dialogical relationship. Attachment and shared joy with the child and his/her family, curiosity and respecting the patient's wish are essential. The container function may come true in dialogical relation. Dialogical relationship means no ordinary conversation with a shared point of view. When one person really meets the other person in a dialogical relationship, it implies permanent change for both of them. Something new arises in dialogue and those present are aware of it. The word child psychiatric patient is defined as a child, his/her family, their interaction and the supporting environment. Nursing is a part of multiprofessional approach when treating the child and his/her family. The goal is always to provide right method of nursing, to the right patient at the right time and place. The chosen nursing approach is based on integrative theoretic framework which includes trauma and dissociation theories, attachment theory, neurodevelopmental theories, psychodynamic theories, systemic theory and cognitive theory. Primary Nurse - model has been in use since 1960's. It helps to provide continuity of care for the child, accountability of the nurse for that care, patient centred care that is comprehensive, individualized and coordinated, and the professional satisfaction for the nurse. On the inpatients wards the nurses and other staff members together with the children form a Therapeutic Community. The structure (daily routines, rules etc) and social situations help children to practice sharing, responsibilities, empathy, support and understanding.

Poster session 9: Cross Cultural Studies Jasminum Restaurant

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Parent cultural attitudes and beliefs regarding young children and television

Njoroge W. (University of Washington, United States), Elenbaas L. (University of Maryland, United States), Myiang M. (Seattle Children's Research Institute, United States), Christakis D. (University of Washington, United States)

Substantial evidence exists that young children spend considerable time with media and that there are both risks and benefits depending on what is watched and how it is watched (Calvert, 2006; Strasburger, Jordan, Donnerstein, 2010). According to the recent literature, an overwhelming majority of American children between the ages of 3-5 watch approximately 2-3 hours of television per day on average in their home and an additional 2-3 hours per day in many child care settings (Christakis, 2009). A recent review of the Kaiser Family Foundation's 2006 survey The Media Family, which assessed media use in children under the age of 6, stated that parent's beliefs and attitudes about TV viewing, as well as their own viewing habits, influence their children's time spent with media (Rideout & Hamel, 2006). The national survey also found: 1) a link in greater TV watching times of young children were connected to their parents' beliefs and attitudes in the benefits of watching television on their development; and 2) African-American, Latino-American, and Asian-American children are over-consumers of media. The reasons for these differences, particularly insofar as they may reflect different attitudes or expectations of media are not well understood. This NICHD funded RCT of a 6-month intervention with multiple aims, including increasing viewing of

prosocial programming, and assessing the effect over an 18 month period. The poster begins to critically interrogate the differences in media use across diverse families. The information collected at baseline and used for the analyses presented in this paper includes: 1) survey which included parent attitudes related to TV viewing and TV hours; 2) 1-week media diaries. The study sample includes English-speaking parents/guardians with children aged 3-5 years. The total sample size is 600: 409 Whites, 41 Blacks, 49 Asian/Pi/Hawaiians, and 101 Multiracial children. This study highlights that differences exist in the ways in which ethnically/racially diverse parents believe that media impacts their child's development compared to Caucasian-American parents. Analysis of data showed statistically significant differences existed amongst ethnically/racially diverse families. The differences in attitudes regarding the potential benefits of TV viewing may explain in part why studies have found that Black children watch more than their white peers, and may help explain growing racial disparities in child media viewing/habits. Given that preschool children spend more time with media than any other single activity besides sleep, it is important to study the role that parents beliefs/attitudes regarding media use may have on young child development. The analysis highlighted here shows that while there is a growing fount of information, more research needs to occur to further understand the nuances inherent in the differences with respect to not only television viewing and habits, but also in parenting beliefs and attitudes.

Poster session 10: Emotion Regulation and Disorders of Temperament Jasminum Restaurant

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Confidence building in infancy: An analytical study of infant emotional behavior patterns

Fisher A. (ZERO TO THREE, United States), Carter P. (USN Command Security, United States)

Background and Aims: The first year of life is a crucial period in a child's social-emotional development. One aspect of social-emotional behavior is the level of confidence demonstrated by the infant. This study examined whether ethnicity, gender, temperament, and parental nurturing skills are related to infant confident behavior during situations of play and attachment/separation transitions. The study served as the beginning test phases of reliability and validity for the 10-item FIOT™, an observational assessment instrument created for use by parents and practitioners working with infants between the ages of 6–12 months. The FIOT is intended to measure confident behavior and is designed to be sensitive to infants and parents from bicultural contexts as well as from the dominant culture. **Methods:** The sample included 77 infants and 77 parents of these infants from three cultural groups: African American, Caucasian American, and Latino/Hispanic American. Infants between 6–7 months and 11–12 months were observed. Parents of the participating infants completed the Nurturing Quiz to assess their parental nurturing skills. Temperament (Easy, Difficult, or Slow To Warm Up) was classified by the researcher based on a discussion with the parent. **Results:** The FIOT demonstrated an internal consistency reliability of .79 using Cronbach's alpha. Inter-rater reliability of the FIOT was measured by percent agreement (items ranged from 87.5% to 100%) and Cohen's Kappa (items ranged from .63 to 1.0). The utility and content validity of the FIOT was examined through conducting a focus group with parents. The parents reported no recommendations for revisions of accuracy, content, or structure of the FIOT, but they were dissatisfied with the Nurturing Quiz. The analyses showed a relationship between the infant's FIOT score and two variables, ethnicity and temperament. Infants from the dominant culture and those with Easy temperaments showed higher levels of confident behavior. No significant relationship emerged between the FIOT and gender or parental nurturing skills. **Conclusion:** The objective of the current investigation was to identify infant emotional cues and behavior patterns and provide adults with a unique tool that would help assess the emotional development of infants earlier and perhaps redirect the onset of negative behavior. Continued research on the FIOT is recommended in order to increase the validity and reliability of the tool as a potentially worthwhile observational instrument.

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Crying behavior in infants following neonatal cardiac surgery

Jordan B. (Royal Children's Hospital, Murdoch Children's Research Institute, The University of Melbourne, Australia), Franich-Ray C. (Murdoch Children's Research Institute, Australia), Anderson V. (Royal Children's Hospital, Murdoch Children's Research Institute, The University of Melbourne, Australia), Northam E. (The University of Melbourne, Australia), Menahem S. (Southern Health, Monash Medical Centre, Australia), Cochrane A. (Southern Health, Monash Medical Centre, Australia)

Background. There is evidence for an increased risk of negative outcomes in multiple developmental domains (cognition, behavior, mental health) emerging during childhood and adolescence following cardiac surgery in infancy. However little is known about the immediate impact of neonatal cardiac surgery on the emotional and behavioral regulation of the infant or the incidence of ‘well baby’ problems. **Aims.** to explore cry behavior in infants who had undergone cardiac surgery in the first 3 months of life. **Methods.** Mothers of 91 infants who underwent cardiac surgery before three months of age completed a study questionnaire and semi-structured interview one month after their infant was discharged from hospital following cardiac surgery. The questionnaire included the Cry Patterns Questionnaire, Maternal Postnatal Attachment Scale, Child Vulnerability Scale, Schedule-Demand Inventory and the Infant Crying and Spoiling Attitude Scale. Sixty mothers also completed a 24-hour cry chart when the infant was five months old. **Results.** The mean total daily crying was 117 minutes (SD 88) one month after discharge from hospital and 22% cried for more than three hours a day and 62 minutes (SD 55) at 5 months of age. Thirty five per-cent of mothers perceived that their infant had a crying problem at the earlier time point. Total daily crying amount was correlated with maternal depression (EPDS), Child Vulnerability scale score and Maternal Post Natal attachment scale score one month after discharge. There was no relationship with medical factors (prenatal diagnosis, corrective vs palliative surgery).

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Early developmental pathways to attention-deficit hyperactivity disorder

Zilberman-Hayun Y. (Ben-Gurion University, Israel), Auerbach J. (Ben-Gurion University, Israel), Berger A. (Ben-Gurion University, Israel), Atzaba-Poria N. (Ben-Gurion University, Israel)

Attention-deficit hyperactivity disorder (ADHD) is one of the most common disorders of childhood. Both biological and environmental factors play a role in the onset, persistence, and severity of the disorder. Prospective research designs provide a powerful means to examine the developmental course of psychopathology and in this poster, we will present possible developmental pathways to ADHD based on our longitudinal study of infants at risk for ADHD. The Ben-Gurion University Infant Development Study (BIDS) is a longitudinal study of boys at familial risk for ADHD. Recruited at birth based on paternal ADHD symptoms, these boys and their parents were assessed during infancy and early childhood. The pathway analyses made use of observational and questionnaire data collected on 95 boys and their parents at 12, 24, 36, 54 months and 7 years. Outcome at age 7 years was parent-reported ADHD symptomatology evaluated using the Conners' Parent Rating Scales (long version). The path analyses yielded differential routes for Inattentive versus Combined subtypes. The pathway for Inattentive symptoms included self-reported maternal competence (Perceived Scale of Competence) at 12 months, effortful control (Toddler Behavior Assessment Questionnaire [TBAQ]) at 24 months, home chaos (Confusion, Hubbub and Order Scale [CHOAS]) at 54 months, and RT variability in a Stop Signal task at 7 years. Paternal (serotonin transporter – HTP) and maternal (dopamine transporter – DAT1) genotype was also associated with the pathway. The pathway for combined ADHD symptoms included a latent temperament variable based on 12 and 36 month temperament measures (Infant Behavior Questionnaire [IBQ], Child Behavior Questionnaire [CBQ]), child (dopamine transporter – DAT1) genotype, and inhibition deficits at 54 months. Pathways to hyperactivity-impulsivity were not calculated because no significant correlations that could have been used as the basis for these pathways were found. These pathways suggest that environmental characteristics and genetics might have different contributions depending on the type of outcome. The current path analyses suggest that biological factors (genetics and temperament) are more powerful risk factors than environment for the combined ADHD symptomatology; while for inattentiveness, it seems that parental factors were more influential.

2598

The impact of postpartum anxiety disorder on infant temperament

Tietz A. (Heidelberg University Hospital, Germany)

Maternal anxiety disorders in the postpartum period have been linked to impaired infant emotional development. According to research, children of mothers with anxiety disorders experience hyperactivity, anxiety, behavioral inhibition and other affective problems more often than children of healthy mothers. The aim of this prospective study was to investigate whether DSM-IV diagnosed postpartum anxiety disorders are associated with infant temperament. The severity of anxiety symptoms was also taken into consideration. Moreover, it was examined if postpartum anxiety is related to an early predictor of behavioral inhibition in childhood, namely, infant distress to novelty. The sample (N = 96) is comprised of N = 44 women with an anxiety disorder three months postpartum and N = 52 healthy women without a history of mental health disorders, each with their 2.5 to 7.9 months old infant.

Mean infant age was $M = 4.12$ months ($SD = 1.46$ months). Mothers filled in a German questionnaire investigating the severity of their anxiety, anxiety cognitions and avoidance behavior (AKV; Ehlers, Margraf, & Chambless, 2001). Besides, infant temperament was assessed by means of the Infant Behavior Questionnaire (IBQ; Rothbart, 1981). Results revealed that mothers with a postpartum anxiety disorder observed higher infant motor activity and a higher frequency of infant laughing and smiling than healthy mothers. Furthermore, mothers affected by postpartum anxiety disorder reported that their infant responds with greater distress to limitations. Findings suggest further that infants of mothers with severe anxiety respond with greater distress to novel stimuli than infants of healthy mothers. Moreover, the data revealed a correlation between infant distress to novelty and maternal avoidance behavior. The data suggests that the reported link between childhood behavioral inhibition and postpartum anxiety disorder might be moderated by behavioral correlates of anxiety disorders. Implications for mother-infant intervention in psychotherapy are discussed.

References available upon request

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Empathy Rainbow: Using empathic understanding to promote teacher-child relationship and building community among children

White C. (Aliquippa Elementary School, United States)

The child's explorations while growing up are based on relationships with his or her surroundings and inevitably this interaction involves conflict and challenges. Daniel J. Siegel (2008) in his book "The Neurobiology of the WE," states, that "relationships, the mind, and the brain interact to shape who we are." What a wonderful truth! I remember a special occasion when I suddenly found my four months old infant staring at me, and he gave me the most beautiful smile. What a delightful connection and without a doubt, we both felt a special connection. Mom and the infant's relationship is a magical, genuinely human response. It is in this relationship where the roots of empathy can be found. This can later blossom with the child's interaction with his or her teachers and peers in the school community. Many research investigations and books have been written about this matter, and it is often observed that the way the child learns to interact and respond to others has a profound impact in the child's behavior and academic performance. Therefore, the main purpose of this presentation is to motivate professionals, particularly elementary school counselors, to pursue creative ways to work with teachers to help students develop the needed skills to successfully deal with and / or resolve problems and other challenges in a peaceful way. This presentation will provide the opportunity for participants to gain insights into the unique particularities pertinent to building safe, nurturing, and an inspiring school community that is conducive to learning. The presenter will present and discuss the insights gained as she developed and implemented unique empathy skills and build counseling interventions at the school and individual levels. The topics of discussion include antidote intervention to peaceful problem resolution, and practical intervention supported by scientific research findings. We also discuss scientifically tested elementary school socio-emotional programs, as covered in the Student Success Skills (Webb, L., Brigman, G., & Peluso, P., 2007). Counseling interventions are based on School Wide Positive Behavioral Intervention and Support (PBS) applied in accordance with the American School Counselor Association Model (ASCA, 2005), such as 3rd grade relaxation response through classroom guidance lessons to improve students' performance in the Pennsylvania System of School Assessment (PSSA) score and decrease discipline referrals.

Poster session 11: Evaluating Parent-Infant Psychotherapy Jasminum Restaurant

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The evaluation of an early intervention program for parents and their babies in Hamburg, Germany: From the early beginning

Quitmann J. (University Medical Center Hamburg-Eppendorf, Germany), Witt S. (University Medical Center Hamburg-Eppendorf, Germany), Kolster L. (University Medical Center Hamburg-Eppendorf, Germany), Brandi D. (From the Early Beginning, Germany), Kollmeyer M. (From the Early Beginning, Germany), Rohenkohl A. (University Medical Center Hamburg-Eppendorf, Germany)

Aim: Many initiatives to support positive parenting have been developed across Europe but the majority has not undergone scientific evaluation. The aim of this study is to evaluate the attachment based prevention program from the early beginning in Hamburg, Germany. **Methods:** Every mother-infant-dyad who comes to the counselling office is approached at the beginning of their treatment and given a brief presentation about the study.. Interested mothers are asked to give informed consent and are subsequently scheduled for the first assessment to begin study

participation. Throughout the entire year of 2011 every parent willing to participate came to the early prevention and was asked to fill out questionnaires prior to and after the intervention. Results: Several questionnaires are used to describe the sample and evaluate the program from the perspective of the participating mothers of this study. These questionnaires are filled out by every mother-infant dyad who takes part in this intervention study. Based on the first results, attachment-based interventions focusing on enhancing parental sensitive behavior have proven to be in large part promising. In this context starting interventions at the early beginning is claimed explicitly as a successful way to improve the mother-infant relationship. Discussion: This ongoing study investigates the effects of an early and preventive attachment-based intervention and provides a scientific base for the justification of infant intervention programs.

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Mother-infant-group as a therapeutic intervention for mothers and babies with regulatory disorders by specific psychodrama methods

Hoellwarth M. (Univ.Klinik für Psychiatrie und Psychosomatik des Kindes- und Jugendalters, Innsbruck , Austria), Koschier A. Univ.Klinik für Psychiatrie und Psychosomatik des Kindes- und Jugendalters, Innsbruck , Austria)

The present project shows the assessment and evaluation of three therapeutic mother-infant-groups for emotional stressed mothers and their so called “cry-babies” (common description for early-infant regulation problems). Being part of those groups should increase the mothers self awareness and their intuitive skills. By applying specific Psychodrama-methods (like doubling, role reversal, sharing) the mothers should be supported in learning to be more empathic with their children and to better be able to read the infant’s signals. This kind of intervention should have a positive effect on the babies by decreasing the intensity of their crying and increasing the quality of their sleep. It is expected that the therapy has a positive effect on the mother-infant-relationship, the emotional state (mothers are less depressed) and on the parent-relationship. Furthermore, the questions about the factors in this special setting (with the presence of the infant), the group-process in general and the question about the application of those specific psychodrama-techniques will be addressed and analyzed qualitatively. Interventions of psychodrama in work with babies are not usual and are not documented before. Extensive video-data (à 90min) and the records of 33 therapy sessions, crying and sleeping journals are analyzed, and also a specific collections of questionnaires is given out for 9 babies and their mothers, which have attended the group from December 07 until April 09.

The collection of questionnaires consists of: OPD (Operationalisierte Psychodynamische Diagnostik), MKK (Münchener Kommunikationsdiagnostik; Raudzus Groden, 2007; Papousek, 1996), PIR-GAS (Parent-Infant-Relationship Global Assessment; Zero to Three, 1994), EPDS (Edinburgh Postnatal Depression Scale; Cox, Holden & Sagovsky, 1987), EMKK (Einstellung von Mütter mit Kinder im Kleinkindalter; Codreanu & Engfer, 1984), ICQ (Infant Characteristic Questionnaire; Bates, 1979; Bates et al., 1987), MSCS (Maternal Self Confidence Scale; Lips, Bloom & Barnett, 1984), SN/PFB (Questionnaire about Social Networks and Relationship; Papousek et al., 2004). So far the results confirm the positive effect of the Psychodrama group therapy on emotional stressed mothers with their unregulated infants.

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Infant psychiatry outcome-measures in clinical practice (DC: 0-3R, BITSEA, M-ADBB, KPCS, EPDS, Own Questionnaires) in St.Gallen, Switzerland

Bindernagel D. (Kinder- und Jugendpsychiatrischer Dienst St. Gallen Switzerland, Switzerland), Benz C. (KJPD St. Gallen, Switzerland)

Between 2004 an 2011 280 cases (N = 280) were assessed (following DC: 0-3 and DC 0-3R) and treated in the outpatient unit for infant psychiatry in St. Gallen, Switzerland. A pilot study for outcome of intervention with 6 families is demonstrated. Feasibility and usefulness in clinical practice is reflected. Objectives: Aims of the pilot study are to prove the applicability of existing screening-questionnaires for outcome measures in clinical practice and to reflect their usefulness. We analyze parental reports on children’s behavior, paternal self-confidence and paternal wellbeing as well as parent-child-relationship by observation of parent-child-interaction. Changes in the parent-child-relationship during the course of treatment are assessed by the therapist. Further more, the subjective perception of treatment and of treatment evaluation is assessed by qualitative interviews with parents. Methods: Over period of time (beginning September 2011) a total of six referred families to the unit for infant psychiatry are included in the study sample. Excluding criteria are: Less than three sessions in the course of treatment and referral by court or official authorities. At the beginning of treatment (T1) parents complete the following assessment: questionnaire on burden of problem and expectation regarding our treatment, German version of Brief Infant

Toddler Social Emotional Assessment (BITSEA, 1-3 years), German version of Karitane Parenting Confidence Scale (KPCS 0-1 year) and German version of Edinburgh Postnatal Depression Scale (EPDS, 0-3). Axis 2 (relationship classification) of DC: 0-3R and the modified Alarm Distress Baby Scale (M-ADDB, 3 – 24 months) are assessed by the psychotherapist after the first session. At the end of treatment (T2) and six month post treatment (T3) parents complete questionnaires on burden of problem and treatment satisfaction as well as BITSEA, KPCS and EPDS. At the end of treatment (T2) the psychotherapist assesses all axis of DC: 0-3R including axis 2 relationship classification for the second time and M-ADDB. Qualitative interviews with the parents at the end of treatment (T2) explore the subjective perception of treatment and the questionnaires themselves. Results: Since the pilot study begins at the point of submission deadline results will be available at the time of the congress in 2012.

Poster session 12: Father-Infant Interaction

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Accounting for father- infant- interaction and institutional change: Worth the trouble?

Mutiganda J. (Åbo Akademi University School of Business and Economics, Finland), Fagerström A. (Åbo Akademi University School of Business and Economics, Finland)

This study applies old institutional economics theory (Veblen, 1898, Veblen, 1919) to analyse how the social insurance institution of Finland, one of the world leading countries in public management of interactive family care, finances simultaneous paternity and maternity leaves of fathers and mothers from the earliest months following the birth of their babies and pre-conditions for implementation of the Finnish model in other countries. Motivation of this study is to contribute to the small but growing body of literature that bridges infant-care management (Craig, 2006, Wall & Arnold, 2007, Craig & Siminski, 2010, Halme et al., 2010, Maume et al., 2010, Natalier & Hewitt, 2010, Fletcher & StGeorge, 2011, Lovas, 2011) and financial accounting practices prevailing in the country of residence of infants. Drawing on the conceptual institutional framework of management accounting change proposed by Burns and Scapens (2000), a qualitative case study became conducted in a selected municipality in Finland following a methodology that has been used successfully in other similar studies (Ahrens & Chapman, 2006, Modell, 2006, Ahrens & Chapman, 2007, Lukka, 2007, Modell et al., 2007, Dul & Hak, 2008, Yin, 2008, Nyland et al., 2009, Fallan et al., 2010, Eriksen et al., 2011, Kurunmäki et al., 2011, Lapsley et al., 2011). The study found instrumental financing routines between the social insurance institution and employers of parents who are candidates to maternity or paternity leaves and progressive interest of fathers to go on paternity leaves. The main implication of this study is that successful implementation of paid parental leave through the social insurance system analyzed requires institutionalization of integrated child care management financed by public funds, national legislative change in favor of parent-infant interactive care and involvement of parents in enforcement of their rights to paid parental leave. The main theoretical contribution of this study is to illustrate applicability of old institutional economics theory beyond intra-institutional change and its robustness in explaining inter-disciplinary management accounting practices (Scapens & Varoutsas 2010). The main limitation of this study is empirical caused by limited number of selected key personnel involved in collecting data. Hence, its findings can not be directly generalized to other organizations. This study, however, contributes and redefines the conceptual framework of institutional change proposed by Burns and Scapens (2000), and recommends further similar studies in different contexts. Contact authors for a list of references.

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Treating a reactive attachment disorder with Theraplay therapy

Korkeaoja P. (Tampere University Hospital, Finland), Niemi R. (Tampere University Hospital, Finland)

Aim: To describe by a poster presentation how a four year old, aggressive, impulsive and restless boy with reactive attachment disorder was helped by means of Theraplay therapy. Goals for the therapy were to lessen his symptoms and to strengthen the attachment between him and his foster father. Background of the child: The boy, Tom, was placed in his first foster family when he was one year and two months old. After six months Tom was placed in a new foster family because of suspected physical abuse in the first foster family. Methods: Theraplay therapy is a playful, engaging, short-term treatment method that is intimate, physical, personal, focused and fun. It is modeled on the natural, healthy parent-infant –relationship (Booth & Jernberg 2010, p. 3). Before starting therapy we evaluated the interaction between the child and the foster parents with the Marschak Interaction Method, MIM (Booth &

Jernberg 2010, p. 115). We also interviewed both foster parents. Based on MIM and the interviews we decided to offer Theraplay therapy to Tom and his foster father. One of us was the therapist of the child and the other was the therapist of the foster father. Both therapists were with Tom and his foster father in the therapy room from the first session. Tom was sitting on the lap of the foster father. We met weekly, 18 sessions altogether. In addition we met foster parents without the child in 5 sessions and the foster father alone in 2 sessions. We videotaped all sessions with Tom and his foster father. Results: The goals for the therapy were reached very well. The attachment between Tom and his foster father was strengthened. During the Theraplay process Tom began to prefer the foster father instead of the therapist to nurture and to play with him. Tom began to show positive feelings towards his foster father by hugging him. At home Tom began to search for physical closeness with both foster parents and to miss them while away from home. In the beginning of the therapy the foster father was taking an educational and professional attitude towards Tom. During the process he began to relax and enjoy nurturing and being in close contact with Tom. He started to speak about his warm feelings towards Tom. Tom started to feel himself so safe that he also dared to oppose the foster father unlike before. The foster parents reported that Tom's aggressiveness at home had lessened. The foster mother was still worried about Tom's difficulties to concentrate. Conclusions: Our clinical experience of this treatment supports the opinion that Theraplay therapy is a useful method in treating children with reactive attachment disorder and their foster parents to strengthen their attachment. Reference available upon request.

Poster session 13: Infant Depression and Early Psychopathology

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Associations of preschoolers? Symptoms/strengths with their social-cognitive capacities

Klein A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Otto Y. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Fuchs S. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), von Klitzing K. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, Germany)

Emotional symptoms of developmentally inappropriate anxieties and/or depression, conduct problems and hyperactivity/inattention are frequent phenomena during childhood. These psychological problems may impair children's social functioning, their everyday life, and most importantly their development. There exists broad evidence that besides biological and social-relational factors individual risk factors such as social-cognitive capacities play an important role in the development of children's psychological problems. E.g., Hughes and Ensor (2006) found that deficits in Theory-of-Mind (ToM) and verbal ability each predicted unique variance in behavioral problems in young children. Banerjee et al. (2001) found that socially anxious school children experienced specific social-cognitive difficulties in understanding the links between emotions, intentions, and beliefs in social situations. The goal of the presented study is to investigate whether children's symptoms/strengths are associated with their social-cognitive capacities. In this study, 250 4-6-year-old children and their families participate. Half of the children have predominantly emotional symptoms, the other half of the children have no psychological problems. In order to assess children's symptoms/strengths, parents complete the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). Children perform the German versions of the Test of Emotion Comprehension (TEC; Pons, Harris & Rosnay, 2004) and the Theory of Mind Scale (ToM; Wellman & Liu, 2004). Moreover, further cognitive capacities (language comprehension and IQ) are assessed. Until now, 214 families participated in the study. The children in the preschool sample investigated solved the ToM and TEC tasks in a comparable amount as in earlier studies (Kristen et al., 2006; Janke et al., 2008). Both ToM and TEC showed no gender but age effects and both were correlated with language comprehension but not with nonverbal IQ. We investigated whether children's social-cognitive capacities were associated with their symptoms/strengths, controlling for age and language comprehension. In line with earlier studies, we found significant associations of ToM capacity with lower hyperactivity/inattention and higher prosocial behavior. The TEC total score did not correlate with children's symptoms/strengths which is in contrast to earlier findings, e.g. by Janke et al. (2008) who found a positive association with prosocial behavior. However, several components of the TEC showed associations with symptoms: Children with higher hyperactivity/inattention or peer problems seem to be less good in knowing how to regulate emotions but better in solving the task appearance and reality which deals with hiding emotions. Detailed analyses with the final sample as well as possible clinical implications will be presented.

Poster session 19: Psychodynamic Psychotherapy

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Parent-infant co-therapy: A recommended setting for high-risk dyads

Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Couetoux F. (Hôpital Pitié Salpêtrière, France), Camon-Senechal L. (Hôpital Pitié-Salpêtrière, France), Kuhn Franck L. (Hôpital Pitié Salpêtrière, France), Dubois C. (Hôpital Pitié-Salpêtrière, France), Didane N. (University Paris Descartes, France), Ollivier C. (University Paris Descartes, France), Aidane E. (Hôpital Pitié Salpêtrière, France), Cohen D. (Service de psychiatrie de l'enfant et de l'adolescent Pitié salpetriere University Hospital, France), Rabain D. (Hôpital Pitié-Salpêtrière, France)

Infant psychiatrists and therapists have progressively developed new ways of intervention for atypical and complex family situations which do not fit to the classical joint and brief therapy setting. This is particularly the case: (1) when we are working with multi-risk families; (2) one or both parents are diagnosed with severe mental health disorders; or (3) parental psychopathology coexists with infant developmental disorders or important socio-emotional symptoms. In the present paper we present and discuss a clinical setting, named co-therapy, designed to meet the needs of these high-risk families, and implemented in an outpatient parent-infant public mental health unit. The principles of co-therapy assume that only a shared therapeutic work, including two or more practitioners, allows taking into account both parental and infant's needs for care. In the co-therapy setting, a psychotherapist (psychologist) and a pediatric nurse or infant/young child educator are brought to combine their interventions into one setting. On the one hand, the psychotherapist focuses her/his attention on parental past and present representations and their links with current parent-infant relationship. On the other, the co-therapist focuses her/his attention on the infant, and reinforces the recognition by the parent of the infant's feelings, needs and behaviors. The treatment of these complex situations is discussed and elaborated by the practitioners during regular team reunions, in order to adjust the intervention to the families' evolving needs.

2167

The state of non-integration in the early mind

Filomena S. (CHT, United Kingdom)

D. Winnicott (1974) stated a difference between a non-integration state of mind and a disintegration one. In the first stage there is no difference between the subject and the object, but a state of fusion and non-differentiation. In the latter there was a differentiation, but the subject regress back in a non-integration state of mind as a defensive maneuver in order to survive. The psychotic clients live in this state of non-integration, and the symptoms that they experience, like hallucinations, voices, detachment from the world, absence of time, belongs to the state of mind of a child of six months old before the process of separation-individuation stated from M. Maheler (1971). E. Gaddini (1992) in his writings tries to develop the meta-psychological theory in a further way and he stated a difference between imitation (psycho-sensorial area) and introjection (psycho-oral area). In the first one the baby perceives the external world with a modification of his body. The latter one occurs only when a difference is established between the subject and the object (usually the mother) and the baby can put inside himself stuffs because there is an internal world separated from an external one. Moreover D. Winnicott (1971) stated a difference between a male and a female pure elements. In the pure female element there is no space for the libido because there is no difference between the baby and the mother, the baby is the breast. In the male one, with the intervention of the figure of the father, the baby starts to differentiate himself from his mother. The world is perceived more objectively and the functions of time and memory are in progress. I think that these differences are important in the comprehension of a non-integrated state of mind in psychotic clients. This is the continuity with a fetus' experiences of a limited space through the womb and the placenta, and this state continues to exist after the birth till the psychological birth around six - eight months of age. If we have in mind these ideas when we deal with this kind of clients, I think, would be more simple to understand them and to not be angry with them.

Friday 20 April

08:00-09:00 Master Classes

Talk to me baby, tell me what's the matter now? Investigating mother-infant psychoanalytic treatments

Salomonsson B. (Sweden)

Culture sensitive support to early parenthood

Tamminen T. (Finland)

Understanding the unspoken: Nonverbal expression and the felt-sense of attachment

Tortora S. (United States)

'Enhancement and disruption of Amae in the aftermath of the East Japan Great Earthquake'

Watanabe H. (Japan)

Plenary Lecture 4 Auditorium 2

Moderator: Tomlinson M. (South Africa)

What is Security Priming and Why Should We Care?

Boris NW. (Tulane University, United States)

In this plenary, Dr. Boris will focus on how recent findings from the study of the biobehavioral attachment system might inform practice. A variety of perspectives on how attachment is "programed" into our species will lead to an exploration of a recent focus in attachment research on representations. The concept of security priming and its utility for engaging caregivers in intervention will be explored. For infant mental health clinicians, finding ways to tap into caregiver representations and to shape these representations allows for connection through creativity.

Symposium 31: Auditorium 2

Moderator: Emanuel L. (United Kingdom)

2540

From observation to intervention: Three psychodynamic approaches to clinical interventions with babies and young children

Emanuel L. (Tavistock Clinic, United Kingdom), Salomonsson B. (Institute of Women's and Children's Health, Sweden), Tutters E. (Hincks-Dellcrest Children's Mental Health Centre, Canada)

This symposium will address how the method of Infant Observation can be applied to interventions with parents, infants and young children, to enhance clinical practice, and will illustrate these ideas with observation and clinical material. We will discuss how this method allows us access to evidence of the mental state and communication processes of babies from birth to two in their family context. We highlight its relevance for developing theory, intervention techniques and training programs, which are adaptable to diverse family and social contexts. All three presenters have a psychodynamic approach, focusing on the unconscious, as well as conscious dimensions of the parent-infant relationship, and we will address similarities and differences in our approach: a. The Tavistock Brief Intervention Model offers 7 sessions to parents with infants and toddlers; it involves a "slow unfolding" of material within a brief time frame with the therapist exploring the young child's communications through close observation of his behavior, play and drawing, simultaneously conversing with the parents, and attending to her counter-transference experience. A clinical vignette of a young child whose anxiety about defecating on the toilet seems to be linked with primitive infantile terrors, will be presented to illustrate the model. b. The Stockholm presenter will describe how the application of classical psychoanalytic concepts such as "infantile sexuality" and "primal repression", and awareness of "transference and counter-transference phenomena", to detailed observation of infants, can enhance our understanding of the material. A case will be provided of an 18 month old girl with a severe sleep disorder. During the first session she developed an intense panic reaction to the analyst. This was understood as a "transference reaction" and in the ensuing therapy, this was contained, and the symptom reduced. c. The presenter from Toronto will explore what happens in the moment-to-moment process of therapy, describing how experiences are co-created during an intersubjective moment (stern 2004) between parent, child and therapist. She

will present the case of a 3.5 year old boy who screamed relentlessly when frustrated, displaying obsessional behaviors. DVD clips will highlight the therapeutic alliance with each member of the family, and the therapist's role helping the mother become more attuned to the affective and developmental needs of her son.

Workshop 9: Meeting Room 1.41-42

2212

Some common characteristics and outcomes of extreme environments for young children: Hypotheses and measurements

Groark C. (University of Pittsburgh, Office of Child Development, United States), McCall R. (University of Pittsburgh, Office of Child Development, United States)

This workshop represents a guided discussion with conceptual and data-based examples provided by the two workshop leaders. Extreme environments can include poverty, neglectful and abusive homes, foster care, homeless shelters, and orphanages. A primary aim of the workshop is to draw parallels between early deficient environments and poor child outcomes across a variety of circumstances, potentially pointing to common mechanisms. What are some common characteristics of these extreme environments? Examples are chronic stress, chaos caused by lack of consistency and organization, neglect and abuse, and lack of appropriate stimulation and social-emotional relationships. What are some common child outcomes? Examples are poor physical and general behavioral development, atypical development of the prefrontal cortex producing problems with mental connectivity and executive functioning, atypical development of amygdala resulting in poor emotional regulation and relationship problems (internalizing, externalizing, psychiatric diagnoses). Concrete illustrative examples— orphanages. Leaders will describe orphanages from three continents accompanied by video illustrations of children's extreme and atypical development. They will illustrate the cumulative deficit hypothesis in which exposure to deficient environments during the first 6-24 months of life is sufficient to produce high rates of multiple problems, less exposure the more severe the environment. Further, exposure to other kinds of deficient environments (e.g., extreme poverty, abuse and neglect) may have the same outcomes. What are the characteristics that produce these poor outcomes? A major element is the lack of sufficient sensitive, response-contingent, child-directed, one-on-one caregiver-child interactions and relationships. What hypotheses explain the developmental dynamics of early deficient environments and children's outcomes? 1. Lack of attachment relationships. Many such children fail to develop an appropriate attachment relationship with a few consistent caregivers. Children who reside in deficient orphanages longer than the first 6-24 months of life are more likely to have developmental deficiencies, precisely the period of life when attachments are formed. 2. Chronic stress. Chronic stress, especially in the first year of life, produces heightened reactions to subsequent stressful situations, leads to atypical development of the prefrontal cortex and the amygdala, and such brain deficiencies are related to most of the mental and behavioral problems (e.g., executive functioning, cognitive and emotional control) characteristic of children from extreme environments. 3. Both hypotheses could occur. Genetics, both polymorphisms and epigenetics, could also influence which children do and do not show later problems. How can these characteristics be measured? The workshop leaders will present examples of instruments they have used in orphanage contexts to supplement the well-known assessments of caregiver-child interactions; early stress; early attention, executive functioning, emotional-behavior control; physical and general behavioral development; and atypical child behaviors and behavioral problems.

Symposium 32: Meeting Room 1.43-44

Moderator: White L. (Germany)

2663

Child narratives: Making meaning of relational experiences, the role of gender, and the consequences for mental health of children

White L. (University of Leipzig, Germany), Hill J. (University of Manchester, United Kingdom), Sharp H. (Division of Clinical Psychology, The University of Liverpool, United Kingdom), Murray L. (University of Reading, United Kingdom), Klein A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Göttken T. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Crowley M. (Yale University, Yale Child Study Center, United States), Mayes L. (Yale University, Yale Child Study Center, United States), von Klitzing K. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Maia J. (Unidade

de Investigação em Psicologia Cognitiva do Desenvolvimento e da Educação, ISPA-Instituto Universitário, Portugal), Verissimo M. (Unidade de Investigação em Psicologia Cognitiva do Desenvolvimento e da Educação, ISPA-Instituto Universitário, Portugal), Torres N. (Unidade de Investigação em Psicologia Cognitiva do Desenvolvimento e da Educação, ISPA-Instituto Universitário, Portugal), Rebelo A. (Unidade de Investigação em Psicologia Cognitiva do Desenvolvimento e da Educação, ISPA-Instituto Universitário, Portugal), Otto Y. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Fuchs S. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany)

Negative parenting patterns and relational distress are linked to poor mental health in children, though not all children are affected equally by these experiences. The child's subjective experience and cognitive emotional processes as indexed by child narratives may provide a crucial missing link between environmental events and later risk for psychopathology. The symposium will consider new evidence for the key intermediary role of these psychological processes, by drawing on research conducted in three different countries. Paper 1 (Hill, Sharp, & Murray) will present new longitudinal data collected in the UK, comparing narratives of 82 5-year-olds exposed to high and low current adversities (marital discord or maternal depression). The findings indicate that male and female adaptations to stress (as measured by child narratives) are different: Following adversity, girls tend to more strongly adopt the 'Intentional Stance' (i.e. interpreting others' behavior in terms of mental states) in their narratives whereas boys more often adopt the physical stance. In keeping with evolutionary theory, these findings suggest gender-specific adaptations to stress, with females attempting prosocial solutions and males competing. At the same time, the data suggest that these gender-specific adaptations carry a risk, for emotional disorders in females and behavioral disorders in males, following high adversity.

Paper 2 (White, Klein, Göttken, Crowley, & von Klitzing) will present data collected in Leipzig, Germany, using a new experimental approach to narratives, comparing stories collected under induced high vs. low social stress conditions from 40 healthy children and 30 children referred for emotional disorders. Cognitive-emotional processes (e.g., intentionality), parent and prosocial themes were coded. The study attempts to understand how sensitive these aspects of narratives are to situational stress and what function they serve for the child (regulatory vs. representational), with the aim of differentiating regulatory strategies and representations that potentiate or reduce risk for psychopathology.

Paper 3 (Maia, Verissimo, Torres, & Rebelo) will present research from 60 preschoolers and their parents sampled from preschool institutions in Lisbon, Portugal. The study links child narratives to a memory-talk interaction (reminiscing) conducted with each parent and their child, individually. Presence of hostility in both mother- and father-child dyadic interactions predicted a less secure narrative of the child, whereas an elaborative style of the father showed a positive association with security. This study traces narrative productions of children to some of their potential origins in the parent-child relationships, suggesting some on-line behaviors involved in intergenerational transmission.

Paper 4 (Otto, Fuchs, Klein & von Klitzing) will present data from an extreme-group comparison of 60 4-5 year old preschoolers exhibiting high and low emotional problems selected from a larger community sample of 250 Leipzig families. Children with emotional symptoms have greater difficulties with regulating emotional arousal evoked by social conflict and resort to avoidant strategies under pressure. The study aims to tease out how children with emotional problems typically cope with different types of stress by comparing narratives with themes of distress vs. social conflict vs. dilemma.

Clinical Teach-In 11: Meeting Room 1.61

2706

Circle of Security® Intervention with mentally ill mothers and their infants

Ramsauer B. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Lotzin A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany)

The Circle of Security® (COS; Hoffman, Marvin, Cooper & Powell, 2006) intervention is a manual-guided, 20-week group therapy helping caregivers to establish a secure base for their children. In our mother-infant outpatient unit at the University Medical Center of Hamburg we treat mothers with multiple psychiatric illnesses (i.e. depression, personality disorders) and their infants. These infants are highly prone to develop disorganized attachment styles to their mothers. In this clinical Teach-in we want to share our experience of using the COS

therapy for this patient group. We will present two clinical cases to illustrate the diagnostic procedure which is the basis for individual treatment planning. This includes the assessment of maternal mental illness, attachment representation, reflective functioning, and interactional behavior towards the child. We will present video sequences demonstrating the therapeutic process and outcome. In the light of the patient vignettes we will discuss the effectiveness of COS group intervention when the mother is suffering from mental illness.

Symposium 33: Meeting Room 1.62

Moderator: Hans S. (United States)

2477

Infant neurobehavioral indicators of three major disorders: Longitudinal studies of FASD, ADHD, and schizophrenia

Hans S. (School of Social Service Admin./ University of Chicago, United States), Auerbach J. (Ben-Gurion University, Israel), Jacobson S. (Wayne State University School of Medicine, United States and University of Cape Town Faculty of Health Sciences, South Africa), Molteno C. (University of Cape Town Faculty of Health Sciences, South Africa), Jacobson J. (Wayne State University School of Medicine, United States)

Many neuropsychiatric disorders, even those not diagnosed until childhood or adulthood, have roots in infancy. Prospective research designs provide a powerful means to examine the developmental course of psychopathology and to identify biological and contextual factors that contribute to onset and severity. This symposium will discuss infant behavior associated with three disorders: Fetal Alcohol Spectrum Disorders (FASD), Attention Deficit Hyperactivity Disorder (ADHD), and Schizophrenia. Data will be presented from 3 longitudinal studies of infants at risk for long-term disorder. Findings will be discussed in terms of relevance to infant mental health practice, including prevention and treatment. Fetal alcohol syndrome (FAS) is the most common preventable form of mental retardation and the most severe of a spectrum of disorders. FASD are difficult to diagnose in infancy and in children lacking characteristic facial features. Incidence of FAS in the Cape Coloured population in South Africa is among the highest in the world. The Cape Town Longitudinal Cohort was recruited during pregnancy and assessed in infancy and 5 and 9 yr. Infant FTII processing speed, elicited play, ADBB affective withdrawal, and disorganized attachment were early indicators of children diagnosed with spectrum disorders at 5 yr. Severity of diagnosis was predicted by poor performance on all 4 infant assessments. Disorganized attachment was the strongest indicator of alcohol-related IQ deficits at 5 and 9 yr. ADHD is a common disorder of childhood. The Ben-Gurion University Infant Development Study is a longitudinal study of boys at familial risk for ADHD. Recruited at birth based on paternal ADHD symptoms, these boys and their parents were assessed during infancy and early childhood. In the first years, boys at risk for ADHD differed from boys not at risk on activity level, anger, and effortful control, a composite measure of inhibition, attention, and interest. At-risk-group mothers were less responsive to their infants' signals than comparison group mothers. At 4.5 and 7 yr, parental ADHD symptoms, child temperament, parent and child genotype, quality of parenting and home environment contributed to symptom levels in the child. Schizophrenia is a severe mental illness whose diagnosis is typically made in adulthood. The Jerusalem Infant Development Study is a long-term longitudinal study spanning from the newborn period to early adulthood. The sample includes children from 78 families enrolled based on parent psychiatric diagnosis. Children who had a parent with schizophrenia were contrasted with children whose parents had other psychiatric disorders or no disorder. A subgroup of infants who had a parent with schizophrenia showed motoric and perceptual motor signs. The same subgroup showed attention and neuromotor problems during middle childhood and adolescence. Childhood neurobehavioral signs were related to schizotypal symptoms during adolescence and adulthood.

45 Minute Symposium 9: Meeting Room 1.63

2681

Young children in orphanages: Intervention and development

Muhamedrahimov R. (Department of Psychology, St. Petersburg State University, Russian Federation), Solodunova M. (St. Petersburg Baby Home #13, Russian Federation), Chernego D. (Department of Psychology, St. Petersburg State University, Russian Federation), Palmov O. (Department of Psychology, St. Petersburg State University, Russian Federation)

Presentations:

Rifkat J. Muhamedrahimov

Overview of St. Petersburg orphanage intervention project and its longitudinal outcomes.

Maria Y. Solodunova

Emotional expressions of children in orphanage and family.

Daria I. Chernego

Development of premature children in orphanage after early intervention program.

Oleg I. Palmov

Further improvements in St. Petersburg babyhome: searching for new models of care and early childhood intervention

The St. Petersburg orphanage research project designed to improve the social-emotional relationship experience of typically developing infants and those with disabilities living in orphanages in St. Petersburg, Russian Federation (The St. Petersburg-USA Orphanage Research Team, 2008). This symposium integrates new findings of the evaluated results of the project. Paper 1 presents an overview of the intervention program and the main conditions of its successful implementation as well as new longitudinal outcomes. Paper 2 includes research data on quality and longitudinal dynamics of emotional expressions including the variety and intensity of the positive and negative emotions in the child-caregiver interactions in orphanage and family. Paper 3 provides research findings on development of premature children from birth to three years of life from different social environments: orphanage with no intervention, orphanage with implemented family environment and families. Paper 4 emphasizes further directions of early intervention for young orphan children and their primary caregivers after improvement of the social environment, and describes the pilot implementation of Pikler approach to provide better quality of care for children. The findings of this symposium will be discussed in terms of the quality of care and related child development and mental health issues.

Clinical Teach-In 12: Meeting Room 1.64

2218

Strengthening family-centered care: The Close Observation and Collaboration (CLOC) training program for NICU staff

Boukydis Z. (University of Turku, Finland and Semmelweis University Medical School, Hungary), Ahlqvist-Björkroth S. (Department of Behavioral Sciences and Philosophy, Turku Institute for Child and Youth Research, Turku University, Finland), Axelin, Ph.D. A. (University of Turku, Finland), Kauppila W. (University of Turku, Finland), Lehtonen, M.D. L. (University of Turku, Finland)

The purpose of this clinical teach-in is to present the Close Observation and Collaboration (CLOC) Training Program - training NICU staff (nurses, doctors, physical therapists) in collaborative consultation with parents & infants. We will discuss teaching methods, lessons learned in teaching the teaching program and feedback from the nurses and doctors who participated. The training program was developed and carried out from 2008 to 2012 in the NICU of Turku University Hospital in Finland, a unit responsible for level III NICU care for a region having 7000 deliveries/year. Purposes of the training were: 1) increase staff ability to observe & interpret the neurobehavior of preterm infants, 2) join with parents in watching their infant together; and 3) provide a collaborative basis between staff member & parent for instituting and changing caregiving practices based on the infant's unique neurobehavior & development. Training involved four phases: A. Behavioral Observation of Infants; B. Articulating and Communicating Behavioral Observations with Parents; C. Understanding Parents and Integrating Observations into Continuing Care; and D. Planning Discharge with the Family. For each phase there was a one day lecture /demonstration and a week of small group practice in the NICU. After this week staff had one-on-one mentoring for practice and met regularly in reflective supervision groups to integrate the central training focus into their work. At the present time, staff evaluation is being completed on the effects of the training program and a Finnish national training program based on this program is being initiated in January, 2012. The clinical teach-in will: 1. Provide an overview of the training program, describe key content in the teaching material and describe various ways (small group practice, individual mentorship; learning assignments and practice) that the learning was integrated into every day practice with parents and infants; 2. Following on results of post training group interviews with the staff, we will be reflecting on: (a.) How nurses experienced the training program and what influenced change in practices toward family-centered care; (b.) ways of learning in the training process which were experienced as most effective in

promoting change; (c.) what was experienced as less helpful. 3. Key learning issues identified during the course of the training program. We expect that the workshop will be useful for nurses, doctors, psychologists and psychiatrists working in NICU's: 1. Involved in training NICU staff to develop collaborative consultation with parents; 2. Who want to consider ways to focus staff-parent communication on mutual understanding of infant behavior and development; and 3. Who see this program as a potential way to develop family-centered care in the NICU; 4. Who want to compare this training program to other training and intervention programs.

45 Minute Workshop 26: Meeting Room 2.43

2786

What is "good enough" parenting in a child protection context? Holding the maltreated and/or neglected infant in mind

McEvoy P. (Women's and Children's Health Network, Australia), O'Rourke P. (Therapeutic Reunification Service, Department of Psychological Medicine, Australia)

When an infant has been removed from their mother's care due to maltreatment and/or neglect, their development trajectory demands that a range of decisions are made early. Critical among these is an early assessment of parental capacity. The model we have developed provides such assessments, which may lead to therapeutic work with the biological parent and the infant, while the infant is in alternative care. This model operates in a women and children public hospital in South Australia and is based on the work of the New Orleans Infant Mental Health team. Determining what is 'good enough' parenting becomes increasingly complex in the context of ongoing and difficult therapeutic work and the involvement of multiple and sometimes competing systems. In this workshop we will present an overview of our model, discuss the concept of good enough parenting in this context and illustrate this with case material. We will focus on what is 'good enough' therapeutically and how this is understood by the various systems and then integrated into the infant-focused case plan. We acknowledge the multiplicity of perspectives and demands of the various systems involved in this work including statutory child protection, the legal system, other treating systems – mental health, drug and alcohol – and other advocacy services for parents. We are also acutely aware of the time constraints in which decisions have to be made. The use of excerpts of video clinical material and the involvement of workshop participants in an interactive experience will bring to life the therapeutic and systemic issues that need to be considered in this context to determine what is 'good enough'. This will be an opportunity for clinicians and others working with infants, their parents and multiple agencies at the interface of child protection to share their experiences, reflect on their choices and responses and further develop their own assessment framework of what is 'good enough'.

45 Minute Symposium 10: Meeting Room 2.43

2196

Exploring postpartum depression in Brazil: A longitudinal study

J.R.M.Fonseca V. (University of São Paulo - Institute of Psychology, Brazil), Salum e Morais M. (Health Institute, State Health Department of São Paulo, Brazil), Chelini M. (University of São Paulo - Institute of Psychology, Brazil), Fonseca L. (University of São Paulo Medical School, Department of Preventive Medicine, Brazil)

Postpartum depression (PPD) affects millions of women all over the world. Its prevalence varies largely in different countries, from 4% in Germany to 35% in South Africa, but according to certain estimates it may be as high as 60%. Brazilian studies show prevalence ranging from 12% to 37%. PPD has been linked to a series of child developmental problems, as well as impairment in mother-infant interaction. In order to assess the prevalence of PPD and its impact in infant development, we designed a longitudinal study with Brazilian women who would deliver in the University of São Paulo Hospital. The Edinburgh Scale was used both at 3 and at 8 months after delivery. In this symposium we intend to discuss some of our findings. Fonseca, Vicente and Bussab will bring data from the assessment of mother-child interaction and child's attachment at 12 months of age. Mothers who were depressed both at 4 and 8 months score lower in sensitivity and in structuring their infant's activities than mothers who were depressed only one time, but not more than mothers who were never depressed. There was no difference among the groups regarding the three categories of attachment; however, considering subgroups of attachment, we found that children of mothers from the always depressed group were more represented in the more resistant part of the spectrum than children from the sometime depressed group. Morais, Lucci and Otta present data on the effects of

timing and duration of mother's depression on the infants' development at 12 months of age, considering the following aspects of behavior: gross motor, adaptive motor, interactional, and language. Their findings show that there is more negative impact on baby's communicative and gross motor developmental milestones when the mother's symptoms of depression were more long-lasting and recent. Chelini, Otta and Fonseca investigate the effects of maternal PPD on infant's cortisol levels at birth and at 4 months. In infants of depressed mothers a negative correlation was found between the stress-related variation of cortisol concentration and the score of maternal interest for the baby immediately after delivery, justifying the hypothesis that mother's positive disposition may buffer the effect of depressive mood. Fonseca (L) and Morais will display the results of a further comparative study between the prevalence rates of PPD, social support and some socio-demographic data of the initial sample, made up of lower middle class women delivering in a public hospital, and those of a group of mothers who delivered in a private and upper class hospital. Prevalence rates of PPD were three times lower in the latter, indicating the significant role socioeconomic status and social support may have in the genesis of that condition.

45 Minute Workshop 27: Meeting Room 2.44

2240

Creating community holding environments for babies and their families

Bremond D. (Children's Hospital & Research Center, Oakland, United States), Greenwald S. (Children's Hospital & Research Center, Oakland, United States)

This workshop will focus on the results of influencing individual service silos on behalf of infants and young children within a culturally diverse community. Infant and Early Childhood Mental Health Services exist on a continuum of promotion, prevention and treatment. Alameda County, California, a densely populated urban environment with pockets of poverty and violence, has spent the last 10 years developing systems of care to support the healthy social emotional development of at-risk infants and young children within the context of their caregiver relationships. The data that has been collected and analyzed suggests there is an association between risk factors, intervening early, and later school readiness. Building a system of prevention and early intervention services for infants, young children and their families can be adapted to other communities and countries based on an understanding of community cultural practices, parental concerns, data specific to various communities, provider capacity and available resources. Weaving together resources, developing common standards of practice and a comprehensive evaluation plan are at the core of creating a successful preventive early intervention system. The workshop will present effective culturally attuned service delivery models including: working closely with the pediatric community to identify young children in need of intervention for social emotional delays at the earliest possible time; building mental health and developmental consultation into early care and education settings; supporting home visiting programs to become more "reflective"; and the sharing of common tenets and outcome indicators. The presenters will discuss training community based providers to understand the importance of early supports and the complexity of development in relation to preventing the need for mental health treatment. Outcomes research and video clips of intervention strategies will be integral to this workshop. The populations influenced by a comprehensive system for young children and families include babies discharged from Neonatal Intensive Care Units, babies born to pregnant and parenting adolescents, and young children on the verge of entering the child welfare system. The social safety network developed in Alameda County for these populations includes the use of common screening and assessment tools which focus on risk factors such as maternal depression and developmental and social emotional outcomes. When pediatricians, early care and education providers, nurses, social workers and early childhood mental health treatment providers have a common language from which to discuss concerns regarding the social emotional well being of children, the community as a whole benefits. The workshop will provide a forum for discussing how some of the methods and strategies used in our community can be adapted for others.

45 Minute Workshop 28: Meeting Room 2.44

2733

Integrating infant mental health services into early intervention practices

Jump V. (Utah State University, United States), Rowan L. (Utah State University, United States)

Professionals working with families don't always know what aspects of children's behavior are normal or how parent-child relationships actively affect children's developing sense of self and their place in the world. However, this information is critical when working with parents, who often see their children's normative behavior as a sign of misbehavior and not as a normal part of development. Parents with this view of their children's behavior may develop negative feelings toward their children, use harsh parenting practices, and set up a negative cycle of interaction with their children. The purpose of this presentation is to introduce the SEED project, discuss how it was implemented with families, and discuss additional ways to help parents understand children's motivation and behavior. SEED stands for Strategies for Early Emotional Development, and is a resource that not only talks about common behavioral issues seen in young children, but also provides real-life scenarios of parents discussing problems they have with their young children. Common behavioral problems are discussed in a DVD format, which makes SEED applicable to most parents of young children. SEED has been used with early interventionists working with parents with children with developmental delays or disabilities, but could be used with any population of parents with young children to promote positive parent-child relationships and subsequent positive mental health of children. On the DVD, the parents discuss one of 12 issues with a skilled interventionist who works to understand the parent's perspective of the problem, discusses the child's likely viewpoint of the situation and goals in exhibiting the behavior, and walks the parent through how to deal with the issue with the child. Parents are seen practicing new strategies they are learning. In addition to the vignette between the interventionist and the parent(s) and child, there is a section discussing the vignette, with additional suggestions for strategies that parents may use in the event that the strategy shown does not seem appropriate for a certain child. There is also a section on the DVD that discusses cultural considerations that might come into play for families of different cultures or backgrounds. As part of this presentation, participants will learn more about how parents felt about this way of obtaining information about children's infant mental health, gain an understanding of how parents began to attribute the motivation for children's behaviors, and how this type of resource could be implemented in other countries. Participants will view a short vignette and discuss how they could help parents to understand the mental health needs of their children through careful attention to how they react to their behaviors. The modes of interaction with the audience will be discussion, video presentation of an example for discussion, and brainstorming how to incorporate this work into their work with families.

45 Minute Clinical Teach In 4: Meeting Room 2.45

2614

Creating a therapeutic experience for children in out of home care during contact with birth family

Tillinger N. (Berry Street Take Two Program, Australia), Carvill R. (MacKillop Family Services, Victoria, Australia)

In 2007, a therapeutic foster care model, the Circle Program, was introduced within Victoria Australia with the aim of improving outcomes for children and young people through the provision of dedicated services that address and seek to heal trauma. The Circle Program, in the Barwon South –West Region of Victoria is delivered in partnership between Berry Street Take Two, an intensive therapeutic service designed to work with clients of the Child Protection system and their families, and MacKillop Family Services –one of the largest providers of out of home care services to children, young people and families in Victoria. The program incorporates notions of attachment and trauma theory, affirms to deliver clients specialist therapeutic support through a program specifically designed to meet complex client needs. For a high portion of the clients in the Circle Program, traditional parenting practices are not sufficient. Thus, carers of the Circle Program are specifically selected and trained to provide children with attachment and trauma informed therapeutic parenting responses aimed at meeting the child's complex needs. Current practice within the Circle Program includes: the assessment of client needs with regard to contact with birth family and the facilitation of contact with the aim of providing the opportunity for the child's experience of their relationship with their parent(s)/sibling to be positive and meeting of the child's needs. The presenters aim to share how practice concerning therapeutic contact operates within the Circle Program. Specifically, the thorough assessment of a child's attachment pattern to their parent, the child's current emotional functioning and how together such factors can be used to consider the needs of a child during contact with birth family. Consideration will also be given as to how factors such as contact, location, environment, focus, frequency and duration of contact as well as mandated contact conditions, can exert influence upon the course and outcome of contact. The presenters have recently completed a discussion paper which details a rationale for the development of a specific Therapeutic Contact Program and Therapeutic Contact Centre. This discussion paper will be forwarded to local decision-making bodies within the Human Services sector (Barwon South West Region) with the aim of securing funding for the

establishment of a contact program and the Contact Centre. It is anticipated that at the time of presenting, the contact program and centre will be in operation and that learnings, in terms of program implementation and practice will be able to be shared with conference delegates.

45 Minute Workshop 29: Meeting Room 2.45

2562

Babies who move every week. How can attachment bonds to both parents be established when the parents do not live together?

Bergström M. (Karolinska Institute, Sweden), Fransson E. (Department of Women's and Children's Health, Karolinska Institute, Sweden)

In Sweden, as in other Western countries joint physical custody (JPC) has increased rapidly during the last twenty years. JPC refers to the practice that children live alternately and equally much with both their parents after a separation. In Sweden, approximately seven percent of all children have JPC. The practice is most common in children between 6-9 years of age but presumably applies to a relatively large proportion of also the youngest children. In Sweden, The National Board of Health and Welfare as well as counseling agencies for separating parents, advice against JPC for children under four years of age. These recommendations are however based on theoretical assumptions since research on consequences of JPC is scarce, especially for this age group. To increase the knowledge about JPC in Swedish families, we have started the Elvis-project. The overall aim is to study social situation, adjustment and emotional wellbeing in children with JPC and other family constellations. The Elvis-project will capture several important aspects of JPC, use different methodological approaches and include children of different ages. The studies include parents and children from 0-18 years and cover social as well as emotional aspects. Four studies will use data from large databases, enabling generalization to the general population. The study we want to discuss is an interview study with mothers and fathers of children 0-3 years of age with JPC. The parents are interviewed about the practical aspects of their family situation, the background for choosing the practice, their attitudes to parenthood, advantages and disadvantages of the practice and their thoughts and experiences about their children's situation. Using the workshop format, we want to present a brief background of the research on JPC, present initial results from the interview study, give a brief introduction to attachment theory and possible implications of this theory for the practice of JPC with the youngest children. We also want to share and discuss clinical experience of JPC with children 0-3 years of age with the participants of the workshop. An interesting topic for discussion will be the role for child psychologists in counseling families about the establishment of attachment relationships to both parents.

Video Presentation 7: Meeting Room 2.46

2608

Infant negotiation of relational space: Automated measurement of infant head orientation

Vaeber M. (University of Copenhagen, Denmark), Koeppel S. (University of Copenhagen, Denmark), Harder S. (University of Copenhagen, Denmark)

The use of 3D automated motion capture technology has potential to objectively assess and measure continuous human movement. Studies using the micro analytic approach and manual interval one second coding of infant head orientation have explicated infant head orientation as a powerful means for the infant to regulate relational space, i.e. social contact and arousal (Beebe & Stern, 1977; Beebe et al, 2010; Kuolomzin et al, 2002; Stern, 1971; Tronick, 1989). The relational space is described from observational studies to be in the range from infant head vis a vis i.e. directly facing mother to a 60 degrees aversion. When infant's head is turned more than 60 degrees the infant is showing major avoidance, which is a significant cue to caregiver to cut off contact (Beebe et al, 2010). Spatial negotiation is lived in a "split-second-world", and events, like infant head orientation, last approximately one-third to one-half second (Beebe, 1982; Stern, 1971). Events occurring that fast are hardly grasped with the naked eye. Coder decisions regarding changes from one state to another, i.e. the boundaries of coding categories, are laborious and represent a great challenge for the individual coder as well as for inter coder agreement (Bakeman & Quera, 2009). The aim of the present feasibility study was to test the use of a motion capture system in documenting and measuring continuous changes of infant head orientation in 10 mother-infants dyads and infant negotiation of relational space at 4 months. A 3D kinematic motion capture system was used to automatically and continuously

measure infant head orientation during a face-to-face interaction with mother. These automated high precision measurements were compared to manual coding of infant head orientation. This is an essential and needed first step in documenting feasibility of an automated approach. The comparison explicated clearly limitations in the manual coding of infant head orientation to be mainly in relation to decisions regarding the categorical boundaries of codes i.e, degrees of infant head turn. The study highlights the potential and limitation of automated measurements used specifically in measurement of changes in infant head position in negotiation of relational space. In this presentation the method will be demonstrated together with video presentation of infant negotiation of relational space in face-to-face interaction with mother.

Poster Workshop 7: Mother-Infant Interaction Auditorium 2 Upper Foyer

Facilitator: Puura K. (Finland)

2737

Offspring of mothers with anorexia nervosa: Narratives of their lived moments since infancy in light of intergenerational transmission of conflicts

Katsumaru M. (Japan), Esaki T. (Keio University Hospital, Japan), Ikeda M. (Keio University Hospital, Japan), Katori N. (Keio University Hospital, Japan), Sakai M. (Keio University Hospital, Japan), Watanabe H. (Keio University Hospital, Japan)

Introduction: Many mothers with chronic anorexia nervosa (hereafter AN) relapse during their pregnancy and postpartum period causing serious problems in their childcare, including maltreatment and inter-generational transmission of AN. We report on two girls born from mothers with chronic AN. We knew the girls transiently as newborns, and were forewarned that the mothers' rejection and neglect would lead to future psychopathology. 16 years later, they became anorexic and had to be hospitalized. Through studying their own narratives of what it is like to grow up in a family with anorexic mothers, we explore the serious and complex effects they inflicted on the girls. Method: Narratives of two 16 years-old girls with AN be studied in light of their representations of the mother and father, the self and siblings, their capacity to remember, reconstruct and reflect on their true feelings. We would explore what constitutes their vulnerabilities and strengths and how a life in pediatric ward helped them to retrieve their true self. Case1: Nao, a 16 year-old girl is one of the twins born to a mother with chronic AN (hereafter Mo1) since 16 years of age. When Mo1 became pregnant with twin girls, she had a relapse and put them into an institution. Nao, the younger of the twin was hypersensitive which made Mo1 feel especially ambivalent. After Nao's paternal grandmother raised them well for a few years, Mo1 attempted in vain to raise them at home, she became abusive and called the child protection agency herself, and asked it to take them away to an orphanage. Their father, however, visited them weekly which made Mo1 ill and jealous. When Nao developed AN, her father determined to save her. When hospitalized, Nao was severely emaciated, stubbornly refusing to eat. She longed to become a man by surgery. She cried out "I never asked my Mum to deliver me! I never want to be a woman!". After steadily building up trust with her therapist, she started to confide how frightening her mother was. Case2: Mari, a 16 year-old girl with height and weight below -2SD) had a mother (hereafter Mo2) who became AN at the age of 13. She got married and reared a boy. Her second pregnancy with a girl induced a strange anxiety, and she had a relapse. She developed hypochloremia from vomiting and had panic attacks. The baby, born preterm, also suffered from hypochloremia and periventricular leukomalacia with seizures. But Mo2 did not care and kept complaining about her parents. When Mari was 15, her 5 year-old brother contracted critical hypoglycemic seizure. It revealed that Mo2 had been starving Mari and her younger brothers in her obsession with 'uncontaminated food' which dwarfed them when the child protection agency took the two boys and they swiftly gained weight and height. Mari was admitted into our ward, and Mo2 became too paranoid and ill after the Fukushima nuclear crisis in March 2011. At first, she could only take in nutritional liquid, which Mo2 too was drinking at home. 3 months after admission, Mari confided, "Please don't tell my Mum that I'm now eating solid food for she would be angry and hate me!" Discussion: Nao and Mari suffered from their mothers' strange and chaotic ways of dealing with food and people. The complex intertwining effects of malnutrition and maltreatment originated in their fetal life and continue throughout childhood. With careful listening to their narratives, we attempt to break the intergenerational transmission and help them to live their true life.

2710

How do postpartum depression and anxiety symptoms relate to maternal responsiveness to infant distress in low-risk mothers?

Lucchese F. (University Massachusetts Boston, United States), Beeghly M. (Wayne State University, United States), Tronick E. (University of Massachusetts, United States)

Maternal postpartum depressive symptoms have been shown to undermine the developmental outcomes of infants (Abrams et al., 1995; Maughan et al., 2007; Murray, 1992). Decreased responsiveness associated with maternal depression may be an important mediating variable (Drake et al., 2007; Gondoli & Silverberg, 1997). Previous research in laboratory settings indicates that depressed and nondepressed mothers react differently to their infants' distress (Bell & Ainsworth, 1972; Keller et al., 1996; Stallings et al., 2001), but little is known about the quality and timing of maternal responses to infant distress in a home environment. Research has also not yet analyzed the comorbid effects of anxiety symptoms on maternal responsiveness to infant distress in this population. The present study evaluated whether the level of depression or anxiety symptoms is associated with differences in quality and timing of maternal responses to infant distress at home. Analyses were based on data collected from 83 mostly middle-class mothers (M age=31 years, M education=16 years) and their 3-month-old infants (41 girls). The quality and timing of a diverse set of maternal responses occurring immediately after a bout of infant distress were micro-analytically coded from 30-minute videotapes of mother-child interactions at home. Maternal depressive symptoms were measured with the Center for Epidemiologic Studies- Depression Scales (CES-D; Radloff, 1977); maternal anxiety symptoms were measured with the Symptom Checklist-90-R (SCL-90-R; Derogatis, 1983); and maternal diagnostic status was measured using the Diagnostic Interview Schedule (DIS-III-R; Robbins, Cottler, & Keating, 1991). Regression models controlling for infant gender and affectivity (i.e., duration of cry and fussiness) evaluated (1) the relation between the severity of maternal depressive symptoms and specific maternal responses to infant distress; (2) the average number of changes in maternal responses following infant distress, and (3) the time delay before mothers responded. Mothers with higher depressive symptoms were more likely to respond to infant distress by using single responses (e.g. solely touching or looking; $R^2=.841$, $F(2,81)=4.457$, $p<0.01$), solely grooming ($R^2=.679$, $F(2,81)=3.76$, $p<0.05$) or solely vocalizing ($R^2=.679$, $F(2,81)=3.76$, $p<0.01$). When maternal anxiety was added to the model, mothers with high depressive symptoms were more likely to change their type of response to infant distress ($R^2=.841$, $F(2,81)=4.487$, $p<0.05$). Higher maternal anxiety predicted higher rates of feeding behaviors, combined or not with vocalization or looking at the infant ($R^2=.599$, $F(2,81)=2.656$, $p<0.001$), simultaneous looking and holding, and simultaneous looking and touching in response to cry ($R^2=.599$, $F(2,81)=2.656$, $p<0.05$). Higher anxiety also predicted higher rates of intrusive or mismatched responsive behaviors ($R^2=.137$, $F(2,81)=2.409$, $p<0.05$). Mean time delay to respond to infant distress was predicted by maternal depression ($R^2=.841$, $F(2,81)=4.457$), though this prediction fell just short of statistical significance ($p=.067$). Findings highlight different patterns of maternal responsiveness among mothers with high levels of depressive or anxiety symptoms. Results may help inform the design of effective postpartum depression or anxiety treatments, focusing on improving maternal responsiveness and the quality of the mother-infant interactions.

2205

Does pleasurable early mother-infant interaction predict the social competence of school-aged children?

Luoma I. (Tampere University Hospital and University of Tampere, Finland), Salmelin R. (Tampere University Hospital and University of Tampere, Finland), Puura K. (Tampere University Hospital and University of Tampere, Finland), Mäntymaa M. (Tampere University Hospital and University of Tampere, Finland), Latva R. (Tampere University Hospital and University of Tampere, Finland), Tamminen T. (University of Tampere and Tampere University Hospital, Finland), Puikkonen S. (Pihlajalinn, Finland)

Objective: Lack of enjoyment and other positive emotionality in the early mother-child interaction may be among factors that mediate the adverse effects of maternal depression on children. The aim of the study was to investigate whether positive affective characteristics in early mother-infant interaction predict child's subsequent social competence in a longitudinal setting. Material and Method: The sample was population based and consisted of 26 mother-infant dyads participating in a larger longitudinal study on postnatal depression, breast-feeding and child well-being. The mothers were enrolled during their first pregnancy from maternity health clinics in Tampere, Finland. The depressive symptoms of the mothers were screened with the Edinburgh Postnatal Depression Scale questionnaires (EPDS; Cox et al. 1987) during pregnancy and post partum, and the mothers were interviewed with the Present State Examination (PSE) postnatally. Of the mothers, 13 were categorized as postnatally depressed and 13 as non-depressed. A breast-feeding situation during a home visit was videotaped when the infants were two

months old. The mother-infant interaction was analyzed with the Early Relational Assessment method (ERA; Clark, 1985). The variables used in the longitudinal analysis were the positive affective maternal, infant and dyadic ERA items included in ERA subscales 1, 4 and 7 (Clark, 1999), and associated with maternal (non-)depressive status. Maternal (n = 26) and paternal (n = 18) Child Behavior Checklist reports (CBCL; Achenbach 1991) of the children's social competence were gathered when the children were 8 years old.

Results: Maternal postnatal depression was statistically significantly associated with lower maternal positive affect, enjoyment/pleasure, creativity/resourcefulness and dyadic enthusiasm/mutual enjoyment during the early mother-infant interaction. Mothers' high levels of enjoyment and pleasure as well as creativity and resourcefulness during mother-infant interaction predicted better social competence of the children in middle childhood according to the mothers' reports. Maternal enjoyment and pleasure predicted children's better social competence also according to the fathers' reports. Discussion: Enjoyment and pleasure in early mother-infant interaction may contribute to the infant's emotion regulation thus facilitating the development of child's emerging social competence.

2547

Is an infant's negative reaction to exclusion from a triangular relationship based on jealousy or social pain?

Nakano S. (Health Sciences University of Hokkaido, Japan)

Traditional studies on the developmental onset of jealousy, including classical studies on the developmental ontogeny of emotions (Bridges, 1932), studies of secondary emotions, emotions of self-awareness (Lewis; 1986), and studies of the first-born sibling's triviality against later-born have all concluded that jealousy emerges around the second-birthday. However, recently, evidence from the "jealousy evocation" procedure, in which mothers attended exclusively toward a lifelike baby doll on their lap with positive emotions, while ignoring their infants (Hart & Carrington, 2002; Hart et al., 2004), have suggested that infants as young as 6-months express jealousy. Although the discovery of infant jealousy is significant, above studies have failed to consider two important issues: Firstly, because jealousy is an emotion related to triangular relationship, the jealousy evocation situation should be comparable with similar triangular relationships. However, in the above studies, the jealousy evocation situation has been compared with dyadic mother-infant situations, such as the mother reading a book, or a still-face perturbation. Secondly, whereas jealousy may be expressed directly toward the immediate unfaithful behavior of the beloved, it may also carry over to later dyadic relationships with the same person. However, the carry-over effect was not considered in the above studies. Therefore, in this study, 12 seven- and ten-month-old infants and their mothers participated in a serial session consisting of four 3-minute situations: Mother-infant free-play (BL), Jealousy evocation (JE), Re-engagement during a second free-play (RE), and an Infant-mother-stranger situation (TR), in which mothers talked exclusively with a stranger, while ignoring the infants. Results from a cross-context comparison between infants' reactions to JE and TR indicated that in JE infants in both age groups stared fixedly at the mothers' behaviors, but they were characteristically absorbed in self-regulation behaviors during TR. This tendency was clearer in older infants. These findings suggest that the infants differently discriminated between the two types of exclusion contexts, depending on the degree of threat to the relationship between them and the mother. That is, self-regulation behavior in TR appeared to be a situational response to fit their behavior to the context. The carry-over effect of JE was also clearly observed in RE. All infants showed eye-aversion when mothers tried to resume interactions. These findings suggest that infant jealousy may be observed more clearly as a carry-over effect in RE than in JE itself. These findings should provide a new direction to studies on infant jealousy and lead to the re-consideration of the conclusions from recent studies suggesting that infant jealousy is differentiated by the expression of sadness in the jealousy evocation situation (Hart et al., 2004), as well as by the display of jealousy by infants between 3 and 6 months of age, when they were excluded in infant-mother-stranger triangular contexts (Legerstee et al., 2010).

2696

Maternal representations in psychosocial and depressive risk parenting: A pilot study on early mother-infant feeding interactions

Tambelli R. (Italy), Odorisio F. (Italy), Lucarelli L. (Italy)

Developmental research has expanded its focus to include parental representations into the study of early socio-emotional development. From an attachment perspective, parental representations are thought to be based on the parent's past attachment experiences and determine access to thoughts and feelings in relation to the child, which, in turn, guide the parent's caregiving behavior. It is argued that parental representations are shaped by parent's past childhood experiences as well as by his or her daily encounters with the child. Thus, parental representations are

theorized to be child specific, and need to be assessed in the context of an ongoing relationship. This approach led to the development of several interviews, such as the Interview of Maternal Representations During Pregnancy (IRMAG-R; Ammaniti, & Tambelli, 2010) and the Interview of Maternal Representations After the Birth (IRMAN; Ammaniti et al., 1999). The present study examined the parent-child relationship in psychosocial and depressive risk parenting at the observed level, assessing specific maternal and infant behavior patterns during early interactions, as well as at the representational level, by focusing on mothers' representations during pregnancy and after birth of their relationship with their children. Mothers were contacted by health services when they were in the second trimester of pregnancy. Mothers were interviewed on psychosocial risk factors and completed a questionnaire on depressive symptoms, the CES-D (Radloff, 1977). The sample consisted of 167 women divided in: 41 women with one or no psychosocial risk factor and low levels of depressive symptoms, 40 women at psychosocial risk, 40 women at depressive risk and 46 women at psychosocial and depressive risk. The mothers' ages ranged from 20 to 43 years ($M=32.6$, $SD=4.29$) (children= 81 girls, 86 boys). All women were interviewed during pregnancy through the IRMAG-R to explore mental representations of themselves as mothers and of their unborn infants. When the infant was 3 months old, the IRMAN was administered to the woman and mother-infant feeding interactions were assessed through the Feeding Scale, in the Italian version (Lucarelli et al., 2002). Results pointed out a higher frequency of Ambivalent Representations during pregnancy and after birth in the depressive and psychosocial risk mothers. Moreover, at the observed level, these mothers showed lower positive affects, higher intrusiveness and provide less adequate emotional support during early feeding interactions with their infants. These findings provide empirical support for theoretical and clinical perspectives suggesting a reciprocal link between maternal dysfunctional representations, in depressive and psychosocial risk parenting, and mother and child's maladaptive interactions in the context of early socio-emotional development of the child.

2705

Infant temperament from 3 to 12 months old: The influence of individual characteristics and of the quality of mother-infant interaction

Costa R. (ISPA Campus Lisboa –Laureate International Universities, Portugal), Figueiredo B. (University of Minho, Portugal)

This study is intended to analyze (1) differences in infant temperament at 3 and 12 months according to infants' psychophysiological profiles: "withdrawn", "extroverted", and "underaroused" and (2) changes in infant temperament from 3 to 12 month, namely according to the infant psychophysiological profile and the quality of mother-infant interaction. Ninety four 8 week-old infants were assessed using the Neonatal Behavioral Assessment Scale (NBAS, Brazelton & Nugent, 1995) and the Alarm Distress Baby Scale (ADBB, Guedeney & Fermanian, 2001). Saliva samples were collected at 8 to 12 weeks old, both before and after a routine inoculation for cortisol reactivity measurement. Mother infant interaction was evaluated at 12 to 16 weeks, using the Global Rating Scales (GRS, Murray, Fiori-Cowley, Hooper, & Cooper, 1996). Mothers' reports on infant temperament at 3 and 12 months were collected using the Infant Behavior Questionnaire (IBQ, Rothbart, 1981). Significant differences in mothers' perception of infant temperament were found at both 3 and 12 months in infants with distinct psychophysiological profiles. Stability was observed in most of the temperament's dimensions from 3 to 12 months old; still, there were changes in mothers' perception of infant temperament in terms of level of distress, cuddliness, sadness and approach. Infant psychophysiological profile and mother-infant interaction both influence with the pattern of those changes. The results corroborate that infant's characteristics early in life as well as contextual factors influence with mothers' perception of infant temperament and with changes across the 1st year of life.

2286

Mothers' perception of self-efficacy and its association with newborn infant behavior

Costas-Moragas C. (Universitat Autònoma de Barcelona, Spain), Mancera-Jiménez M. (Universitat Autònoma de Barcelona, Spain), Fornieles-Deu A. (Universitat Autònoma de Barcelona, Spain), Botet-Mussons F. (Hospital Clínic de Barcelona, Spain)
(Hospital Clínic de Barcelona, Spain)

Background: Maternal self-efficacy (MSE) is an important variable in caretaking tasks. Mother and infant interact constantly, and this interaction is affected by the newborn's behavior and the mother's perception of efficacy. Objective: Explore the association between maternal perception of self-efficacy and newborn behavior. Method: 62 healthy mother/infant dyads were enrolled in the study shortly after birth. Infants were 37-41 weeks GA. In phase 1, mothers answered the Mother and Baby Scales (MABS) and the Duke-UNC functional social support questionnaire

(Duke-UNC), while their infants were assessed with the Neonatal Behavior Assessment Scale (NBAS). 6 to 8 weeks later, mothers completed the MABS-2, the Edinburgh Postnatal Depression Scale (EDPS), and the State-Trait Anxiety Inventory (STAI); infants were again assessed with the NBAS. Results: Habituation (NBAS) and social support (Duke-UNC) were highly correlated (0.49; $p=0.002$); a simple regression was used and results indicate that social support predicts habituation. Correlations between newborn's behavior (easiness vs. difficult) and MSE are: NBAS-1 motor system and MABS-1 unsettled/irregular correlated negatively (-0.26; $p=0.046$). The newborn's state organization and maternal perception of easiness were also associated (0.30; $p=0.020$). In the second visit results show that global confidence (GC) is negatively correlated to both maternity blues (-0.61; $p=0.000$) and unsettled/irregular (-0.50; $p=0.000$); but correlates positively with MABS-2 easiness (0.43; $p=0.001$) and regularity (0.48; $p=0.000$). State regulation (NBAS-2) and regularity (MABS-2) are also correlated (0.32; $p=0.019$). The social-interactive NBAS-1, and the reflexes NBAS-2 had a correlation of 0.28; $p=0.040$. The autonomic system NBAS-1 was associated with two factors of the NBAS-2: state regulation (0.32; $p=0.017$), and autonomic system (0.34; $p=0.011$). Conclusions: The association between habituation and social support was unexpected, but it can be explained in terms of temperamental traits; mothers that are easy going and who feel supported by their partners, may facilitate their baby's adaptation to the environment. Infants who present irregular behavior patterns are considered to be difficult. This perception is probably due to: the lack of positive feedback from the infant, and the maternal inability to settle into a basic daily routine. The strong correlation between NBAS reflexes, motor system, autonomic stability and social-interactive clusters shows that neurological stability is key in the interaction between the infant and its environment. Infants who show more interest and respond well to the environment are viewed as easy-going and have a positive effect on MSE. The infant's ability to regulate its own states translates into patterns of regular behavior that can be anticipated by the mother, boosting her GC. Our findings suggest that immediately after birth, the newborn's behavior influence MSE perceptions. But later on, the MSE perceptions modulate mother-infant interaction. These effects have a direct impact on the child's development; therefore it is important to design intervention studies that can enhance MSE just after childbirth. This study was partially supported by grant from the Ministerio de Ciencia e Innovación (PSI2010-18193)

2315

The relationship between maternal prenatal attachment and mother-infant interaction at 6 months of age

Maas J. (Tilburg University, Netherlands), Vreeswijk C. (Tilburg University, Netherlands), de Cock E. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands)

During pregnancy, expectant mothers feel -to a greater or lesser extent- attached to their unborn child and develop a bond with the fetus. Surprisingly, little is known about how the quality of the prenatal parent-fetus relationship is related to observed postnatal parent-infant interaction in the first year of life. Only one study previously examined this relation and found that prenatal attachment is a good predictor of the early mother-infant relationship at three months (Siddiqui & Hägglöf, 2000). More overall involvement during interaction was seen in mothers who experienced greater affection and fantasized more during pregnancy. However, it is not yet known whether the prenatal mother-fetus relationship is also related to mother-infant interaction beyond this age. The present study is the first in which thoughts and feelings of love towards the fetus are examined in relation to several aspects of mother-infant interaction when the infant is six months of age. Participants were 211 healthy mothers and their infants from a community based sample. At 26 weeks gestational age they filled in the Maternal Antenatal Attachment Scale (MAAS: Condon, 1993). At the infant's age of six months, the quality of parent-infant interaction was assessed using the NICHD (1999) scales during a 10 minute observation of mother-infant interaction. The five maternal scales used in the present study were: Sensitivity to non-distress, intrusiveness, stimulation, positive regard and flatness. Results from the multivariate multiple regression analysis revealed that the quality of the prenatal mother-fetus relationship is related to mother-infant interaction at six months (Wilks' Lambda=0.921, $F(5,161)=2.762$, $p=0.02$). Follow-up hierarchical univariate regression analyses showed that the quality of the mother-fetus relationship is positively related to the mothers' sensitivity, stimulation, and positive regard, and negatively related to flatness of affect. No effects were found for intrusiveness. This study shows that the prenatal mother-fetus relationship is associated with postnatal mother-infant interaction at six months. Mothers who reported experiencing more positive thoughts and feelings of love towards their unborn baby, were more sensitive and more stimulating when interacting with their infants after birth. They also displayed more positive feelings and less flatness of affect during the interaction. Since a higher quality of prenatal attachment is positively related to postnatal parent-infant interactions, acknowledgement and assessment of prenatal feelings and expectations may be recommended in infant health care services.

Symposium 34: Auditorium 2

Moderator: St-André M. (Canada)

2335

Elevated perinatal stress: Clinical implications and intervention strategies for infants and families

St-André M. (CHU Sainte-Justine and Université de Montréal, Canada), Austin M. (University of South Wales & St John of God Health Care, Australia), Keren M. (Université d'Israël et AEPEA, Israel), Yoshida K. (Department of Child Psychiatry, Kyushu University Hospital, Japan), Yamashita H. (Department of Child Psychiatry, Kyushu University Hospital, Japan), Kanba S. (Department of Child Psychiatry, Kyushu University Hospital, Japan)

Symposium summary. Because of its well recognized negative effects on maternal and infant outcomes, elevated perinatal stress has become an important clinical issue requiring multidisciplinary attention both ante and postnatally. This symposium will describe programs and initiatives in four countries, attempting to further understand the mechanisms, effects and treatment strategies for perinatal stress on infants and parents during this sensitive period. Individual contributions will be as follows: Australian Practice Guidelines for management of perinatal mood disorders; perceived parenting style and stress as risk factors for mother-infant outcomes. Perinatal mood disorders may impact adversely on maternal and infant outcomes. Key practice guidelines include the use of universal, comprehensive psychosocial assessment including mother-infant interaction; and specific advice around the use and safety of medications perinatally. A key risk factor associated with maternal mood is perceived quality of parenting. We prospectively examined the relationship between perceived parenting style and maternal mood and parenting stress indicators at 6 months postpartum. The impact of a 7 years continuous life-threatening stress on outcomes of pregnancy. Most studies of stress in pregnancy have looked at time-limited stressful situations, such as terror attacks, natural disasters, life hassles. It is rare to find “naturalistic” long periods of life-threatening stress under which civilians are exposed on a daily basis. A southern Israel city has been exposed to missiles, on a daily unpredictable basis, for 7 years. We have looked at pregnancy outcomes along these 7 years, comparing the city with a non-exposed near-by city and with itself before the beginning of the missiles. We have found a significant impact on several measures, including fetal gender, that suggest the need to study the impact of stress on fertile men, as well as on women. Multidisciplinary clinical services and stress management for pre- and post-natal women. Integrated clinical services for pregnant women with psychiatric disorders or psychosocial stress have been set up by our joint obstetric and psychiatric team since 2002 and are now extended to various sites in Japan. Clinical outcomes of these hospital and community-based services will be presented. Cross-cultural issues will be discussed, including the perinatal care of post-tsunami sufferers. Interventions for perinatal stress: family- and team-oriented strategies. Objectives: 1) To briefly review how antenatal stress and anxiety influence maternal, perinatal and infant neurodevelopmental outcomes; 2) to describe culturally sensitive, family-oriented strategies attempting to facilitate the adaptation to elevated perinatal stress; 3) to describe team-oriented strategies targeting the quality of interdisciplinary communication in a Canadian clinical environment.

Symposium 35: Meeting Room 1.41-42

Moderator: Page T. (United States)

2651

Children in extreme vulnerability: Using narrative story-stems to assess perceptions of care in three different cultures

Page T. (Louisiana State University School of Social Work, United States), Franieck M. (University of Tübingen, Germany), Luoma I. (University of Tampere Hospital, Finland), Buchanan T. (Louisiana State University, United States), Verbovaya O. (Louisiana State University, United States), Günter M. (University of Tübingen, Germany), Latva R. (Dept. of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Sorvali T. (University of Tampere Hospital, Finland), Salmelin R. (University of Tampere and Tampere University Hospital, Finland), Kaukonen P. (Tampere University Hospital, Finland)

The three studies presented in this symposium illustrate novel ways in which children in 3 different cultures were engaged with narrative story-stem protocols to assess their perceptions of care and caregiving, and examine linkages between these perceptions and other aspects of their experience. Narrative Story-Stem Techniques (of which the MacArthur Story-Stem Battery is the best known) assess children’s mental representations of relationship qualities via standardized story stems, to which children respond by enacting spontaneous narratives which are then coded for

themes of interest. The early childhood samples represented here were drawn from three disparate places: The streets of Campinas, Brazil; communities on the U.S. Gulf Coast impacted by hurricanes in 2005; and Tampere University Hospital, Finland. Study 1, a pilot study of “street children” in Campinas, reports on the successful engagement of 10 children in the story-stem assessment, performed in public refuges, the first time an NSST protocol has been used with this population. Each of these children demonstrated capacities for pro-social resolution of moral dilemmas and pro-social problem-solving. Certain stories in the protocol evidenced heightened negative parental representations, including, to our surprise, a “reunion” story and a story of child injury that in normative samples typically elicit affectionate responsiveness. This study is currently on-going; analyses of a larger sample are forthcoming. Study 2 assessed 64 children, some of whom were directly exposed to the hurricanes on the U.S. Gulf Coast in 2005. Exposure to hurricanes was not related to caregiving representations in story-stems. Children’s knowledge of hurricanes, including storm characteristics and typical effects on people and pets, was also assessed with a new protocol that also uses narrative enactments. Children’s knowledge of hurricanes, particularly their effect on people, was significantly associated with their NSST representations of positive caregiving relationships, controlling for shared method variance between the two narrative protocols. The results are interpreted as consistent with other research on cognition that has shown that children’s knowledge of stressful events is associated positively with positive coping. Study 3 involves comparative analyses of 146 children in three conditions in Finland: Children assessed because of alleged maltreatment (forensic group), a clinical sample, and a non-clinical sample. Different aspects of empathic responsiveness enacted in children’s narratives were examined. As expected, representations of affection were significantly fewer among the forensic group but, unexpectedly, this group also enacted significantly more representations of helpfulness toward others. The authors suggest that different forms of empathic representations may be associated with different developmental processes, and that particular enactments of helpfulness in symbolic play may reflect an active emotion regulation strategy. Conclusion. Innovation in adapting narrative protocols to novel circumstances is an important part of the advancement of this method with vulnerable populations. These studies show that despite challenges to their sense of safety and security, children in highly vulnerable circumstances continue to rely on others, express perceptions of the presence or absence of care in their lives, and are motivated by empathic connections to others.

Symposium 36: Meeting Room 1.43-44

Moderator: Landman M.(South Africa)

2368

Intervening respectfully and responsibly: Prioritizing supervision and support

Landman M. (Parent Centre, South Africa), Tomlinson M. (Stellenbosch University, South Africa), Sinason V. (Clinic for Dissociative Studies, United Kingdom), Rochat T. (University of KwaZulu-Natal, South Africa)

Essential features of effective, respectful and responsible interventions are careful planning, training, evaluation, supervision and support. It is recognized that supervision is the principal method of ongoing training and that the quality and nature of supervision maintains the quality and efficacy of the intervention. There will be little progress in achieving sustained impact on health outcomes for infants and children utilizing community health workers (CHWs) unless the gap between small scale efficacy studies which show positive effects and large scale interventions is bridged. The South African National Department of Health plans to include CHWs as key players in the new primary health care teams, which will focus particularly on improving maternal and child health outcomes. The delivery of such services is complex and emotionally demanding particularly in economically deprived and traumatized communities. While expectations on CHWs and other mental health professionals are high, there are few guidelines to support reflective supervision. Programs thus need to be creative in building effective strategies to support and manage CHWs and other staff to enhance the quality of their work. This symposium hopes to offer a space to consider different models of support and supervision that have evolved in response to the needs and limited resources present in South Africa. Prof Mark Tomlinson: “Mobile phones and the supervision of community health workers” describes how mobile phones, broadly available in low and middle income countries, can be utilized by CHWs to enhance the quality of health interventions. Equipped with mobile web-based technology, supervisors can monitor on a web-based console in real time the location and timing of each visit and improve training and accuracy of any information given to clients. The importance of this platform for transforming the health of communities at scale is immense and, as yet, underutilized. Dr. Tamsen Rochat: “Reflective supervision of CHWs on a psychological intervention focusing on HIV disclosure in rural KZN in South Africa”. This presentation focuses on therapeutic artwork activities and materials design, for an intervention developed for delivery by CHWs which aimed to support disclosure by HIV-infected mothers to their HIV-uninfected children. It illustrates how, through

supervision, complex therapeutic processes can be transformed into structured, stepped activities which encourage both experiential learning and ongoing reflective practice, and ensure quality of service delivery and support. Dr. Mireille Landman: “Supervision - The essential feature of effective, respectful and responsible Interventions”. A model of supervision underpinned by psychoanalytic thinking and understanding of the processes involved in a successful peri-natal parent-infant intervention by lay counselors in an economically deprived South African informal settlement is presented. Dr. Valerie Sinason: “‘Outside In’. The role of the anti-colonial supervisor in enhancing local understanding and, through that, their own.” From a resourced high-income country, Valerie was invited to aid, through supervision and support, a less resourced community of psychoanalytically orientated practitioners in psychotherapy and community programs. She addresses critical supervision issues and questions how support and communication, that does not replay old colonial models, could be facilitated.

Symposium 37: Meeting Room 1.61

Moderator: Puckering C. (United Kingdom)

2306

The first 1000 days: Mellow Parenting across pregnancy and infancy and across cultures

Puckering C. (Mellow Parenting, United Kingdom), Morozova T. (Firefly, Russian Federation), Dovbnaya S. (Early Intervention Institute, Russian Federation), Doherty L. (Ohomairangi Trust, New Zealand)

Mellow Parenting is an attachment-based family of interventions to support the development of secure relationships between parents and their children, starting antenatally and through to the preschool years. The program starts from the premise that parents’ own attachment histories, shaped by their own past and current experiences, is the platform on which a relationship with a child will be built. This is in line with the powerful evidence that a parents’ state of mind with regard to attachment predicts the security of their relationship with their child after and even before birth [1],[2]. The Mellow Parenting programs have been designed to be accessible to families with complex problems and use materials with low literacy demands and interactive, non-didactic and non prescriptive methods. In every program, attention is given the parent’s needs for nurturance as well as the strong expectation that parenting can change, and for the postnatal programs the use of video feedback of parents’ own interactions with their children. The programs have been successfully implemented across diverse cultures, recruiting and retaining involvement of families often regarded as hard to reach, and making demonstrable changes in their parenting[3],[4],[5]. This symposium will describe the programs using video to illustrate methods and change. Implementation from three cultures will be presented: Implementation of Mellow Parenting in Russia: Case studies and Data from Nizhny Novgorod project (Drs Morozova and Dobvnaya). Mellow Parenting Program in Tajikistan and Russia: Different culture -Different Challenges but similar successes (Drs Dobvnaya and Morozova). Mellow Parenting adapted for use with Maori in New Zealand - Hoki ki te Rito (Mrs Lyn Doherty). Contact authors for references.

Symposium 38: Meeting Room 1.62

Moderator: Oosterman M. (Netherlands)

2214

Perinatal mental health, parenting and infant outcomes: Studies on the mechanisms

Oosterman M. (VU University Amsterdam, Netherlands), Kohlhoff J. (Karitane, Australia), Barnett B. (Karitane, Australia), Kunseler F. (VU University Amsterdam, Netherlands), Schuengel C. (VU University Amsterdam, Netherlands), Wernand J. (VU University Amsterdam, Netherlands), Flykt M. (University of Tampere, Finland), Palosaari E. (University of Tampere, Finland), Lindblom J. (University of Tampere, Finland), Tulppala M. (Helsinki University Central Hospital, Finland), Poikkeus P. (Helsinki University Central Hospital, Finland), Repokari L. (Helsinki University Central Hospital, Finland), Tiitinen A. (Helsinki University Central Hospital, Finland), Punamäki R. (University of Tampere, Finland), Muzik M. (Department of Psychiatry, University of Michigan, United States), Rosenblum K. (Department of Psychiatry, University of Michigan, United States)

Maternal mental health problems are linked to negative parenting and child outcomes. However, evidence for mechanisms that may explain the undermining influence of psychological problems is less well specified and the influence of possible moderators is relatively unexplored. (Dix & Meunier, 2009). This symposium brings into the discussion intervention as well as longitudinal studies focusing on processes at the cognitive, affective and

behavioral level, which may explain the adverse effects of mental health problems in the perinatal period and help to evaluate and select pre- and postnatal intervention targets which are most critical for adaptation to parenthood.

The first presentation will report results from three studies (involving over 300 mother-infant dyads) to comment on links among maternal state of mind with respect to attachment, adult separation anxiety, childhood parenting experiences, postnatal psychological distress, parenting confidence and early infant behavior. Results identified attachment and separation anxiety issues as important mechanisms in the development of postnatal difficulties. The second presentation focuses on the impact of anxiety and depression on the development of parental self-efficacy and the moderating role of marital and social support. As part of a longitudinal study, 296 primiparous expecting women were followed from pregnancy (12, 22, 32 weeks) to 3 months postpartum. Controlled for concurrent levels of PSE, state anxiety symptoms (12 weeks) were uniquely associated with prenatal PSE at 32 weeks of pregnancy. Prenatal depressive symptoms were no longer significant when anxiety was taken into account. The association between state anxiety symptoms (32 weeks) and postnatal PSE was mediated by prenatal PSE (32 weeks). Marital and social support showed a compensating effect on postnatal PSE. The third presentation focuses on the role of violated expectations in mediating the effects of parental mental health, marital quality and birth experience on parent-child relationship. The findings are based on a sample of 745 couples, followed from pregnancy to 12 months postpartum, half having conceived via infertility treatment. The effect of marital and mental health problems on parent-child relationship was partly mediated via negatively violated expectations. The role of negative prenatal expectations was also crucial, whereas former infertility had little impact. The fourth presentation presents results from a postnatal intervention (Mom Power) aimed at engaging high-risk families, specifically, low-income mothers with a history of childhood abuse. The intervention addressed potential mediators and moderators in five core domains: attachment-based parenting education, enhancing social support, connecting families to care, practicing self-care skills, and supporting child-parent interaction. Evaluation results on 100 families demonstrated improved parent mental health, and enhanced maternal representations of their children.

Workshop 10: Meeting Room 1.63

2712

How to observe interaction between parent and infant

Lotzin A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany), Ramsauer B. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University Medical Center of Hamburg, Germany)

Direct observation of mother-infant interaction provides insight into problematic aspects of dyadic behavior, and is essential for planning intervention strategies and documenting changes. A wide range of theoretically driven and detailed observational systems have been developed in recent years, but published manuals are often not available and reliability and validity have not always been established. Researchers and practitioners are faced with the challenge to obtain an appropriate method which suits their own purpose. Considerations of selecting an observational instrument include the aim of assessment and the psychometric quality of the instrument, but also other factors, such as time afford and costs. Each assessment approach has unique weaknesses and strengths, as they vary in the behaviors they measure, the level of analysis, their psychometric quality and the amount of training required. This workshop will aim to increase knowledge about currently available observational tools to assess parent-infant interaction, and to give practical examples of assessment. We will explain observable elements of parent-infant interaction and point out psychometric and methodological issues that arise when using direct observation. An overview of currently available rating and coding scales will be provided, including the evidence of their validity and reliability according to established test quality standards (Evers, 2001). Coding procedure will be illustrated by practical examples of our research using microanalysis (Beebe et al., 2010). We will also discuss the usefulness of different assessment strategies in clinical and research contexts and will offer recommendations to guide the selection of an appropriate instrument.

Symposium 39: Meeting Room 1.64

Moderator: Pajulo M. (Finland)

2769

"Baby's mind in mind:" Three Finnish studies evaluating and enhancing pre-and postnatal parental capacity to mentalize about the baby and parenting

Pajulo M. (University of Turku, Finland), Von Koskull M. (Folkhälsan Förbundet, Finland), Kalland M. (Mannerheim League of Child Welfare, Finland), Boukydis Z. (University of Turku, , Finland and Semmelweis University Medical School, Hungary), Öst C. (Åbo Akademi, Finland), Pajulo H. (University of Tampere, Finland)

Background: Early parental capacity to mentalize, “reflective functioning” (RF), refers to parent’s capacity to think of the baby as a separate person with own experiences and feelings from very early on (Slade et al. 2005); to wonder about the baby’s experience, desires and intentions behind behavior, and give value to this thinking. RF has been found necessary for sensitive parental interaction, and to associate with child’s secure attachment and better social, emotional and cognitive development (Fonagy et al. 2002, Allen et al. 2008). Higher parental RF reduces communicative failures between family members and stress within families. Focusing on enhancing parental mentalising is considered important both in health promotive work with young families and in treatment of risk families. Study 1: Pre-and postnatal parental mentalising. Pilot data from FinnBrain birth cohort. A questionnaire method is used for the first time to assess pre-and postnatal parental mentalising capacity among normative Finnish mothers and fathers (n=300) (adjusted PRFQ1; Pajulo, Luyten, Mayes et al. 2010). Association with other pre-and postnatal factors is explored (f.ex. parental-fetal attachment, postnatally experienced stress from parenting, postpartum bonding and risk for child neglect). Implications of the findings are discussed. Study 2: Mentalisation-based group intervention for first-time parents to promote family communication and child health. A 12-session group intervention for first-time parents has been developed and adjusted for use in perinatal-postnatal phase nationwide in primary social and health care units (original model Goyette-Ewing et al. 2002 at YCSC). The manualised three main “routes” and ways of enhancing RF will be described. Also, feedback from the parents, experience of training group leaders, running parent groups and building research to assess efficacy will be presented. Study 3: Prenatal RF intervention for substance abusing pregnant women to enhance mother-child relationship and reduce substance use. A prenatal intervention has been developed to be feasible but effective in routine prenatal care of alcohol and drug dependent mothers at hospital maternity policlinics. The intervention uses 4D ultrasound imaging and a specific pregnancy diary in RF focused work with the mother, to improve prenatal attachment and her ability to recognize the baby’s needs. The efficacy will be explored using randomized group design. Intervention components, experience of running the intervention and preliminary data/a case vignette will be presented.

Workshop 11: Meeting Room 2.41-42

2473

Strategies for engaging expectant fathers to create positive relationships with their partners and infants

Neugut T. (University of Michigan, United States), Tolman R. (University of Michigan, United States)

Promoting men’s positive support toward their pregnant partners is an essential strategy for strengthening and creating conditions within families that enable the well-being of infants. Pregnancy is the first biological context for development. There is evidence that pregnant women’s experience of high levels of stress and inadequate physical and emotional support poses risk for fetal development and continuing development across the lifespan. Further, developing feelings of connection to the unborn baby during pregnancy foreground the parent-infant relationship after birth. The extent of an expectant mother’s feelings of attachment and connection to her unborn baby has been associated with pre- and post- birth parental behavior, the mother’s experience of the baby after birth, the quality of her involvement with the baby after birth, and infant security (Benoit et al., 1997; Condon & Corklindale, 1997; Huth-Bocks et al., 2004; Leifer, 1980; Siddiqui & Haggloff, 2000; cited in Slade, et al., 2009). Substantially less is known about the process of psychological preparation experienced by fathers-to-be (Slade, et al., 2009). Expanding this knowledge base should inform the development of effective strategies to engage expectant and new fathers to create positive relationships with their partners and infants. In this workshop, we will focus on the potential for preventive intervention with expectant fathers to promote positive partnering and parenting. We will open by summarizing existing theoretical and empirical knowledge relevant to intervention design. We will describe the literature on men’s psychological adaptation to pregnancy and parenthood; the literature on fathers’ contribution to

risk and protective factors for child maltreatment, and efforts to engage men in interventions addressing child maltreatment; and the literature on building strengths as a means of effective prevention. In the second part of the workshop we will discuss the implications of this research for infant mental health practice. We will synthesize disparate strands of knowledge to inform a discussion among workshop presenters and participants of both existing models of intervention with expectant fathers and the design of innovative intervention strategies. We will enumerate some future directions for practice, policy, and research, to better understand how men experience pregnancy, to actively engage men during pregnancy, to support positive trajectories of father identity development, and to promote the wellbeing of infants and their parents.

45 Minute Clinical Teach In 5: Meeting Room 2.43

2787

When a girl is a boy or a boy is a girl: dimensions of gender identity dysphoria in very early childhood

Paul C. (Royal Children's Hospital, Australia), Newman L. (Centre for Developmental Psychiatry & Psychology, Monash University, Australia), Guedeney A. (University of Paris VII, Denis Diderot, France)

There has been an increase in public awareness of childhood gender identity issues and have been a number of clinics devoted to the assessment and treatment of young people with gender identity disorder. Toddlers and very young children aged from three years old and up are among those being referred with significant concerns about their sense of self and gender identity. How does a very young child experience growing up day by day convinced that they are of one gender, but with a body which is of the opposite gender? Gender identity disorder is no longer specifically mentioned in the DC 0to3R, but the dilemma experienced by these very young children demands thoughtful understanding and therapeutic intervention. The first presenter will discuss current understandings of the prevalence and aetiology of gender identity dysphoria in early childhood if revolution over the course of childhood and adolescent. This will be illustrated with clinical material of therapeutic work with preschool children and their families. There may be many factors which influence the developmental trajectory of the child's gender identity. An important question is when and under what circumstances does the child's sense of gender become 'fixed'. The second presenter will address the tension between neuro-developmental and psycho-developmental models and how these models connect with gender as a construct of social function. The societal construction of the binary gender model gender model has had a significant impact on the way that clinicians work with children and parents and upon the family's tolerance of gender ambiguity. The third presenter will discuss some of the early contributions from psychoanalysis in understanding the development of gender identity in childhood and how these understandings may relate to our current approach understanding of the developmental psychopathology of gender identity disorder. There is currently a major debate as to whether gender identity variations constitute mental health problems or not.

45 Minute Symposium 11: Meeting Room 2.43

2783

The Circle of Security - Presentation of a Norwegian training and implementation project

Slinning K. (The National Network for Infant Mental Health, Norway), Hansen M. (The National Network for Infant Mental Health, RBUP East and South, Norway), Marvin R. (University of Virginia, United States), Whelan W. (The Mary Ainsworth Attachment Clinic, United States)

The Circle of Security Intervention (COS) was originally developed as a framework for understanding and intervening when problems in the parent – child relationship have been identified (Marvin, Cooper, Hoffman & Powell, 2002). The intervention helps parents learn and practice a user-friendly model for understanding children's behavior and emotional development. The intervention has the following aims: 1. Providing parents with experiences that may help them to feel secure and able to soothe and organize their child; 2. Welcoming the parents and helping them to organize their thoughts and feelings about parenting, and supporting them in being good enough parents; and 3. Helping parents protect their children and support them in competent exploration. This presentation will describe a large-scale dissemination project by The National Network for Infant Mental Health in Norway designed to organize, train, supervise and monitor the implementation of two versions of the Circle of Security Virginia Model developed at The Mary D. Ainsworth Child-Parent Attachment Clinic, Charlottesville, USA, by Robert Marvin and William Whelan. The first is the Circle of Security Attachment Therapy—Group Model, and the second is the Circle of Security Attachment Therapy—Family Model. The first is a group intervention and the

second is a single family intervention. Research shows that the Circle of Security Intervention is associated with more secure attachments in children living either in troubled families or with foster parents (Hoffman, Marvin, Cooper & Powell, 2006). There is ongoing research at The University of Michigan using the Virginia group model, and an intervention study on the group model is currently under planning by the National network in Norway. This presentation will have four main topics. First, there will be a short introduction of the National Network of Infant Mental Health and the reasons for deciding to implement the COS Virginia Models in Norway. Second, an introduction to both intervention versions will be given. Third, two case presentations will illustrate work done with both the group and the family versions. The case presentations will include video clips showing important changes in the parent – child relationships. The importance of supervision in learning the intervention and developing ethically good standards for the therapist will be highlighted. Fourth, the symposium will end with a presentation of the organization of the Norwegian implementation project. This implementation could serve as a model for further implementations in other countries interested in using the COS as an intervention for fostering secure child-parent relationships.

Workshop 12: Meeting Room 2.44

2235

Challenges working with infants and their families: Symptoms and meanings- two approaches to working with troubled parent-infant relationships

Tuters E. (Hincks-Dellcrest Children's Mental Health Centre, Canada), Yabsley S. (Hincks-Dellcrest Children's Mental Health Centre, Canada)

In this interactive workshop we will present two approaches to deal with troubled Parent-infant relationships. Both approaches were developed at the HincksDellcrest Centre, Toronto, Ontario, Canada. These approaches are known as Watch, Wait, Wonder (WWW) and Infant-Parent Psychotherapy (IPP). WWW is an infant-led intervention and IPP is a relationship-led intervention. Both approaches focus on the centrality of the relationship, consider the reflective observation of the relational matrix and emphasize the importance of play, and understanding play. We understand the potential space (Winnicott, 1971) to be the intersubjective play space created between a mother and her infant, where creativity, thought, and imagination converge. We will describe how we use observation, play and the reflection of play, as well as the relational systems in the assessment, formulation and treatment of infants and their families. We will present both approaches in terms of their similarities and differences and will use DVD clips of clinical material to illustrate.

45 Minute Workshop 30: Meeting Room 2.45

2647

Love growing the baby's mind: The felt experience of presence, play and reflection

Kibel S. (Mental Health Department, United States), Juarez M. (Mental Health Department, Santa Clara County, United States)

Recent developments in interpersonal neurobiology validate the importance of nonverbal and affective experiences in the art of infant-parent practice. Allan Schore's research provides the foundation for understanding right brain to right brain communication and its connection to affect regulation. These scientific discoveries illuminate how relationships shape the brain and heal profound psychological wounds. The therapeutic journey unfolds in the embrace of the relationship between therapist and parent, and through the reflective process bridges the "felt experience" between the therapist, parent, and child. Ed Tronick's work on non verbal mother and baby interaction also highlights the interplay between felt experience and meaning making. Presenters offer a coherent framework from which to utilize this "felt experience" in a systematic way. Many clinicians have cultivated preferred ways of working with the infant-parent dyad. These pathways toward healing have been tailored to foster the dyad's capacity for repair, restoration, and transformation. Therapists face challenging decision points in terms of the selection, timing, and pacing of content and process that constitute the art of reparative work. These decisions will be based on how attuned and present therapists are to the parent's and infant's subjective feeling experience. However, it is the dyad's mutual discovery of love that helps move them from a fragmented and disorganized state of connectedness toward one that is affectively attuned and co-regulated. Presenters will discuss key concepts from interpersonal neurobiology and dyadic therapy that contribute to the dyad's sense of wholeness. We will delineate a

“meaning making” process that can be understood as “Continuous Reflective Exploration.” This illustrates the principles of sharpening one’s intentionality, holding a space for the full potential of the dyad, and mobilizing interpersonal presence and play from one’s nonverbal unconscious. Interpersonal neurobiology validates the healing power of play. The right mode processing is holistic, nonlinear, and nonverbal. Play has the ability to regulate right brain limbic processes enhancing that “felt experience” of connectedness between infant and parent. Resonance circuitry connects the infant and parent body to body and heart to heart. Video and experiential play activities will illustrate how play supports the process of increasing integration. In infant-parent practice, there is a web of subtle connections between child, parent, therapist, supervisor and/or teacher/care provider that can deplete or replenish internal energies. Tools for replenishment that deepen our capacities for presence, play, and reflection will be offered. Case material will show how deepening a therapist’s presence to even very traumatized or addicted parents can mobilize drives toward repair and recovery by affirming the centrality of the parents’ “felt encounter” with their babies.

45 Minute Workshop 31: Meeting Room 2.45

2622

From mother-infant psychotherapy to vocal improvisation in music therapy with children

Erhardt I. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany), Brisch K. (Dr. von Hauner Children's Hospital, Munich, Germany)

Disruptions in the early mother-child relationship caused by maternal trauma lead to impaired development in children. The lack of affect attunement and response to basic motivational systems leads to problems with attachment, emotion regulation and empathy and may cause psychopathology at later age. Music therapy addresses the preverbal communication with patients of any age and helps to express emotions and cognitions in a non-verbal way. In music therapy the use of the singing voice is a suitable therapeutic technique to work with early disturbed children. Even at later stage in development early experiences are reactivated. Within a stable therapeutic alliance with the music therapist children make new emotional and social experiences and their vocal and nonverbal expressions develop to more distinguished musical expressions which enables them to feel accepted, competent and self-efficient. A case of a seven-year-old boy will be presented. His mother seeks treatment due to a drinking disorder of her 9-months-old boy in mother-infant-psychotherapy. At the age of seven years he was hyperactive, developed a tic disorder as well as social problems in his family and with peers. During one year of intensive inpatient-attachment-based and psychodynamic psychotherapeutic treatment he was seen in individual and group music therapy. The different stages of his therapeutic change and change in attachment representation during treatment will be demonstrated with video-demonstration to illustrate the impact of this therapeutic approach for children with early disruptions in mother-infant-relationship.

Video Presentation 8: Meeting Room 2.46

2207

We can make judgements about best practice of infant rearing and parenting in different cultures

Barnett L. (AIMHUK, United Kingdom)

Although biological evolution is still continuing, it has slowed down for humans and recent selection has led to only 10% of alleles. Cro-magnum man is physically very similar to modern humans and a hunter gatherer lifestyle has prevailed for 99% of human evolutionary history. As examples of this film clips will be shown of nomadic Australian Aborigines and the Fore people from the highlands of New Guinea. Their ways of dealing with infants and young toddlers meet their needs well unlike many Western (and other) parenting behaviors which are described in the context of recent research. Because cultural change is much faster than biological change, there is now often a misfit in infant "expectations" and parental treatment influenced by culture. This is detrimental to infant development, particularly to the attachment between infant and mother and the consequent psychological sequelae. As the ethnopediatrician M.F. Small, points out, little research has been carried out comparing different infant rearing practices in accord with infants' evolutionary nature but this does seem to be a way of making judgements of best practice which infant mental health professionals wish to be able to do.

Video Presentation 9: Meeting Room 2.46

2794

Attachment and narrative profiles in children with specific language impairment

Assous A. (CRPMS Univ. Diderot Sorbonne Paris Cité, Hôpital Necker APHP Paris, France), Robel L. (Hôpital Necker APHP Paris, INSERM, France), Levy-Rueff M. (Hôpital Necker APHP Paris, France), Zigante F. (Hôpital Necker APHP Paris, France), Borghini A. (SUPEA-Unité de Recherche, Switzerland), Gosme C. (Hôpital Necker APHP Paris, France), Golse B. (Hôpital Necker APHP Paris, France), Robel L. (Hôpital Necker APHP Paris, France)

Specific language impairments (SLI) are developmental language disorders that can affect both expressive and receptive language. Genetic, biological and environmental factors are involved in their physiopathology. The psychoanalytical perspective highlights the importance of the issue of separation in language disorders. Objective: The aim of our research is to investigate the question of separation in SLI through an experimental paradigm based on the attachment theory. We hypothesized that the attachment profiles and the narrative profiles of children with SLI are different from the normal population, and different according to the type of SLI (expressive or receptive). We hypothesized that there is a link between the perception of a separation anxiety by the mothers, and the reaction to separation in the attachment stories completion task. Methodology: A group of 14 patients aged six years and a half was included, through our learning disorder clinic. Their attachment profiles and their narrative skills were studied with the "Attachment Stories Completion Task" developed by Bretherton. A semi-structure interview was conducted with the mothers, exploring the issue of separation. Results: 14 children, 5 with an expressive SLI, and 9 with a receptive SLI, were included in the study. We show that the proportion of insecure children is more important in the group of children with SLI (77 %) than in the control group (44 %). Children with SLI show differences in their narrativity characteristics compared to the control group. Moreover, children with a receptive SLI have a significantly high proportion of deactivated attachment profile, as well as a high proportion of separation problems according to their mothers. We discuss the implications of these results.

Poster Workshop 8: Infant Depression and Psychopathology Auditorium 2 Upper Foyer

Facilitator: Weatherston D. (United States)

2376

Reflection on orality and prevention of feeding problems in the premature baby

Durieux M. (Université de Bruxelles et AEPEA, Belgium), Vlieghe V. (HUDERF, Belgium), Jullian G. (HUDERF, Belgium), Rasmond D. (HUDERF, Belgium), Georges M. (HUDERF, Belgium), Sergeysse P. (HUDERF, Belgium), Johansson A. (HUDERF, Belgium)

Early orality problems (appearing in the neonatal center) or later (surfacing in the first month or later) are at the crossroads of the somatic and the psychic. They are very frequent and are linked to the intertwining of numerous factors :

- A. Somatic factors :
 - a. Respiratory
 - b. Digestive
 - c. Neurological
- B. Maturation factors, in particular :
 - a. Tonus quality
 - b. Quality of state regulation and capacity to stay in an alert state
 - c. Neurophysiologic stability
 - d. Spontaneous sucking attempts on the hand or the fingers
 - e. Sucking quality and strength
 - f. Ability to coordinate succion – respiration - swallowing
- C. Maternal factors, in particular :
 - a. Quality of mother-baby relationship
 - b. Amount of time the mother spends with her baby
 - c. Her experience of prematurity
 - d. Quality of her relationship with her own parents

- e. Mother's relationship with food, connected with her childhood history
- f. Psychic state of the mother when beginning feeding the baby
- g. The way she had imagined feeding her baby

A multidisciplinary reflection group (neonatologists, nurses, speech therapist, physiotherapist, psychologist, child psychiatrist) is beginning a clinical study centered on orality in the neonatal center in the Queen Fabiola University Childrens' Hospital in Brussels. Each specialist will carry out observations which will be shared at synthesis meetings. The tools will be interviews, observation of the baby, questionnaires, video films of feeding times of the baby with its parents. The aims of the preliminary study are: 1. Thanks to the sharing of observations, create for each baby the best conditions for feeding preserving the pleasure of the oral zone; 2. Better individualize different early feeding problems, determine principal factors and treat them. 3. Identify risk factors of early and late feeding problems, 4. Reflect on preventive measures./ The results of this study will be presented and discussed.

2412

Dyadic and triadic interactions with children with Infantile Anorexia: a pilot study

Bighin M. (Department of Developmental and Social Psychology, University of Padua, Italy), Menozzi F. (Department of Clinical and Dynamic Psychology, University of Roma "La Sapienza," Italy), Lucarelli L. (Psychology Department. University of Cagliari, Italy), Alessandra S. (DPSS- Faculty of Psychology, University of Padua, Italy)

Background. Infantile Anorexia (IA) is a subcategory of Feeding Behavior Disorders included in the last version of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and early Childhood Revised – DC:0-3R (Zero To Three, 2005). IA occurs when the child refuses to eat adequate amounts of food for at least 1 month, and shows growth deficiency; the child does not communicate hunger and lacks interest in food but shows strong interest in exploration, interaction with caregiver or both. The child's food refusal does not follow a traumatic event and is not due to an underlying medical illness. As the food refusal begins during the transition to spoon and self-feeding, studies evidence that the feeding interactions between children with IA and their mothers are characterized by low dyadic reciprocity, greater interactional conflict and negative affect in both mother and child (Ammaniti et al., 2010; Chatoor et al., 2000). To date, research about infantile feeding disorders has focused almost exclusively on the mother-child dyad, in particular co-parental and family interactions in clinical population of children with IA are less studied. The current study investigated mother-child-father interactions with children having a diagnosis of IA, exploring their possible role in maintaining the low quality of mother-child relationship. **Method.** This exploratory study aims at observing dyadic and triadic interactions in families with a preschool child with IA. Mother-child interaction was observed during feeding and during free-play; family interaction was observed during a triadic play. In order to assess psychopathological symptoms and marital Dyadic Adjustment, self-reports were administered to mothers and fathers. Three observational procedures were used to assess parents-child dyadic and triadic interactive pattern: the Feeding Scale - Observational Scale for Mother-Infant Interaction during Feeding (Chatoor et al., 1997; Italian validation by Lucarelli et al., 2002) developed to assess the dyadic interactive pattern during feeding; the Coding Interactive Behavior (Feldman, 1998) applied to a mother-child free play and the Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999) developed to assess the family alliance. **Results.** Results of the present research in progress evidence the low quality of mother-child-father interactions in families with the presence of IA, compared to matched non-referred families. The difficult in cooperation and sharing of positive affect observed during feeding persists in a playful context and at the family level.

2467

Infant withdrawal: Relationship to infant psychopathology and maternal depression

Molina T. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Foucault C. (DEPSE-CPAM, France), Cazenave M. (University Paris Descartes, France), Devouche E. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Adrien J. (University Paris Descartes,

Psychopathology and Health Processes Laboratory, France), Guedeney A. (Hôpital Bichat, France)

Infant withdrawal is an early behavior belonging to the infant's limited repertoire to deal with the surrounding environment. The withdrawal movement contributes to regulate the interactions between the child and its entourage, since it allows the child to disengage from a relationship that represents an excessively unpleasant stimulation. Despite its regulation role, withdrawal can become a stable behavior for the infant who deals with long-lasting

stressful situations. In this case, withdrawal becomes a defensive strategy, and it may be generalized to most social relationships. Withdrawal may be present in several infant developmental and mental disorders, such as autism and other pervasive developmental disorders, anxiety, attachment and depressive disorders, as well as organic conditions such as chronic pain and hearing and sensorial deficits. The relationship between withdrawal and early depression is even more evident, since it represents one of its essential symptoms. The consequences of withdrawal include developmental and regulation disorders, and can be noted specially in the socio-emotional and cognitive domains, which depend on the child's capacities to engage in social relationships. Therefore, withdrawal represents an important warning sign for the child's development and should be identified early, in order to prevent from future complications. The present study aimed at evaluating the relationships between infant withdrawal and child psychopathology, especially socio-emotional and behavioral difficulties, and between withdrawal and maternal depression. Fifty-one mother-child dyads, babies' ages ranging from 12 to 18 months old, were evaluated for withdrawal and socio-emotional problems (children) and depression and parental stress symptoms (mothers). The dyads were met in the context of a public child health service in Paris, France. Results show a tendency for prevalence of withdrawal symptoms among children with socio-emotional difficulties and children of stressed mothers. Results will be discussed in terms of their implication for early screening, prevention and intervention in infant mental health.

2672

Information processing aspects of regulation and mentalization in preschoolers with developmental disorders: Clinical and research applications

Noël R. (UQÀM (Université du Québec à Montréal, Canada), Béliveau M-J. (Rivière-des-Prairies Hospital and Université du Québec à Montréal, Canada), Smolla N. (Rivière-des-Prairies Hospital - Research Department, Canada), Bélanger J. (Hôpital Rivière-des-Prairies & Université de Montréal, Canada), Valois N. (Hôpital Rivière-des-Prairies, Canada), Breault C. (Rivière-des-Prairies Hospital and Université de Montréal, Canada), Martin V. (Rivière-des-Prairies Hospital and Université du Québec à Montréal, Canada), Levesque A. (Hôpital Rivière-des-Prairies, Canada), Gagné G. (Hôpital Rivière-des-Prairies, Canada)

Specific developmental disorders, namely language impairment and developmental coordination disorder, are present among 6% & 5% of children, respectively (DSM-IV-TR; Law et al., 2000). Among children with emotional and/or behavioral disturbances, rates of developmental disorders are alarmingly high, averaging 71% in the case of language deficits (Benner, Nelson & Epstein, 2002). Children with undiagnosed language impairment have revealed even higher rates of behavior disturbances than diagnosed children (Cohen & Horodezky, 1998). Moreover, coordination and language impairments are known to co-occur for 40-90% of the children studied (Westerlund, Bergkvist & Lagerberg, 2002). However, this high co-occurrence is generally not considered in epidemiologic studies, studies are needed to understand the nature of this relation and treatment promoted in psychiatry are generally not designed to consider children's developmental difficulties. In this poster workshop we propose data on relations among language, coordination, and behavioral and emotional difficulties in a preschool psychiatric sample and will discuss measurement and treatment issues for this population. In a first poster presentation, Smolla and colleagues will describe the associations between parental perception of language development (Language Development Survey; Rescorla & Alley, 2001) and emotional / behavioral problems (CBCL preschool age; Achenbach & Rescorla, 2000) among 243 preschool psychiatric patients, taking into account the age of the child and the impact of the families' multicultural background. In a second poster presentation, Bélanger and collaborators will expose how less salient aspects of language impairment may play a vital role in child presentation and parent-child relationship. Example of parent-child evaluation and treatment that integrate these issues will be discussed. And then, in a third poster presentation, Noël & Béliveau, relying on clinical vignettes, will propose avenues for the study of internal representations that might partly explain the high occurrence of developmental difficulties and behavioral and emotional disturbances among young children.

2780

Parents' perceptions of language development in their young child referred to a psychiatric clinic: The impact of families' multicultural background

Smolla N. (Rivière-des-Prairies Hospital - Research Department, Canada), Béliveau M-J. (Rivière-des-Prairies Hospital and Université du Québec à Montréal, Canada), Martin V. (Rivière-des-Prairies Hospital and Université du Québec à Montréal, Canada), Breault C. (Rivière-des-Prairies Hospital and Université de Montréal, Canada)

According to Rescorla et al.'s studies (e.g., 2002, 2007), there would be no strong associations between language delay (as assessed by the Language Development Survey, Achenbach & Rescorla, 2000; Rescorla & Alley, 2001) and emotional / behavioral problems (CBCL preschool age, Achenbach & Rescorla, 2000) in children of less than 3 years of age, except that toddlers with language delays appeared to show elevated social withdrawal relative to typically developing toddlers. This poster aims at describing links between parents' perception of their child's level of expressive language development and emotional / behavioral problems in a large sample of preschool age psychiatric patients, by taking into account the age of the child (18-35 months; 3, 4 and 5 years). However, for 40% of the families in this clinical sample, parents were born abroad and present a multicultural background. Although it has become a growing reality in many clinical settings, particularly in societies such as Canada and Quebec, in the literature, associations have seldom been examined according to the multicultural background of the families. We therefore plan to explore the impact of the parents' country of birth, and their use of more than one language at home on the patterns of association between perceptions of language delay and emotional / behavioral problems in these young patients.

2776

Language as communication and thought process: scaffolding parental mediation in a child psychiatric clinic

Bélangier J. (Hôpital Rivière-des-Prairies & Université de Montréal, Canada), Béliveau M-J. (Rivière-des-Prairies Hospital and Université du Québec à Montréal, Canada), Breault C. (Rivière-des-Prairies Hospital and Université de Montréal, Canada)

This poster will expose how less salient aspects of language impairment, especially deficits of verbal comprehension and narrative organization, may play a vital role in child presentation and parent-child relationship in preschool psychiatric patients. First, prevalence of speech and language delays in young psychiatric children (Benner, Nelson & Epstein, 2002) will be examined with special interest in their longitudinal outcome. Language will then be discussed as an essential component of communication and thought processes, as opposed to merely speech expression, and important links between deviant language development and problematic relational, social and learning behavior will be considered. Finally, specific clinical indications will propose how very early language and communication developmental assessment and parent-child treatment can integrate this understanding to foster better broad child adjustment.

2775

Extreme dysregulation in young children with language impairment: Projective measures contribution to the understanding of aggressiveness and anxiety

Noël R. (UQÀM (Université du Québec à Montréal, Canada), Béliveau M-J. (Rivière-des-Prairies Hospital and Université du Québec à Montréal, Canada)

Projective measures' are used to study internal representations and shed light on the high occurrence of developmental difficulties and behavioral and emotional disturbances among young children. Case studies will compare young children with developmental specific disorders, namely language and coordination impairment with (N=3) and without (N=3) behavioral / emotional dysregulation with a clinical control group without developmental disorders (N=3). Results of complete psychological assessment covering developmental, cognitive and affective / behavioral dimensions (Weschler intellectual scales, cognitive complementary tests as KABC-II, NEPSY I – II, TEA-Ch, K-CPT and projective measures as C.A.T. and the MacArthur Story-Stem Battery), and parental perceptions of the child (CBCL preschool age, Achenbach & Rescorla, 2000 and PSA, Dumas, Lafrenière, Capuano & Durning, 1997 and ABAS-II) will be presented. Chronic incompetence feelings and lack of regulation mechanisms, especially concerning anger, appear to be roots of significant anxiety explaining frustration intolerance and tantrums. Other contributing factors are parental variables, such as overprotection that do not sufficiently support development of self-construction and autonomy in these children.

Plenary Interface 2

Interaction guidance versus Dance therapy

Susan McDonough (University of Michigan, United States) and Suzi Tortora (Dancing Dialogue LLC, United States)

Discussant Miri Keren (Israel)

Symposium 40: Auditorium 2

Moderator: Malhotra S. (India)

2803

Early assessments in the Indian context

Malhotra S. (Post Graduate institute of Medical Education and Research, India), Reddy G. (Niloufer Hospital, India), Devi M. (Usha LVR,Osmania Medical College & Niloufer Hospital, India), Abbagani K. (Osmania Medical College, India), S. Naik U. (Osmania Medical College, India)

Assessments of development in infancy and even in the neonatal period can contribute to early identification of difficulties as well as to helping in optimization of mother and parent child interaction and handling. Evaluating the temperament of the child during infancy can provide an understanding of the child's behaviors and of the most appropriate methods of handling, as well as knowledge of those who could be at a higher risk in whom greater vigilance would be needed at follow up. Evaluation of a group of developmentally delayed children on etiological and psychosocial parameters highlights the continuing impact of perinatal morbidity in developmental delay. Assessment of sleep and regression, in children with autism enhances early detection capabilities leading to earlier intervention. Gouri Reddy will discuss the application of the Brazelton Neonatal Behavioral Assessment Scale. A total of 100 babies with a birth weight of above 2500 grams, born after a gestational age of 38 weeks, having an Apgar score = or > 8, were included in the present study. The Neonatal Behavioral Assessment Scale (NBAS) and the Mother and Baby Scales (MABS) were used . The results of this study show that the female infants and the AGA babies showed better performance on the habituation cluster, social interactive cluster, motor system cluster and cluster of state organization. However, the male infants and the LGA showed significantly better performance on the above clusters by the end of the month. The performance on the motor system and social interactive clusters became better with age. As the babies had a high number of startles, it would be helpful to keep them covered properly and reduce the level of noise in their environment. The NBAS can help the parents develop realistic expectations of their infant, to understand the neonate's temperament and to promote positive parent-child relationships. It is used as a clinical tool to help parents understand their baby's behavior, thereby promoting parent-infant bonding from the very start. Savita Malhotra will present data on development and standardization of a temperament measurement scale for Indian population. Retrospective assessment of temperament in infancy was done in 873 children and was correlated with their current psychopathology. Significant differences were found in the temperament profiles of those with disorders and those without any psychiatric disorders. Gowri Devi will discuss early referrals for evaluation of developmental delay. 217 children (< 18 months to 3 years) with delay in development referred from Pediatric outpatient to Child Guidance Clinic, Niloufer Hospital during one year were studied. 47 infants were below 18 months of which 27 were male infants and 18 were female infants. 40% of the infants had birth asphyxia and 28% had neo natal seizures. Assessment of the children revealed cerebral palsy (28%), neo natal seizures (10%) and Down's syndrome (4%). 55% of infants had mild developmental delay, while 45% had moderate to severe developmental delay. The study highlights the impact of physical, psychological, social factors on the development of an infant. Early assessment and early intervention with infants can mitigate disability. Kanakalatha Abbagani will discuss assessment of sleep issues in autism. Abnormalities in the development of sleep-wake cycles are common in children with autism. Resistance to sleep and waking are the most frequently reported sleep difficulties in children with autism.. Respondent's sleep patterns were evaluated and given weight/age and scored. Sleep issues were reported in 62.6 % of 51 children who were part of a prospective study. These problems were rated as mild in 31.3% and moderate to severe in the remaining. On the Children's Sleep Habit Questionnaire (Owens), half the children had difficulty falling asleep with complex bed time routines which included rocking, swinging, clinging to objects, excessive need for silence and darkness, and long car rides. Frequent night time waking with unusual complaints like walking over sleeping parents or siblings was reported. Extreme insomnia with severe parental sleep deprivation was reported. Sleep issues in children with autism demand specific assessment as they contribute greatly to parental stress and coping abilities. Usha S Naik will present Assessment of Regression in Autism. In a detailed study of 51 children, 35 children (68.4%) children showed regression in language, socialization or play activities. In the majority (41 %) of children this regression was between 12-24 months, before 12 months (21.5 %) and 24-36 months (5.8%). A schedule was drawn up for assessing regression in expressive language, receptive language, waving bye bye, pointing, self help skills, play, interests, types of food eaten , acquired sleep routines and early toilet skills. In a further group of 26 children, evaluated in this more detailed manner, the majority of children were found to have regressed between 12-18 months. Regression in expressive language, obeying commands, turning to voice and waving bye bye, were the most frequently reported. Using a broader framework of evaluation increases the

number of responses of the caregiver as regards a loss of previously acquired skills. The presentation will include a parent interview.

Symposium 41: Meeting Room 1.41-42

Moderator: Jordan B.(Australia)

2571

From psychotherapy in the kitchen to psychotherapy in the crèche: Psychoanalysis, social vulnerability and randomized trials

Jordan B. (Royal Children's Hospital, Murdoch Children's Research Institute, The University of Melbourne, Australia), Fischmann T. (Sigmund-Freud-Institut, Germany), Leuzinger-Bohleber M. (Sigmund-Freud-Institut, Germany), Haus S. (University of Kassel, Germany), Lebigier-Vogel J. (Sigmund-Freud-Institut, Australia), Coombs N. (Children's Protection Society, Australia), Borland J. (The University of Melbourne, Australia), Kennedy A. (Charles Sturt University, Australia), Tseng Y. (The University of Melbourne, Australia), Williams-Smith J. (Children's Protection Society, Australia), Glazebrook D. (Children's Protection Society, Australia), Emde R. (University of Colorado, United States)

Infant mental health has made great strides in becoming a powerful multidisciplinary force for the benefit of very young children. Following in the innovative steps of Selma Fraiberg, it is essential that the therapeutic benefits generated by the field of infant mental health can be applied to the most socially disadvantaged and marginalized through tailored service provision, be it in the kitchen or in the crèche. This international symposium addresses the unique approaches and essential strategies for developing infant mental health services in alternative settings. It describes four innovative programs targeting “hard to reach” and “significantly at risk” infants and their families. Another shared feature of these programs is their rigorous evaluation via randomized controlled trials. The historical roots of infant mental health in the work of Selma Fraiberg’s model of Psychotherapy in the Kitchen will be a reference point for discussion of the relationship between infant mental health and social agencies as well as an exploration of the challenges of adding empirical research into this mix. The first paper will describe a longitudinal cluster randomised study of an early prevention program for children-at-risk in Kindergartens in Frankfurt (Germany). The first element to be discussed in this paper is a psychoanalytic program (EARLY STEPS) offering team supervision, parent training and child therapies in the kindergarten setting. The second element is a manualized violence prevention program (FAUSTLOS) also offered within the kindergarten setting in Frankfurt. Demographic data, the study design and first results concerning the attachment patterns of the children (measured by the Manchester Child Attachment Story Task) will be presented. The second paper will present the Early Years Education Research Project (EYERP) in Melbourne (Australia). The EYERP an intensive, attachment theory informed early childhood education and care program being trialed with significantly at-risk infants and toddlers; a population not accessing therapies in traditional clinical settings. The rationale and infant mental health program logic within the EYERP will be described as well as its evaluation via randomized controlled trial. In addition to child outcomes and economic impact, this longitudinal study is especially interested in the impact of the intervention on the parent-child relationship. The third paper will discuss a randomized controlled trial (n=200) of the effectiveness of EARLY STEPS, an early prevention program for immigrant children and their families commencing in pregnancy (Germany). The study is investigating the long-term effects of a psychoanalytically informed curriculum based parenting support program located in Frankfurt, but with planned rollout across Germany. The symposium will conclude with discussion by Professor Robert Emde (USA).

Symposium 42: Meeting Room 1.43-44

Moderator: Shah P. (United States)

Discussant: Marvin R. (United States)

2676

Maternal resolution of grief in infants with varying medical conditions: Infant and dyadic outcomes, and implications for intervention

Shah P. (University of Michigan, United States), Clements M. (The Children's Forum, United States), Poehlmann J. (University of Wisconsin, United States), Schuengel C. (VU University Amsterdam, Netherlands), Rentinck I. (VU University Amsterdam, Netherlands), Ketelaar M. (VU University Amsterdam, Netherlands), Becher J. (VU University Amsterdam, Netherlands), Hankel M. (VU University Medical Center Amsterdam/ VU University

Amsterdam, Netherlands), Oosterman M. (VU University Amsterdam, Netherlands), Brouwer-Dudok de Wit C. (VU University Amsterdam, Netherlands)

OBJECTIVE: This symposium explores the construct of maternal resolution of grief in infants with varying medical conditions, and highlights implications for intervention. We will demonstrate how maternal resolution of grief was explored in mothers of infants with prematurity and cerebral palsy, using the Reaction to Diagnosis Interview. Findings will be used to highlight potential opportunities to address maternal resolution of grief in a clinical intervention with dyads at risk.

PAPER 1: Maternal Resolution of Grief Regarding Preterm Birth, Implications for Attachment Security: Prachi Shah, Melissa Clements, Julie Poehlmann. This study explored the association between maternal unresolved grief regarding preterm birth, quality of parent-child interactions, and infant-mother attachment security, and assessed 74 preterm infants a larger longitudinal study of high-risk infants. The association of maternal resolution of grief regarding preterm birth, and quality of infant-mother attachment was assessed using a relative risk ratio and multiple regression models. Maternal resolved grief regarding prematurity was associated with attachment security at 16 months after controlling for covariates (adjusted OR 2.94); maternal grief resolution and interaction quality were both independent predictors of attachment security. Results suggest that future research should explore screening for maternal grief resolution following preterm birth in pediatric practice.

PAPER 2: Reactions to Diagnosis of Cerebral Palsy: Patterns of Resolution Across Development: Carlo Schuengel, Ingrid C.M. Rentinck, Marjolein Ketelaar, Jules Becher. This study explored the patterns of adaptation of parents to their children's diagnosis of cerebral palsy (CP). The Reaction to Diagnosis Interview was given to 255 parents of infants, school age children, and teenagers with CP. In a subsample of 38 parents of infants, the interview was repeated after 1 year. A significant shift was observed from more cognition-focused patterns of resolution to strategies focused on addressing the needs related to the disabilities. Disability severity played a minor role. Results suggest that patterns of adaptation to their child's diagnosis of CP may guide clinical interventions to parents with problematic grief resolution.

PAPER 3 : Incorporating Reactions to Diagnosis With Couples with a Prenatal Diagnosis of a Congenital Malformation. Margot Hankel, Mirjam Oosterman, Christine Brouwer-Dudok de Wit, Carlo Schuengel
Individual differences exist in parents' reactions to a diagnosis of a congenital malformation or disability in their child. Increasingly, couples receive such diagnoses prenatally. Prenatal interventions focused on the couple's self-awareness about their reaction to diagnosis, while providing strategies towards resolution may assist in their adaptation to caring for their infant. This paper describes how the Reaction to Diagnosis Interview may be used as an intervention tool, to highlight representational diversity and change, foster coherence in emerging working models of their relationship with the infant, and to strengthen marital support. Case notes on first participants in an ongoing trial will illustrate the benefits and challenges of this approach. Discussant: Bob Marvin

Symposium 43: Meeting Room 1.61

Moderator: Sparrow J. (United States)

2339

Understanding processes of developmental change to promote healthy development

Sparrow J. (Brazelton Touchpoints Center, Children's Hospital; Harvard Medical School, United States), Plooi F. (International Research Institute on Infant Studies, Netherlands), Heimann M. (The National Network for Infant Mental Health, Linköping University, Norway)

While numerous theories specifying discrete and static developmental stages are routinely included in professional training, models that elucidate mechanisms of developmental change have been less widely disseminated to date. Understanding these change processes confers a critical advantage to infant mental health professionals seeking to promote healthy development, to prevent developmental derailment, and to restore healthy development when it has become derailed. This symposium presents research and clinical applications for developmental change models that predict periods of regression or disorganization as necessary steps toward increasingly complex reorganization.

Presentation #1: Regression periods, mother-infant conflict, peaks in illness and SIDS, and increased risk for and prevention of child abuse. Predictable periods of disorganization (regression) and reorganization have been observed in human and non-human primate infants. They have been found to be followed by mother-infant conflict, non-linear periods of mild immunosuppression and SIDS. It is postulated that these periods of heightened conflict represent transient increases in risk for child abuse. Yet when successfully negotiated, they promote learning in infants and parents, and caregiving adaptation to evolving infant needs. **Presentation #2:** Patterns of instability and

change during the first year in typically developing infants. A range of researchers in both Europe and the US (e.g. Brazelton, Plooij, and Trevarthen) have proposed that infant development proceeds through periods of regression at specific points in time. Studies in several European countries have, independently confirmed this hypothesis, making it possible to identify up to eight periods of regression (or periods of rapid change as suggested by Trevarthen and Aitken, 2003) during the first year of life. These findings are still relatively unknown and have not rendered much attention by the neither researchers nor clinicians. This presentation will summarize the European findings and tie them to the current theoretical debate as well as to Brazelton's concept of touchpoints (Sparrow & Brazelton, 2006). It will also be argued that the observed periods of rapid change in infancy, if taken seriously, will have a strong impact on professional training, clinical service and future research. Presentation #3: Developmental change in infants that proceeds through periods of disorganization and reorganization occurs in the context of family systems. Relationships are the multi-directional conduits through which change is transmitted and mutual adaptation occurs. Interactions of families (and professionals) with regressing and reorganizing infants are guided by cultural beliefs, values, and practices, which may be considered emergent properties of these dynamic developmental systems. Understanding these relational and culturally-rooted processes of change in infants and family systems can transform infant mental health professionals' practice and ways of being. They also have implications for institutions that support professionals' efforts and for communities, the larger dynamic developmental systems that promote infant and family development.

Clinical Teach-In 13: Meeting Room 1.62

2258

Ububele Baby Mat Project: Facilitating a dialogue between psyche and soma in primary health care clinics in Alexandra Township in Johannesburg

Frost K. (Ububele Psychotherapy Resource Centre and Educational Trust, South Africa), Esterhuizen M. (Ububele, South Africa)

In the context of urban poverty and limited public infant mental healthcare, the Ububele Baby Mat Project provides support to mothers and their infants to promote their attachment relationship. Two case examples and video footage are presented for discussion to illustrate practice, process and content. The focus of this community based, mother-infant preventative intervention is 'the relationship' between infant and parent, or caregiver - positioned in a systemic context of couple, triad, extended family and culture. Informed by the work of the Anna Freud Centre, and drawn from psychoanalysis, attachment theory, infant development research and systems theory, the extracted principles of parent-infant psychotherapy are used flexibly by the Ububele Baby Mat practitioners to promote the caregivers' reflective functioning in relation to infant care. Western theory and research, and indigenous South African knowledge systems interact to reinforce the attachment relationships. The presenting problem, which is generally located in the baby's body is given focus. It is the baby's affective-bodily communications which lead the mother and practitioner from the soma to the psyche, to include the psychological dimension of the mother-infant relationship. A focus of this model is the position of the baby as a partner and patient in his or her own right. Since its inception in 2007, the Ububele Baby Mat Project has worked with over 1000 dyads and its service is expanding. The limitations of referral options and the brevity of the intervention will be discussed, as will the challenges of impact evaluation and replication possibilities.

Symposium 44: Meeting Room 1.63

Moderator: Golse B.(France)

2459

Babies, WAIMH and AEPEA

Golse B. (Hôpital Necker APHP Paris, France), Missonnier S. (Université Paris Descartes et AEPEA, France), Moro M. (Université Paris Descartes et AEPEA, France), Durieux M. (Université de Bruxelles et AEPEA, Belgium), Keren M. (Université d'Israël et AEPEA, Israel), Lazaratou E. (Université d'Athènes et AEPEA, Greece)

The AEPEA (European Association of Psychopathology of Child and Adolescent) was founded in 1995 by Michel Soule, PierreFerrari, Bernard Golse, Alain Braconnier and other colleagues) to argue the axis psychopathological approach in theory and clinic with baby, child and adolescent. Psychopathology mainly refers to a multifactorial model of development and developmental disorders. Some members of the AEPEA are also members of the

WAIMH, what is the case of speakers at this symposium. Sylvain Missonnier will present his research on the psychological dynamics of pregnancy and the relationship of virtual object, such as theoretical foundation of therapeutic prenatal consultations. Helen Lazaratou will address the psychopathology of children born by artificial insemination as part of medically assisted procreation. Bernard Golse will evoke the work of the sensory in the ontogeny of empathy, intersubjectivity and subjectivation in the light of the results of the research program PILE (International Program for the Language of the Child). Marie-Paule Durieux will invite us to reflect on the relationship between orality and prevention of feeding disorders in premature babies. Miri Keren will share her experience of management of eating disorders in very young children. Marie-Rose Moro finally will expose the technical aspects of creating the therapeutic alliance in psychotherapy parent-child in the case of families living in exile or migration. All these issues were the topics of presentations at various conferences of the AEPEA, especially in Bologna (Italy) in May 2011.

Clinical Teach-In 14: Meeting Room 1.64

2290

The grandmaternal transference in parent-infant psychotherapy

Dugmore N. (University of the Witwatersrand, South Africa)

The psychic significance of the figure of the grandmother in psychodynamic psychotherapy has received scant attention. This paper develops the concept of the 'grandmaternal transference' in parent-infant psychotherapy, exploring the identification of the grandmaternal transference, its possible functions and its therapeutic significance. It is suggested that the grandmaternal transference has special relevance to parent-infant psychotherapy since the grandmother often represents both the mother's mother and the child's grandmother and since the grandmother offers a unique third position between mother and child. Three clinical vignettes are presented, each indicating how the grandmaternal transference may operate in this third position. In the first, the therapist is transferentially experienced as a paternal grandmother who acts as a pseudo-father able to embody the paternal function. In the second vignette, the therapist becomes in the transference a containing grandmother thereby facilitating maternal containment of the infant. Third, the therapist may be experienced as a differentiating grandmother able to help mother and infant with separation and individuation. In each of these positions, the transference and countertransference – whether positive or negative – require that the therapist respond to rather than enact the grandmaternal role. The three configurations of the grandmaternal transference have different clinical manifestations and offer different therapeutic ports of entry.

Workshop 13: Meeting Room 2.41-42

2436

Mentalizing in neonatology: An intervention inspired by interactive guidance for parents of very preterm born babies

Borghini A. (SUPEA, Switzerland), Muller Nix C. (Child and Adolescent Psychiatry Department SUPEA, Switzerland)

During hospitalization in neonatology, most of parents of preterm born babies express difficulties in being connected to their baby and evoke frequently an untenable lack of contact. Feelings of powerlessness, uselessness and helplessness may therefore accentuate anxiety, depression and other acute stress difficulties well-known and understandable in such circumstances. After 8 years of clinical research in that field, the liaison psychiatric unit (SUPEA, Lausanne), in collaboration with the developmental unit of the University Hospital of Lausanne, has proposed an intervention program for parents during the hospitalization of very preterm born infants and the first months after the hospital discharge. This program includes three interventions, each focused on the parent-infant relationship, and each adapted to the infant's age. At 33 weeks post-conception (p.c.), an observation of the preterm infant during a standard care procedure is organized with the nurse, the parents and the research collaborator being all present. The intervention consists in a joined video feedback observation of the reactions and adjustments of the infant to various stimulations of the care procedure as well as its ability to interact with the environment. The intervention gives a chance to the parents to express how they find their baby reactions as well as their questions and fears about it, and allowing a focus on the specific needs of the baby. The intervention is clearly inspired by the interactive guidance techniques giving a rare opportunity of considering parents as important experts of their baby in

partnership with the medical team. The focus of the intervention is to enhance the possibility of thinking about the baby and about the relationship with him or her in an emotional way; in other words to mentalize the relationship with the baby. Video-feedback will stimulate mutual emotion and arousal regulation via mentalization (thinking about feelings and thoughts in oneself and in one's child). At 42 weeks p.c., the intervention consists in a semi-structured interview with the parents, the infant being present. The interview, based on the Clinical Interview for parents of high-risk infants (CLIP, Meyer, Zeanah et al., 1993), aims at allowing the parents to express their emotional subjective experience in relation with their infant's premature birth and in relation with multiple aspects of their infant's hospital stay. As in the first phase of the program intervention, this interview aims at enhancing the parents possibility of mentalize about the parents-infant relationship. At 4 months (corrected age) the intervention consists in a "structured Interaction Guidance" based on a parent-child video-taped free play episode. The interaction guidance following this play aims at promoting caregiving qualities, such as parents' emotional availability. As in the first and second phases of the intervention program, this step is focused to enhance parental mentalization about parent-infant relationship. The workshop will be dedicated to a detailed presentation of the three steps of the intervention program. Video-feedback episodes will be show in video as well as research results of a longitudinal study using this program as a randomized intervention in a cohort of very preterm born children and their parents.

Clinical Teach-In 15: Meeting Room 2.43

2483

Unrecognized developmental trauma disorder may confuse custody agencies: Two case-reports of reassessment

Pedrina F. (Zentrum für Entwicklungspsychotherapie "babyundkleinkind" Zürich, Switzerland)

Evidence of child abuse and/or neglect is usually well recognized in family court and leads to foster home placement. The contacts between the child and his family of origin as well as the contacts between the latter and the foster family are set depending on developmental needs of the child and resources of his parents. Sometimes the mediation of social workers of the custody agency are needed. In this presentation I will focus on cases, where the foster home setting is challenged in the time following the placement by continuous crisis triggered by different symptoms and disturbing behaviors of the child. These give origin to misinterpretations, misunderstandings, projections and confusion between parents, foster parents and social worker – to the point of considering the replacement in the abusing family or else the contact ban for the parents. An accurate reassessment may show the emergence of signs of posttraumatic disorder in the child which were still hidden in the context of acute abuse and which are not yet understood well enough by custody agencies. Moreover, the reassessment should be used for initiating therapeutic work, with the target of changing the mutual reproaching attitudes of the adults involved in a new developmental perspective, possibly with therapeutic support. Two case-reports will illustrate this procedure.

45 Minute Workshop 32: Meeting Room 2.44

2281

Assessment of emotions expressed through gestures in infants

Farkas C. (Pontificia Universidad Catolica de Chile, Chile)

Do infants recognize emotions in themselves and others? How they develop the representation of emotions at early ages? Investigation of infants' emotional understanding is limited by the challenge of understanding infant mental states before the onset of speech. Some author made efforts to approximate to the internal states expressed through gestures in infants (Astington & Jenkins, 1995, 1999; Fivush, Sales, & Bohanek, 2008; Vallotton, 2008; Volterra, Bates, Benigni, Bretherton, Camaioni, 1979). These researches demonstrated that symbolic gestures reveal the sophistication of infants' internal worlds and their ability to communicate thoughts and feelings. The gestures study is a promising methodology for investigating early explicit mental processes in early infancy. This workshop will focus on the assessment of expression, representation and comprehension of emotions expressed through gestures on infants at 12-30 months. These materials are part of a research conducted by academics from Chile and USA (Fondecyt N° 1110087). Participants will learn (a) how the emotions expressed through gestures could be observed on early ages, (b) the research conducted to assess this development and the principal authors, (c) the efforts doing

together between Chile and United States to assess the emotions expressed through gestures, and (d) the development of an instrument to assess infants. The presenter will describe the process realized to assess emotions expressed through gestures considering the expression, the representation and the comprehension of emotions, show videos of children in emotional situations elicited to assess them, encourage participants in practicing this assessment, and engage participants in discussion about these situations and the instrument applications. A resource folder provided to participants will include handouts on the relevant research, examples of gesture assessment, and a list of further resources.

45 Minute Symposium12: Meeting Room 2.44

2660

Sounds and movement to enhance the intersubjective construction of the minds of babies

Loots G. (Vrije Universiteit Brussel, Belgium), Loots G. (Vrije Universiteit Brussel, Belgium), Van Puyvelde M. (Vrije Universiteit Brussel, Belgium), Rodrigues H. (Laboratory for Music and Communication in Infancy - CESEM - Faculdade de Ciências Sociais e Humanas da Universidade Nova de Lisboa, Portugal), Matthijs L. (Vrije Universiteit Brussel, Belgium)

This symposium will present an intersubjective developmental paradigm as a framework for interdisciplinary research and practice in the quality of early mother-infant interaction. The first presenter will discuss the intersubjective developmental theory (Loots & Devisé, 2003; Loots, Devisé, & Jacquet, 2005; Loots, Devisé, & Sermijn, 2003) based on the work of Crossley (1996) and inspired by Daniel Stern (1985, 2002). This theory defines intersubjectivity in terms of a relational concept that focuses primarily on the development of the interpersonal space between parent and infant. The theory outlines how subjectivity is constructed out of intersubjectivity by distinguishing four developmental stages: emerging (0–3 months), physical (3–8 months), existential (8–13 months), and symbolic (+13 months) intersubjectivity. The next presenter will focus on research into mother-infant vocalizations, tonal synchrony (Van Puyvelde et al., 2010), and affect synchronization (Feldman, 2007; Tronick et al., 2005). Van Puyvelde et al. (2010) reported tonal synchrony as a dimension of interaction synchrony, indicating the importance of the quality of mutual maternal-infant vocal dialogues. Pitches of vocal exchanges, very often, seem to be tonally related or tonally synchronized with one another in terms of consonant (i.e., pleasant to listen to) simple frequency ratios. Sequel research showed that tonal synchrony peculiarly occurs on those moments that mother and infant mutually repair their affective climate of social engagement. Tonal synchrony, its musical character and its relation with emerging intersubjectivity will be demonstrated by audio & video examples. The third presenter will illustrate how these moments of tonal synchrony and affect repair in mother-infant interaction can be stimulated by artistic creation when they do not evolve spontaneously by intuitive parenting. In Portugal, Companhia de Música Teatral (CMT) is a pioneer in musical theatrical work for infancy. Some of the goals is to contribute intersubjective emotional relatedness in terms of attachment or intuitive parenting between parents and infants (Rodrigues et al., 2008). These goals were recently adapted to the needs of a specific group of postnatal depressed mothers and their babies in a mother-baby unit in Belgium. Excerpts of CMT artistic productions will be presented to show how artistic creation addressed to infancy expands our knowledge about babies' minds. To conclude, the last presenter will discuss the consequences of the absence/disturbance of tonal synchrony for the intersubjective development of a mother-infant dyad. Irregularities in the intersubjective development of hearing mother-deaf infant dyads as opposed to deaf mother-deaf infant dyads will be outlined. For this, longitudinal case-studies based on video and interview material throughout the first two years of life will be presented. For references contact the author.

45 Minute Workshop 33: Meeting Room 2.45

2173

Facilitating parents as advocator in facilitating language development in children

Mohd Zawawi N. (UKM Medical Centre, Malaysia)

Early detection and early intervention are always viewed as crucial in optimizing the potential in children with developmental and intellectual disabilities. In the area of speech, language and communication, the service in Malaysia is mostly hindered due to the number of personnel and the frequency of service available. Involving family actively in the intervention process has been seen as a potential approach to ensure an on-going language and

communication facilitation to the child within the family dynamic, without depending on the professionals alone. Parents who are able to tune their style to the children's communication needs would be able to facilitate the language development of their children in a positive way. They would also be able to optimize the role of incidental learning that is crucial in building up the meaning of input given. There are various factors that must be considered to ensure the success in working with family. These include building up specific skills in parents as language provider and facilitating parents in integrating the skills into daily routine. Being a multicultural and multilingual society also require clinicians to understand the cultural differences between families. This is critical as it would affect the choice of language and understanding the family system. Having a family-oriented policy is also crucial to ensure the success of such approach. This presentation would discuss the process, evidence and challenges in Speech Pathology Unit, UKM Medical Centre, Kuala Lumpur Malaysia in empowering family as language advocator. The enhancing and hindering factors of the process would be highlighted and discussed.

Workshop 14: Meeting Room 2.46

2261

The parenthood of children with disabilities. Parental accompanying guidelines between clinic and research
Grasso F. (University of Siena, Italy), Vanden Driessche L. (Université Paris 7, France), Boissel A. (Université de Caen Basse-Normandie, France)

The birth of a child with disability as well an accident provoking disability breaks the continuity between external reality and internal world of parents, and also between different kinds and levels of parental representation. The reported clinical and research evidences about the parenthood and disability, confirm to us that in order to continue living and raising their child, parents are forced to develop an intense psychic work effort, with an important narcissistic dimension. In this parents, normally, we find a severely compromised emerging meaning of affective experience with the babies, as well problems in intersubjectivity and in the emotional attunement with them may have grave consequences on reciprocity and attachment and on libidinal investment of child. We can consider the experience of a child with disability as a major trauma in the parents' life, then we must reconsider the consequent disruption of their mental organization and behavior like post-traumatic symptoms. Such dissociative states, not accounted in literature, are likely to cause misrepresentations of real children and problems in caring and need the creation of a common perceptive base of child between professionals and parents and the early psychotherapeutic accompanying of parents. Parents try to adapt themselves to their son or daughter. In their imagination, they often envision another child, a sort of parallel child, a composite set of idealized elements along with other elements which take reality into account. This figure makes easier their self-representation, allows them to "be reborn" and to better face the experiences of detachment which are inherent in all parenting, but rendered more complex here by the traumatic impact of the situation. This dynamic brings us to question the notion of "handicap denial", and to consider once more the part of narcissism to self-conservation. In the clinical practice, we can contribute to the evolution of parental representations, starting from those which underlie problematical, fusional relationships and going to those which favor a greater recognition of the child's otherness. To examine changes in parental psychological functioning in acquired disability, we present the case of pediatric traumatic brain injury 5 years after. The research aims to understand better the psychological consequences of a severe long-term head trauma which occurred during childhood. Method: semi-structured interviews were carried out with 21 families and analyzed under six axes: family dynamics; views of parents about the child; parental psychological and somatic health; means of supports; stress factors; parental defence mechanisms. Results: most families have a significant upheaval of family dynamics. Most meet the DSM IV criteria for a traumatic syndrome like post traumatic stress disorder. Resources are a variable according to family pre-injury functioning. Conclusion: psychological support for families is much lower than expressed needs.

Poster Workshop 9: Maternal Depression and Parental Psychopathology Auditorium 2 Upper Foyer

Facilitator: Murray L. (United Kingdom)

2695

The impact of mothers mental disorders on 2 to 3 year old toddlers
Erol N. (Ankara University, Turkey), Simsek Z. (Harran University, Turkey)

The aim of the study was to investigate the impact of maternal mental disorders on 2-to-3-years old toddlers. A total of 263 toddlers (120 girls, 116 boys) were included in the study. The sample were a part of larger nationally representative sample. Child Behavior Checklist Ages 2-3 was used for the assessment of the infants behavior, and Composite International Diagnostic Interview (CIDI) was used for the assessment of maternal psychopathology. Results: Prevalance of psychiatric disorders of mothers in the last 12 months was 14.8%. The most common disorders were pain disorder (8.4%), major depressive disorder (4%), and simple phobia (2.8%). Children of mothers with any mental disorder had significantly higher scores on Anxious-Depressed ($p=.007$), Aggressive behavior ($p=.029$), Sleep problems ($p=.29$), scales and total problems ($p=.37$) than children of "normal" mothers. Odds ratios of having an infant with CBCL 2-3 scores in the clinical range were 3.4 for anxious-depressed, 2.7 for sleep problems and for aggressive behavior, and 2.8 for total problems in the maternal mental disorder group. Conclusion: These results indicate that not only maternal depression but also the other mental health disorders have important effects on their infants psychological status.

2462

Maternal attachment in women with perinatal depressive and anxiety disorders

Pushkarova T. (Psychosomatics and Psychotherapy Centre of the Institute of Pediatrics, Obstetrics and Gynaecology of the Academy of Medical Sciences of Ukraine, Ukraine), Kyrollova L. (Psychosomatics and Psychotherapy Centre of the Institute of Pediatrics, Obstetrics and Gynaecology of the Academy of Medical Sciences of Ukraine, Ukraine), Tsvetkova E. (Psychosomatics and Psychotherapy Centre of the Institute of Pediatrics, Obstetrics and Gynaecology of the Academy of Medical Sciences of Ukraine, Ukraine)

Objective: The authors present analysis of maternal attachment formation in the groups of women with depressive (group I), anxiety (group II) and depressive-anxiety disorders (group III). Method The study was carried out in the Centre of Psychosomatics and Psychotherapy of the Institute of Pediatrics, Obstetrics and Gynecology of the Academy of Medical Sciences of Ukraine - Kiev. Data were collected by clinical psychiatric assessment, psychodynamic interviews and measures were done by Mother-Fetal Attachment (MFA) Scale (M. Cranley), Edinburgh postnatal depression scale and Spielberger State Trait Anxiety Scale. The first sample group consisted of 190 pregnant women from 16 to 48 years old with non-psychotic depressive and anxiety disorders. Psychiatric interview based on the diagnostic criteria of ICD - 10 for depressive and anxiety disorders and all of the first group participants met that criteria. Psychodynamic interview included questions on maternal - infant representations and was focused on emotional experiences before and during pregnancy. Projective tests with drawings were also used as part of investigation and psychotherapy. Second - comparison - group had 56 pregnant women without psychopathology. Results. Significant differences in the process of the development of maternal - fetal attachment were found in the studied groups by clinical investigation; women with depressive and anxiety disorders had difficulties in representing image of a baby and mother-infant interactions. In the main group ($n=190$) scores of the MFA scale were $53,45 \pm 0,66$ in comparison to data of the second group ($n=56$) $51,82 \pm 0,82$, $p=0,035$ according to Mann-Whitney Test. Obtained results prove that there are difficulties in the process of the development of maternal attachment as a significant part of parental competence background. At the same time there were no significant differences in MFA in subgroups of the group of women with depressive and anxiety disorders: in 74 mainly depressed women (I, $n=74$) - $54,01 \pm 1,23$, in 67 predominantly anxious women (II, $n=67$) - $52,27 \pm 0,80$, and in the group of mixed depressive-anxiety disturbed women (III, $n=49$) - $54,22 \pm 1,37$ ($p=0,206$, $p=0,836$, $p=0,103$, Kruskal-Wallis Test $p=0,244$). Conclusions. These results support the hypothesis that perinatal depressive and anxiety disorders associated with the difficulties in the development of maternal identity and in particular Mother-Fetal and Mother-Infant attachment. Understanding more about the influence of maternal anxiety and depressive disorders on Maternal attachment and early Mother-Infant relations is important for building therapeutic strategies which may help women to find balance between different factors that may facilitate and inhibit process of acquiring of Maternal competence. Early detection of the disturbances in the Mother-Fetal attachment is important for reducing its adverse effects on early mother-infant relations and prevent both mental and psychosomatic health problems in infants.

2332

Maternal depressive symptoms and infant temperament across the first year postpartum

Hayes L. (Emory University, United States), Goodman S. (Emory University, United States), Rouse M. (Emory University, United States), Lusby C. (Emory University, United States)

Associations have been found between maternal depression and infant temperament, although the direction of effects is not always clear (Beck, 1996). On the one hand, maternal depression may contribute to difficult

temperament in infants as a result of exposure to less optimal parenting behaviors (e.g., withdrawal, flat affect, irritability). On the other hand, infants who are difficult to care for and who cry more may be a potent source of stress for mothers and may contribute to or exacerbate a mother's continuing course of depression. Finally, a transactional process may be at play in which mothers and infants impact each other over time in a series of continuous dynamic interactions (Sameroff & MacKenzie, 2003). The aim of this report is to explore these different models by examining associations between maternal depressive symptoms and infant temperament, each measured at three points over the first year postpartum. Data for this report are part of an ongoing longitudinal study of maternal perinatal depression and its associations with infant outcomes. For this study, mothers and infants were brought into the laboratory at infant ages 3 months, 6 months, and 12 months. Mothers completed the Beck Depression Inventory-II (BDI-II; Beck, 1996), a measure of depressive symptom severity. Mothers also filled out the Infant Behavior Questionnaire-Revised (IBQ-R; Garstein & Rothbart, 2003), which assesses frequency of infants' temperament-related behaviors observed over the past 2 weeks. These analyses used the IBQ-R factor of Negative Affectivity (NA), which is a measure of trait-level sadness, discomfort, anger, frustration, fear, and difficulty to soothe, all of which may be sources of stress for new parents. As of this submission, data have been collected from $N = 196$ mothers and infants at 3 months, $N = 164$ at 6 months, and $N = 125$ at 12 months.

First, within measure correlations were calculated and revealed continuity over time for both maternal depressive symptoms and infant NA ($p < .001$). In order to test for direction of effects and transactional relations, cross-lag pathways were examined using linear regressions to assess both the strength of the direct pathway and the strength of the association controlling for continuity of depression or temperament. Results revealed that 3 month old infants' NA scores were associated with mothers' BDI-II at 6 months postpartum controlling for BDI-II at 3 months ($\beta = .11, p = .05$), with infants' higher negative affectivity being associated with higher maternal depressive symptoms 3 months later. In turn, BDI-II at 6 months then predicted infant NA at 12 months controlling for NA at 6 months ($\beta = .19, p < .05$), such that higher levels of maternal depressive symptoms were associated with infants' more negative affectivity 6 months later. Given the strong continuity of both measures across time, the fact that these cross-lags remained significant after controlling for earlier BDI-II or NA was striking. Other cross-lag pathways were not significant after controlling for previous temperament or depressive symptoms. These analyses provide evidence for a transactional relationship between maternal depressive symptoms and infant temperament across the first year postpartum. The conference presentation will include reanalyzed data on larger numbers of mothers and infants, as well as a discussion of implications of these findings for future research and clinical practice.

2552

Postpartum depression among low-income Brazilian women: mother's perception of harmony in the relationship with the child during the first year

Mendonça J. (Universidade de São Paulo, Brazil), Bussab V. (Universidade de São Paulo, Brazil), Oliveira J. (Universidade de São Paulo, Brazil), Lucci T. (Universidade de São Paulo, Brazil)

The interactional context of the mother-child relationship is recognized as related to the child's psychological development. Several studies report disturbances in mother-child interaction in the context of postpartum mother's depression, including reduced interactional synchrony, less warmth, less vocal and visual communication, and a higher level of irritability (Field, 2010). Although most research was done in developed countries, there are a growing number of studies on PPD in developing countries where PPD prevalence is often higher (e.g. Tomlinson et al., 2005). Results from our four-year longitudinal project on the origins and consequences of postpartum depression in low-income Brazilian families (FAPESP n° 06/59192-2) show different interactive patterns between PPD and non-PPD dyads: correlation between verbalization, smile and eye contact was only found in non-PPD dyads, suggesting a more consistent interactive pattern (DeFelipe & Bussab, 2009). Fonseca et al. (proposal of symposium WAIMH, 2012) found that depressed mothers showed less sensitivity and lower levels in structuring their child's activities than non-depressed mothers. Mother's depression was also linked to the child's communicative and gross motor development (Morais et al., proposal of symposium WAIMH, 2012). It is our objective to complement these results by adding the mother's perception of her relationship with the child during the first year. Four hundred mothers with high school education participated in this study (mean age=25,2; range=13 to 43). The Brazilian version of the Edinburgh Postnatal Depression Scale was applied when the child was 3 months old. Mothers were considered depressed when they scored 12 points or more. The PPD prevalence in our sample was 28%. Mothers were asked to rate on a 5-point scale the frequency of their impatience with the child, the level of pleasure in the relationship, the amount of work involved in raising the child and the emotional cost of this work when the child was 4, 8 and 12 months old. A series of chi-square analyses show significant associations between PPD and most of the variables: enhancing mother's impatience at 4 ($X^2=28,87; p=.000$), 8 ($X^2=20,36; p=.000$) and 12 months

($X^2=10,16$; $p=.001$), the amount of work perceived at 4 ($X^2=5,74$; $p=.010$), 8 ($X^2=8,51$; $p=.003$) and 12 months ($X^2=8,33$; $P=.008$), the emotional cost of the work at 8 months ($X^2=4,26$; $p=.012$); and diminishing mother's pleasure at 4 ($X^2=7,10$; $p=.038$), 8 ($X^2=9,5$; $p=.002$) and 12 months ($X^2=6,8$; $p=.033$). In addition, a series of analyses of variance show a main effect of mother's impatience on PPD ($F(1,76)=18,08$; $p<0,001$) and a main effect of PPD on the group of mother variables (impatience, work, costs, pleasure) ($F(4,98)=3,9$; $p=0,006$) at 4 months. Discussion focuses on the possible bidirectional influence between mother's impatience and PPD, on the negative effects of PPD on mother-child harmony and on temporal aspects of these associations.

2373

Postpartum depression and marital conflict: A longitudinal study of bidirectional associations in low-income Brazilian families

Mendonça J. (Universidade de São Paulo, Brazil), Bussab V. (Universidade de São Paulo, Brazil), Oliveira J. (Universidade de São Paulo, Brazil)

Postpartum depression has received considerable attention because of its high prevalence around the world and its impact on the general well-being of the family. The present study is part of a larger research project with the objective of understanding PPD in low-income Brazilian families living in adverse social and economic conditions (FAPESP n° 06/59192-2). In our sample, a study by Fonseca & Morais, (proposal of symposium, WAIMH, 2012) shows that its prevalence could vary from 10% to 37%, depending on social class. Based on a systemic approach, our objective is to examine the bidirectional associations between PPD and marital conflict during the first two years of the child's life, and to propose a method of data analysis compatible with this approach. Though there is a substantial amount of evidence that shows the association between PDD and marital conflict, it is not clear which is the causal determinant. Some authors point to possible bidirectional effects and to a mutually reinforcing dynamic between these two conditions (Whisman & Uebelacker, 2009). Four hundred mothers with high school education participated in this study (mean age=25,2; range=13 to 43). The Brazilian version of the Edinburgh Postnatal Depression Scale (EPDS) was applied when the child was 3, 8 and 24 months old. Mothers were considered depressed when they scored 12 points or more. The PPD prevalence in our sample was 28%. Mothers were also asked to grade their marital relationship on a 7-point scale when the child was 4, 8, 12 and 24 months old. A cross-lagged panel correlation analysis, a type of path analysis, was used to analyse the data. Although it has great potential, this model of analysis is still poorly exploited to test non-causal and bidirectional effects. The model analyzed was considered acceptable ($\chi^2(22)=33,26$; $p=0,058$). Significant associations were found in the direction of the influence of PPD on marital conflict when the child was 4 and 24 months old. Longitudinal effects were also found between PPD measures at 4 and 8 months, and marital conflict measures at 4, 8 and 12 months. Bidirectional associations between the variables were not found. Discussion focuses on the higher probability of PPD leading to marital conflict than the other way around. In the presence of PPD, there is more probability of higher levels of marital conflict in the family, which could create more problematic family contexts that could have a negative impact on the child growing up in these conditions. These results reinforce a systemic view of PPD as a condition involving all members of the family in an interdependent manner (Mendonça, Bussab & Siqueira, 2011).

2165

Psychosocial factors associated to low, middle and high risk of depressive symptoms in the immediate postpartum period

Paolini C. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME). Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina), Oiberman A. (Centro Interdisciplinario de Investigaciones en Psicología, Matemática y Experimental (CIIPME). Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina), Balzano S. (Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Argentina)

Introduction. The presence of depressive symptoms in the immediate postpartum period is associated with an increased risk of developing Postpartum Depression Syndrome. The early detection of women more prone to develop postpartum depression is one of the biggest challenges for research. Studies concerning specific features of women at risk of developing depressive symptoms during the immediate postpartum period, contribute to early detection and treatment. **Objective.** Evaluate psychosocial factors associated to the presence of depressive symptoms during the immediate postpartum period within three different groups: low, middle and high risk of developing depressive symptomatology. **Population.** Argentine puerperal women hospitalized in a public maternal hospital of the metropolitan region of Buenos Aires, Argentina were interviewed on the 1st and 3rd day postpartum

from March to December 2010. **Materials and Methods.** Aim to assess the presence of depressive symptoms during the immediate postpartum period the Edinburgh Postnatal Depression Scale (EPDS) was administrated. Based on the scores obtained in the EPDS, the sample was separated in three different groups: low, middle and high risk. Two cutoff points -9 and 19- were used (i.e. ≤ 8 was considered low risk, from 9 to 18 was considered middle risk, and ≥ 19 was considered high risk). The Perinatal Psychological Interview (Entrevista Psicológica Perinatal – EPP) was administrated to explore socio demographic, psychological, maternal, neonatal variables, life events during pregnancy and during the last years, physical and emotional problems during pregnancy, familial and partner support, history of depression and presence of depressive symptoms during pregnancy. In order to determine associations with EPDS scores, several statistical tests were applied according to the evaluated variable: chi square test or Fisher exact test was used for categorical variables, and ANOVA or median test, for continuous variables. Associations with a p value <0.05 were considered statistically significant. **Results.** The total sample is composed of 45 puerperal women. From the results obtained on the EPDS, 25 and 75 percentiles were established to obtain 2 cut-off scores. The sample was divided in three groups with increasing risk of depressive symptomatology. Cut-off scores were 9 and 19 points. Out of the total psychosocial variables analyzed, statistically significant differences were found among the three groups regarding family violence, migration, previous history of depression, presence of depressive symptoms during pregnancy and increasing number of life events. Number of life events, previous history of depression, and presence of depressive symptoms during pregnancy, showed a statistically significant trend toward increasing EPDS scores. **Conclusions.** The presence of depressive symptoms in the immediate postpartum period is associated with an increased risk of developing Postpartum Depression Syndrome. The setting of two cut-off scores in EPDS allows the early detection of women with depressive symptoms. Even more, the variables associated with the high-risk group in the present study have been previously reported as risk factors for Postpartum Depression, suggesting the usefulness of cut-off value of 19 for early detection of women at risk to developing postpartum depression.

2304

A prospective case-control study on the impact of maternal pre- and postnatal depression: Developmental impact on infants at 18 months

Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Bodeau N. (Hôpital Pitié-Salpêtrière, France), Galin A. (Hôpital Pitié-Salpêtrière, France), Bialobos S. (Hôpital Pitié Salpêtrière, France), Tordjman S. (CHU Rennes, France), Mazet P. (Hôpital Pitié-Salpêtrière, France), Dommergues M. (Hôpital Pitié-Salpêtrière, France), Cohen D. (Service de psychiatrie de l'enfant et de l'adolescent Pitie salpetriere University Hospital, France), Gerardin P. (CHU Rouen, France)

Maternal depression is one of the most common complications of the prenatal and postpartum periods. The aims of this prospective case-control study were: (1) to examine the effect of pre and postnatal depression on newborn and infant development; (2) to take into account the possible impact of infant's gender and of comorbid variables such as anxiety and stress, and (3) to exclude confounding variables (e.g. prematurity, major environmental stress). Two hundred and five women were screened for depressive symptoms during pregnancy, and at 2, 6, 12, and 18 months post-partum. Newborn and infant's characteristics were evaluated with the Brazelton NBAS and the ITSEA scale. Assessments at immediate port-partum (3 days after birth) and at one year showed significant effects of maternal antenatal depression on child development, in particular poorer outcomes for male infants (Gérardin et al, 2010). The present study explores prospective data on the impact of pre- and postnatal depression on infant development at age 18 months, and in particular, the continuity or not of gender effects.

2336

Maternal distress during pregnancy: Impact on maternal and child outcomes over 16-months

Engeldinger J. (University of Iowa, United States), O'Hara M. (University of Iowa, United States), King S. (McGill University, Canada), Laplante D. (Douglas Mental Health University Institute, Canada), Nylen K. (Idaho State University, United States), McCabe J. (University of Iowa, United States), Williamson A. (University of Iowa, United States)

Background. Psychopathology and life stress are often viewed as separate constructs. Recent studies that have undertaken structural analyses of psychopathology symptoms and life stress indices find that a general factor representing maternal distress best represents various measures of psychopathology and life stress. The purpose of the current study was to link maternal distress during pregnancy and life adversity in the postpartum period to maternal mood and child temperament 16 months after childbirth. **Method.** Pregnant women (N=235) in the second

trimester completed self-report questionnaires assessing symptoms of distress (stress, anxiety, and depression) as well as an interview assessment of depression. Mothers and children were followed up 16 months after birth. Extensive assessments of maternal psychopathology were undertaken to document the course of any psychiatric disorder since birth. Assessment of life adversity in the postpartum period used the Contextual Assessment of Maternity Experience interview. Measures of child negative temperament also were obtained. Results. Maternal distress (2nd trimester) showed a significant association with objective life adversity (in the postpartum period) as well as maternal depression and negative child temperament at 16 months after delivery. Objective life adversity during the postpartum period was in turn significantly related to maternal depression and child negative temperament measured at 16 months after delivery. Conclusion. Pregnancy distress and objective life adversity are drivers of postpartum maternal mood and negative child temperament. These results support the importance of intervening during pregnancy to reduce maternal distress and to lessen later life adversity in order to lessen the burden of maternal depression and negative affect in the child.

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Maternal depression and infants' sensitivity to social interaction

Skotheim S. (Centre for Child and Adolescent Mental Health and Welfare/Uni Health/Uni Research, Norway), Skotheim S. (Centre for Child and Adolescent Mental Health and Welfare/Uni Health/Uni Research, Norway), Braarud H. (Centre for Child and Adolescent Mental Health and Welfare/Uni Health/Uni Research, Norway), Hoie K. (Centre for Child and Adolescent Mental Health and Welfare/Uni Health/Uni Research, Norway), Wik M. (National Institute of Nutrition and Seafood Research (NIFES), Norway), Malde M. (National Institute of Nutrition and Seafood Research (NIFES), Norway), Graff I. (National Institute of Nutrition and Seafood Research (NIFES), Norway), Stormark K. (Centre for Child and Adolescent Mental Health and Welfare/Uni Health/Uni Research, Norway)

Background: Developmental theories point to the importance of early caregiver-infant interaction for affect regulation, and socio-emotional and cognitive development during infancy. The purpose of this study was to examine the impact of mothers' depressive symptoms during face-to-face interaction with their 3-month-olds. Method: The sample of dyads (N=32) was drawn from a population-based study on postpartum depression and seafood intake. The study utilized a "double video" set-up, which enables the mother and the infant to hear each other and see a full-sized image of the other. The infant and the mother were presented with live real-time video sequences, where communication is mutually responsive (Live sequence), or replay sequences where communication is set out of phase. The double video design consists of five sequences: Live1- Replay1- Live2- Replay2- Live3. In Replay1 the infant receives a replay of the mother's behavior from Live1 while the mother is presented with live sequence of her infant. In Replay2 the mother receives a replay of her infant from Live1 while the infant is presented with live sequence of the mother. The mothers were screened for symptoms of postpartum depression, using the Edinburgh Postnatal depression scale at 6 and 12 weeks postpartum. They were divided into a low and high score group, based on the 75% tile of the individual maximum screen score.

Preliminary results show that infants of mothers with low symptoms of depression looked more at their mothers during the Live than the Replay sequences. These infants also showed a preference for looking more at their mothers than other foci in the live sequences, but not in the replay sequences. This discrimination was not found for the infants of mothers with higher symptoms of depression. These infants showed a preference for looking more at their mothers than other foci independently of which sequence they were presented with. More results will be added for the presentation.

Poster session 14: Infant Mental Health Services and Training Jasminum Restaurant

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Baby Nobody - Training Film and workshop for those working with high risk infants

McDonald F. (P.E.A.C.E. Baby Consulting, Australia)

Background Information. Baby Nobody is an Australian short film written and produced by Fiona McDonald, a Social Worker and Infant Mental Health Practitioner in Melbourne with over twenty years experience of working with High Risk infants and their families. The film was developed from a 2001 narrative play which had been written specifically to promote discussion and reflective practice for those working with High Risk infants in Child Protection Services. Following the presentation of a paper about the play at the 2008 Infant Mental Health Conference in Melbourne, Victoria, the play was chosen to open the Biannual Queen Elizabeth International

Conference in Victoria in 2010. The film *Baby Nobody* was developed as the audio visual backdrop to the play. The presentation of the film and the play received widespread acclaim and the film was subsequently developed into a stand alone presentation, with the aim of utilising it as a training tool to increase awareness of the infant's subjective experience of loss and trauma and how these experiences are carried throughout childhood. The film has now been shown at a number of Conferences in Australia, including AAIMH Conference in Perth, Australia (2011); the Sharing Excellence Conference in South Australia (2011); the Helen Mayo Conference in South Australia (2010) and the Early Childhood Conference in Melbourne Victoria (2011). The film has been used in a number of training situations including the Victorian Infant Mental Health Observation Day (2011) and by several Child and Adolescent Mental Health Services in Melbourne, Victoria. The film and training package is also being considered by a number of teaching institutions and Universities throughout Australia for inclusion in Social Work and Psychology Curriculum. The film is designed as either stand alone feature or as the visual backdrop to a live play. As such either presentation offers a number of training opportunities as either an interactive presentation or as a starting point for reflective practice or as a training tool to increase awareness. This includes increased awareness of the link between intergenerational trauma and maternal depression and the impact of drug and alcohol abuse on an infant's wellbeing and the impact of the service system on family functioning and stress levels. Context. The film follows the first 18 months of 'Baby', an infant born in Prison to a young mother who has experienced intergenerational trauma, including violence, parental drug abuse, emotional and psychological abuse during her childhood. Following the birth of Baby, her mother Suzie cares for her for several months before becoming involved in a dysfunctional relationship which ultimately sees Suzie losing custody of her infant; first to her mother and then into alternative care. The film is presented entirely from the infant's perspective and is narrated by 'Baby' who as a ten year old, recalls her infant experiences of love, loss, grieving and trauma both with her mother and through the myriad of foster care placements she experienced. Parallel to Baby's narrative are the voices of the various family members and service systems that surround the mother. These voices weave the social construction that surrounds the Baby and her mother. This narrative creates the vision how family and the service system can be both supportive and destructive. Objectives. 1) Increased awareness of how disjointed care and multiple placements are experienced from the infant's perspective; and the effect on the infant's physical, emotional, psychological states and attachment. 2) Increased awareness of how a mother's difficult and unresolved relationship with her own parents can be played out, often unconsciously, and the impact this can have on the infant. 3) Increased awareness of how contrasting social constructs of others involved in an infant's life can affect the family and infant. 4) Increased awareness of how family violence can impact on the infant both directly and indirectly. 5) Increased awareness of the effect of parental depression on the infant and how this may be linked to illicit drug use. Key Messages, 1) To demonstrate the number of people involved in an infant's life and how various social constructs can influence and determine outcomes for high risk infants and their families. 2) How important it is to separate and hear the infant's 'voice' from the many others involved. 3) To graphically demonstrate what an infant may experience somatically, psychologically and emotionally on their journey through placement. Conclusion. Storytelling is a powerful medium. But in telling the story of a family the infants 'voice' is often difficult to separate and 'hear' from the myriad of competing voices surrounding it. *Baby Nobody* is graphic representation of the infant's subjective story, presented together with the various narratives of those involved with Baby and her mother. This film seeks generate high levels of discussion and reflection, particularly for those working with families experiencing intergenerational trauma, drug use and family violence. The film '*Baby Nobody*' together with the various training materials that accompany it, offers a unique and moving experience and the opportunity to provide education to those working with infants in way that invites high level reflection and discussion.

2545

Obstacles in delivering a parenting intervention in highly disadvantaged families: An analysis of dropout rates and reasons

Negrão M. (Portuguese Catholic University, Portugal), Negrão M. (Portuguese Catholic University, Portugal), Pereira M. (Minho University, Portugal), Soares I. (School of Psychology, Minho University, Portugal), Mesman J. (Leiden University, Netherlands)

The importance of parent intervention to promote children's secure and healthy development is well-established by research. However, high attrition rates are a consistent concern of parent intervention research in high-risk samples. Previous studies have shown that factors associated with early drop-out rates include low socioeconomic status, single parent status, young maternal age, high levels of stressful life events, child and adult social-emotional maladjustment, public assistance. The present study is focused on drop-out rates and characteristics of families who dropped out of a randomized control trial testing the efficacy of the Video-feedback Intervention to promote Positive

Parenting and Sensitive Discipline (VIPP-SD; Juffer, Van IJzendoorn, & Bakermans- Kranenburg, 2008). The VIPP-SD was administered to a group of Portuguese mothers with children aged between 1 to 4 years old, from very disadvantaged backgrounds and referred to the study by social or health professionals who considered them as being at risk for problematic parenting. The families referred to the study had an average of 2.3 children. Over a third of families were headed by single mothers (37%). The mean ages of mothers and fathers are 29.6 (minimum=17; maximum=46) and 33.0 (minimum=19; maximum=56) respectively. The sample constitutes of low educated mothers: 20% attended 4 years of school, 41% attended 6 years, and 23% attended 9 years. Also, the large majority of parents are unemployed and benefiting from welfare economic and housing assistance (71%). Data collection procedures were characterized by resistance and mistrust of the families, accustomed to deal with many professionals and sometimes tired of the multi-assistance, many times afraid of losing power over their lives. Families were also frequently overwhelmed with concerns about meeting primary needs (money for food, rent...) preventing them from recognizing the importance of the needs of their children, and therefore undermining the engagement in the study. Data collection also made clear that some external variables like relationship with previous welfare professionals, or subvention cuts also play a big role in family engagement. Preliminary analyses of this study (N= 113) showed an attrition rate of 60%. More than half of these drop outs refused participation right at the first contact (55%), 23% disengaged after first pre-test session and 11% after second pre-test session, 9% during intervention process and 2% in post-test sessions. The drop outs, when compared with engaged mothers, showed higher percentages of single parenthood (39.1% versus 10.3%, respectively) and also lower percentages of child's fathers living with mothers (57.8% versus 82.1%, respectively). Additionally, drop-outs presented more deprived housing conditions ($T(100)=2.27$, $p=.025$) and reported higher levels of stress in their daily lives ($T(48)=2.21$, $p=.032$) as well as higher levels of psychopathology ($T(46)=2.45$, $p=.018$). As attrition rates represent a major obstacle to both preventive and treatment parenting interventions and constitute a waste of resources in mental health promotion it is imperative to understand which factors hamper intervention efforts with these disadvantaged families who are most in need of help and are not being supported.

2568

Early detection of infants and young children at risk of future pathological evolution: The French network described in the south west of France

Frottin A. (Bayonne Hospital, France)

For over sixty years, France has developed a prevention and early care network for infancy. It works when the mother is pregnant and continues through four years of life. The psychological monitoring of pregnancies tries to identify risk situations like an unwanted child, or suffering from any morphological or genetic abnormality, very young parents, isolated mothers, or mothers suffering from a psychiatric illness, denial of pregnancy. The moment of birth is very watched too: each event which can destruct or disrupt the development of a secure attachment is taken into account. Later on, baby care centers are involved in the screening of every sign that can suggest any difficulty in psychical growing. The organization is described in the south west of France, in the Aquitan region (Bordeaux, Bayonne), and shows its efficiency as a perinatal network

2603

Using the repertory grid to examine nursing staff's construal of mothers with mental health problems

Witkowski A. (University of Manchester, United Kingdom)

Background: This study explored the attitudes of psychiatric nursing staff towards mothers with mental health difficulties. Working with mothers experiencing mental health problems can evoke negative reactions in staff that activate value-laden beliefs regarding the capacity of these women to care for their infants, which could diminish the provision of optimal care and treatment for patients. Method: Ten psychiatric nursing staff working on a specialist mother and baby unit in the North of England were interviewed about their views of various types of client using the repertory grid technique. Findings: A total of 86 constructs were elicited that clustered under 21 headings. All staff made critical judgements about some clients. Staff often described the context in which these perceptions were reached such as the behavior of clients and the quality of the nurse-client relationship. Conclusions: Clients with a personality disorder and clients who were thought to be 'bad' mothers were construed as being furthest from the self and more negatively than clients with depression or psychosis. Further training is indicated for staff working with mothers displaying challenging interactional styles; however, training packages must consider the individuality of perception and experience present within staff groups.

2616

Engaging clinicians in engaging infants: The development of introductory trainings in infant mental health

Chapman M. (Royal Children's Hospital, Melbourne, Australia, Australia), Paul C. (Royal Children's Hospital, Australia)

Infant mental health work has a strong and legitimate place within child and adolescent mental health services. In Australia, child and adolescent mental health services are theoretically tasked with providing services to children from birth onwards. However, in reality, infant mental health has often not been prioritized. Although there are multiple factors that contribute to this neglect, in part this may be due to the lack of exposure of generalist child and adolescent clinicians to the needs of infants, and the possibilities of infant mental health. Introducing the world of infant mental health to generalist child and adolescent mental health clinicians has been the challenge accepted by the Infant Mental Health Program at the Royal Children's Hospital in Melbourne. The RCH Infant Mental Health program in conjunction with the University of Melbourne, has had a long running Graduate Diploma in Infant and Parent Mental Health, and a subsequent Masters qualification. However, it has recently developed a formal training series of "introductions" to Infant Mental Health aimed at child and adolescent mental health clinicians. This poster will outline the introductory trainings entitled "Engaging Infants", their role in being a preliminary step in demystifying infant mental health, and providing a taster for clinicians to expand their interest in our field, leading to an increased uptake in formal training.

2674

Training practitioners in South Africa in the Brazelton NBAS: Supporting parents of new babies

Hawthorne J. (Brazelton Centre in Great Britain, United Kingdom)

Understanding how newborn babies communicate can improve the parent-infant relationship. Research has shown that reading babies' signals and cues is one of the primary tasks for parents. Mother's feelings of competence increase and this improves the attachment relationship. Training in the Neonatal Behavioral Assessment Scale (Brazelton and Nugent, 1995) provides practitioners who work with newborn infants a thorough understanding of the infant's communication style, their abilities to self-regulate and manage their behavioral states. In 2010, 25 practitioners in Johannesburg were trained in the NBAS, and feedback from the course confirms the benefits to practitioners of supporting parents in understanding their baby. One participant said: "I learnt how important empowering parents in the care and communication with their baby can change the parent-infant relationship". Two other practitioners were certified in the NBAS. Further analysis of pre- and post-training questionnaires will be presented, along with information from course participants on how they are using the NBAS in South Africa.

2728

"It was the best of times and the worst of times": Decade of progress infusing IMH across child welfare, early care & education, & early intervention

Graham M. (FSU, United States), White, MSW, M.Ed., B. (Florida State University Young Parents Project, United States), Gorski, M.D., M.P.A. P. (Children's Board of Hillsborough County, United States)

The decade between 2000 and 2010 inspired significant advances in understanding the unprecedented growth, organization, openness and vulnerability during infant and early childhood development. Advances in neuroscience led to insight into the structural and functional consequences of positive experiences such as exposure to healthy nurturing relationships or negative influences such as trauma, prolonged stress, environmental toxics or nutritional deficits. The compelling ACE study of adverse childhood events inspired more psychobiological research to "connected the dots" between early traumas and chronic health problems manifest decades later. Epigenetics further revealed the transmission of adversity across generations shedding light on why racial disparities and intergenerational abuse persist. Nobel laureate economists demonstrated how early investments yield most effective returns on public investment. Despite this convergence of multidisciplinary research confirming the opportunity and vulnerability of the earliest years of life for providing the foundation for long-term health and development, public policy lags significantly. This presentation will showcase how Florida has infused infant mental health into a variety of programs, built public interest, braided funding and engaged unlikely collaborators like judges, probation officers, and sheriffs, modeling the rationale for an enlightened policy agenda. Florida's infant mental health movement began in 2000 when the public still imagined the absurdity of infants on psychiatrists' couches and not a single infant mental health therapist in the state. A decade later, we have created a "system of care" including a demand for

IMH services, a trained workforce, a broad array of evidence-based programs, and a variety of funding strategies. This symposium will inspire our multinational audience with our successes and induce sympathy for the challenges we met in creating this system. Panelists from three diverse perspectives (developmental medicine, early childhood policy, and judiciary social work) will highlight how they have each forged infant mental health within their fields of care and the interdependency of the training, policies, funding and innovative programs. The first panelist will highlight the biological underpinnings and clinical contributions of infant mental health on the health care system including progress into universal developmental and social emotional screening; involvement of pediatricians in child abuse prevention, identification and trauma-informed treatment; and how the relational basis of health informs and directs primary health care practice. The second panelist will focus on integration of infant mental health, early intervention, quality childcare and the judiciary. The first step in building the system was to increase awareness and identification of infant mental health problems. Substantial training has gone into helping judges, probation officers, educators, health care providers, social workers, and all the supporting professionals involved with child welfare understand the trajectory of dire consequences of disrupted attachments. A statewide workgroup provided inspiration for all the state agencies from health to corrections to change policies and practices to become more trauma-informed systems. Having no licensed infant mental health therapists in the state in 2000, intensive efforts went into training a cadre of providers. With the support of Dr. Joy Osofsky, we began the Florida State University Harris Infant Mental Health Training Institute, criss-crossing the state to provide intensive training to more than 250 therapists including a cross walk of the DC:0-3 with the DSM in order to bill Medicaid. Having a trained workforce and funding stream was essential for sustaining model programs; two, which will be highlighted. The first is The Miami Child Well-Being Court Model, which was birthed out of a small pilot project conducted by FSU early in 2000. The model has shown promising results in interrupting the cycle of maltreatment by providing intensive child parent psychotherapy to improve attachment and “super therapists” who are liaisons with the court. The second major effort was linking mental health with early childhood programs. With increasing behavior problems and expulsion from childcare, early childhood mental health consultants have helped support teachers in understanding children’s emotional needs underlying behaviors. Surveys, summits, alignment of funders, and model programs helped build the system. The third panelist will highlight the plight of adolescent parents, the most vulnerable of whom are involved with the courts from either dependency or delinquency. Two innovative programs will be highlighted. The first is the Yale research based Minding-the-Baby intervention was adapted for youth with complex risk utilizing a focus on reflective functioning to inspire positive parenting and developmental gains and decreased risk behaviors (arrests, drug use, school failure). The multidisciplinary intervention has shown promising results with no additional arrests for girls with 1-6+ arrests, few low birth weight babies and subsequent pregnancies, less school dropout and enhanced parent child interactions. The second program is residential facility for incarcerated young moms and their babies, an alternative to the traditional separation of newborns from their mothers at birth. The presentation will highlight the transformation of building a nursery within a barbed-wired facility, adding an infant mental health therapist to the staff and creating procedures to enhance attachment and parenting in an otherwise punitive locked-down environment. This presentation will also show the interdependency of the training, policies, funding and programs. History has shown that implementation of research into practice can take decades. We believe that the audience will appreciate the progress Florida has made in the past decade and will share our dedication to securing the enduring relational foundations for human growth, development, security and health.

2533

Presentation of Videofeedback of Infant-Parent Interaction (VIPI). Effects and perspectives.

Hoivik M. (NTNU- Norwegian University of Science and Technology, Norway), Berg- Nielsen T. (NTNU, Norway), Onsøien R. (National Network for Infant Mental Health, Norway), Hansen M. (The National Network for Infant Mental Health, RBUP East and South, Norway)

Part one – Background: videofeedback interventions in general
T. Suzanne Berg- Nielsen, Associate Professor.

It is well documented that in the face of adversity secure attachment representations both in parents and their children may act as a buffer against the development of psychosocial problems. Although the links between parental sensitivity and child secure attachment are moderate, facilitating optimal parent-infant interaction is still regarded as preventive. A number of interventions have emerged in the last two decades. However, few of them have sufficiently documented efficacy in RCT studies. An over-view of previous studies of efficacy of video-feed-

back parent-infant interventions will be presented.

Part two- Presentation of the VIPI manual

Ragnhild Onsjøien, Senior Clinical Psychologist; Marit Bergum Hansen, Chief of Department & May Britt Drugli, Associate Professor.

In the primary health services in Norway, and partially also in Scandinavia, video-feedback guidance to parents according to principles developed by Maria Aarts (Aarts ; 2000) is the most widely implemented method for families at risk. Videofeedback of Infant-Parent Interaction (VIPI) was manualized in 2007. No previous documentation of effect exists. As a consequence of the lack of evidence for this frequently used method, the Norwegian Ministry of Children and Equality gave the National Network for Infant Mental Health in Norway a mandate to empirically test the efficacy of the intervention. The Manual of the Videofeedback of Infant Parent Interaction (VIPI) was developed as part of the current study. (Drugli, Onsjøien & Bergum Hansen; 2007). The manual, and the theoretical framework it is based on, will be presented. Experiences with training more than 300 persons in using the manual will be discussed.

Part three- Presentation of the RCT study

Magnhild Singstad Høivik, MD.

85 families recruited from community settings in Trondheim and the Eastern of Norway with minor /major interactional problems were randomized to a treatment or control group. The sample had children aged 0-24 months. Language problems, cognitive dysfunction or ongoing substance abuse or psychosis were exclusion criteria. The treatment group received 8 sessions of Marte Meo- guidance, the control group received treatment as usual. Pre- and post treatment evaluation was conducted for both randomized groups with observed parent-child interaction rated with the Emotional Availability scale (Biringen; 2000), parental attachment representation of the child measured with the Working Model of the Child Interview (Zeanah & Benoit; 1995), and self-report of parental stress with the Parenting Stress Index (Abidin; 1990) All measures were repeated at a 6 month follow-up after treatment. The ongoing RCT study for will be presented along with preliminary results.

2556

Dealing with distressed and distressing parents

Moses K. (Ken Moses, United States)

One of the central components to infant mental health work is guiding and/or facilitating parent/infant interactions. Generally, the parent comes to such services with some trepidation. Under the best of circumstances, parents attach to their children through heartfelt, core-level dreams. Any developmental challenge (mental, emotional, physical and/or social) threatens those attachment dreams. Under worse circumstances, when parents are suffering the adverse effects of poverty, dysfunctional families, and natural or man-made disasters, their dreams for their child and themselves are shattered. Whenever such dreams are threatened or shattered, a unique grieving process can be triggered, bringing infant mental health workers face to face with denying, anxious, guilty, depressed, angry and/or frightened parents. Indeed, it is not uncommon for parents to manifest these grief feelings to such an extreme as to upset parent/infant/professional interactions, disrupting the work with the babies, and, often, confusing, worrying, frustrating, and/or demoralizing child-oriented professionals, especially since most have not been trained to work with distressed adults. This workshop offers a model and methods developed by the presenter that have been taught, applied and field tested for more than three decades throughout North America. Through lecture, modeling, and presenter/participant interactions, IMH workers will be introduced to a unique conceptual framework aimed at giving a context for understanding distressed and distressing parents' behavior. Within that context, a very short-term (5 to 10 minutes), in-the-moment method to positively engage bereft parents will be offered and demonstrated. This is neither an intervention nor a treatment. Rather, it's a way to proactively engage with distressed and distressing parents to strengthen the parent/IMH worker bond for the ultimate benefit of the infant.

Poster session 15: Mother-Infant Interaction Jasminum Restaurant

2234

Implications of the positive perception of emotions: Comparison between normal mothers and clinical cases, using the IFEEL Pictures

Nagaya S. (Tokai Gakuin University, Japan), CHIBA C. (Tokyo Medical Center, Japan), HAMADA Y. (Keio University, Japan), FUKATSU C. (Otsuma Women's University, Japan)

Purpose: This study was carried out to investigate the emotional availability characteristics and childrearing attitudes of healthy mothers and mothers who were receiving public support because of difficulties with childrearing. To examine the subjects' emotional availability, we conducted the Japanese version of IFEEL Pictures (JIFP) test, and, to examine their childrearing attitudes as mothers, we conducted the TK-Style Parent-Child Relationship Test (TK-Test). It was hoped that, by gaining insight into the emotional availability of mothers who have trouble raising children, we could understand such difficulties more clearly. **Method:** Participants: Normal Mothers: Mothers of infants aged 0 to 3, $N = 41$, mean age = 32.39, $SD = 3.36$. Clinical Cases: Mothers who were offered public support after their children underwent health examinations for infants at public health centers, and were identified by health nurses as having problems. Mothers of infants aged 0 to 3, $N = 43$, mean age = 32.26, $SD = 3.44$. **Materials:** JIFP and Relationship Assessment Categories (Deviated Responses; Object Seeking; Satisfaction/Frustration of Needs; Basic Emotions; Physiological States; Attentive/Concentrated States; Simple Description of the Picture; and Rejection). TK-Test: Comprised of 80 questions, it shows a mother's childrearing attitudes in terms of her scores for each of the five attitudes and ten types. **Procedures:** The subjects were requested to fill out the TK-Test in advance, then had the JIFP presented to them, and were asked to describe, in a single word, the emotion that the infant in the photo expressed. **Results and Discussion:** To examine the relationship between the emotional availability and childrearing attitudes of Normal Mothers and Clinical Cases in this study, we calculated the coefficient of correlation between the characteristics of JIFP responses and the TK-Test scores. We then compared the two groups. The results showed that, in Normal Mothers, the more sensitive they were to the infants' emotions in the JIFP, the more they interacted with their children; and the less sensitive they were, the less they interacted with their children. It also became clear that, when the subjects read positive messages in infants' facial expressions in the pictures, they showed a high degree of satisfaction with their children and demonstrated childrearing attitudes that were stable and consistent. In Clinical Cases, on the other hand, the more the subjects perceived emotions such as Object Seeking and pleasure-seeking in the pictures, the less they tended to interact directly with their children. The less the subjects observed infants' thoughts and spontaneous behaviors in the pictures, the more they tended to rear their children in a domineering and threatening manner. As seen, the results of our study suggest that the relationship between emotional availability and childrearing attitudes may differ between Normal Mothers and Clinical Cases. A favorable mother-child relationship in Normal Mothers consists of the mothers' affirmative emotional perceptions and active interaction with the child. In Clinical Cases, by contrast, the optimal mother-child relationship appears to consist of the mothers adopting a strategy of keeping an emotional distance from their children and shunning direct interaction with them, to minimize the risk of resorting to domineering and threatening types of childrearing.

2259

Cradling laterality, social adversity and depression

Morgan B. (University of Cape Town, South Africa), Sieratzki J. (University College London, United Kingdom), Dewing S. (SA MRC, South Africa), Woll B. (University College London, United Kingdom), Solms M. (University of Cape Town, South Africa), Tomlinson M. (Stellenbosch University, South Africa)

Approximately 70-80% of human mothers prefer to cradle their infants on the left. This is thought to reflect the fact that the right side of the brain is more sensitive to emotional stimuli. A disproportionately high percentage of mothers with no cradling laterality preference (30%) was found in a low-income, high social adversity, urban South African sample. Left cradling mothers made up only 42% and right cradlers 28%. Left cradlers showed higher levels of subjective and neurovegetative markers of depression than non-left cradlers (no preference cradlers and right cradlers). Results support the hypothesis that non-left cradling disrupts right-brain mediated maternal-infant attunement in order to facilitate maternal emotional dissociation, thereby conferring maternal protection against depression. However, no preference cradlers and right cradlers show evidence of diminished emotional functionality on attachment-related and parenting stress measures as well as lower resilience (increased lifetime suicide risk, especially in right cradlers). Non-left cradling associated with emotional disconnection may be protective for mothers, but the quality of maternal-infant attachment and therefore infant emotional development suffers. Cradling laterality bias appears to tap into fundamental mediators of maternal susceptibility/resilience to depression in the context of severe social adversity and may be a valuable phenotype for interdisciplinary studies aimed at understanding mechanisms underlying neuropsychosocial dynamics of depression.

2320

High quality parent-infant shared-reading: The importance of being responsive and engaging in teaching behaviors during play as a parent

Dexter C. (Wayne State University-Merrill Palmer Skillman Institute, United States), Stacks A. (Wayne State University-Merrill Palmer Skillman Institute, United States), Vila A. (Wayne State University, United States), Singer S. (Wayne State University, United States), Burke M. (Ohio State University, United States)

Most research on emergent literacy focuses on children of preschool age and older; however it is during infancy when children acquire and are motivated as well, to begin to fine tune many of the developmental abilities critical to later reading success. During this period, quality parenting is paramount, as early experiences with spoken and written language become increasingly important in fostering children's early reading skills. This poster presents research examining the association between parent-infant relationships and shared-book reading quality. Participants included 28 infants ($M = 24.66$ mos, $SD = 8.41$ mos) and their parents. Measures included observations of parenting using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO; Roggman, Cook, Innocenti, Jump Norman, & Christiansen, 2009), and parent-infant shared reading quality using the Adult-Child Interactive Reading Inventory (ACIRI; DeBruin-Parecki, 2007). The teaching domain of parenting quality demonstrated the strongest relationship with overall shared reading quality. Parental teaching was found to be strongly correlated with both the dyadic quality of enhancing attention to text (as well as promoting interactive reading and supporting comprehension. Of the remaining parenting domains, parental responsiveness demonstrated the strongest relationship with overall shared-reading quality and the sub-domain of enhancing attention to text. These findings have potential implications for intervention programs as encouraging parents to model teaching behaviors in everyday play (e.g. labeling objects, asking children for information, expanding on children's words and sounds) and to be as responsive as possible by keeping the infants needs and desires constantly in mind, may facilitate more naturalistic and quality shared reading interactions.

2325

The mediating role of the home environment in the relationship between socioeconomic status and child outcomes related to emergent literacy

Dexter C. (Wayne State University-Merrill Palmer Skillman Institute, United States), Stacks A. (Wayne State University-Merrill Palmer Skillman Institute, United States)

Perhaps no single demographic is as susceptible to reading-related difficulties as children growing up in low-income environments. Children living in poverty are much more likely to encounter reading problems in school than are children from middle-income homes (Bryant, Burchinal, Lau, & Sparling, 1994; Stipek & Ryan, 1997; Hecht, Burgess, Torgeson, Wagner, & Rashotte, 2000). Not only do children from low-income environments run the risk of encountering reading problems, these initial gaps are likely to widen over time (Stanovich, 1986). When examining the potential reasons behind the reading-related discrepancies among children from different economic backgrounds and the potential long-term consequences, one must consider the role that the home environment plays in the development of children's emergent literacy skills, as it is the primary learning environment for children prior to formal schooling. This poster presents research investigating the mediating role of the home environment in the relationship between socioeconomic status and child development outcomes related to emergent literacy. Analyses included information gathered from 1604 mothers ($M = 23.3$, $SD = 5.2$) and children participating in the Early Head Start Research and Evaluation project, Birth to Three phase (1996-2001), at the 24 month data collection point. Parental income, education, and employment status were indicators for SES. Sub-domains of the HOME represented home environment quality, and children's Bayley-II cognitive and language scores were used as indicators of emergent literacy skills. Using structural equation modeling techniques, confirmatory factor analysis of the measurement model indicated that relationships between latent constructs and respective indicators were as hypothesized. Evidence for partial mediation was found using the Baron and Kenny (1986) method of testing for mediation. The present study extends the knowledge of the relationship between these three critical components of children's future reading success by highlighting the importance of the home environment.

2447

Maternal tactile contact and proximity: A cross-cultural comparison between Italy and USA

Bembich C. (University of Trento, Italy), Suwalsky J. (NIH/NICHHD, United States), Bornstein M. (NIH/NICHHD, United States)

Background: Among the attachment behaviors, physical contact and tactile behaviors play an important role in early human development and all normal infants actively seek and enjoy this mode of interaction with their social environment. To be rocked, fondled, held, stroked and cuddled is to writers such as Ribble (1944) an essential precondition to psychological growth, and not to achieve close contact with the body of the mother is regarded by them as a form of deprivation with possible serious consequences. This view has been reinforced by the finding of Harlow (1958-59) which have demonstrated the importance of contact comfort in the establishment of the young monkey attachment. Touch and physical contact are multi-dimensional phenomena that include various sub-types, each of which may affect infant development in a unique way, especially during the first months of life. Among the attachment behaviors we can find some aspects that are universal, others that are culturally mediated. Beyond similarities, variations in cultural background are reflected in differences in conception of parenting norms and in modes of implementing parenting practices. Every culture has its own needs and has evolved its own developmental agenda. In this view, cross-cultural information can help to better explicate variations in child-rearing practices and their antecedents, to better explain child development, and help to understand which process are expressed in a universal way, and which are culturally influenced. In this preliminary study we compared the way in which Italian and American mothers establish a physical closeness with their children. Method: We selected 25 mother-child dyads for inclusion in this study, 25 from Italy, and 25 from USA. The videos record an hour of mother-child interaction, observed in the naturalistic setting of infants' primary living environments, under the most natural and unobtrusive conditions possible. For coding the maternal behavior, we developed an observation code system that measures the Maternal physical engagement with the infant. It assesses a mother's proximity to and physical contact with her infant. The code has 5 levels, ordered from least to most proximal. Results: Preliminary results show differences between the two groups. The American mothers tend to stay for periods significantly longer near the child without touching him (US duration = 0.29; IT duration = 0.22; $p=0.018$); Italian mothers keep a close contact face to face significantly longer than the American mothers (US duration = 0.02; IT duration = 0.04; $p=0.01$). These results show that there are cross-cultural differences in the way in which the mother is physically engaged with her child. These findings are consistent with studies that show that there are cultural variations in the aspects involved in the parenting practices and this socio-cultural influence shaped the parental behavior in a sensitive social way.

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Affective regulation strategies during pregnancy and early feeding interactions: a pilot study

Di Folco S. (University of Rome "Sapienza", Italy), de Campora G. (Sapienza, University of Rome, Italy), Meldolesi C. (San Peter Hospital, Italy), Zavattini G. (University of Rome, Italy)

Introduction. Dysfunctional eating behavior and overweight during pregnancy are risk factors for mother and child's physical health (Bergmann et al. 2003; Stuebe, 2007), but just a few studies describe the relationship of gestational overweight to the following dyadic functioning. The attachment theory shows the baby as able to learn the affective quality of the relationship through the bond with his mother, moreover, within the dyadic bond, the baby acquires the strategies to regulate the affective states. Particularly, mealtime seems to be a very important moment to share affective and communicative signals between mother and baby. The lack of emotional skills in maternal emotion regulation functioning may represent a risk factor with respect to early dyadic relationship. These aspects, according to eating disorders literature (Whiteside et al., 2007), could be particularly true in gestational overweight so to promote the maintenance of a risk situation, according to the intergenerational transmission perspective of attachment. Therefore the aim of this study is to assess emotion regulation strategies exploring the impact that they have within mealtime interactions. Method. The sample (preliminary data of an ongoing longitudinal research) is composed of 20 dyads: 10 dyads of overweight mothers and their 7-months-old babies (BMI between 25 and 30) and 10 dyads with normal weight mothers and their 7-months-old babies (BMI between 20 and 25). The SCL-90 (Derogatis, 1977), CES-D (Radloff, 1977), and MSPSS (Zimet et al., 1988) were administered as for the exclusion criteria. The DERS (Gratz, Roemer, 2004) and AAI (Main & Goldwyn, 2002) were administered to the mothers as well, to assess affective regulation skills and the attachment models during pregnancy. The Feeding Scale (Chatoor, 1998) was administered to assess the early feeding interaction. A series of Mann-Whitney tests was used to compare the two groups, and within the entire sample nonparametric Spearman indices were used to test the correlation

between the tests at the baseline and the Feeding Scale. Results. Preliminary qualitative and non-parametric statistical analyses showed that the dyads with overweight mothers are characterized by anxiety and worry toward intense emotional states. With respect to feeding interaction it seems to come out a tendency to intrusiveness from overweight mothers, a poor turn taking and an overall difficulty in recognition of communicative signals of the baby. Discussion. Overweight pregnant women uses maximizing strategies of affective regulation. The overeating behavior could therefore be associated with a preoccupied mental state and difficulties in emotion regulation instead of coherent mental functioning. These aspects could be associated with difficulties which seem to come out during mealtime.

2523

Mother-child interaction and language development: The influence of postpartum depression in a Brazilian low-income sample

Brocchi B. (USP, Brazil), Bussab V. (USP, Brazil)

Mother-child verbal interaction is recognized as an important factor in language development. It is during early mother-child interaction that the child has the opportunity to extract from his/her mother's speech many linguistic constructions which will be the base of his/her language development. Mother's responsivity is an important aspect of the interactional process and can be compromised in the context of postpartum depression (PPD) with consequences for language development. The objective of our research was to analyze the influence of PPD in language development of three-year-old children, with a focus on pragmatic aspects of language. The present study is part of a larger research project with the objective of understanding PPD in low-income Brazilian families living in adverse social and economic conditions (FAPESP n° 06/59192-2). Recent studies of our group have demonstrated that PPD affects mother-child interaction, and the child's cognitive, emotional and psychomotor development (De Felipe, 2009; Fonseca et al., 2012; Morais et al., 2012 proposal of symposium, WAIMH, 2012). The Brazilian version of the Edinburgh Postnatal Depression Scale was applied when the child was 3 months old. Mothers were considered depressed when they scored 12 points or more. Eighty mother-child dyads were filmed for fifteen minutes in a free-play session. To analyse the pragmatic aspects of verbal communication we used a Brazilian test to evaluate language development (ABFW). The number of the child's communicative acts and the percentage of the child's communicative performance during social interaction were computed. Some of the communicative dimensions (vocal, verbal and gestural) and functions (comments, informative requests and performative utterances) were also classified. Preliminary descriptive analyses show that the total mean of communicative acts of mother-child interaction was 179 while the total mean of the child's communicative acts was 89. More than half of the total amount of children had a low performance for their age (at this age, we expect 6 to 8 communicative acts per minute). A series of analyses of variance revealed no statistical differences in the amount of communicative acts nor in the frequencies of different communicative functions between groups with and without PPD, although children from the non-PPD group showed better scores (52% of non-PPD presented an expected performance against 40% of the PPD group). However, we found a main effect of PPD on the communicative style: although all children used more verbal interaction to communicate, children from the non-PPD group used proportionally more verbal interaction than the PPD group ($F=0,08$; $p<0,05$), while children from the PPD group used proportionally more gestural communication ($F=0,11$; $p<0,05$). Vocal interaction was less used by both groups. These results suggest a specific PPD effect on language development, and also a more general effect, as both groups had low performance, that can be explained by factors, such as socioeconomic level, education level, income, social support and mother stress that also affect the dyadic relationship.

2526

Relations between maternal mental state language and joint attention of typically-developing infants and infants with down syndrome

Legerstee M. (York University, Czech Republic), Markova G. (Institute of Psychology, Academy of Sciences of the Czech Republic, Czech Republic), Small B. (York University, Canada)

How do children come to understand other people's mind? Some suggest that conversations during family interactions, when infants and caregivers are jointly attending to the same object or event, facilitate children's understanding of others' minds (Bruner, 1982). In addition, exposure to mental state words of caregivers increases mental state awareness in children (Beeghly et al., 1986; Meins et al., 2002; Taumoepeau & Ruffman, 2006). From these findings it is unclear whether mothers begin to talk about mental states when their children begin to initiate joint attention, or whether maternal talk promotes joint attention. One way to answer this question is to examine the

relation between joint attention and mothers' talk about mental states in two groups of children, who differ in socio-cognitive development (Rondal, 1988), namely typically-developing infants (TD) and infants with Down syndrome (DS). Compared to TD infants, infants with DS engage in less joint attention (Legerstee et al., 2002), and mothers of infants with DS appear to use less mental state language (Beeghly et al., 1986). The present research examines whether differential production of mental state discourse of mothers of TD infants and infants with DS is related (in part) to the difference in joint attention of their infants. Twenty infants participated in the present study: 10 infants with DS (7 males) and 9 TD infants (6 males) matched on mental age. Infants were observed during four bi-monthly 5-min free-play interactions with their mothers starting at 12 months (44 5-minute sessions for infants with DS and 36 5-minute sessions for TD infants). Infant joint attention and appropriately-used maternal mental state words (emotion, desire, cognition) were coded at each visit. Results showed that at all visits TD infants engaged in significantly more joint attention than infants with DS, $z = -2.248$, $p = .025$, and mothers of TD children used more mental state words than mothers of infants with DS, $z = -3.003$, $p = .003$. Infants (with DS and TD) whose mothers used more mental state words engaged in more joint attention, $r = .512$, $p = .021$. Despite the importance of joint attention for mental state awareness, no studies have examined the relation between caregiver's mental state terms and infants' joint attention while focusing on groups that differ on socio-cognitive abilities. We found that mothers of TD infants used more mental state language than mothers of infants with DS, but that infants with DS produced less joint attention than TD infants. This suggests that mothers adjust their tendency to label, comment on, and describe mental states according to the level of their infants' socio-cognitive abilities. Increased use of mental state language has been shown in this research to be associated positively with increased joint attention. Findings of the current study add unique data to existing literature showing the relation between children's emerging understanding of the mind, indicated by their ability to engage in joint attention, and mothers' tendency to refer to their infants' mental states.

2597

Bonding and interaction behavior in the course of postpartum depression: A controlled study of mothers and their infants

Zietlow A. (Allgemeine Psychiatrie Universitätsklinik Heidelberg, Germany)

Postpartum depression poses a significant risk factor for the development of the mother-child relationship. Findings within the field of interaction research show links between bonding, the very first emotional connection between mother and child, and maternal interaction behavior in random clinical samples. To date, however, there have been no controlled studies that examine the development of bonding and the relationship between bonding and interaction behavior in the course of postpartum depression. The data was collected during an acute postpartum depressive episode (T1) as well as after remission (T2). In total, 62 mothers and their infants took part in the study; the average age was $M=3.9$ months at T1 and $M=6.3$ months at T2. 31 of the mothers suffered from clinical depression as defined by the DSM-IV, and the other 31 were psychologically healthy. Both subsamples were matched according to infant age and sex; the absolute age could not be kept constant, however, due to the acute phase of the mother's depressive episode. T2 took place as soon as the BDI value of the clinical group was <11 .

A videotaped interaction between mother and infant was recorded at both times of measurement. The video was then coded with the macro analytical Maternal Sensitivity and Responsivity Scales (MSRS-R) by Cenciotti, Tronick & Reck (2004), which measures the three scales of sensitivity, maternal overcontrol and maternal uncontrol. Furthermore, all mothers completed the German version of the Postpartum Bonding Questionnaire (PBQ) by Reck et al. (2006) as well as the German version of the Beck Depression Inventory (BDI) by Hautzinger et al. (1995). The clinical group reported significantly lower bonding than the healthy mothers – not only at T1, but also at T2. Both groups showed significant improvements in bonding in the course of the study. However, the bonding of the clinical group never quite reached the level exhibited by the healthy mothers. A negative correlation between impaired maternal bonding and sensitive interaction behavior was found in the clinical group at T1. Contrary to our hypothesis, however, the clinical group showed no significant difference from the healthy group with regard to their interaction behavior at T1. In the course of their depression, the clinical group demonstrated a decrease of sensitivity and emotionally withdrawn behavior, which, respectively, was significantly lower and more frequent compared to the healthy mothers at T2. References available upon request.

2621

Older first time mothers: Are they more attuned? Preliminary findings regarding mind-mindedness and sensitivity in the first year

Camberis A. (Macquarie University, Australia)

Aim: Recent parenting research with a focus on maternal mentalization has explored the construct of mind-mindedness (Meins, 1997), or the proclivity to treat a child as an individual with a mind. According to mind-mindedness theory, a mother's ability to treat her child as an independent mental agent is a key component of maternal sensitivity, which in turn is related to child attachment security. In the context of the growing trend towards delayed childbearing, recent studies have also stressed the importance of considering maternal chronological age in studies of parenting and child development. This poster reports preliminary findings from the post-natal phase of a prospective longitudinal study which aims to examine relations among maternal age, psychological maturity, adjustment to parenthood, and early parenting. The study presented here investigated whether older first-time mothers (aged ≥ 37) exhibited more attuned parenting behavior than younger mothers when interacting with their infants. Attuned parenting behavior was operationalised using mind-mindedness, the mother's tendency to comment appropriately on her infant's internal state, and behavioral sensitivity assessed as a child-vs-adult centered interaction. **Method:** Participants were 136 Australian women and their first-born babies ($M = 7$ months, range 5 – 9 months) who were participating in a prospective study of parenthood. A stratified sampling strategy aimed to recruit roughly equal numbers of participants across three age groups based on expected age at delivery: "younger" 20-30 years, "middle" 31-36 years, and "older" ≥ 37 years. Mothers were aged 26 to 43 years ($M = 33.4$ years), with approximately 45 participants in each age group. A 15-minute infant-mother play interaction was filmed during a post-natal home visit, consisting of 10-minutes of free play with a set of developmentally appropriate toys, and a 5-minute face-to-face interaction with two specific toys. The interaction was coded for maternal mind-mindedness to produce two proportional scores: appropriate mind-related comments and non-attuned mind-related comments. The interaction was also coded for maternal sensitivity/responsiveness to non-distress and intrusiveness using the NICHD scales (1991), a four point rating scale assessing how characteristic each dimension appeared in maternal behaviors. **Results:** Older mothers were found to be significantly more attuned than younger mothers on only one index of interaction quality; older mothers made significantly more appropriate mind-related comments than younger mothers ($p = .025$). There were no significant differences when older mothers were compared with those in the middle age group (31-36 years). No significant age differences were apparent in the proportion of non-attuned mind-related comments, sensitivity, or intrusiveness. Contrary to previous findings, there was no significant association between maternal sensitivity and appropriate mind-related comments in this sample. **Conclusion:** These findings provide tentative evidence that older mothers may be more cognitively attuned with their infant in the first year of life. The limitations of this study and suggestions for further research will be discussed.

2623

Continuous feelings of love? The stability of pre- and postnatally reported feelings of bonding

de Cock E. (Tilburg University, Netherlands), Maas J. (Tilburg University, Netherlands), Vreeswijk C. (Tilburg University, Netherlands), Rijk K. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands)

Over the past decades research has primarily focused on attachment relationships, from the child's perspective. The attachment relationship from the parent's perspective, or the emotional tie or bond that parents develop with their children, has been studied less extensively. Research has shown that mother-infant relationships have long-term developmental consequences for children later in life (Sroufe, 2005). From attachment research it is known that the child to parent attachment relationship is relatively stable over time (Thompson, 2008). However, research into the stability of the parent-child bond is lacking. Therefore, with the present study we aim to examine the relationship between pre- and postnatally reported feelings of bonding. Participants were 324 healthy mothers and their infants from a community based sample who were enrolled in the study at 15 weeks gestational age. At 26 weeks of pregnancy mothers completed the Maternal Antenatal Attachment Scale (MAAS; Condon, 1993). When the infant was six months of age the mothers completed the Maternal Postnatal Attachment Scale (MPAS; Condon, 1998). In a next measurement wave at 24 months, mothers will complete a slightly adapted version of the MPAS. Preliminary Pearson product-moment correlation analyses were conducted to investigate the stability of the maternal bond. Results show that maternal prenatal feelings of love and connectedness towards the fetus were related to postnatal feelings at 6 months (r between .31 and .34, $p < 0.001$). Data on the quality of the maternal bond when the child is two years of age will soon be obtained. This will enable us to examine the stability over a two and a half year period, using three different measurement points. These promising findings show that prenatal and postnatal

maternal feelings of love and connectedness are related and are relatively stable over time. When it is known that the quality of the early prenatal maternal bond is correlated with the quality of the postnatal bond, this stresses the need for early intervention in case of bonding problems. Adverse developmental consequences might hereby be prevented.

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Seafood consumption and postpartum depression: Results from a population-based longitudinal study

Skotheim S. (Centre for Child and Adolescent Mental Health and Welfare, Uni Health, Uni Research, Norway), Wik M. (National Institute of Nutrition and Seafood Research (NIFES), Norway), Skotheim S. (Centre for Child and Adolescent Mental Health and Welfare, Uni Health, Uni Research, Norway), Malde M. (National Institute of Nutrition and Seafood Research (NIFES), Norway), Braarud H. (Centre for Child and Adolescent Mental Health and Welfare, Uni Health, Uni Research, Norway), Graff I. (National Institute of Nutrition and Seafood Research (NIFES), Norway), Stormark K. (Centre for Child and Adolescent Mental Health and Welfare, Uni Health, Uni Research, Norway)

Seafood is a unique source of the marine n-3 fatty acids, vitamin D and B12, and trace minerals iodine and selenium, and is a natural part of a healthy balanced diet. Recently, attention has been drawn to the relation between intake of seafood in pregnancy and postpartum depression. Postpartum depression can disrupt early mother-infant interaction, and constitutes a major risk factor for child development. In a longitudinal study in the municipality of Fjell, Norway, we investigate both psychological and nutritional risk factors on postpartum depression and the impact of these factors on infants' psychosocial development. Our hypothesis is that the mothers' seafood intake is related to postpartum depression. The target population is all women who give birth to a child within the period of one year. We follow them from 28th gestation week until the child's first birthday. Nutritional status was assessed from biological samples and seafood intake was assessed from self-reports. Mental health was assessed through the Hospital Anxiety and Depression Scale and the Edinburgh Postnatal Depression Scale at 28th gestation week and 6- and 12 weeks postpartum. Relations between the mothers' seafood consumption, psychological risk factors and postpartum depression will be presented.

2642

Impact of maternal depression and infant temperament on early infant growth and development in rural Bangladesh

Nasreen H. (BRAC, Bangladesh), Edhborg M. (Karolinska Institutet, Sweden)

Background: Evidence linking maternal depressive symptoms with infant's growth and development in low-income countries is inadequate and conflicting. This study investigated the independent effect of maternal perinatal depressive symptoms on infant's growth and motor development in rural Bangladesh. Methods: A cohort of 720 pregnant women was followed from the third trimester of pregnancy to 6–8 months postpartum. For growth and developmental outcomes, 652 infants at 2–3 months and 6–8 months were assessed. Explanatory variables comprised maternal depressive symptoms, socioeconomic status, and infant's health and temperament. Outcome measures included infant's underweight, stunting and motor development. Multiple linear regression analyses identified predictors of infant growth and development. Results: Maternal postpartum depressive symptoms independently predicted infant's underweight and impaired motor development, and antepartum depressive symptoms predicted infant's stunting. Infant's unadaptable temperament was inversely associated with infant's weight-for-age and motor development, and fussy and unpredictable temperament with height-for-age and motor development. Conclusion: This study provides evidence that maternal ante- and postpartum depressive symptoms predict infant's growth and motor development in rural Bangladesh. It is recommended to integrate psychosocial components in maternal and child health interventions in order to counsel mothers with depressive symptoms.

2711

Maternal facial "growing and shrinking" patterns relate to maternal self-criticism and dependency in a mother-infant microanalysis

Reale A. (Aaron Academy, United States), Sossin K. (Pace University, United States), Beebe B. (NYSPI/Columbia University, United States), Ward A. (Pace University, United States), Endres L. (Pace University, United States)

Recent microanalytic studies of affective components within the mother-infant interaction focus on negative and positive forms of facial configurations. The Kestenberg Movement Profile (KMP; Kestenberg, 1975; Kestenberg

Amighi, Loman, Lewis, & Sossin, 1999), in contrast, is a coding scheme that measures the dynamic qualities of movement changes: "how" the movement is performed rather than "what" the movement is (Shai & Belsky, 2011). Movements within the KMP are expressed and understood in terms of "Effort" qualities, including weight, space, time, and flow, according to Laban (Bradley, 2009), and the opening and closing of two- and three-dimensional "Shape" qualities, that were expanded upon in the work of Lamb (Lamb, 1979; Lamb, Watson, & Jarrett, 1994). "Shape Flow," or the subcomponent of the KMP employed in this study, is defined as "growing" and "shrinking" movements across horizontal, vertical, and sagittal dimensions. We coded the Shape Flow (Bipolar/Unipolar) patterns of facial changes in 30 frames-per-second of a community sample of 87 mothers, interacting with their 12-month-old infants, as part of the Beebe and colleagues' study (Beebe et al., 2007, 2008, 2010, 2011). Lag sequential analyses (Noldus Observer XT, Yule's Q) of the maternal facial Shape Flow variables were correlated with maternal self-report dependency and self criticism factors of the Depressive Experiences Questionnaire (DEQ; Blatt, D'Afflitti, & Quinlan, 1976), assessed when the subjects' infants were six weeks, and four- and 12 months old. More dependent mothers at six weeks evidenced more predictability (auto-correlation) from second-to-second of shrinking movements in the vertical dimension (Bipolar Shortening), or compressing of the lips, at 12 months. More dependent mothers, assessed at six weeks, and four- and 12 months, also evidenced a conflictual smiling pattern by growing horizontally, as observed when smiling (Bipolar Widening), then shrinking backwards in the sagittal dimension, as when one "sucks in" one's cheeks (Unipolar Hollowing). More dependent and self-critical mothers at 12 months displayed a conflictual pattern of growing towards their infants in the sagittal dimension (Unipolar Bulging), similar to a kissing face, then shrinking, or compressing their lips, in the vertical dimension (Bipolar Shortening). Less dependent mothers moved from polar opposites in the sagittal plane; they were shrinking, or "sucking in," their cheeks (Unipolar Hollowing), then growing forward, as seen in kissing (Unipolar Bulging). Less self-critical mothers moved from polar opposites in the vertical dimension, as seen in a move from gaping (Bipolar Lengthening) to compressing the lips (Bipolar Shortening). This study demonstrates the applicability and utility of KMP Shape Flow elements in measuring nonverbal components of affective change in a microanalysis of mothers interacting with their infants.

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Mind-Mindedness and Theory of Mind in the preschool years

Santelices M. (Pontificia Universidad Catolica de Chile, Chile), Farkas C. (Pontificia Universidad Catolica de Chile, Chile)

The construct of "Mind Mindedness" reformulates the concept of maternal sensitivity in terms of the ability of the mother to treat the child as an individual with a mind and not just as a child with needs. This ability is related to Theory of Mind in the child, observed in the preschool years. This poster shows a study of 100 mother-infant dyads, in which they evaluated the Mind Mindedness and the Theory of Mind. Children are 3 years old and attending kindergarten in Santiago, Chile. The Mind-Mindedness is evaluated with an observational instrument that measures the ability of the mother mentalizing in a situation of telling stories to children. The Theory of Mind is measured with a series of false belief tasks in children. The results show that mentalizing capacity of the mother is associated with an increased acquisition of theory of mind in the child, discussing the implications for future preventive interventions in this area.

2517

Mind- Mindedness among pregnant women with a childhood history of abuse and neglect

Gomez K. (Department of Psychiatry, University of Missouri Kansas City, United States), Maldonado M. (University of Missouri Kansas City, United States), Carpenter C. (University of Missouri Kansas City, United States), Maher A. (University of Missouri Kansas City, United States)

The emotional bond between the mother and an infant is paramount in supporting a healthy infant's development. Infants form attachments to any reliable caretaker who is sensitive and approachable in their social interactions. The quality of the social interactions is more powerful than the amount of time spent (Bowlby, 1969). The maternal representation of attachment during pregnancy can predict the quality of attachment between the infant-mother at one year of age (Fonagy, Steele, and Steele, 1991). In addition, a study by Arnott and Meins, 2008 described that the amount of comments mothers produced in describing their future child during pregnancy was positively associated with appropriate mind-related comments when interacting with their infants at age 6 months. Appropriate mind-related comments is also significant predictor of secure infant-mother attachment and greater mentalizing abilities at age 2 (Meins et al., 2001; LaGrange, Bernier, Meins, and Carlson, 2010). Appropriate mind-related comments have

been defined as the mothers' ability to precisely identify her infant's internal states (i.e., stating that the infant is happy while playing with his favorite toy). On the other hand, mothers with lower levels of mind-mindedness misjudge their infants' internal states, and comment inappropriately on their states of mind (i.e., stating that the infant is bored when the behavior shows another internal state) (Meins, et al., 1998). There are a few studies investigating the emotional adjustment and mental state of pregnant women living in a community at high psychosocial risk, at low levels of poverty, and facing multiple stressors. Also, there is little information obtained through face to face interviews about their childhood history of care with their parents, their current ecological circumstances, and attitude toward the current pregnancy and baby. The current research study interviewed 102 pregnant women who typically go "undetected" in an outpatient Obstetric Clinic, and who would normally not undergo a screening for emotional and behavioral difficulties were interviewed. Numerous measures were administered including The Rotterdam inventory, Edinburgh Prenatal Depression Scale (EPDS), Pregnancy Related Anxiety Questionnaire (PRAQ), Childhood Experience of Care and Abuse (CECA), Maternal Fetal Attachment, and the Mind-Mindedness questionnaire. The data was analyzed using Statistical Package for the Social Science (SPSS). Correlation analyses were used to detect the correlations among variables. The findings suggest a significant correlation between levels of depression and antipathy from the mother/father, neglect from mother, unwanted sexual experiences, and anxiety during pregnancy. A significant correlation was detected between maternal fetal attachment and mind-mindedness. A significant correlation was also detected between positive family support and mind-mindedness. It was observed that numerous pregnant women reported negative mind-related comments related to their new born. It was concluded that previous abuse, depression and high psychosocial stress may predispose the mother to be unable to detect adequately the emotional states of the infant. Recommendations and therapeutic techniques on how to work with pregnant women from an inner city community, with high psychosocial stress, and with a history of abuse are provided.

2190

"Angels in the Nursery": Promoting motherhood among neglected children who become parents

Hertz P. (Hadassah Hospital, Israel)

Hope a cuddly, sweet, affable 14-month old came with her parents, Dan and Lee, to our clinic for feeding disorders (FD). Her birth weight was 4.5 pounds and Apgar scores: 7 (1 min); 9 (5 min.). Hope was released from the premature-baby unit at the age of two months. She was diagnosed with Pierre Robbin syndrome, a suspected milk allergy, IUGR, anal fissure resolved and FTT. After being operated for Cleft Palate, Hope started gaining weight and height. As medical issues became less and less relevant, difficulties with behavioral and parent coping abilities arouse. Hope was developing slowly in terms of motor, speech and language, but communicative in a non-verbal manner. Her parents described her as an active toddler with an easy temperament. A quiet and young couple arrived with an alert and sweet toddler. The parents seemed puzzled and uncomfortable with the situation. It seemed that Hope was progressing spontaneously, with two young parents learning how to function as parents. I kept in mind the fact that the grand mother was an active part of this story, pushing the carriage. I had the impression that Hope took an active part in the family setting and she was rushing her parents to take a quick course in parenting, so that they can take better care of her, and provide her various needs. The immediate goals were to help Hope gain weight, height and weight/height ratio according to her medical record and build a relationship based on trust with Hope's parents. The Intermediate span goals included: preparing Hope's parents towards Hope's entrance to a pre-school program (which would expose to positive modes of eating and relationships), getting to learn about the specific family's mode of life and perception about parenting and meeting individually with Lee who seemed more confused and missing strategies, strengths and a positive view of life. Hope's family came to all the Psychological appointments recommended. The appointments are scheduled for every two weeks or closer together in accordance with the needs of the medical situation and in order to create an ongoing process that will yield a therapeutic relationship. Many parents find the Psychologist as a unit that threatens there abilities as parents, and might prefer to access other professionals and avoid meeting with parts that can arouse guilt feelings. There for, I found myself out reaching and using my abilities as a suitor. A visit at Hope's home was a critical point of information gaining, paving a way for me to Lee's heart and learning about her inner world, childhood and adolescent experiences, and their influence on her parenting style and abilities. Themes of emotional neglect, rejection and loneliness arose. It was clear that strengthening Lee as a person can strengthen Hope and provide her varied needs by mom. At now I am meeting individually with Lee or with Lee and Hope as a dyadic unit. Lee is busy with two major issues: searching a professional orientation and accessing insights about her parenting abilities. It seems that Lee is concerned with the theme of normality due to her personality, inter-personal relationship and motherhood. The more she is noticed by the other parent figure she will be able to notice Hope's existence and needs and provide them.

2687

From primary to secondary symbolization: Thoughts on a continuous space-time gradient, around the notion of gap

Simas R. (Fondation Vallée, France), Golse B. (Hôpital Necker APHP Paris, France)

From symbolization in the presence of the object (primary symbolization) to symbolization in the absence of the object (secondary symbolization), one can postulate, within a clinical and theoretical frame, a plausible existence of a continuous space-time gradient. This gradient would be centered on the question of the difference, whether we think of the baby (the subject) in relation to a standard space (a certain distance from the object) and / or a time difference (the time past after the encounter with the object). We can think of several types of symbolizing situations, which first take place in the body of the baby (body presymbolic figurations), then at a more mentalized or "psychized" (mental representations which will be later verbalized). Our current proposal for classification is as follows: 1. In the presence of the object and at real time, the baby will experience moments of psychological registration of the object characteristics, and the emotional quality of his presence. 2. Then come the situations of various space-time shifts: • Spatial lag without time delay: situations when he's next to the primary object, in interaction (DW Winnicott). • Time lag, lag-free space: in the presence of the object, but just after an interactive moment ("feedback loops" described by G. HAAG). • Spatial and temporal lag: distant from the object and just after a moment of encounter (G. HAAG's intracorporeal identification and symbolic free activity). 3. In the absence of the object and after the encounter, it is finally the register of the secondary symbolization that begins and sends back to the symbolization of the missing object, or even to the absence of the object itself.

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Correlates of maternal mind-mindedness at two month post-partum

Fantini E. (King's College London, United Kingdom)

Aims: Previous studies have found deficits in mother-interaction to be associated with maternal depression and also with maternal personality disorder. However, the capacity to read the baby's mental state has not been investigated in a sample of mothers with both depression and personality disorder. We aimed to examine the effects of these diagnoses on maternal mind-mindedness at two months post-partum. **Method:** The study includes a sample (n=175) from a larger longitudinal study (Conroy et al, 2010, Soc Psychiat Epidemiol, 45:285–292) which includes 39 women with a diagnosis of personality disorder (PD), 32 women with post partum depression (PPD), 56 with both conditions (comorbid) and 48 healthy controls and their infants. Assessments at two months postpartum included maternal involvement with the baby (Parent Caregiver Involvement Scale, PCIS), the Neonatal Behavioral Assessment Scale (NBAS) and video-recordings of mothers interacting with their babies. The video-recordings were coded using the mind-mindedness coding scheme developed by Meins et al., 2006, Child Dev, 74, 1194-1211) in order to assess mother's proclivity to treat the infant as an individual with a mind. **Results:** A One Way Anova showed that the number of mind-related comments (MR) and appropriate mind-related comments (AMR) made by mothers differed according to their diagnostic group ($F(3,171)=4.49$, $p=0.005$; $F(3,171)=2.62$, $p=0.05$, respectively). Bonferroni post-hoc comparisons showed that the women in the comorbid group used significantly fewer MR comments and fewer AMR comments than women in the healthy control group. Results remained significant when controlling for baby's birth order and baby's irritability assessed at 8 weeks with the NBAS ($F=5.014$; $p=0.003$). T tests showed that mothers' use of MR and AMR comments did not differ in relation to baby's gender (both $p>0.05$). PCIS general impression scores correlated positively with maternal use of both MR comments ($r=0.29$; $p<0.001$) and AMR comments ($r=0.33$; $p<0.001$). **Conclusions:** Women with a diagnosis of both personality disorder and depression used significantly fewer MR comments and AMR comments, even when controlling for baby's birth order and irritability, suggesting that the combination of depression and personality disorder may be an important factor in limiting maternal mind-mindedness. Correlations between PCIS scores and MR and AMR comments indicate that the higher the quality of involvement a mother has with her baby, the more likely she is to use mind-related and appropriate mind-related comments.

Poster session 17: Preventive Intervention and Community Context Jasminum Restaurant

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Treating traumatized children - building a network of helpers

Rutanen M. (Tampere University Hospital, Finland), Mantymaa M. (Tampere University Hospital, Finland), Tamminen T. (University of Tampere, Finland)

The Child Trauma Psychiatric Unit, a special assessment and treatment unit for severely traumatized children started in September 2008 in Tampere University Hospital, Department of Child Psychiatry. We provide assessment and treatment for children from 4 years upwards. However, most of the children attending our unit have had serious parent-child relationship problems already in their infancy and early childhood. Many children have experienced parental psychopathology, domestic violence, physical, emotional and sexual abuse and neglect. The treatment is profoundly understood as a process aiming to help a traumatized child individually and his/her parents also in family context. Network of professionals together will plan and act by taking account the agreement of task allocation. We offer continuity and safety in a treatment chain from front-line workers to multi-disciplinary infant and child psychiatric specialists. Our network tools: common training programs, network meetings, written agreements and supervision. Theoretical framework is integrative and also focusing to specific trauma issues. Our multi-modal approach consists three treatment phases: 1. stabilization and empowering (attachment, safety, mental resources) 2. processing traumatic memories (tailored and scheduled for a child and his/her family) and finally 3. integration into an emotionally and cognitively coherent understanding. We will describe our treatment ideas especially for severely traumatized immigrant/refugee children and for sexually abused children.

2784

Testing of a 3-step screening and assessment program in the well-baby clinics in five municipalities in Norway

Slinning K. (The National Network for Infant Mental Health, Norway), Valla L. (The National Network for Infant Mental Health, RBUP East and South, Norway)

The aim of the project is to improve the early and accurate identification rate of infants and families at risk by a 3-step screening and assessment-model. For this purpose a selection of screening tools that focus on infants' development and well-being as well as parents' well-being will be implemented in the well-baby clinics. To be useful, first-level screening need to assess the total population (step 1) and the screening must not be too time consuming. The goal is to separate accurately the relatively low proportion of infants and families who require more in-depth assessment from those who do not. Screen positive children and/or parents will be invited for further assessment within the next 10-14 days (step 2). The assessment will take place in the well-baby clinic in collaboration with other relevant staff connected to the clinic (e.g. child psychologist, medical doctor, physiotherapist) depending on the problem. Professionals from the specialist level are invited to discuss and prepare a detailed and specific referral (step 3) in cases where the assessment leads to a conclusion that there is a need for a more comprehensive evaluation and treatment of the infant or parent's. The goal is to avoid unnecessary delay for in depth evaluation and treatment of infants and families at risk. About 1500 infants and families from five municipalities will be invited. The families will be followed from pregnancy until the child is 2 years of age. To strengthen parents' empowerment all the selected screening tools are parent-report measures. The Ages & Stages Questionnaires (ASQ) and The Ages & Stages Questionnaires: Socio-Emotional (ASQ:SE) will be used repeatedly over time to gather information about the child's development. Parents will be asked to fill in the EPDS (Edinburgh Postnatal Depression Scale), TWEAK (Tolerance, Worried, Eye opener, Amnesia, Cut down of alcohol use) and the PSS (Parental Stress Scale) at several occasions and the information gathered from these screening tools will be among the central issues in the consultations with the parents. Children identified at risk for developmental delays will be assessed by use of the Bayley Scales of Infant Development III at step 2. The data collection started in May 2011. The main hypothesis from the current project is that the number of identified infants and families at risk will increase significantly. The overall goal is that the target families will receive efficient and adequate help based on an empowerment framework. Home visitors' and parents' satisfaction with screening tools as part of the consultation in the well-baby clinics will be part of the evaluation of this project. The proportion of infants at risk for developmental delays at 4,6,9 and 12 months based on ASQ and ASQ-SE will be presented as well as biomedical and psycho social risk factors associated with developmental delays.

2340

Early Intervention Program. UKM Medical Centre speech language therapist experience

Sokmum S. (UKM Medical Centre, Malaysia)

Early intervention program (EIP) applies to children of younger age below than 24 months old who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. This program was conducted by multidisciplinary team which consists of physiotherapist, occupational therapist, speech therapist and support by Pediatrician, play therapist and counselor from UKM Medical Centre. This program specifically is offered in 6 months time by fortnightly attendance. The objectives are to enhance the child's development, to provide support and guidance to the family, and to maximize or exposed with the varied activities which needed active commitment and involvement from parents or carer. There were 4 children selected, aged less than 24 months old with delayed development. The assessment conducted was according to the expertise which consists of 3 domain areas, i.e.: gross motor skills, fine motor skills and speech- language and communication skills. In the view of speech therapy, the goal is to promote and emphasize the quality of parent-child interaction that suggests fun activities that mother and infant are doing together. The activities that have been planned are directing to stimulate the speech- language and communication skills of the child. The poster will highlight the details of the program and the progress of all the children.

2341

Early Intervention Program- UKM Medical Centre occupational Therapy Experience

Mohd Yasin N. (UKM Medical Centre, Malaysia)

Early intervention program (EIP) applies to children of younger age below than 24 months old who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. This program was conducted by multidisciplinary team which consists of physiotherapist, occupational therapist, speech therapist and support by Pediatrician, play therapist and counselor from UKM Medical Centre. This program specifically offer in 6 months time by fortnightly attendance. The objectives are to enhance the child's development, to provide support and guide to the family, and to maximize or exposed with the varied activities which needed active commitment and involvement from parents or carer. They were 4 children selected, aged less than 24 months old with delayed development. The assessment conducted was according to the expertise which consists of 3 domain area i.e.: gross motor skills, fine motor skills and speech-language and communication skills. In the view of occupational therapy, this program is designed to promote and emphasize the quality parent- child play, to improve fine motor skills and to suggest fun activities that mother and infant can do together. The activities that have been planned are directing to stimulate the grasping and visual-motor integration skills of the child. The poster will highlight the details of the program and the progress of all the children.

2346

Early Intervention Program- UKM Medical Centre physiotherapy experience

Ismail N. (UKM Medical Centre, Malaysia)

Early intervention program (EIP) applies to children of younger age below than 24 months old who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. This program was conducted by multidisciplinary team which consists of physiotherapist, occupational therapist, speech therapist and support by Pediatrician, play therapist and counselor from UKM Medical Centre. This program specifically offer in 6 months time by fortnightly attendance. The objectives are to enhance the child's development, to provide support and guide to the family, and to maximize or exposed with the varied activities which needed active commitment and involvement from parents or carer. They were 4 children selected, aged less than 24 months old with delayed development. The assessment conducted was according to the expertise which consists of 3 domain area i.e.: gross motor skills, fine motor skills and speech- language and communication skills. In the view of physiotherapy, this program is to promote and emphasis on quality of the parent- child to play together and improve gross motor skills and suggest of fun activities that doing together. The activities that have been planned are directing to stimulate the stationary, locomotion and object manipulation skills of the child. The poster will highlight the details of the program and the progress of all the children.

2369

International adopted children - psychologist and pediatrician consultations

Viberg M. (Lund University Hospital/Dept. Pediatrics, Sweden)

The aim of the project is to evaluate and enable development of the preventive psychological and medical health service to newly adopted children and parents during their first 18 months together. A child psychologist follows the attachment-caregiving process between the adoptive children and parents through regular consultations; taking part of the parents' reflections and narratives about their child and themselves; assist in the attachment process according to their specific needs and concerns; attempt to identify the difficulties in the attachment process. How do parents at an early stage describe experiences, reactions and behaviors which can be assessed as risk signs from an attachment and developmental psychological perspective? During a 1-year period all newly adopted children and their parents were offered 3 pediatrician and 5 psychologist consultations. The first psychologist consultation was directly after arriving home followed by 4 consultations during 18 months. A second part of the study (in progress) with a follow-up consultation takes place one year later. 21/28 children participate in the study; 2/3 are children with special needs. The median age at adoption was 19 months. No child used transitional object. 18 parents requested 5-18 consultations. 3/21 children were referred to other clinics because of mental retardation, autism or signs of personality disorder. Descriptions that can indicate problems with the attachment were identified, as for example: "the child's first reaction to the adoption was sadness /looked wide eyed/fell asleep the first 24 hours followed by cheerfulness and appeared to rely upon us". Parents thought of it as if the child "quickly felt secure" or was showing "security in himself" and they tended to minimize the importance of the adoption. It appeared easier for parents with infants to empathize with the child's experiences of the adoption than for parents with older children who adjusted quickly to the family. Several children rejected the mother already from their first meeting and were only accepting the father. Parents thought it was due to many disappointments in earlier separations from women. Initially the parents described it in a positive way considering parents' equality, gradually becoming an increasing problem mainly for the mothers. An issue that triggers the difficulty parents and children meet at adoption - they are not each other's "first choice". Parents worried about the sibling relationship because of conflicts that arose between siblings when the adopted child was an "older" child with experiences and behaviors which the elder sibling was unable to relate to. Some families with biological children were anxious about the adopted child feeling alien in the family; in some cases they were concerned about their own different feelings for the children. A great need for psychological consultations has been identified so far.

2387

The association between maternal cumulative risk in pregnancy and experiences in close relationships with partners

Moe V. (The National Network for Infant Mental Health, Norway), Smith L. (University of Oslo/National Network for Infant Mental Health, Norway), Vannebo U. (National Network for Infant Mental Health, Norway), Willis D. (Artz center for Developmental Health, United States), Sameroff A. (University of Michigan, United States)

In an ongoing longitudinal population-based study approximately 1000 families are being recruited during 2011–2012. The families are enrolled at nine well-baby clinics situated in different parts of Norway, with the aim of obtaining ample variance in the families' background. The sample comprises pregnant women (and their children and partners). The data presented are preliminary and will be completed by following the families from pregnancy to child age 18 months. The pregnant women provide background information and complete a comprehensive questionnaire packet at the first meeting at the well-baby clinic in pregnancy week 16–30. Based on Sameroff's idea that developmental outcome is related to the cumulative effects of risk factors, a cumulative risk index is extracted from the questionnaire packet. This cumulative risk index consists of 12 items, each scored as optimal (0) or non-optimal (1), yielding a total maximum score of 12. The index comprises demographic information, fathers' presence or absence, mothers' feelings and concerns about pregnancy, maternal status related to depression and psychiatric record, smoking habits and use of alcohol and drugs, maternal life stress, and the Adverse Childhood Experiences (ACE) score. Adverse Childhood Experiences questionnaire (Felitti et al.) is a simple scoring method to determine the extent of an adult's childhood exposure to adversity and trauma. It consists of ten questions, each answered yes or no of significant family-based traumatic exposures. Previous studies have demonstrated that the short- and long-term outcomes of these adverse childhood exposures are related to serious and chronic health and social problems. For the dependent variable we used the Experiences in Close Relationships questionnaire (ECR), a 36-item self-report attachment measure developed by Brennan et al. that was included in the questionnaire packet. It was hypothesized that the cumulative risk index would be a strong predictor of concurrent experiences in close

relationships at the time when the women were pregnant. Further, in order to investigate if maternal adverse childhood experiences make a unique and significant contribution to concurrent experiences in close relationships, a hierarchical multiple regression analysis was conducted. First, the demographic items were entered. At step 2, items related to maternal health were added. Finally, at step 3, the ACE score was entered. The results that will be presented at the conference will be based on data collected in pregnancy from the first 500 participants enrolled in the study. The results are of importance to understanding factors contributing to maternal mental health in pregnancy and future child development and infant mental health.

2427

From institutional care to family support: Developing early intervention services in Russian Nizhny Novgorod region

Morozova T. (Firefly, Russian Federation), Dovbnya S. (Early Intervention Institute, Russian Federation), Richards M. (Firefly, United States)

Background. Thousands of children live in the institutions in Russia. The detrimental consequences of being raised in an institution have been repeatedly demonstrated over the past 50 years. The most effective solutions for vulnerable children are concentrated efforts to build local capacity to strengthen and support their families. The Russian Federation is committed to reducing the use of institutions by improving support services for birth families and expanding foster care and domestic adoption. Objectives. Create a community of professionals in Nizhny Novgorod Region to support families who are socially at risk, raising children with disabilities, or fostering/adopting young children from baby homes; Improve the quality of life for young children in baby homes and increase their chances of successful family placement; Develop written guidelines and standards for the new EI programs. Help regional authorities redirect funding streams and rewrite staffing guidelines to make EI services permanent features of of Health and Social Welfare; Imbed the new knowledge and skills into the practices of family support centers, pediatric clinics, rehabilitation centers, and baby homes; Develop this pilot project into a replicable model for KPMG'S CSR initiative at its other locations throughout Russia and the CIS. Method. Firefly with funding from KPMG developed a 3 year intensive training program. One of the project's greatest successes was winning a matching grant in October 2010 from the United States Agency for International Development (USAID). This grant funds U.S. EI experts from Firefly's volunteer network to conduct 9 seminars. Training and Supervision for professionals - Once the pilot and participant sites were chosen, the educational program based on international best standards has been started. Periodic lectures for staffers of health and social welfare, NGOs and universities were organized to acquaint participants with family support services and create professional contacts at the organizational level. In-depth training program for specialists from the pilot and participant sites - 20 weeklong sessions (lectures, theoretical exercises, supervisions and analyses of concrete clinical cases) also started. Written guidelines for creating EI will be developed. It could turn the pilot project into a replicable model for other locations in Russia and the CIS. Results:Project participants showed improvement in their understanding of the needs of families and young children. Project participants incorporated the new knowledge and skills into their work. Families are satisfied with the new services. Number of new referrals to the EI programs increased. Project materials are accessible to a broader professional community. The Nizhny Novgorod Region Ministries of Health and Social Policy supported the development

2431

Scommettiamo sui giovani: A project to prevent infant distress and to support parenting

Emer A. (Discof, University of Trento, Italy), Emer A. (Discof, University of Trento, Italy), Pruner S. (Discof, University of Trento, Italy), Martini L. (Discof, University of Trento, Italy)

The aim of Scommettiamo sui giovani is to do interventions for infant distress through a program of psycho-social prevention based on early home visits for supporting parenting. In the specific Scommettiamo sui giovani has the aim to support mothers, helping them to experience and to discover interactive strategies that through the reciprocity promote a healthy development of the child. This confirms the current theories that say that supporting parenting has positive effects in the short and in the long term in prevention of infant distress and in the benefit of the mother. The subjects are 100 couples of mother-infant living in two different districts of Trentino (Italy). These 100 couples of mother-infant were divided into an experimental sample and a control sample. Inclusion criteria (relating to major psychosocial risk factors in literature) of the mothers participating in research-intervention are: a) be first-time mothers (in the last three months of pregnancy), and at least one of the following conditions: b) be less than 22 years old, c) have at most a degree of middle school, d) growing up the child without the help of a partner, and e) have

elements of psychic and social fragility. The experimental group is involved in a specific program of intervention, effectuated by obstetricians and professional educators. The principles and practices are described in a manual of intervention, with evaluation forms that the home visitor has to fill out. The aims of the home visitor focus on three main areas: psychological aspects and relation between mother-infant, care of the infant and health of the mother. For each couple mother-infant the duration of the intervention is 27 months (3 months during the pregnancy and 24 months since the infant is born). In the first 4 months of life of the infant the home visits are effectuated by the obstetrician once a week; during the following 23 months, these visits are effectuated by professional educator once a week. At the end of the first year, was collected a sample of 37 mothers. The results of Eysenck Personality Questionnaire and Symptom Checklist - 90 reveal similar characteristics in the two samples, pointing out the real possibility of comparison between the two groups. The same goes for the Edinburgh Postnatal Depression Scales (EPDS), in which an equal number of mothers in the two samples exceeds the cut-off of 9, showing a general index of depressive symptoms. The comparison of data at time T1 and T2 of EPDS, indicating that the depressive symptoms in mothers remained stable over time, but the stability is lower in the experimental sample. Descriptive and inferential data analysis will be carried out to evaluate the effect of the intervention on parenting and child development, based on the variables measured by the tools described above.

2446

Family and Child Education Model

Lente-Jojola D. (Bureau of Indian Education, United States), Gebhardt M. (Parents as Teachers National Center, United States), Yarnell V. (Research & Training Associates, Inc., United States)

This poster session presents the elements of the logic model and effectiveness studies for the 20-year implementation of the Family and Child Education (FACE) Program operated by the Bureau of Indian Education (BIE), U.S. Department of Interior (DOI), in American Indian (AI) Reservation schools in the U.S. While it was designed in the late 1970s, subsequent to the publication of a report citing the critical need for parent-focused early childhood education programs for AI children (U.S. Bureau of Indian Affairs, 1976), not until 1991 did this program receive funding to address the achievement gap for AI children and to better prepare children for school. More than half of the programs have been implemented for more than a decade. Approximately 14,000 American Indian families have participated in FACE since its inception. The FACE program is based on two national models: the Parents as Teachers (PAT) program, which provides home-based services for pre-birth to age 3 children and their parents (The Parents As Teachers Born to Learn™ Model); and the National Center for Family Literacy (NCFL), which provides center-based preschool and adult education programs. Parent education and parent-child interaction time are provided in both home- and center-based settings. Both models were continually modified over time in ways that explicitly integrated the language and culture of the specific tribal communities through processes that have been found effective, including ongoing communication with parents and the community about teaching within a culturally relevant context; building a sense of belongingness and community through ritual and cultural events; and respecting children, families, and community (Gilliard & Moore, 2007; Romero-Little, 2010). The major goal of the FACE program is to support the indigenous understanding that parents are their child's first and most influential teacher. The goals of the FACE program are: to support parents/primary caregivers in their role as their child's first and most influential teacher; to increase family literacy; to strengthen family-school-community connections; to promote the early identification and services to children with special needs; to increase parent participation in their child's learning and expectations for their academic achievement; to support and celebrate the unique cultural and linguistic diversity of each American Indian community served by the program; and to promote lifelong learning. Program services integrate language and culture in two settings: home and school.

2461

Finding the space for the baby in the parent's mind

Polaszewska-Nicke M. (Zero-Five. The Foundation for Infant Mental Health, Poland), Stawicka M. (ZERO-FIVE. The Foundation for Infant Mental Health, Poland)

ZERO-FIVE. The Foundation for Infant Mental Health, based in Poznan (Poland) has designed and is currently conducting two projects (A HEALTHY KID – PARENTAL ABC and MIND THE CHILD!) aimed at promoting understanding of babies and small children in their parents. Both projects are preventive in nature and are addressed to two groups of clients: (1) parents to be and parents of new-borns and infants (aged up to 12 months), and (2) parents of small children (1-5 years old). Both projects encompass two forms of activities: workshops and individual consultations – with particular emphasis on home visits. The idea of such programs is quite new in Poland, as is the

practice of counseling for families with under-fives (especially if the child has not been diagnosed with any particular disorder). Due to cultural, sociological and historical factors, it is still difficult for many parents to recognize the significance of emotional and relational aspects of development, and seek help or guidance, even when they do notice some manifestations of distress in their child. Moreover, there are still too few specialists prepared to offer them adequate help or information. This situation creates particular need for promoting mentalization-based forms of intervention and prevention, but is also a source of certain obstacles in implementing the new approach. The poster will present the background and content of the above mentioned projects, with particular focus on the ways of inviting parents (via local media and cooperation with midwives), and encouraging them to attend (e.g. by combining psychological workshops, focusing mainly on building the parents' capacity to understand the specific needs and competencies of newborns, with a first aid course or consultations with a lactation and feeding specialist). We would like to present the Foundation's approach as seeking the "ports of entry" into the parents' minds (e.g. through using the NBAS during home visits) in order to help them attune to their babies needs. The presentation will conclude with the first results of evaluation of the programs.

2476

Establishment of an infant- parent intervention center in Oklahoma City, USA.

Sekar V. (Private Practice, United States), Foster D. (IPIC, United States), Parsons J. (IPIC, United States), Davenport A. (IPIC, United States)

There is strong evidence in the literature that early care giving experience has a profound impact on later social, emotional, behavioral and cognitive development. Therefore, there is an enormous need for the development of service sectors that cater to this need. These service sectors vary by the availability of resources such as intervention site, type of provider and severity of problem. The ultimate goal of this entire program is to enhance the ability of the care giver to nurture these children more effectively, train the non- family members to identify and address the emotional problem of early childhood and to take preventive measures so that long term problems are averted. Establishing such service sectors are very challenging as evidence based literature is still lacking in certain areas. We describe our experience in establishing such an early intervention program and the challenges we faced in Oklahoma City, USA. Commitment to preventive care in infants: The first challenge was to identify trained professionals in infant mental health who had an interest and commitment to develop a program with a focus on prevention and early intervention. A trained child psychiatrist with experience in infant mental health and a licensed professional counselor were identified for additional training in infant mental health. Training in infant mental health: These two professionals were supported by individual grants and received training at Tulane University School of Medicine, New Orleans, Louisiana, where comprehensive infant mental health services are well established. The training involved intense individual and didactic sessions focusing on infant assessment and infant-parent psychotherapy. Establishment of Infant parent intervention center (IPIC). As financial resources are scarce for mental health services for children in North America private funding were solicited with the establishment of a not for profit (501-C) corporation in compliance with the IRS regulations. A board of directors was formed from the community representing various professions which also helped to raise the necessary funds to establish the organization in the year 2007. CARF certification was obtained which facilitated reimbursement from Medicaid (a state run insurance program for low income group). Services provided and the progress of IPIC: Starting with a limited budget in the first year, active fund raising with dinner programs, donations, garage sales and golf tournament were conducted. IPIC currently has a Medical Director, Executive Director and five mental health trained professionals under supervision. The referral base is now well established in the community with local level coordination and collaboration with Department of human services and juvenile court. The IPIC currently provides tertiary level interventional services. Since 8/2007 IPIC has served approximately 450 children (40% less than 5 years) and 120 families with varying severity of problems and treatment needs. The center now is financially stable. Conclusions: Establishing a preventive infant mental health service can be challenging in these economic times. We have successfully established this important service sector in Oklahoma City, USA and hope that our experience will be good model for others to adopt in their communities.

2489

Caregiver training as effective intervention in residential care facilities.

Koch L. (University of the Witwatersrand, South Africa), Franzsen D. (University of the Witwatersrand, South Africa)

Normal brain, mental and behavioral development is a complex process influenced by many internal and external factors. Caregivers of young children play a vital role in structuring the social context within which children develop. This social context (i.e. the human interactions within the environment) has been identified as the most important component of the environment that influences long term developmental outcomes. Orphaned and abandoned children living in residential care facilities are at risk for developmental delays and long-term emotional, behavioral and cognitive problems. Many of these difficulties have been attributed to the lack of a primary caregiver and the resulting paucity of human interactions within their environments resulting in a deprived social context. The sheer number of children within these situations makes individual intervention impractical, both from a financial and human resource perspective. This poster aims to present how occupational therapists can use simple caregiver training as an effective and cost-efficient intervention strategy for the social contexts within residential care facilities in order to reach greater numbers of children. Observations made of 60 infants and toddlers living in residential care facilities both where caregiver training had taken place and where it had not indicated that specific caregiver training can increase both the amount of time caregivers spend interacting with children as well as improve the quality of those interactions. These results showed that training that attempted to embed learning and interaction opportunities within the routines of a residential care facility has the potential to promote an enabling social context within these facilities. This has important implications for occupational therapists and other health care professionals who are delivering services to a large population with limited human resources.

2668

Babies at risk as the asylum seekers

Erden G. (Ankara Universitesi, Turkey), Atalay N. (Bilkent University, Turkey)

It is observed that most of the refugee infants in Turkey live without the enjoyment of their basic rights after being subjected to traumatic life events in their home countries. Especially small children are found to be depleted of the conditions that are necessary for healthy development. As the asylum seekers their mothers, fathers and identities are seemed to be stolen. Who will guarantee their right to live and grow healthy? When can they find caring and safe homes? The main aim of this study is to investigate best interest of infants and traumatic conditions appear during migration to a new life. Parents generally migrate from their home country only to stay "alive" not for "a better life". For this aim, 10 babies in the 0-4 age group are randomly chosen from the best interest interviews carried out with 0-4 age infants between the 2004 and 2011 years. Semi-structured interview forms are used to examine demographic characteristics, traumatic experiences, present living conditions and developmental characteristics of infants. It is found that three babies have twins. Mothers or/and fathers of four babies' whereabouts are not known. Two babies are adopted and their official documents (about custody) are missing. Mothers of four infants are uneducated. Also fathers of these four babies attended elementary school up to grade 4 or 6 and they were unskilled workers. Parents of these ten infants are suffered traumatic conditions in their home countries. The mother of one infant was assaulted and became pregnant. Two infants are sent to foster care because their parents were unable to care for them. The stories that were examined in that study show important key points about refugee parents and infants. These key points will be highlighted to professionals that work with infants, civil organizations, policy makers and political authorities.

2679

Child and adolescent psychiatry without walls: Beyond medicalization and pathologization - A quantitative study

Barros I. (UFF, Brazil), Werner J. (Universidade Federal Fluminense, Brazil), Souza L. (UFF, Brazil), Damasceno L. (UFF, Brazil), Carvalho V. (UFF, Brazil)

Introduction: In Brazil, the Fluminense Federal University (UFF) has been a pioneer in the field of "Child and Adolescent Psychiatry and Mental Health". Among other achievements in this field is the fact that UFF is the only public university that has offered over thirty-five years the subject of child and adolescent neuropsychiatry to undergraduate medical students. Based on the principle of "social interaction as being constitutive of individual psychic processes", the aforementioned subject in 1979 organized an innovative psychiatric care called "Child and

Adolescent Psychiatry Without Walls". The interdisciplinary experience of education in the field of child mental health continues to be held, not only in undergraduate and postgraduate Medicine courses, but in other spaces of the UFF and the community as well, thus guaranteeing the historical and cultural perspective (Vygotsky, 1989 and Werner, 1997). It includes the participation of students of medicine, psychology, pedagogy, physical education, nutrition, nursing and social work, and that of health care and education professionals from UFF and other institutions. To better understand the social relevance of the project, quantitative data will be provided herein. Target public: Children, preadolescents, adolescents and families, living in Niterói, São Gonçalo and other cities in the State of Rio de Janeiro. Location: UFF Complex, Avenida Jansen de Mello, 174 - Niterói, RJ, Brazil. Methodology: 1. Profile of the clientele attended (age, place of residence, referral, reason of consultation, diagnosis / problem, treatment time); 2. Monitoring of current situation (under treatment, dropout, discharge, referral, interurrences/ other events); 3. Associated problems (social, legal, family, school, sexual); 4. Assistance provided (individual: medical consultation, psychotherapy, family therapy, individual pedagogical support, music therapy; in group: creative and expressive activities, pedagogical support, group therapy, popular education and guidance with parents or guardians); 5. Conclusions. Results: 1. Prevention and treatment of problems related to school failure, drug abuse, domestic violence, aggressiveness. 2. Access to quality and innovative therapeutics. 3. Providing interdisciplinary training to students. 4. Dispathologization of problems such as hyperactivity, lack of attention, dyslexia, among others. 5. Creation of space for parents and guardians to participate, to learn and to practice their citizenship. Social Relevance: 1. Critical co-construction of innovative proposals, with quality and effective resolution, especially for lower social economic cultural classes.

2725

The impact of trauma on the quality of early relations

Viaux-Savelon S. (Pitié Salpêtrière University Hospital, France), Aidane E. (Hopital Pitié Salpetrière, France), Vatageot S. (Hopital Pitié Salpetrière, France), Camon-Senechal L. (Hôpital Pitié-Salpêtrière, France), Derotus L. (Hopital Pitié Salpetrière, France), Rabain D. (Hopital Pitié Salpetrière, France), Cohen D. (Service de Psychiatrie de l'Enfant et de l'Adolescent Pitie Salpetriere University Hospital, France)

We present a paradigmatic situation of a pilot study developed in partnership with an Israeli team (Dr M. Keren) in an Early Infant Mental Health Unit. The aim of this pilot prospective study, is to show that an intensive and structured care protocol with weekly group therapy (focused on daily caregiving tasks and attachment behaviors) plus individual parent-infant interactional guidance therapy has a significantly greater impact on the parents neglecting and/or abusive behaviors towards their infants, and on the infant's emotional/developmental status, than the standard outpatient individual session. Evaluations are conducted at beginning and 6 months of treatment and 6 months after the end of treatment, with clinical diagnosis DC : 0-3R, Home Scale, SCL-90 R, Support self system questionnaire of Cutrona, BITSEA, Life event questionnaire. In addition, recordings of free play sessions were conducted with two purposes: first observation and evaluation of disorders of the fine interactions using the CIB (Coding Interactive Behavior, Feldman, 1998; Keren, 2001), and then to work clinically, the development of reflective skills of parents with AI (Insightfulness Assesment (Openheim, 2001).

We present a paradigmatic situation of this pilot study involving a child under 3 years supported with his parents who have experienced multiple traumas affecting the construction of secure links early enough with their child. The interests and limitations of this treatment protocol and evaluation would be discussed.

2736

The mental health needs of children and families in Early Head Start

Jones Harden B. (University of Maryland, United States), Chazan-Cohen R. (George Mason University, United States)

Early Head Start (EHS) a federal initiative in the United States begun in 1996, was designed to assist low-income pregnant women and families with infants and toddlers up to age 3. EHS is a comprehensive, two-generation program that focuses on enhancing children's development while strengthening families. The commitment to supporting children's social-emotional well-being is central to the mission of EHS. However, programs often struggle to understand and address the emotional and mental health needs of very young children and their families and lack the knowledge, skills and infrastructure within the community to assess and serve children. This poster will present what we know about the mental health needs of families, the role of the program in providing and accessing services to address these needs, as well as the impacts of the program on family mental health and child well-being. Data come from the Early Head Start Research and Evaluation Project, a rigorous experimental study of EHS.

There is a high rate of depression in EHS families. At the time of enrollment in the program, when one quarter of the mothers were pregnant and all children were under 1 year old, more than half (58%) of mothers reported enough depressive symptoms to be considered at risk for depression (as assessed using a short form of the Center for Epidemiological Studies—Depression scale). One third of mothers of 1-year-olds and one third of mothers of 3-year-olds scored above the clinical cut-off. Rates of depressive symptoms for EHS fathers were also notable. Eighteen percent fathers reported enough symptoms to be considered at risk for depression when children were 2 years old; 16% met those criteria when their children were 3 years old. Few families reported receiving mental health services, although some services provided directly by programs might not have been identified as mental health services. By the time of exit from EHS, 23% of the families reported that at least one family member had received mental health services. Thirty-two percent of mothers who were depressed at enrollment reported that at least one family member had received mental health services. At the end of the program, when children were 3 years old, there were no program impacts on reducing maternal depressive symptoms or on increasing the use of mental health services. However, among those families in which mothers were depressed at enrollment, EHS had positive impacts on parent-child interactions and child outcomes. Given that parenting behaviors are thought to mediate the relationship between depression and child outcomes, we believe that EHS buffered children from the negative outcomes associated with maternal depression. Interestingly, two years after the program, EHS mothers had fewer depressive symptoms than their control group peers.

2738

Providing infant mental health intervention through enhancement of home visiting services

Jones Harden B. (University of Maryland, United States), Beeber L. (University of North Carolina, United States), Schwartz T. (University of North Carolina, United States), Bledsoe B. (University of North Carolina, United States)

Low-income mothers, who are exposed to repeated stressors show a high prevalence (48-52%) of depressive symptoms that compromise mothering. Symptomatic mothers have been shown to have less sensitivity; positive affect, animation, child-directed talk and developmental stimulation and to express more negative affect, be more intrusive (i.e., cut across child-initiated behaviors) and at the same time, more detached than non-symptomatic mothers. Their infants or toddlers have shown developmental delays, later childhood conduct and learning disorders and more susceptibility to mental disorders such as depression and suicide in adolescence and adulthood. Psychotherapy-based intervention has been difficult for low-income mothers to access because of instrumental barriers (cost, transportation, childcare) and stigma. Offering intervention as an enhancement of home visiting services can remove these barriers and give high-risk mothers access to treatment. This paper presents the results from three different studies of depressive symptoms intervention conducted in Early Head Start (EHS). The intervention was offered as an enhancement to home visiting and involved staff in a variety of roles that included partnering with a mental health professional to intervene directly and indirect for symptomatic mothers. Targeted involvement of staff as an enhancement to home visiting helped reduce maternal depressive symptoms and improve mother-child interactions.

2267

Evaluating fidelity in home visiting programs

Saias T. (Hopital Maison Blanche, Laboratoire de Recherche, France), Lerner E. (Maison-Blanche Hospital, France), Emer A. (Discof, University of Trento, Italy), Simon-Vernier E. (Bichat Hospital, France), Pintaux E. (Bichat Hospital, France)

The aim of this presentation is to present a method to address fidelity to the program components, in home visiting programs. Program implementation, i.e applying a program's protocol in practice, is currently an important focus of research as it determines a program's effectiveness in accomplishing its goal. Researchers are interested in the fit between a program's features and the needs of the participants they serve, and the difference between the services which the program had initially intended to deliver and the services that the home visitors actually delivered. In the CAPEDP program, which has been taking place in Paris, France, from 2006-2011, we collected case notes from home visits. 1058 have been analyzed (by a thematic content analysis and a textual computer-assisted analysis) to identify discrepancies between what the CAPEDP program intended to offer to the participants and the services the families effectively received. Using an innovative form of fidelity evaluation, we identified topics that were addressed while not expected according to the intervention manual, and topics that were not addressed while they were expected. The aim of this presentation will be to present the results from this qualitative study.

2197

Die Fadenspule - A place of encounter for infants and their parents, based on psychoanalytic theory

Ambass D. (Die Fadenspule, Switzerland)

I would like to present the "Fadenspule" (the Reel of Thread), a psychoanalytically oriented institution for infants from 0 to 3 and their parents and other people out of the close environment of the child in Zurich, Switzerland. Children can meet other children, parents and professionals. They can make first social experiences in the security giving presence of a closely related person enabling them to regulate the proximity or distance to their relative according to their own needs. In a second step I would like to discuss with you, whether the place itself could have an effect in the sense of enhancing the child's development, or rather helping the child overcome developmental crisis. Presentation of the Reel of Thread. During our phase of conceptual development, we referred to the so called "Maison Verte" (Green House), that has existed for more than 30 years in Paris. It was founded by psychoanalysts and social workers, among others the famous child analyst Françoise Dolto, in order to provide families with a space for social encounter. One of the intentions was to prevent unfavorable development in the child-parent-relationship at a very early age. This meeting place is supposed to offer an atmosphere of being at ease, encouraging the children to experience first steps towards autonomy. Parents' questions, problems or conflicts can be discussed with one or several of the three professionals in the field of early childhood development and psychoanalysis present at the time. In addition, the setting allows professionals to observe moments of interaction between children and mothers and respond to them if necessary. A child's phases of transition as part of developmental steps or an oncoming integration in to daycare can be prepared and attended to in the Reel of Thread. One of our main intentions is to reach families of all kind, including families, who usually would not frequent public places, as for example migrant families with poor economic and psychosocial resources. The access threshold to the Reel of Thread is supposed to be very low. The Reel of Thread is situated in the middle of the city and can be visited spontaneously without previous registration. Professionals greet each guest personally and are concerned about integrating children or adults who seem to feel lonely. We do not offer any kind of program or animation. Instead we try to facilitate a space for encounter, the chance to deal with certain aspects of one's own biography, in as far as the relationship with the child is concerned. We offer a frame or a basic structure and leave space for subject matters such as needs, wishes, questions and all kinds of objectives concerning our guests to occur. Exchange of experiences and discussion. Are there similar institutions? Do you think the infant can already develop a mental representation for groups, public spaces, the society in general and use the offered space as a stage for developmental crisis, family conflicts or even transgenerational conflicts ?

2420

Characterizing neurodevelopmental problems identified at a universal nurse contact with 30 month old children: The Ready to Learn Evaluation

Sim F. (University of Glasgow, United Kingdom), Wilson P. (University of Glasgow, United Kingdom), O'Dowd J. (NHS Greater Glasgow & Clyde, United Kingdom), Gillberg C. (University of Glasgow & University of Gothenburg, Sweden), Law J. (University of Newcastle, United Kingdom), Thompson L. (NHS Greater Glasgow & Clyde, United Kingdom)

The correlation between social and emotional problems in early childhood and adverse physical, mental health and forensic outcomes in adulthood is now generally accepted (Odgers, CL et al. 2007[1]; Billstedt, E et al. 2005[2]; Caspi, A et al. 1996[3]; Dodge, KA et al. 1997[4]; Arseneault, L et al. 2000[5]). Language development is closely related to emotional development and behavior, and children identified as having emotional and behavioral difficulties often have previously unidentified language delay. There is an increasingly strong case for early identification of language and behavioral problems in early childhood given the increasing range of effective interventions for early neuropsychiatric and communication problems. In 2011 the Scottish Government mandated a new universal child health contact to identify those children who would benefit from further support in order to improve their outcomes. A pilot evaluation of this contact showed that community child health nurses identified a substantial number of children with language delay and behavioral problems who were previously considered at low risk of developmental difficulties and who would normally not have received any preventative health service input until school entry. From August 2011, as part of a phased implementation approach, families with children aged 30 months living in four sectors of the NHS Greater Glasgow and Clyde region were offered an assessment by a public health nurse/health visitor. This contact, focussed on early social and emotional development as well as on the need for parenting support, is unique to Glasgow. The assessment involves the use of two structured instruments; The Strengths and Difficulties Questionnaire (SDQ) and the Law-Miniscalco two-item language screen. Based on the

results of these measures, children will be allocated into one of four groups: social/emotional/behavioral difficulties only; language difficulties only; social/emotional/behavioral and language difficulties; and no identified difficulties (control). A sample of children will then be assessed using in-depth neurodevelopmental and language tests. Preliminary data from a sample of children assessed by their health visitor suggests that 18.6% appear to have difficulties based on SDQ results and 7.5% meet criteria for language delay. We shall thus describe a unique whole population approach to the early identification of social, emotional, behavioral and language problems in preschool children, and present data on the characteristics of children identified by this approach. References available upon request

Saturday 21 April

Plenary Lecture 5 Auditorium 2

Moderator: Puura K. (Finland)

When a Little Means a Lot: Infant-Parent Psychotherapy in South Africa

Berg A. (University of Cape Town, South Africa)

The beginnings of Infant Mental Health coincide with the birth of the 'new' South Africa. Research and clinical services in this field have developed since 1995. Because of economic constraints and the challenges which are inherent in the country's cultural and language diversity, innovative ways have had to be found in order to reach parents and infants in our communities. This pioneering work could be of interest to infant mental health workers in other parts of the world.

Invited Symposium Auditorium 2

Chair: Osofsky J. (United States)

Discussant: Keren M. (Israel)

2762

Building resilience in young children and families as a result of disasters and ongoing trauma

Osofsky J. (Louisiana State University Health Sciences Centre, United States), Watanabe H. (Keio University Hospital, Japan), Feldman R. (Bar Ilan University, Israel), Kaminer D. (University of Cape Town, South Africa), Osofsky H. (Louisiana State University Health Sciences Centre, United States)

Trauma and disasters touch the lives of millions of young children every year in many forms. These include natural disasters such as hurricanes, earthquakes, tsunamis, tornadoes, fires, floods and human-made traumas such as armed conflict, community violence, genocide, terrorism, and accidents. It is not possible to be fully prepared for traumatic experience and disasters. Nevertheless, findings from research that has been done in this area suggest that individuals, families, and communities can take steps to support recovery and promote resilience in situations of overwhelming adversity. There are lessons learned for preventive intervention that can guide response. In this symposium, the presenters will take perspectives from different types of traumatic experience and disasters including young children who live with chronic threat, those who experience continual community violence, and others who suffer following disasters such as earthquakes, tsunamis, hurricanes, and nuclear fall-out. The discussant will provide important ideas about ways to build individual, family and community resilience following such adversities.

Symposium 45: Meeting Room 1.41-42

Moderator: Birch M. (Australia)

2637

International perspectives on perinatal and infant mental health training (The baby in mind, the mind in the baby)

Birch M. (NSWIOP, Australia), Kowalenko N. (NSWIOP, Australia), Mares S. (Redbank House, Australia), Warren

B. (NSWIOP, Australia), Birch M. (NSWIOP, Australia), Emanuel L. (Tavistock Centre, United Kingdom), Weatherston D. (Mi-AIMH, United States)

Knowledge, skill and confidence about development, infant and relational assessment, socio-cultural factors and intervention are central to competent perinatal and infant mental health education. For practitioners to integrate new educational material supervision is required, and to experience and address emotional well-being, in a relational context, reflective supervision supports reflective practice. This symposium will present approaches to training in three countries (Australia, England (UK) and the USA) and compare and contrast approaches, priorities and challenges in different contexts. A key theme will be to explore the training methods used to foster reflective processes, keep the baby in mind and understand the mind in the baby. The Australian presentation outlines the development of postgraduate Perinatal and Infant Mental Health (PIMH) education and training in Sydney, Australia, and will focus on the principles that underpin and inform the Graduate Certificate, Graduate Diploma and Master of Mental Health (Perinatal and Infant) offered since 1998. An outline of the course content, structure, delivery, observation and supervisory processes will be provided. The course is offered by distance education, to a multidisciplinary group of students, who come from a wide range of professional disciplines and work contexts, across Australia and New Zealand. The UK presentation describes the two to three year Post-Graduate Diploma/Master of Arts in Infant Mental Health at the Tavistock Clinic, London, which aims to enhance the observation and clinical skills of early years' professionals working in education, health or social care settings. The course is undertaken one day a week at the Clinic: Students are offered modules, introducing basic psychoanalytic concepts, attachment theory and child development research. The core of the course is the experience of undertaking an Infant Observation, wherein students observe an infant for one hour weekly over two years; presenting their observation material to a small group with an experienced facilitator. Students also present their work in a small 'work discussion' seminar, where they have the opportunity to discuss their work in detail. This method of 'learning through experience' in a small group setting will be elaborated in the presentation. The USA presentation outlines a competency-based, professional development system of recognition, the Michigan Association for Infant Mental Health Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. The approach emphasizes the knowledge, skills and reflective practice experiences that lead to competency when working with infants, very young children and families. Core components of competency will be discussed, criteria for endorsement for practitioners from many different disciplines and arenas of service will be explored, and examples of specialized training that prepares applicants for endorsement will be elaborated on. Authors: Dr Nick Kowalenko, Dr Sarah Mares, Ms Beulah Warren and Ms Martha Birch (Australia), Dr Louise Emanuel (United Kingdom), Dr Deborah Weatherston (USA)

Symposium 46: Meeting Room 1.43-44

Moderator: Risholm Mothander P. (Sweden),

2563

Children born preterm in Scandinavia - longitudinal results from family focused studies in Norway, Finland and Sweden

Risholm Mothander P. (Stockholm University, Sweden), Stjernqvist K. (Department of Psychology, University of Lund, Sweden), Hallin A. (Department of Psychology, University of Lund, Sweden), Månsson J. (Department of Psychology, University of Lund, Sweden), Huhtala M. (Department of Pediatrics, Turku University Hospital, Finland), Korja R. (Department of Child Psychiatry, Turku University Hospital, Finland), Lehtonen L. (Department of Pediatrics, Turku University Hospital, Finland), Haataja L. (Department of Pediatric Neurology, Turku University Hospital, Finland), Lapinleimu H. (Department of Pediatrics, Turku University Hospital, Finland), Rautava P. (Turku Clinical Research Centre, University of Turku and Turku University Hospital, Finland), Tunby J. (University Hospital North, Norway), Kaaresen P. (Department of Pediatrics, University of Tromsø and University Hospital North, Norway), Handegaard B. (Regional Center for Child & Adolescent Mental Health - North, University of Tromsø, Norway), Ulvund S. (Regional Center for Child & Adolescent Mental Health - North, University of Tromsø, Norway), Dahl L. (Department of Pediatrics, University of Tromsø and University Hospital North, Norway), Rønning J. (Department of Pediatrics, University of Tromsø and University Hospital North, Norway), Fransson E. (Department of Women's and Children's Health, Karolinska Institute, Sweden), Hjelmstedt A. (Department of Women's and Children's Health, Karolinska Institute, Sweden), Böhm B. (Karolinska Institute, Sweden)

During the last decades, advances in neonatal medicine have increased the number of surviving infants born premature or with extreme or low birth weight in Western countries. Today's urgent issue deals with how the medical system can psychologically support premature families, help parents to regulate their own stress and become sensitively involved in the care of their infant. This symposium focuses on the impact of the birth of a fragile infant upon family functioning in Scandinavian societies where ante- and neonatal care is available free of charge, with parent's lawful right to stay home from work for one year with little salary deduction (longer if the child has special needs), and with the political ambition that both mothers and fathers should be involved in the care of the infant. We will present and discuss outcome data from four longitudinal studies: The first study will present results from a Swedish sample of 465 extremely preterm (EPT) infants, including a subsample of 150 families where parental depression, parental stress, parental coping and parents' perception of their infant were investigated. The EPT infant development as assessed with Bayley scales and CBCL at 30 months of age, indicated more cognitive and behavioral problems compared to full-term (FT) infants. The impact of preterm birth upon attachment development will be discussed. The second study, from Finland, focuses on associations between the psychological well-being of mothers and fathers and behavioral outcome in infants with very low birth weight (VLBW). Families from a cohort of 246 VLBW families, were followed up yearly from child age 2 to 5 years, and the results indicated that the parents' psychological well-being at 2 years was related to infant behavioral outcome at 3 years. Parenting stress had an impact on child outcome even up to 5 years. The third study, from Norway, presents an intervention study where 140 premature children were randomized into an intervention and a control group. In addition, 70 children born at term were recruited. The parents in the intervention group received counseling before discharge and four 1-hour home visits during the first three months. The brief interventions permanently reduced stress in both mothers and fathers and the level of stress was comparable to their term peers at 1 and 5 years. In the fourth study, based on data from a group of 80 families (40 PT and 40 FT) in Sweden, mothers reported higher levels of parental stress than fathers at two years. Further, parental stress was associated with earlier as well as present level of general stress, parental depression, perceived infant development and quality of couple relationship. The symposium will close with a discussion on family stress as a contextual condition for infant families in modern society. We will discuss the psychological needs of infant families and how the health care system can support infant mental health in all infant families.

Symposium 47: Meeting Room 1.61

Moderator: Schuengel C. (Netherlands)

2184

From expecting to experiencing: Sources of resilient parenting self-efficacy

Schuengel C. (VU University Amsterdam, Netherlands), Verhage M. (VU University Amsterdam, Netherlands), Oosterman M. (VU University Amsterdam, Netherlands), Schoppe-Sullivan S. (The Ohio State University, United States), Kamp Dush C. (The Ohio State University, United States), Kohlhoff J. (Karitane, Australia), Barnett B. (Karitane, Australia)

Expectation of competence in parenting infants, or parenting self-efficacy (PSE), is an elusive concept both for parents and professionals. High PSE may have different consequences for infant development depending on the basis of PSE (e.g., actual experience vs. persuasion). High PSE may also not be maintained when actual parenting starts. Experimental studies, intervention studies, and longitudinal studies starting during pregnancy are yielding novel findings on PSE, which serve as input for a discussion that should deepen understanding of PSE and increase the utility of the concept for practice. The first presentation tests robustness of PSE in two ways. The first approach is based on a computerized task in which prenatal PSE was challenged among 179 pregnant women by manipulating success in regulating the baby. The second approach followed first-time mothers (intended N=1000) across all trimesters of pregnancy and during the first year to examine patterns of change in PSE in relation to infant temperament. Analyses of the experimental data demonstrated that PSE decreased in response to regulation difficulty. The longitudinal data (preliminary n = 138) indicated that PSE on average increased across pregnancy and first year, but not for mothers of more irritable babies. Is there a common mechanism involved? The second presentation focuses on the course of PSE from pregnancy to 9 months postpartum in 180 new mothers and fathers, and the role that coparenting support plays in initial levels of PSE and change in PSE over time. Expectant parents completed a survey regarding task-specific PSE during the third trimester of pregnancy, and again 3 months and 9 months after their infant's birth. At 3 months and 9 months postpartum, new parents completed a survey about coparenting. Preliminary SEM analyses of associations between PSE and coparenting support over time indicate that for fathers, increases in PSE from 3 to 9 months postpartum were precipitated by greater perceived coparenting

support, but a similar effect was not observed for mothers. The third presentation focuses on PSE and early persistent infant behavior disturbance (i.e., excessive crying, sleeping and feeding difficulties in the first year postpartum). The study included 80 first-time mothers participating in a residential parent-infant intervention with an unsettled infant. Results show clear associations between infant behavior and PSE, and support the effectiveness of the intervention with respect to both variables. Associations between PSE and various maternal variables including depression and anxiety, attachment security and perceived parenting during childhood will also be reported and discussed. Professor Bryanne Barnett will relate in her discussion to links with perinatal mental health, to open up the discussion with the symposium participants about including PSE in building resilience in at-risk families.

Symposium 48: Meeting Room 1.62

Moderator: Allely C. (United Kingdom)

2641

Very early observational predictors of psychiatric disorder

Allely C. (The University of Glasgow, United Kingdom), Marwick H. (National Centre for Autism Studies at Strathclyde University, United Kingdom), Puckering C. (Mellow Parenting, United Kingdom)

The four papers we propose for a symposium address early indicators of later psychopathology. Three of the papers are based on a large cohort of infants from the Avon Longitudinal Study of Parents and Children (ALSPAC) which is an ongoing population-based study investigating a wide range of environmental and other influences on the health and development of children. These papers report on a sub sample of the 10% of the core ALSPAC cohort who were invited to attend 'Children in Focus' clinics after birth. We examined 180 videos of a mother-infant interaction: 60 with infants aged 12 months who were later diagnosed with a psychiatric disorder at seven years and 120 randomly selected sex-matched controls. The psychopathologies included in the case group were any oppositional-conduct disorder, any attention deficit hyperactivity disorder, pervasive development disorder, and any anxiety or depressive disorder. The first paper (Puckering) investigates whether two coding system (Mellow Parenting and CARE Index) carried out on mother-infant interactions at one year can predict psychopathology at age 7. The Mellow Parenting system predicted later development of ODD and CD and one subscale of the CARE Index appears to predict autism. The second paper (Allely) looks at whether clinical observation at one year can predict psychopathology at age 7. Two groups of senior clinicians, blind to all details about the child, were asked to make clinical judgments based on the videos of the caregiver-infant interaction. One group of raters consisted of psychiatrists and the other of a psychologist and a speech and language therapist. Neither group of raters could reliably predict later psychopathology in the one year old infants and there was limited agreement between teams of raters. The third paper (Marwick) examines mother-infant interaction as well as individual mother and infant behaviors for the prediction of psychiatric disorder. Interactive behaviors for both the caregiver and the one year old infant were coded from the videos according to eight interactive categories, namely, well-being, contingent responsiveness, cooperativity, involvement, activity, playfulness, fussiness and speech. Level of adult activity and adult speech predicted whether infants would be diagnosed with any attention deficit hyperactivity disorder, any oppositional-conduct disorder, and any anxiety disorder at seven years of age. The last paper (Marwick & Allely) explores evidence from current research of early predictors of autism to address the issue of whether we can identify autism in the first two years of life. Fifty-one papers were identified and these papers were systematically organised in relation to methodology and levels of the robustness of evidence. Research in the field continues to support the idea that there are specific, prediagnostic characteristics of ASD that can be identified in the first two years of life, even as early as the first 6 months.

Workshop 15: Meeting Room 1.63

2551

Assessing children's play narratives in the clinical context

Latva R. (Dept. of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Luoma I. (Dept. of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland)

The workshop will introduce the use of a structural play narrative method (MacArthur Story Stem Battery MSSB, Bertherton et al. 1990) as part of the clinical assessment of young children. The workshop focuses on introducing

how play narratives are analyzed with the coding manual developed specifically for clinical use (Tampere Clinical Coding manual; Latva et al. 2009). The coding system will be demonstrated by using videoed examples of children's MSSB narratives. The assessment of young children is usually based on interviews of the parents, evaluation of child-parent interaction and relationship as well as observation of free play situations. However, evaluation of child's own experiences by these methods is difficult. Structured play narratives provide an important method to get information about the child's emotionally meaningful experiences in close relationships as well as his/her ability to regulate emotions (Emde et al. 2003). The MSSB tool consists of dramatic story beginnings to be completed by the child through narrative play. The stories are played with little family characters and props. The child's MSSB narratives are videoed and coded after the play session. The clinical adaptation of the coding manual was developed to enable the use of the MSSB method in the clinical diagnostic process. The clinical coding manual is based on the research-oriented coding manual by Robinson and colleagues (2004). The clinical coding system includes eleven themes e.g. empathetic, aggression, parental representations, dissociation and evaluation of narrative coherence, addressing the conflict and affective tone of the narrative. Our experience of using the coding system is encouraging and the manual seems to be suitable for clinical use.

References available upon request

Clinical Teach-In 16: Meeting Room 1.64

2307

Countertransference in parent infant psychoanalytic psychotherapy

Diaz Bonino S. (North East London Foundation Trust, United Kingdom), Ball K. (North East London Foundation Trust, United Kingdom)

This paper explores countertransference in parent-infant psychoanalytic psychotherapy. One of the challenges of the work is that we are addressing different levels of understanding at a time, which is generated in a unique way by the presence of the baby, the parents, and often other agencies in the therapeutic context. One of these levels, being the infantile; where one is brought back to a nonverbal, unprocessed place of infancy where primary processes abound. The next may be a symbolic level where we may be addressing the mother's capacity to think. Also, importantly, we take into account the level at which the professional network operates. It takes a village. An important part of the work in psychoanalytic psychotherapy with mothers and their infants necessitates involving other agencies which will form part of a support network around the family. When we are working with the ruptured skin of attachments the wider thinking network may act as magnet to bring the parts of the dyad together and to help restore their capacity to trust. In the face of this misattunement in the dyad, the network's capacity to be attuned to each other like a thinking parental couple is needed. The therapist's task then is to understand the nature of the primitive infantile fantasies that are activated in the characters that form the scene and to do something with them. These primitive phantasies may also belong to the therapist's own unexplored experiences. Here we propose to think about the forms of countertransference that may be evoked by the three types of clinical presentations that we commonly work with in parent infant psychoanalytic psychotherapy; namely anxiety, depression and personality disorders. We present clinical material from these three different clinical presentations from our work in order to illustrate and discuss the main theoretical concepts that enable us to work effectively with parents and infants.

Poster Workshop 10: Attachment Studies and Clinical Disorders Meeting Room 2.41-42

Facilitator: Lyons-Ruth K. (United States)

2451

Patterns of attachment in South African infants with fetal alcohol spectrum disorders

Jacobson S. (Wayne State University School of Medicine and University of Cape Town Faculty of Health Sciences, United States), Hay A. (University of Cape Town, South Africa), Molteno C. (University of Cape Town Faculty of Health Sciences, South Africa)

O'Connor et al. (1987) reported an increased incidence of insecure and disorganized attachment in a sample of U.S. children exposed prenatally to alcohol. Our prospective longitudinal study examined attachment in 115 infant-mother dyads from a Cape Coloured (mixed ancestry) community in Cape Town, half of whom were heavily exposed to alcohol prenatally. Attachment was assessed using the Strange Situation Paradigm at 13 months of age. All attachment scoring and analyses were performed by the late A. Hay, who was blind with respect to prenatal

exposure history and trained and certified to score ABCD at the Institute of Child Development, University of Minnesota. Alcohol-using mothers drank an average of 6.2 drinks per occasion on an average of 1-2 days per week. 27% of the mothers were alcohol abusing or dependent, and 27% met DSM-IV criteria for major depression. A large proportion of the infants (14.8%) was diagnosed with FAS. As found in other non-Westernized populations, there was a relatively high proportion of resistant (C) infants (23.5%) and a correspondingly very low proportion of avoidant (A) ones (3.5%). The proportion of securely attached (B) infants (52%) were at the low end of those reported in most Western samples (50-70%). As in most high risk samples, there was a high proportion of disorganized (D) attachment (21%). Prenatal alcohol exposure was associated with a low incidence of secure attachment, a relation that was mediated by the social environment. By contrast, prenatal exposure was associated with an increased incidence of disorganized attachment, even after controlling for multiple indicators of the social environment, including SES, maternal education and Raven score, and breastfeeding. Maternal depression and alcohol independently predicted D status. These findings indicate that, in addition to the adverse effect of alcohol on cognitive development, prenatal alcohol exposure appears to increase the risk of disorganized insecure attachment.

2418

Maternal disruptive behavior within the French CAPEDP project

Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Tereno S. (University Paris Descartes, France), Guedeney A. (Hôpital Bichat, France), Guedeney N. (Institut Mutualiste Montsouris, France), Lamas C. (Institut Mutualiste Montsouris, France), Mistiky V. (Hôpital Bichat, France), Vulliez L. (CHU Besançon, France), Tubach F. (Hôpital Bichat, France), Dugravier R. (Hôpital Bichat, France), Greacen T. (EPS Maison Blanche, France), Saias T. (EPS Maison Blanche, France)

Context: Attachment describes the human infant's tendency to learn gradually to seek comfort and protection not from just anyone but selectively from caregivers they have learned they can rely upon. Literature suggests that the quality of infants' attachment may be influenced by means of sensitive or disrupting parental behavior in regular interactions with his caregiver (Lyons-Ruth, Yellin, Melnick & Atwod, 2005). However, immigrant populations are not frequently assessed and cultural specificities are not always taken into account, at least within large samples. Aims: We present descriptive data on maternal disruptive behavior in a mainly (82%) first or second generation immigrant multi-risk French sample. Method: Within the context of the CAPEDP Project (parental competences and infant's attachment: reducing the risk of mental health disturbances and promoting resilience), a Randomized Controlled Trial study with 440 first time pregnant women, younger than 26 years-old, maternal disruptive behavior was assessed for a subgroup of 120 child-mother dyads, randomly invited to participate in this segment of the project. Maternal behavior was assessed with the AMBIANCE scale, coded from the Strange Situation video, when infants were aged between 12 and 16. Results and discussion: Descriptive analyses showed that 47 % of the mothers of our sample evidenced disruptive behavior towards their infants when assessed in a moderately stressing context. Because of its potential impact on infants' attachment, these results help to sustain the relevance of mental health preventive work with multi-risk and cultural specific samples.

2343

Insightfulness assessment in high risk mothers in Paris (France) and its suburbs (French CAPEDP Project)

Guedeney N. (Institut Mutualiste Montsouris, France), Tereno S. (Bichat Claude-Bernard AP-HP, France), Guedeney A. (Hôpital Bichat, France), Tubach F. (Hôpital Bichat, France), Sodjinou A. (Bichat Claude-Bernard AP-HP, France), Ulgen S. (Bichat Claude-Bernard AP-HP, France), Die A. (Bichat Claude-Bernard AP-HP, France), Bortolami M. (Bichat Claude-Bernard AP-HP, France), Gandillot S. (Bichat Claude-Bernard AP-HP, France), Dugravier R. (Hôpital Bichat, France), Greacen T. (Hopital Maison Blanche, Laboratoire de Recherche, France), Saias T. (Hopital Maison Blanche, Laboratoire de Recherche, France)

Background: Parents' mentalization and reflective capacities are a core dimension of parental care and have a significant impact on the infant's attachment status. The Insightfulness Assessment (IA) (Koren-Karie and Oppenheim, 2002) is a semi-structured interview that assesses how mothers apply their reflective capacities when viewing video recordings of their interaction with their child. Three main features are involved in the capacity for insightfulness: (1) understanding and accepting the motives underlying the child's behavior, (2) holding an emotionally complex view of the child, with both positive and negative features, and (3) openness. Nine assessment subscales result in a classification into four categories (1. Positively Insightful. 2. Non-insightful – One-sided. 3. Non-insightful – Disengaged. 4. Non-insightful - Mixed.). IA has been shown to be moderately associated with

infant attachment status and maternal state of mind regarding attachment. Quitmann et al. (2011) show that maternal depression is negatively related to maternal insightfulness and specifically to the ability to see the infant as an independent person. IA has mainly been studied in low risk mothers. However, little is known about the impact of other maternal variables on the maternal insightfulness such as the cultural origin or level of education of the mother or environmental risks. These factors which can influence the quality of mentalization (Allen et al, 2008). Aims: in a population of (>80%) multirisk, mainly first or second generation immigrant mothers living in Paris and its inner suburbs (France), to describe the influence of maternal variables and environmental risk status (interpersonal stressors and socioeconomic stressors) on maternal insightfulness. Method. Within the context of the CAPEDP Project (Parental competencies and infant attachment: preventing mental health problems and promoting resilience), a subgroup of 120 child-mother dyads were randomly invited to participate in a specific sub-project (CAPEDP-Attachment). IA using three video clips (free play, play teaching, changing diapers) was proposed to mothers when their infants were between 12 and 16 months old. Results and discussion. Descriptive analyses about IA will be presented. A minority of mother are classified as Positively Insightful (28%). Prenatal depression (EPDS), immigrant status, level of education and severity of environmental risk are significantly associated with Insightfulness. Mentalization is a complex phenomenon: better knowledge of the factors that impede or improve its expression could have important implications for early childhood prevention interventions.

2270

Foster parents parenting characteristics and attitudes in the first months of placement: Relations to child attachment security and mental health

Lang K. (Friedrich-Alexander-University, Germany), Gabler S. (Friedrich-Alexander-University of Erlangen-Nuremberg, Germany), Zimmermann J. (Friedrich-Alexander-University, Germany), Kliewer J. (University of Applied Sciences and Arts, Germany), Bovenschen I. (University of Erlangen-Nuremberg, Germany), Nowacki K. (University of Applied Sciences and Arts Dortmund, Germany), Spangler G. (University of Erlangen-Nuremberg, Germany)

An affectionate and strong relationship to constant caregivers is the foundation for a healthy mental development of children (Bowlby, 1951). Due to their experiences of neglect, violence and attachment disruption foster children have been found to be a group of highly vulnerable children at increased risk of mental health and attachment problems (Minnis et al., 2006; van den Dries et al., 2008; Oosterman & Schuengel, 2008). To date, little is known about parental variables influencing mental health and attachment problems of foster children. Next to parental attachment representation (Dozier et al., 2001) and parental stress (Jarvis & Creasey, 1991; Guajardo et al., 2009), foster parents parenting characteristics and attitudes might contribute to explain the indices of psychopathology observed among foster children (Robinson et al., 2008; Orme & Buehler, 2001; Ponciano, 2010; Cole, 2005). Therefore, current study investigates foster parents parenting characteristics and attitudes in relation to foster children's mental health and attachment security to gain further knowledge in the field of factors influencing foster children's development in their foster families. The sample consisted of 50 foster parents and their 1 to 6 year old foster children. Foster families were contacted three times during the first year of placement: as close as possible to the child's arrival, six months after placement and 12 months after placement. At each assessment, the caregiver-child dyads were observed twice, once at home and once at the university. Parenting behavior was rated based on different videotaped parent-child interactions (according to Cowan & Cowan, 1992). Parenting attitudes as well as foster children's mental health were measured by questionnaires filled out by the foster parents, the Foster Parent Attitudes Questionnaire (FPAQ, Jones Harden et al., 2008) and the Child Behavior Checklist (CBCL, Achenbach, 1991), respectively. Finally, foster children's attachment security was measured by the Attachment Q-Sort (AQS, Waters & Deane, 1985). Preliminary findings of the first two assessments (initially after placement, six months after placement) are going to be presented. Current analyses are exploring the relationship of parental variables and child mental health and attachment problems in the first six months after placement and the changes over time. First analyses show significant links between attachment security, mental health and foster parenting behavior at wave 1. Attachment security increased within the first six months after placement whereas 50% of the foster children show persistent mental health problems. Analyses of parenting attitudes and wave 2 data of parenting behavior are still running. Results will be presented and discussed due to their relevance for future foster parent training and counseling.

2501

The role of the quality of the institutional context in children's attachment disorders

Oliveira P. (University College London, United Kingdom), Soares I. (School of Psychology, Minho University, Portugal), Fearon P. (UCL, United Kingdom), Belsky J. (University of California, Davis, United States), Fachada I. (University of Minho, Portugal), Mesquita A. (University of Minho, Portugal), Osorio A. (University of Minho, Portugal), Sampaio A. (University of Minho, Portugal), Martins C. (School of Psychology, Minho University, Portugal)

A myriad of institutional characteristics impact on child's experience, with disorders of attachment being theoretically and, to a limited extent, empirically linked to factors like caregiver rotative shifts, large pools of caregivers, and regimentation of routines. There is also some, but not conclusive, evidence that aspects of institutional placement such as age at admission and duration of institutionalization matter when it comes to accounting for disorders of attachment. Therefore, the current study aims to examine which characteristics of the institutional experience, including of placement, context and the primary caregiver, account for variation in attachment disorders among institutionally reared children. Toward these ends, 30 pre-school-aged children placed in Portuguese institutions for at least six months were assessed using The Disturbances of Attachment Interview, which was administered to the caregiver that knew the child best. Age at admission and length of time in institutional care were obtained through the child's case file in the institution. A structured interview to the director of the institution enabled measurement of institutional material (e.g. building maintenance) human resources (e.g., presence of a permanent psychologist), and staffing variables such as children-caregivers ratio and number of caregivers that work with each child. Caregivers also completed questionnaires about their employment experience, such as whether their shifts were rotative, their duties were variable, or whether they received specific training to perform this job, and about their relationships with the children. These measurements will be used in an effort to account for variation in the development of attachment disorders, thereby extending research in this area.

2484

Disturbances of attachment in community and institutionalized children in pre- school age: A comparative study

Carneiro A. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Dias P. (Center for Studies in Human Development, Faculty of Education and Psychology, Catholic University of Portugal, Portugal), Oliveira P. (University College London, Portugal), Fachada I. (University of Minho, Portugal), Baptista J. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Silva J. (School of Psychology, Minho University, Portugal), Marques S. (School of Psychology, Minho University, Portugal), Martins C. (School of Psychology, Minho University, Portugal), Soares I. (School of Psychology, Minho University, Portugal)

In last decades, there has been a significant interest in attachment disorders (AD), with most research focusing on institutionalized children (Zeanah et al., 2005). Tizard and Rees (1975) proved that institutionalized children display atypical attachment behaviors and underdeveloped attachment behaviors towards a broader group of caregivers, while children who live with their biological families show, in general, discriminant attachment behaviors with a restrict group of people. This study aims to examine differences between institutionalized and community children, expanding the knowledge on AD during pre-school. Furthermore, will be examined which mother/caregiver's and child characteristics may contribute to the development of AD, since some informants' characteristics might interfere in the assessment and the perception about the presence or absence of some symptom (De Los Reyes, Younstrom, Pabón, Youngstrom, Feeny, & Findling, 2011). The main research questions are: Is there a difference in frequency of disorders of attachment between community and institutionalized children? Are community mothers more cooperative and sensitive than institutional caregivers? Do institutionalized children display higher levels of difficult temperament, behavior and emotional problems, when compared to community children? Is there an association between AD and characteristics of the mother/ primary caregiver in the institution (in terms of cooperation and sensitivity), and the child's temperament? Can discriminant validity between AD and emotional and behavior problems be determined? The study has a two-group design: institutionally reared children and their caregivers (IG) and community children and their biological mothers (CG). There are two age groups in each group: babies aged between 18 and 30 months (30 IG and 30 CG) and pre-school-aged children aged between 3 and 5 year-olds (30 IG and 30 CG). In both groups, IG and CG, community children and institutionalized children are matched by gender. Mothers and primary caregivers are asked to complete a sociodemographic questionnaire, the Child Behavior Checklist for ages 1 ½ – 5 (CBCL 1 ½ – 5; Achenbach & Rescorla, 2000; Portuguese version Gonçalves,

Dias & Machado, 2007), the Child Behavior Questionnaire (CBQ; Ahadi, Rothbart, & Ye, 1993; Rothbart et al., 2001), the Brief Symptom Inventory (BSI; Derogatis, 1982; Portuguese version Canavaro, 1999), and to answer the Disturbances Attachment Interview (DAI; Smyke & Zeanah, 1999). Mothers and institutional caregivers are also asked to engage in a task that assesses the quality of interaction between them and the child. This task has 3 episodes: 1) mother/primary caregiver and child plays with a difficult toy for the child's age; 2) mother/primary caregiver completes a questionnaire while child plays with non-attractive toys and is forbidden to play with interesting ones; 3) mother/primary caregiver and child play with toys and in the end mother asks child to arrange toys. This task is assessed based on Ainsworth's Cooperation and Sensitivity Scales and on the Atypical Maternal Behavior Instrument for Assessment and Classification (Lyons-Ruth, Bronfman & Parsons, 1999), in order to identify atypical behaviors in mother-child interaction. Data collection is underway. Results will focus on the analysis of group differences, regarding the nature of the relationship with the caregiver (mother vs. institutional caregiver), gender, and age.

2406

Prevalence of reactive attachment disorder in an urban population

Pritchett R. (University of Glasgow, United Kingdom), Macmillan S. (University of Glasgow, United Kingdom), Gillberg C. (University of Glasgow & University of Gothenburg, Sweden), Wallace B. (Glasgow City Council, United Kingdom), Butcher J. (Glasgow City Council, United Kingdom), Young D. (University of Strathclyde, United Kingdom), Minnis H. (University of Glasgow, United Kingdom)

Very little is known about the general population prevalence of Reactive Attachment Disorder (RAD) although it has been assumed to be rare (Meltzer, 2003). Studies have largely focused on institutional or foster care populations although recent epidemiology on infant mental health has included RAD (Skovgaard, 2010). RAD is a serious disorder of social functioning with two subtypes: inhibited (wary, watchful behavior) and disinhibited (overfriendly behavior). It is now known to be associated with significant psychiatric morbidity (Rutter, 2007) and can persist despite changes in care giving context (Gleason, 2011). We report on the first general population study focusing on the prevalence of RAD. We aimed to establish population prevalence using a 3 staged process: in phase 1 teachers and parents completed the Strengths and Difficulties (SDQ) and the Relationship Problems (RPQ) Questionnaires. In phase 2, those children scoring over a predefined cut off point on the RPQ and a random sample of the rest were invited to complete the Development and Wellbeing Assessment (DAWBA) and the Child and Adolescent Psychiatric Assessment RAD module (CAPA-RAD). Those children with a likely diagnosis of RAD were seen at school and assessed with a standardized observation checklist for stranger interaction, the Manchester Child Attachment Story Task (MCAST) and the Wechsler Intelligence Scale for Children (WISC-IV). Our target population was all 1,658 children in primary 2 and 3 of the 29 schools in a large urban sector of Scotland. After an information campaign to teachers and parents, questionnaires, information sheets and consent forms were sent home in school bags. On a defined date, teachers completed questionnaires on all children and encouraged parents to return theirs. Families eligible for phase 2 were interviewed at home and eligible children assessed at school. Over 65% of parents and over 95% of teachers completed phase 1 questionnaires. Data collection for the main study will be complete by the end of October 2011 and over 50% of those invited to phase 2 have already agreed to take part. Preliminary findings suggest a population prevalence of RAD of approximately 1% but this will be confirmed following completion of our data collection. Already it is evident that considerable resources are required to make an accurate estimation of the population prevalence of RAD: of those who have opted into phase 2, we have so far had to make up to 13 phone calls and 5 visits in order to assess the children. Our findings suggest that RAD is not as rare as previously thought but that infants and children with this disorder may be hard to find in the community. References available upon request

2472

Attachment and behavior towards strangers: An ERP approach to social information processing in foster children

Kungl M. (University of Erlangen, Institute of Psychology, Germany), Rohr J. (University of Erlangen-Nuremberg, Germany), Giedigkeit K. (University of Erlangen-Nuremberg, Germany), Zick J. (University of Erlangen-Nuremberg, Germany), Schüring L. (University of Erlangen-Nuremberg, Germany), Spangler G. (University of Erlangen-Nuremberg, Germany)

Theoretical Background. Many foster children have experienced maltreatment or neglect as well as disruptions of attachments, which hinders the development of secure attachment relationships in the foster home (Dozier, 2003).

Beside these difficulties with new caregivers many children in foster care show increased levels of a resistant pattern of indiscriminate approach behavior towards strangers (Oosterman & Schuengel, 2008; Pears, Bruce, Fisher & Kim, 2010) that also has consistently been found in institutionalized children (i.e. Bruce et al., 2009; Chisholm, 1998; O'Connor, 2003). Assuming that early adverse experiences account for persistent maladaptive behaviors by shaping the neural circuits underlying e.g. social information processing (Nelson, 2001) a great body of research has ascertained at risk children's brain functioning using EEG (i.e. Marshall, & Fox, 2004). In fact there is evidence that children brought up in institutions compared to a control sample show abnormal ERP waveforms when processing socially relevant information like familiar and unfamiliar faces (Moulson, Westerlund, Fox, & Nelson, 2009) or emotional facial expressions (Moulson, Fox, Zeanah, & Nelson, 2009). Furthermore, in a normal sample differences in ERP components sensitive to facial familiarity have been associated with infants' stress response to a separation from their mother (Swingler, Sweet, & Carver, 2010). However, research in this area is limited. Hence, our study explores how early experiences of insufficient caregiving are related to attachment security and certain patterns of approach behavior towards strangers, and, furthermore, how these behavioral differences are associated with the processing of socially relevant stimuli on a neurophysiological level. **Methods.** Twenty children (3-6 yrs.) currently placed in foster care were recruited. Additionally twenty children who grew up with their biological parents and were matched for gender and age were included as a control group. Children's attachment status was assessed during an in-home visit using the Attachment Q-Sort (Waters, & Dean, 1985). In the laboratory children's social approach behavior during a ten minute scripted stranger interaction (derived from Tizard, & Rees, 1975) was videotaped and coded for factors of indiscriminate behavior. Subsequently EEG was recorded while children viewed b/w photos of their caregiver's and a stranger's face. Stimuli were presented on a computer screen in random order with equal probability until children have seen the total number of 160 trials. Within this paradigm ERP components (Nc, N170, P400) related to the processing of familiar and unfamiliar faces (i.e. Todd, Lewis, Meusel, 2008) were assessed. **Progress.** Data collection is in progress and will be completed soon. Results are expected early 2012.

Workshop 16: Meeting Room 2.43

2215

Using constructive inquiry to build therapeutic processes in child protection

Priddis L. (Curtin Health Innovation Research Institute, Curtin University, Australia), Howieson J. (UWA Faculty Law, Australia)

This workshop will describe the process of Constructive Inquiry that took place in an evaluation of a Pilot of child protection lawyer assisted pre-birth meetings in Western Australia. The meetings involved a mediation-like process conducted with high-risk pregnant mothers and their families, and professionals from the partner organizations involved in the Pilot. These organizations included Legal Aid, the Children's Court, the Department for Child Protection (DCP) and a local maternity hospital. The primary aim of the meetings was to facilitate agreement between the families (represented by Legal Aid lawyers) and DCP over the protection of the baby—namely whether the DCP would take the newborn babies into care and if so how, when and why. The workshop will discuss the inter-professional nature of the collaboration and present some of the findings of the Inquiry. It will also demonstrate how the constructive nature of the Inquiry was a valuable tool for bringing awareness of the mentalizing stance to the forefront for all professionals at the meetings (mediators, lawyers, prison officers, allied health professionals, child-protection workers) as well as to the expectant parents and families. The bulk of the workshop will discuss how key research domains from the socio-legal context (procedural justice) and from developmental psychology (mentalizing) can be useful in the child protection context. In particular, the workshop will explore how providing explicit support for mentalizing in child protection might add a therapeutic quality to the parent's experience and might pave the way to providing the parents with ongoing supportive parental training to build parent and family resilience. Examples from a local video interaction guidance based intervention that provides such training for parents will be given.

45 Minute Workshop 36: Meeting Room 2.43

2567

How trauma enters development

Witten M. (United States)

Sensory perceptual motor integration and emotional development are flip sides of the same developmental process (Langer, 1984). Sensory motor integration can only occur through the baby's development of six capacities of early emotional development as outlined by Greenspan (1998). The six capacities include: 1) affect regulation and shared attention with a partner, 2) mutual engagement with a partner through an ever increasing range of affects, 3) reciprocal interaction with another person through an expanding range of affects, 4) interactive communication regarding internal affective states, 5) representation of an ever increasing range of internal states through interactive play, 6) emotional problem solving with another person through an ever increasing range of affects. This early emotional development is expressed through constant fine-tuning of ever-expanding sensory perceptual motor functions. Without a 'partner', the baby cannot achieve even the first of these capacities. However, having a partner does not insure physical or psychological growth. The baby requires an emotionally attuned and physically protective partner in order to internally organize the precursors of ego functions. Without interpersonal and object safety, modulating individual sensory perceptual motor differences, traumatic stress that an infant experiences will inhibit sensory integration required to internalize the pre-cursor ego functions. Assuming a safe, protective environment, then, a baby evolves from needs based motor expression of drives, impulses, and affects into more effective, progressively more intrasychically based, symbolically created, emotional and cognitively communicated survival-preserving pre-ego functions with which to manage and shape impulses and drives. When an infant or young child experiences traumatic stress, his or her capacity to acquire survival-preserving pre-ego function of intentionality is what is most impacted by inadequate sensory perceptual motor integration or inhibited range of affect. It is the inhibition of the survival preserving pre-ego function of intentionality that directs the further pathogenesis of compromise formations or developmental transformations. In this exploration I contend that compromise formations resulting from early conflicts, expressed in sensory perceptual motor delay and atypical relatedness are adaptive in the moment, but not for long-term development. I label the compromise formations described by Fraiberg (1987) developmental transformations. In this paper, my aim is to: 1) explain how conflicts result from the baby's attempts to create a safe environment for himself while maintaining affective availability in unprotective relationships, 2) describe the conditions necessary to know and understand [nonadaptive] developmental transformations, 3) present clinical anecdotes (with video) illustrating developmental transformations, and 4) discuss ways we can influence the [nonadaptive] repetition of infantile, adaptive compromise formations.

45 Minute Workshop 34: Meeting Room 2.44

2350

Taking into consideration babies' needs in humanitarian contexts

Bizouerne C. (Action Contre la Faim, France)

In humanitarian contexts, needs of babies are most of the time not assessed and not taken into consideration. This age-group is too often a "forgotten" group. In a disaster or in a conflict, usual community processes and mechanisms are disrupted; members of families might be separated. Peoples have encountered material destructions, human deaths. They might have been injured and/or been displaced. In those conditions, questions are about who is taking care of the babies and what is the quality of that care are important. This presentation will discuss a model called "Baby Friendly Tents" that has been set up by Action Contre la Faim and some other agencies for supporting pregnant and lactating women as well as babies in emergencies. The objective of these interventions is to offer an intimate and secure space for babies and their parents living in adverse situations. They can find advices and material for providing adequate child care practices to their babies, psychosocial support and psychological help when needed. The presentation will describe interventions after Pakistan and Haiti's earthquakes, in the Horn of Africa and discuss with the participants strengths and difficulties of this type of approach in emergencies

45 Minute Symposium 13: Meeting Room 2.44

2570

The transmission of the mother tongue in exile situations

Moro M. (University of Paris, France), Rezzoug D. (University of Paris, France), Simon A. (University of Paris, France), Bossuroy M. (University of Paris, France)

In our modern societies, where people are constantly on the move, mastering several languages is both a precious asset and a commonplace fact. In the field of transcultural care, we put the emphasis on the familial transmissions to promote the development of solid affiliations of the culture shared within the family. This will help the children to create other affiliations with the host society and to learn the host country language. We will show the necessity of the transmission of the mother tongue in exile situation for preventive and clinical issues.

Symposium 51: Meeting Room 2.45

Moderator: Turunen M. (Finland)

2757

It can be done: Treating high risk children in institutional care and hospital inpatient and outpatient services in Japan, Russia, Finland and Germany

Turunen M. (Finnish Association for Infant Mental Health (PIRPANA), Finland), Shigeyuki M. (Konan University Institute of Human Science, Japan), Fukui Y. (Konan University Institute of Human Science, Japan), Zhang Y. (Konan University/The Tavistock and Portman NHS Foundation Trust, United Kingdom), Anne Y. (Graduate School of Comprehensive Human Sciences, University of Tsukuba, Japan), Dovbnya S. (Firefly Children's Network, Russian Federation), Morozova T. (Firefly Children's Network, Russian Federation), Brisch K. (Dr. von Hauner Children's Hospital, Germany), Formichella A. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany), Paesler U. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany), Müller M. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany), Plank-Matias A. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany), Bosl Y. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany), Erhardt I. (Dr. von Hauner Children's Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany)

Environment and Children's Social Emotional Development in Japanese Children's Institutions describes an ongoing study of 16 institutions and 200 institutionalized children aged 9-12. After brief introduction in social history in Japan focusing on children's protection policy, an interim report categorizes different social emotional developmental patterns shown by children with different circumstances. Proposals for some future directions for Japanese social welfare are presented. Institutional rearing environment and children's cognitive/behavioral/social/emotional development and their attachment towards caregivers describes how in Russia, young children living in institutions, "baby homes", need adults focusing on attachment and paying attention to relationship issues. "Is it possible to improve the development and social communication of the young children living in the baby homes via individual relationships with volunteers?" The study looks at institutional rearing environment and children's cognitive/behavioral and social/emotional development and their attachment towards caregivers. Moving treatment from the office to the home describes change of traditional clinical practice in Porvoo Hospital Finland. Presentation Institutional rearing environment and children's cognitive/behavioral/social/emotional development and their attachment towards caregivers focuses on children with early developmental trauma. They need intensive care in psychotherapy in a holding environment with an attachment-based therapeutic approach. Trauma, such as child abuse or deprivation, impairs child development and is correlated with longlasting emotional, social, cognitive and behavioral problems. Yet is it rare for services to provide intensive care in a secure and safe milieu with the emphasis on psychotherapy to promote affect regulation, empathy, and assertiveness, and to reduce anxiety and other trauma-related characteristics. At the Children's Hospital of the University of Munich, an intensive in-patient psychotherapy is implemented as a specific treatment for children with early developmental disorders after severe trauma. A small number of children are undergoing long-term treatment in an in-patient unit. The treatment consists of milieu-therapy, play therapy, and creative arts

therapies within a multidisciplinary team. A pediatric nurse is available one-on-one and acts as a psychological parent for the child. Collaboration with the parents or other primary caregivers helps them to grow with their child's development and to sensitize them to the special needs of their child. Results of pre- and post-treatment diagnostics and of follow-up examinations after discharge will be provided, especially about the positive changes in the attachment representations of the children.

45 Minute Workshop 37: Meeting Room 2.46

2249

Relationship based parenting: Exorcising the ghosts in the nursery

Moses R. (ChildSpace Connections, United States)

War, natural disaster, violence, poverty or personal abuse/neglect often traumatize people in ways that can be passed on intergenerationally. Often immature, under-educated, teen parents, carrying the imprinting of such trauma, appear at risk for passing on the effects of their trauma to their own babies. This workshop presents a primary prevention approach aimed at repairing the effects of such intergenerational trauma by creating a foundation for teen parents to experience themselves as healthy, competent, loveable, successful adults. In this workshop participants will be given an overview of the continuing education programs offered to professionals who work with such parents and infants from birth through independent walking. Using intentional touch, movement and play as psychological building blocks for successful parent/infant bonding and attachment, professionals learn how to teach parents to observe and interact with their babies to better facilitate growth and development in all areas: motor, speech/language, psychosocial, cognition. Parents are given the opportunity to gain new perspectives of their own needs, wants and beliefs as they interact with the professional and the baby. Parents at any and all levels of ability or psychological sophistication, carrying whatever scars from their own personal traumas, can learn skills related to soothing, calming, communicating, engaging, thereby reflecting a "knowing" of what their baby is "saying" and "feeling". The baby's positive responsiveness to the parent's efforts encourage the parent to feel valued, capable, empowered and, most importantly, loved, effectively disrupting the trauma pattern. Lecture, handouts, video, and experiential learning will be used to present the basic principles, methods and underlying philosophy of ChildSpace Connections, demonstrating the essential partnership between the professional, the parent, and the baby in the bonding and attachment process.

45 Minute Workshop 38: Meeting Room 2.46

2351

The generational and the traumatic in parents/baby therapeutic consultations

Missonnier S. (Université Paris Descartes et AEPEA, France), Golse B. (Child Psychiatry Unit, Necker Hospital, France), Beauquier B. (Université Paris Descartes Medecine, France), Waysfeld E. (Université Paris Descartes Medecine, France), Metou Lopes T. (Université Paris Descartes Medecine, France)

In Paris at the Necker Hospital in the unit of child psychiatry (Pr. Golse), a team of four pairs of psychotherapists practice parents/baby therapeutic consultations psychoanalytically oriented. The inclusion of this practice as part of an action research impulse a standardization of framework and data collection. On the occasion of a general review of two years of activity, this workshop is an opportunity to focus on the analysis of technical and theoretical aspects of two essential problematics : the generational and traumatic. From clinical paradigmatic stories focused on the development of intersubjective behavioral, emotional and fantasmatical exchanges between the parents, the baby and clinicians, different modes of generational transmission and traumatic repetition will be explored. The importance of special attention to parental narrative about this generational transmission and possible traumatic repetition will be stressed. Our review leads us to point the relevance of a differentiation of parents who explicitly and spontaneously refer to these themes and those that are initially "speechless" about it. In the latter case, the therapists are led to discuss these issues at the waning of psychotherapy with a temporality and a formalization that need to be clarified. As part of the complex intersubjective relations between parents, baby and psychotherapists, the singular narrative semiology on these two problematics is therefore as an essential part of a psychopathological and technical debate about parents/baby therapeutic consultations. Finally, in an open epistemological perspective, the specificities and convergences of the psychoanalytic conception of generational transmission and trauma with attachment-based interventions, systemic interventions and transactional interventions will be discussed.

Poster Workshop 13: Stress Reactivity, Brain and Genes Auditorium 2 Upper Foyer

Facilitator: Ammaniti M. (Italy)

2216

5-HTTLPR polymorphism is associated to differences in behavioral response and HPA reactivity to a social stressor in 4-month-old infants

Montirosso R. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute E. Medea, Bosisio Parini, Lecco, Italy), Provenzi L. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Tavian D. (Laboratory of Human Molecular Biology and Genetics, Catholic University, Italy), Ciceri F. (Biology Laboratory, Scientific Institute, Medea, Italy), Missaglia S. (Laboratory of Human Molecular Biology and Genetics, Catholic University, Italy), Tronick E. (University of Massachusetts, United States), Morandi F. (Pediatric Unit, Sacra Famiglia Hospital, Italy), Borgatti R. (Department of Child and Adolescent Neurology and Psychiatry, Scientific Institute, Medea, Italy)

BACKGROUND It is well-known that young infants react to physical stress with increased secretion of cortisol by the hypothalamic-pituitary-adrenal (HPA) axis (Gunnar et al 2009). Recently, it has been suggested that a serotonin transporter polymorphism, 5-HTTLPR, modulates early individual differences in stress reactivity to heel-prick (Mueller et al 2010). 5-HTTLPR might express in short (S) or long (L) allele version, resulting in three possible genotypes: LL, LS or SS (Canli et al 2007). S-carriers show altered HPA functioning (Gotlib et al 2008) and adverse developmental outcomes (Caspi et al 2003; Sen et al 2004). Infants are also very sensitive to social stress and previous studies using Still-Face paradigm (SF, Tronick et al 1978) documented that, when faced with an unresponsive mother, they show increased negative emotionality, decreased social-positive engagement (Weinberg et al 1999), and heightened cortisol secretion (Haley et al 2003). Although several studies suggest that maternal engagement modulates infant reactivity to social stress (Gunnar et al 2002), recently there are claims about the role of specific polymorphisms in older infants (Frigerio et al 2009; Luijk et al 2011). Nonetheless little is known about such genetic contributions in the first months of life. In current study we test the hypotheses that cortisol reactivity and behavioral response to SF would be greater in S-carrier infants, controlling for mother's engagement. **METHOD** 62 4-month-old infants and their mothers took part to a modified version of SF procedure which includes a double "still-reunion" exposure (Haley et al 2003). The SF paradigm was videotaped and mothers' and infants' behavior was subsequently coded through ICEP (Tronick et al 2003). Two samples (T1, T2) of salivary cortisol were collected prior to SF (mean value set as baseline value) and three samples at 10 (T3 – early reactivity), 20 (T4 – late reactivity), 30 (T5 – recovery) minutes after SF ended. Epithelial cells using an oral brush were collected for genotyping. Non-parametric statistics were carried among 5-HTTLPR for association with infants' behavioral response, HPA reactivity, and maternal engagement. **RESULTS** 5-HTTLPR was distributed among infants as follows: 19 LL, 35 LS and 8 SS. Behavioral response: Social Monitoring was significantly lower ($p < .05$) in SS infants during both Reunion episodes, compared to LLs and LSs. HPA reactivity: no differences were found for baseline value, late reactivity and recovery. However, SS infants had the highest early reactivity ($p < .05$) compared to other groups. Maternal engagement: no between-group differences were found. **CONCLUSIONS** Findings suggest a "double-risk" pattern associated to 5-HTTLPR SS genotype: overburdening the HPA axis in immediate reactivity and SS infants appear less capable to access maternal regulation of their own distress. Indications for future research and clinical practice are entailed.

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Should neonates sleep alone?

Morgan B. (University of Cape Town, South Africa), Bergman N. (University of Cape Town, South Africa)

Background: Maternal-neonate separation (MNS) in mammals is a model for studying the effects of stress on the development and function of physiological systems. In contrast, for humans MNS is a Western norm and standard medical practice. However, the physiological impact of this is unknown. The physiological stress-response is orchestrated by the autonomic nervous system (ANS) and heart rate variability (HRV) is a means of quantifying ANS activity. HRV is influenced by level-of-arousal which can be accurately quantified during sleep. Sleep is also essential for optimal early brain development. **Method:** To investigate the impact of MNS in humans, we measured HRV in 16 two-day old full-term neonates sleeping in skin-to-skin contact (SSC) with their mothers and sleeping alone, for one hour in each place, before discharge from hospital. Infant behavior was observed continuously and manually recorded according to a validated scale. Cardiac inter-beat intervals and continuous ECG were recorded

using two independent devices. HRV (taken only from sleep states in order to control for level-of-arousal) was analyzed in the frequency domain using a wavelet method. Results: Results show a 176% increase in autonomic activity and an 86% decrease in Quiet Sleep duration during MNS compared to SSC. Conclusion: MNS is associated with a dramatic increase in HRV power possibly indicative of central anxious autonomic arousal. MNS also had a profoundly negative impact on Quiet Sleep duration. Maternal separation may be a stressor the human neonate is not well-evolved to cope with and may not be benign.

2386

Infant-mother face-to-face interaction: The role of early infant individual differences during normal and stressful conditions

Montirosso R. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Bosisio Parini, Lecco, Italy), Fedeli C. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Riccardi B. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Borgatti R. (Department of Child and Adolescent Neurology and Psychiatry, Scientific Institute, Medea, Italy)

Background. Several studies have suggested that, beside maternal sensitivity, early individual differences in healthy infants can affect stress infant response and quality of infant-mother interaction since from the first months of life. Using the Still-Face (SF) paradigm previous research found that not all infants between 2 and 6 months of age interacted with their mothers and reacted to maternal unresponsiveness in similar way (cfr. Papoušek, 2007). However, the study included infants from both clinical and control groups. Furthermore, the identification of infant behavior patterns were not supported by a clear statistical procedure. In the current study we investigate individual differences in a group of healthy infants analysing their behavior by cluster analysis procedure. **Methods.** Seventy-five mothers and their four month-olds infants participated to the SF paradigm. Infants' and caregivers' behaviors were micro-analytically coded and dyadic coordination variables were computed (i.e., matching and reparation). Based on behaviors displayed by infants during the first normal interaction (Play), cluster analysis identified three separate groups highlighting clear different interactive patterns. To examine the differences of the groups during the stressful condition (i.e., mother Still-Face) and the second interactive episode after the maternal unresponsiveness (Reunion) the infant and maternal behaviors and dyadic coordination were compared among groups. **Results:** Cluster A (33%, 12 females): in the Play, the infants interactional patterns were characterized by positive behaviors and social monitoring. They reacted to maternal Still-Face reducing attention to caregiver and increasing interest to environment. Moreover, infants did not show a carry-over effect during the Reunion. Mothers displayed positive emotional behaviors in the interaction with their infant. Dyads were well coordinated and showed high levels of reparation after the stress of the Still-Face episode. Cluster B (60%, 25 females): during the Play infants were focused on environment. In the stressful episode they exhibited an increase of negative affect which was even higher in the Reunion. Mothers behaved in a very similar way of Cluster A mothers. During the Play and Reunion they were not so much coordinated as Cluster A dyads even if they showed high levels of reparation after the stress of the Still-Face episode. Cluster C (7%, 1 female): infants displayed a high proportion of negative affect both in normal interactions (Play and Reunion) and in stressful episode. Across the SF paradigm mothers showed fewer amount of positive affect. Dyads showed low matching levels during two normal interaction episodes. **Conclusions.** Findings confirm that early individual differences moderates the social stress infant response and quality of infant-mother interaction from the first months of life. Implications for future research and clinical practice are suggested.

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Four-month-old infants' memory for a stressful social event measured by respiratory sinus arrhythmia

Montirosso R. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute E. Medea, Bosisio Parini, Lecco, Italy), Cozzi P. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Riccardi B. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Borgatti R. (Department of Child and Adolescent Neurology and Psychiatry, Scientific Institute, Medea, Italy), Morandi F. (Pediatric Unit, Sacra Famiglia Hospital, Italy), Tronick E. (University of Massachusetts, United States)

BACKGROUND As early as in the first months of life infants are exposed to stressful social emotional events on a daily basis. However, little is known about their memory for social stressors. The aim of the present study was to investigate 4-month-old infants' memory for a stressful social event after a 15-day recall interval using measures of both social emotional and physiological reactivity. The Still-Face (SF) paradigm was chosen as social stressful

stimulus because of its well-documented power in eliciting both behavioral and physiological reactions in infants. When exposed to maternal still-face, infants exhibit an increase in negative engagement and physiological signs of stress, such as a decrease of the vagal tone evidenced by a suppression of the Respiratory Sinus Arrhythmia (RSA). A decrease in RSA reflects an individual's active coping in reaction to the stressor and, therefore, a better emotional regulation. Previous studies have documented that not all individuals show a suppression of RSA during the SF paradigm. In this study, in order to verify the role of individual differences in physiological reactivity associated to infants' memory, two groups were identified on the basis of the RSA: infants who showed a decrease in RSA during the maternal still-face episode were categorized as the Suppressor group (SG), whereas those who did not exhibit such decrease as the Non-Suppressor (N-SG) group. **METHOD** 60 infant-mother dyads were randomly assigned to one of two groups: Experimental Group (29 dyads) that was twice exposed to the SF (at 4 months-old, T1-Exp, and again 15 days later, T2-Exp) and Control group (31 dyads) that participated in the SF paradigm only when infants were 4 months + 15 days of age (T2-Ctrl). Infants' social emotional behavior during the SF was micro-analytically coded with 1 sec. time sampling. The proportion of time the infants were in the Negative engagement during each SF episode was used as a measure of behavioral response. Variations in infants' RSA across the SF paradigm were normalized by the baseline value (1 min pre-SF). **RESULTS** No differences both in Negative engagement and RSA were found between T1-Exp and T2-Ctrl, indicating similar response of infants in their first exposure to the SF. No behavioral differences between T1-Exp and T2-Exp were found for SG and N-SG, whereas a different pattern of vagal regulation emerged only for the SG during the SF episode ($p < .05$) between the two exposures. **CONCLUSIONS** No differences in infants' emotional behavior emerged at the second exposure to the SF. However, a memory effect was evidenced by the physiological reactivity associated to individual differences in vagal regulation, indicating that infants who actively cope with social stress during the first exposure (i.e., Suppressors) were able to remember the stimulus at an interval of 15 days. This evidence suggests that memory for stress, even a brief stress, has long lasting physiological effects on infants.

2316

Postpartum anxiety disorders and mother-child interaction: Children's capacity for self-regulation in the still-face paradigm

Mueller M. (Department of General Psychiatry, University of Heidelberg, Germany), Petra D. (Universitätsklinikum Heidelberg, Germany), Klaassen A. (Universitätsklinikum Heidelberg, Germany), Reck C. (Universitätsklinikum Heidelberg, Germany)

Recent studies have shown increased interest in the question of how child development is affected by parental anxiety disorders. In experimental unsolvable problem situations designed for children, it can be seen that parents with an anxiety disorder behave in a significantly more withdrawn manner than parents in a healthy control group, perhaps due to their own stress experience. This would mean that children of parents with anxiety disorders learn less effective coping strategies for dealing with stress situations than children with healthy attachment figures, which in turn increases their risk of developing an anxiety disorder themselves. The goal of the present study was to investigate self-regulation capacity in children (interaction scales and cortisol) during and after a confrontation with a stressor (from the age of three to six months) in the context of the psychopathology of the mother and the interaction behavior within the mother-child dyad. One commonly used experimental paradigm in researching children's self-regulation capacity in stress situations is the so-called still face experiment. It has been repeatedly demonstrated that the still face situation brings about significant changes in the affective, self-regulatory and psychophysiological pattern of infants. Data from children of mothers with anxiety disorders ($n = 44$) and children with healthy control mothers ($n = 52$) was used to analyze self-regulation in the context of specific interactional patterns within the mother-child dyad. Furthermore, dimensional relationships between different anxiety scales, interaction scales and the psychophysiological reaction (cortisol) were examined in the total sample ($N=96$). The results are discussed with regard to their clinical implications.

2384

Neural activation in mothers of preterm and full-term infants: Preliminary findings from a 3T fMRI study

Montrosso R. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Bosisio Parini, Lecco, Italy), Moriconi S. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Riccardi B. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute, Medea, Italy), Reni G. (Bioengineering Lab, Scientific Institute, Medea, Italy), Arrigoni F. (Centre for Neuroimaging in Developmental age, Cesne, Scientific Institute, Medea, Italy), Di Salle F. (Centre for Neuroimaging in Developmental age, Cesne, Scientific Institute, Medea, Italy), Re M.

(Bioengineering Lab, Scientific Institute, Medea, Italy), Del Prete A. (Neonatal Intensive Care Unit, Manzoni Hospital, Italy), Morandi F. (Pediatric Unit, Sacra Famiglia Hospital, Italy), Borgatti R. (Department of Child and Adolescent Neurology and Psychiatry, Scientific Institute, Medea, Italy)

BACKGROUND The birth and hospitalization of preterm infants is very stressful for their mothers, who are concerned about infant survival. Furthermore, early separation from their children causes high levels of anxiety and depression. Functional MRI (fMRI) has been used to inquire the mother's brain activation in the early postpartum period. Recent studies have documented that a reduced cerebral activity in response to negative emotional faces is associated with greater postpartum depression severity and more impaired maternal attachment processes in postpartum depressed mothers. To our knowledge, no study has investigated if the maternal emotional distress associated to preterm condition affects mother's brain responses. The main aim of this study was to inquire the differences in neural activation in mothers of preterm and full-term infants using the fMRI technique. **METHOD** We analyzed 10 mothers aged between 23 and 43 years (mean age = 32.07; SD = 6.01): 6 of full-term infants and 4 of healthy preterm infants (gestational age range 27 ÷ 32). Infants were photographed at 3 months of age (corrected for gestational age in the pre-term group) and after about 2 weeks mothers underwent fMRI. Mothers were shown novel face images of their own infant and of an age-matched unknown infant. Sixty unique stimuli from 6 categories (own-happy, own-neutral, own-distressed, unknown-happy, unknown-neutral, and unknown-distressed) were presented randomly for 2 seconds each, with a variable interstimulus interval. Each MR session was carried out with a 3T Achieva scanner and a 32 channels head coil. The MR protocol consisted of one EPI sequence and a 3D T1 TFE. Imaging data were analyzed with Brain Voyager QX. **2.1. RESULTS** Regardless the infants face-expression, mothers of preterm infants showed brain activation significantly greater than those of full-term infants when they were shown their own infant's face. Both happy and distressed infant's face-expressions were associated to a statistically higher neural activation in the brain posterior regions of preterm infants mothers. The neutral infants' face-expression was associated to higher activations in the brain frontal regions of preterm infants mothers. **CONCLUSIONS** Preliminary fMRI analyses showed different brain activation patterns in preterm infants mothers relative to full-term infants mothers. Higher activations emerged in response to pictures of their own infants regardless the face-expression. This could suggest that some factors associated to the preterm condition (e.g., maternal distress due to early mother-infant separation) could lead the mothers of these infants to allocate more resources during the information processing of their own infant's expressions. Although further investigation is needed to confirm these findings, our results corroborate the importance to promote early intervention focused on the maternal stress in the neonatal intensive care unit.

2759

The interplay of genetic and environmental factors in the development of attention regulation in infants

Puura K. (Dept. of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland), Leppänen J. (School of Social Sciences and Psychology, University of Tampere, Finland), Mantymaa M. (Tampere University Hospital, Finland), Peltola M. (School of Social Sciences and Psychology, University of Tampere, Finland), Lehtimäki T. (Department of Clinical Chemistry, University of Tampere and Tampere University Hospital, Finland), Tamminen T. (Department of Child Psychiatry, University of Tampere and Tampere University Hospital, Finland)

Introduction: Human infants undergo rapid developmental changes in attention regulation during the first months of life, and acquire fundamental components of spatial attention that allow them to flexibly engage, disengage, and shift visual attention in response to changes in the perceptual environment (Hunnius, 2007; Posner & Petersen, 1990). Individual variations in the efficiency of attention regulation in infancy, particularly in attention disengagement, have been shown to be tightly linked with cognitive and emotional functioning in infancy and later childhood (N. A. Fox, Henderson, Pérez-Edgar, & White, 2008; Frick, Colombo, & Saxon, 1999; Johnson et al., 1991), suggesting a foundational role for the early-developing attentional control processes in the development of more advanced cognitive and emotional skills. These processes are most likely affected both by genetic and environmental factors. In our current study we looked at the influence of allelic variations in genes that encodes tryptophan hydroxylase isoform 2 (TPH2, a rate limiting enzyme of serotonin synthesis) and oxytocin receptor, and the influence of maternal interaction behavior on infants' ability to disengage and re-engage in affectively salient facial expressions. **Methods:** Seven-month-old infants (n = 40) were tested for the efficiency of attention shifts from a stimulus with facial expression to a new stimulus in the visual periphery and genotyped for the TPH2 -703 G/T and oxytocin receptor G/A polymorphism. The quality of infants' gaze contact was analyzed with the Alarm Distress BaBy Scale (ADBB; Guedeney & Fermanian, 2001) and maternal interaction behavior with the Emotional Availability Scales, 2nd Edition (EAS, Biringen & Robinson, 1991). **Results:** Observed deviant gaze contact in

infants was correlated with a longer latency in re-engaging with a happy facial expression ($r = 0.3, p < 0.05$). 69% of boys with GA/AA of oxytocin polymorphism had deviant gaze contact in the interaction with their mothers compared to 25% of GG boys ($p < 0.05$). Compared to tryptophan hydroxylase isoform 2 G/G homozygotes, infants with the T-carrier genotype exhibited significantly higher number of missing attention shifts if their mothers were high in structuring or low in sensitivity in the interaction. Conclusions: Together, these results implicate that both oxytocin and serotonin system genes have an effect on early cognitive development, in an interplay with direct environmental factors like maternal structuring and sensitivity in the mother-infant interaction. However, due to small sample size our findings are tentative and need to be replicated in larger samples.

2613

Infant stimuli affect maternal brain responses according to psychopathological risk

Swain J. (University of Michigan, United States), Ho S. (Department of Psychiatry, University of Michigan, United States), Rosenblum K. (Department of Psychiatry, University of Michigan, United States), Finegood E. (Department of Psychiatry, University of Michigan, United States), Richardson P. (Department of Psychiatry, University of Michigan, United States), Marcus S. (Department of Psychiatry, University of Michigan, United States), Akce L. (University of Michigan, United States), Phan L. (University of Michigan, United States), Muzik M. (Department of Psychiatry, University of Michigan, United States)

BACKGROUND: Parenting constitutes evolutionarily conserved attachment behaviors and thoughts to facilitate responses to a distressed infant. These include immediate attention to needs and safety as well as soothing and caring to shape child development. However, the capacity of mothers to generate caring behaviors and thoughts may be compromised by the accumulation of risk factors, including a history of child abuse, post-traumatic stress disorder, and/or major depression disorder. Thus, in this functional magnetic resonance imaging (fMRI) study, we hypothesize that maternal brain responses, proportional to psychopathological risk, include: 1. decreased positive motivating/rewarding/caring regions + increased avoidance and fear regions in response to baby-cry; 2. inhibited self-reflection/empathy brain responses to personalized parenting messages. **METHODS:** Eighteen mothers of 2-7 year old children were assessed for cumulative psychopathological risk and administered the working model of the child interview (WMCI). In a Phillips 3T scanner, participants underwent two types of task in a pseudo-randomized block-design: 1. Auditory baby-cry task, with 30 second-blocks of 3 conditions and a pattern-matched white noise preceded by one of three primers: "a baby crying", "your baby crying", or "you yourself are crying as a baby". 2. Personally tailored message task, with, in which mothers were shown excerpts from their own responses to the WMCI, given within a few days of brain scanning, over two conditions: questioning (e.g., "Think about when [child's name] screams."), and reflecting (e.g., "You find it most difficult to handle when [child's name] screams."). In addition there was a non-parenting-related control message (e.g., "Think about the speed of the internet"). **RESULTS:** For the baby-cry task: Listening to "a baby-crying" vs. white noise activated salience-related regions of extended amygdala and insula, responses correlated with cumulative psychopathological risk. Listening to "your baby crying" vs. "a baby crying" activated reward-related and salience regions of nucleus accumbens and hippocampus. Listening to "you yourself as a baby crying" vs. "a baby crying" activated anxiety- or stress-related regions of middle frontal gyrus, caudate, posterior insula, and habenula proportionally to cumulative psychopathological risk. To benchmark positive and negative motivations, we contrasted "you yourself as a baby crying" with "your baby crying" and, as predicted, found that mothers with higher cumulative psychopathological risks showed reduced neural responses in the nucleus accumbens and hippocampus associated with positive motivation, but enhanced neural responses in the hypothalamus, midbrain, amygdala, caudate, anterior cingulate cortex, insula, and habenula associated with negative emotions of fear and avoidance. For the maternal interview task, directed + open-ended feedback vs. control revealed activation in the self-reflection regions of the dmPFC, precuneus, PCC, and ACC. However, psychopathological risk reduced neural response in PCC and precuneus, suggesting a diminished neural response to the self-reflection brain. **DISCUSSION:** Human parenting behaviors are driven by key stimuli like baby-cries, as well as parent-related thoughts. We use novel neuroimaging tasks to show that psychopathological risk alters parental brain function, suggesting targets for intervention and improved parent-child mental health.

2601

Early brain development 'In the palm of your hand'

Rains M. (Vienna Mtn Consulting, United States), Martzial, LCSW E. (Woodfords Family Services, United States)

This poster illustrates a simple metaphor which introduces parents and service providers to brain development and functioning in infant-parent relationships and which facilitates managing behavioral and emotional self-regulation. The wrist, thumb, and 1st, 4th, and 2nd & 3rd fingers of the left hand respectively represent the brainstem, limbic system, right hemisphere, left hemisphere, and frontal cortex and their primary functions in alertness, sense of safety/danger, relationship interaction, language, memory, and planning. Parents/providers learn the importance of brain regions being connected (fingers folded over thumb), of the role of stress (thumb on the outside of the fist for fight or flight or self-soothing withdrawal), and of lower regions being developed and engaged in order for higher regions to be effective (don't expect good behavioral choices if the child is tired, scared, not in relationship, not using language, or lacking memories of prior experiences with the choices). With this hand model (adapted from Siegel and Hartzell, *Parenting From the Inside Out*) they also learn how to help children 'get it together' in order to promote or recover self-regulation, how to reflect on their own six areas of brain functioning, and how providers can convey this to parents. Print and web-based training resources for parents, infant mental health specialists, and early care and education providers will be described. Multi-lingual and cross-cultural applications will be explored.

Symposium 49: Auditorium 2

Moderator: Swain J. (United States)

Discussant: Boris N. (United States)

2685

Postpartum depression and the parent-infant dyad - Trajectories, dyadic treatment and brain mechanisms

Swain J. (University of Michigan, United States), Volling B. (University of Michigan, United States), Yu T. (University of Georgia, United States), Gonzalez R. (Department of Psychology, University of Michigan, United States), Oh W. (Department of Psychology and Gonda Brain Sciences Center, Bar Ilan University, Israel), Thomason E. (Department of Psychology, University of Michigan, United States), Flynn H. (Florida State University, United States), Ho S. (Department of Psychiatry, University of Michigan, United States), Muzik M. (Department of Psychiatry, University of Michigan, United States), Rosenblum K. (Department of Psychiatry, University of Michigan, United States), Finegood E. (Department of Psychiatry, University of Michigan, United States), Richardson P. (Department of Psychiatry, University of Michigan, United States), Dayton C. (Department of Psychiatry, University of Michigan, United States), Marcus S. (Department of Psychiatry, University of Michigan, United States), Feldman R. (Bar Ilan University, Israel), Barnett D. (Wayne State, United States), Koren N. (University of Haifa, Israel), Oppenheim D. (University of Haifa, Israel), Whelan W. (University of Virginia, United States), Marvin R. (University of Virginia, United States), Boris N. (Tulane University, United States)

The parent-infant bond sets-up infants' future mental health and depends on behaviors - supported by neuroendocrine and motivation-affective neural systems. Parental depression and anxiety impact parenting quality, parent's own emotion regulation, and the child's emerging emotional (affect/attachment). We will present data on peripartum depression trajectories, dyadic problems and treatments, and underlying mechanisms in the parental brain. First, we will present data on the longitudinal trajectories of parental mental health (Volling) after the arrival of the second child with a focus on depressive symptoms. We will also examine how distinct depression trajectory patterns of mother and father dyads were associated with firstborn children's adjustment outcomes (internalizing/externalizing problems, attachment), marital relationships and family contextual factors (daily hassles, division of household/childcare/infant care) in a cohort of 233 mothers and father couples. Finite growth mixture modeling of the two parallel trajectories of mother and father dyads revealed distinct depression trajectory patterns. Results will be discussed in the context of current parenting models within a family systems framework. Second, we will present brain-imaging (Swain/Ho) data on 19 mothers of 3-7 year-old children with a history of anxiety, across major depressive disorder (MDD) and show diminished capacity to support their child's self-regulation. We use two tasks: 1. Auditory baby-cry task, with 30 second-blocks of baby-cry, and 2. Personally tailored message task, in which mothers are shown excerpts from their own responses to the working model of the child interview. Mothers with MDD in response: 1. to baby cry, under-engage empathy regions and over-engage self-oriented and helplessness circuits; while 2. To personalized baby messages, under-engage other-perspective circuits in accord with a disengaged state. The parents that were brain-imaged above were part of a larger cohort that were enrolled in the evidence-based parenting interventions Circle of Security (COS), which aims to increase parental sensitivity and

care-giving responsiveness to children's signals to positively affect child behavior and capacity for effective self-regulation regulation. The latest results of our intervention studies, including coding of parental sensitivity and child attachment before and after intervention will be presented (Muzik/Rosenblum/Marcus). We will also have data on the brain circuits after the intervention. Finally, related integrated brain, hormones and behavioral studies in maternal–infant bonding, will be presented (Feldman) – examining the brain responses of synchronous vs intrusive mothers to dynamic, ecologically valid infant videos and their correlations with plasma oxytocin will be presented in a sample of 23 mothers. Mothers were characterized with micro-coding of dyadic interactions and scanned while observing several own and standard infant-related vignettes. Synchronous mothers showed greater activations in the reward areas and intrusive mothers exhibited higher activations in an anxiety center. Functional connectivity analysis revealed that among synchronous mothers, reward and salience centers were functionally correlated with emotion modulation, theory-of-mind, and empathy networks. An integrated discussion (Boris) will tie-together psychological and biological aspects of peripartum mood disorders and treatment.

Symposium 50: Meeting Room 1.41-42

Moderator: Jones Harden B. (United States)

2740

Home visiting in diverse contexts: Research-program collaboration opportunities

Jones Harden B. (University of Maryland, United States), Roggman L. (Utah State University, United States), Innocenti M. (Utah State University, United States), Korfmacher J. (Erikson Institute, United States), Barries V. (The Parent Centre, South Africa)

Home-visiting programs for infants and toddlers are being implemented in many countries. Support for children's development in the first three years is widely believed to be critical for ensuring their long-term life success and for preventing mortality, violence, and severe poverty for infants living in impoverished or stressful family environments. Various models and approaches to home visiting have shown research evidence of effectiveness, but an emphasis on evidence-based home visiting programs may limit innovative approaches, particularly in new community or cultural contexts. Evidence-based home visiting programs may be implemented with fidelity, but may not always be effective when implemented in new contexts. In this symposium, community and cultural contexts of home visiting will be considered from a research perspective and from a program perspective. The first presentation, "Home Visiting Innovation and Evaluation in an Evidence-Based World," will provide an overview of the general assumptions underlying home visiting as an intervention approach, raise issues regarding the tension between research evidence requirements and innovation in home visiting, and provide examples from diverse home visiting programs. The second presentation, "Parallel Process in Research-Program Home Visiting Collaborations," will consider the application of innovative home visiting research in the US and collaborations to emerging home visiting approaches to prevent child maltreatment in South America. The concept of parallel process will be applied to frame the nature of relationships in families, between program staff members and families, between staff supervisors and the staff members who deliver services, and between researchers and program staff. The third presentation, "Parent-Infant Intervention Home Visiting Program" will be by a home visiting program director in South Africa who has collaborated with evaluation researchers investigating impacts of an attachment-based parent-infant intervention based the Health Visitor Preventive Intervention Program (UK) but adapted to the unique needs of a community in Cape Town, South Africa. The primary goal of this home visiting program is to provide mothers with emotional support and encourage sensitive responsive interactions with their infants. The home visiting program is part of a set of services designed to help parents raise resilient children protected from victimization and abuse.

Clinical Teach-In 17: Meeting Room 1.43-44

2268

Reflective functioning: The process of supervision in infant-mother psychotherapy

Weatherston D. (Mi-AIMH, United States), Ribaud J. (University of Michigan, United States), Guedeney N. (Institut Mutualiste Montsouris, France)

Reflective functioning is considered an essential process in psychotherapy. We will examine the process of reflective supervision as grounded in research about attachment theory and mentalization as a way to enhance and

support the therapist's ability to be reflective while providing intensely evocative infant mental health interventions. Julie Ribaud, LMSW will introduce her work with a parent and very young child and discuss how she struggled to be fully present and emotionally attuned to them. She will describe the process of discerning, through reflective supervision, which reactions were indicative of the dyad-induced countertransference and which were therapist-induced lapses. She will describe how therapist's own triggers create a lapse in attunement and when it is an indicator that the client is struggling with yet unspoken/split off affects. D Weatherston, PhD, will discuss elements of the supervisory relationship that encourage reflective functioning in infant mental health case work. Together, Ms. Ribaud and Dr. Weatherston will discuss their work as supervisor and supervisee, providing examples that illustrate the power of reflective supervision to promote reflective functioning over time, especially where there are negative emotions involved, e.g. sadness, anger and fear. N Guedeney, MD, PhD, will integrate this clinical report in a theoretical framework (Fonagy et al, 2002; Allen et al, 2008, Slade et al, 2005). Three main issues will be examined: the impact of intense emotion, stress and trauma on the therapist's ability or inability to be reflective; the main signs which can alert the supervisor and the therapist to his(her) own reflective abilities and the contextual factors which are well known to interfere with the process (through the activation of the therapist's attachment system. The process of reflective supervision will be considered as a mentalizing intervention.

Symposium 52: Meeting Room 1.62

Moderator: Chapman M. (Australia)

2553

Infants and families in times of crisis: Trauma, adjustment and working in the unknown

Chapman M. (Royal Children's Hospital, Melbourne, Australia), Paul C. (Royal Children's Hospital, Australia), Rance S. (East London NHS Foundation Trust, United Kingdom), Bain K. (University of the Witwatersrand, South Africa)

Infant mental health clinicians work with families and infants in the midst of sometimes overwhelming crises. The infant experiencing disruptive trauma or severe illness may appear to be without a voice, leaving the infant vulnerable in situations where there is family conflict, family dislocation and migration, or major illness and where it can be hard for parents to keep in mind the mind of their baby. One role of the clinician is to assist the family to reflect; to create space for the baby's mind, and help each of them tolerate the terrifying unknown. The good-enough therapist needs to provide a sense of holding and containment for the fearful and immobilized parent. This symposium addresses the role of infant mental health interventions with infants and families in times of crisis, from both a clinical and a theoretical perspective. It will explore the impact of geographic, cultural and psychological disruptions upon the baby and the emerging parent-infant relationship and how trans-generational trauma may emerge as if with powerful ghosts in the nursery. When there is the paralyzing possibility that the baby may not survive, the life-threatening illness may deliver a major disruption to the process of building a lively infant and parent relationship. The first presentation "Working in twilight: Infant Mental Health interventions with babies who may die", examines infant mental health work when the baby is receiving palliative care in a neonatal intensive care unit. It will explore the importance of finding a space for psychological understanding of the infant, and the infant's role in the family, where medical treatment and crises necessarily dominate, and it will outline ways of establishing connections between infants and their families to build memories beyond grief and despair. Practice implications for infant mental health clinicians working with infants and families in this situation will be discussed. The second presentation, "Emotional asylum: the flight from maternal abuse and neglect and the search for a safe internal landscape" will, through two presentations of parent-infant psychotherapy informed by psychoanalytic and attachment theory, chart the way that a troubled mother, in the face of her own experiences of abuse and neglect, may discover her own baby and her capacity to love and nurture her infant. The intervention evolved through an unusual collaboration between outpatient Perinatal and Child and Adolescent Mental Health Services. The therapies explored the mothers' personal psychic journeys in search of a safe enough home within which they could love, rather than neglect or abandon their infants. Their journeys included the disruptive experience of moving from the Caribbean to the United Kingdom. The presentation will focus on two themes of clinical work: the impact of upbringing and migration, and the crucial involvement of fathers and how one may address emerging oedipal conflicts affecting the whole family. The third presentation, "Hold my hand, I'm dying: Identification in attachment and melancholia", explores, within a psychoanalytic attachment theory informed parent-infant psychotherapy, a young mother's experience of the death of her infant. The paper considers the intergenerational transmission of early relational trauma, with a focus on the concept of identification with a lost object, drawing on Freud's concept of melancholia, and a mother's identification with her infant using Winnicott's concept of primary maternal

preoccupation. Post-Kleinian conceptualisation of projective identification and the role it may play in complicated mourning is also elaborated.

Symposium 53: Meeting Room 1.63

Chair: Knauer D. (Switzerland)

Discussant: Puura K. (Finland)

2177

Multidisciplinary diagnosis, structured observation, day care treatment and follow-up study in young children with Autism Spectrum Disorders

Knauer D. (SPEA, Geneva, Switzerland), Hentsch F. (SPEA, Geneva, Switzerland), Lüthi Faivre F. (SPEA, Geneva, Switzerland)

First, François Hentsch will present the Multidisciplinary Developmental Consultation specialized in ASD and Structured Observation in situ that was created in order to improve the diagnostic evaluation of these children and their families in terms of early onset, the children's specific developmental needs, and their relationship with their parents. This "Weekly Consultation" is done by a multidisciplinary team consisting of psychologists, speech therapists, psychomotor specialists (i.e. a specific discipline related to but distinct from occupational and physical therapy), and child psychiatrists. This team chooses, after discussion, a large number of cases to be presented at the "Monthly Council" that brings together a larger network of child psychiatrists, developmental pediatricians, pediatric neurologists and clinical geneticists. This Council helps to render the diagnosis and co-morbid conditions more precise and also implements the requirement for an in-situ observation. This structured observation of 4 half-days takes place at one of two of our Day Care Units within our Service and focuses on the child's current functioning in relation with other children and educators. This observation gives parents an opportunity to attend jointly with staff to their child's functioning in this therapeutic setting and to build a solid working alliance. Second, Dora Knauer will present how we work clinically at our two Day Care Units for Autistic Preschoolers that receive as many as 36 preschool-age children for as many as 3 to 4 years of care. Integrating relationship-based, developmental, and special education approaches, our clinical work with these children and their families emphasizes the engagement and regulation of affect individually, with the family, and through small skill-building groups that focus on different domains such as speech and language, motor coordination, as well as neuro-psychological, cognitive and learning competencies. Third, Fabienne Lüthi Faivre will present a Follow-up Study of a cohort of these children that is based on standardized evaluations of autistic symptoms that include measures of reciprocal social interaction, communication, restricted and stereotyped patterns of behavior and intelligence. The recruiting is still ongoing. So, preliminary findings for our current sample of 44 children at time 1 (time of initial assessment) will be discussed. In summary, these preliminary findings suggest improvement in terms of reduction of social and communicative impairment, and development of competencies that are known to be predictive characteristic of positive evolution.

Clinical Teach-In 18: Meeting Room 1.64

2669

Babies in parents' mind: what happens when perinatal loss occurs? Transformations of bereaved parents' mental representations of their baby

Noël R. (UQÀM (Université du Québec à Montréal), Canada), Émond J. (CSSS de Laval, Canada)

Several clinical case reports about parents who lost their baby during the perinatal period and to whom we offered clinical treatment for their bereavement process will be presented in order to illustrate the transformations of parents' mental representation of their baby. The specific contribution of this clinical teach-in is that it will lead to a better understanding of the different steps occurring in the psychic process of bereavement in terms of transformations of the «baby in mind» mental representations, in the internal world of the parents. The richness and the diversity of clinical cases is another point of interest, illustrate a clinical practice that has been developing for many years. We take the perspective of bereaved parents' inner world, as we try to be as close as possible to psychic transformations involved in the construction and loss of a baby plan. We choose this intrapsychic point of view in order to better understand the psychological distress of these parents, and to explain how clinicians can offer better support during this long and difficult bereavement process, which particularities will be highlighted. We will discuss

the necessary but paradoxical psychic work, consisting first in giving existence to the lost baby and then, in working on the psychic lost. How is it possible to make this lost baby more real and less virtual in order to make room for the loss, which is felt at the beginning as impossible and unthinkable? How can parents work through the often traumatic dimension of this loss and the feelings of unreality. Still from the perspective of the parents' inner world and in terms of their «baby in mind» transformations, we will consider the announcement of a new pregnancy after losing a baby. How will the new «baby in mind» be built from the previous «baby in mind» and from the reality of baby loss? How could we, as clinicians, support the double task inherent to this new pregnancy—that is, the ongoing bereavement psychic process about lost baby re-experienced by the parents through this new pregnancy, and the building of a new «baby in mind»? How can we conceive appropriate clinical support to preserve their future as parents? And from a broader perspective, what is the function of the «baby in mind» and its history in the construction of parenthood? Through these transformations of the mental representations of the baby in parents' inner world, we will consider the parents' needs across time, in order to conceive clinical practice of perinatal bereavement and clinical support for these parents during subsequent pregnancies. We think in terms of prevention action for the parents' mental health and for the future of the subsequent babies. As every perinatal clinician practice, we have to remember how important it is to consider our own baby's history: it will help us to offer parents with injured parentality a clinical support based on a know-how regulated by a know-how-to-be, far from a pre-established protocol.

Poster Workshop 11: Prematurity Meeting Room 2.41-42

Facilitator: St. André M. (Canada)

2535

DC: 0-3 classifications in tube dependent children

Wilken M. (Spectrum Pediatrics, LLC, Germany)

The prevalence of young children becoming feeding tube dependent has dramatically increased in the past 20 years. It has been suggested, that the prevalence of feeding disorders in children with feeding tube dependency is high. However, only a few studies have evaluated the prevalence of an associated psychological diagnosis. In this study, the prevalence of DC: 0-3 diagnosis were evaluated. Methods: In an outpatient setting for feeding tube weaning, a psychological diagnostic was conducted to determine the readiness for feeding tube weaning. The evaluation included a feeding and play evaluation, as well as a structured questionnaire and analysis of medical reports. The diagnostic evaluation followed a structured evaluation schedule. Results: 26 children were involved in the study group. Two children were excluded. 24 children remained in the study group (15 male, 16 female) with a mean age of 20.9 months (12.4) at the beginning of the treatment. An Axis 1-Diagnosis has been given in 95.8%, in which the majority of children had a feeding disorder diagnosis (83.3%). In 13 cases, the parent-child relationship justifies an Axis 2-Diagnosis. With regard to Axis-3 the most frequent medical diagnoses were prematurity (7), heart failure (5), and congenital malformation of gastrointestinal tract (5). With Axis-4, the median was 2 (r: 1-4) for psychosocial stress level. Most children failed to show full social emotional development on Axis-5. Discussion: In a high percentage of children with feeding tubes, criteria was fulfilled for an Axis-1 diagnosis. More research is necessary with regard to pathogenesis and readiness for feeding tube weaning.

2388

Regulatory competence and social communication in term and preterm infants at 12 months corrected age. Results from a randomized controlled trial

Olafsen K. (Østfold Hospital Trust, Norway)

Temperamental regulatory competence and social communication in term and preterm infants at 12 months corrected age was studied in a randomized controlled intervention trial aimed at enhancing maternal sensitive responsiveness. Surviving infants <2000 g from a geographically defined area were randomized to an intervention (71) or a control group (69), and compared with term infants (74). The intervention was a modified version of the “Mother-Infant Transaction Program”. Regulatory competence was measured with the Infant Behavior Questionnaire, and social communication with the Early Social Communication Scales. Preterm intervention infants with low regulatory competence had higher responding to joint attention than preterm control infants. A sensitizing intervention may moderate the association between temperament and social communication, and thus allow an alternative functional outlet for preterm infants low in regulatory competence. The finding may have implications

for conceptualizations of the role of early sensitizing interventions in promoting important developmental outcomes for premature infants.

2661

Development outcomes of preterm children reared in different social environments

Chernego D. (Department of Psychology, St. Petersburg State University, Russian Federation), Vasilyeva M. (Department of Biology, St. Petersburg State University, Russian Federation), Muhamedrahimov R. (Department of Psychology, St. Petersburg State University, Russian Federation)

The study highlights the role of the early social-emotional experience in the development of premature children. The subjects were three groups of children (born at 30-36 gestation weeks) from birth to 36 months reared in: 1) typical orphanage with no intervention program; 2) orphanage after the implementation of the intervention program; 3) families. The orphanage intervention program included “training” focused on caregiver’s socially responsive interaction with children and “structural changes” that increased the stability and consistency of caregiving environment (The St. Petersburg-USA Orphanage Research Team, 2008). Assessments of personal-social, motor, adaptive, language, cognitive and general developmental skills were administered at 3; 6; 9; 12; 18; 24 and 36 months using Battelle Developmental Inventory.

Results indicated preterm children reared in different social conditions had different developmental outcomes. Infants brought up in families or in the conditions of a family environment in orphanages scored higher than preterms brought up in typical orphanage with no intervention. Early social-emotional environment altered and shaped preterm children’s developmental process producing specific effects on various developmental domains.

2720

Eating and behavioral problems amongst extremely preterm children at age 6 years in a whole population sample

Samara M. (Kingston University London, United Kingdom), Wolke D. (University of Warwick, United Kingdom), Marlow N. (University College London, United Kingdom)

AIM The aim of this study was to investigate the prevalence of eating problems and their association with neurological and behavioral disabilities and growth among children born extremely preterm (EPC) at age 6 years. **METHOD** A standard questionnaire about eating was completed by parents of 223 children (125 males [56.1%], 98 females [43.9%]) aged 6 years who were born at 25 weeks’ gestation or earlier (mean 24.5wks, SD 0.7wks; mean birthweight 749.1g, SD 116.8g), and parents of 148 classmates born at term (66 males [44.6%], 82 females [55.4%]). All children underwent neurological, cognitive, and anthropometric assessment, and parents and teachers completed a behavior scale. **RESULTS** Eating problems were more common among the EPC than the comparison group (odds ratio [OR] 3.6, 95% confidence interval [CI] 2.1–6.3), including oral motor (OR 5.2, 95% CI 2.8–9.9), hypersensitivity (OR 3.0, 95% CI 1.6–5.6), and behavioral (OR 3.8, 95% CI 1.9–7.6) problems. Group differences were reduced after adjustment for cognitive impairment, neuromotor disability, and other behavior problems. EPC with eating problems were shorter, lighter, and had lower mid-arm circumference and lower body mass index (BMI) even after adjusting for disabilities, gestational age, birthweight, and feeding problems at 30 months. **INTERPRETATION** Eating problems are still frequent in EPC at school age. They are only partly related to other disabilities but make an additional contribution to continued growth failure and may require early recognition and intervention.

2273

Mental health intervention with premature infants and their mothers in a South African community based hospital

Maharaj S. (Rahima Moosa Mother and Child Hospital, South Africa), Koursaris J. (Rahima Moosa Mother and Child Hospital, South Africa)

Rahima Moosa Mother and Child Hospital is situated in Coronationville in Johannesburg, South Africa. The Rahima Moosa Psychology Department has historically focused its efforts on children and adolescents aged between 5 years and 16 years. Despite the fact that Rahima Moosa is a mother and child hospital we found a severe lack of psychological intervention which focused on infants and their mothers. A needs analysis was conducted through informal interviews with the peri-natal staff of the hospital and what emerged was recognition of the need for psychological intervention with infants and their mothers. Premature infants were flagged as being specifically at

risk as the complications that accompany prematurity not only affect the infants but also their mothers' psychological and physical capacities. The hospital has a Kangaroo Mother Care ward which accommodates premature babies and their mothers until the babies are physically well enough for discharge. This ward was chosen as a site of intervention, not only because these dyads are at high risk, but also because they are more accessible to the psychologists than dyads who have been discharged and who very often can't afford to travel back for treatment. The intervention in the Kangaroo Care Ward began with weeks of observation of the dyads as well as discussions with the mothers and nursing sisters. The intervention then became a fixed session once a week in the ward where the psychologists work with all available and interested dyads at the same time at their bedsides. The early anxiety of the therapists led to the initial phases of the intervention to focus on psycho-education and general discussion of the mothers' experiences at the Kangaroo Ward. With the help of supervision and the analysis of the therapist's strong countertransference feelings, the intervention progressed to have a more meaningful focus on the psychological experience of the premature babies and the meanings attributed to prematurity by the mothers. The mothers have also been increasingly provided the opportunity to flesh out their own histories' and experiences relating to motherhood. Supervision revealed that the therapists, like the mothers, often struggled to 'see' these tiny, fragile, and often medically vulnerable babies and to hold them in mind. Armed with this knowledge, the therapists were empowered to proactively keep the babies in mind which helps the mother to recognize an alive and separate, albeit premature baby, in her mind. Given the uniqueness of the context and the work being conducted with premature infants, we feel that presenting the above information in a poster will highlight challenges to working with premature babies and their mothers as well as contribute to a growing body of work on methods of intervention with infants and their parents.

2424

Family interactions at preterm birth: Preliminary analysis of parents verbal exchanges and children attachment

Velotti P. (University of Genoa, Italy), Cataudella S. (University of Cagliari, Italy), Di Folco S. (University of Rome "Sapienza", Italy), Cavanna D. (University of Genoa, Italy), Zavattini G. (Department of Dynamic and Clinical Psychology University of Rome "Sapienza", Italy)

Introduction: The first triangular interactions (mother-father-child) have in recent years the focus of researchers (Fivaz-Depeursinge, Corboz-Warney, 2000). The way in which the triad organizes its communication patterns are analyzed in different contexts and with different methodologies. In this perspective the study of the first verbalizations that the couple used in parental interactions with the child is of considerable interest (Stern, 1995). Aim: To identify a specific verbal pattern in early parent-child interactions and to evaluate their correlation with the pattern of attachment to the mother shown by children at 12-18 months. Method: Participants were 12 Italian couples and their firstborn child, who were part of a study on the transition to parenthood in samples at risk. Mothers were between 30 and 38 years of age ($M= 36.7$, $SD= 3.4$) and fathers were between 32 and 41 years of age ($M 38.2$, $SD 3.6$). All parents had completed high school and most (93%) had some or a full college education. Infants were approximately five days old at the time of the first videotapes. All the children were preterm (mean gestational age 28 weeks; $SD: + 2$ weeks). The average weight of the infants were 1086 grams ($SD: + 161$ grams). The 84% of the infants examined have neurologic and / or pulmonary with an average of 71 ($SD: + 27$) days of hospitalization. Procedure consists in 4 videotaped interactions. The attachment to mother at 12 -18 months was assessed by the Strange Situation Procedure (Ainsworth et al, 1978). The verbal exchanges of the parents during the interactions were transcribed and analyzed with the program ATLAS.IT. At the time were considered the first 15 minutes of each interaction (average length: 20 '). Results and Conclusions: Initial findings show that the language used by the parental couples of the "future secure children" was more rich with a greater number of expressions regarding baby, emotions, needs. These data suggest that parental couples of the "future secure children" from the early interactions with the child, organized a specific pattern characterized by greater communication, capacity of representation of the other (use of the name, the presence of inclusions of the partner) and greater ability of discrimination of emotional states.

2560

Negative emotions, stress and inflammatory cytokines in parents of preterm infants in comparison to parents of infants born at term

Fransson E. (Department of Women's and Children's Health, Karolinska Institute, Sweden), Risholm Mothander P. (Stockholm University, Sweden), Böhm B. (Karolinska Institute, Sweden), Ekman Ordeberg G. (Karolinska Institutet, Sweden), Lekander M. (Stockholm university, Sweden), Hjelmstedt A. (Department of Women's and Children's Health, Karolinska Institute, Sweden)

Background. Increasing evidence indicates that psychosocial factors play a role in the etiology of preterm birth and studies have suggested a connection via the inflammatory pathway. Furthermore, preterm delivery is described as a stressful event and stress is suggested to lower the threshold for psychological health problems as well as to interfere with parental functioning. In this study, we investigated possible associations between negative emotions and inflammatory factors (cytokines) in mothers during delivery (preterm as well as term). In addition, we studied perceived stress and cytokines after birth and at four months in mothers and fathers of preterm infants compared to mothers and fathers of full term infants. **Methods.** At delivery, the groups comprised 27 mothers giving birth preterm and 37 mothers giving birth at term. Mothers filled in the Positive and Negative Affect Schedule (PANAS) and reported previous depressive symptoms during pregnancy. When the infant was born, the groups comprised 38 mothers and 36 fathers of preterm infants and 40 mothers and 37 fathers of term infants. The parents answered the Perceived Stress Scale (PSS) early post partum and at infant age four months, corrected age for preterm infants. Blood samples were drawn from mothers during labor and from both parents 24-72 hours post partum and at infant age four months. The samples were analyzed for the cytokines IL-6 and IL-8. **Results.** In the preterm group of mothers, labor cytokines (IL-6 and IL-8) were positively associated with negative emotions. There were no differences in the mean affect scores or in the proportion of women reporting depressive symptoms between the preterm and term groups. Early post partum, mothers of preterm infants had higher mean PSS scores than mothers of full term infants, however, at infant age four months there were no differences. PSS scores did not differ between fathers in the preterm and the full term group. Mothers' PSS scores were significantly associated with higher IL-8, but not IL-6 early post partum but not at four months. Fathers' PSS scores and cytokines were not correlated at any time-point. **Conclusions.** The findings indicate associations between negative emotions and maternal immune activity in women giving birth preterm. Furthermore, mothers of preterm infants report significantly higher level of stress after delivery than mothers of term infants. Stress scores at this time were associated with higher IL-8 for mothers. At infant age four months, the stress scores were similar for the two groups of mothers. Stress in fathers of preterm infants did not differ from fathers of term infants.

2254

Efficacy of a brief and early intervention based on the evaluation of newborn premature baby development: Mothers' perceptions, stress, and depression

Costas-Moragas C. (Universitat Autònoma de Barcelona, Spain), Martínez-Gertner M. (Universidad Alberto Hurtado, Chile), Fornieles-Deu A. (Universitat Autònoma de Barcelona, Spain), Botet-Mussons F. (Hospital Clínic de Barcelona, Spain)

Objective. The birth of a premature newborn is a stressful situation for its parents. In this context, our purpose was to assess the impact on mothers' level of stress, depression and perceptions by means of a brief and early intervention based on the evaluation of newborn premature baby development using the Neonatal Behavioral Assessment Scale (NBAS). **Method.** Participants were 32 healthy mothers with their newborn premature babies under stable clinical conditions (gestational age: 24-34 weeks; birth weight: 673-1.490 g) and without congenital anomalies. They were assigned to two groups: Experimental (n=17, weight media=1119g, SD 310.3) and Control (n=15, weight media=1079.33g, SD 239.4). In the initial phase (shortly after the newborn's birth), all the participants answered the Edinburgh Postnatal Depression Scale (EPDS) and the Parental Stressor Scale: Neonatal Intensive Care Unit (PSS:NICU). The intervention with the experimental group consisted in two sessions during hospitalization. The use of the Neonatal Behavioral Assessment Scale (NBAS) in the presence of the mothers was the core of the intervention. In addition to this, we also included information regarding premature babies' characteristics and behavior, management skills within potential difficult situations, preparation for discharge, etc. All of this information was delivered orally and through a video. The control group received standard care. In the latter phase all mothers completed the EPDS and PSS:NICU again, and also the Mother and Baby Scales (MABS), just before discharge. **Results.** In the initial phase, 53% of the sample met criteria for maternal depression according to the EPDS. In the latter phase, women in the control group presented higher levels of depression ($X^2=3.333$,

$p=0.068$). Regarding stress, there were no significant differences among women of both groups. Mothers' highest stress levels were related to feeling their role as mothers disrupted: on average, in both evaluations, mothers described the experience of having a baby at the NICU as "very stressful". After intervention, mothers who participated in the experimental group felt significantly more efficient ($p=0.067$; U Test=68) and self-confident ($p=0.037$; U Test=62.5) in taking care of their baby. They also had a clear inclination to estimate their babies' temperament as "easier" to handle. Conclusions. Although maternal depression symptoms can cease spontaneously, it is interesting to note the close to statistical significance reduction in maternal levels of depression after the NBAS based intervention. Even if a significant reduction in levels of stress was not accomplished by the intervention, it did have a positive effect among mothers of the experimental group: they gained self-confidence and efficiency in taking care of their babies, as well as in their appreciation of their babies' temperament. This study was partially supported by grant from the Ministerio de Ciencia e Innovación (PSI2010-18193)

45 Minute Workshop 39: Meeting Room 2.43

2283

A longitudinal study on family interaction using the LTP paradigm from infancy to the age of 15

Hedenbro M. (Karolinska Institute, Sweden)

A follow-up study examining family interaction with 15 year old participants is conducted using the Lausanne Trilogue Paradigm (LTP). The LTP situation was used several times in earlier stages of the study before the participants reached the age of four years and they were also videofilmed in their homes. The Child-Parents-Interaction-Coding-System (CPICS) assessment scale was used to do microanalysis focusing on variables such as child and parental contribution, affirmation, clarification, turntaking, third party role, inclusion, interruption, triangulation, transitions and gaze. A good alliance with synchronized interaction between the three family members was found to be vital for the children's development of turntaking and later good social competence in preschool. It was also found that the lack of this turntaking sequences in infancy was related to communicational difficulties later in school. In the present study when the participants are 15 years of age the LTP setting is used with the family interacting in a game as well as in a storytelling task. We will discuss patterns and variables that are related to early interactional dynamics.

45 Minute Workshop 40: Meeting Room 2.43

2662

To fall asleep alone for the baby... Subjectivation processes about separation. Approach based on observation of mother-father-baby interactions

De Gheest F. (Université Libre de Bruxelles, Belgium), Courtois A. (Université Libre de Bruxelles, Belgium), Delvenne V. (Université Libre de Bruxelles, Belgium), Duret I. (Université Libre de Bruxelles, Belgium)

Objective: The main objective of the study is to identify triadic adjustments between parents and infant at the particular moment they put their child to bed during the first year of life. To fall asleep alone is a learning that the baby does with his parents. This participates to the baby's psychic construction and already to his autonomization process. This learning awakes the anxieties of separation, the "ability to be alone" from each parent and how they respond in their relationship at this level. These issues are negotiated in each family in their own way, according to the characteristics of the child and the family history. **Methods:** the design of the research is a semi-longitudinal study, following families during the first year of life of the infant. We meet ten families at birth, 3 months, six months and one year after birth. These time points involve changes in the baby's mind (primary intersubjectivity, referential form) and in the cycle of life of the family (when the mother gets back to work for example). **Population:** participants are couples experiencing for the first time the parenting process. They have had no particular problem at child's birth (Apgar =7) or during pregnancy. Sleep disorders are described with the Symptom Check-List and the diagnosis is made with the CD 0-3 at one year and are described with the Symptom Check-List. These data are linked to the observation of interactions at a behavioral and an intrapsychic level. The behavioral level is reached by the Lausanne Trilogue Play. A projective tool (T.A.T.) is used to describe intrapsychic functioning of each parent. The Entretien-R is also used to reach parental representations of the baby. Finally, the attachment is investigated (Parental Bonding Interview-PBI and a "Auto-questionnaire d'attachement parent-

enfant"). Results: we will discuss the hypothesis and the methodology which are illustrated by preliminary results issued from pre-tests. In particular we will present two case studies issued from these preliminary results.

45 Minute Workshop 41: Meeting Room 2.44

2752

Training health practitioners in infant mental health, a two year interdisciplinary postgraduate course

Anke T. (Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Norway), Haug S. (Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Norway), Brandtzæg I. (Regional Center for Child and Adolescent Mental Health, Eastern and Southern Norway, Norway)

A main goal of the Regional Center for Child and Adolescent Mental Health in Eastern and Southern Norway (R-BUP) is to provide health practitioners with training and new, updated knowledge in the Mental Health field. This presentation will focus on a two-year post graduate course in Infant Mental Health, which has been implemented in Oslo, Norway. The course is interdisciplinary and cross-institutional, with a wide variation in the professional background of the students. All of the students have an academic education equivalent to at least a bachelors degree. The students work in Primary Health Care, Maternity Ward, Child Protection, Substance Abuse Clinics and Infant Mental Health Clinics. The study is informed by attachment theory and based on developmental psychology, with focus on the transactional model. The aim of the training is that the students obtain knowledge and understanding in early development, and the significance of the first years of life to later development. The students learn about risk factors, assessment and assessment tools, abnormal development and early diagnostics - all with focus on both the developing infant and the relationship with caregiver. Additionally, the students develop understanding and skills in relation-oriented interventions. Throughout the course, the students present own clinical material. In the workshop, the content of and the experiences with the course will be presented and discussed

45 Minute Workshop 42: Meeting Room 2.45

2576

On the edge: Working with young parents who have complex mental health problems and their babies

Gracias S. (Families Inc CIC / INCITE Training & Consultation, United Kingdom), Judge D. (Families Inc CIC & Partner INCITE Training and Consultation, Young Peoples Substance Misuse Service, United Kingdom)

This workshop will address the issues presented by young people presenting with complex mental problems (such as ADHD and Substance Misuse) and their babies. Our focus will be on keeping the baby in mind, while treating their young parent (who will have developmental needs of their own) and working in a complex network. We will present material that highlights: • problems that can be encountered in accessing services especially when the young parent falls between child and adult service provision; • coping with splits that can arise in a multiagency context. • dealing with child protection concerns; • assessing the early relationship using appropriate tools (such as the CARE-Index and the Working Model of the Child Interview); • packages of care that focus on the parents' needs (such as housing, relationships and medical needs) and the babies needs most particularly the development of the early relationship. • The use of Watch Wait & Wonder in Therapy. The workshop will be illustrated by case material from our clinical practice.

45 Minute Workshop 43: Meeting Room 2.45

2456

Facilitating healthy infant attachment for urban teen parents in foster care: A strengths-based psycho-social approach

Johnson X. (Family Matters of Greater Washington, United States)

In the United States, an estimated 423,773 children were placed in foster care according to the 2010 report from the Department of Health and Human Services. The primary reason for removing a child from their family of origin reflects serious concern by social services institutions for the child's physical and emotional safety. Contributing factors to this disturbing, yet upward trend of increased foster care placements include but are not limited to: low socio-economic status, lack of parental support, and maladaptive familial patterns. In addition to being in foster

care, many young people, particularly urban youth, have experienced prolonged foster care placement. As opposed to returning to their families of origin within several months, urban youth may remain in care for a number of years. They may even remain in foster care until reaching the age of 21 at which time, they no longer have access to the resources and supports that were available to them while they were in care. This is equivocally the case despite novel legislation and collaborative initiatives to reduce and ultimately ameliorate extended foster care. Prolonged foster care has been documented as having notable negative effects on the psycho-social development and functionality of children in care. Prospective outcomes are pediatric anxiety and/or depression diagnoses, placement instability, placement disruptions, and or psychopathology in adolescence. Out of the young people placed in care and in 2010 the National Campaign to Prevent Teen Pregnancy determined that by age 19, 48 percent of teen girls in foster care have been pregnant. Teen girls in foster care are also two and a half times more likely than their peers not in foster care to experience a pregnancy by age 19. Research has additionally established that children born to teen parents are 2.2 times more likely to be placed in foster care. However, healthy infant attachment for children born to adolescents in foster care can indeed be cultivated with strengths-based mental health interventions. This workshop takes a myopic view of the relationship between risk factors for primary foster care placement & urban teen parenthood while adolescents are in care. The examination is conducted through a clinical case review about an urban teen mother raising her infant while in foster care. The approach presented outlines, with rigorous clinical detail, the multi-dimensional, strengths-based treatment employed. Participants are invited to consider non-traditional methodologies for adaptively utilizing complex trauma, prolonged foster care, and baseline adolescent attachment skills towards establishing security in an infant. Additional case studies will be presented, offering participants the pivotal opportunity to refine an eclectic attachment based method for optimal prognoses for teen parents and their babies.

45 Minute Workshop 44: Meeting Room 2.46

2237

"What a Dilemma !": A case study of an approach with a 3.5 year old boy and mother where the therapeutic action is relationship led

Tuters E. (Hincks-Dellcrest Children's Mental Health Centre, Canada)

Using concepts from Attachment Theory (Bowlby, 1979), as well as concepts of unconscious mental life (Freud, 1914, 1929); containment &/or failure of containment (Bion, 1962); observation and the use of play (Tuters & Doulis, 2000); working with the present moment (Stern, 2004); transference/countertransference exists within an inseparable intersubjective matrix (Ogden, 1994); and potential space (Winnicott, 1971); Work with disruption and repair and the development of a reflective capacity in each-parent, child, therapist (Fonagy et al, 2002).

I will present a case for study, where the essentials of intersubjectivity are between the child, mother and therapist and the observational stance is always from within the intersubjective field. We will look at the moment-to-moment interaction and focus on the shifts in the child's play and his ability and/or inability to relate to the important other, using psychic equivalence and/or pretend mode (Fonagy et al 2002) to regulate his affective sense of self.

45 Minute Clinical Teach-In 6: Meeting Room 2.46

2580

A baby with 8 months as a co-therapist! From intersubjective co-creativity to the co-construction of attachments

Lourenço L. (NIB (Baby Investigation Nucleus), Portugal)

Authors: Lourenço, L.; Baby Investigation Nucleus (NIB), parents and babies

Purpose: These therapies were co-created with the helping hand of the parents and the babies who started this project with us – NIB Moments' Therapy, – (To be Born, To Innovate, To Play). They are based in a therapeutic model with parents and babies being developed by the NIB Team in its headquarters: The Play Place. The emphasis is in gaining health and developing playing abilities, promoting the self-knowledge and self-awareness of the intersubjective skills of every player. We wish to encourage the mental health technicians in the discovery themselves as human beings enablers of the Relation, capable of helping the parents being parents and the babies being babies. Methods: The Baby Investigation Nucleus (NIB) defends a preventive, clinical and pedagogic model. "NIB Moments' Therapy" focuses on developing complementary relationships and participative observation, co-

creating a new paradigm and methods for the work with parents and babies. Sessions of 45 minutes are recorded by a co-therapist of individual families or groups of families. These recordings are analyzed every week by the therapists and every six months by the parents on their own, aiming to assess the relational transformations that occurred during the therapeutic process and in their daily lives. Sample: Today we will present a 15 minute video made of excerpts from a sequence of various sessions, where Leonardo (8 months old), by means of his intersubjective ability, demonstrates the importance of implicit knowledge in the treatment of a depressed baby Gonçalo (3 months old). Discussion: We will discuss how NIB Moments' Therapy, based on Stern's "Present moments" (Stern, 2004), catalyzes the subjective BIRTH of the baby, opening the path to relational learning, which determines the activation of a "permanent intersubjective matrix" (Stern, 2004). Along the "process of therapeutic ongoing", the affective intentionality, the implicit and explicit language in the relation within the diad becomes a milestone of deeper levels of mutual acknowledgement and the beginning of the differentiation of the self – a condition of intersubjectivity. (Lourenço, L 2010). According to mother Rita, "(...) the 'NIB Moments' Therapy" (had) profound and important results, namely on the promotion of a relationship with more understanding (rather than of misunderstanding of our child), with the helping hand of the therapists who guided us to more synchronized grounds! (...)".

Poster Workshop 12: Father-Infant Interaction Auditorium 2 Upper Foyer

Facilitator: von Klitzing K. (Germany)

2741

Effects of fathers' depressive symptoms on maternal adaptation and infants' affect during early infancy

Lucchese F. (University Massachusetts Boston, United States), Beeghly M. (Wayne State University, United States), Tronick E. (University of Massachusetts, United States)

Research shows that Infants of depressed mothers show more negative affect and distress during mother-infant interactions (Field, Fox, Pickens, & Nawrocki, 1995; Cohn, Campbell, Matias, & Hopkins, 1990) and have difficulty regulating affective states (Cohn & Tronick, 1989; Tronick & Reck, 2009). However, little is known about the effects of paternal postpartum depressive symptoms on infant affectivity directly or indirectly by impacting maternal depressive symptom in the early postnatal months. Although recent studies have shown an incidence of paternal postpartum depression in 10% of men, with greater occurrence between 3 and 6 months postpartum (Paulson & Bazemore, 2010), few studies have focused on paternal depression and early child development. Even though paternal depression has been linked to long-lasting effects on children's well-being across childhood (e.g. Ramchandani, Stein, O'Connor, Heron, Murray, et al., 2008; Dave, Sherr, Senior & Nazareth, 2008), studies have not yet explored the impact of paternal postpartum depression on infant socio-emotional development in the first 6 months of the infant. Finally, the impact of maternal depression on infant affect regulation may be further intensified by lack of support from the father, marital dissatisfaction, or presence of paternal postpartum depressive symptoms. Despite the fact that studies have shown high correlations between the incidence of maternal and paternal depressive symptoms in the postpartum period (Goodman, 2004), direction of causal influence has not yet been cogently proven (Paul & Bazemore, 2010), and the impact of paternal depressive symptoms on maternal postpartum depression across the first 12 months has not yet been analyzed. This study has two goals: (1) To evaluate the contribution of paternal postpartum depressive symptoms, at 3 and 6 months, on infants' negative affect; and (2) To measure the level at which paternal depression, support, and marital satisfaction predict maternal depression simultaneously or across 3, 6 and 12 months. Analyses were based on a sample of 105 low-risk European-American mother-father-infant triads (50 girls). Mother-infant everyday activities and infants' displays of negative affect were videotaped for 30 minutes; fathers were not present. Parents completed the Center for Epidemiological Studies-Depression Scale (CES-D) at the 3, 6, and 12-month visits. Regression models were used to analyze (1) the association between level of paternal depression and duration of time infants displayed negative affect at 3 and 6 months, while controlling for infant gender, and (2) the effects of paternal depression on maternal depression across 3, 6, and 12 months. Father CESD scores at 3 months predicted maternal CESD scores at 6 months ($R^2=.124$, $F(1,69)=9.726$, $p<.05$) and at 12 months ($R^2=.144$, $F(1,64)=10.749$, $p<.05$). Marital satisfaction predicted maternal CESD scores at 3 months ($R^2=.052$, $F(1,87)=4.802$, $p<.05$) and at 6 months ($R^2=.189$, $F(1,76)=17.67$, $p<.001$). Finally, paternal support at 3 months was correlated with maternal CESD scores at 3 ($r=-.344$, $p<.001$) and 6 months ($r=-.214$, $p<.05$). Results show that early paternal depressive symptoms, marital satisfaction, and paternal support may predict maternal depressive symptoms at subsequent postpartum months. Future research should evaluate whether the amount of time fathers spend with their babies combined with paternal depressive symptoms may impact infant affectivity in the first year of life.

2618

"Who are the fathers that take father-time?" An exploratory study of motivation, role beliefs and parental stress of fathers in parental leave

Krueger N. (University of Hamburg, Germany), Ruether J. (University of Hamburg, Germany)

Since 2007 there is the possibility for fathers in Germany to take "parental leave" and also to request child-raising allowance for this time. Despite it all, it's not used as much as expected. In the scope of a bachelor thesis this study will investigate, who the fathers that accept this offer are. Till October 2011 more than 250 fathers of young children (1-5 years) are interviewed. More than 100 of them take the parental leave at this time or in the last four years. The online-questionnaire includes sociodemographic and role-beliefs aspects. The fathers that take parental leave will be also interviewed about their motivation to take this time and their parental stress (measured with the German adaption of the parental stress index from Tröster, 2011). We expect that the fathers that take parental leaves differ from others in sociodemographic variables. First results show, that fathers that take parental leave reported less parental stress than the others, maybe because they decide it for themselves and are more conscious with their role being a father.

2593

The experience of fathers of infants admitted to a Neonatal Intensive Care Unit

Jordan B. (Royal Children's Hospital, Murdoch Children's Research Institute, The University of Melbourne, Australia), Beattie N. (Murdoch Children's Research Institute, Australia)

The poster presentation will report results of a project aimed at increasing the understanding of the experience of fathers whose infants were hospitalized in a Neonatal Intensive Care Unit. The methodology consisted of self-report questionnaires and semi-structured interviews with fathers and mothers at a single time point. The interviews captured a wide range of fathers' experiences including emotions of attachment and bonding. Questionnaires measured fathers' feelings of attachment to their infant; parental perception of stressors arising from the physical and psychological environment of the NICU; and access to, and the perceived value of, formal and informal supports. Results demonstrated fathers to be engaged in strong attachment relationships with their infants. Paternal Postnatal Attachment Scale (Condon, Corkindale & Boyce, 2008), results showed the study fathers were skewed towards higher attachment scores compared to the community fathers, but lower for the sub-scale item relating to their sense of pride about their infant. The majority of fathers reported that the experience of their infant's hospitalization strengthened their father-infant attachment relationship. Fathers responded to their experience by taking on the role of protector and supporter to infant and mother. This role saw fathers engage in care alliances with medical/nursing staff to ensure their infants received the care they needed. Fathers were strongly supported by the hospital overall, however, limited access to services compared to mothers added considerable stress. Stress was also experienced by fathers in relation to their perceptions of the physical appearance of their infant as measured by the Parental Stressor Scale: NICU (Miles and Funk, 1998).

2572

Investigating paternal Reflective Functioning

Cooke D. (Curtin University, Perth, Australia, Australia), Priddis L. (Curtin University, Australia)

Context. To date, most attachment research has focused on the mother-infant dyad. Yet, during infancy, most children are understood to form an attachment relationship with more than one caregiver. The role of fathers was noted in the earliest studies of attachment, and the strength of the father-infant attachment was considered to be disproportionate to the frequency of his interaction with the baby. More research is needed on the nature and quality of the father-infant relationship. An emerging area of research involves a reformulation of how early social relationships impact child development. Building upon the relational approach of attachment theory, the quality of early social experiences is today argued to determine the depth of an individual's capacity to process information concerning mental states. This capacity is in many ways similar to the ability termed Theory of Mind, and is referred to as Mentalizing or Reflective Functioning. The focus of this current project is the capacity of mothers and fathers to reason about their own and their child's behaviors by taking into consideration intentional mental states. Reflective Functioning (PRF) was assessed using the Parent Development Interview (PDI-RF) and the Parental Reflective Functioning Questionnaire -1 (PRFQ-1; Luyten et al., 2009), in the context of the longitudinal Peel Child Health Study (Australia). The recently developed PRFQ-1 is currently being used in research with various international samples to examine its psychometric properties. Objectives. This project has undertaken to examine the

psychometric properties of the PRFQ with mothers and fathers in the Peel Child Health Study using Rasch analysis. Key Messages. Unlike the relatively stable, primarily biologically defined role of the mother, the definition or expression of fatherhood can fluctuate widely and is largely dependent on cultural and societal influences. This variability in the fathering role together with evidence demonstrating the importance of the father child relationship, accentuates the need to investigate the social and personal factors that can impede or support fathers connecting well with their children. Conclusion. A better understanding of father's PRF and its assessment is likely to assist in the development of more 'family-friendly' services or interventions and Government policies that target the specific needs of fathers and their children. This poster will present some preliminary findings.

2561

Depressive symptoms in relation to age in new first-time fathers

Bergström M. (Karolinska Institute, Sweden)

Background: Recent studies show that not only mothers, but also a significant number of new fathers experience depression in the postnatal period. Prevalence estimates vary substantially between studies but a recent meta-analysis estimate that 10.4% of the men may suffer from depressive symptoms in the perinatal period. This is not dissimilar to risks in women during the same period, with an estimated prevalence between 10-14%. In men, risks seem to be particularly elevated 3-6 months after the baby was born. Depression in new parents is not only troublesome for the individuals in an important transitional life phase but is also associated with negative effects on children's behavioral, cognitive and emotional development. Depressive symptoms in new mothers and fathers are influenced by social and emotional factors such as poor relationship satisfaction, financial concerns, unintended pregnancy and lack of a supportive social network. Teenage parents suffer an increased risk. But also parents in other age categories may be vulnerable. This study investigated if elevated depressive symptoms were related to paternal age in adult first-time fathers. Methods Depressive symptoms, defined as scores ≥ 11 on the Edinburgh Postnatal Depression Scale (EPDS), were investigated 3 months after the baby was born in a Swedish sample of 812 first-time fathers. Mean age in the sample was 31 (range 18-62), which is similar to mean age in the general population of Swedish first-time fathers. Depressive symptoms in men ≤ 28 years and ≥ 34 years were compared with men aged 29-33 years (sample mean age ± 2 years) in logistic regression analyses. Results In all, 83 men (10.3%) were suffering from depressive symptoms. The age-specific estimates were 16.3% for men ≤ 28 years, 8.7% for 29-33 years and 7.1% for ≥ 34 years. Men ≤ 28 years of age had a more than two-fold increased risk of depressive symptoms (adjusted OR 2.55; CI 1.50-4.35) compared with men aged 29-33 years, whereas there was no significantly increased risk for men ≥ 34 years (adjusted OR 1.26; CI 0.68-2.34). The relevance of young age to risk for depressive symptoms was neither accounted for by sociodemographic factors nor by previously identified risk factors such as partner's depression or men's worry for the partner relationship. Instead worries for the family economy and work situation were associated with depression among the youngest.

Limitations Data were originally collected for a randomized controlled trial of antenatal education and may underestimate risks. Conclusion In Sweden, not only teenage fathers but also men up to 28 years have an increased risk of depression after having their first child. Economical insecurity may be associated with risk for depression in new fathers. Support should be offered to new fathers with particular focus on the young.

2527

Emotional Availability of father-child dyads vs. mother-child dyads in children aged 0 to 3

Bergmann S. (Leipzig University Medical Center, IFB Adiposity Diseases, Germany), Klein A. (Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics, University of Leipzig, Germany), Wendt V. (Leipzig University Medical Center, IFB Adiposity Diseases, Germany), von Klitzing K. (University of Leipzig, Department of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics, Germany)

Background: The interactive construct of Emotional Availability (EA) describes the capacity of a dyad (adult and child) to share an emotional connection and characterizes the degree to which the relationship is affectively positive and healthy. EA is assessed by the use of the Emotional Availability Scales - now available in the 4th edition (Biringen, 2008) - which consist of 4 adult scales (sensitivity, structuring, nonintrusiveness, nonhostility) and 2 child scales (responsiveness, involvement of the adult). Based on more than 20 years of research, the enormous amount of literature on EA provides scientific knowledge regarding adult-child relationships in many different contexts. However, most EA research has focused on mother-child dyads so far and only very few studies included fathers, showing inconsistent results: In a study by de Falco et al. (2009) mothers and fathers and their Down Syndrome children were to a similar extent emotional available to one another and father-child dyads and mother-child dyads

did not differ in their mean levels of all six scales. In contrast, Lovas (2005) studying normally developing toddlers and their parents found that mother-daughter dyads displayed highest EA scores, followed by mother-son dyads, father-daughter dyads and father-son dyads except for nonhostility which was lower in same sex dyads. Both studies used the 3rd edition of the EA Scales. The aim of this study is to extend the EA research on fathers using the 4th edition of the EA Scales and further explore the differences between mothers and fathers in interaction with their normally developing child. Objectives: 1) to identify effects of parent gender and child gender on emotional availability in parent-child interactions and to define the size of these effects; 2) to test possible additional effects of children's age; 3) to identify the percentage of mother-child vs. father-child dyads sharing a "secure relationship". Methods: The sample consists of N=40 families with normally developing children aged 0;6 to 3;11 years. The families are part of a larger sample participating in a study on children's psychological and physical (especially weight) development. Both mother and father of a family interacted with their child during a 16 minute free play session in the laboratory. The videotaped interactions were rated by two trained coders using the EA Scales 4th edition. Furthermore, basic demographic information were collected. Statistical procedures: We will conduct univariate and multivariate analyses on all EA Scales with father/mother as the repeated measure and child gender as well as child's age as between-subjects measures. Frequencies will be tested using χ^2 -tests. Results: Currently, the rating is going on. Detailed analyses regarding the three objectives will be presented and discussed.

2314

Paternal experiences during pregnancy: An explorative study of paternal working models of fetus and prenatal attachment

Vreeswijk C. (Tilburg University, Netherlands), Maas J. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands)

Over the past decades, research concerning the prenatal parent-infant relationship has predominantly focused on the mother's relationship with her unborn baby and her transition to motherhood. In general, research has shown that more feelings of attachment towards the fetus during pregnancy are associated with a higher quality of interactive behavior in the postnatal period (Siddiqui & Hägglöf, 2000). What has hardly been investigated, however, is the relationship fathers form with their unborn baby during pregnancy. This study is among the first to systematically explore fathers' experiences of the unborn child during pregnancy. A multi-dimensional approach was chosen, where fathers were asked to participate in an interview to determine the father's prenatal working model of the unborn baby as well as to complete a questionnaire concerning prenatal attachment. To explore fathers' prenatal experiences of their unborn babies, 228 expectant fathers completed the prenatal version of the Working Model of the Child Interview (WMCI; Zeanah, Benoit, Barton, & Hirshberg, 1996) and the Paternal Antenatal Attachment Scale (PAAS; Condon, 1993) when their partners were 26 weeks pregnant. Fathers' narratives during the WMCI were coded to determine whether fathers' prenatal working models of their unborn babies were Balanced, Disengaged or Distorted. The answers on the PAAS were classified according to the subscales Quality of Attachment (QA) and Intensity of Preoccupation (IP). The influence of several psychological (i.e. the presence of symptoms of depression and anxiety) and demographic factors (i.e. father's age, father's educational level, parity and whether fathers knew the gender of the unborn baby or not) on the distribution of WMCI classifications was examined as well. The distribution of classifications of fathers' prenatal working models was: 43.6% Balanced, 49.0% Disengaged and 7.4% Distorted. No effects were found of demographic variables and the presence of symptoms of depression or anxiety on fathers' prenatal working models. With regard to the concordance between fathers' narratives (WMCI) and the self-report questionnaire (PAAS), fathers who reported a higher QA and a higher IP on the PAAS more often had Balanced than Disengaged working models of their unborn children (QA: $\beta = -.198$, $p = 0.001$, IP: $\beta = -.126$, $p = 0.038$). The distribution of fathers' prenatal WMCI classifications differs from what has been reported in the literature about mothers' prenatal WMCI classifications (62.0% Balanced, 17.5% Disengaged, and 20.5% Distorted) (Vreeswijk, Maas, & van Bakel, 2011, in press). Interestingly, results showed psychological and demographic factors not to be related to prenatal working models of fathers. The multidimensional approach showed that both narratives aimed at eliciting working models of the fetus and self-report measures of prenatal attachment were significantly related.

2599

Father involvement with temperamentally difficult children and socio-emotional competence in play with peers

Torres N. (Unidade de Investigação em Psicologia Cognitiva do Desenvolvimento e da Educação, ISPA-Instituto Universitário,), Monteiro L. (UIPCDE-ISPA-IU, Portugal), Verissimo M. (Unidade de Investigação em Psicologia Cognitiva do Desenvolvimento e da Educação, ISPA-Instituto Universitário, Portugal), Santos A. (UIPCDE-ISPA-IU, Portugal)

A vast amount of studies supports the notion that paternal involvement has positive direct and indirect effects in the development of the young children, in particular in the domain of socialization and social competence. Some studies however have reported apparently negative effects of paternal involvement when there are problematic family dynamics and coercive father-child interactions, but the intervening variables and processes are yet unclear. Some authors have developed theoretically complex models which proposed transactional effects between father involvement and children attributes (age, sex, and temperament) determining developmental outcomes, but there are still few studies that have translated these assumptions into empirical tests. The present work studied the association between relative involvement of the father in bi-parental families and the role of individual characteristics of the child in the development of interactive peer play competence of preschoolers. 295 bi-parental families were assessed on father involvement and interactive peer play of the child and a sub-sample of 150 families completed data on an additional measure of temperament. All variables were observed using both father and mother reports and aggregated measures of mother-father reports were used. Relative Involvement of the father was assessed using The Parental Involvement: Care and Socialization questionnaire. Interactive peer play was assessed using the PIPPS (Penn Interactive Peer Play scale). Parental assessment of the child's temperament was made using the ICQ-Child Characteristics Questionnaire. Results show that father involvement in Indirect care and in Play outdoors was associated with less Isolated play. Boys tend to show more Disruptive play and less Interactive play, and children with higher scores on difficult temperament tend to show more Disruptive play and less Interactive Play. Using MANOVA analyses the interaction of father involvement with the child's difficult temperament was associated with differential outcome effects. The amount of relative father involvement interacted with child temperamental characteristics to explain individual differences in peer play competence. The present study suggests that higher father involvement with temperamentally difficult children is associated with an increase of disruptive and aggressive behaviors in play context with peers. Results are discussed in the light of evolutionary theories of parental investment and coercive/aggressive strategies of resource control.

2675

Fathers parenting style and maternal depression

Azak S. (Lovisenberg Hospital, Norway)

Goodman & Gotlib (1999) proposed a developmental model for understanding the mechanism of transmission of risk to the children of depressed mothers. Fathers are suggested to moderate the negative outcome of having a depressed mother. Fathers may indirectly affect the children's development by altering the mothers' caregiving (Tamis-LeMonda & Cabrera, 2002). Further, fathers may directly affect the development genetically (Kendler, Gardner, Neale, & Prescott, 2001) and through direct interaction with the child. To this date there are few published studies reporting on observed quality of fathers' interaction in the context of maternal depression and developmental outcome. Present paper examines 1) if fathers with a clinical depressed spouse are different in parenting behavior during play with the infant as compared to fathers with a nondepressed spouse, and 2) if high quality of paternal interaction style are related to high quality of infant-father dyad relationship. The sample consisted of 29 mother-father-infants triads, (14 triads with clinical depressed mother; 16 girls and 13 boys). There were no significant differences between the nondepressed and depressed group in infants' birth weight or maternal education. At 12 months of age fathers reported depression symptoms by the CES-D. Also at this age mothers' and fathers' parenting behavior in dyadic play with their infants were observed and coded from a 15 minutes videotaped semi-structured play situation using the procedure and coding scheme developed by the NICHD Early Child Care Research Network (1999). A 30-point scale of parenting behavior "parenting style" was created by aggregating the ratings of sensitivity/responsiveness, intrusiveness reversed, detachment/disengagement reversed, stimulation of development, positive regard/positive affect for the child and animation. Dyadic relationship dyadic mutuality between the infant and father was coded from the video tapes in line with the "Qualitative Ratings for Parent-Child Interaction at 3-15 months of age", developed for the NICHD study (Owen, 1992) and modified by Cox and Crnic (2003).

The depressed mothers were significantly lower in sensitivity as compared to the nondepressed mothers ($p < .01$). The fathers with depressed spouse did not differ in sensitivity or in depression symptoms as compared to fathers in the nondepressed group. Fathers with sensitivity ratings equal to or above the sample median were classified as high quality style and those with ratings below the median were classified as low quality style. The diagnostic status of the father's spouse and paternal style were combined as independent variables in a 2x2 ANOVA with infant-father relationship as the dependent variable. There was a significant main effect of fathers parenting style on quality of relationship in infant-father dyads $F=16.69$, $p < .001$. The spouse/mothers depression status was not related to quality of relationship between father and infant. Fathers with high quality parenting style had a more optimal relationship with their infant as compared to fathers with low quality of parenting style. Maternal depression did not influence the infant-father relationship. The results points to the importance of the father-infant relationship as a developmental context that may be partly independent of mothers diagnostic status.

Presidential symposium Auditorium 2

Chair: Guedeney A. (France)

Long term training cooperation between two French and Burkina Faso child psychiatric teams

Ouedraogo A. (Burkina Faso), Welniarz B. (France), Guedeney A. (France)

Young children in the minds of early childhood educators: Enhancing interactions through early childhood mental health consultation

Amini Virmani E. (New Investigator Award Winner 2010, United States)

Poster session 16: Parenting and Family Process

2586

Factors predicting bedtime routines of young children at 14, 24, and 36 months in low-income families

Zajicek-Farber M. (The Catholic University of America, United States)

Parents' engagement in family-routines as part of their typical caregiving practices is one mechanism through which parenting influences children's development (Fiese et al., 2002). This mechanism is grounded in attachment theory (Bowlby, 1988) in that parents' intentional engagement in typical daily activities creates predictability in the environment, reinforces socially and culturally sanctioned parenting, and thus helps with sensitive caregiving (George & Soloman, 2008). Research shows that family-routines can positively influence early development (Mindell, Telofski, Wiegand, & Kurtz, 2009), their lack can compromise early wellbeing (Meltzer & Moore, 2008). More recently, research has focused on the benefits of bedtime routines, because such routines reduce sleep problems in children and thus promote their health (Sadeh, Tikotzky, & Scher, 2010). Hale, Berger, LeBourgeois, and Brooks-Gunn (2009) found that low maternal education, increased household size, and poverty were associated with decreased use of interactive and hygiene-related bedtime routines. Kelly, Sacker, Del Bono, Francesconi, and Marmot (2011) found that families' incomes were positively related to having family routines at mealtimes and bedtimes. Although research suggests that regular bedtimes and bedtime routines are commonly used with young advantaged (White) children (Crowell, Keener, Ginsburg, & Anders, 1987), less is known about racially-diverse and low-income children (Mindell et al., 2005). The objective of this study is to add to the existing knowledge by examining the associations of child and family characteristics with the likelihood of having bedtime routines at 14, 24, and 36 months in a racially diverse large sample of young children in low-income families. Secondary data analysis used 2977 children enrolled during birth-3 phase into the longitudinal Early Head Start Research and Evaluation (EHSRE). Data collection was accomplished by bilingual EHSRE-trained interviewers during structured interviews scheduled around children's birthdays. Mothers were primary reporters for demographic, parenting, and mental-health variables; trained examiners for children's development. Logistic regression examined parent-family and child characteristics at baseline, and 14-24-36-months in relation to binary outcome of having bed-routines. At 14 months, 1587 (68%) children had bed-routines. Compared to White children (76%), Black (63%) and Hispanic (64%) were less likely to have bed-routines (Chi-Square ($df=3$)=37.78, $p < .001$, Cramer's $V=.13$, $N=2284$). Adjusted bed-routines odds were significantly decreased by race (Black $OR=.69$ compared to White, but not Hispanic), and increased by having regular bedtime ($OR=2.21$) and by a more responsive home environment ($OR=1.07$). At 24 months, adjusted bed-routines were significantly decreased by birth-related medical health-risks ($OR=.44$) and 24-mo-parent-child stress ($OR=.94$), and increased by 14-mo-parent-child bedroutines ($OR=1.62$) and

24-mo-regular bedtime (OR=2.32). At 36 months, adjusted bed-routines were decreased by 14-mos-parent-child stress (OR=.95) and increased by 14-mo=bed-routines (OR=2.02), 24-mo-bedroutines (OR=2.13), 24-mo-well-baby visits (OR=1.8), and 36-mo-regular bedtime (OR=3.14). Results support early-parenting guidance that reinforces consistent bedtimes and bed-routines in low-income families.

2274

Foster children's attachment security and mental health during the first months of placement: Association with foster parents' sensitivity and stress

Gabler S. (Friedrich-Alexander-University of Erlangen-Nuremberg, Germany), Lang K. (Friedrich-Alexander-University, Germany), Bovenschen I. (University of Erlangen-Nuremberg, Germany), Zimmermann J. (Friedrich-Alexander-University, Germany), Kliwer J. (University of Applied Sciences and Arts, Germany), Nowacki K. (University of Applied Sciences and Arts Dortmund, Germany), Spangler G. (University of Erlangen-Nuremberg, Germany)

Theoretical Background: Both traumatic experiences in the birth families and multiple placement histories lead to increased mental health problems in foster children (e.g., Minnis et al., 2006; Newton et al., 2000). According to attachment theory the formation of secure attachments to new caregivers could be a protective factor for foster children (e.g., Sroufe, et al., 2005). Recent studies revealed that foster children's attachment security is associated with foster parents' sensitivity (Oosterman & Schuengel, 2008; Ponciano, 2010). We suppose that foster parents' stress may play a crucial role in predicting foster children's mental health and attachment security (Guajardo et al., 2009; Jarvis & Creasy, 1991). To date, there are only few studies investigating foster children's attachment security and mental health. Furthermore, the impact of foster parents' sensitivity and parenting stress at the beginning of placement has not been investigated yet. Thus, the purpose of the current study is to analyze the association between foster parents' sensitivity, parenting stress and foster children's attachment behavior as well as mental health.

Method. Current data are part of a longitudinal study examining attachment behavior and mental health problems of foster children during the first year of placement. The sample consists of 50 children (aged from 1 to 6 years) and their foster caregivers. Attachment behavior was measured with questionnaires, the Child Behavior Checklist (Achenbach & Rescorla, 2000) and the Parenting Stress Index (Abidin, 1995). Furthermore, foster parents' sensitivity was assessed in a semi-structured observation during a home visit and rated using three 7-point scales (NICHD, 2003). Results. Compared to normative data, foster parents showed an increased stress level in the child domain of the Parenting Stress Index (PSI) and a decreased stress level in the parent domain. Furthermore, findings reveal that foster children showed lower levels of attachment security and more mental health problems than children in low-risk samples. Foster parents' stress level is positively correlated with foster children's problem behavior and negatively associated with foster children's attachment security. Still running analysis will reveal the impact of foster parents' sensitivity. Discussion: Results indicate that foster children are at risk for developing mental health and attachment problems. Furthermore, these problems seem to be associated with foster parents' stress level. Hence, adequate support and training for foster parents is required to enable them to understand their foster child's attachment behavior and handle mental health problems.

2301

Parenthood, maternal mental health, early interactions and child development in the context of maternal perinatal cancer

Wendland J. (University Paris Descartes, Psychopathology and Health Processes Laboratory, France), Lemoine E. (University Paris Descartes, France), Cazenave M. (University Paris Descartes, France), Gacoïn E. (University Paris Descartes, France), Lasseron C. (Hôpital Tenon, France), Selleret L. (Hôpital Tenon, France), Flahault C. (University Paris Descartes, France), Wolff M. (University Paris Descartes, France), Rouzier R. (Hôpital Tenon, France)

Between 0,07% and 0,1% of pregnant women are diagnosed with a malignant tumour every year in France. Although rare, such a diagnosis raises many medical, ethical, and psychological questions for the parents and the professionals who are confronted with this situation. For the patient and her family, the diagnosis of a perinatal cancer constitutes one of the most dramatic and critical life events. Besides an increasing number medical studies, a review of the literature shows a lack of psychological research exploring this situation. We will present data from 10 women and their infants followed in an on-going study carried out in France. This is a prospective case-control study starting from pregnancy up to the child's 36 months of age. Patients were diagnosed with any kind of cancer within pregnancy or 12 months following delivery. Patients whose pregnancy was terminated or who did not gave

birth to an healthy newborn were not included in the sample. Assessment periods are: pregnancy, early post-partum, and when the child is aged 6, 12, 18, 24 and 36 months. Mother's assessments include: depression and anxiety symptoms, coping strategies, couple dyadic adjustment, mental adjustment to cancer, as well as clinical interviews at each time. Children's assessment include: psychomotor development, social and emotional, and relational withdrawal symptoms. When possible, the quality of mother-infant interaction was assessed through a 10 minutes free-play video-taped session at home. Results will be discussed in terms of their implications for prevention and early intervention for both the mother and her child.

2308

Attachment representations, educational practices and emotional adjustment in parent child dyads

Cruz M. (ULHT, Portugal), Cruz M. (ULHT, Portugal), Salvaterra F. (Lisbon Adoption Team/ CEPCA-ULHT, Portugal)

Nowadays it is known as fundamental for a healthy development and a psychological well-being of children the existence of a secure attachment relation with the attachments figures. Nevertheless the educational practices are also important to child behavior. The attachment quality and the educational practices of parents can influence the emotional adjustment on the child. This emotional adjustment is very important because it is going to define the social-emotional competences which are the main agent for an effective adaptation of the individual on his environment. There are many aspects that can influence child's behavior such as educational practices. Some studies (Salvo, Silveiras & Toni, 2005) revealed that educational practices could predict significantly the child behavior. The general goal of this investigation was to study the relation between attachment security and the perception of parental practices in children and the attachment representations, educational practices and parenting styles of their parents, analysing the relation between these variables and the emotional adjustment on children. This study was composed with 36 Parents-Child dyads, with children between 7 and 12 years old. The instruments to evaluate parents were: Adult Attachment Scale (AAS), Scale of Childhood Memories for parents (EMBU-P) to evaluate the parenting practices on parents and the Questionnaire of dimensions and parenting styles (QDEP) to evaluate parenting styles of parents, by Baumerind typology. The instruments used on children were Kerns Security Scale (KSS) that evaluates the quality of attachment to parents and the Inventory for Assessing Memories of Paternal Rearing Behavior (EMBU-C) that assesses the perceptions of parenting practices. We observed a relation between parents educational practices and children emotional adjustment. Children attachment security is related with positive educational practices and positive educational styles by parents. We argued about the transmission of experiences to the children. Morris (1982) referred the generational transmission of experiences as fundamental for the social-emotional development of the children. The results also revealed that parents attachment representations influence the educational practices and that children, through the perceptions of parents educational practices, are able to recognize their emotional support, that influence their emotional adjustment. These results indicate the importance of the intergenerational concept studied by Salvaterra (2010), which revealed the greater importance of relational experience over the biological factor. With this investigation it is recognized the requirements asked to parents for a positive and healthy emotional and behavioral development of children towards an adult capable of explore and face any kind of experience in his life.

2378

Paternal sensitivity

Nieri L. (CONICET-University of Palermo , Argentina)

The aim of the present study is to assess the feeling of the fathers regarding their recent paternity related to pregnancy/gestation, delivery/ birth and puerperium/ first moment of life. **METHODOLOGY:** The sample is composed of 44 fathers whose children were born healthy and were in a hospital room together with their mothers during the year 2010 at the Hospital Materno Infantil "Ana Goitia". An interview was administered to fathers during their visit to the baby and mother to the hospital, at the waiting room. **RESULTS:** It could be observed that with fathers have a new born baby, it represents the possibility of updating their identity as men, to continue their lineage and resignification the relation with important figures of their bond-history. **CONCLUSION:** From the obtained results it could be consider that a new sensitive fathers willing to accompany their partner, to protect and raise their child emerge. This shows that the father's role is not secondary to the mother's role, but both complement each other to ensure the welfare and health development of the child. The research showed that is fundamental the mother/ wife's willing to include the father from the beginning of pregnancy, in order to integrate the father in the parental process.

2411

Early relationship between parents and blind child: Risk and protective factors for development

Alessandra S. (DPSS- Faculty of Psychology, University of Padua, Italy), Bighin M. (Department of Developmental and Social Psychology, University of Padova., Italy), Ferruzza E. (Department of Developmental and Social Psychology, University of Padova., Italy), Mercuriali E. (Hollman Center for blind children, Padova, Italy., Italy)

Background: Few researches in literature focused on the study of early parents-child relationship when child is blind, especially in the first three years of life, where the sight plays a main role in affective development. In fact, the exchange of glances in the first months and years of life is the main way of exchange and affective mother-child communication, and it is the main way through which the processes of mirroring and attunement happen (Stern, 1985). In addition, the communication of the diagnosis constitute a traumatic emotional condition for parents that may influence the structure of the interaction and the relationship with the child and that may represents a risk factor for the affective, relational and cognitive development. These non specific (the trauma of diagnosis) and specific (severe low vision or blindness) factors interfere with the psycho-affective processes that create dyadic and triadic family relationships, and may constitute serious risk factors for development of autistic or psychotic disorders (30-40%). Objectives: the research consists of an exploratory study. The aims of research are to study: (a) the quality and the development of dyadic mother-child and father-child interactions, (b) the quality and the development of triadic mother-father-child interactions, (c) the child developmental paths and the influences that the relational models have on it. Participants: 10 non-referred families, with a blind child, were recruited at Hollman specialized center for the blind children in Padova (Italy). Children are aging from 2 to 30 months. Instruments: To each family were administered these observational procedures and questionnaires: (a) to the child: Neonatal Behavioral Assessment Scale (NBAS; Brazelton et al., 1973) for the infant behavior's assessment and the Reynell-Zinkin Scales (Reynell, 1979) for the assessment of development of children with visually disability; (b) to the family: Emotional Availability Scales (EAS; Biringen, Robinson Emde, 1998) for the observation of dyadic interactions and the Lausanne Trilogique Play (Fivaz-Depeursinge, Corboz-Warnery, 1999) for the observation of triadic interactions; (c) to the parents: paternal involvement degree questionnaire (Fracarolo, 1994). Results: Currently, the results are being processed, but we believe they contribute to identify earlier interventions to promote dyadic and triadic interactions and attunement processes and to prevent infant and familial psycho-affective diseases.

2450

Prevalence of post partum depression in parents: An analysis of possible risk and protective factors.**Preliminary results.**

Goksøyr A. (Centre for Child and Adolescent Mental Health and Welfare, West, Norway), Nilsen R. (Centre for Clinical Research, Haukeland University Hospital, Norway), Eikum F. (Sogndal kommune, Norway), Heimann M. (The National Network for Infant Mental Health, Linköping University, Norway)

Recent studies in Norway indicate that the prevalence of postpartum depression is increasing (Eberhard-Gran, 2001; Berle, 2003; Glavin, 2009; Ho-Yen, 2009). A prevalence of 10% - 16.5% is reported with an increasing tendency. It has been proposed that shorter postnatal stays at the hospitals may contribute to this increase. This project investigated the retrospective prevalence of depression in both fathers and mothers of children born in the period 1994-1998. Self-administrative questionnaires were sent to the parents of 1736 children in a rural part of Western Norway. We collected information on their symptoms of depression when the particular child was born, the parents' education level, their type of employment, marital status, and degree of social support from their own family and from their friends. To assess depression, Kendler's scale of life time depression was used. This is a 6-item scale classifying clinical depression to mild depression according to the ICD-10. In addition we asked about onset of the symptoms and the duration of depression and if the symptoms had been recurrent. The response rate of the questionnaires was 39.2%. A total of 1139 replies were received for 680 children (53% girls). Of the parents (55% mothers, 45% fathers), we found that 5.5% of the mothers and 0.4% of the fathers reported a score above cut-off indicating that they suffered from a postpartum depression after the child was born. In addition, a sub-clinical depression with at least 3 significant symptoms was reported by 3.5% of the mothers and 0.8% of the fathers. Age, education and employment of the parents, size of the family and social support as possible risk factors will be discussed. In this study, the prevalence of a clinical depression about 15 years ago was lower than that observed in more recent studies in Norway. This could be due to different methods in measuring depression, but may also indicate that postnatal depression is indeed an increasing health problem.

2480

Evaluation of Parent Child Interaction Therapy for children under 2 years with disruptive behaviors

Morgan S. (Karitane, Australia), Kohlhoff J. (Karitane, Australia)

Background. The negative long term outcomes for toddlers displaying early behavioral problems are known to be far reaching. Left untreated, early onset conduct problems often persist, placing the child at risk of developing treatment resistant disruptive behavior disorders, social and emotional difficulties in middle childhood and adolescence, and psychopathology in adulthood (for reviews see Campbell et al., 1995; Hemphill, 1996). Hence, early intervention for toddlers displaying early behavioral problems is of utmost importance. The efficacy of Parent-Child Interaction Therapy (PCIT) for treatment of disruptive behavior disorders in children aged 2-7 years has been well established. It has been suggested that a modified version of PCIT could also be delivered to children younger than 2-years (McNeil & Hembree-McGill, 2010), but to date, there have been no studies examining the effectiveness of PCIT in this younger age group. **Method.** A retrospective file review was undertaken to examine clinical characteristics and outcomes of PCIT delivered to families with a child aged less than 2 years at the Karitane Toddler Clinic between February 2009 and May 2011. Files were reviewed for basic demographics, treatment completion/drop-out rates, and pre-and post-treatment scores on the Eyberg Child Behavior Inventory (EBCL; Eyberg et al., 1999), the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), the Dyadic Parent-Child Interaction Coding System (DPICS; Eyberg et al., 2010) and the Therapy Attitude Inventory (TAI; Eyberg, 1993). All families received PCIT, delivered by trained nurses and/or clinical psychologists in accord with standard PCIT protocols, modified to meet the developmental needs of the younger age group. The major modification was exclusion of the PDI phase. Additional modifications were made on a case-by-case basis and included: (i) using the floor rather than the table for play sessions, (ii) placing greater emphasis on distraction and re-direction techniques in response to disruptive child behaviors, (iii) providing parents with additional education regarding normal child development and age appropriate expectations, (iv) encouraging parents to use age appropriate language and (v) encouraging parents to use verbal and physical calming techniques when their child is distressed. **Results.** Comparison of pre- and post-treatment data revealed statistically significant improvements (with large effect sizes) in parent skills, parental perception of the intensity of negative child behaviors and the degree to which child behaviors are reconsidered problematic. There were also statistically significant decreases in parental depressive symptoms and high levels of consumer satisfaction. **Conclusions.** The current study was limited by the absence of a control group, a small sample size, reliance on a small number of parent-report measures, and absence of follow-up data. Results are nevertheless encouraging because they provide preliminary indication that a developmentally-appropriate version of PCIT can successfully be used to treat behavior disorders in children aged less than 2 years of age.

2490 WITHDRAWN

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Relations between dyadic and triadic parent-child-interactions: A study using Lausanne Trilogue Play and CARE Index

Eickhorst A. (University Hospital Heidelberg, Germany), Jelen A. (University Hospital Heidelberg, Germany), Frey B. (University Hospital Heidelberg, Germany), Borchardt S. (University Hospital Heidelberg, Germany), Schwinn L. (University Hospital Heidelberg, Germany)

With the "Lausanne Trilogue Play (LTP)" (see below), it exists a well known and evaluated instrument for analyzing triadic interactions between mother, father and especially babies in the first year of life. The outcome variables describe the "family alliance" as a type of triadic family functioning. There are subcategories like for instance the emotional warmth, the co-construction, the authenticity or the valuation in the interaction. Additionally, with the "CARE-Index" (see below) exists an equally well known and evaluated instrument for assessing the parental sensitivity and the filial cooperativeness in dyadic mother-child- and father-child-interactions in the first year of life. In this study, using triadic LTP-data and dyadic CARE-data from the same 60 German middle class families and their babies in the age of a few months (triadic analyses; mother-infant analyses and father-infant-analyses), relations between the triadic and the dyadic interaction styles will be analyzed. It is hypothesized that high dyadic capacities (like sensitive, emotionally adequate and contingent parental behavior) would be a necessary but not sufficient condition for high triadic (co-parenting) capacities. In the same vein, high triadic capacities should have some correlations to comparable constructs in the dyadic interactions. The Poster will present the first results and discuss the scientific, clinical and diagnostic implications. Description of the LTP (Fivaz-Depeursinge & Corboz-

Warnery, 2001): The LTP is a semi-structured observational method for diagnostics and research. Within the LTP a systemic perspective on the family is taken which lies the focus on interactions in the triad of mother, father and infant. The parents should play and talk to each other in all four possible constellations in the triad: 1) one parent and infant playing together, the other parent is watching 2) vice versa 3) all three are playing together and 4) father and mother are talking to each other while the infant is watching. The functions and positive effects of cooperation between the parents and the “triadic competencies” of the infant are shown with the LTP. Description of the CARE-Index (Crittenden, 2005): The CARE-Index is a dyadic procedure which assesses adult sensitivity in a dyadic context. It is based on three minutes of videotaped play interactions. The coding procedure focuses observers’ attention on aspects of adult and infant behavior, some of which assess emotion (e.g. facial expression) and others “cognition”, i.e., temporal order and interpersonal contingency (e.g. pacing of turns). Each aspect of behavior is evaluated separately for adults and infants. The resulting categories for adults are “sensitivity”, “control” and “unresponsiveness”. The infants’ scales are “cooperativeness”, “compulsiveness”, “difficultness” and “passivity”.

2698

FILU: Sensitive interactional behavior and arrangement on learning environments in family homes

Eickhorst A. (University Hospital Heidelberg, Germany), Hertel S. (IDEA Center, Germany), Cierpka M. (University Hospital Heidelberg, Germany)

The concept and design of the new project FILU („Sensitive interactional behavior and arrangement von learning environments in family homes“) and its contribution to the area of early learning in nurseries and day-care centers will be presented. This project started in the autumn of 2011 with the aim to encourage the paternal competencies in accompanying and supporting the child within parent-child-interactions in learning environments. There lies a special focus on families at risk and children with special educational needs (see therefore Cierpka 2009 with the German prevention project „Nobody falls through the net“). FILU is starting in the third year of the children’s life to be able to ensure a support for the children at a very early stage. Parental competencies should be trained in the areas of (1) functional interactions with the child (cf. Cierpka, 2009) and (2) the arrangement of adequate learning situations and environments in the family homes (e.g. Son & Morrison, 2010). This should especially give an enduring contribution to the interdisciplinary connection between applied developmental psychology on the one hand and research in the area of learning support on the other. There are two phases scheduled for the project: (1) Training studies in encouraging the paternal supporting behavior towards the child and (2) Development and implementation of a training program for nursery nurses in teaching consulting competence in the area of paternal supporting behavior towards the child and functional parent-child-interaction. The findings of the first phase should be integrated into phase 2. After that an effectiveness test concerning the changes will be initiated on three levels: on the parental level; on the children’s level and on the level of the nursery nurses. Therefore a study with a quasi experimental design is planned with a randomized allocation of the parent-child-dyads respectively the nurses-child-dyads. Out of the project’s results fundamental expertise should be developed to achieve an early support for children through their parents at home and in good coordination with the nursery nurses. The project with its new program modules and instruments in development should give a contribution to the encouraging of children’s development through adaptive learning situations in their homes as well as through complementary supply in the day-care centers. This is a project of the IDeA center in Frankfurt (Center for Research on Individual Development and Adaptive Education of Children at Risk) in cooperation with the Institute for Psychosomatic Cooperation Research and Family Therapy of the University Hospital in Heidelberg. It is funded with a grant from a initiative for scientific excellence (LOEWE) of the government of the state of Hessen/Germany.

2754

Development of a new observational rating scale to measure the quality of parent-child interactions in young children with type 1 diabetes mellitus

Hartman E. (Tilburg University, Netherlands), Nieuwesteeg A. (Tilburg University, Netherlands), van Bakel H. (Tilburg University, Netherlands), Pouwer F. (Tilburg University, Netherlands), Aanstoot H. (Diabeter, Netherlands)

Background: In young children (0-7 years) with diabetes mellitus type 1 (T1DM), parents have full responsibility for the diabetes-management of their child. The tasks needed to achieve optimal blood glucose control may interfere with normal behavioral processes in childhood, which could negatively affect the parent-child interaction. Currently, there is no diabetes-specific observational rating scale to assess parent-child interaction. Therefore, the aim of this study was to develop and test an observational rating scale to assess the quality of diabetes-specific parent-child

interactions. Methods: First, in a pilot study (N=15), an observational rating scale was developed in three steps: (a) defining relevant disease-specific situations; (b) filming these situations and describing all parent and child behaviors in an observational rating scale; (c) investigating face validity and weighted kappa. Next, we tested the construct validity (convergent and divergent) of the observational rating scale in a larger cohort (N=77).

Results: We developed two different observational rating scales for scoring behavior during (1) glucose monitoring and (2) mealtime. Face validity and weighted kappa were investigated. Both rating scales comprise 4 identical domains (only differing in wording adapted to that specific situation), including three parent domains (“emotional involvement”, “limit setting”, and “respect for autonomy”) and one child domain (“cooperative behavior”). On the rating scale for glucose monitoring we added the parent domain “quality of instruction” and the child domain “response to injection”. On the rating scale for the mealtime we added two child domains (“negative behavior”, and “avoidance”) and the domains “diabetes behavior”, and “meal structure”. Weighted kappa was 0.73, indicating a good inter-rater reliability. We tested predicted correlations between this disease-specific observational rating scales with generic scales. The correlations were in the predicted direction, which is evidence for the construct validity. Conclusion: The results were reliable and valid observational rating scales to assess diabetes-specific parent-child interaction during glucose monitoring and mealtime which we called OKI-DO*. The OKI-DO rating scales can be used to (a) determine which factors could affect outcomes like glycemic control and psychosocial functioning, (b) implement these results in interventions, and (c) evaluate interventions. *OKI-DO is an Dutch abbreviation for Ouder Kind Interactie Diabetes Onderzoek, which literally means: Parent-Child Interaction Diabetes Research

2760

Parent-rated socio-emotional development in children with language impairment: The symbolizing function

Aarne P. (Karolinska University Hospital, Sweden)

Parents with language impaired children (LI) and parents with typically developing children were compared with regards to childrens’ communication and language skills, emotional development as well as the relationship between these two developmental processes. Two parental questionnaires were used; The MacArthur Communicative Development Inventories (Swedish version SECDI) and Greenspan Socio Emotional Growth Chart (GSEGC). The results showed significant differences between the two groups of children groups in the symbolic stages as assessed in both communicative and emotional development. Children with LI were rated significantly lower in symbolic communication ability; acquisition and use of verbal language, as well as symbolic mental ability referring to the child’s representations of self and others. Building on the developmental process perspective our results suggest that the difficulties in symbolizing in children with LI do not seem to be limited to lacking acquisition of linguistic tools. The results are discussed in the light of possible consequences for the individual child with language impairment, for the social interactions of the child and for the child’s general development.

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Maternal attachment representation and postnatal depression in an attachment-based parenting program

Brisch K. (Dr. von Hauner Children's Hospital, Germany), Quehenberger J. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Schott C. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Forstner B. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Hollerbach J. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Bartel E. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Weber S. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Kern C. (Dr. von Hauner Children's Hospital, Germany), Budke A. (Dr. von Hauner Children’s Hospital, Dept. Pediatric Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians-University, Munich, Germany), Erhardt I. (Dr. von Hauner Children’s Hospital, Dept. of Psychosomatic Medicine and Psychotherapy, Ludwig-Maximilians University Munich, Germany)

Introduction. An attachment-based parenting program SAFE® – (Safe Attachment Family Education) for becoming parents is designed to foster secure attachment in infants. Parents participate in a group intervention from pregnancy and during the first year of their child’s life. The participants are encouraged to reflect their own attachment history and their emotions and thoughts about themselves, their infants and their new role as mothers and fathers. The intervention is evaluated in a prospective longitudinal randomized controlled trial. Objectives. First, we investigate

how mothers' attachment representation relates to their self-reported postnatal depression. Second, we study whether the attachment-based intervention SAFE® has an effect on mothers' postnatal depression rate compared to the control group. Methods. A non-clinical sample of mothers (N=41, SAFE® group n = 23, control group n= 18) is recruited in the community. Participants are allocated randomly into the attachment-based SAFE® intervention group and the GUSTA control group which is without attachment-based contents, but parents are instructed e. g. about topics of prenatal classes, nursing and breastfeeding. Intervention and control group are based on a manual, have the same frequency and duration and are held by two trained health care professionals. The Adult Attachment Projective Picture System (AAP; George, West & Pettem 1997) and post-natal depression questionnaire EPDS (Edinburgh Postnatal Depression Scale, Cox et al. 1987) was assessed between three and six months postnatal and was used as screening instrument at baseline prenatal. Results. The study is ongoing and more data will be collected. Preliminary data show that there is no difference in depression score between groups at baseline. The results suggest that mothers' attachment representation is not related to their depression score at baseline prenatal. Data show that there is a significant difference in postnatal depression between the SAFE® group and control group after six months of intervention. At this point data corroborate the hypothesis that the SAFE® program has a positive effect on prevention of postnatal depression. At baseline 74 % of mothers in the SAFE group and 78% of controls did not meet criteria for depression. After six months of intervention we find 96% of mothers in the SAFE® group, whereas only 72 % in the control group without postnatal depression ($p < .05$). Further research will show how these findings interact with maternal sensitivity and infants' attachment quality.

2361

The clinic of the baby does allow us to revisit our vision of adolescence? Reflections on adolescence allow us to rethink the baby

Missonnier S. (Université Paris Descartes et AEPEA, France), Braconnier A. (Centre Philippe Paumelle, France), Golse B. (Child Psychiatry Unit, Necker Hospital, France)

For ten years, we are exploring the similarities between the mental functioning of infants and adolescents. The underlying question is based on the following interrogations : the clinic of the baby does allow us to revisit our vision of adolescence ? Reflections on adolescence does allows us to rethink the baby ? For this fresh perspective, we can offer some thoughts particularly interesting to these key passages of human création: • First meeting with the world is excitement, surprise and fear, sources of painful turmoil for the subject and for the environment, mainly parental for the baby, parental and social for the adolescent; • For the babies, edifying meeting requires the passage of 1 to 2 and from 2 to 3. For adolescents, this identificatory meeting is plural and in search of unity and identity; • Setting constant resonance between the body and psyche. We offer this as a mutual resonance of « ballade des maux (ills) dits » and « ballade des mots (words) dits ». From the cry of the baby to the crisis of adolescence and from whispers around the cradle to the whispers of being in love, these trajectories reflect the intersubjective space of the body, language and narrative that is sought as much in the baby than in the adolescent. From the perspective of psychopathology, we focused initially on the issue of depression. The terms of the depression about the baby's primitive dépression or the avatars of the depressive position do announce a depressive breakdown of adolescence ? What is similar and different between the evil inherent in the living history that can affect the human being from his first moments of sadness and a representative of the most painful feelings in adolescence ? Whether the baby's or adolescent, the psyche would he need a certain amount of anxiety about the incomprehensible, to revolt and give meaning to life ? Melancholy would it paradoxically essential to the desire to live, acceptance of being oneself, not too triumphant, not too tired ? If we sometimes take responsibility for the disaster to comfort those who suffer, should we not try to help babies and teens to include the cracks of their lives at once so fragile and precious ? Are we still face two stages of life more to narcissistic depression than objectal depression ? Our path has led us recently to revisit the work of Donald Winnicott. The pediatrician, psychoanalyst grew up in a world marked by the presence of women, has a decisive influence on all professionnals of early childhood, but also to those of adolescence. Is it his unconditional commitment to the clinical facts that led the psychoanalysis of children and adolescents ? Is it that special appeal for the lines invisible between fantasy and reality, between the inner world and outer world, between subject and object, between narrative and experience, this unclassifiable psychoanalyst is a source of inspiration and seduction ? Everyone is familiar with the concepts of transitional objects, holding of antisocial tendencies, fear of collapse. We know much less certain other writings of this exciting world-renowned psychoanalyst. Who has carefully read, for example, one dedicated to building trust, or that on creativity and its origins ? But there is more : D.W. Winnicott is today more known for his work on the baby than those of adolescents, yet inseparable from one another. During the workshop, we will present these different clinical and theoretical aspects of our research.

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Quality of life, maternal depression and baby gender

Quitmann J. (University Medical Center Hamburg-Eppendorf, Germany), Witt S. (University Medical Center Hamburg-Eppendorf, Germany), Kolster L. (University Medical Center Hamburg-Eppendorf, Germany), Brandi D. (From the Early Beginning, Germany), Kollmeyer M. (From the Early Beginning, Germany), Bullinger M. (University Medical Center Hamburg-Eppendorf, Germany)

The aim of this study: is to investigate the impact of maternal depression on the quality of life of 200 German mothers and to evaluate if the gender of their child influences these aspects. Background: maternal depression constitutes a major health problem considering its high prevalence and consequences upon quality of life and maternal skills. Design: This research is a cross-sectional study during the first three years after giving birth. Methods: The study is carried out through the entire year 2011 in an early intervention office in Hamburg, Germany. Data is collected through different questionnaires. Results of the Becks depression inventory and the SF-8 measuring quality of life in a cohort of about 200 women are compared and measured the short-term impact of the child's birth. Results: First results show that maternal depression negatively influences both, the mental and the somatic dimension of quality of life, explored through the SF8. The baby's gender also reduces quality of life, irrespective of depressive state. Relevance to clinical practice: The importance of the impairment of quality of life in case of a maternal depression, as well as its effects on mother-child interaction, could justify prevention programs and early psychotherapeutic care. Further research needs to explore the effectiveness of programs targeting the construction of parenting skills as a preventative measure against depression especially for parents of boys.

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Transition to becoming a mother: Mental representations of attachment figures, partners and imagined infants of women suffering from eating disorders

Achim J. (Université de Sherbrooke, Canada), Lafortune D. (Université de Montréal, Canada), Laurier C. (Centre jeunesse de Montréal, Canada), Ensink K. (Université Laval, Canada), Jeammet P. (Institut Mutualiste Montsouris, France), Corcos M. (Institut Mutualiste Montsouris, France)

Maternity, assuming a maternal function to meet the needs for physical and emotional security of a very young and totally dependent infant is by nature challenging. The transition to becoming a mother is a period when young women, especially those with psychological difficulties, may particularly need and stand to benefit from psychological help. Women with psychopathology such as eating disorders are likely to confront particular difficulties in this context, yet we presently know little about how maternity is seen by this group of women. The aim of this study was to examine how young women (aged 19-23) suffering from eating disorders mentalise about maternity and represent their figures of attachment, partners and imagined infants. Study participants included 42 women with eating disorders recruited from an outpatient eating disorders clinic and 41 matched controls recruited from the community. The women completed questionnaires, and participated in a diagnostic interview to confirm the presence or absence of an eating disorder. The questionnaire was designed to identify the mental representations of self and others (imagined child, ideal spouse, real mother and ideal mother), the perceived quality of their relationships with their mothers. Women with eating disorders were significantly more likely to have extreme mental representations, where they saw the self as very damaged, and the ideal mother as infallible, while their relationship with their real mother was characterised by ambivalence. This suggests that women with eating disorders are likely to face particular challenges in the area of self representation as they are vulnerable to extreme devaluation of self, coupled with a strong wish for the other to be unrealistically maternal and infallible. There were no differences between the two groups in the way they saw the ideal baby or ideal partner, indicating that at this level reality testing is intact, and women with eating disorders do not consciously have unrealistic expectations in relation to the baby or the partner. When these results are interpreted from a psychodynamic object relations perspective, it is likely that women with eating disorders may become unrealistic in their expectations of the baby or the spouse when the mother faces challenging circumstances that trigger her self devaluation and wish for the other to be the ideal and infallible mother. The findings are discussed and their theoretical implications for developing a clinically relevant model for understanding the challenges represented by maternity are highlighted.

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Parental stress: Mothers and fathers - who feels it and who can we help?

Berggren G. (Child and Adolescent Psychiatry (BUP), Intermediary Care Clinic Northwest, Sweden), Danielson M. (Child and Adolescent Psychiatry, Research and Evaluation, Stockholm County Council, Sweden), Helmstrand S. (Child and Adolescent Psychiatry (BUP), Intermediary Care Clinic Northwest, Stockholm County Council, Sweden)

Background: There is growing awareness that parental stress negatively influences parental behavior and may lead to dysfunctional or less optimal interaction with the child. Lately it has been more acknowledged that parental stress in transition to parenthood, is not felt only by new mothers, but also by new fathers. There is also a growing interest in the triadic perspective of family interaction and the role of the father in the caretaking of the child. Within infant psychiatry there is a need of finding relevant instruments for treatment evaluations. Self-reported measurements seem to be a good compliment to clinician assessment as it strengthens the evaluation with different aspects of outcomes. The aim of this study is to investigate: if perceived parental stress is higher among parents who seek help at a child psychiatric clinic compared to parents in an average population. if perceived parental stress has decreased after treatment. if mothers and fathers perceived different parental stress domains and if there are differences before and after treatment. Method: The sample is based on parents to patients aged up to 4 years visiting an outpatient clinic during 22 months. The instrument SPSQ (Swedish Parent Stress Questionnaire, a modified version of the PSI (Parenting Stress Index)) was distributed parents at the beginning and at the end of treatment. The result is compared to PIRGAS. The studied sample consists of 42 parents to 20 patients (20 fathers and 22 mothers). Results: Both mothers and fathers rate higher levels of stress compared to normal population before treatment. They report reduced levels of stress after treatment, but still feel slightly more stress than a normal population of parents. Mothers rate higher levels of stress than fathers, but experience a significant greater reduction of stress after treatment. The parental stress factor seems to correlate fairly well with PIRGAS. The domains of stress also vary. Fathers, for example, rate somewhat more health problems after treatment and hardly any difference concerning feelings of incompetence, whereas the most positive change for mothers was experienced in the domain of incompetence. Conclusion: Treatment seems to have a positive effect on both parents, but a higher impact on mothers. Methods that reach fathers as well as mothers need to be further developed.

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Fathers in mind - the mind of fathers

Kalckreuth B. (GAIMH, Germany), Wiesler C. (GAIMH, Germany)

Becoming parents is both a biological determined process and a complex psychic change depending on the individual biographic experience. The possibility of building up relationship from the early beginning on is a triadic task for both parents and often impaired. During pregnancy there is emotional change with increased sensitivity in order to be able to meet the needs and read the signals of the coming baby. The hormonal change in men decreases testosterone and increases prolactin thus creating a caring attitude. Regression and psychic reorganization as father is needed which should be named "fatherhood constellation". The alarming number of one third of parents separating in the first year after birth should create early intervention facilitating triangulating processes during pregnancy and after birth. In our clinical practice we see mainly mothers with their babies complaining of regulation disorders, feeding disorders, separation anxiety and developmental delay. Behind these symptoms there are complaints about fathers who left, started a new relationship, fled into work, developed intense need of sportive activity, wanted to be cared for. These reactions will be described and analyzed in short case stories. One case of severe postnatal depression in a father will be described showing the correlation with his biography, his "ghosts in the nursery" and the therapeutic process. In addition five cases of milder postnatal depression in fathers will be presented briefly. Psychoanalytic parent-infant-psychotherapy can open the mind of fathers towards the father representation and to the baby. Mother`s task is to let him into the dyad. Our issue is to have always the fathers in mind even if the therapeutic access is difficult or impossible. Working with the mother in presence of the baby could initiate her triadic process thus creating the real, symbolic and imaginative father of her past and the present.

Poster session 18: Prematurity and High Risk Infants

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Neurobehavioral profile in a group of healthy preterm infants using the NICU Network Neurobehavioral Scale (NNS)

Montirosso R. (Centre for the Study of Social Emotional Development of the at Risk Infant, Scientific Institute E.

Medea, Bosisio Parini, (Lecco), Italy), Del Prete A. (Neonatal Intensive Care Unit, Manzoni Hospital, Italy), Cavallini A. (Department of Child and Adolescent Neurology and Psychiatry, Scientific Institute ?E. Medea?, Italy), study group N. (NEO-ACQUA study group, Italy)

Background. It has been documented that the neurobehavioral performance of preterm infants differ significantly from term-born infants by term equivalent age (37–42 weeks' postmenstrual age). However, most of these studies have few very preterm infants (gestational age ≤ 29 weeks and/or birth weight ≤ 1500 grams) or included preterm infants with different clinical conditions (Majnemer et al., 1992; Brown et al., 2006; Liu et al., 2010). Consequently, little information is available regarding neurobehavioral repertoire of healthy very preterm infants. Moreover, it is well known that that even preterm infants without significant medical complications may present negative outcomes during the development. For example, Hack and colleagues (2002) have documented during young adulthood age preterm infants showed lower mean scores in IQ and lower school performance. Thus, it is quite possible that in very healthy preterm infants early neurobehavioral problems could be underestimated. We report neurobehavioral profile of a group of healthy very preterm infants participating to a large multicenter, longitudinal study in a collaborative study of 25 regional tertiary level Italian NICUs, named the Neonatal Adequate Care for Quality of Life (NEO-ACQUA), whose main aim is to assess the quality of life of very preterm infant who are considered "healthy" and in the absence of medical complications at discharge. **Methods.** The neurobehavior of 69 very preterm infants (gestational age ≤ 29 weeks and/or birth weight ≤ 1500 grams) and 33 term infants participating to NEO-ACQUA study was examined with a standardized neurobehavioral assessment, the NICU Network Neurobehavioral Scale (NNNS). The NNNS was administered by certified research assistants at the hospitals when preterm infants were at term equivalent age and in the full-term group at 2 or 3 days after the birth. **Results.** Compared to term infants, preterm showed a greater number of non-optimal reflexes and poorer quality of movements. In the behavioral domain preterm infants showed lower attentional skills and lower ability in the exchanges with the environment. Furthermore, they exhibited a lesser ability in the distress regulation. Finally, they showed higher level of stress. **Conclusions.** The findings highlight that even in absence of documented medical complications, preterm infants have an alterations of neurobehavioral profile. This evidence is discussed in the light of the possible use of the NNNS in early intervention programs preterm infants and to support their caregivers.

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NO metabolism in preterms

Buck A. (Medical Highschool of Hannover, Germany)

AIM: Asymmetric dimethylarginine (ADMA), an endogenous inhibitor of NO synthase can be regarded as a marker of endothelial dysfunction that mediates cardiovascular morbidity in adults. Dimethylarginine dimethylaminohydrolase (DDAH) is an enzyme which metabolizes ADMA to dimethylarginine (DMA) and promotes its renal excretion. It is unknown whether ADMA might also exert endothelial dysfunction in infants including preterms. The aim of this study was to investigate the pathophysiological relevance of ADMA in the development of premature newborns. **METHODS:** We measured circulating ADMA concentrations in 108 healthy preterm infants during the first two weeks of life (7th to 12th day). The subjects were categorized in two groups of gestational age: 32 preterm infants with gestational age of 23 weeks to 29 weeks and 76 preterm infants with gestational age of 30 to 36 weeks. Plasma and urine concentrations of ADMA and L-arginine were measured by gas chromatography- tandem mass spectrometry method. DMA, creatinine, nitrate and nitrite in urine were measured by gas chromatography mass spectrometry. The DMA/ADMA molar ratio indicates the indirect DDAH activity. **RESULTS:** Asymmetric dimethylarginine (ADMA) levels in infants with gestational age of 23 to 29 weeks were significant higher than in preterm neonates with gestational age of 30 to 36 weeks (895 ± 166 vs. 774 ± 164 nM; $P=0.001$). The excretion of ADMA shows no difference between these two groups ($12,2 \pm 4,6$ vs. $12,8 \pm 3,6$ $\mu\text{mol}/\text{mmol}$ Kreatinin; $P=0,61$). DMA levels in urine (282 ± 44 vs. 247 ± 35 $\mu\text{mol}/\text{mmol}$ Kreatinin, $P=0.004$) and the DMA/ADMA molar ratio were also elevated in the younger group of preterm infants with gestational age of 23 weeks to 29 weeks (27 ± 13 vs. 20 ± 5 ; $P=0.065$). The measured plasma and urine levels of L-arginine, nitrate and nitrite show no difference between the two age related groups. **CONCLUSION:** The decreased ADMA levels among very preterm infants with gestational age of 23 weeks to 29 weeks suggest an inhibition of ADMA by DDAH as a potential protective factor in the NO metabolism in very premature infants. Further elevated ADMA levels in preterm neonates might play a role in the pathophysiology related to endothelial dysfunctions.

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The influence of mother child interaction on language development of low income Brazilian prematurely born preschool children

Brocchi B. (USP, Brazil), Leme M. (USP, Brazil)

The construction of knowledge and language results from a process of interaction, that in the case of premature baby and her parents is set in a specific way. An adequate environment, specifically mother's behaviors when interacting with the child can attenuate biological risk resulting from premature birth. Objective: to characterize oral language development of preschool children born premature and to assess the impact of mother child interaction on this process. Method: 20 mother- child dyads participated of the study. The children were 5 to 6 years old. They were enrolled since birth in a follow up program for high risk premature children at a hospital in the state of Sao Paulo, Brazil. An anamnesis was conducted with the mother to obtain demographic data such as family constitution, maternal and child health history and their interaction since birth. A Brazilian test, named ABFW, that evaluates four dimensions of oral language: vocabulary, phonology, pragmatics and fluency was administered to the children. It was also presented to the child a figure displaying a logical sequence of actions in order to assess discourse development. Pragmatics and fluency were evaluated during a videotaped free play activity with varied toys with the researcher. Vocabulary was assessed through nomination of figures from different semantic domains (such as food, animals, toys). Phonology was assessed by naming figures and repetition of phoneme balanced words. In order to evaluate oral discourse, stories told by children were transcribed and analyzed according to criteria used by Spinillo and Martins (1997), namely characters, main plot, topic maintenance and outcome. All tests were transcribed in specific protocols and analyzed according to performance expected for that age. Results demonstrated that the majority of the sample was born weighting less than 1.500g, and almost half of them with 27 to 30 weeks of gestational age. They were diagnosed as extreme premature babies with very low weight, which provoked negative expectations in the majority of the mothers during her baby's stay at the Intensive Care Unit. Although most of the children did not present any development impairment, all of them performed bellow the expected for their age, except in oral discourse. Most of the mothers indicated themselves as the child's main caretaker, but they also informed that they spent only one or two periods of the day with the child. They told that they prioritize good behavior and obedience over playing or talking with the child. Results favor the conclusion that maternal stimulation and the quality of interaction were so relevant for the acquisition and development of language by this sample as biological and socioeconomic status were.

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The impact of a supportive context on the emotional and cognitive development of preterm infants at 6, 12 and 18 months of corrected age

Pillhofer M. (Universitätsklinikum Ulm, Germany), Simó-Teufel S. (Universitat de València, Facultad de Psicología, Dept. de Psicología Básica, Spain), D'Ocón A. (Universitat de València, Facultad de Psicología, Dept. de Psicología Básica, Spain), Fegert J. (University Hospital, Germany), Ziegenhain U. (University Hospital, Germany)

Prematurity is generally recognized to be a risk factor for cognitive, attentional, and behavioral difficulties (Allen, 2008; Bhutta et al. 2002). Observational data on mother-child-interaction suggest that premature infants are more irritable, less active and less responsive to others than mature born infants (Minde, 2000; Mouradian, Als, & Coster, 2000). For the primary caregiver the fact of having a preterm child is stressful, often accompanied by uncertainty, threat to life and frequent medical attendances. Thus, several studies indicate that mothers of preterm infants are either more active, stimulating, and intrusive or more insensitive and distant during the dyadic interaction than mothers of full terms (Forcada-Guex, Pierrehumbert, Borghini, Moessinger and Muller-Nix, 2006). Developmental outcomes of the infant are determined by the supportive context of the infant and the mother (Ziegenhain et al., 2007). The sanitary protocol in the department of neonatology, social support and specific mother-child interventions can be considered supportive factors for a positive early developmental context of the infant. Our study is oriented to analyze the factors that protect or hinder the socio-emotional and cognitive development of preterm infants from a developmental and interactive point of view. The sample of N=40 mother-infant-pairs obtained from two larger Spanish and German samples differed with respect to two important contextual support factors: First, if mother-child dyads were treated in a hospital with a specific neonatology protocol that fosters mother-child attachment processes and second, if these dyads participated in a specific mother-child intervention, based on attachment theory using video-feedback. We compared three subgroups; group 1 (N=10) had got both supportive factors, group 2 had only the intensive sanitary protocol (N=9) and group 3 (N=20) had none of these

defined variables. Furthermore social and family support, maternal stress and the medical condition of the infant were considered to be influencing factors across these groups. The children and their mothers were examined at 6 and 12 months of corrected age. At both ages maternal sensitivity and child cooperativity were observed in a short non-stressful play interaction using the CARE-index (Crittenden, 2007). Furthermore we used developmental batteries (ET 6-6 Petermann, Stein & Macha, 2006; Gesell Developmental Scales Gesell, 2003) for estimating the developmental status of the infants. Questionnaires were used for assessing maternal stress (EBSK Deegener et al., 2009; Brief Symptom Inventory Franke, 2000; Parental Stress Index Abidin, 1995) and maternal social support. Finally, attachment security was assessed with the Strange Situation Procedure (Ainsworth et al., 1978) between 15 and 18 months of corrected age. The results are structured in two sections. The first one analyzes the features that characterize the dyads with respect to similarities and differences in developmental outcomes between the three subgroups. The second one examines the correlation between distal variables (sanitary protocols, early attachment based intervention) as well as proximal factors (social and family support, maternal stress and infant medical condition) and maternal sensitivity with 6 and 12 months of age. Maternal sensitivity is assumed to be a central factor linking these risk factors and child outcomes (cooperativeness, attachment security and developmental outcomes). First results indicate that fostering maternal competences can improve the developmental outcomes of preterm infants beyond the medical conditions.

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The communication between low birth weight premature infants and their mothers in the first year of life: A description of four cases

Bissessur D. (University of Cape Town, South Africa), Pascoe M. (University of Cape Town, South Africa), Mayers P. (University of Cape Town, South Africa)

Background

Advances in medical technology and neonatal intensive care have resulted in an increased survival of preterm infants. Improved survival rates have led to more neurodevelopmental and communication difficulties. Having a premature infant can also have a major impact on the quality of the child-parent relationship. The transactional model (Sameroff & Fiese, 2000) shows that the outcomes of a child's development can be influenced by parent-child interactions, and the child's development in turn influences the parents' pattern of behavior. A lack of, or inadequacy of interaction between parent and child can impair the establishment of bonding and attachment, which in turn can affect a child's socio-emotional, cognitive and language development. **Aims.** A descriptive, longitudinal study was conducted to investigate the communication between low birth weight premature infants and their mothers in the first year of life. The data collection was performed over three home visits namely T1 (one week post discharge), T2 (three months corrected age) and T3 (six months corrected age). The study aimed to describe mothers' perceptions of their infant's communication (T1, T2 and T3), the infants' communication (T2 and T3), the mothers' perceptions of their role in communication (T1, T2 and T3) and the communication of mothers with their infants (T1, T2 and T3). **Methods and procedures.** Four mother-infant dyads were investigated. The infants were born with a gestational age of less than 37 weeks, and with a birth weight between 1500g to 2500g. Infants with neurological, sensori-perceptual and congenital deficits were excluded. The Rossetti Infant-Toddler Language Scale (Rossetti, 2005) was used to obtain the communication profile of each infant at two points in time. Three interview schedules were used to guide semi-structured parental interviews, as well as an adapted version of the Observation of Communicative Interaction Scoring Sheet (Klein & Briggs, 1987). **Outcomes and results.** Mothers' reports of their infant's communication skills were in line with the scoring of the RITLS. Wide individual variation was noted between the participants: Two infant participants showed delays in terms of their communication development. From T2 to T3, no significant changes in age-group was noted for Interaction-Attachment and Pragmatics for the first infant while no changes in Language Expression was noted for the second infant. The two infants presenting with delays were both boys and were children of teenage mothers. The two other infants both showed normal communication development within all areas of the RITLS when corrected age were used. All four mothers felt that their role in helping their infants communicate was through physical contact and by expressing themselves verbally. Most mothers showed an increase in encouraging conversations as their infants became more active and responsive. The transactional model can be used to explain these changes in interactional patterns: as the infants grew, they started becoming more alert and thus reacted more to their mothers' attempts to converse with them. The mothers in turn started to encourage conversation with their infants more often. **Conclusions and implications.** This study indicates that the quality of early mother-child relationship could serve a protective or risk-precipitating role on the developmental outcomes of the infants. The most important clinical implication of this study would be to support a healthy mother-infant relationship in the first few months of life. References available upon request.

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Hearing your baby has a heart condition: What do parents report feeling when they are told?

Franich-Ray C. (Murdoch Children's Research Institute, Australia), Anderson V. (Royal Children's Hospital, Murdoch Children's Research Institute, Australia), Menahem, S (Southern Health, Monash Medical Centre, Australia), Northam E (Royal Children's Hospital, Murdoch Children's Research Institute), Cochrane A (Southern Health, Monash Medical Centre), Jordan B. (Royal Children's Hospital, Murdoch Children's Research Institute, Australia).

Congenital heart disease can be diagnosed prenatally or postnatally and can have a psychological impact on the baby, their parents, their siblings and relationships. A study investigating these impacts was conducted with 91 mothers and 67 fathers of infants under three months of age participating. Parents completed a questionnaire and interview one month after their baby was discharged from hospital following cardiac surgery. Results from the larger study indicated that mothers who received a prenatal diagnosis of their infant's heart condition were more likely to report difficulty bonding with their infants. The factors they reported as contributing to the relationship difficulties included: separation at birth; intrusion of medical equipment; fragility of the infant; lack of opportunity to hold their infant and perform care-giving activities; sharing care with nurses; mothers' emotional responses of fear, anxiety and vigilance; lack of confidence; and lack of opportunity to get to know their infant. In order to further explore the impact on the relationship, this poster will present a thematic analysis of the response given by parents when they were asked how it felt knowing that there was something wrong with their baby's heart. Responses will be compared between mothers and fathers as well as between parents who received a prenatal and postnatal diagnosis.

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Impact of the first two years of adoption on child development and mother-child interaction

Sousa M. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Sousa M. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Henriques M. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Baptista J. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Soares I. (School of Psychology, Minho University, Portugal)

In the last decades, clinicians and researchers of the adoption field have been devoted to answering the question: Are the adopted children at risk in terms of development?. The response to this question has been shrouded in controversy and it is not consensual among the authors (Borders, Black, & Pasley, 1998). The adopted children are often confronted with adverse early experiences, namely genetic, pre and perinatal problems, neglect and abuse within biological family, and institutionalization that can compromise their physical, cognitive, language, motor and emotional development (e.g., Duyme et al., 1999; Moe, 2002; Palacios, Sánchez-Sandoval, & León, 2005; van IJzendoorn & Juffer, 2006). In this sense, many authors have documented the deleterious effects of these experiences even after adoption, arguing that some children continue to display significant developmental and attachment problems (Altemeir, 2000; Chisholm, 1998; Howard, Smith, & Ryan, 2004; Ryan & Groza, 2004). Nevertheless, many others studies have shown the non-linearity of these associations, emphasizing the positive changes related to entrance of these children in a supportive and enriching family environment (e.g., Miller, 2000; Rutter et al., 1998; Steele, Hodges, Kaniuk, & Steele, 2010; Vorria et al., 2006). Addressing this critical issue, the present study aimed to examine the impact of the first two years of adoption in children's developmental recovery. It seeks to explain, additionally, the role of maternal sensitivity, family communication and other socio-demographic variables (e.g., routines, time spent with the child, existence of other siblings) in their psychosocial functioning and developmental trajectories. The participants of this study are 18 Portuguese children (adopted between 3 and 32 months of age) with 3 to 5 years old and their adoptive mothers. Children were assessed based on a protocol administered in two different moments in time: i) five months after placement in the adoptive family; ii) thirty months after placement in the adoptive family. The protocol included the following measures: (1) standard measures of children's weight, height, head circumference for physical growth; (2) the Bayley Scales of Infant Development (BSID-III; Bayley, 2005) and the Griffiths Mental Development Scales – Extended Revised: 2 to 8 years (Luiz et al., 2006) for assessment of cognitive, language, motor and social development; (3) the Child Behavior Checklist ½ - 5 (Achenbach & Rescorla, 2000) to assess psychopathology; (4) a structured play task of 15 minutes to evaluate maternal sensitivity; (5) and finally, a socio-demographic interview (e.g., family communication, child's health, routines, etc.). Data collection and analysis are in progress.

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Physical growth, mental development and social withdrawal: Comparison between adopted and institutionalized children

Baptista J. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Henriques M. (Faculty of Psychology and Sciences of Education, University of Porto, Portugal), Soares I. (School of Psychology, Minho University, Portugal), Silva J. (School of Psychology, Minho University, Portugal), Marques S. (School of Psychology, Minho University, Portugal), Martins C. (School of Psychology, Minho University, Portugal)

As part of a broader research investigating the impact of the quality of care on a group of Portuguese institutional-reared and adopted children, the focus of the present study is to look at the capacity of adopted children to recover from early deprivation, in a short period of time, in terms of physical growth (standard measures of weight, height and head circumference), mental development (Bayley Scales of Infant Development, 3rd ed.; Bayley, 2006), and social withdrawal (Alarm Distress Baby Scale-ADBB; Guedeney, 2000). A comparison group of children who remained living in institutional care centers was used. Thirty post-institutionalized adopted children (AG) and 20 institutionalized children (IG) were assessed twice: first, when all were living at a Portuguese institutional care center (Time 1, $M = 10.26$ months of age; $SD = 6.83$; range 0-25 months of age); and, six months later (Time 2). At this second moment, the AG was already living with their adoptive family for 5 months and the IG was still living at the same institutional care center. The two groups did not significantly differ in terms of gender ($\chi^2 = .01$, $p = .91$), age at admission in institutional care ($U = -1.60$, $p = .11$), age at the two assessment moments (T1, $U = -.96$, $p = .35$ and T2, $U = -1.86$, $p = .06$), prematurity ($\chi^2 = 2.8$, $p = .60$) and birth weight ($\chi^2 = 6.6$, $p = .42$). Results showed significant differences between the two groups, only at Time 2, in height ($U = -2.66$, $p < .01$, $r = -.27$), language development ($U = -2.61$, $p < .01$, $r = -.26$) and social withdrawal ($U = 2.15$, $p < .05$, $r = .35$). Significant differences were also observed in terms of some items of the ADBB, namely: facial expressions, ($U = 2.11$, $p ? .05$, $r = .35$), and vocalizations ($U = 3.64$, $p < .001$, $r = .60$), with the AG revealing higher levels in those developmental areas.

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A biological-psychosocial model of preterm birth

Raynor B. (Emory University, United States), Emory E. (Emory University Dept. of Psychology, United States)

Preterm delivery is a major cause of developmental delay, behavioral problems and poor school performance. In the US, African Americans have an almost 2 fold higher risk of preterm delivery than whites; the rate in 2008 was 18.4% compared to the overall rate of 11.6%. Efforts to understand this disparity have focused on clinical risk factors, genetics differences, socioeconomic factors, access to prenatal care and pathophysiology. However, preterm delivery is likely the result of the complex interplay of multiple social, psychological and physiologic factors. This interaction has a cumulative effect over the maternal life course, not simply in the perinatal period. Racial discrimination may have a significant effect on preterm delivery risk in African Americans. The cumulative experience of interpersonal and institutional racial discrimination and developed coping responses adds to chronic stress which may lead to heightened hypothalamic pituitary axis (HPA) activity with subsequent impact on the risk of premature delivery. HPA dysfunction affects the immune system, vascular responsivity and possibly timing of spontaneous labor. Perceived racial discrimination interacts with the social environment, socioeconomic factors, maternal health behaviors and preconception health. Further chronic stress may impact fetal programming with subsequent effect on fetal development and neurologic function. Based on available evidence, we have developed a theoretical biologic- psychosocial model of preterm delivery viewed from a life course perspective which addresses these relationships.

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Precursors of emotional and behavioral problems amongst extremely preterm infants: Factors from the perinatal, infancy and childhood periods

Samara M. (Kingston University London, United Kingdom), Wolke D. (University of Warwick, United Kingdom), Marlow N. (University College London, United Kingdom), Johnson S. (University of Nottingham, United Kingdom)

Objective. The aim of this study is to investigate the precursors of emotional and behavioral problems of extremely preterm children at 11 years of age. **Design.** Prospective study of children born at ≤ 25 6/7 weeks of gestation between March, 1 and December, 31, 1995 (EPICure study) and term-born classmates in the United Kingdom and

Ireland. Participants. 219 extremely preterm children and 153 term-born classmates. Outcome Measures. Severe behavior problems defined as scoring >90th percentile on parent and teacher reports in the Strengths and Difficulties Questionnaire (SDQ). Precursors: Prenatal factors: maternal age, whether mother smoked at pregnancy, gender and cranial ultrasound findings. Factors at 30 months of age included: feeding difficulties, socioeconomic status (SES), cerebral palsy, communication difficulties, disability, internalising and externalising problems, mental development index and oxygen supplement. Factors at 6 years of age included emotional and behavior problems, SES, eating problems, IQ and language difficulties. Results. A total of 16.7% of extremely preterm children (boys: 19.8%; girls: 14.0%), compared with 3.5% of control children (boys: 5.0%; girls: 2.4%) had total difficulties scores in the clinical range at 11 years. The results also show that the precursors of emotional and behavioral problems at 11 years of age included previous behavioral and emotional diagnosis, SES factors, eating difficulties, low IQ, cerebral palsy and disability. Conclusions. The causes of emotional and behavior problems during childhood start in the early years of infancy despite most receiving special educational support. The increasing impact on child parent and teachers requires intervention starting in early infancy.

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Facilitating bonding and attachment in the NICU

Lubbe W. (North-West University, South Africa)

Bonding and attachment may be challenging following any birth due to a variety of factors. However, in the case of preterm birth bonding and attachment problems is a real risk. During a normal full term pregnancy a mother feels her fetus moves and may even have a sonar that contribute to improved bonding. However, when an infant arrives early the bonding process is placed under severe stress, since the infant is physically separated from her mother when being cared for in the neonatal intensive care unit (NICU), connected to various monitors and other equipment that makes it difficult to hold the preterm infant. Furthermore, the physical appearance of the newborn infant may come as a shock to parents and make bonding very difficult, especially since parents may be afraid to touch the fragile preterm infant due to anxiety and fear to hurt her. Apart from the physical challenges mothers experience emotional challenges as a result of preterm birth. Due to the physiological processes of birth there is a drop in progesterone after birth which lead to a condition known as 'baby blues' when the pregnancy hormones are removed from her body. Furthermore she may experience behavior similar to the grieve process when losing a loved one. The mother may move through the different phases of the grieving process in no specific order. This includes denial, anger, depression, bargaining and finally, acceptance. Factors that contribute to these feelings include shock due to the appearance of the preterm newborn and stress and anxiety since the parents are afraid that the infant would die. The mother experience feelings of guilt and incompetency because she could not carry her newborn to term. Guilt may be added by her husband, partner or family members by actions such as blaming the new mother for causing the preterm birth. Everyday experiences contribute largely to maternal feelings of depression. When she hears a baby cry, see a mother breastfeeding her newborn or leaving the hospital with a new baby or even just paging through a parenting magazine or watching a television show may superimpose the feelings of guilt and depression. Feeding competence has been shown to be directly related to mother-infant bonding and in all preterm infants feeding is delayed and potentially very challenging due to the fact that successful feeding depends on the maturity of skills such as the synchronisation of suck-swallow and breathing. This will have an even stronger impact on bonding and attachment success. Neurodevelopmental supportive care is a care approach where the care of the preterm (or ill full term infant) is adapted in a way that support the infant's developmental stage. These developmental stages are based on the three stages as defined by Gorski namely turning-in, coming-out and reciprocity. During the turning-in stage the infant behaves in a way similar to a porcupine. When exposed to stimuli, especially touch, she is easily over stimulated and then becomes physiological unstable and disorganised. Typical reactions may include physiological changes such as a decrease in heart rate, breathing, oxygen saturation and temperature instability. She will protect herself by reacting negatively to shield herself from the stimuli. This infant is usually younger than 32 weeks gestation, needs intensive nursing care, is unable to come into and maintain a stable sleep state and cannot yet feed independently. It is however important to note that the turning-in stage may also be observed in an infant that is very ill, but much older. This infant needs help from her caregivers to recover from stressful events. The second behavioral state identified by Gorski is the coming-out stage. This stage may usually be seen in infants between 32 and 35 weeks gestation who do not need intensive care anymore, breathe comfortably and are able to maintain physiological stability. Parents usually become more involved in care giving activities during the coming-out stage and this infant has organised behavioral responses. During this stage the infant can be compared to a tortuous. When over stimulated the infant will move away from the stimulation and try to re-organise by herself, similar to the tortuous moving into his shell. She will therefore best recover from agitation

when left alone. Once a state of equilibrium is reached she will then start exploring her environment again, starts seeking social interaction and she will use techniques such as hand-to-mouth and sucking to reach this equilibrium. These infants are able to absorb enough calories from the gastro-intestinal tract to gain weight. The third stage is that of reciprocity during which the infant starts to interact with her environment and caregivers. She is usually 36 weeks or older and on her way home or already at home and can be compared to her full term counterparts. These infants behave similar to puppies. They sleep, feed and sometimes interact, but growing is their main priority in life. During this stage infants respond in very specific and predictable ways, recover best from agitation by using self-quieting techniques and their care-givers are more tuned into their behavior. The question now arises as how to support parents with preterm infants in the NICU to prevent bonding and attachment problems and there are different techniques available that may be applied. The most important factor is that the parents should know the infant's 'body language'. They should be able to determine approach and avoidance signs and adapt their care and interaction accordingly. During the turning-in stage mother's can perform activities such as watching the preterm infant to learn her behavioral cues, provide firm boundaries with containment hold and deep touch when procedures are performed. Mother's can also do skin-to-skin care, nappy changing, taking of photographs (without a flash) and support self-regulatory behavior such as holding the infant's hand. A great tool in supporting bonding is to keep a journal of the preterm infant's journey and adding pictures and mementos as needed. During the next stage – coming-out – parents can be motivated to take regular pictures and footprints of their infant to see how she changes and grows. Start talking to her softly and call her by her name, if she can tolerate the stimulation. Activities such as swaddling with her hands close to her face or mouth, taking of her temperature, nappy changing, bathing and feeding are ideal to involve parents and improve bonding. Encourage parents to spend lots of time with their infant and identify her stress and readiness cues to see what works best to help her stay calm and grow. Parents should hold and do skin-to-skin care their infants as often as possible. Since feeding success are directly related to bonding this stage is ideal for mothers to meet with the breastfeeding counsellor for advice on expressing and planning the infant's feeds. During the reciprocity stage the infant has matured well and it can be expected that she will behave similar to her full term counterparts, however the preterm infant may have additional challenges, such as being needy infants, cry with the presentation of certain stimuli, such as a bright kitchen light or the noise of a vacuum cleaner. This is usually the time when parents are expected to struggle with feeding and settling the infant for sleep, since they now have to care for their little one on their own and without the constant support of monitors and the NICU staff support. This period may be the most challenging of all, since parents are tired, anxious and unsure of their parenting skills. Bonding during this stage may be very challenging as well, but activities, such as parents support groups may be very helpful. Parents share a lot of emotions and questions with other parents with preterm infants on online support forums. However, on-site workshops are also available at various hospitals, where parents can learn about their newborn and how to respond to them. Activities such as infant massage may be useful for preterm infants, but care should be taken not to over stimulate them. When the preterm infant is not the first born, parents may be faced with the additional challenges of caring for another sibling(s) and providing them with constructive attention, while trying to cope with their own challenges and emotions. Play therapy has proven to be beneficial to the older siblings in managing this stressful event, allowing parents the opportunity to bond with the newborn. Preterm birth also places a lot of tension on the relationship between mother and father and additional emotional support by well-trained counsellors is advisable. Bonding and attachment in high-stress birth situations does not happen automatically and various programs or interventions should be in place to minimise the risk of poor bonding. It is important that NICU staff understand the needs and behaviors of preterm infants in relation to their developmental stages, but also to understand parental needs during this time. Dedicated staff should be available to facilitate bonding and attachment in the NICU and ensure healthy parent-infant relationships.

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Towards best practice in caring for the longterm baby and family in the Newborn Intensive Special Care Unit: Royal Women's Hospital Melbourne approach

Thomson-Salo F. (Royal Children's Hospital, Australia), Jacobs S. (Royal Women's Hospital, Melbourne, Australia), O'Sullivan B. (Royal Women's Hospital, Melbourne, Australia), Moorhead A. (Royal Women's Hospital, Melbourne, Australia), Orton J. (Royal Women's Hospital, Melbourne, Australia), Patchell R. (Royal Women's Hospital, Melbourne, Australia)

This Clinical Teach-in describes family centred and developmentally supportive care for long-term babies and their families in a 61 bed Newborn Intensive and Special Care Unit in a new purpose-built tertiary hospital. How the commitment to drive best practice is implemented is examined from the perspective of the major multidisciplinary members caring for these vulnerable infants and their parents. One illustrative vignette is considered by the

multidisciplinary team within the context of the unit design and organizational family and developmental care guidelines. The consultant neonatologist will outline how medical conditions impact on the infant's physical and psychological development, and the importance of the mother-baby dyad led approach to optimisation of outcome. The nurse care manager describes how crucially important it is for the nurses to be aware of the infant's attachment needs and for nurses to work with parents to support and encourage this relationship as well as attending to physiological functioning. What looks like the simplest interventions like prioritising the first question on the ward round to the mother about how the baby is today etc may have a dramatic effect in building the mother's confidence and affirming her role as the mother. The social worker outlines the experience of helping many distressed parents adjust to the intensive care environment and strengthen the relationship with their infant by providing a space to explore their feelings of loss and fear. The social worker also discusses the importance of multidisciplinary team work, within a social model of health, in order to obtain best outcomes for the infant and their family. The lactation consultant describes how breastfeeding and expressing breast milk not only promotes physically healthy outcomes but also promotes attachment, pleasure and autonomy for the mother and the infant as they learn together the intricacies of feeding. The neurodevelopmental therapy team work with parents to develop individualised flexible developmental care plans around the baby's behavioral cues, gestational age and stage of development. This is an ongoing process to prepare families for discharge and moving on to the next stage and is particularly important for the 'long term baby', as they spend longer in hospital and may have more risk for ongoing problems. So much of what the team does is focused towards eventual independence with their baby. The infant mental health clinician will chair and the principles underlying these changes.