

**Infant Mental Health Journal
Supplement to Volume 35, Issue 3 (May-June)**

Program Abstracts

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**World Association for Infant Mental Health
14th World Congress
June 14 – June 18
Edinburgh, Scotland**

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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 14th 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 to this collection of abstracts.

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User Guide: The item code numbers in this Abstract guide are identical to those that appear in the 13th World Congress program book. For example, P2-22 = Poster session 2, poster 22. The Table of Contents for the Abstract issue draws attention to the major event categories of each day. To locate an abstract, copy down the Program Book item code, and then find the day, event category, and appropriate code to locate the abstract.

Program Book Codes:

M = Master Lectures
PL = Plenary lecture
PS = Parallel Session
P = Poster
S = Symposium
W = Workshop
IL = Invited Lecture

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PRECONGRESS GENERAL SESSIONS

SATURDAY 14 JUNE

0845 – 1000

LIVE SUPERVISION – SESSION 1

Co-chairs: Maree Foley, Affiliates Council Representative and Martin St-André, Affiliates Council Chair

LIVE REFLECTIVE SUPERVISION: MEETING A BABY AND HIS FAMILY THROUGH THE EXPERIENCE OF LIVE SUPERVISION

Dr Louise Emanuel (Phd), Tavistock Clinic, London, Patricia O'Rourke, Department of Psychological Medicine, Women's and Children's Hospital, Adelaide, Australia,

1030 – 1215

WORKSHOP 1 – A TRIBUTE TO THE WORK OF COLWYN TREVATHEN

Chair: Jane Barlow, Director of Warwick Infant and Family Wellbeing Unit, University of Warwick, Warwick UK, and Chair, Local Organizing Committee

WHAT INFANTS TEACH US ABOUT BEING HUMAN; HOW TO SHARE THEIR CONVIVIALITY AND CARE FOR THEM

Prof Colwyn Trevarthen, Emeritus Professor, Child Psychology and Psychobiology, University of Edinburgh, Fellow, Royal Society of Edinburgh and Vice President, British Association for Early Childhood Education

THE EVOLUTION OF INFANT SOCIAL EXPRESSIVENESS IN THE FIRST TWO MONTHS, AND THE ROLE OF MATERNAL RESPONSIVENESS

Prof Lynne Murray, School of Psychology and Clinical Language Sciences, University of Reading

VOICES OF SHARED EMOTION AND MEANING: YOUNG INFANTS AND THEIR MOTHERS IN SCOTLAND AND JAPAN

Dr Niki Powers, Department of Psychology, University of Edinburgh

THE FIRST DIALOGUES: DESCRIPTIVE BEHAVIORAL ANALYSIS IN UNDERSTANDING INTERSUBJECTIVITY IN THE PERINATAL PERIOD

Emese Nagy, School of Psychology, University of Dundee

MAKING SENSE OF THE WORLD: VITALITY, AGENCY, AND MEANING IN COLWYN'S PRINCIPLES OF INFANT PSYCHOLOGY

Dr Jonathan Delafield-Butt, Faculty of Humanities & Social Sciences, University of Strathclyde

1245 - 1400

Live Supervision – Session 2

Co-chairs: Maree Foley, Affiliates Council Representative and Martin St-André, Affiliates Council Chair

LIVE REFLECTIVE SUPERVISION: MEETING A BABY AND HIS FAMILY THROUGH THE EXPERIENCE OF LIVE SUPERVISION

Pamela Segel (Ed.S, DS III (Developmental Specialist), IMH-E-IV(Mentor/Clinical), New Mexico Association of Infant Mental Health, US, Sarah Jones BA, BSW, Certificate in Mediation, Parent-infant and Couple Psychotherapist, Private Practice, Melbourne, Australia

1430 - 1600

WORKSHOP 2 – A TRIBUTE TO THE WORK OF PETER FONAGY

Chair: Elizabeth Meins, University of York, UK

FROM MENTALIZATION TO COMMUNICATION SYSTEMS IN UNDERSTANDING WHY PSYCHOLOGICAL INTERVENTIONS WORK

Prof Peter Fonagy, Division of Psychology and Language Sciences, University College London

REFLECTIVE FUNCTION, ATTACHMENT AND INTERVENTION: PROGRESS, CHALLENGES AND FUTURE DIRECTIONS

Prof Pasco Fearon, Division of Psychology and Language Sciences, University College London

MINDING THE FAMILY

Dr Eia Asen, Anna Freud Centre

TRUST ME.....THERE IS ONLY ONE BRAIN: SOME REFLECTIONS ON PETER'S WORK FOR CLINICAL PRACTICE

Dr Peter Fuggle, Clinical Director of Islington Child and Adolescent Mental Health Service (CAMHS)

16.30 – 17.30

CONGRESS OPENING CEREMONY

WELCOME & OPENING REMARKS

Miri Keren, M.D, President of WAIMH

Mark Tomlinson, Chair, Program Committee

Jane Barlow, Director of Warwick Infant and Family Wellbeing Unit, University of Warwick, Warwick UK and Chair, Local Organising Committee

THE INSPIRATION FOR INFANT MENTAL HEALTH; WORKING TOGETHER ACROSS PROFESSIONS AND SERVICES

Dr Dilys Daws, Honorary Consultant Child Psychotherapist Tavistock Clinic, Founder AIMH (UK)

THE IMPORTANCE OF EARLY YEARS FOR HEALTH AND THE SCOTTISH GOVERNMENT'S POSITION ON EARLY YEARS AND MENTAL HEALTH POLICY

Tam Baillie, Scotland's Commissioner for Children and Young People (SCCYP)

17.35 – 18.30

PLENARY LECTURE 1

Moderator: Mark Tomlinson, Stellenbosch University, Stellenbosch, South Africa

PL1 - PARENTS UNDER PRESSURE: WORKING INNOVATIVELY TO IMPROVE PARENT-INFANT INTERACTION IN PARENTS AT RISK OF ABUSE

Jane Barlow, Director of Warwick Infant and Family Wellbeing Unit, University of Warwick, Warwick UK and Chair, Local Organising Committee

Infants under one account for up to 11% of child protection registrations in the UK with neglect (49%) and emotional abuse (22%) accounting for nearly two-thirds of these. This paper describes a new care pathway that targets the atypical or anomalous forms of parent-infant interaction that comprise such emotionally abusive and neglectful parenting during infancy. It uses a number of case studies to examine the key trajectories of women undergoing this care pathway, and depicts the ways in which assessment and intervention during the perinatal period can prevent abuse during the first year of life.

18.30 – 20.00

WELCOME RECEPTION

CONGRESS SESSIONS
SUNDAY 15TH JUNE

MASTER CLASS LECTURES

0800 - 0855

M1 - UNSPEAKABLE GHOSTS AND REVIVED SUPPRESSED GRIEF

Amanda Jones, Perinatal Parent Infant Mental Health Service (PPIMHS), Essex, UK and Warwick Medical School, UK

The pain of working therapeutically with mothers who have had previous babies removed from their care safely in the hope that they can safely parent a new baby.

M2 - INFANTS, COPARENTS AND FAMILY SYSTEMS: A DECADE OF PROGRESS, A FUTURE OF PROMISE

James McHale, University of California Berkeley, USA

Ten years ago, McHale's "Decade of Behavior" lecture at WAIMH-Melbourne provided both argument and framework for transforming our IFMH field from one inextricably tied to an infant-mother paradigm toward one embracing a family systems lens. The past decade has seen many changes, some dramatic, others small and cautious, that have begun making such transformation a reality. This Master Lecture will bring participants up to date on the past, present, and limitless future of a field in which we understand and promote infant mental health in the context of multiperson relationship systems.

M3 - BEYOND SENSITIVITY: SPECIFICITY OF EFFECTS IN RELATIONSHIPS BETWEEN PARENTING AND CHILD OUTCOME, AND THEIR IMPLICATIONS FOR INTERVENTION

Lynne Murray, School of Psychology and Clinical Language Sciences, University of Reading, UK

Parenting is multi-faceted, and specific forms of strengths and difficulties are associated with different kinds of child outcome. This specificity of effect will be illustrated principally from the findings of the Cambridge longitudinal study of the development of children of postnatally depressed mothers, a study that has followed a sample of 100 children from infancy to 22 years. The implications of the findings from this study for interventions will be considered.

M4 - INTERVENING AROUND A FEARED OR TRAUMATIC BIRTH: ANTENATAL AND PERINATAL INFANT-PARENT PSYCHOTHERAPY

Frances Thomson-Salo, Royal Children's Hospital, Melbourne, Australia

Working as an infant mental health clinician in a maternity hospital creates the possibility to intervene more effectively when pregnancy and birth is feared or responded to ambivalently or is felt to be traumatic. Some psychodynamic interventions will be outlined particularly with infants whose parents are very young or there has been substance use or violence or prematurity of birth.

M5 - TEMPERAMENT AND DEVELOPMENT: FROM EXPLANATORY TO INTERVENTIONAL PERSPECTIVES

Savita Malhotra, Indian Association for Child and Adolescent Mental Health, Chandigarh, India, Asian Society for Child and Adolescent Psychiatry and Allied Professions, Singapore, Asia

The role of temperament in psychological development from infancy through childhood and adolescence and how the temperamental vicissitudes can push the developmental trajectory into healthy or unhealthy patterns is well recognized. Ethnocentrism involved in the process of child development necessitates attention to cultural and social underpinnings in the child rearing practices and variability in the childhood experiences. Such factors would impact child development through their influences on the temperament and attachment patterns. Research on temperament from India and in other non-western countries is sparse. Studies on temperamental characteristics of children and what constitutes temperamental adversity, from India, Japan, China and few other countries, have shown significant differences from those in the western world which can be attributed to socio cultural factors. Implications of these findings are far reaching in terms of the rates and patterns of psychiatric disorders in childhood. Comparative epidemiology in the western and non-western world and its socio-cultural determinants applicable from early infancy through childhood are highlighted.

Working on infant temperament within the socio-cultural matrix of child rearing and child development can provide an opportunity for intervention very early in life to alter the course of development towards a smoother and stress free process. The necessity of shift in thinking from considering temperament as an explanatory theoretical concept in development, to acknowledging its interventional application relevant to preventive and promotive strategies in infancy and early childhood is emphasized.

PLENARY LECTURE 2

0900 - 1015

Moderator: Päivi Kaukonen, Tampere University Hospital, Tampere, Finland

PL2 - INTEGRATING NATURE AND NURTURE IN THE STUDY OF ATTACHMENT AND LONG-TERM SOCIO-EMOTIONAL DEVELOPMENT

Pasco Fearon, University College London, UK

Despite many decades of research into the genetic and environmental influences on children's socio-emotional development and mental health, remarkably little work has been done to tease these processes apart in the first 3 years of life. This is a major shortcoming in our knowledge because evidence overwhelmingly indicates that influences arising during this time play a vital role in shaping long-term developmental trajectories, for better or for worse. In this talk, I will review what developmentally-oriented behavioural genetics research tells us about the causal influences on early socio-emotional development, and draw on examples from my own work and others that suggest that environmental influences, genetic influences, and their mutual interplay, need to be taken very seriously amongst those dedicated to the mental health of infants and young children. I will argue that although the existing evidence is limited in several crucial respects, it also suggests some important and differentiated pathways that could point the direction towards more effective and mechanistically targeted interventions in the future.

Award Ceremony: WAIMH Award

PARALLEL SESSION 1
1045 – 1215

PS1.1: IL1 - DAN STERN MEMORIAL SYMPOSIUM: NEUROBIOLOGICAL APPROACHES TO ATTUNEMENT

Chair: Karlen Lyons-Ruth, Harvard University, Boston, MA, USA

Discussant: Charley Zeanah, Tulane University, USA

PS1.1 – S1 - MATERNAL ATTUNEMENT AND NEUROBIOLOGICAL BASIS

Massimo Ammaniti, University La Sapienza, Rome, Italy

Parental affective sharing is fundamental in the intersubjective relatedness especially in the first year of life before the acquisition of language. In this ambit Daniel Stern (1985, 2010) has pointed out the key role of maternal attunement which is "a partial and purposely selective kind of imitation" (p. 113, 2010). Maternal attunement is rooted in the brain, as we have documented in a neurobiological study (D. Lenzi, Trentini, Pantano, Macaluso, Iacoboni, G.L. Lenzi, Ammaniti, 2009) which has explored the emotional resonance of mothers towards pictures with different emotional expressions of their own baby and of an unfamiliar child. The role of the mirror neuron system will be discussed specifically considering maternal emotional attunement.

PS1.1 – S2 - YOU NEVER STEP INTO THE SAME SCHEMA TWICE: REFLECTIONS ON INTERGENERATIONAL TRANSMISSION OF VIOLENCE AND TRAUMA

Daniel Schechter, University of Geneva Hospitals, Geneva, Switzerland

Background: This presentation will review original research that links Stern's concept of schemas of being-with (Motherhood Constellation, 1995) with the notion of traumatically skewed intersubjectivity in the relationship of interpersonal violence-exposed mothers with posttraumatic stress disorder (PTSD) and their toddlers. Much of the literature speaks of vicarious traumatization and of intergenerational transmission of violence, trauma, and disturbed attachment without enough attention to what is newly co-constructed rather than simply "transmitted".

Methods: Empirical findings and related clinical vignettes will be drawn from two studies that examined the impact of maternal violence-related PTSD on the mother child relationship in terms of parental and child mental representations, interactive parent-child behavior and stress physiology, as well as functional neuroimaging of mothers and trial intervention sessions involving video-feedback exposure of mothers to mother-child separation versus play. Two studies will be cited: The New York Parent-Child Interaction Project (Columbia) and the Geneva Early Childhood Stress Project (U. Geneva) recruited subject dyads of adult mothers and their toddlers (12-42 months) from community and hospital pediatric clinics and surrounding neighborhoods.

Results: The New York study followed-up 25 of these children at ages 4-7 years, who completed the MacArthur Story Stem Battery. These children showed schemas of being with caregiving figures that contained characteristics such as hypervigilance to danger, avoidance of interpersonal conflict, and dysregulated aggression that corresponded to the maternal severity of violence-related PTSD over and above any direct child exposure to violence (Schechter et al., 2007). The Geneva Study (N=100 dyads; ongoing recruitment) has found that maternal difficulty in identifying emotions, an aspect of alexithymia contributed to decreased maternal sensitivity ($p < .01$), increased child difficulty on the Care Index ($p < .05$) at ages 12-42 months. Maternal alexithymia predicted one year later at ages 24-54 months, increased aggressive behavior as reported by mothers on the Child Behavior Checklist ($p < .01$). Children at 12-42 months also displayed hypervigilance to their mothers' emotional expression on the Disorders of Attachment Interview that was positively associated with maternal PTSD severity ($p < .05$) and negatively associated with lower maternal cortisol levels ($p < .05$).

Conclusions: Mothers who have experienced violence and develop PTSD that is characterized by avoidance and numbing of interactions evocative of their traumatic experience have difficulty "reading" child affective communication. They have trouble jointly attending with their child to each other's experience of being-with one another following stressful moments (Schechter et al., 2010), and enact a variation as it were of the mother's experience that is new to both partners. Illustrative case examples with video microanalysis will show more specifically how maternal experience of violence coupled with post-traumatic avoidance skewed the intersubjective field of the dyad towards a newly reconstructed trauma as generated by maternal enactment and by child enactment, each of which leading to interactions that echoed an aspect of mother's original experience but created a "new" adverse experience for both.

PS1.1 – S3 - FORMS OF VITALITY: NEUROBIOLOGICAL AND DEVELOPMENTAL PERSPECTIVES

Nadia Bruschiweiler-Stern, Clinique des Grangettes, Switzerland

In his last book published in 2010, Dan Stern addressed the question of vitality as a manifestation of being alive. Vitality is expressed in the dynamic of an action and can take an infinite variety of forms. It is the "how" an action is performed. The human brain is designed to read the goal and intention of others' actions, which mainly reside in the "what" the action is for. However "how" the action is performed communicates significant information as well and must be read in order to get attuned to the other's social interactions. In a collaboration with Prof Rizzolatti's team in Parma, we explored this new concept in two collaborative studies. First, in the domain of Autistic Spectrum Disorders we found an impaired capacity to recognize the action Form of Vitality in ASD individuals compared to typically developed individuals. In the second study we used fMRI to identify the specific brain region activated by the vitality effect compared to action recognition alone. Results indicated that the dorso-central insular cortex specifically differentiated forms of vitality.

PS1.2 - IMPROVING MATERNAL, INFANT AND CHILD DEVELOPMENT: A DECADE OF RESEARCH IN SOUTH AFRICA

Chair: Mark Tomlinson, Stellenbosch University, Stellenbosch, South Africa

Discussant: Alan Stein, Oxford University, Oxford, UK

PS1.2-S1

THE PROMISE OF BOOKSHARING: THE IMPACT ON MOTHERS AND CHILDREN OF TRAINING CARERS IN BOOK SHARING IN SOUTH AFRICA

Peter Cooper^{1,2}, Zahir Vally¹, Mark Tomlinson², Lynne Murray^{1,2}

¹University of Reading, Reading, UK, ²Stellenbosch University, Cape Town, South Africa

Introduction There is considerable concern about the cognitive development of children in South Africa, especially in the domain of language and literacy skills. Working within an indigent South African peri-urban settlement, Khayelitsha, we have been investigating the benefits to children of training mothers in booksharing.

Method We carried out an RCT of booksharing training. Mothers and their 14-16 month old infants were randomly assigned to receive the training, either immediately (n=49) or later (n=42). A manualized training was delivered over eight weekly sessions. These sessions were provided to small groups of mothers who also received brief support in booksharing with their own child. Independent blind assessments were made before and following training, with video recordings made of mothers and infants both booksharing and in free play, as well as of infants in an attention task. Infant language skills were also assessed.

Results Compared to controls, the mothers who received the training improved markedly on their booksharing skills (e.g. facilitation). Further, there was a large positive impact on child attention (with an effect size > 1). Child expressive language and comprehension also significantly benefitted.

Conclusions The findings of this study provide strong evidence of the benefit of training mothers in booksharing in Khayelitsha, especially for infant sustained attention. This suggests that the implementation of booksharing training in this and similar deprived environments could be of major benefit to child development.

PS1.2-S2

EARLY MOTHER-INFANT INTERVENTION FOR ATTACHMENT AND COGNITION

Lynne Murray^{1,2}, Mark Tomlinson², Alan Stein³, Peter Cooper^{1,2}

¹University of Reading, Reading, UK, ²Stellenbosch University, Cape Town, UK, ³University of Oxford, Oxford, UK

Introduction Treating only maternal depression and associated difficulties is insufficient to improve the mother-infant relationship and infant outcome. Following our previous epidemiological research showing high rates of depression, mother-infant interaction difficulties and infant insecure attachment in a peri-urban settlement in South Africa (Khayelitsha), we mounted an intervention that targeted parenting.

Method An RCT was conducted with over 400 pregnant women. Community mentor mothers were trained, and carried out home visiting from late pregnancy through to six months postpartum. The intervention included counselling, and a program aimed at helping mothers understand infant communication and manage challenging infant behavior. The control group received no therapeutic support.

Results The intervention reduced rates of insensitive and intrusive maternal interactive behavior and increased rates of attachment security. Nevertheless, infant cognitive development did not show a significant overall benefit of the intervention; instead the effects of the intervention were moderated by background adversity, with infants of mothers living in highly adverse conditions (e.g., no electricity in the home) showing no benefit, while those of mothers living in less adverse conditions had better cognitive scores.

Conclusions Our findings suggest that a) interventions need to be specifically directed at the parent-infant interaction mechanisms that mediate different domains of child development, and b) the presence of overwhelming adversity limits the extent that parents can benefit from psychological support.

PS1.2-S3

COMMUNITY HEALTH WORKER HOME VISITING IN SOUTH AFRICA IMPROVES CHILD GROWTH AMONGST ANTENATALLY DEPRESSED WOMEN: A CLUSTER RANDOMIZED CONTROLLED TRIAL

Mark Tomlinson¹, Mary Jane Rotheram-Borus², Ingrid le Roux³, Jessica Harwood²
¹Stellenbosch University, Stellenbosch, South Africa, ²UCLA, Los Angeles, USA, ³Philani Nutrition Centres, Cape Town, South Africa

Introduction Children of depressed mothers globally show deficits in cognitive, physical, and social development, with greater challenges in low and middle income countries. We trained CHW as generalists and deployed them to visit pregnant women in Khayelitsha, Cape Town over the first 6 months of life.

Method In a cluster randomized controlled trial (RCT) in a peri-urban settlement outside Cape Town, South Africa, 12 matched pairs of neighborhoods were randomized within pairs to provide all pregnant, neighborhood women (n=1238 women) either: 1) the Standard Care (SC) condition, with close access to health care at clinics; or 2) the Philani Intervention Program (PIP) condition, in which CHW made home visits, in addition to access to Standard Care.. Mothers and their infants in each neighborhood were monitored during pregnancy and 18 months post-birth.

Results The infants of depressed pregnant women in the intervention group were significantly taller and heavier at 6 months of age (weight-for-age, height-for-age) than the infants of pregnant depressed mothers in the SC condition. Depressed SC mothers were significantly more likely to have infants more than 2SD below the World Health Organization (WHO) weight and height norms by age over the first 6 months of life compared to infants of depressed PIP mothers and non-depressed PIP and SC mothers.

Conclusions A generalist CHW delivered intervention improved infant outcomes, even when mothers' depression was not reduced. These findings suggest that global roll-out of home visitors may benefit from training CHW as generalists. These findings have important implications for CHW home visiting programs currently being rolled out globally.

PS1.3

MATERNAL MENTAL HEALTH PROBLEMS AS A RISK FACTOR FOR CHILD DEVELOPMENT IN SOUTH AFRICA

Chair: Kaija Puura, Tampere University Hospital, Finland

Discussants: Dr. Belinda Bruwer, Department of Psychiatry, University of Stellenbosch, Cape Town, South Africa, Dr. Eileen Thomas, Department of Psychiatry, University of Stellenbosch, Cape Town, South Africa

PS1.3-S1

USING A NOVEL GAZE-CONTINGENT EYE-TRACKING METHOD TO IMPROVE CORE COGNITIVE PROCESSES IN INFANCY

Linda Forssman¹, Sam Wass², Jukka Leppänen¹
¹University of Tampere, Tampere, Finland, ²Medical Research Council, Cognition and Brain Sciences Unit, Cambridge, UK

Introduction In the last decade there has been a growing interest in developing training programs that target attentional abilities in early development, with the aim of enhancing cognitive and socio-emotional functioning. The current study examined if a novel gaze-contingent training program would lead to improvements in core cognitive processes in infancy.

Method Forty-three typically developing 9-month-old infants were pseudo-randomized into a training group (n = 22) or an active control group (n = 21). The pre-post test battery consisted of tasks that targeted core cognitive processes (e.g., attention disengagement, sustained attention) and a semi-naturalistic assessment of joint attention behaviors. The attention training consisted of a battery of non-social gaze-contingent attentional control tasks presented on an eye-tracker (4 visits; M = 83.33 min of training). In the control group, the infants watched child-friendly movie clips on the same eye-tracker for the same amount of time as the training sessions (yoked to a trained infant).

Results We examined training effects at post-assessment relative to that of the control group. Preliminary results show that following a brief training period, the infants in the trained group demonstrated significant improvements in their ability to sustain attention and disengage from emotional salient stimuli, as well as trend significant improvements in their ability to respond to joint attention. Further analyses are planned to examine whether these training effects correlate with neurophysiological markers (e.g., ERPs and heart rate measure) to inform about the mechanisms mediating the training gains.

Conclusions These results suggest that eye-tracking systems can be utilized for gaze-contingent training of attention in pre-verbal infants. Potentially, this training program could be used as an intervention method for children at risk of developmental disorders (e.g., anxiety and autism spectrum disorders) by altering maladaptive attention biases and improving attentional control.

PS1.3-S2

TOWARDS NOVEL, WIDELY-APPLICABLE MARKERS OF EARLY CHILDHOOD DEVELOPMENT IN AT-RISK POPULATIONS

Jukka Leppänen¹, Linda Forssman¹, Santeri Yrttiaho¹, Kaija Puura², Nina Mononen^{2,3}, Terho Lehtimäki^{2,3}, Dana Niehaus⁴
¹University of Tampere School of Medicine, Tampere, Finland, ²Tampere University Hospital, Tampere, Finland, ³Fimlab, Tampere, Finland, ⁴University of Stellenbosch, Cape Town, South Africa

Introduction High prevalence of maternal mental health problems is a serious risk factor for early child development in South Africa. Optimal management of this risk requires techniques for early identification of infants who are in need of special support.

Method The present project examines whether distinctive patterns of eye movements while viewing facial expressions of emotion may be used as a marker to identify infants who are at risk for developmental problems. The project uses data from a multisite, prospective study that includes a population-register based sample of 87 Finnish mothers with 5 to 7-month-old infants and samples of low- and high-risk mothers with 5 to 7-month-old infants from a private child health clinic and state psychiatric hospital in Cape Town, South Africa (targeted N = 100/group).

Results The first results of the project showed that established genetic (i.e., TPH2 SNP rs4570625) and psychosocial (maternal stress and depressive symptoms) risk conditions are associated with alterations in infants' attention to facial expressions. Heightened levels of maternal stress were associated with a selective exacerbation of infants' natural attentional bias towards fearful facial expressions. Further analyses are underway to examine whether this pattern is replicable across study sites and predicts later developmental outcome in emotional and social domains.

Conclusions Preliminary results suggest that eye-tracking based assessments of infants neurocognitive function (i.e., attention to facial expressions) may provide sensitive and accessible markers for the assessment of early development and may prove useful in early identification of infants who are at heightened risk for emotional and social problems.

PS1.3-S3

MATERNAL MENTAL HEALTH: A PROSPECTIVE NATURALISTIC STUDY OF THE OUTCOME OF PREGNANCY IN WOMEN WITH MAJOR PSYCHIATRIC DISORDERS IN AN AFRICAN COUNTRY

Dana Niehaus¹, Elsa du Toit⁵, Liezl Koen¹, Eileen Thomas¹, Esme Jordaan², Kaija Puura⁴, Jukka Leppanen³

¹Maternal Mental Health Clinic, Department of Psychiatry, University of Stellenbosch, Cape Town, Western Cape, South Africa,

²Biostatistics Unit, Medical Research Council, Bellville, Western Cape, South Africa, ³School of Medicine, University of Tampere,

Helsinki, Finland, ⁴Department of Child Psychiatry, Tampere University Hospital, Helsinki, Finland, ⁵Sophia Clinic, Panorama, Western Cape, South Africa

Introduction Women with pre-existing mental illness are especially vulnerable during pregnancy. In Cape Town (South Africa) a state-private collaboration has been formed to focus on care for these mothers. Additionally the partnership provides valuable data on the outcome of pregnancy in women with major psychiatric disorders in Sub-Saharan Africa.

Method This presentation deals with pregnant female mental health users referred to the maternal mental health clinics during 2013. Demographic and clinical data, including findings from per treatment-as-usual obstetrics review (i.e. urine drug testing, foetal sonar data week 18-20 and post-partum assessment for foetal health - in terms of mortality) are collected as part of patient reviews during care-as-usual visits.

Results Preliminary data (n=42) indicate that patients presented relatively late (mean = 17 weeks) for follow-up, that only 1 in 10 pregnancies was planned and that the majority had significant stressors (including lack of family support and physical or emotional abuse). Forty percent of these cases had a history of a previous miscarriage and 13.4% has had a previous abortion. The most common psychiatric diagnoses were mood disorders (44%), substance misuse disorders (21%) and schizophrenia (11%).

Conclusions Mental health users present relatively late to psychiatric services with mostly unplanned pregnancies complicated by a high prevalence of stressors and substance use disorders. These preliminary findings support the need for a uniform management of maternal mental health during pregnancy to improve health outcomes in this vulnerable group.

PS1.4-C1

THE BABY INVITES US TO DANCE

Nicole Guédeney¹, Deborah Weatherston², Julie Ribaud³

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Introduction Infancy studies describe the contributions of babies to the development of relationships with caregivers. This understanding has inspired new approaches to infant-parent psychotherapy that focus upon the positive contributions of the baby as initiator of change. We explore ways the baby invites us to recognize his inherent competencies.

Method This workshop begins by exploring the ethological roots of the infant's drive to send non-conscious signals that assist in the co-construction of attachment. Using video clips, we invite the audience to participate in observation of positive, as well as troubling, contributions of parent and infant. We specifically focus on moments of interaction where the baby takes the lead, perhaps via a smile, comical face, gesture or movement that elicits involvement from a parent. We highlight the advantages of an intentional stance of noticing what the baby brings to the development of the parent-infant relationship.

Results In the last part of this teach-in, we address the context of intervention. Infant-parent psychotherapy requires attention to a balance between the process and content of interactions between parent and infant, and between the dyad/triad and the therapist. We "hold" and contain the meaning and felt experiences of exchanges, in moment-to-moment transactions, as well as in the development of the relationship through time. Just as the baby influences the parent, so too does the dyad affect the psychotherapist. We invite participants to consider how we are changed through our interactions with families.

Conclusions Babies have inborn capacity to woo caregivers, contributing to moments of hope, repair and joyful connection. Understanding their communicative gestures and behaviors help us develop family specific treatment plans that include the "voice" of the baby. Through intentional observation of what the baby brings, we see and feel his impact.

PS1.5 – ESSENTIAL INGREDIENTS OF EFFECTIVE EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

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PS1.5-S1

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (ECMHC) AS A SUPPORT TO FOSTER CHILDREN

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Introduction Research suggests that ECMHC can be effective in increasing positive teacher-child interactions and improving child behavioral outcomes. However, little research has focused on ECMHC as a service for vulnerable children in the context of private child care programs, which are quite variable in quality.

Method This presentation includes data from the evaluation of an ECMHC program targeting private child care centers serving foster children. Six months of ECMHC services were provided by mental health professionals trained and supervised through an Arkansas ECMHC program. Trained research assistants observed teachers and their classrooms prior to the initiation of mental health consultation services and six months later. These observations include ratings of teacher-child interactions, the classroom climate and child behavior problems, using the Arnett Caregiver Interaction Scale (CIS; Arnett, 1989), the Preschool Mental Health Climate Scale (PMHCS; Gilliam, 2008) and a frequency count of child disruptive behaviors.

Results Data collection is ongoing, but our preliminary analyses focused on a sample of 69 teachers with data at both time points. Teachers had an average of 8.2 years of experience, and 36% had an Associate degree or higher. Significant improvements in teacher-child interactions before and after consultation were seen on three of four Arnett CIS scales. Similar improvements were seen in the climate of the classroom, based on the PMHCS. Research staff also documented significant improvements in child behavior both on the PMHCS Child Interactions scale as well as on the frequency count of child disruptive behaviors.

Conclusions Our results suggest that ECMHC may be a promising approach to improving the child care environment for young foster children in programs of variable quality. Our discussion will include the challenges of working in these settings and future directions for both intervention and research.

PS1.5-S2

ASSESSING REFLECTIVE FUNCTIONING IN EARLY CHILDHOOD MENTAL HEALTH CONSULTANTS

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Introduction Reflective supervision (RS) as a means to support, sustain and maintain consultants has been widely adopted throughout the field of ECMH consultation (Duran et al., 2009). Duran and colleagues (2009) reported that the majority of the effective ECMH consultation programs they reviewed utilized RS to support staff.

Method An in-depth review of the literature assessing change in reflective capacity (i.e. mindfulness, insightfulness and reflective functioning) in parents led to the development of 6 scales representing components of reflective capacity. Each of the 6 scales and their anchor points were defined by the lead author. A focus group of experts in the field of ECMHC reviewed the scales and provided feedback. Then fifteen experienced consultants, from two different state-wide ECMCH programs, completed the semi-structured narrative questionnaire created specifically to assess change in a consultant's reflective capacity. Their responses were coded and used to augment the coding system.

Results Based on the literature review the 6 scales developed were: self-knowledge, self-regulation, multiple perspectives, collaboration, process and attitude. Overall definitions for each of the scales were created along with descriptors for each point on the scale. Responses from the experts participating in the focus group confirmed the face validity of these scales and their overall definitions. Focus group feedback was used to refine the scales and scoring system. Examples from the responses provided by the experienced consultants were used to enrich the descriptors for each point in the scoring system.

Conclusions Currently publications have provided descriptions of RS or qualitative support of its positive impact on practice in early intervention fields. This new tool is a first and essential step toward creating an evidence base for RS as a tool to support early interventionists.

PS1.5-S3

THE TRAINING OF EARLY CHILDHOOD MENTAL HEALTH CONSULTANTS AND SUPERVISORS

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Introduction The conduct of mental health consultation services in early childhood settings requires a broad array of knowledge and skills, as well as a particular perspective and professional comportment. Ongoing training of consultants and supervisors is key to effective service provision, quality assurance, fidelity to the model and job satisfaction.

Method This presentation will describe the training efforts that support the work of staff in Arizona's system of ECMHC, now the largest such system in the United States. The overarching areas from which training is drawn are infant mental health, mental health and consultation. The specific topics of training are selected to be consistent with the Logic Model developed for the program and our theory

of change. The presentation will also include the results of a system-wide survey of the influence training has had on self-reports of increased knowledge, enhanced skill, job-related confidence and competence, and job satisfaction.

Results A preliminary analysis of the survey results from 45 mental health consultants and supervisors, indicates a variety of crucial benefits to a strong and methodical emphasis on training in a large ECMHC system. Training is regarded as particularly key to helping mental health practitioners distinguish between consultation and other professional activities they have engaged in, to increasing knowledge about child development, early childhood care and education environments, and enhancing caregiver relationships with each other as well as with children, and ultimately to increasing staff's sense of themselves as competent, effective and gratified by their work.

Conclusions We conclude that thorough and ongoing training is crucial to the cohesiveness and effectiveness of an ECMHC system. Further, high quality training contributes to developing the general infant mental health workforce in a community, as consultants often move into other related positions or hold other jobs and roles simultaneously.

PS1.6-W1

INFANT MENTAL HEALTH COLLABORATION WITHIN AN EARLY HEAD START PLAYGROUP: PRACTICAL ISSUES AND EVALUATION RESULTS

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Introduction Infant mental health approaches to supporting parents and babies are valued within the Early Head Start (EHS) model in the United States (Chazen-Cohen, Jerald, & Stark, 2001). A locally designed option includes home visits by a parent educator and parent-toddler therapeutic playgroups staffed by infant mental health specialist and parent educator.

Method In this workshop, we focus on: 1) a discussion of the pivot-point where choices concerning parent education and therapeutic intervention approaches are made in the moment, and 2) the evaluation of the playgroup that supports the implementation of this collaboration. All staff who are trained to promote positive parent-child relationships within two attachment theory-based frameworks: Circle of Security (COS) and Partners in Parenting Education (PIPE). Mothers, fathers, grandmothers and their toddlers attend playgroups, providing opportunities to encourage/guide them toward adopting positive parenting practices. Weekly play groups also include a parent group that addresses psychological obstacles such as trauma and loss.

Results Data include observations of playgroups from 2010 to the present. Quantitative data include 0-1-2 inclusion ratings (none, some, lots) of steps of the PIPE instructional cycle (Explain/Present, Demonstrate, Coach, and Process), staff interactions that used COS lexicon such as trust, love, checking back etc., and parent uptake. Positive anecdotes are noted as examples. Already gathered data from 2010-2013 show that implementation levels improve over the 10-month program year, with increasing inclusion of core frameworks. Frequency of parent uptake is correlated with more inclusion of coach ($r = .74$) and process ($r = .38$) steps of the framework.

Conclusions In addition to providing a safe, nurturing, and culturally sensitive learning environment, the play groups address a distinctive purpose - promotion of infant mental health and remediation of dysfunctional interactive patterns.

PS1.6-W2

IMPROVING CHILD HEALTH AND WELL-BEING IN INFANTS: HOME-VISITING AND CENTRE BASED PROGRAMS OPERATING IN DIFFERENT CULTURAL CONTEXTS

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Introduction This workshop presents two strategies to improve child health and well-being in infants: home visiting to at-risk families and center-based universal service. The strategies will be illustrated with two programs in different contexts, Brazil and Ireland. The challenges in the implementation and the contrasts between them will be discussed.

Method We will highlight Programa Primeira Infancia Melhor (PIM; Better Early Childhood Development Program) developed since 2003 in the State of Rio Grande do Sul, Brazil, and describe the Pan-American Home Visiting Research Network (PAHVRN), designed to promote communication of evaluation information and evidence-based practice for early childhood home visiting programs in Latin America. In the context of Europe, we will present a centre-based universal program originating in Spain, in 1990, as a transfer of knowledge from University, and later, 2001, adapted to an Irish context: The Parent-Child Psychological Support Program (PCPS).

Results We will discuss PAHVRN's efforts to promote evaluation and sharing of culturally/contextually appropriate evidence-based practices, such as PIM. Likewise, adaptation and implementation of a Spanish program to an English-speaking country, the PCPS, will be discussed. Beyond the difference in strategies to reach babies and their parents, both programs share basic concepts: supporting parenting of infants and establishing a trusting relationship between the professional and the parent. Other issues to be addressed are the content of the interventions and specific components that can be evaluated, such as promoting maternal responsiveness/sensitivity. We will discuss challenges in fidelity and adherence across contexts.

Conclusions Many programs being developed in Latin America are sometimes under-represented in international discussions and often work with little public recognition. The presentation of these socially innovative programs coming from different cultural realities allows the sharing of experiences and challenges, measurement strategies, including research focused on dissemination and implementation.

PS1.7-W1

CLINICAL USEFULNESS OF COMMUNICATIVE MUSICALITY IN INFANT CARE: FACILITATING PARENT-INFANT RELATIONS

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Evidence that spontaneous and intimate communication with young infants has universal features of rhythm, affective quality and melodic story-making as in music has provided a new paradigm for understanding how expression of feelings and intentions in movements of voice and gesture makes meaning before language (Malloch & Trevarthen, 2008). Increased recognition that sharing the dynamic vitality of minds through 'communicative musicality' has opened new prospects for the scientific understanding of the emotional foundations for development of secure attachments and companionship in learning. Analysis of the acoustic qualities and timing of expressive voice and body movement is enabling a better appreciation of the innate foundations for both socioemotional and cognitive development. Furthermore, attention to the detail of regulations in parent-infant interaction reveals that encouragement of awareness of joyful musical communication with an infant may be developed as a powerful tool for directing the mother's or father's attention and responses to the feelings and intentions of their child in emotional connection with them. In this workshop, we will examine new developments in theoretical understanding of communicative musicality and focus on how knowledge of the non-verbal, musical nature of parent-infant engagement sensitively shared with parents in the clinic can be used to help them overcome anxieties or emotional detachment and to inspire emotional intimacy with their young child. Two papers from new research on the musical parameters of natural human communication will be presented followed by two clinical case studies in which the model of communicative musicality is applied to enable parent-infant bonding, to improve the quality of life of both sides, and to support confident participation in life's feelings and experiences. Time will be given to invite an open discussion of practical clinical concerns.

PS1.8-C1

THE AUDACITY TO BE REAL: FORMING A RELATIONSHIP WITH THE DISTRUSTFUL

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Introduction The population we serve comes from an isolated and harsh environment. Distrust of outsiders is endemic to small rural communities. This distrust is compounded if you are an outsider who is an infant mental health (IMH) professional. Pretensions are not tolerated on the Wild West Coast of Aotearoa.

Method The skills we hope to impart in this paper are how to be "real" at every step in the journey toward building trust with the "other". We will share with the participants how the first step on this journey requires the courage to enter into relationships with the spontaneity and vulnerability of the infant. We will demonstrate through case material, including video, how spontaneity and creativity are only possible when the clinician has a solid foundation in evidence-based interventions.

Results We have found this foundation allows for a multifaceted treatment package that incorporates several modalities essential to the dynamic process of assessment and treatment of an infant / parent dyad that is experiencing difficulties. As IMH practitioners our focus is on relationships, these are often complex and require a high degree of skill, integrity and diplomacy to navigate. This paper will offer an insight into a successful rural IMH program.

Conclusions As William James (1918) once said, the work with infants is "necessarily wild work". The infants and their contributions are our allies and teachers. It is our responsibility to learn from and mirror their authenticity. This isolated community and this "wild work" demand we be real.

PS1.9 – DEVELOPMENT ACROSS THE FULL GESTATION SPECTRUM: AN INTERNATIONAL PERSPECTIVE

Chair: Suna Eryigit-Madzwamuse, University of Warwick, UK

Discussant: Dieter Wolke, University of Warwick, Coventry, UK

PS1.9-S1

THE LATE AND MODERATELY PRETERM BIRTH STUDY (LAMBS): BEHAVIORAL OUTCOMES AT 2 YEARS

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Introduction Babies born very preterm (<32 weeks gestation) are at high risk for psychiatric symptoms and disorders that persist throughout the lifespan. Relatively little is known about behavioral outcomes following birth at late and moderate preterm gestations (LMPT; 32-36 weeks).

Method 1117 LMPT and 1249 term-born (≥37 weeks) control babies without congenital anomalies were recruited at birth to the Late and Moderate Preterm Birth Study (LAMBS). At 2-years corrected age, parents completed the Brief Infant and Toddler Social Emotional Assessment (BITSEA) questionnaire to screen for socio-emotional and behavior problems, and the Modified-Checklist for Autism in Toddlers (M-CHAT) questionnaire to screen for autistic features. Parents of children with positive M-CHAT screens completed a follow-up interview to improve specificity of screening over use of the questionnaire alone.

Results Parents of 638 (57%) LMPT and 765 (61%) term-born children responded at 2 years. Overall, 38% of LMPT and 30% of term-born children had positive BITSEA screens (RR 1.23, 95%CI 1.06 to 1.43, $p < 0.01$); LMPT children were at increased risk for delayed social-emotional competence (RR 1.42, 1.17 to 1.73, $p < 0.01$) but not behavior problems (RR 1.15, 0.93 to 1.42, $p = 0.20$). LMPT children had significantly higher risk of positive M-CHAT screens (14% vs. 9%; 1.58, 1.18 to 2.11, $p < 0.01$). After follow-up, LMPT children remained at significantly higher risk for autistic features (2.4% vs. 0.5%; 4.52, 1.51 to 13.56, $p < 0.01$).

Conclusions LMPT children are at increased risk for delayed social-emotional development but not behavior problems at 2 years of age. This is the first study to show an increased risk for autistic features in LMPT children. Longer term follow-up is needed to determine how these behavioral sequelae evolve throughout childhood.

PS1.9-S2

PERSONAL-SOCIAL FUNCTIONING AND OTHER DEVELOPMENTAL OUTCOMES ACROSS THE FULL GESTATIONAL AGE SPAN AT AGE 4, RESULTS OF THE LOLLIPOP STUDY

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Introduction The pattern of the association between declining gestational age and prevalence of developmental problems across the complete gestational age span is unclear. Most studies suggest a linear association, with or without a threshold, or a “stepwise” increase. We aimed to assess this pattern for various developmental domains in early childhood.

Method In a community-based cohort, the parents of 1439 preterm-born children (24⁺⁰-35⁺⁶ weeks) and 544 fullterm-born children (38⁺⁰-41⁺⁶ weeks, fullterms) born in 2002/2003 completed the Ages and Stages Questionnaire (ASQ) when their child was 43-49 months old. ASQ Scores more than 2 standard deviations below the norm of the Dutch reference group were considered abnormal. Prevalence rates of abnormal ASQ-total-problems scores and abnormal domain-scores (personal-social functioning, problem solving, communication gross and fine motor functioning) compared to fullterms and resulting odds ratios for gestational age-groups were calculated and adjusted for social-economical and biological covariates.

Results Prevalence rates of abnormal personal social ASQ scores increased with decreasing gestational age: from 2.3% for fullterms to 37.5% for children born at 24-25 weeks ($P < .0001$). Risk for abnormal personal social ASQ scores increased exponentially with decreasing gestational age compared to fullterms (odds ratio per week gestation 1.14, 95% confidence interval 1.08-1.19). We found a similar exponential association for all other ASQ domains and for the ASQ-total scores, both before and after adjustment for biological and socio-economical covariates.

Conclusions The risk of developmental problems increases exponentially with decreasing gestational age below 36 weeks' gestation on personal social functioning and all other developmental domains of the ASQ in early childhood. We speculate that possibly both direct perinatal cerebral injuries, and trophic and maturational brain disturbances are involved.

PS1.9-S3

THE EFFECT OF GESTATIONAL AGE AT BIRTH ON COGNITIVE DEVELOPMENT AND MATHEMATICS LEARNING DIFFICULTIES

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Introduction Emerging evidence suggests that delivery at any gestation other than full term may have an adverse impact on cognitive and educational outcomes. We investigated the effect of preterm birth, across the full gestation spectrum, on cognitive performance, mathematics attainment and mathematics learning difficulties (MLD) in middle childhood.

Method Data from two prospective birth cohort studies were combined. The Bavarian Longitudinal Study (BLS: Germany) consisted of 1326 children born at 27-41 weeks gestation (BLS) and the EPICure Study (UK) of 213 children born <26 weeks gestation. The Kaufman-Assessment Battery for Children was administered and three outcome measures were derived: IQ, mathematics attainment and MLD. For each outcome, piecewise regressions were first fitted to identify step changes in the effect of gestational age on outcome in the BLS cohort. We then tested whether these curvilinear regression functions could accurately predict scores in the second, the EPICure cohort.

Results At 35 weeks, gestation exerted differential effects on IQ (95%CI: 32.74, 37.39w) and mathematics attainment (95%CI: 34, 37.55w). Specifically, each gestational age <35 weeks decreased mathematics scores by 2.57 points (95%CI: 2.03, 3.11) and IQ scores by 2.23 points (95%CI: 1.68, 2.78). There were no significant differences in IQ or mathematics attainment at 35-41 weeks gestation. Similarly, MLD were significantly increased with decreasing gestation <35 weeks (OR 1.29; 95%CI 1.18, 1.41). The magnitude of decrease in IQ by gestation in EPICure was similar to that in BLS; however EPICure children had better mathematics attainment than expected according to BLS data.

Conclusions The relationship between gestation and cognitive development is curvilinear with greater deficits in IQ and mathematics in children born <35 weeks gestation. There is considerable temporal and cross-national consistency in cognitive outcomes. In contrast, differences in education systems may explain the difference in mathematics outcomes between the two cohorts.

PS1.9-S4

PERINATAL COMPLICATIONS AND THEIR CONTRIBUTION TO ASSOCIATIONS BETWEEN LATE PRETERM BIRTH AND CHILDHOOD BEHAVIORAL OUTCOMES

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Introduction Late-preterm birth (LPB: 34-36 weeks) has been associated with childhood cognitive/behavioral problems relative to full-term birth (FTB: > 37 weeks). Here, we describe the contribution of perinatal health indicators (NICU admission, medically-indicated delivery) to these findings in two longitudinal cohorts. Outcomes include IQ (one cohort) and attention problems (both cohorts).

Method Cohort #1: Full-scale IQ (FSIQ) and teacher-reported attention problems (age 6) were obtained from a birthweight-matched subgroup of low and normal weight births sampled from urban and suburban settings in Michigan. General linear models (GLMs) were used to evaluate differences among NICU-admitted LPBs (N = 101), non-admitted LPBs (N=65), and FTBs (N=166). Cohort #2: Parent-reported attention problems (ages 3-9) were obtained from a subgroup of the Michigan-based Pregnancy Outcomes and Community Health Study for whom obstetric record abstraction was performed. Using GLMs, attention problem scores of FTBs (N=610) were compared to those of medically-indicated and spontaneous LPBs (N=38 and 114).

Results Cohort #1: Following adjustment for covariates, NICU-admitted LPBs exhibited significantly lower FSIQ scores relative to FTBs (mean difference: 5.5, 95%CI 0.8, 10.1) and their non-admitted counterparts (mean difference: 5.0, 95%CI 0.9, 9.0). For attention problems, both LPB groups exhibited significantly higher attention problem scores relative to FTBs (NICU-admitted: mean difference=3.8, 95%CI 1.2, 6.4; non-admitted: mean difference=2.2, 95%CI 0.0, 4.5). Cohort #2: Following adjustment for covariates, medically-indicated but not spontaneous LPB was significantly associated with higher attention problem scores relative to FTB (mean difference: 3.1, 95%CI 0.2, 6.0; mean difference: -1.3, 95%CI -4.1, 0.7, respectively).

Conclusions Perinatal complications may specify a subgroup of LPBs at-risk for deleterious behavioral outcomes, though evidence is mixed regarding attention problems. Further research is needed to investigate the role of in-utero factors (e.g., obstetric complications), ex-utero factors (e.g., neonatal complications, attachment), or some combination of these factors in understanding these findings.

PS1.10-W1

SETTING UP AN UNDER FIVE'S SERVICE FOR INFANTS AND YOUNG CHILDREN IN FOSTER CARE: HOW A CHILD PSYCHOTHERAPIST AND SPECIALIST SOCIAL WORKER SET UP A UNIQUE SERVICE FOR BABIES AND YOUNG CHILDREN IN FOSTER CARE, BASED ON THE TAVISTOCK MODEL OF WORKING WITH UNDER FIVE'S

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Introduction By bringing together the split parental function for babies in Care we hoped to prevent repeated breakdown of placements of traumatized babies, enable decision making for the system around the baby, engage in short term therapeutic interventions with babies and their carers and assist the process to adoption.

Method As foster carers are involved in daily care of the baby and Social Workers in decision making, they rarely come together to think about the baby. We provided a therapeutic space for foster carer and Social Worker to develop a more healthy alliance by modelling a couple from different disciplines who could focus on sharing understanding of the infant's emotional experience, their trauma and consequent developmental disturbance. We liaised with the network regarding contact and decision making and advised Paediatricians to help them to refer babies at a younger age. We engaged in direct work with traumatized babies and their carers.

Results Direct work with traumatized babies and their carers helped to stabilize placements that were at risk of breaking down. Babies and young children who were too disturbed to be considered for adoption recovered sufficiently for adoption to be viable. We worked with prospective adopters, sharing our understanding of the baby's emotional needs and offered consultation post placement. Social Workers, foster carers and other professionals became more aware of the baby's emotional needs, so babies were referred at a younger age. We helped the system understand what contact with birth parents was helpful and if siblings should be placed together or apart.

Conclusions We will give case examples and consider core skills and supervision requirements to illustrate how this model has been successful in helping the most vulnerable infants. We will consider how the baby's distress reverberates through the network causing fractures that can be contained and repaired by a specialist service.

PS1.11-V1

TOGETHER FROM THE BEGINNING ANALYSIS OF MOTHERS' RESPONSES TO A LOCALLY CREATED DVD

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Introduction Students and parents should be enabled to gain information as to infants' abilities and needs during the vital first 3 years of life in an accessible manner. The use of video material is well established in general education and there is evidence that parents favour video based presentation of information.

Method A DVD which focuses on the developmental needs of infants and toddlers was created in South Africa. While the response from students and professionals to the DVD has been overwhelmingly positive, no evaluation has been done on how parents respond to viewing it. A qualitative study was conducted which documented the responses of mothers in a group setting to observing the DVD in a community clinic setting.

Results The mothers' response to watching the DVD engendered a lively discussion which was facilitated by 2 community counselors and was conducted in mother tongue. The themes which emerged revealed a great need to talk about the hardship so prevalent in the community and an understanding, via the DVD, how this would impact on the infant. The high rate of alcohol abuse was identified as a

particular problem with a surprising lack of awareness of its damaging effect on the foetus. Overall identification with the infant was facilitated and the psycho educational aim of the DVD was realized.

Conclusions The fact that the DVD was locally produced using indigenous languages and that the main narrators were the infants themselves, facilitated the mothers' identification with the baby. Thus the DVD could be an effective medium through which knowledge can be transmitted in a developing country setting.

PS1.11-V2

CULTURAL CHANGES IN DAY NURSERIES. A CASE STUDY IN ARGENTINA

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Introduction In order to analyze the conditions under which intervention can take place to promote a change in institutional culture, a follow-up study of an innovative experience with a preventive approach based in attachment theory, was undertaken in a Care Centre for children under 3 of the city of Buenos Aires.

Method An exploratory qualitative study was conducted through self-reports and in-depth interviews made to the participants involved: educators, heads, supervisors, local authorities. The first stage, before continuing with the current institutional status of the organization, sought to provide data regarding historical reconstruction of the experience: the intervention and theoretical approaches that led to a rupture with ordinary practices and defensive mechanisms, the changes observed at early stages and the subsequent vicissitudes. Psychosocial approaches were used to analyze data and to examine documents such as the written project, curriculum outlines, official regulations, publications, film records and photographs.

Results The innovative experience modified the conditions that had initially generated stress such as staff needs to differentiate themselves from domestic family care. Programd activities organized according to a conventional school model, as well as overestimation of early autonomy were replaced by personalized attention, intimacy between children and caregivers, and family involvement. The project entitled "An open door Nursery" was inspired in the Action Research Study "A Day nursery becomes a Family Centre," carried on by Lynn Barnett (Devon, 1980-86) UK. The video illustrates the predominant features of different cultures through scenes of the change "before and after" it took place.

Conclusions This study shows that resistance reappeared even after changes have been achieved. Such resistance stemmed from a complex interaction of socio-economic, political and psychosocial factors. It is crucial to improve understanding by means of examining, how the phenomena of social imaginary meanings affects "non parental" care practices.

PS 1.12 – POSTER WORKSHOP 1: PREMATURETY AND MOTHER-INFANT INTERACTION

Facilitator: Neil Boris, University of Central Florida-Nemours Children's Hospital, Orlando, Florida, USA

PS1.12-PW1

EMOTIONAL AVAILABILITY AND ASPECTS OF EMOTION RECOGNITION AND IN OBESE MOTHERS VS. NORMALWEIGHT MOTHERS AND THEIR CHILDREN

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Introduction The aim of this study is to explore the association between Emotional Availability (EA), aspects of maternal emotion recognition and children's emotion comprehension in a sample of obese versus normalweight mothers and their children. We expect greater deficits in these domains for obese mothers and their children, respectively.

Method The sample consists of N=60 children of obese mothers (N=22) and of normalweight mothers (N=38). During the first visit to our laboratory (T1; age of children 2;2-3;11 years) we videotaped mother-child interactions which we coded with the Emotional Availability Scales (4th edition). To assess aspects of mothers' emotion recognition/understanding we used the Toronto Alexithymia Scale, the subscales C and G of the Mayer-Salovey-Caruso Emotional Intelligence Test and an experimental task for decoding facial expressions of emotions. During the second visit (T2; age of children 3;0-5;3 years), we tested children's emotion understanding with the Test of Emotion Comprehension.

Results Data analyses are still in process. Preliminary results suggest that obese women show elevated scores for alexithymia (TAS subscale difficulties identifying feelings and TAS total score) compared to normal-weight mothers. No differences emerged between obese and normal-weight mothers in their abilities to understand emotions and to decode facial expressions of emotions and between children of obese vs. normal-weight mothers with regards to child emotion comprehension. Greater maternal ability to understand emotions significantly predicted mother-child emotional availability. Maternal normal-weight, better child language comprehension, and a better maternal ability to decode facial expressions of emotions were significant predictors for child emotion recognition.

Conclusions The preliminary results indicate that aspects of Emotional Intelligence (i.e. understanding emotions) may affect the emotional quality of mother-child interactions (EA). As suggested by former studies, there might be a transgenerational deficit in emotion recognition and comprehension in obese mothers and their children.

PS1.12-PW2

OBESSE PARENTS - OBESSE CHILDREN? PSYCHOLOGICAL-PSYCHIATRIC RISK FACTORS OF PARENTAL BEHAVIOR AND EXPERIENCE FOR THE DEVELOPMENT OF OBESITY IN CHILDREN AGED 0-3

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Introduction The aim of this study is to describe identify risk and protective factors for the occurrence of childhood obesity and describe weight development over time in children aged 0 to 3 at risk for childhood obesity and their families compared to a control group.

Method The sample consists of N=103 children of the risk group (with at least one obese parent BMI \geq 30) and N=84 children of the control group (both parents are normal-weight, BMI<25). In a prospective longitudinal design including three points of measurement (approx. 11 months apart), we consider measurements at three levels: the child, the parents and the parent-child-relationship. We assess parents' physical, psychological, social, and behavioral situation, the physical and psychosocial development of the child as well as the quality of the parent-child relationship at home and during a feeding and a playing situation in our laboratory.

Results Data collection and data analyses are still in process. Preliminary results refer to the psychosocial experience of obese mothers, their children and partners compared to normal-weight mothers. Our results show that parenthood of obese mothers is already strained due to an extended level of behavioral problems in their children and due to mothers' experience of psychiatric symptoms, psychosocial and parenting stress as well as a negative-emotional family climate. Children of obese mothers already had a higher BMI percentile than children of normalweight mothers despite their young age of 0 to 3 years.

Conclusions Our results indicate that the development of childhood obesity should not be regarded as detached from the family system. Apart from exclusively and directly focusing on child weight loss or preventing weight gain, intervention/prevention programs should put more emphasis on the work with the family as a whole.

PS1.12-PW3

DELAY OF ORAL GRATIFICATION AMONG TODDLERS OF OBESSE AND NORMAL-WEIGHT PARENTS

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Introduction Delay of oral gratification (DOG) of 4-year-olds correlates with their BMI 30 years later (Schlam et al. 2013). Tsukayama and colleagues (2010) found that self-control of 9-year-olds protects against overweight in adolescence. Therefore, we hypothesize (a) DOG correlates with self-control and (b) DOG is lower in children with obese parents.

Method The sample consists of 150 families with children aged 30 to 70 months. Children at risk (n=80) have at least one biological obese parent (BMI \geq 30kg/m²). In the comparison group (n=70) both parents are normal weight (18.5 \leq BMI<25kg/m²). The Marshmallow Test by Walter Mischel (1989) is used with an uncovered chocolate waffle. Temperament is assessed age-dependent with the ECBQ (Putnam et al. 2006) respectively CBQ (Rothbart et al., 2001). Additionally, inhibitory control is measured with the Head-Toes-Knees-Shoulders (HTKS) task (Ponitz et al., 2009).

Results Preliminary results show that, 26 (57.8%) children did not ring the bell for 15 minutes, while 15 (33.3%) children rung the bell to bring the experimenter back and 4 (8.9%) tests were stopped because of child's crying. As expected, the waiting time until experimenters return (15 minutes) or until stop (ringing/crying) was significantly correlated with child's age (Pearson's $r=.50$, $p=.001$). The waiting time as measurement for DOG was significantly correlated with the ECBQ/CBQ superfactor "effortful control" ($r=.48$, $p=.002$) and the HTKS sum score ($r=.47$, $p=.008$). There was no difference in DOG between risk and control children.

Conclusions We found an association between children's DOG and self-control. For now, first findings do not support our hypothesized difference in DOG between children with or without obese parents. We will present the final results and discuss strengths and limitations.

PS1.12-PW4

INSATIABLE INSECURITY – ARE ATTACHMENT AND MOTHER'S REFLECTIVE FUNCTIONING LINKED TO CHILDHOOD OBESITY?

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Introduction Parental overweight has been identified as an elementary risk factor for childhood overweight (Agras et al., 2004). Besides biological factors, familial interactions and parental behavior may influence children's weight development. Therefore, we investigate the quality of the mother-child relationship and mother's reflective functioning as a possible predictor for childhood obesity.

Method By analyzing data from 60 mothers (30 normal weight; 30 obese) and their children, 1.6 to 4.11 years old, we (a) compare the quality of the mother-child attachment and mother's reflective functioning between obese and normal weight mothers and (b) explore whether the eating style or the weight of the child is influenced by the mother-child attachment and mother's reflective functioning. The

mother-child attachment is rated with the Attachment Q-Set (Waters, 1995; German version: Ahnert et al., 2012) and mother's reflective functioning with the AAI-RF (Fonagy et al., 1998).

Results Compared to normal weight mothers, obese mothers and their children show a lower quality of the mother-child attachment. Furthermore, a low quality of mother-child-attachment seems to be associated with increased weight of the child, albeit not significant which may be caused by the currently small sample size ($N=30$). The final results ($N=60$) and the outcome regarding mother's reflective functioning (comparison between the two groups, influence on child's weight) will be presented and discussed.

Conclusions Research (Fonagy et al., 2003) shows that deficits in mother-child attachment and mother's reflective functioning result in problematic emotion regulation of the child. This may lead to increased emotional eating and, subsequently, to unhealthy weight gain. Our findings indicate maternal obesity to be a risk factor for childhood obesity.

PS1.12-PW5

DIFFERENCES IN FEEDING BEHAVIOR OF OBESE AND NORMAL WEIGHT MOTHERS

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Introduction The current study investigates mother-child interaction during feeding. The aim of this study is (1) to explore the association of feeding, maternal attitudes towards feeding and childhood obesity and (2) to examine the role of parental weight. We hypothesize that obese mothers show more inadequate behavior and attitudes.

Method The sample consists of $N=184$ normally developing children aged 0.6 to 3.11 years ($M=24.2, SD=11.3$) and their obese ($BMI \geq 30, N=79$) or normal weight mothers ($BMI 18.5-24.9, N=105$). Mothers interacted with their child during a free feeding session in the laboratory. Afterwards, the videotaped sessions were rated by two trained coders using the Chatoor Feeding Scale. Furthermore, the maternal attitudes towards feeding were assessed through the Maternal Feeding Attitude Scale (Kramer, 1983).

Results At the moment, data analyses are still in process. Preliminary results suggest that obese mothers and their children show significantly more dyadic conflicts during feeding sessions than normal weight mothers whereas maternal attitudes towards feeding did not differ. Group comparisons revealed no significant gender effect.

Conclusions Preliminary results suggest that there are differences between obese and normal-weight mothers regarding mother-child feeding interactions, but not with regard to cognitive attitudes towards feeding. Findings show more dyadic conflicts within the obese group that point to maternal obesity as a risk factor for unhealthy eating behavior of the child.

PS1.12-PW6

CAN EVERYTHING BE MEASURED? EPISTEMOLOGICAL CONCERNS AND THEIR SOCIAL AND CLINICAL IMPLICATIONS IN CASE OF PERINATAL STRESS AND DEPRESSION

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Introduction Introduction and method: Statistics have become increasingly attractive in recent years and are now the "gold standard" in psychological and psychiatric studies. By reviewing literature mostly in epistemology we try to show how statistics in the field of perinatal psychiatry can reinforce preconceptions and favor misinterpretations.

Method Methods in epistemology may not be superposed to methods in a clinical research. The specific method we used in this epistemological approach consists to overtly expose questions that to our sense arise from literature: Is a statistical approach of a subjective state more objective than a subjective approach of a subjective state? How a scientific approach may be not scientific? Are statistics always more than a description? Do clinicians understand statisticians and reciprocally? Do statistics limit or improve clinical freedom?

Results Some points emerge from the literature allowing some partial answers: When building a psychological scale of measurement, preconceptions are inevitably present whatever the method of scale construction, e.g. perceived stress. Cherry picking and simplification reinforce preconceptions e.g. adverse outcomes following depression during pregnancy. Large populations create statistical "p" values that may have no clinical significant relevance (Mingers, 2005). The so-called "limits of a study" could be due not to methodological flaws but to hidden preconceptions, e.g. health policy about drinking alcohol during pregnancy. The elimination of confounding factors, including social and political measures, can tend to remove them from focus.

Conclusions A style of reasoning contributes not only to validate hypothesis but also to create a way of reflecting it (Desrosieres, 2006). In that sense, statistics build and serve a particular vision of what is the truth and how to afford it.

PS1.12-PW7

THE PORTUGUESE VERSION OF THE MATERNAL POST-NATAL ATTACHMENT SCALE: VALIDATION, CULTURAL BIASES AND CORRELATIONS

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Introduction Maternal attachment is a growing research area. Objective instruments dedicated to assess maternal attachment makes possible to organize empirical data related with this field. The Maternal Post-Natal Attachment Scale (MPAS) was proposed as an instrument to evaluate important aspects of maternal involvement with the infant (Condon & Corkindale, 1998).

Method MPAS uses 19 items and presents three factors: Quality of Attachment (QA), Absence of Hostility (AH) and Pleasure in Interaction (PI). After translation into Portuguese language and retroversion to English language, differences between the Portuguese version and the original version were minimal. Sample recruitment (N = 233) was performed mostly while mothers were waiting for pediatric routine consultations. The Portuguese version was administered during the first year of babies' life. After written Informed consent was obtained, a Sociodemographic Questionnaire was used and finally the MPAS was administered.

Results Data were submitted to principal components analysis (Varimax rotation; extraction forced to three factors). Factorial structure replicates the original three factors (QA, AH, and PI); 78.95% of the items fit accordingly. Four items originally from factor QA are now related to other factors: items 7, 10 and 14 now relate to factor PI; item 19 now relates to factor AH. This suggests that, for Portuguese mothers, some questions theoretically linked to attachment quality are valued as aspects of pleasure or of hostility. QA correlates positively and significantly with AH and with PI. AH correlates negatively and significantly with PI.

Conclusions The Portuguese version of the MPAS seems to be well adapted to the cultural aspects of Portuguese mothers. We hope that in the future this instrument will present good results in studies about mother-infants relationships, especially in the domain of clinical populations.

PS1.12-PW8

THROUGH INFANT EYES: SOCIO-EMOTIONAL ENCOUNTERS IN FORMAL CHILD CARE

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Introduction The combination of contemporary neurological and psychological research into infant social experience suggests that it is no longer possible to ignore infant perspective. Less attention is paid to knowing what constitutes social exchange than to an appreciation of the lived event of dialogue and its form-shaping potential for 'other'.

Method This study employs a polyphonic video approach (White, 2010) to capture the complexity of dialogue from the visual perspectives of infants, their key teachers as they interact in full-time, high quality educational settings. By synchronising footage of the same events it was possible to consider dialogue as a polyphonic experience that draws attention to the visual surplus of each participant, rather than determining the significance of one event for all involved, based on the researcher's perspective.

Results Infant socio-emotional experience is revealed in highly sophisticated ways. Infants frequently watch the social encounters of others (particularly teachers engaging with peers or adults talking to adults) and modify their observations for subsequent interactions with others. The results suggest that from a very early age they are not merely imitating these acts, but are appropriating and even transforming them in order to serve their own needs (or those of others). These findings highlight the significant impact of different interactions, and language forms employed, on the types of responses that are likely to take place – for infants and teachers alike.

Conclusions From the visual perspective of the infant there are clues that their socio-emotional experience may be far richer than previously imagined. There are multiple (often subtle) opportunities available for infants to explore social acts of others as a source of provocation, a means of regulation and a creative response.

PS1.12-PW9

DOES EARLY INTERVENTION INFLUENCE BEHAVIORAL DEVELOPMENT UNTIL AGE NINE IN CHILDREN BORN PREMATURELY?

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Introduction This study examined whether an early sensitizing intervention with a version of The Mother-Infant Transaction Program may prevent behavior problems and enhance adaptive competencies among preterms until their age nine.

Method 146 preterms (birth-weight < 2000 gram) were randomized to an intervention (PI; n=72) and control-group (PC; n=74). 75 newborns were recruited to a term-reference group (TR-group). The intervention consisted of 12 sessions and was administered with PI-group families while the PC- and TR-group got standard care. All participants were included in follow-up assessments at 6 months and 1, 2, 3, 5, 7, 9 years. Behavior were reported by parents on Child-Behavior-Check-List at age 2 till 9, by teachers on Teachers-Report-Form from age 5 till 9, and by selected SDQ-questions by both parents and teachers at 5 and 9 years. Participation rates have been high, 88 % at age nine.

Results Longitudinal behavioral trajectories seem unaffected by the intervention. At childrens age 7 PI-fathers reported less Total problems ($p=0.026$) than preterm-controls and both PI-parents and teachers reported significant fewer attentional problems (Effect size; Hedges g between 0.33-0.48) and better adaptation to school than parents of preterm controls at both age 7 and 9. At age nine teachers reported fewer difficulties in the intervention group ($p=0.02$), which correlated significantly ($r=0.57$) with a three-times less frequent referral to child-psychiatric services than the PC group. Finally, at age nine no significant differences were found in main behavioral outcomes between the PI group and term controls.

Conclusions The intervention have prevented problems and supported adaptive competencies to a level non-significant from term controls in the preterm intervention group until their age of nine while several significant differences persists in relation to the preterm control group.

PS1.12-PW10

NON-LINEAR DYNAMIC ANALYSES AND INTERACTIVE PREDICTORS OF ATTACHMENT

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Introduction Most studies on the interactive antecedents of attachment have used rating scales. However, the temporal dimension, sequential real time coding, is a necessary perspective to predict in/secure outcomes. Nonlinear Dynamic Systems (NDS) approach was applied to broaden the study of maternal sensitivity into the overall temporal organization of mother-infant relational exchanges.

Method Differences between secure and insecure attached children were analyzed by applying NDS in two temporal scales: real time and a developmental scale, with the notions of "flexibility" and "self-organization", respectively. The participants were fifteen mother-infant dyads, divided into 3 groups: A, B and C types of attachment assessed at 15 months of children's age using the Strange Situation Test. The mother-child interaction, free-play situations, at 6 and 12 months, sequentially coded, provided the information that was analyzed with the State-Space Grid method (SSG).

Results At 6 months the B group dyads, compared to the non-B group, showed higher flexibility through several NDS indices derived from the SSG. The dyads at 12 months did not show differences in those indices. Additionally, in contrast with A and C groups, B group showed self-organization from 6 to 12 months of infant's age by decreasing the number of attractors, which represent recursive patterns that eventually stabilize and become more predictable states than before.

Conclusions Secure attachment is related to a fine balance in maternal responses, in contingency, involvement, emotional consistency & level of stimulation. This requires flexibility (vs.rigidity) in response to the infant's signals. On developmental scale B dyads interaction become more organized. SSG helps to deepen the construct of maternal sensitivity in dyadic terms.

PS 1.13 - POSTER WORKSHOP 2: ASSESSMENT

Facilitator: Claire Vallotton, Michigan State University, East Lansing, Michigan. USA

PS1.13-PW2

MEASURING PARENT-INFANT INTERACTION: THE PARENT-INFANT RELATIONAL ASSESSMENT TOOL (PIRAT)

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Introduction The Parent-Infant Relational Assessment Tool (PIRAT) has been developed by the Parent-Infant Project at the Anna Freud Centre for use by a range of health professionals with or without a clinical training as a screening instrument to identify infants at risk.

Method The PIRAT is already manualized and a training of health professionals from different disciplines has shown that it can be used as a screening tool in practice. Unlike other instruments which have been developed and validated to measure the quality of parent-infant interactions in older children, the PIRAT has been specifically adapted to young infants. PIRAT contains an Infant-Parent Scale (comprising 12 items) and a Parent-Infant Scale (comprising 13 items), together with a global rating scale to assess the quality of the parent-infant relationship. The workshop gives an overview of the Parent-Infant Relational Assessment Tool and its clinical use.

Results A preliminary study has shown the PIRAT coding scheme to be highly effective in helping health professionals pinpoint difficulties in the parent-infant relationship (Broughton, C., 2009a,b). A major PIRAT validation and reliability study is underway and preliminary data will be presented in a poster session.

Conclusions We will show DVD of parent-infant interactions in order to illustrate how PIRAT is used in practice and how it serves to elucidate difficulties in the primary relationship.

PS1.13-PW2

ASSESSMENT OF EMOTIONAL EXPRESSION AND REPRESENTATION IN CHILDREN AND ADULTS: A NEW MEASUREMENT TOOL AND INITIAL RESULTS FROM AN INTERCULTURAL STUDY IN CHILE AND THE US

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Introduction Gestures are important communication tools, promoting interpersonal interaction and social-emotional development in human beings. Facial affect and bodily gestures are used both to express and represent emotion from early ages, supporting the communication and sharing of internal states between children and adults, and in interpersonal interactions throughout life.

Method Two instruments to assess expression and representation of emotions are presented, as well as initial results using these assessments and some comparative analyses between Chile and the US. The infant/toddler version (10-32 months) assesses expression of emotions through observation of children's facial/bodily gestures during a series of challenging tasks (2 successful, 2 unsuccessful tasks), and representation of 4-6 emotions following story-based prompts. The adult version assesses representation of 6 emotions through stories. The same coding system, (aligned with those of Eckman, Tracy & Matsumoto, and Wallbot), is applied to both children and adults, and both the challenging- and story-based tasks.

Results The assessment provides information on the intensity of facial/corporal expressions of pleasure and discomfort, and both quantitative intensity and qualitatively distinct ways different emotions are represented. Even infants (12 months) show meaningful

individual differences in the intensity of their expressions (pleasure, discomfort) through the face and body. Adults' representational intensity differs across emotions (e.g., fear and embarrassment more intense than happiness), and the face and body play different roles in representations (e.g., self-conscious emotions of pride and embarrassment are more intensively represented by the body, and anger with the face). Cultural similarities and differences between Chile and US are discussed.

Conclusions The same coding system can be applied to different tasks to assess the expression and representation of emotions. This workshop will use live demonstration to illustrate the story tasks, and video to illustrate the challenging tasks at each age. Participants will receive copies of the measurement protocols and coding system.

PS1.13-PW3

“WHAT’S MISSING? CAN A MULTI-DISCIPLINARY APPROACH TO USING ATTACHMENT THEORY AND EVIDENCED-BASED PROCEDURES MAKE VISIBLE THE GAPS IN PROTECTING CHILDREN HIGHLIGHTED BY SERIOUS CASE REVIEWS?”

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Introduction The Serious Case Review of Daniel Pelka, murdered by his mother and partner echoed numerous others in highlighting the 'invisibility' child, and the failure to question the parental construction of the child's difficulties. This workshop looks to go further and understand why, and what might help make visible what's missing.

Method A multi disciplinary workshop seeks to ask whether the inter-agency application of attachment theory and procedures may draw attention to the very areas that appear to be continually missed by professionals. Particular attention will be given to:

- 1) **Invisible Children:** the role of compulsive attachments in deflecting professional attention,
- 2) **The Meaning of the Child to the Parent:** examining how parents construct the meaning of their child and shape the nature of professional intervention
- 3) **Competing Dialogues:** creating a common language between agencies around the understanding of risk in parenting to allow a shared meaning of the family to professionals.

Results This workshop presents the work of a multi-disciplinary group of child welfare professionals using attachment procedures to create a common language for conceptualizing intervention with vulnerable children and families. It will feature excerpts of videoed parent-child interaction; vignettes from parental interviews drawn from a new procedure developed to assess parental representations of their child, developed as part of doctoral research with Roehampton University; as well as a discussion of how these ideas can be implemented. The focus will be on how inter-agency application of these tools and ideas can help attend to the areas routinely missed by professional intervention.

Conclusions Serious case reviews and enquiries have repeatedly highlighted the same professional mistakes and 'missed opportunities' without sufficient attention to why such information is routinely missed, and what might draw attention to it. This workshop will illustrate another more constructive way forward, based upon empowering professionals to make visible the invisible.

PS1.13-PW4

THE IMPACT OF UNCERTAINTY ON CHILD PROTECTION DECISION MAKING: STRATEGIES TO INCREASE CERTAINTY AND REDUCE ERRORS

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Introduction The uncertainty inherent in child protection decision-making is a primary cause of error. It follows that a greater understanding as to what uncertainty is in the child protection context, identifying sources of uncertainty, and considering strategies to reduce uncertainty, has the potential to improve child protection decision-making.

Method In this workshop we attempt to define uncertainty and identify the sources of uncertainty that are potentially modifiable. The workshop will present a theoretical framework of the decision making process that helps to understand how uncertainty leads to errors in decision making. The workshop will go on to discuss strategies that can help to reduce the impact of uncertainty on decision-making. This will focus on a framework for assessing parental capacity to change (C2C).

Results The workshop will also consider several psychological constructs that can influence the decision-making process. This includes a number of factors that can operate to increase or decrease a practitioner's confidence in their ability to make judgments and decisions. Participants will have the opportunity to complete self-report measures and receive feedback on their own decision-making process.

Conclusions In short, the workshop will unpack what is meant by uncertainty and suggest that while uncertainty will never be eliminated, that a greater understanding of the sources of uncertainty and strategies to counter it's impact can lead to more accurate decision making in child protection.

PS1.13-PW5

CHALLENGES REGARDING DESIGNING VISITATION SCHEDULES FOR INFANTS AND YOUNG CHILDREN IN FAMILIES WHERE THE PARENTS DO NOT RESIDE TOGETHER

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Introduction When parents of young children reside separately it is apposite that visitation schedules are developed that are in the children's best interests. Attachment theory, the importance of both parents and the child's maturational stage amongst other factors must be considered. Affecting the best outcome for the child however, is challenging.

Method Traditionally, visitation schedules allowed for the non-custodial parent to exercise visitation alternating weekends and a mid-week visit. Sleep-over visits with young children was strongly debated. More recently there has been a shift towards developing the **best possible** visitation schedule **for that child in that family**. Facilitating the child to benefit from the best each parent has to offer has become, or should be, the focus. The child's attachments, child's daily routine, whether the child separates easily, parental conflict, level of parent's co-operation, parent's home circumstance, parent's functioning, and the geographical proximity of the homes are some factors that need to be considered.

Results Due to their cognitive and psychological immaturity young children need to have predictable and structured visitation schedules allowing for frequent contact with **both** parents. This enables the child to develop a sense of security, trust and self-confidence. Extended separation away from **either** parent is undesirable and can tax the child beyond their capabilities. Interaction with both parents needs to take place in a variety of contexts, including playing, bathing, feeding, soothing, etc. This promotes healthy infant-parent relationships. In order to achieve this however, the contact schedule needs to be tailor-made for **that child in that family**.

Conclusions Failure to give recognition to the aspects discussed above puts young children at risk of developing serious psychological difficulties. The challenge is to design visitation schedules that allows for frequency, consistency and predictability in a stress-free manner for the child. Various ways to achieve this will be discussed.

PS1.14-C1

VIDEOTAPE METHODS FOR THE PRACTICING CHILD PSYCHOTHERAPIST

Alexandra Harrison

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Introduction Videotape is used increasingly in research and in training, yet the typical practicing child psychotherapist rarely makes use of this helpful tool. The teach-in will demonstrate the use of videotape analysis in the clinical setting, teach techniques of video analysis, and lead participant discussion of the techniques and clinical material.

Method The teach-in will begin by presenting three types of data gathered from a clinical interview – clinician formulation, written transcript, and video – and the differences will be discussed. Then several uses of video technique will be introduced and demonstrated with clinical videos – evaluation, parent work, and microanalysis for enhanced understanding of challenging clinical situations. In each case the video and the technique will be discussed and related to the clinical experience of the participants. Issues of confidentiality and informing parents and patients about the use of videotape will also be addressed.

Results The author has successfully used videotape in evaluations of child cases, family and dyadic treatments, parents' groups, and in her own efforts to understand challenging cases. She has found that viewing interactive patterns in the family and helping the parents reflect on what they see can have a transformative effect. This work in parents' groups is particularly powerful. Her own viewing of complex cases has assisted her in "imagining the mind" of her child patients and their parents in a realm protected from countertransference pressures. Microanalysis adds another dimension to the understanding of family and patient-therapist interactions.

Conclusions Clinicians will have the opportunity to learn several methods for using videotape in their clinical practices from an experienced psychodynamic psychotherapist whose methods are informed by infant research. Participants will also be invited to bring questions and issues from their own clinical practices

PS1.13-PW6

ATTACHMENT THEORY FOR JUDGES - UPDATING THE NORWEGIAN COURTS

Stig Torsteinson¹, Ida Brandtzaeg¹, Judith van der Weele²

¹Nic Waals Institute, Oslo, Norway, ²Privat Practice, Oslo, Norway

Introduction Two different approaches to implementing attachment theory into The Norwegian Courts of Justice will be described.

Method A brochure outlining attachment research as vital knowledge in post-divorce parenting arrangements, and a DVD designed to serve as a practical tool to promote best practice for judges, lawyers and forensic investigators in domestic violence cases. The goal is to promote the child's best interest by increasing the expertise of family law professionals. The DVD addresses issues such as understanding the impact of violence on attachment, awareness and handling of trauma reactions during court processes and high quality assessment. The brochure describes, among other themes, the need for stability in sleeping arrangements for younger children.

Results The brochure published by The Ministry of Children, Equality and Social Inclusion and the DVD is published by The Norwegian Courts of Justice.

Conclusions The presentation will briefly describe the political process in Norway leading up to these unique child focused court perspectives and share the psychological information that seems to have the most impact. The DVD is translated into English because of expressed interest from other countries within the European Union.

WAIMH MEMBERSHIP MEETING

1215 – 1315

POSTER SESSION 1: POSTERS P1-P147

1230 – 1315

PARALLEL SESSION 2

1315 - 1445

PS2.1 - THE BABY'S CONTRIBUTION TO REGULATION OF FUNCTIONAL AND PROBLEMATIC COPARENTING

Chair: James McHale, USF St, Petersburg, US

Discussant: Miri Keren, President WAIMH

PS2.1-S1

GROWING UP WITH COOPERATIVE COPARENTING: OPTIMIZING TRIANGULAR COMMUNICATION

Elisabeth Fivaz

Centre D'Etude de la Famille, Lausanne, Switzerland

Introduction The ability of infants to engage in interactions with two or more partners at the same time has gained increasing interest, both from developmental and clinical perspectives. Three-way interactions multiply the possibilities for coping with the conflicts inherent in social life.

Method Development of triangular communication was observed in Lausanne Trilogue Play (LTP). Families played in four successive configurations (two 2+1 interactions, a 3-together, and a 2+1 with baby in third party role). 38 families were observed prenatally, at 3,9,18 months, and at 5 years. Infant gaze and affect toward parents were microanalyzed (monadic phases, Tronick) to assess "engagement style". Measures included triangular bids (rapid shifts of gaze/affect between parents). Coparenting was analyzed using McHale et al.'s (2000) Coparenting and Family Rating System. Follow up included both family and child outcomes. 23 (of the 38) couples demonstrated a cooperative style.

Results Infants of cooperative couples (N=23) adopted a "triangular engagement style": They cooperated, with affects that were more positive than negative. They directed triangular bids to their parents, sharing delight, enthusiasm, tension, and frustration. They proceeded through primary, secondary, symbolic developmental keystones, increasingly sharing interest in objects or events with parents. When placed in the LTP's "third party" role, they regulated the discomfort of not being attended to by using known strategies, including observing parents' interaction. At follow up, they had more advanced Theories of Mind and better affective outcomes.

Conclusions Infants' triangular engagement styles, complement to cooperative coparenting, may play a role in contributing to the documented stability of functional family alliances over time by regulating cooperation between parents, thereby also preparing the infant for successful handling and understanding of multipartite relationships.

PS2.1-S2

3-MONTH-OLDS IN FRAGILE FAMILY SYSTEMS CATALYSE FATHER AND TRIADIC ENGAGEMENT THROUGH SELECTIVE GAZE PATTERNS

James McHale

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Introduction Most LTP studies of family dynamics enroll committed couples domiciled and raising a child together. While both clinical and community samples have been studied, most research to date has been completed with middle/upper socioeconomic families. LTP studies of lower socioeconomic unmarried families who do not co-reside together are rare.

Method Twenty mother-father-infant triads, participants in a prenatal intervention study examining formation of coparenting alliances across transitions to parenthood, were observed in the LTP at 3-months post-partum. All twenty fathers and 18 of 20 mothers were African American; two mothers were white. 75% of families were not co-residential at one or more points during the longitudinal project. One third of parents had at least one child from a prior union, but the index child was the first child together for the parents. Infant's gaze orientation toward parents (monadic phases, Tronick) was microanalyzed, and coparenting was assessed using McHale and colleagues' CFRS.

Results Microanalysis of infant gaze orientations indicated that both dyadic (child-parent) and triangular (rapid gaze shifts between parents within a <3 sec window) capacities did not differ materially from middle socioeconomic samples. The majority of prolonged (> 5 sec) looks toward fathers were initiated by infants and reciprocated by fathers. Mothers typically supported and did not interfere during prolonged infant-father exchanges, even during 3-together interactions. Moreover infant-evoked infant-father interaction bouts prompted mother-father verbal exchanges during the same epoch in half of the studied families, signifying that the child's engagement of father effectively instigated connections between the two unmarried parents.

Conclusions In over 70% of low-socioeconomic African American families in the U.S., infants are born to unmarried parents. Fathers, episodically engaged during most babies' first year, disconnect by age 5. Our data suggest that when fathers are physically present, infant bids draw them into triangular commerce, enhancing possibilities for sustained relational bonds.

PS2.1-S3

COPING WITH PARENTAL CONFLICT: INFANT STRATEGIES FOR MANAGING

Diane Philipp

Hincks-Dellcrest Centre, University of Toronto, Toronto, Canada

Introduction Role reversal has been identified in the triad, as a boundary disturbance allowing parents to detour their conflict onto the child. The recently discovered infant's triangular capacity, namely the sharing of attention and affects with both parents, allows to analyze the infant's contribution to this family dynamics.

Method N=38 family interactions were observed in the Lausanne Trilogue Play, prenatally and at 3,9,18 months (5 years' follow up). Infant's gaze orientations and affects towards parents were microanalyzed (monadic phases, Tronick) to assess their "engagement style". Measures included triangular bids, namely rapid shifts of gaze and affect between parents. Coparenting styles were analyzed by an adaptation of CFRS (McHale). Follow-up included family measures, child's TOM and affective outcomes. Role reversal was observed in the 5 infants of couples with child-at center coparenting. By 18 months, the toddler had taken on the role of animating or controlling the couple's interaction.

Results Microanalysis (infant's gaze orientations and affects) showed that the infant's capacity to handle triangular interactions was atypical. It was over-activated, controlling the tension between the parents by provocation-animation strategies addressed to the couple. Thus the normative parents-infant hierarchy was reversed. Infant's capacity for triangular communication was recruited to regulate tension between parents rather than for threesome sharing of affects and socialization. Results of questionnaires of marital satisfaction, infant temperament, toddler's symptoms were not discriminative. At age 5, Role reversal and detouring co-parenting had endured to various degrees.

Conclusions Infant's role reversal style, as counterpart of child-at-center coparenting, may contribute to the documented stability of problematic family alliances, by sustaining the process of conflict detouring of the parents. It prevents the infant of developing her capacity for triangular and multipartite communication for her own development.

PS2.2 - TEACHING ACROSS TIME, SPACE & CULTURES: DISTANCE LEARNING IN INFANT MENTAL HEALTH

Chair: Sarah Hinshaw Fuselier, Child and Family Therapist, New Orleans, Louisiana, USA

Discussant: Valerie Wajda-Johnston, Tulane University, New Orleans, Louisiana, USA

PS2.2-S1

EXPERIENCES OF CONDUCTING CLINICAL CASE CONSULTATION ACROSS THE OCEANS: REFLECTIONS ON CULTURE, CARE AND TECHNOLOGY

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¹University of Central Florida, Orlando, Florida, USA, ²Bergen Children and Family Center, Bergen, Norway, ³Center Against Incest and Sexual Abuse, Hordaland, Norway

Introduction What happens when a case consultant from the USA is connected to five clinicians in Norway for weekly group discussion regarding therapy? Interesting things.... We'll share some of the perils and promise of long distance consultation from the perspectives of the clinicians doing the therapy with comments from the Consultant.

Method Clinicians' experiences will be organized and presented by themes of cultural differences and linguistic expression, technical challenges, and factors contributing to professional development. Several key features contributed to a positive experience overall. The structured written reflections on clinical sessions helped clinicians understand their work and explain it the consultant. Clinicians found differences in language and cultural expectations regarding the expression of emotion to be uncomfortable. However, the consultant's communication style - conveying interest and availability - helped bridge the distance and ease the discomfort in order to allow the clinicians to grow in their professional development.

Results Weekly consultation using online modalities like Skype allows for clinical teams from different countries and time zones to have real-time interaction. The intermingling of cultural viewpoints can generate new perspectives for both the consultant and the clinicians. Technology can aide in sharing case material and even language barriers can be bridged. The Circle of Security intervention has a central therapeutic framework that is easily applied to consultation, helping to foster collaboration even when there is uncertainty.

Conclusions In this era of enhanced communication technology, long distance video-based consultation is possible. Our experience in this exchange of ideas and approaches with infants and young children was very positive.

PS2.2-S2

REACHING OUT: THE BENEFITS OF USING ONLINE TECHNOLOGY FOR TRAINING IN INFANT MENTAL HEALTH

Sarah Hinshaw-Fuselier

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Introduction Online training is increasingly available across health-related fields to further educational experiences in cost-effective and accessible ways. Other advantages include greater flexibility for learners and increased access to experts, despite their locations. We explore benefits of distance learning while being mindful of keeping a relationship-focus in infant mental health training.

Method In an effort to help meet the demand for training in early childhood mental health while keeping costs affordable, distance learning options for infant mental health have been explored. An initial program was offered using a hybrid model for continuing education for mental health clinicians. Basic evaluation of that program was used to develop a training approach to reach a geographically broader audience. Specific techniques are included in this approach to help engage learners on a personal-professional level, in the context of building relationships in the absence of in-person connection.

Results Training for mental health clinicians in the field of infant mental health can be offered online. Developers need to be mindful of pitfalls, including special considerations for technological support and legal/ethical issues. Creative techniques can be used to enhance

learning and build relationships, both between instructors and learners and within the learning community, in the absence of face-to-face interaction.

Conclusions Across fields, emerging research indicates that online training can be useful and effective. Strategies can be employed for bridging the distance to build relationships and engage learning. Among other advantages, distance learning may disseminate information to a broader audience through flexible learning structures, increased access to expertise, and reduced cost.

PS2.2-S3

THE CHALLENGE OF SKILLS TRAINING/ASSESSMENT IN DISTANCE LEARNING

Valerie Wajda-Johnston

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Introduction While distance learning is a fiscally method of teaching, assessing the acquisition of skills is difficult from a distance. Fine-tuning and problem solving in the moment is beneficial to learners and provides the instructor the opportunity to assess the learner's abilities. This combination was used in state-wide and international settings.

Method When teaching skills such as implementing assessment measures (such as parent-child interaction procedures) or interventions (such as PCIT), having an experienced instructor in the room with the trainee affords the instructor to observe and be part of the trainee's process. Instruction concerning interpretation of the measures and intervention sessions can be done through distance technology using video of the interactions. In-person coaching can be done during short, but densely scheduled, on site visits.

Results During distance learning, theory and procedures have been successfully taught and explored with learners of various backgrounds and skills. During short in-person coaching sessions, the instructor was able to scaffold the learners, especially those who entered the training with limited backgrounds in infant mental health. The in-person contact allowed for the development of trusting relationships, which resulted in greater candor from trainees during distance sessions regarding difficulties and challenges. When consultants were assigned to trainees who had not had personal contact, the trainees were more likely to refrain from discussing cases candidly or admit to challenges.

Conclusions Distance teaching of theory and procedure is fiscally efficient. The use of on-site coaching allows for a better understanding of a trainee's ability to implement techniques and degree of fidelity to procedures, and allows for the development of trusting relationships which facilitate distance consultation and supervision.

PS2.3 - ENHANCING PROFESSIONAL AND WORKFORCE CAPACITY TO PROMOTE COMPETENCE

Chair: Martha Birch, NSW Inst Of Psychiatry

Discussant: Nick Kowalenko, NSWIOP, Parramatta NSW, Australia

PS2.3-S1

ENHANCING PROFESSIONAL AND WORKFORCE CAPACITY TO PROMOTE COMPETENCE IN THE INFANT MENTAL HEALTH WORKFORCE INTERNATIONALLY

Nick Kowalenko, Martha Birch

NSWIOP, Parramatta NSW, Australia

Introduction There is a need to develop standardized qualifications for all levels of service delivery in Infant Mental Health to provide a framework for all training programs. Reflective capacity in the workforce needs to be enabled at every stage, with student containment by educators to mirror holding the baby in mind.

Method Linking training to competencies, with aims and objectives that match requirements for the workforce at different levels.

Results Students graduate with the capacity to work effectively at their chosen level in their individual discipline.

Conclusions Multi-disciplinary education in Infant Mental Health ensures a competent workforce to promote the well-being of infants and their families.

PS2.3-S2

PAPER 2 BEING HELD IN ANOTHER'S MIND: THE REFLECTIVE SUPERVISORY EXPERIENCE

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Introduction A Perinatal and Infant Mental Health Course should focus on a range of supervisory experience.

Method From the foundation of relationship in human experience the centrality of reflective supervision in IMH practice and how this can be maintained throughout training and in building workforce capacity will be discussed. A key strand of reflective supervision takes place through infant observation.

Results Other modes of delivery, assessment and activities such as the use of reflective journals, interactive web forum and peer group activities also enhance reflection and ultimately competence.

Conclusions The discussion will explore how each factor of a Perinatal and Infant Mental Health Course contributes to the participant's growth in reflective practice and the enhancement of "natural humanizing capacity".

PS2.3-S3

LINKING COMPETENCIES AND ENDORSEMENTS TO EDUCATIONAL OUTCOMES

Deborah Weatherston

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Introduction The Michigan Association for Infant Mental Health has developed a set of standards and a plan for work force development that is administered by WAIMH associations with an emphasis on the promotion of infant mental health.

Method Of interest to the international community, the MI-AIMH Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship Based Practice Promoting Infant Mental Health® are currently licensed for use by 17 IMH associations and 1 large children's agency in the US.

Results Of interest to the international community, the MI-AIMH Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship Based Practice Promoting Infant Mental Health® are currently licensed for use by 17 IMH associations and 1 large children's agency in the US.

Conclusions Discussion will link the competencies and endorsement to outcomes, particularly the development of graduate and certificate programs, service expansion, systems changes, reflective practice, leadership development and research.

PS 2.4 – BOP: STUDIES WITH THE ADBB

Facilitator: Antoine Guedeney, University of Paris Descartes, Paris, France

PS2.4-B1

THE ADBB AND M- ADBB IN SOME RECENT CONTROLLED STUDIES

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Introduction Social withdrawal behavior seems to be closely linked with the synchronization between parents and infants in the first year of life. The ADBB scale has now two versions a long one with 8 items and a short one with 5 items.

Method Analysis of available controlled studies, published or in print

Results This paper will summarize the results of the most salient ADBB studies, and will present some ongoing unpublished studies with the scale and with its shorter version, the Australian m-ADBB (Matthey, Crnic & Guedeney, 2005). Data on validity, reliability and effectiveness of training will be presented. The symposium will present a study using the m-ADBB on a large scale (Tomlinson & Durand, Capetown Kayetitsha), a study with traumatized mothers in NYC (Nina Burtchen) and a study with infants with Cleft palate (Bruno Grollemund)

Conclusions The long version of the scale is now well known around the world, with several validations showing its transcultural validity. Two longitudinal studies have shown the long term effects of social withdrawal behavior, and social withdrawal behavior does follow a line of development in the first year of life.

PS2.4-B2

ADBB SCALE (GUEDENEY, 2001): TRAINING IN URUGUAY

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Introduction This presentation shows the experience of ADBB (Guedeney, 2001) training to professionals who work in the first step with babies and their families in Uruguay, where in 2010 a group of pediatricians were trained in-service under a research in early detection and intervention in the first health care level.

Method In 2012 all the professionals that work with infants in one public medical health center were trained in order to create an institutional interdisciplinary team to work with ADBB scale as a screening tool for early detection and intervention with infants and their parents. In 2012 our team was called to implement training in the Catholic University in Uruguay into the Master studies of Infant Clinical Psychology; at the same time the training proposal received a high recognition of the School of Graduated from Medicine School of the main University in our country (Universidad de la República).

Results Until now ADBB training was expanded to different groups of professionals who work in health services and day care centers: pediatricians, neuro-pediatricians, physical therapists, speech therapists and psychologists. Educators and heads of community centers that work in disadvantage neighborhoods with babies and their families also showed their interest in the scale.

Conclusions ADBB training is presented in Uruguay as a way to generate an input for professionals to become aware of infant emotional life and of the relevance of early detection and intervention in the first years of life so that they could become agents of promotion and education in health.

PS2.4-B3

CREATION OF AN INTERDISCIPLINARY TEAM IN A PUBLIC HEALTH MEDICAL CENTER TO TRAIN IN THE USE OF THE ALARM DISTRESS BABY ADBB SCALE (GUEDENEY & FERMANIAN, 2001)

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Introduction This study was conducted in 2012 with the aim of creating an interdisciplinary team with pediatricians and mental health professionals of a primary health care center of the public sector, in order to work in an institutional way with ADBB scale as a screening tool for early detection and intervention.

Method Theoretical training was offered, together with in-service training through monthly meetings in which ADBB evaluations and the follow-up in three videotaped steps were carried out, with the first five babies aged 4 to 6 months who attended their regular pediatric consultation during the two first months of the project.

Results Due to the reduced number of babies who completed the study, the qualitative analysis of the results obtained was the priority, which allowed for a deeper comprehension of the reality of this population, and showed an increasing level of withdrawal in the babies when they live in more disadvantaged areas.

Conclusions The training offered and shared by all the professionals participating in the team encouraged an integrated vision of health, increased the sharpness of the observation, and facilitated dialogue among the professionals involved, with the consequent benefit of the baby and the family.

PS2.4-B4

MENTAL HEALTH AND PAEDIATRICS IN INFANCY: INTERDISCIPLINARY INTERVENTION IN FIRST LEVEL CARE

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Introduction This study shows the contributions to pediatrics of emotional development knowledge for working in detection of early deviations, in interdisciplinary programs, with a more integrated approach to infant's health.

Method The work was done in two public health centers, 95 infants, 2 and 14 months, old who were video-recorded in four pediatrics consultations, 2010. Risk indicators were detected in these infants with ADBB scale (Guedeney, 2001/2012). During the follow up, pediatricians were trained in the use of this instrument and in the implementation of interventions. Group 1, Thirty of the infants had their consultation with a pediatrician who practiced ADBB training before the beginning of the study; and Group 2, the other thirty-seven babies were assisted by pediatricians who received their training after the second video-recorded consultation.

Results For group 1 of 30 infants the percentage of withdrawn infants was 7% in the 1st. assessment, 13% in the 2nd, 10% in the 3rd, and 3% in the 4th assessment. In group 2 of 37 infants, 40% showed withdrawal behavior in the 1st. assessment and 57% in the 2nd; in the 3rd one, **which was done after the training and the brief interventions**, the percentage of withdrawal dropped to 13%.

Conclusions Some training on early emotional life and in the use of ADBB scale may constitute a useful input for the pediatric consultation and offers new tools for early warning and more efficient interventions from the first level of care.

PS2.4-B5

DOES MATERNAL DEPRESSION EXPLAIN THE EFFECTS OF MATERNAL TRAUMA ON INFANT SOCIAL BEHAVIOR SIX MONTHS POSTPARTUM?

*Nina Burtchen*¹, *Mar Alvarez-Segura*², *Laura Brumariu*³, *Antoine Guedeney*⁴, *Alan Mendelsohn*⁵

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Introduction Infants of traumatized mothers are at risk for suboptimal development; social withdrawal is an early warning sign. Trauma and depression are often co-morbid, and infants of depressed mothers frequently show social withdrawal (Burtchen/2013). This study tests whether the relation between trauma and social withdrawal is direct or explained by depression.

Method Sample included 198 six-month old infants and their mothers (86% Hispanic) attending well-child visit at an urban public hospital clinic. Inclusion: Full-term without birth/medical complications. Mother-infant interactions were videotaped and coded by developmental specialists for infant social withdrawal using the Alarm Distress Baby Scale (ADBB; Guedeney/2001). A psychiatrist assessed maternal history of trauma and depression with the Structured Clinical Interview for DSM-IV (SCID-IV; First/1997) and the Edinburgh Postnatal Depression Screen (EPDS; Cox/1987). Correlation (SCID based and EPDS based depression) $r = .72$, $p < .001$; EPDS was used in main analyses. Analyses were conducted using both continuous and categorical variables.

Results 23% maternal depression (SCID), 56% maternal history of at least one lifetime major traumatic event, 41% of traumatized mothers with co-morbid depression, 34% infant social withdrawal behavior. Infants of traumatized mothers were more likely to show social withdrawal compared to infants of mothers with no trauma history (43% vs. 23%, $\chi^2 8.735$, $p < .01$). Both maternal trauma and depression were significantly associated with infant social withdrawal ($r = .20$ and $.40$, respectively, $p < .01$). Maternal depression was a significant mediator of maternal trauma on infant behaviors (Sobel $z = 2.96$, $p < .01$). Maternal trauma had both direct and mediated effects on infant social withdrawal.

Conclusions The relation between maternal trauma, depression, and infant social behaviors is complex. Future studies will need to investigate if atypical parenting behaviors such as maternal withdrawal might explain this complex relation.

PS2.4-B6

ADBB IN THE FRENCH MULTISITE ADBB CLEFT PALATE STUDY

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Introduction Interviews with families of patients suffering from cleft lip(s) with or without a cleft palate (CL/P) show the importance of the psychological context and of the parent-child relationship, since the birth of a child affected by CL/P is a particularly stressful and traumatic event for the parents.

Method The prospective, multidisciplinary and multi-centred research project described aimed to explore the psychological perceptions of parents of children affected by CL/P over the year following the birth, to assess the degree of psychological suffering in the child, and to analyze the parent-child relationship. Four centres which intervene at different times were listed so that waiting times between the child's birth and this first surgical intervention vary. The mental and psychological impact arising from the malformation and its correction is analyzed in the parent group and also in the child (indications of distress and withdrawal symptoms, using the ADBB scale).

Results If we consider the care centres as a whole, almost 28% of the children evaluated at age of 4 months present a score of 5 or more on the ADBB. When the children are one year old, the percentage of children exhibiting withdrawal with a score on the ADBB of 5 or more drops to 15%. There is no significant difference between the Early Surgery and the Later Surgery groups.

Conclusions The results of this study enable us to develop new methods to lessen the psychological impact of the malformation on the parents and improve the children's treatment in the long term as much as possible.

PS2.4-B7

USE OF THE ADBB IN NORDIC STUDIES

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Introduction Persisting withdrawal from social interaction is a sign of infant distress, and linked with various risk factors like malnutrition and unsatisfying parent-infant interaction. This presentation will review the epidemiology of persistent infant social withdrawal in Finland and Norway, and present new data from 100 mother-infant dyads from Finland.

Method We assessed a population register based sample of 100 mothers with their 7-month-old infants, who volunteered for the study. Mothers filled in the Edinburgh Postnatal Depression Scale (EPDS), Impact of Life Events questionnaire and the Infant Behavior Questionnaire, and infants were videotaped in interaction with their mothers. The videotapes were analyzed with the Alarm Distress Baby Scale (ADBB) and with the 4th edition of the Emotional Availability Scales (EAS).

Results Of the mothers 5% reported possible depression. In the EAS 33% of the mothers scored low in sensitivity, and 29% of the infants showed social withdrawal in the ADBB. The ADBB total score had a strong negative correlation with maternal sensitivity in the EAS ($r = -0.78$) and with the EAS child variables of child involvement ($r = -0.78$) and child responsiveness ($r = -0.75$). The ADBB total score had no significant correlation with maternal mood. The reported impact of life events correlated moderately with maternal mood ($r = 0.27$), maternal mood had no significant correlation with maternal sensitivity in this sample.

Conclusions Our results give further support to the ability of the ADBB to screen for early signs of pathology in infant social behavior and problems in parent-infant interaction.

PS2.4-B8

AN UPDATE ON ADBB AND M-ADBB RESEARCH AND TRAINING

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Introduction Health services are often funded categorically, to improve a single outcome. However, pregnant women in low and middle income countries (LMIC) face multiple challenges concurrently. We evaluated a perinatal home-visiting intervention to improve maternal and child outcomes in South African township neighborhoods.

Method A neighbourhood-level program, the Philani Intervention Program (PIP), consisted of home visits to pregnant township women by paraprofessional Mentor Mothers (MM). Matched township neighbourhoods (N=24) were randomised to the PIP condition (n=12 neighbourhoods) or Standard Care (SC) condition (n=12 neighbourhoods). Mothers and their infants in each neighbourhood were

monitored during pregnancy, and at six months post-birth. We examined whether six-month old infants receiving the intervention displayed more or less social withdrawal behavior than the infants receiving standard care.

Results There was a high prevalence of social withdrawal within the total sample (46.7%). There was however no significant difference between the intervention group and the control group with regards to infant social withdrawal behavior. Analysis is currently underway examining possible high risk sub-group effects. Results will be presented during the congress.

Conclusions There was a high prevalence of social withdrawal in infants and this may be related to the high risk environment within which mothers and infants are living.

PS2.5 – VIDEO INTERACTION GUIDANCE (VIG) AS AN INTERVENTION FOR PREMATURE AND HIGH RISK INFANTS AND THEIR PARENTS

Chair: Hilary Kennedy, University College London, London, UK

Discussant: Jane Barlow, University of Warwick, Warwick

PS2.5-S1

FUN WITH MUM: A VIDEO INTERACTION GUIDANCE (VIG) GROUP TO SUPPORT MOTHERS WITH POSTNATAL DEPRESSION AND THEIR RELATIONSHIP WITH THEIR INFANTS

Penny Rackett

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Introduction A VIG group for mothers experiencing postnatal depression, and their infants, manages to both decrease levels of depression and improve the quality of the mother-infant relationship. Film extracts will be shown to illustrate the reflective journeys the mothers make and the changes seen in their relationship with their infants.

Method By using the Video Interaction Guidance principles of attuned interaction throughout the group, not just in the shared film reviews, mothers are enabled to develop attunement, reflective maternal function, mind-mindedness and access more freely their emotional connection with their child. Through watching film clips of their relationship and exploring the thoughts and feelings of their child and themselves, they are able to connect with their past, present and future. The 'Fun with Mum' is a group includes weekly activities that are always interactive in nature but also enhance the mothers' understanding of child development.

Results Results from this intervention show a decrease in depression, as measured by the Edinburgh Postnatal Depression Scale, of up to 19 points and improvement with intersubjective targets ("I would like to bond with my child more" or "I would like to understand my baby's signals") of between 2 and 8 points on a 0 – 10 scale. Mothers also reported a greater sense of hope, reduced anxiety and increased self-efficacy.

Conclusions This group represents a novel approach to postnatal depression, where most interventions focus on the mother, with little involvement of the infant. It supports the hypothesis of Backermans-Kranenburg that in order for change to happen in the relationship itself has to be the focus of the intervention.

PS2.5-S2

A COMMUNITY BASED PILOT STUDY: USING VIDEO INTERACTION TO SUPPORT PARENTS WHOSE BABIES WERE BORN AT 32 WEEKS OR LESS GESTATION

Angela Underdown

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Introduction Improved survival rates of very (≤ 32 weeks gestation) and extremely (≤ 28 weeks gestation) preterm infants are increasingly accompanied by a range of developmental difficulties, which can impact across the lifespan. Although the evidence suggests that many of the difficulties experienced by preterm infants are the result of compromised neurological functioning and impaired cognitive ability, recent research suggests that other factors such as parental sensitivity may also influence outcomes. This pilot RCT investigated whether an intervention consisting of three home visits involving the delivery of video interaction guidance could impact on parent-infant interaction and parental mental health.

Method Families with an infant born at ≤ 32 week's gestation were eligible to participate. Thirty-one families were recruited on the neonatal unit (NICU) and randomized to an intervention or a control group. Both groups received standard community care and the intervention group received an additional 3 home visits using Video Interaction Guidance (VIG). Post-intervention, semi-structured interviews were conducted with parents and anxiety and depression, parenting stress and PTSD levels were measured. Parent-infant interaction was coded using the CARE-Index.

Results Interview data showed that parents rated the intervention highly valuing the opportunity to learn about their infant's cues using video, and reporting an increase in confidence and knowledge. There was a significant reduction in the overall anxiety in the intervention group.

Conclusions These results of this small pilot study suggest that VIG may be an effective method of intervening with parents whose infants were born preterm. Future evaluation should examine whether additional components explicitly targeting parental anxiety might increase its impact on parental mental health, alongside other models of delivery, such as the use of groups.

PS2.5-S3

VIDEO INTERACTION GUIDANCE IN FAMILIES WITH PRETERM INFANTS

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Introduction A recently published report on preterm childbirth raises awareness of early birth as a major public health issue and a leading cause of neonatal mortality and morbidity worldwide. This symposium presents an RCT on the effectiveness of VIG for mothers and fathers of infants born preterm (25-37 weeks gestation).

Method Directly after preterm birth, 150 families (150 infants, 150 mothers, 144 fathers) participated in a pragmatic randomized controlled trial to examine the effects of VIG as adjunct to standard hospital care. The primary outcome variable was parental interactive behavior (i.e., sensitivity, intrusiveness, withdrawal) as observed in videotaped dyadic parent-infant interactions. The outcome variables were assessed at baseline (approximately 24 hours after birth), mid-intervention, 3-weeks and 6-months post-intervention. Parents also completed self-report measures on the quality of parent-infant bonding.

Results Directly after preterm birth, 150 families (150 infants, 150 mothers, 144 fathers) participated in a pragmatic randomized controlled trial to examine the effects of VIG as adjunct to standard hospital care. The primary outcome variable was parental interactive behavior (i.e., sensitivity, intrusiveness, withdrawal) as observed in videotaped dyadic parent-infant interactions. The outcome variables were assessed at baseline (approximately 24 hours after birth), mid-intervention, 3-weeks and 6-months post-intervention. Parents also completed self-report measures on the quality of parent-infant bonding.

Conclusions The results indicate that VIG is a useful addition to standard hospital care, reducing the impact of preterm birth on the parent-infant relationship. VIG appeared particularly beneficial for fathers, and for mothers with traumatic experiences

PS2.6-C1

EXPLORING THE MEANING EXPRESSED IN PSYCHOTIC MATERIAL THAT MANIFESTS IN A MOTHER'S MIND IN RELATION TO HER BABY

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Giving birth to a baby, and the early postnatal period, is renowned for being a time when deeply repressed and insane states of mind can emerge fleetingly or more pervasively. For some mothers this might mean experiencing these feelings for the first time, for others past experiences of psychotic states may return, albeit in a different form. The theme of unresolved and shattering loss is often central in these cases. The turbulence of mother's bodily changes through pregnancy and birth, coupled with her response to her baby's absolute dependent states, can trigger deeply disturbing emotional states where the distinction between fantasy and reality can be eliminated. Likewise deep terrors around a mother's sacrificial state facing her with the fine line between creating life and facing possible death can precipitate a period of serious mental illness. For such babies and mothers, intense emotional extremes can erupt. Psychotic imagery and auditory hallucinations in the perinatal period finds its expression through the predominance of the inner workings of the mother's mind, workings influenced by her own babyhood and childhood experiences. Two clinical cases will be presented from a psychoanalytically-informed parent-infant psychotherapy. In one, a mother's experiences of her body during pregnancy and then whilst breastfeeding triggered terrifying fears as to what she was producing and doing to her baby. What was activated, unexpectedly, were her experiences of neglect or abuse from her own early life when she was a dependent baby. In the other, a mother and her two babies nearly died as she acted on command hallucinations, hallucinations that she came to remember she had already experienced in magical thinking form when a small child. The workshop will share in detail the clinical process and the emotionally powerful co-construction of meaning within the therapist-mother-baby relationship.

PS2.7 - MELLOW PARENTING DOWN UNDER

Chair: Lyn Doherty, Auckland University, New Zealand

PS2.7-S1

ABSTRACT: HOKI KI TE RITO - ORANGA WHANAU PARENTING FOR INDIGENOUS COMMUNITY IN AOTEAROA NZ

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Introduction When fathers were included in the culturally adapted Mellow Parenting program, it was expected that couples attending together would benefit more, than those parents in relationships, who attended alone.

Method A cultural adaptation of Mellow Parenting – for mothers and fathers, is an attachment-based parenting program offered to whanau with complex needs antenatally to age five. The program is designed to support parents as individuals and to strengthen family relationships. The sessions are delivered using non didactic methods including video feedback, and aim to develop the capacity of the parent to self-reflect, come to terms with their own experience of being parented and their life experiences, and become sensitive and responsive to their own baby's needs. Parents' needs are focused on along with the needs of their child or children.

Results Sample sizes were relatively small, and differences between outcomes for mothers attending with their partners, when compared with mothers with partners, who attended alone, were not significant. There were however, trends that suggested that the mothers whose partners came with them did benefit more than mothers who came without their partners. Children's developmental outcomes were also impacted by both parents attending the parenting program together.

Conclusions Encouraging indigenous father's participation in this intensive, attachment based parenting program led to enhanced family outcomes.

PS2.7-S2

TRIALLING MELLOW BUMPS WITH YOUNG VULNERABLE MOTHERS IN NZ

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Introduction Ante natal demands for support for young vulnerable mothers has seen the successful trial of Mellow Bumps. A more formal pilot study is being advocated for.

Method Young mothers to be were recruited into Mellow Bumps between 20 -30 weeks of their pregnancies, and the content and process were trialled with them. Some brought their partners, others their mothers or sisters as support.

Results Mothers stress levels were reduced, and their building a relationship with and bonding with their unborn babies was established. Some mothers were able to also address critical issues such as domestic violence through the use of strategies introduced during the sessions.

Conclusions This program is being promoted as an antenatal option as NZ extends its perinatal mental health services.

PS2.7-S3

MELLOW PARENTING AT THE ANGLICAN TRUST FOR WOMEN AND CHILDREN (ATWC)

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Introduction Mellow Parenting for vulnerable mothers is a program in the ATWC's range of services they offer to support mothers and their young children. Other services include accessing pre-schools, social workers in the home and in schools, running pre-school education centres, a range of parenting programs, and a residential parenting program.

Method Integrating group programs alongside counseling and interventions on an individual basis is discussed in this paper, as the ATWC develops cohesion within their services on offer. Mellow Parenting groups for mothers have been running for at least four years. A range of groups in schools including addressing grief and loss, and anger management are delivered. Therapy services include counseling, psychotherapy, and infant-parent psychotherapy, particularly the Watch, Wait and Wonder™ Intervention, and child psychotherapy, including work with children on the autistic spectrum.

Results Mothers have benefitted from this group experience and were supported to address barriers to effective relationship building with their young children that may include other services.

Conclusions The need for attachment based parenting support for vulnerable families provides the impetus for ongoing development of this program.

PS2.8-W1

A REFLECTIVE ANTE-NATAL COURSE FOR PROSPECTIVE PARENTS TO SUPPORT INFANT MENTAL HEALTH

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Introduction Ante-natal courses are provided routinely for prospective parents. Generally, they are didactic and focus on nutrition and labour. Significantly, there is evidence that parental representations of the infant begin to form in the ante-natal period. Representations developed in the ante-natal period can predict differences in postnatal caregiving.

Method Thus, intervening at the ante-natal stage could be beneficial in terms of parents' understanding of their infants' abilities, the importance of the parent-infant relationship and parental reflective capacity. In an area of significant urban deprivation in Dublin, the local Health Service, in conjunction with a community based infant mental health service worked together to enhance the ante-natal courses being provided in the community. Two extra classes were added which focused on parental mental health, the parent-infant relationship and the social and emotional development of infants. The classes were delivered using an adult learning model which facilitated parental learning and reflective functioning.

Results In depth interviews were carried out with eight parents who had attended the enhanced antenatal classes. Parents were asked about their experience of the classes and its impact on their parent-infant relationship. Thematic analysis revealed that the classes enhanced parents' understanding of their infants' abilities at birth, the importance of their relationship with the infant and helped them recognize signs and symptoms of depression. Vignettes will be shared during the workshop.

Conclusions Intervening during pregnancy when parents have regular contact with services is opportune and preventative. The workshop will discuss recommendations on further developing the promotion of infant mental health during pregnancy and how

early community connections with prospective parents can support later involvement in services that continue to nurture their babies' healthy development.

PS2.8-W2

INTRODUCTION TO NEWBORN BEHAVIORAL OBSERVATION (NBO)

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Introduction Based on over 30 years research and clinical work, the Newborn Behavior Observations (NBO) is a relationship-based, structured, neurobehavioral observation which enables clinicians to describe and interpret newborn behavior with parents. (Nugent et al. 2007). The NBO can support the developing parent-infant relationship and enhance the parent-clinician relationship.

Method The scope of this workshop will include a brief overview of the NBO, its development and historical background. The main focus however will be practical in terms of sharing with participants the goals of the NBO and how these might be achieved in either hospital or community settings. Video and case studies will be presented, and audience participation through questions and comments will be encouraged.

Results Objectives of the NBO workshop: 1. Recognize behavioral states and the importance of states when considering care giving and attachment. a. Gain an understanding of habituation and the infant's ability to protect sleep states. b. Identify self-regulatory behaviors and possible challenges for the 'irritable' baby. 2. Use the NBO to help parents develop the kind of confidence they need to support their baby's development and enjoy being a parent, by identifying how to 'use the baby's behavior' in communication and relationship building with parents. Videotaped NBO encounters will be used for this analysis.

Conclusions This workshop will introduce and describe the NBO. Participants will gain an understanding of infant behavioral states and learn ways to support parents by using the baby's behavior as language in relationship-based care.

PS2.9-W1

COLLABORATION BETWEEN CLINICIANS AND RESEARCHERS AROUND A CLINICAL CASE OF INTRA-FAMILY VIOLENCE

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Introduction The aim of this workshop is to present the therapeutic follow-up of a case of intra-family violence in order to show how therapists and researchers can collaborate and mutually enrich each other during two-session "systemic consultation", proposed at few points of treatment.

Method During session 1, the therapist(s) and the family members ask the questions they have concerning the family functioning, then family games are video-recorded (in particular the Lausanne Trilogue Play developed by Fivaz-Depeursinge & Corboz-Warnery and the PicNic Game created by Frascarolo & Favez). During session 2, the researchers, who remain naïve about the case, give a video-feedback (highlighting resources and difficulties), which initiates a collaborative discussion with the therapist(s) and the family members based on the questions they asked at session 1.

Results During this presentation, concerning a two-parent family with their one-year-old infant, videos will be presented and the audience, who will remain ignorant of the situation, will be invited to discuss the interactions in the video and to imagine possible feedback to the family. Then, elements of the case and key moments of the therapy will be presented.

Conclusions We hope that an active participation to this workshop, while remaining naïve during the preparation of the feed-back, will allow the audience to appreciate the richness and usefulness of these systemic consultations, done for both research and clinical purposes as well as for the families' benefit.

PS2.10-C1

WORKING WITH WOMEN WITH A BORDERLINE PERSONALITY DISORDER AND THEIR INFANTS: A COMPREHENSIVE MANAGEMENT PACKAGE

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Introduction A crying infant is a severe stressor for women with a BPD organization of their personality. Often women who have functioned in their adult lives relatively well become highly destabilized in the first year of their infant's lives with substantial negative effects on themselves, their infants and their families.

Method. A research project in a mother-baby unit (MBU) showed many women with a full BPD diagnosis or BPD traits. Subsequently developments to better manage the woman's distress, the mother-infant relationship and staff counter-transference include: protocols for staff so that consistency in management was better guided and additional staff training and reflective supervision, an open approach with the women regarding the diagnosis, and psychoeducational packages were developed for the woman and her family, a group for women with their infants using dialectical behavior therapy for the women both with and without their infants, in addition to individual mother-infant therapy

Results Women report a high level of satisfaction in understanding their problems in a different way and are very amenable to learning better styles of emotional regulation at this important time in their and their infant's lives. Following a review of the relevant literature on borderline personality disorder and its effects on infants and children, results will be presented of working with women, their infants and their families, including videos of individual mother-infant therapy and also group therapy using DBT and its extension in working with mother and their infants.

Conclusions Understanding emotional dysregulation in mothers and working with recent knowledge of the aetiology, brain development and well-researched treatment methods for BPD can make a striking difference in the developing mother-infant relationship, with the potential for better outcomes for infants.

PS2.10-C2

PARENT-INFANT PSYCHOTHERAPY: PROMOTING MENTALIZATION THROUGH VIDEO FEEDBACK

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Approaches to Parent-Infant Psychotherapy are developing and changing. Psychodynamic Parent-Infant Psychotherapy, Watch, Wait and Wonder and Mentalization-Based Therapy contribute to the wealth of treatments and techniques used to promote mentalization in the parent, and attachment security in the infant. This Teach-in presents clinical work by a Child Psychotherapist/Infant Mental Health Specialist in South Bristol CAMHS. Parent-infant psychotherapy involves a flexible number of sessions, with parents and infant/young child, to identify factors contributing to the presenting difficulties (including inter-generational issues, and parental mental health), and to explore in the room the dynamic of the parent-child interaction. Parents are instructed to play with their child and follow the child's lead, not directing or intruding, but being attentive. The therapist encourages the parent to think about the child as a being with internal states (thoughts and feelings). Video footage is viewed immediately and/or reviewed subsequently with parents. There is a complex interaction between parental representations of the infant/child and difficulties which manifest in the parent-infant relationship. Parental mis-perception, non-attunement and limited capacity for mentalization can lead to a negative cycle of mutual rejection and emotional distancing. Parent-infant psychotherapy focuses on paying careful attention to the emotional quality of parent-infant interaction and the detail of the infant/child's communication through gestures, vocalizations and play. Video material illustrates the incidence and impact on the infant/child of parental mis-perception, non-attunement and mis-attribution. The infant or child's developing sense of self is impaired. The child may withdraw and/or seek to engage the parent in negative interaction. Positive interaction which recognizes the infant/child's needs/wishes/intentions can be promoted through video feedback, and witnessed by the parent (and possibly child). Video feedback is a powerful tool to promote parental awareness and understanding of the infant/child's internal states, which is at the core of secure attachment.

PS2.11 - PERINATAL AFFECTIVE DISORDERS IN FATHERS: IMPLICATIONS FOR MOTHER AND CHILD

Chair: Franco Baldoni, University of Bologna, Italy

Discussant: Barbara Figueiredo, Universidade do Minho, Braga, Portugal

PS2.11-S1

PATERNAL TRAIT ANXIETY DURING ANTENATAL PERIOD: WHICH RELATIONSHIP WITH MATERNAL PRENATAL STATE?

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Introduction The transition to parenthood can be a difficult period not only for women but for men too. Even if less investigated, literature reports, for high anxiety symptoms in men, a prevalence of 20% during their partner's pregnancy, with a high correlation with woman's symptoms (Matthey et al., 2003).

Method The present study aimed at estimating prevalence of antenatal trait anxiety symptoms in a sample of Italian men and investigating the relationship with maternal variables (mood, anxiety and obstetric characteristics). 137 men (mean age: 35.6 ±5.8) attending antenatal classes with their partner were recruited during last trimester of pregnancy. Men completed STAI-T (Spielberger, 1983), for trait anxiety; their partners filled out EPDS (Cox et al., 1987), for depressive symptoms, PRAQ scale (Huizink et al., 2004) for pregnancy specific anxieties, STAI for state and trait anxiety and SPS-SIAS for social anxiety (Mattick & Clarke, 1998).

Results High trait anxiety was present in 21.9% of men (n=30) (STAI-T>40). High- and low-trait anxious men showed similar socio-demographic characteristics (age, civil status, parity, planning pregnancy). Compared to men with low anxiety (n=107), partners of high anxious men presented significantly higher levels of trait anxiety (p<0.05) too, while no significant differences were detected for state anxiety, social anxiety and depressive symptomatology. Regarding pregnancy specific anxieties, women with high trait anxious partners showed a higher anxiety about their physical changes due to pregnancy (p<0.05). No differences emerged on obstetric outcomes between high trait and low trait anxious men.

Conclusions High prevalence of trait anxiety symptoms in our male sample underlines the importance to assess paternal mood in the transition to parenthood (Cornish et al., 2008). Our results add new evidence to literature about how paternal anxiety is linked, other than to maternal trait anxiety, also to specific pregnancy anxieties.

PS2.11-S2

DEPRESSION, ANXIETY AND ABNORMAL ILLNESS BEHAVIOR DURING PERINATAL PERIOD: CORRELATIONS BETWEEN MOTHERS AND FATHERS

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Introduction During perinatal period the parent's emotional states are significantly linked and an important function of the father seems to be provision of a secure base for the mother. In fact, anxious or depressed fathers can be a handicap for the emotional equilibrium of their companion.

Method To better understand the possible effects of parental affective symptoms and illness behavior on the couple relationships and on the partner's mental state, the authors studied a sample of 50 couples assessed from the second trimester of pregnancy to the first trimester after delivery. On four occasions (at the 5th and 8th month of pregnancy, on the 3rd-6th day after delivery and at the 3rd month after delivery) all the subjects were asked to fill out the following questionnaires: the *Illness Behavior Questionnaire* (IBQ), the *Symptom Questionnaire* (SQ), the CES-D and a *Psychosocial Couple Questionnaire*.

Results Statistical analysis outlined that during pregnancy up to the puerperium fathers suffer from emotional alterations with oscillations that are correlated with the maternal suffering. The fathers whose partners have been diagnosed with an affective alteration during post-partum (maternity blues or post-partum depression) are more depressed ($p = .01$), anxious ($p = .02$) and show higher levels of somatization ($p = .05$) and hypochondria ($p = .03$). They tend to manifest their suffering with somatic complains ($p = .001$), to be less involved in the delivery and absent at the partum moment ($p = .001$) and to worry about their health condition and paternal role.

Conclusions In our sample the partners of women who undergo depressive post-partum symptoms differ significantly from the controls and manifest more anxiety and depression, or increased affective disorders already at the fifth month of pregnancy. Psychological interventions in the affective troubles during pregnancy and puerperium would therefore concern both parents.

PS2.11-S3

BECOMING PARENT OF A PREMATURE INFANT: FATHERS' EXPERIENCE IN A NEONATAL INTENSIVE CARE UNIT

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Introduction The preterm birth of a child and the following hospitalization in a NICU are traumatic events for both parents, causing symptoms as anxiety, depression, dissociation, and posttraumatic stress. Previous research carried out in this field mainly focused on maternal reactions to prematurity, with less consideration of the paternal experience.

Method Our main aim was to explore the fathers' psychological reactions to preterm birth, as compared to mothers' reactions. The sample consisted of 64 parents (32 couples) of premature infants. Mean age was 34.29 (SD=7.37) for fathers and 33.81 (SD=4.68) for mothers. They were administered the *Clinical Interview for Parents of High-Risk Infants* (CLIP; Meyer, Zeanah, Boukydis, Lester, 1993), the *Edinburgh Postnatal Depression Scale* (EPDS; Cox et al., 1987) and the *State-Trait Anxiety Inventory* (STAI; Spielberger, Gorsuch, Lushene, 1970). In addition we planned *Infant Observations* with both mothers and fathers in order to explore their early interactions with the child.

Results In the whole sample, correlation analyses showed that between the two factors of the CLIP (Readiness for Parenthood and Parental Rejection; Keren et al., 2003) and EPDS there were significant correlations ($p < .01$). In addition Readiness for Parenthood correlated with STAI-Y1. In relation to fathers, analysis at the level of CLIP items revealed significant correlations between "reaction to NICU setting" and depression ($p < .05$) and state ($p < .01$) and trait ($p < .01$) anxiety. Content analysis of the CLIP showed that fathers, like mothers, experience intense concerns about the child and the parental role, although they disclose these emotions less directly.

Conclusions Traditionally the father is considered as the one who sustains and protects the mother-child dyad in the postnatal period. In our research with premature infants we found that fathers themselves need to be supported in order to manage the difficult experience of the child hospitalization in a NICU.

PS2.11-S4

UNDERSTANDING THE IMPACT OF PATERNAL DEPRESSIVE AND ANXIETY SYMPTOMATOLOGY ON INFANT-PARENT RELATIONSHIP: A STUDY ON PARENTAL REPRESENTATIONS AND CAREGIVER-CHILD INTERACTIONS

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Introduction Perinatal depression and anxiety is common among both mothers and fathers with effects upon the child's development (Tambelli et al. 2013; Murray et al., 2011; Figueredo & Comde, 2011); the aim of the present work was to shed light on the impact of perinatal paternal psychological functioning on parent-child interaction.

Method Based on such purpose, we administered to 40 couples of first time parents (mothers mean age= 32.88; s.d.= 4.75; fathers mean age= 35.85; s.d.= 4.89) and their babies (mean age= 5.7 months; s.d.= .56) the following measures: the Edinburgh Postnatal

Depression Scale (Cox, Holden, Sagovsky, 1987); the State-Trait Anxiety Inventory (Spielberger, 1983); the Parental Representation Interview at Child's Birth (Tambelli et al., 1995; 2006); the Adult Attachment Interview (Main & Goldwyn, 1997) and a semi-structured interview on psychosocial risks. Finally, all parents were video recorded during a free-play interaction with their child, assessed according to Emotional Availability Scales (Biringen, 2000).

Results Outcomes showed that depressive and anxiety comorbidity had a significant effect on the parent-child interactional pattern: the caregiver was more likely to display an insensitive, hostile and dysregulated play, whereas the baby was scarcely autonomous and poorly involved. Comorbidity also impacted the quality of parental representations that were mainly characterized by high emotional disengagement. In the presence of an affective symptomatology in only one member of the parental dyad, father's wellbeing seemed to buffer the effect of mother's malaise on their interaction with the child; this was not true in the reversed condition.

Conclusions The study shows the importance to monitor throughout the perinatal period not only maternal depression and anxiety, but also fathers'; indeed, their role is crucial in promoting the child and his/her family's health.

PS2.12-W1

USING A PARENTING OBSERVATION TOOL (PICCOLO) IN INFANT MENTAL HEALTH PRACTICE IN THE UNITED STATES AND FINLAND

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Introduction Practitioners aiming to increase positive parenting interactions with infants and young children can effectively incorporate observation and feedback to parents about their developmentally supportive behaviors. This workshop will describe strategies for using an observational measure of developmental parenting to provide feedback to parents in infant mental health programs.

Method The PICCOLO tool guides practical observations of specific parenting behaviors that predict positive child development outcomes in diverse populations. Positive feedback on these parenting behaviors can encourage parents' support for children's early development in the context of infant mental health practice. Although psychometrically rigorous enough for scholarly research, with validity tested on over 2,000 ethnically diverse US families, this observation tool was designed for use by practitioners working with families in home visiting programs. These families often face risk factors that present barriers to providing strong developmental support for infants and young children.

Results The observation tool is now being used in many other programs, in other countries, and in settings other than home visiting. Practitioners in an Infant Mental Health program in the Midwestern US have used PICCOLO feedback in home visiting to encourage parents to increase interactions that support early development. Leaders in the infant mental health field in Finland have been using PICCOLO as an assessment and intervention tool with high-risk families from the infant psychiatric unit of the Tampere University Hospital and from Päiväperho, a rehabilitation centre for families with parental substance abuse problems.

Conclusions Introduced by a PICCOLO developer, this workshop will include presentations by practitioners who will describe their experiences using PICCOLO with high-risk families of infants and young children in the US and in Finland. The workshop will also offer opportunities for open discussion and questions.

PS2.13-V1

INFANT DIRECT VOCAL COMMUNICATION: A MODEL FOR EARLY INTERVENTION IN NICU

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Introduction To study the effects of live maternal speaking and singing on physiological parameters of preterm infants in the NICU and test the hypothesis that vocal stimulation can have differential effects on preterm infants at a behavioral level.

Method Eighteen mothers spoke and sang to their medically stable preterm infants in their incubators over six days, between 1 and 2pm. Heart rate (HR), oxygen saturation (OxSat), number of critical events (hypoxemia, bradycardia and apnea) and change in behavioral state were measured.

Results Comparisons of periods with and without maternal vocal stimulation revealed significantly greater oxygen saturation level and heart rate and significantly fewer negative critical events ($p < .0001$) when the mother was speaking and singing. Unexpected findings were the comparable effects of maternal talk and singing on infant physiological parameters and the differential ones on infant behavioral state.

Conclusions Exposure to maternal speech and singing shows significant early beneficial effects on physiological state, such as oxygen saturation levels, number of critical events and prevalence of calm alert state. These findings have implications for NICU interventions, encouraging maternal interaction with their medically stable preterm infants.

PS2.13-V2

MUSICAL INTERACTIONS BETWEEN PRETERM INFANTS AND THEIR PARENTS BEFORE DISCHARGE FROM NICU

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Introduction Communicative Musicality refers to the intrinsic musical nature of human interaction. The interactions between an infant and her/his parents can be so musical. In this presentation, interactions between preterm infants and their parents are seen from the communicative musicality point of view.

Method Interactions between preterm infants and their parents were video recorded before their discharge from NICU. The interactions of 3 infant-mother dyads were assessed in terms of vocal interactions, body movements and tapping. All three infants were born preterm with very low birth weight. They were video recorded at 37 gestational weeks onward. Video recordings were assessed in terms of the musicality elements of pulse, quality and narrative.

Results The vocal exchanges varied from about 1 second to 1.5 seconds, having tendency of faster pace than the reported full-term interactions, which were demonstrated by first-time mothers. It was found that the higher the level of confident in a mother, the slower the pace. An experienced mother showed rhythmical tapping pacing with the body movements of the infant.

Conclusions Preterm infants are capable of interacting vocally, bodily with their parents in musical way. Promoting interactions between preterm infants and their parents before discharge from NICU may help form better relationship between infants and their family after the discharge from NICU.

PS 2.14 – POSTER WORKSHOP 3: PARENTING AND FAMILY

PS2.14-PW1

ROOTS OF EMPATHY: PROMOTING MENTAL HEALTH THROUGH A FRAMEWORK OF THE ATTACHMENT/ ATTUNEMENT RELATIONSHIP BETWEEN INFANTS AND PARENTS

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Roots of Empathy, Toronto, Ontario, Canada

Introduction Roots of Empathy is an innovative evidence-based classroom program that has shown significant effect in reducing levels of aggression among children while raising social-emotional competence and increasing empathy. Through a framework of the early attachment/attunement relationship between an infant and parent, children develop an understanding of a healthy attachment model.

Method Roots of Empathy has been evaluated internationally using both quasi-experimental and randomized controlled trial methodologies. The research studies have measured changes in the behavior of participating pupils using a multi-informant design. Outcome variables have included aggression, empathy, prosocial behaviors, emotional literacy, social skills, and knowledge of parenting. An accelerated-longitudinal study was conducted with a focus on aggression and prosocial behaviors in multiple cohorts of participating pupils. Furthermore, qualitative evaluations have been conducted, which support the quantitative findings.

Results Over a dozen years of research conducted nationally and internationally has yielded consistent results in relation to program outcomes. Key findings show pupils perceive a more caring classroom environment by the end of the program and also exhibit a decrease in aggression, an increase in prosocial behavior, emotional literacy, social skills development, empathy and knowledge of parenting. These outcome variables are connected to the promotion of mental health. The accelerated-longitudinal study indicates that improvements are maintained and enhanced for years to come. Brain-based studies currently underway will build upon existing knowledge of the impact of the program beyond behavioral outcomes.

Conclusions The findings suggest that the program impacts trajectories of various types of aggression in school-aged children, by interrupting the typical trajectory of aggression evidenced during the primary school years, working through the framework of the dyadic attachment/ attunement relationship. This is key as aggression is the gateway to poor mental health.

PS2.14-PW2

IMPLEMENTING AND EVALUATING REFLECTIVE SUPERVISION FOR BIRTH TO 3 TRANSDISCIPLINARY PRACTITIONERS

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Introduction Infant/family service delivery relies heavily upon relationship-based models. Consequently, most evidence-based programs require reflective supervision to support staff and facilitate a parallel process. Despite requirements for reflective supervision, there has been limited attention to implementation within organizations and evaluation of the process by those providing and those receiving such supervision.

Method To measure implementation issues and the process of reflective supervision, evaluations were conducted with supervisors and home visitors supported by funding through the California Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and a group of Early Head Start (EHS) supervisors and teachers in Central Missouri. Training in reflective supervision was provided directly to the Missouri EHS supervisors; training for the MIECHV supervisors was provided by either Nurse Family Partnership or Healthy Families America national trainers. To examine the environments in which reflective supervision was embedded, surveys of organizational climate were also completed by participants.

Results A self-assessment scale completed by supervisors encompassed beliefs about roles and responsibilities, the value of teams, feelings of support by agency management, and beliefs about disagreement, conflict resolution, acknowledgement and praise. Supervisees rated the value of reflective supervision and their own experiences, including whether characteristics and actions of the reflective supervisor contribute to a positive work environment or facilitate stress reduction. Participants completed a rating scale designed to measure key elements of organizational climate important to field based workers, including physical setting of program offices, communication mechanisms, recognition, clarity of protocols, collaboration, decision making, and overall program culture.

Conclusions Discussion will focus on key elements of the reflective supervision process that require on-going attention, strategies for successful implementation, and examination of other organizational components critical to the process. Differences seen on survey responses based on the background of supervisors and the type of agency providing service will be explored.

PS2.14-PW3

DISTRESS IN PARENTS WITH CRYING AND IRRITABLE INFANTS

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Introduction Crying and irritability in infants can create long-term distress to parents which can affect the infants and parents health negatively. In Iceland, service to these families is provided by nurses. In this study distress experienced by parents who received the service will be described and the difference between parents is explored.

Method Longitudinal descriptive design. A convenience sample of 48 couples (mothers, fathers) was selected if they expressed concern about excessive crying/irritability in their infant at the age of 2-12 weeks during a visit at a health center. Data collection started in the autumn of 2012. The following Self-report scales were answered by both parents three times: With start of the irritable period and again with 3 and 10 months of age: Edinburgh Postnatal Depression Scale (EPDS), State Anxiety Inventory (STAI) and the Parenting Stress Index/ Short Form (PSI/SF).

Results 48 couples provided informed consent. 27 had provided data when the baby was 3 months old. 53.8% of the parents were concerned about crying/ irritability of the infant within two weeks of age. Mothers experienced a higher mean of depressive symptoms (EPDS 7.48) and parenting stress (PSI/SF 79.36) than the population of mothers with infants of the same age (EPDS 6.5; PSI/SF 64). Mothers in the sample were more anxious (STAI-Y1 45.15) than mothers of newborns (STAI-Y1 36) and significantly more anxious than fathers (STAI-Y1 31.5). Mothers experienced significantly higher parenting stress than fathers (PSI/SF 79.36; 72.08).

Conclusions Results indicate that parents of crying/ irritable infants experience distress differently and mothers are more affected. The nursing service provided to parents does neither appear effective in alleviating mother's anxiety nor parenting distress.

PS2.14-PW4

CONSIDERING THE INFANT IN BEHAVIOR SLEEP INTERVENTIONS

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Introduction The importance of synchrony in establishing healthy neurological regulatory systems that form the foundation for infants' sleep, health, and socioemotional responsiveness continues to gain support (Blunden, Middlemiss, Shonkoff). Infant sleep recommendations often focus away from synchronous care purportedly to encourage infants' self-regulation and capacity to develop healthy sleep cycles.

Method Programs helping mothers manage infant nighttime care often encourage behavioral extinction of infants' crying by having infants cry themselves to sleep without parental response. These programs alleviate infant crying, but do not lower infants' physiological stress during the training period (Middlemiss). This work examines an alternative sleep program focused on responsiveness to infants' sleep cues. Cortisol levels of 40 mothers and infants attending a residential sleep program focused on responsiveness to infants' sleep cues will be sampled during and 1-week following the program. It is hypothesized that mothers and infants will develop comfortable sleep patterns without experiencing elevated cortisol levels.

Results Data collection has begun with sampling of cortisol levels during mothers' and infants' attendance at the responsive-based sleep intervention. Mothers are guided to look for infants' tired signals and to help infants' regulation of sleep-wake cycles by helping infants transition to sleep when first sleepy. Information about normative patterns of sleep were provided to help mothers gain a sense of efficacy and comfort with infants' sleep and waking habits. Data collection will be completed in early 2014. Analyses regarding mother-infant cortisol levels both during the 4-day sleep program and after mothers' and infants' return home will be presented.

Conclusions Anticipated findings: (1) At program initiation mothers and infants will exhibit higher levels of physiological stress associated with nighttime care; (2) During and after program participation, mothers and infants will exhibit lower levels of physiological stress based on understanding of sleep cues, normative patterns of sleep, and responsive care.

PS2.14-PW5

WHEN INFANT SLEEP BECOMES A POINT OF DISTRESS, FOR BOTH INFANT AND PARENT, DO WE OFFER CONTROLLED COMFORTING OR OPTIONS?

Helen Stevens

Safe Sleep Space, Victoria, Australia

Introduction Up to 40% of parents report sleep disturbances in their children (Owens et al. 2004). In 2009 the government of Victoria, Australia, rolled out mandatory evidence based behavioral sleep intervention training for health nurses. Nurses uncomfortable with encouraging parents to not respond to their distressed infant instead adopted cue-based care options, despite government recommendations.

Method Much of the behavioral sleep intervention research has been focussed on extinguishing infants' wakefulness and signalling, however research has shown that infant cortisol remains elevated although they signal less (Middlemiss et al., 2011). Infant mental

health practitioners encourage parental reflective functioning and promote behaviors that strengthening the infant-parent bond, therefore, behavioral interventions such as timed extinction methods are not a good fit. Cue-based options promote parental sensitivity to the infant experience and encourage parents to look for and responding to their infant's cues and behaviors.

Results Perinatal practitioners have embraced a cue-based care approach, and regional nurse co-ordinators ensure their staff, all over Australia, have accessed to resources supportive of this practice. Cue-based care encourages parents to support their infant in reaching an emotionally safe space where they sleep. The key being the parental response to infant cues and behaviors at sleep transition time. An approach that brings together understandings of normal infant behavior and basic infant needs, while provided comforting strategies has been offered across Australia and conferences have attracted between 700 to 1300 participants each year, for 3 years. This cue-based information is also available to families in the form of books DVDs and phone App.

Conclusions Infant mental health practitioners and families seek alternatives to behavioral interventions when addressing infant sleep. Institutions and practitioners within Australia now offer cue-based care. The popularity of the cue-based approach information and resources are testament to the needs of practitioners and parents for this information. The resources are utilized in a range of parental psychoeducational programs, including Australian indigenous perinatal programs.

PS2.14-PW6

VIDEO INTERACTION GUIDANCE, A RELATIONSHIP-BASED INTERVENTION TO PROMOTE ATTUNEMENT, EMPATHY AND WELLBEING: RESTORING AND STRENGTHENING RELATIONSHIPS IN FAMILIES

Sandra Strathie¹, Komilia Hatzinikolaou²

¹The Glen Strathie Partnership, Dundee, Scotland, UK, ²Institute of Child Health, Athens, Greece

Introduction This workshop will show how Video Interaction Guidance (VIG) is being used to promote sensitive parent-child interactions and to support parents who have negative self-judgements to build their self-esteem with a resulting positive impact on their mental and emotional wellbeing.

Method VIG focuses on moments of attunement between parents and children. There is always an emotional reaction when parents look at videotapes of themselves interacting with their children. It suggested that, as the VIG Guiders focus on these attuned moments and have themselves attuned conversations with the parents, the later feel empowered. 'The process of empowerment increases the motivation, the self-esteem, the behavior, the knowledge and the efficacy of the parent. (Wels, 2001) As a strengths-based, relationship-based method VIG gives professionals a way of showing the parents' moments of attunement with their children while coaching the parents to meet their goals.

Results We will show video clips from research undertaken in Dundee, Scotland and Athens, Greece presenting work with families where factors such as domestic violence, adult mental health problems, parental substance misuse, as well as child developmental difficulties are an issue for the parents who are seeking support. We will hear from the parents themselves on how they felt VIG improved their wellbeing. We will explore with workshop participants research, ideas and challenges around the method of VIG to bring about and sustain positive mental health gains for the parents and their children.

Conclusions The method is based on a model developed by Harrie Biemans through Orion and SPIN (Stiching Promotie Intensive Thuisbinding, Netherlands) projects over the last 28 years. Professor Colwyn Trevarthen, Edinburgh University has provided the theoretical core (Primary and Secondary Intersubjectivity and mediated learning).

PS2.14-PW7

PARENT-INFANT BONDING BY MEANS OF MUSIC: THE STRENGTH OF SHARED VITALITY AFFECTS

Martine van Puyvelde¹, Helena Rodrigues²

¹Vrije Universiteit Brussel, Brussel, Belgium, ²Universidade Nova Lisboa, Lisbon, Portugal

Introduction You are invited to participate in a practical group session that makes use of music and movements to evoke shared moments of vitality and liveliness in analogy with a group therapy that was conducted in a pilot-project in a Residential Mother-Baby Unit for mothers with postnatal depression and their infants

Method (see symposium "Music as a tool to enhance maternal-infant intersubjectivity: Research and clinical applications in a context of postnatal depression"). The sessions were inspired, on a macro-level, by the BebêBabá project and Opus Tutti (Rodrigues et al., 2010, 2013) and the Music Learning Theory of Gordon (1990), and, on a micro-level, by the theory of tonal synchrony (Van Puyvelde et al., 2010). During the project, weekly sessions were divided into mother-infant group sessions in the morning and mother-only group sessions in the afternoon.

Results The session of today will be comparable with an afternoon mother-only group session that challenged mothers to experience autonomic growth while keeping their infant in mind. Typical themes during an afternoon session were: inner strength versus emptiness, taking care versus taken care and group/bonding versus isolation. During the session, you will be able to experience shared group dynamics, improvisation games based on spontaneous vocals, clapping, mimics and other non-verbal aspects.

Conclusions The sessions will be guided by two artists as the presence of a dyadic artist-artist couple is meant to create an implicit and non-verbal relational role-model of dyadic interaction. After the session, the experiences will be discussed in the context of postnatal depression.

PS 2.15 – POSTER WORKSHOP 4: FATHER INFANT INTERACTION

Facilitator: Richard Fletcher, The University of Newcastle, Newcastle, New South Wales, Australia

PS2.15-PW1

INVOLVING FATHERS IN CLINICAL WORK WITH INFANT AND TODDLERS-EXPERIENCES FROM A PROJECT ON COUNSELING AT THE SWEDISH CHILD HEALTH CENTERS

*Malin Bergström, Emma Fransson
Chess, Stockholm, Sweden*

Introduction Not only new mothers, but also fathers, are emotionally vulnerable. The Swedish Child Health Services surveil children's health and support new parents but mainly reaches the mothers. In this workshop we share experiences from a project aiming at involving new fathers in parental support.

Method During a five month period around 400 first-time parents receive a home visit from the nurse during the first week after the birth, a counseling visit for both parents at four weeks and a counseling visit for the father alone at four months. Parents are also invited to parent education groups. Data on parent's wellbeing and satisfaction with care, information on fathers' use of the Child Health Care and nurse's experiences of father support are collected.

Results In this workshop we present experiences from the project and discuss the child health care nurses' experiences of supporting new fathers. The main focus of the workshop is however to share experiences of including fathers in our work with infants and toddlers. We want to discuss how to clinically use our recognition of fathers' significance for children's development. What are the obstacles and benefits of meeting both parents? Does a father-friendly approach require new or different skills?

Conclusions Forty years of research have proved the significance of fathers for children's health and development. Engagement in parenting activities during the first year predicts further paternal engagement. Together we discuss how to reach the fathers and include them in our work with their sons and daughters.

PS2.15-PW2

A FATHERS FIRST HAND EXPERIENCE HELPS TURN A CHAOTIC HOUSE INTO A LOVING CALM HOME

*Jenny Roberts, Nicole Kingston
Jenny Roberts Foundation, Perth WA, Australia*

Introduction Australian fathers experience first hand a simple process to calm their new family and help their anxious wife create a happy healthy baby who self regulates to sleep easily.

Method The KIDSCODE® Baby Process is one intervention which attempts to address the balance of parental involvement and help infants to achieve self-regulated sleep. This intervention aims to assist parents to understand and change their cognitions and interactions in order to create change in their infant's ability to self-regulate and transition to sleep independently, while still feeling secure. The program involves three full days of in-home therapy, which allows the parent's time to experience the changes in their infant's behavior as they change their own thought processes and behaviors.

Results Parents' stress, anxiety and depression all decreased significantly following intervention. For one mother, depression reduced from the extremely severe range, and stress from the severe range, to be in the normal range just one week after intervention. For another mother, anxiety and stress fell from the severe range to the normal range within a week of intervention. For two fathers, stress and depression reduced from the moderate range to the normal range after intervention. All individuals, stress, anxiety and depression remained in the normal range at one month post-intervention, indicating these changes are sustainable over this time.

Conclusions This pilot study funded by the Herisson Rotary Club of Perth clearly showed that a fathers mental health was very important and could be seen to be vital in supporting his spouse in the early stages of self regulated sleep of their infant.

PS2.15-PW3

I AM NOT THE FATHER, I AM ONLY HIS CARER...' THE IMPACT OF RELATIONAL TRAUMA ON FATHER-INFANT PSYCHOTHERAPY'

*Marigemma Rocco-Briggs
Consultant Child Psychotherapist, London, UK*

Introduction In this paper I am particularly interested in thinking about the impact that the parents' trauma has on their infant. I will give a detailed assessment of a mother in a dissociated mental state and her infant and the consequent treatment of the same infant with his father.

Method When the trauma in the parent becomes a real block to developing a bond with the infant, the psychotherapist is put in a very difficult position, as the unspoken trauma gets re-enacted in a non-verbal way with a clear repercussion on the therapist's ability to think. Once the strength of the difficulty blocks the thinking, there is a real risk of acting out in the parent towards the infant and from the therapist towards the parent-infant couple. I am interested to discuss the meaning of this acting out and the dilemmas faced by the therapist.

Results I will use the concept of Relational Trauma described by Allan Schore, as a pathological way to relate to others that has its origin in the person's past trauma and how this gets re-enacted in the parent-infant interaction. Recent research carried out by Allan Schore has found a revolutionary connection between attachment theory and the neurobiology of relational trauma.

Conclusions In his paper on Relational Trauma and the developing right brain, (2010) Schore supports the evidence that stress is a critical factor that affects social interaction, particularly the mother-child interaction. When this way of relating is repeated within the

therapeutic relationship, it can evoke very powerful and stressful dynamics that affect the therapist's own ability to think. What can be done to preserve the therapist's ability to think?

PS2.15-PW4

CONNECTING WHILE EXPECTING--CONCEPTUALIZING PATERNAL-FETAL BONDING FROM CONCEPTION TO BIRTH AND BEYOND

Tova Walsh¹, Richard Tolman²

¹University of Wisconsin, Madison, WI, USA, ²University of Michigan, Ann Arbor, MI, USA

Introduction Expectant parents develop feelings of connection to the unborn child during pregnancy that pave the way for the parent-infant relationship. Relative to mothers, substantially less is known about the paternal-fetal bonding process. This workshop will explore the development of an affiliative relationship between father and fetus ('paternal-fetal attachment').

Method We will review existing literature on paternal-fetal attachment, including varied definitions and approaches to measurement, and empirical research that has demonstrated associations between paternal-fetal attachment and pre- and post-birth parental behavior and the post-birth parent-infant relationship. We will then present key findings from our own research. Using survey data collected at three time points across pregnancy from a sample of expectant first-time fathers (N=116), we use OLS regression models to examine the development of paternal-fetal attachment across pregnancy and explore the influence of pregnancy intention, depression, partner support, and demographics on the development of paternal-fetal attachment.

Results Paternal-fetal attachment was found to increase as pregnancy progressed. Paternal-fetal attachment was lower across pregnancy among fathers who reported that their partner's pregnancy was unwanted, mistimed, or they were unsure of how they felt about the pregnancy, relative to those who reported that they wanted their partner to be pregnant now. Greater perceived partner support was associated with higher paternal-fetal attachment across pregnancy. Paternal depression symptoms and demographic variables were not significantly related to paternal-fetal attachment across pregnancy, with the exception that marital status was positively associated with a specific dimension of attachment, preoccupation with the developing baby.

Conclusions Better understanding how paternal-fetal attachment develops and the factors that influence this process should inform efforts to support this developing bond and promote the wellbeing of infants and their parents. Workshop presenters and participants will discuss implications of paternal-fetal attachment research for IMH practice and policy, and future research directions.

PLENARY INTERFACE 1

1515 - 1645

Moderator: Mark Tomlinson, Stellenbosch University, Stellenbosch, South Africa

Discussant: Neil Boris, University of Central Florida-Nemours Children's Hospital, Orlando, Florida, USA

PI1 - ATTACHMENT DISORDER - SYMPTOMS, DIAGNOSTIC EVALUATION PATHWAYS FROM RELATIONSHIPS TO PSYCHOPATHOLOGY AND TREATMENT

Karl Heinz Brisch, Klinikum der Universität München (KUM), Munich, Germany

PARALLEL SESSION 3

1715 - 1845

PS3.1 - JEWISH AND ARAB MENTAL HEALTH PROFESSIONALS: UNITED AGAINST MUTUAL FEAR AND MISTRUST, FOR PROMOTING INFANT MENTAL HEALTH

Chair: Miri Keren, President WAIMH, Israel

Discussant: Ian Barron, Dundee University, UK

PS3.1-S1

A JOINT PALESTINIAN-ISRAELI CONTINUOUS SEMINAR ON CHILD-PARENT PSYCHOTHERAPY FOLLOWING EXPOSURE TO TRAUMAS

Miri Keren¹, Ghassan Abdallah²

¹Geha Mental Health Center and Tel Aviv Univ. Medical School, Petah Tiqva, Israel, ²CARE, Ramallah, Occupied Palestinian Territory

Introduction Palestinian, Israeli Arabs, and Israeli Jews societies suffer from the on-going political conflict, as well as from increased incidence of domestic violence. Mental health and education professionals may take a special role in societies in conflict at developing mutual recognition and respect through a dialogue based upon concrete educational acts.

Method We aimed at increasing Palestinian and Israelis professionals' awareness of the impact of exposure to violence on infants and to train them at the Child Parent Psychotherapy model. The plan included three major steps: 1. Translation of the two books "Don't hit my Mummy" and "Losing a parent through death in the early years". The translated texts into Arabic and Hebrew are printed together, as an expression of the message we wish to convey about mutual recognition. 2. Training one-year seminar at the CPP model, based on clinical cases presentation and discussion. 3. Evaluation of the impact of the training.

Results The training sessions were videotaped and analyzed, as well as feedback questions to the participants of the seminar. The analysis of the data showed an increased level of awareness of the infant's vulnerability to the impact of exposure to violence and

losses was observed among the Palestinian and Israeli professionals, as well as the sense of having acquired new tools for intervention. In parallel to the professional aspect, an interpersonal process of mutual recognition could be observed, and this group became a "bi-national" peer supervision.

Conclusions Besides expanding knowledge and clinical skills in the field of early childhood education and mental health, is the building bridges of professional cooperation, helping in abolishing stereotyping and starting to recognize the other as human being.

PS3.1-S2

TRACKING AUTISM AMONG BEDOUINS IN THE NEGEV - PILOT PROJECT

Gal Meiri^{1,2}, Suliman Abu Han³

¹Ben Gurion University of The Negev, Beer Sheeba, Israel, ²Soroka University Medical Center, Beer Sheeba, Israel, ³Minsitry of Health, Beer Sheeba, Israel

Introduction The Bedouins in southern Israel are a community of 220,000 Muslim Arabs. Within family marriages are common, with high rates of genetic disorders. Such characteristics suggest that ASD rates in this population might be high, and yet, until five years ago there had virtually no Bedouin children diagnosed with ASD.

Method Four years ago, we initiated a community pilot project of screening and diagnosis of ASD in the Bedouin population in collaboration with the Ministry of Health. Health professionals in the Bedouin community were approached. A child psychiatrist trained a Bedouin nurse, supervised his work and collaborated with him; the nurse randomly visited health centers and also got reports about suspected children from professional people in the field, screened children with M-CHAT and referred them to full diagnosis. Subsequently the children were diagnosed for Autism according to DSM IV TR. Multi-disciplinary team made additional developmental diagnosis.

Results Two years after we started the project we were able to diagnose 35 Bedouin children with ASD. This number was sufficient to the creation of the world's first Bedouin school for Autistic children. In the following two years we made more cultural consideration in the diagnostic procedure and were able to diagnose additional 67 Bedouin children with ASD. The average age of the diagnosed children dropped over the years and is currently around 2.9 years. The male: female prevalence ration was 7.7:1. 62% of the children had intellectual disability and 11% had diagnosed medical disorder.

Conclusions The combination of psychiatric expertise and mediation of a local health professional that holds a close knowledge about the Bedouin culture enabled to create a change in the level awareness and diagnosis of ASD amongst the Bedouin population. Diagnosis of a significant number of children enabled establishment of local treatment facility.

PS3.2-S3

CHILD MENTAL HEALTH SITUATION IN PALESTINE

Tawfiq Salman

Pacamah, Bethlehem, Occupied Palestinian Territory

Introduction Palestinian mental health professionals are faced with the enormous challenge of addressing the needs of affected children. The Palestinian Mental Health Services and several non-governmental agencies who work in the West Bank and the Gaza area have been involved in treating children with PTSD and in training professionals and para-professionals.

Method Training professionals and educating parents are the main intervention done in the field of infant mental health among Palestinians. More specifically, professionals and para professionals are trained at monitoring the vaccination rate and nutrition status of the infants, get education about development, and training for psychosocial education and support. Mothers are trained at hygiene rules, nutrition, how to handle a newborn, how to supervise their child. They are also trained at detecting early psychological symptoms, and at dealing with them.

Results Most of the children in need still do not receive any therapeutic interventions. This is mainly a product of the following factors: scarcity of trained mental health professionals, difficulties in reaching mental health centers through check-points and transportation difficulties, reluctance on the part of families and children to use outside professional help, and the frequency of children with undiagnosed or masked post-traumatic reaction. We can't ignore the stigma and the religious approach.

Conclusions The atmosphere now moved to worse situation, the violence, impulsivity hopelessness, school withdrawal and substance abuse are a huge problem facing the community. Last year we stopped our activities on the major Palestinian locations because of financial crises. so we still in bad need to reactivate our therapeutic psychosocial centers.

PS3.2 - YOUNG CHILDREN AND DISASTERS: LESSONS LEARNED FROM DISASTERS AROUND THE WORLD TO SUPPORT RECOVERY AND RESILIENCE

Chair: Joy Osofsky, Louisiana State University Health Sciences Center, US

Discussant: Campbell Paul, Royal Children's Hospital, Parkville, Victoria, Australia

PS3.2-S1

AN INTERDISCIPLINARY APPROACH TO RESPONDING TO THE NEEDS OF INFANTS, TODDLERS AND FAMILIES FOLLOWING DISASTERS

Nese EroI

Ankara University School of Medicine, Ankara, Turkey

Introduction The 1999 and 2011 earthquakes in Turkey impacted significantly on young children and families due to displacement, separations, traumatic experiences and increased stress.

Method The experiences responding to earthquakes in 1999 and 2011 in Turkey will be presented that involved an interdisciplinary effort to work together with all allied professions in order to respond to the needs of infants, toddlers and families impacted by the disasters.

Results The results of the interdisciplinary effort and studies done with the World Health Organization following the 2011 earthquake will be presented.

Conclusions This presentation provides information on the importance of implementing interdisciplinary efforts to support the recovery of infants, toddlers and families following disasters.

PS3.2-S2

AFTER THE TV CAMERAS ARE GONE: TAILORING CARE TO INFANTS AND THEIR FAMILIES TO MINIMIZE THE LONG TERM EFFECTS OF TRAUMA

Maree Foley

Victoria University of Wellington, Wellington, New Zealand

Introduction The February 2011 Christchurch earthquake was a powerful natural event that severely damaged New Zealand's second-largest city. It is important to recognize in responding to disasters and trauma that tailoring the care of infants with their families entails a lifespan approach to Infant Mental Health (IMH).

Method The practice approach is illustrated with two cases. One presents an elderly woman who undergoes significant regression due to the reawakening of traumatic experiences from a devastating earthquake in her earlier life. The second case presents the story of an 18 month old displaced by the earthquake to a new city with her mother. The presenter will discuss their struggles and her efforts to provide therapeutic support for the traumatized toddler struggling with anxiety and emotion and behavior dysregulation and the mother experiencing her own traumatization that impacts on ability to be emotionally available to her young child.

Results The cases describe an approach to care utilizing intersubjectivity between supervisor and supervisee; supervisee and mother; and mother and child to provide a base from which care with reduced fear could be tolerated for long enough to support reparation and repair.

Conclusions Following the traumatization caused by disasters, it is important to recognize the need for specific tailoring of care using a lifespan approach to support recovery and resilience.

PS3.2-S3

YOUNG CHILDREN AND DISASTERS: LESSONS LEARNED FROM DISASTERS AROUND THE WORLD TO SUPPORT RECOVERY AND RESILIENCE

Joy Osofsky

Louisiana State University Health Sciences Center, New Orleans, Louisiana, USA

Introduction Natural and technological disasters impact on young children and families related to the destruction and loss, economic impact, displacements, separations, and parental stresses. Lessons learned from Hurricane Katrina and the Gulf Oil Spill related to response and recovery may be helpful in learning ways to support recovery and resilience.

Method Young children exposed to disasters are at higher risk for symptoms of depression, anxiety and posttraumatic stress. Early provision of interventions and mental health services following disasters is an important way to prevent exacerbation of negative mental health and developmental problems, promote well-being for individuals and families, and strengthen communities. It is also essential to attend to the developmental needs of young children and support parents and adult caregivers on whom they are depend to support recovery.

Results Data on reported mental health symptoms in children following disasters indicate that overall symptom scores decreased over time. However, data gathered from children impacted by a subsequent major disaster indicated an increase in reported symptoms of depression and anxiety. In contrast, those children who were not impacted by the later disaster continued to report decreases in symptoms.

Conclusions This presentation will focus on the importance of applying scientific knowledge to disaster preparation and response and discuss lessons learned from multiple disasters that can enhance recovery and foster resilience for young children and their families.

PS3.2-S4

INTERVENTIONS FOR YOUNG CHILDREN AND FAMILIES IN THE AFTERMATH OF THE GREAT NORTHEASTERN EARTHQUAKE, TSUNAMI WITH RADIATION ACCIDENT IN JAPAN

Hisako Watanabe

Keio University School of Medicine, Tokyo, Japan

Introduction The Great Northeastern Disasters of Japan on March 11, 2011 devastated the coastal regions of Japan resulting in children suffering from manifold traumas including family loss and displacement. The degree of traumatization varies according to the nature and region of the disaster.

Method In Fukushima, the natural disaster was compounded by the nuclear plant disaster with ensuing radiation contamination. This resulted in harsh social stigma, required indoor life, and medical problems including obesity and loss of motor skills in children. A multidisciplinary team, the Kooriyama Post-disaster Child Care Project, was established in Kooriyama. The goal was to enhance the morale of child-workers and parents who actively created a 'new normal' playful environment.

Results The result was the establishment of the largest indoor playground named PEP Kids Kooriyama. Data on the work of the multidisciplinary group that helped to support both the optimal development of the affected young children and their parents will be presented. The community response related to finding ways to build resilience in children and families under difficult circumstances will be discussed.

Conclusions The Kooriyama Post-disaster Child Care Project in collaboration with colleagues in Japan developed interventions and services to support the optimal development of children impacted by multiple disasters and to promote resilience in the children and families.

PS3.3 - THE FIRST 1001 DAYS: MATERNAL AND OFFSPRING CONTRIBUTIONS TO EMOTIONAL DEVELOPMENT FROM CONCEPTION TO THE SECOND YEAR OF LIFE

Chair: Susan Pawlby, King's College London, Institute of Psychiatry, UK

Discussant: Joanna Hawthorne, Brazelton Centre in Great Britain, Cambridge, UK

PS3.3-S1

THE CONTRIBUTION OF SOCIAL PROCESSES IN INFANCY TO CALLOUS UNEMOTIONAL TRAITS IN YOUNG CHILDREN

Rachael Bedford¹, Andrew Pickles¹, Helen Sharp², Nicola Wright², Jonathan Hill³

¹King's College London, Institute of Psychiatry, London, UK, ²University of Liverpool, Liverpool, UK, ³University of Manchester, Manchester, UK

Introduction Callous unemotional (CU) traits in children are associated with severe and persistent aggression. Lack of attention to the human face in infancy may increase CU traits by reducing emotion recognition abilities, and reducing the effect of sensitive parenting to promote responsiveness to others' distress.

Method In a general population study of first-time mothers recruited during pregnancy (N = 1233) a stratified subsample was assessed at **5 weeks** for orientation to an animate stimulus (the human face) and an inanimate object (red ball) using the Neonatal Behavioral Assessment Scale (NBAS; N = 282), at **29 weeks** for maternal sensitivity in a standard play procedure, and at **2.5 years** for CU traits by maternal report (N = 253). Data on all measures were available for 220 dyads. Prediction to CU traits was examined in multiple linear regressions weighted from the subsample to the general population sample.

Results After accounting for a range of possible confounders, decreased face preference indexed as the animate/inanimate difference score was strongly associated with increased CU traits (coef = -0.062, S.E. = 0.020, p = 0.002). There was not an independent effect of maternal sensitivity (coef = -0.020, S.E. = 0.022, p = 0.353). Both face preference (coef = -0.074, S.E. = 0.020, p < 0.001) and maternal sensitivity (coef = -0.046, S.E. = 0.021, p = 0.027) made significant predictions in girls. Neither was significant in boys, but the two way interactions of sex of child with face preference and sensitivity were not significant.

Conclusions This is the first study to show that decreased orientation to the human face soon after birth is associated with later callous unemotional traits, and also, in girls, that there is a beneficial effect of maternal sensitivity. It provides pointers to early social processes in mechanisms underpinning CU traits.

PS3.3-S2

THE JOINT CONTRIBUTIONS OF MATERNAL DEPRESSION AND INFANT NEGATIVE EMOTIONALITY TO MATERNAL SENSITIVITY TO INFANT DISTRESS

Jonathan Hill¹, Andrew Pickles², Helen Sharp³, Charlotte Cecil⁴

¹University of Manchester, Manchester, UK, ²King's College London, Institute of Psychiatry, London, UK, ³University of Liverpool, Liverpool, UK, ⁴University College London, London, UK

Introduction Maternal depression and lower parenting sensitivity are often associated during infancy. Yet, little is known about (i) the role of infant emotionality and its interplay with maternal depression in the prediction of maternal sensitivity and (ii) whether these emotion-laden processes may be particularly relevant to maternal sensitivity to distress.

Method We studied 260 first-time mothers and their infants from a general population prospective study of families recruited in pregnancy. Infant negative emotionality was assessed at 5 weeks of age using the Neonatal Behavioral Assessment (NBAS), and mothers were interviewed for DSM Major Depressive episodes over the first 29 weeks after birth. Maternal sensitivity was observed at 29 weeks in a standardized play procedure.

Results Controlling for a range of potential confounders, neither maternal depression nor infant negative emotionality independently predicted maternal sensitivity, but the interaction between them was statistically significant (p = .01). Increasing infant negative emotionality predicted decreasing maternal sensitivity to distress, only in mothers who experienced an episode of Major Depressive Disorder during the post natal period. This effect was not seen for sensitivity to non-distress, although the test of the difference between the effects was not statistically significant (p = .07).

Conclusions These findings suggest that maternal depression during the first months of infant life may create an affective and cognitive vulnerability to the effects of frequent intense infant negative emotions. The findings have implications for our understanding of psychological processes underlying maternal sensitivity, and hence for early interventions.

PS3.3-S3

EXPOSURE TO MATERNAL CHILDHOOD ABUSE AND DEPRESSION IN UTERO: EFFECTS ON NEONATAL BEHAVIORAL REGULATION AND THE HYPOTHALAMIC-PITUITARY-ADRENAL (HPA) AXIS

*Carmine M Pariante, Susan Conroy, Enrica Fantini, Sarah Osborne, Susan Pawlby, Patricia Zunszain
King's College London, Institute of Psychiatry, London, UK*

Introduction Childhood abuse predicts maternal depression at vulnerable times such as the perinatal period. Furthermore maternal depression in pregnancy is associated with poor neonatal outcome. Here we examine the effect of a mother's own experience of childhood abuse and of a major depressive disorder in pregnancy on the neonate's regulatory behavior.

Method Sixty-six women were assessed at 25-weeks' gestation for Major Depressive Disorder (MDD; SCID-I) and for childhood abuse (CA; CECA-Q: Bifulco, 2005). Fifty-five neonates (15 offspring of mothers with neither MDD nor CA; 10 of mothers with MDD only; 8 of mothers with CA only; 22 of mothers with MDD and CA) were assessed with the Neonatal Behavioral Assessment Scale (NBAS). Neonatal salivary cortisol was measured before and after the assessment.

Results Group differences were found in the NBAS scores (alertness: $K-W_{(3)}=13.40, p=.004$; irritability: $K-W_{(3)}=8.24, p=.04$). Compared with offspring of CA only mothers, those with MDD only mothers were less alert ($z=2.89; p<.05$) and more irritable ($z=2.22; p<.05$); likewise, offspring of mothers with MDD and CA were less alert ($z=3.47; p<.05$) and more irritable ($z=2.52; p<.05$). No differences were found in the NBAS scores of offspring of mothers with neither MDD nor CA compared with the other groups. Difficulties in neonatal regulatory behavior were significantly correlated with increased cortisol levels following the NBAS (alertness: $r=-.41, p=.002$; irritability: $r=.39, p=.005$).

Conclusions Prenatal exposure to MDD with or without maternal CA is associated with dysregulated neonatal behavior and increased HPA axis activity following the stress of being handled. One explanation why offspring exposed to maternal CA *only* had high alert and low irritability scores may be their over-regulation and unresponsivity to stress.

PS3.4-B1

MINDING MINDS IN THE NICU: THE ROLE OF MENTALIZATION IN UNDERSTANDING THE EXPERIENCE OF PARENTS AND INFANTS IN NEONATAL INTENSIVE CARE

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Introduction Neonatal intensive care is somewhere parents do not expect to find themselves or their newborns. Within NICU, parental capacity to hold infant's minds in mind, given the trauma, anxiety, and stressors experienced by the family, in addition to the trauma, anxiety and stressors experienced by the infant, must be questioned.

Method Parental reflective functioning is important within this environment, as it may actually be a protective factor against the potential psychosocial complications faced by both parents and infants, and within the developing infant-parent relationship. How can a parent think reflectively? How can they mentalize? The measurement of reflective functioning in the NICU environment is something that is yet to be adequately explored in the literature. This paper will outline the development of a modification of the Parent Development Interview (PDI, Slade et al., 2010) for use in the quaternary NICU unit.

Results The Parent Development Interview - Royal Children's Hospital Neonatal Intensive Care (PDI-RCH NICU) modification was devised by Infant Mental Health clinical research program at the Royal Children's Hospital, Melbourne, in collaboration with the developer of the original instrument. This paper will present the theoretical and clinical background behind the modification, which included the incorporation of components of the PDI, its pregnancy version, and the development of new questions. It will also present findings of the use of the PDI-RCH NICU within the context of a larger research program, and draw on clinical case examples.

Conclusions An additional factor to consider when thinking about parental reflective capacity is the capacity of NICU staff to also hold minds in mind, the parent's minds, the infant's minds, and each other's, in an environment that is prone to perhaps promoting dissociation from thinking. This will also be discussed.

PS3.4-B2

I.C.U. – I SEE YOU – INDIVIDUALIZED INTENSIVE CARE TREATMENT FOR SEVERE COMPLEX FEEDING DISORDERS

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Introduction At the Leipzig (Germany) clinic for child psychiatry, psychotherapy and psychosomatic medicine we treat an increasing number of infants and toddlers with (mainly severe) feeding disorders (FD) over the past five years, in 2012: 405 days of treatment overall for 13 patients; age 7 months to 3 years.

Method A retrospective analysis of our work with infants/babies with FD and their families shows the process of standardization over the last five years while still adjusting to individual needs on a day-by-day-basis.

Results: Most children with FD treated in our clinic belong to one of these three groups: **I.** Children with **complex FD**, e.g. after surgical construction of a missing **oesophagus**. Sometimes comorbidity e.g. heart diseases require the cooperation with an **intensive care unit**. For these children therapeutic stress must be kept below a certain threshold.**II.** We adjust standardized programs as the Graz' Tube Weaning Program for children with comorbidity. **III. After dramatic neglect** due to mother's disease or otherwise

insufficient parenting FDs in complex deprived children may only get better when both the child and the mother can improve their situation.

Conclusions Hospitals for children psychiatry/psychotherapy can be well suited settings to treat severe complex FD. Most important are: trustful and reliable cooperation, continuous informed consent (client's expectations, chances, limitations etc.), highly dedicated staff, above all specialized nurses who ensure the treatment, psychotherapeutic containment and working with parent's worries

PS3.4-B3

COMPLEX FEEDING DIFFICULTIES: A RELATIONSHIP AND SOCIAL-EMOTIONAL PERSPECTIVE

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Introduction Feeding is an interactional behavior that occurs in the context of broader infant-parent relationships and individual child development. This presentation will discuss the findings from an interdisciplinary feeding assessment clinic in a tertiary children's hospital. Clinical and video material will illustrate the potential for helpful relationship-based therapeutic assessments.

Method A descriptive study was conducted to characterize the children and families referred to the clinic with regard to feeding behavior, medical complexity, social-emotional development, parental psychological distress, and infant-parent relationship quality. Cross-sectional data was collected from 20 families over a 5-month period using a combination of parent-rated questionnaires (Greenspan Social Emotional Growth Chart, ASQ:Social-Emotional, BITSEA), clinician-rated outcome measures (DC:0-3R Feeding Behavior Disorders, Classification of Complex Pediatric Feeding Disorders, Parent-Infant Relationship Global Assessment Scale, Alarm Distress Baby Scale), and a semi-structured interview.

Results A high level of feeding problem severity was evident, with 82% meeting criteria for a DC:0-3R Feeding Behavior Disorder. It was common for infants to experience complex medical conditions, and the majority of children had a significant behavioral component to their feeding difficulty. Relationship difficulties were common, with 71% demonstrating "maladaptive features" and 12% "disordered relationships" using the PIRGAS. Psychological distress was common in parents of children referred to this clinic.

Conclusions Complex feeding difficulties are associated with adverse medical, relational and social-emotional factors. These factors may interact to complicate and prolong otherwise simple problems with feeding. A multidisciplinary approach can address the problems experienced in multiple functional domains. Clinic leadership by infant mental health facilitates understanding relational and social-emotional factors.

PS3.4-B4

"MOMENTS OF MEETING" IN A NICU - SUPPORTING PARENTS' DISCOVERY OF THEIR BABY, THROUGH LISTENING, OBSERVING AND VIDEO INTERACTION GUIDANCE

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Introduction Preterm birth is a profound trauma for parents. Separation from the baby and fear for the baby's survival impacts on parents' perceptions of their baby. The baby is easily overwhelmed by his experiences. However early "moments of meeting" (Bruschweiler Stern, 2009) between infant and parents are vital to the developing infant-parent relationship.

Method This presentation will describe a prospective randomized controlled trial of a brief attachment focused therapeutic intervention in the NICU which integrates joint observation of the baby with the parents and video interaction guidance (VIG). The participants include 80 mothers and their infants born at less than 32 weeks gestation. The participants were randomized to intervention and standard care groups. Follow up occurs at 6-9 months corrected age with video analysis of parent infant interaction; evaluation of parental anxiety, stress, depression and infant development outcomes.

Results Preliminary results will be presented. With consent of parents, video excerpts of preterm babies with their parents will highlight key aspects of the intervention.

Conclusions Implementing and evaluating complex interventions in the NICU poses challenges. Supporting preterm infants and parents during this sensitive period in the NICU is vital for the immediate care of the baby, the developing infant-parent relationship, but also for the future development and well being of the child and his parents.

PS3.5-W1

REFLECTIVE FAMILY PLAY: A TREATMENT MODEL FOR WORKING WITH TWO-PARENT HOUSEHOLDS

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Introduction Reflective Family Play is a treatment model designed to include two parents and their infant, preschooler or siblings (Philipp, 2012; Philipp and Hayos, 2013). It is derived from two evidence-based models: the Lausanne Trilogue Play (LTP) paradigm as well as Watch Wait and Wonder (WWW).

Method Using a standard assessment protocol, the team works to understand where the clinical concerns reside. In two-parent households often the family alliance, as assessed by the LTP, is contributing to the infant or child's presenting issues. In such situations, families are offered an 8-16 week course of RFP. This whole family treatment model borrows from the basic LTP structure for the play in the first part of each session and from some of the WWW reflection techniques for the second part.

Results Viewing the young family as an emergent system can help bring about change during this critical period. By providing a venue for family play, observation and reflection, the therapist helps the parents to observe and shift the ways in which the family system operates. For example, co-parenting issues, parental attunement and sibling struggles can all be addressed using this model. We have seen approximately 20 cases (16 of whom have completed treatment) with a variety of family structures. At exit interviews, parents report reductions in presenting symptoms and improvement in parental confidence

Conclusions Participants will get an overview of the family alliance in the infant and preschool population. They will learn how families are selected for RFP and gain exposure to the basic concepts and structure of RFP through clinical vignettes and video footage from sessions.

PS3.6-W1

INFANT RESEARCH AND NEUROBIOLOGY - IS IT RELEVANT TO OUR CLINICAL PRACTICE WITH PARENTS, INFANTS AND YOUNG CHILDREN?

*Louise Emanuel, Massimo Ammaniti, Robin Balbernie
Tavistock Clinic, London, UK*

Introduction This symposium explores whether and how infant development and neurobiological research influence our parent-infant psychotherapy practice. The presenters include a psychoanalytic parent-infant clinician (Tavistock Clinic), a psychoanalyst and neurobiological researcher from Sapienza University, and a UK parent-infant clinician/author on the application of neurosciences research to clinical work.

Method Psychoanalysis has been confronted by evidence of infant research, opening interesting perspectives about empathy, and inter-subjective exchange, and highlighted by the discovery of mirror neurones. This has taken infant observations to new levels, including 'watching the foetus through echography'. We will discuss the relevance of this research to our clinical practice, and the necessity of expanding theory and technique to include neuro-biological levels of understanding. The Tavistock therapist will link 'traditional' infant observation to new developments in 'observing' babies, and describe clinical situations where an understanding of neuroscience research helped carers to understand their young children's hyper-vigilance or frozen behavior.

Results (Including clinical vignettes). She will also argue that too much research information may inhibit a 'free floating' attention to the clinical material, and interfere with the counter-transference experience. Our UK colleague will describe how an understanding of neuroscience research helps parents reflect on the influence of earlier events on their infant's current responses, illustrating with video material of parent-infant interactions. He will highlight its use in creating a therapeutic alliance, focusing both clinician and parent on the timescale of the windows of opportunity, thanks to neuroplasticity.

Conclusions We hope that discussion of these different areas, presenting research and clinical perspectives, will open up the debate, and develop the thinking about whether and how we might integrate these different areas of expertise into our practice and how it would impact on our intervention technique.

PS3.7 – INTERVENTIONS IN FOSTER CARE: CHALLENGES AND OUTCOMES

Chair: Mirjam Oosterman, VU University Amsterdam, The Netherlands

Discussant: Helen Minnis, Institute of Health and Wellbeing University of Glasgow, Glasgow, UK

PS3.7-S1

MULTIDIMENSIONAL TREATMENT FOSTER CARE FOR PRESCHOOLERS (MTFC-P) FOR YOUNG CHILDREN WITH SEVERE BEHAVIORAL AND EMOTIONAL DISTURBANCES

Caroline Jonkman^{1,3}, Carlo Schuengel^{2,4}, Mirjam Oosterman^{2,4}, Frits Boer^{1,3}, Ramon Lindauer^{1,3}

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Introduction Among children placed out of home behavioral and relationship functioning is often problematic. When placed in foster care, problems often tend to persist or worsen and jeopardize placement stability. Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) is an intensive behavior-focused program for young foster children aiming to improve children's behavior.

Method This study examined the effectiveness of MTFC-P compared to TAU. Effectiveness was measured in terms of decreased problem behavior and improved attachment behaviors. 81 'children-foster parent' dyads were randomly assigned to MTFC-P or TAU. Measures of behavioral functioning and attachment behaviors were collected pre and post treatment. Analyses comparing the effectiveness of MTFC-P and TFC are currently performed. The continuous measures are analyzed with independent t-tests. Fisher's exact tests are used for the categorical data. Effect parameters are presented within a 95% confidence interval.

Results Children (62% boys) were between 32 and 86 months when entering the study ($M = 64.04$, $SD = 12.37$). Children were between 0 and 82 months when removed from birth parents ($M = 36.46$, $SD = 21.14$). All children had experienced at least one placement breakdown ($M = 4.07$, $SD = 1.97$, range = 1-9) and had been exposed to child abuse (N[%]; physical abuse 23[28.4], sexual abuse 8[9.9] and neglect 61[75.3]). We preliminary conducted a pilot study (N=20). Results indicated that variable 'time in MTFC-P' was a strong predictor of behavioral outcomes ($p < .001$, 95% CI = -0.18 to -0.08).

Conclusions We expect to find positive findings for MTFC-P that are in line with previous studies. This study is the first to examine the effects on attachment behavior. Outcomes will generate more knowledge about the effectiveness of an intensive behavioral program, developed to gain stability of placement for foster children.

PS3.7-S2

ADAPTING TO MEET THE NEEDS OF INFANTS AND YOUNG CHILDREN IN FOSTER CARE

Devi Miron Murphy

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Introduction This presentation will describe the current Tulane Infant Team model, present descriptive data on the children involved in the program, and illustrate the assessment and intervention approaches using video presentation.

Method The Tulane Infant Team (since 1994) is a multidisciplinary team of psychiatrists, psychologists, social workers, and infant mental health trainees that serves young children who enter foster care due to abuse or neglect in the New Orleans area. The Team is contracted by the State Department of Child and Family Services to provide intervention to children and their caregivers. Many biological parents are mandated to complete the program as a condition for reunification with their children. The Team simultaneously focuses on efforts to reunify young children with their biological parents while also advocating for quality relationships in foster care.

Results Children are assessed in their foster homes regarding their developmental, attachment, and emotional/behavioral status within 6 weeks of entering care and then later with their biological parents once the parents have been adjudicated by the court system. The majority of the children receive some form of intervention with their caregivers (foster and/or biological). An early study demonstrated the program's effectiveness with a 67% reduction of subsequent abuse or neglect in the same child and a 64% reduction in risk of the abusing mother committing abuse on another child (Zeanah et al., 2001).

Conclusions The Team has faced a number of challenges of attempting to meet the safety, attachment, and psychological needs of young children within the overburdened child welfare and court systems. Current adaptations of the model will be discussed.

PS3.7-S3

MAKING ACCURATE ASSESSMENTS OF MALTREATED CHILDREN COMING INTO FOSTER CARE IN THE CONTEXT OF A RANDOMIZED CONTROLLED TRIAL

Rachel Pritchett, Harriet Hockaday, Janice Bruce, Bridie Fitzpatrick, Fiona Turner-Halliday, Helen Minnis

University of Glasgow, Glasgow, UK

Introduction Young maltreated children coming into foster care are at high risk of mental health and developmental problems. The Best Services Trial (BeST?) is a randomized controlled trial of the "New Orleans Intervention" which aims to improve the mental health of such children. Making accurate developmental assessments in these circumstances is challenging.

Method Since December 2011, the family of every maltreated child, aged 6-60 months coming into care after maltreatment in Glasgow is being offered entry to the trial and more than 60% have agreed. Children are assessed after approximately 4-6 weeks in foster care, and again after 1 year and the principle outcome is mental health. Measures include the Infant Toddler Social Emotional Assessment (ITSEA), cognition (Bayleys or WPPSI), parent-infant interaction (PIR-GAS and a new measure of infant signalling) and, at 1 year follow-up, attachment (Strange Situation Procedure).

Results We will present a description of the mental health, cognitive and attachment profile of this unusually representative sample of maltreated children and discuss some of the challenges in making an accurate assessment when children have just been placed in foster care. The cognitive functioning of a maltreated child can change once settled in a nurturing placement and mental health problems identified upon placement in foster care can be due to transient adjustment reactions to the major changes children have experienced or to more stable disorders. We will present longitudinal findings from children 4-12 weeks after placement and again 1 year later.

Conclusions It is important to conduct holistic mental health and developmental assessments with children after placement in foster care as this can inform management and support of the child and carers, however the effects of major recent life events on the child must be recognized and taken into account.

PS3.8-W1

WHEN TEENS MEET ANGELS: REFLECTING ON SERVING TEENAGE PARENTS IN HONG KONG

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Evangelical Lutheran Church Social Service Hong Kong, Hong Kong, Hong Kong

Introduction Set up in 2008, When Teens Meet Angels is a pioneer project in Hong Kong, sponsored by Partnership Fund for the Disadvantaged, serving teenage mothers, aged 21 or below, and their partners, aged 25 or below, from the deprived community of Yuen Long and Tin Shui Wai, Hong Kong.

Method In collaboration with helping professionals from different fields and members of the community, we devise a three-pronged (educational, preventive and personal) approach to tackle the issue. Our interventions include gender-sensitive counseling, couple's therapy, one-on-one mentorship, community workshops as well as skills-training and developmental groups for teen mothers. Given that the needs of young fathers have never been openly and critically explored in Hong Kong's social work practices, we have also

developed a strength-based program comprising entrepreneurial exercises and volunteer services to empower this marginalized group of young men as well as to help them confront social stereotypes.

Results During the period from 2011 to 2013, we have served 151 teen mothers and 66 young fathers. Participants showed significant improvement in areas of parenting, emotion management and personal development. We have also trained 98 volunteers, mostly housewives from the neighborhood to become mentors to weave a support network for young parents. As for our work with young fathers, a mutual-support group TLC was found in 2011 and the group had won awards for its entrepreneurial and volunteer work. When Teens Meet Angels is selected to be one of the 2013 Best Practice Awards in Social Welfare.

Conclusions Through presentations and a series of artwork, produced by clients and comic artists, we share with helping professionals around the world our experience and practice wisdom so as to facilitate the development of a more comprehensive, cultural and gender-sensitive approach in working with this particularly disadvantaged group of young people.

PS3.8-W2

INNOVATIVE STRATEGIES FOR INTERVENING WITH ADOLESCENT PARENTS AND THEIR INFANTS

Jody Manly, Sheree Toth
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Introduction The Building Healthy Children (BHC) collaborative has successfully integrated home visitation into medical care of babies born to low-income adolescent mothers. Parents receive parenting education, child-parent psychotherapy, and maternal depression treatment through home visitation. The goals are to prevent child maltreatment, improve parent and child health, and enhance family functioning.

Method This randomized trial evaluates combining 3 evidence-based services versus screening and referral to community services only. Families are screened for eligibility (maternal age < 21 at first delivery, no prior CPS indication, and ≤ 2 children younger than age 3) and then randomized into treatment or comparison groups. Treatment families receive Parents as Teachers, Child-Parent Psychotherapy, and Interpersonal Psychotherapy as needed. Participant assessments are performed at regular intervals. Electronic medical record communications and BHC social workers ensure full integration with the medical home. Discussion of audience experience in implementing evidence-based treatment will be facilitated and successful implementation will be addressed.

Results Over 500 families have been enrolled in this unique program. Risk assessments at baseline highlight the multiple challenges for families with adolescent mothers: 37% of mothers were victims of child abuse/neglect, 22% show significant depressive symptoms, and 59% of children are exposed to domestic violence. Preliminary analyses demonstrate program success in avoidance of indicated Child Protective reports and foster placement and high rates of preventive medical care for enrolled children. Children in the treatment group had significantly higher rates of preventive health care than comparison families. Lessons learned have included innovative strategies for engaging, retaining, and treating adolescent parents.

Conclusions BHC offers a unique model of evidence-based home visiting services integrated into primary health care settings. This promising program addresses the multidimensional needs of young at-risk families through integration of proven preventive parenting skills training with depression and trauma treatment. Extensive outreach improves engagement and retention with a high-risk population.

PS3.9-C1

TRAINING PARENT-INFANT PSYCHOTHERAPISTS TODAY – A COMPREHENSIVE ACCOUNT OF AN IN-DEPTH INTEGRATIVE TRAINING PROGRAM

Talia Hatzor, Christine Anzieu-Premmereur
Parent Infant Psychotherapy Program of Columbia University, New York, New York, USA

Introduction We will present a comprehensive account of how we train mental health professionals of diverse backgrounds to provide parent-infant psychotherapy. We will explicate the rationale for the training curriculum with its three main components, and discuss specific intervention techniques taught and ways of supervising trainees' developing clinical work.

Method We will describe this in-depth training, which combines three components: didactic teaching, infant observation seminar, and practical experience in clinical settings. The goal of this psychoanalytically informed advanced training is to enhance the clinician's mind to integrate the infant as an active and creative partner, while being available for the parents' contributions and difficulties. Trainees learn about the intricate process of development and how it can derail from the integration of theory with observational and clinical experience. This enhances the clinician's capacity to understand babies, parents, and treat the relationship between them as they experience it within their psychosocial conditions.

Results Through emphasis on experiential learning that integrates the clinician's own sensitivity in understanding the dyad or triad via infant observation and receptive supervision, we enable them to become clinically aware and technically competent. In this training clinicians develop the following capacities: a sensitive and receptive mind to the difficult emotional experiences of the baby and parents, the value of non-verbal communication, the importance of the clinician as a thoughtful presence, awareness of transferences and countertransferences, and integrations of theoretical perspectives and knowledge, the science of the brain and the science of the mind, and specific techniques of intervention.

Conclusions We developed and will present a sequential, clear, and comprehensive account of the different aspects of training clinicians as infant-parent psychotherapists. This rigorous training of strong theoretical and experiential foundations enables in the therapists important awareness and capacities that will be described as well.

PS3.9-C2

DARING TO LIVE AND TO LOVE: USING AN INTEGRATION OF PSYCHOANALYTIC PARENT-INFANT PSYCHOTHERAPY AND VIDEO INTERACTION GUIDANCE TO BRING A DEPRESSED PARENT AND BABY TO LIFE

Joanna Chapman, Joanna Tucker
OXPIP (Oxford Parent Infant Project), Oxford, UK

Introduction This paper explores the use of parent-infant psychotherapy combined with video interaction guidance (VIG) as part of a preventive-intervention in a community context. Using clinical material, we demonstrate how this combined approach can bring about change in the parent's and infants depressed behaviors, and in their representations of one another.

Method A mother-baby dyad was seen in a children's centre for 33 sessions over nine months. The therapeutic approach involved the development of a strong therapeutic alliance and exploration of unconscious processes impacting on the parent-infant relationship. A range of psychodynamic techniques were used including: identifying the mother's unresolved feelings from her past, and her defences; developing her reflective function; addressing maternal ambivalence; and working with the transference and counter-transference. VIG was introduced to improve the mother's capacity to respond in an attuned way to her baby. A range of clinical data was collected before and after delivery of the intervention.

Results Clinical observation and micro analysis of video material revealed a significant improvement in the quality of the parent-infant relationship. This was reflected in the shift on the PIR-GAS from 'disturbed' to 'perturbed,' demonstrated, for example, by the mother's increased capacity to respond to the baby's initiatives, and to partake in turn-taking vocalizations. Shifts in both the parent's and infants depressed behaviors and in their representations of one another were also evident. The mother reported giving up suicidal ideas, increased self-esteem and an increased capacity to focus on the needs and feelings of both her baby and significant others.

Conclusions The case material demonstrates how the combined use of psychoanalytic parent-infant psychotherapy with VIG can help a parent relinquish entrenched defences and open herself up to loving her baby. This is evident in the shift from maladaptive to adaptive interactions between mother and infant, and mother and therapist.

PS3.10 - RECOGNIZING & GROWING REFLECTIVE PRACTICE IN WEST AUSTRALIAN SETTINGS

Chair: Joanne MacDonald, Edith Cowan University, Western Australia, Australia
Moderator: Lynn Priddis, Curtin University, Perth, Western Australia, Australia

PS3.10-S1

LET'S TALK: EXPLORING THE EXPERIENCE OF REFLECTIVE SUPERVISION APPLIED TO SPEECH PATHOLOGY PRACTICE IN WESTERN AUSTRALIA

Joanne MacDonald
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Introduction Reflective practice and supervision are invaluable components of infant mental health work. In contrast, within Speech Pathology in Australia, supervision is traditionally limited to administrative and technical aspects of practice. There is need for development of affective, relationship focused supervision, without minimizing the necessary development of discipline-specific expertise.

Method In 2012, the Speech Pathologists from Princess Margaret Hospital in Perth, Western Australia (WA) sought funding from the local branch of the Australian Association of Infant Mental Health through scholarships provided by the WA Mental Health Commission, in order to pursue monthly group Reflective Supervision facilitated by an outside consultant. PMH is the states only tertiary level paediatric hospital. The primary aim was the provision of a space promoting reflection - stepping back from the intense experience of clinical work, slowing down processes to consider different perspectives across relationships, the possibility of parallel experiences across domains of relationship.

Results A wide range of clinical scenarios experienced as challenging, a dilemma or interactions which aroused an emotional response were discussed. Regular, collaborative and reflective sessions (guided by the Best Practice Guidelines for Reflective Supervision of the Michigan Association for Infant Mental Health; Heller & Gilkerson, 2009; Weatherstone, 2010) introduced infant mental health constructs, applying these to therapeutic practice across the Speech Pathology department. Self-report measures and descriptive analysis of free text responses collected on completion of this year will be presented.

Conclusions Discussion includes impacts of sessions on the Speech Pathology department, on the Speech Pathologist's experiences of the complexity of their work, and learning gained by the facilitator. Consideration is given to measurement of supervision outcomes, utilizing this information in the service of embedding Reflective Supervision into ongoing practice.

PS3.10-S2

DEVELOPING REFLECTIVE PRACTICE IN SPEECH PATHOLOGY SUPERVISION

Joanne MacDonald, Abigail Lewis
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Introduction A 2012 Health Workforce Australia fellowship, part of a national initiative, was awarded for a project aimed at increasing the quality of Speech Pathology supervision to students on placement. A training model and method of Speech Pathology supervision which emphasises relationship and reflective practice processes as facilitating clinical development was proposed.

Method The training included a one-day workshop and four follow-up group sessions. In the four follow-up groups participants engaged in a reflective process with their peers. Training focused on developing reflective practice skills, seen broadly as the essence of supervision. Acknowledgement and understanding of the influence of relationship factors to both the processes of therapy and supervision, as is beginning to emerge in the Speech Pathology literature, is another component. In this training model, concepts derived from Reflective Supervision, noted as critical for best practice in infant mental health, are applied to the task of supervising Speech Pathology students across a range of clinical contexts.

Results The effectiveness of this training was measured using both qualitative and quantitative methods. Broadly, the results demonstrated Speech Pathology clinical educators were positive about the program and its impact, reporting increased skills and competence in reflective supervision. Further, students achieved discipline specific competencies, assessed on a nationally employed tool (McAllister, Lincoln, Ferguson & McAllister, 2006), at an enhanced rate when supervised by trained clinical educators. Students, however, rated trained clinical educators lower in reflective supervision skills than untrained clinical educators. Emphasis is on qualitative analysis of the data as it relates to the application of infant mental health principles.

Conclusions These results with particular attention to the relevance and significance of infant mental health principles to speech pathology practice, consideration of the responses of Speech Pathologists to the introduction of these concepts, implications for the future training of supervisors and the application of this model to other allied health settings will be discussed.

PS3.10-S3

'OBSERVING, DOING AND FEELING' ACROSS A DISTANCE: HOW DOES THE INTERFACE OF TECHNOLOGY IMPACT ON THE REFLECTIVE SUPERVISION PROCESS?

Rochelle Matacz

Health Department, Perth Western Australia, Australia

Introduction Reflective supervision (RS) supports practitioners in the therapeutic work they do with infants, young children and their families and ensuring a quality service is provided. RS is beginning to gain recognition as an important and essential component of Infant Mental Health (IMH) practice in Western Australia.

Method This paper explores the challenges of building workforce capacity in reflective practice (RP) across Western Australia, which is characterized by an isolated rural population, shortage of RP supervisors and a growing need for skilled practitioners to respond to complex IMH presentations in a relationship based model. The need for distance technology in IMH training has been recognized and methods include telephone, videoconferencing, and in more recent times Skype. This paper will explore the implications of adopting new ways of accessing RS through the use of technology and challenges this brings to maintaining core principles of RP supervision.

Results Case material is presented and how distance impacts on understanding 'the other's experience' in a supervisory relationship is explored. The following questions are addressed: 1. In what way are the qualities of RS (holding, empathic listening, confidentiality & safety) ensured in a supervisory relationship that is characterized by physical distance and an absence of visual interface between supervisor and supervisee? 2. How does the supervisor and supervisee ensure RS is authentic and provides a space which the supervisee experiences a safe relationship to explore the complexities of infant mental health practice? Factors contributing to effective RS using distance are discussed.

Conclusions Ways in which the supervisory relationship can be an authentic experience whilst using interfaces such as Skype to ensure that those most isolated practitioners can access RS to guide and shape their practice with young children and their families, will be reviewed.

PS3.10-S4

REFLECTIVE SUPERVISION AS A CHANGE AGENT IN A WESTERN AUSTRALIAN EARLY PARENTING SERVICE

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Introduction Reflective Supervision has been used to continually improve a service for infants in Perth, Western Australia over the past decade. A multidisciplinary team of allied health professionals uses video interaction in a group setting to intervene with parents and their infant/toddlers who are at risk of relationship difficulties.

Method The program aims to develop the relationships between participating parents and their children. Supervision is held with all staff for two hours immediately after the group, where staff have opportunity to reflect upon their own observations and feelings in the session with each other and with the children or parents they are working with. Parallel processes are thought and wondered about. Transcripts of participant interviews, filmed therapy group sessions for both parents and children, and recorded supervision sessions have been analyzed for themes that illustrate change.

Results Parallel processes were identified with group members and their families; with agency staff; with the organization. The Program is a vehicle of change for participants as parents find themselves reflecting on other significant relationships in their lives and how these impact the current parent-child relationships. The supervision is a vehicle for change for the staff. Over time these reflections have led to genuine change for the program so that today it has evolved to consist of a parents group and a babies group run simultaneously. Change has also occurred within the organization.

Conclusions The workshop presentation will present material from transcripts of participant interviews, filmed therapy group sessions for both parents and children, and recorded supervision sessions to illustrate a model of reflective practice in action and to facilitate discussion about the benefits and challenges of models of reflective practice.

PS3.11—Poster Workshop 5: Preventive Intervention

Facilitator: Reija Latva, Tampere Centre for Child Health Research, University of Tampere, Tampere, Finland

PS3.11-PW1

THE BABY AS A PERSON NOT AS A PATIENT: USING THE NBO IN PAEDIATRIC PRIMARY CARE

Maria Jose Alvarez

Mendillorri Primary Care Health Centre. Pamplona, Spain, Pamplona, Spain

Introduction The quality of early relationships between parents and infants is critical to the socioemotional, cognitive and physical development of children. The baby's temperament and self-regulation are crucial for parent-infant interaction and though partially related to genetics, the epigenetic model suggests that environmental conditions in early life can modify it.

Method The NBO, an interactive relationship-based tool designed to promote positive parent-child relationship, was administered to 300 families during the first paediatric well-child visit. Unlike the traditional medical approach, where the baby is examined in isolation, the NBO requires the clinician to always observe the baby in the presence of the parents. The NBO "gives a voice to the baby"- by pointing out the individual characteristics of the baby, the baby's strengths and challenges and the capacity for self-regulation. The parents are actively involved as partners in the session, so that the NBO "gives a voice to parents".

Results Results showed that the NBO produced a significant increase in parent's knowledge of child behavior ($p = .0001$). It also helped the paediatrician communicate with parents and thus create a therapeutic alliance with them.

Conclusions The NBO is a useful tool that can enhance the parent-infant relationship and can be easily added to the traditional well-child visit in paediatric primary care.

PS3.11-PW2

THE EFFECTS OF AN INFANT-FOCUSED FAMILY-CENTERED HOSPITAL AND HOME VISITING INTERVENTION ON REDUCING POSTPARTUM MATERNAL DEPRESSION SYMPTOMS

Jessica Bartlett

Brazelton Touchpoints Center, Boston Children's Hospital, Boston, MA, USA

Introduction Postpartum depression (PPD) is common among women in the U.S., with a prevalence of 11-20% for new mothers. Relationship-based interventions may reduce PPD, but few cost-effective, efficient tools are available. This study examines the efficacy of a promising system for reducing PPD symptoms, the Newborn Behavioral Observations (NBO).

Method This study used a randomized controlled trial with a sample of 106 first-time mothers and newborns. Experimental group dyads participated in the NBO in the hospital at birth and at one month later at home. Control group dyads received routine care. The NBO's 18 neurobehavioral observations yield a profile of the infant's autonomic, motor, state organization, and attentional-interactive repertoire; clinician and parents then develop a plan to foster positive parent-infant interaction. Mothers completed the Edinburgh Postnatal Depression Scale (EPDS) assessing PPD. Multiple logistic regression tested the NBO's effect on PPD symptoms, adjusting for hospital, infant gender, and mother's education.

Results Ten (9%) mothers had elevated PPD scores ($EPDS > 12$). Significantly fewer intervention group mothers had elevated PPD scores ($OR = 0.20$, $95\% CI = 0.02 - 1.11$; $p = 0.05$). The association between intervention and elevated depressive symptoms was 0.23 ($95\% CI = 0.05 - 1.14$; $p = 0.09$); 4% of mothers in the intervention group and 16% of mothers in the control group reported elevated depression symptoms at one month postpartum, suggesting that the NBO reduced the risk of major depression by over 75% during the first month after birth. A similar trend emerged when adjusting for hospital, infant's gender, and mother's education ($95\% CI = 0.04 - 1.32$; $p = 0.07$).

Conclusions The NBO is a promising, efficient, cost-effective, strengths-based, relationship-based method for reducing the likelihood of PPD symptoms in postpartum mothers that can be conducted in both medical and home settings.

PS3.11-PW3

EFFECTIVENESS OF A NURSING INTERVENTION FOR RELATIONSHIP-BUILDING BETWEEN JAPANESE PARENTS AND THEIR PROBLEMATIC BREAST-FEEDERS, USING THE NEWBORN BEHAVIORAL OBSERVATIONS SYSTEM

Eiko kashiwabara

Japanese Red Cross College of Nursing, Tokyo, Japan

Introduction Most Japanese women want to initiate breastfeeding immediately after birth. If the baby has difficulty feeding, mothers may begin to doubt their ability as mothers. This study examined the effectiveness of a nursing intervention using the NBO on parents' understanding of their infants' behavior and their confidence as mothers.

Method This was a mixed methods study using quantitative and qualitative analyses. Participants were breastfeeding mothers of healthy newborns, whose babies who were not sucking well. 11 mothers and fathers agreed to participate. The NBO session was conducted with each mother and infant or mother, father and infant, in the hospital at 3-7 days and at home at 2 weeks, 1, 2 and 3

months. Parent's understanding of their baby's behavior was measured using the Brazelton Institute Parent Questionnaire and qualitative data were collected through semi-structured interviews.

Results Results showed that participation in the NBO was related to an increased understanding of their baby's behavior, closer ties between parents and their infants and an increase in parental confidence. When both fathers and mothers participated in the NBO together, compared with the participation of mothers only, as long as the mother's mental state had stabilized from the time of the first NBO intervention, both fathers and mothers enjoyed positive interactions with their infants.

Conclusions An early nursing intervention using the NBO was effective in increasing parent's understanding of their baby's behavior and promoting positive mother-child and father-child interaction in a Japanese setting.

PS3.11-PW4

RELIABILITY AND VALIDITY OF THE NEWBORN BEHAVIORAL OBSERVATION (NBO) SYSTEM TO IDENTIFY NEWBORN NEUROBEHAVIORS

Beth McManus^{1,2}, Dawn Magnusson³, Kevin Nugent²

¹University of Colorado, Aurora, CO, USA, ²Brazelton Institute, Boston, MA, USA, ³University of Wisconsin, Madison, WI, USA

Introduction The NBO assists clinicians in identifying and interpreting newborn neurobehaviors with the goal of enhancing parent-infant relationships. Rooted in neurobehavioral theory, 18 observed and elicited maneuvers address autonomic, motor, state organization and responsivity with each item scored on a 3-point scale. This study explores the psychometric properties of the NBO.

Method The study sample was drawn from a clinical database of 210 caregiver-newborn dyads who participated in a NBO intervention as part of their typical clinical course. Complete NBO records and parent questionnaires were available for 186 newborns. Reliability was calculated for items within 3 of the 4 AMOR systems. The correlation between total NBO scores and gestational age was calculated to determine validity. Associations between parent reported knowledge about their baby's behavior gained from the NBO and parent-reported 1) ability to interact with their baby, 2) parenting confidence, and 3) maternal characteristics were examined.

Results Among 7 motor domain items, reliability was .79. Among 5 state organization domain items, reliability was .81. Among 5 responsivity items, reliability was .82. Greater gestational age was positively associated with NBO scores (beta =0.28, p=.0001). Greater knowledge about their infant's behavior post-NBO was positively associated with parent-reported ability to interact with their infant (beta = 0.21, p=0.003), confidence with parenting (beta = 0.22, p=.002), and was higher among non-English speaking (beta = 0.31, p<.001) and primiparous mothers (beta = 0.20, p=.006). Less educated mothers reported greater ability to address their infant's crying after the NBO (beta = -0.19, p=.008).

Conclusions The NBO appears to reliably and validly identify newborn behaviors within a theoretically sound neurobehavioral framework. The NBO has the potential to be an important tool for newborn clinical decision-making and outcomes research, yet more research is needed.

PS3.11-PW5

INTRODUCING THE NEWBORN BEHAVIORAL OBSERVATION INTO A MATERNITY HOSPITAL: THE POWER OF BABIES MEETING THEIR MOTHERS AND FATHERS (AUSTRALIA)

Campbell Paul^{1,2}, Susan Nicolson¹, Naomi Thomas¹, Megan Chapman¹, Frances Salo^{1,3}, Fiona Judd^{1,3}

¹The Royal Women's Hospital, Melbourne, Victoria, Australia, ²The Royal Children's Hospital, Melbourne, Victoria, Australia, ³The University of Melbourne, Melbourne, Victoria, Australia

Introduction A new training centre for the Newborn Behavioral Observation (NBO) has been established at a maternity hospital in collaboration with an affiliated paediatric hospital with the aim of enhancing the development of sustained healthy infant- parent relationships in the newborn period.

Method The NBO is a structured interaction sensitively administered by a trained clinician, along with the parents of the newborn infant and is designed to identify the baby's unique behavioral capacities. The NBO training centre has commenced training maternity and neonatal staff with the aim of encouraging the administration of the NBO as a routine with most infants and their parents prior to discharge from hospital. It is anticipated that staff trained in the NBO will have an increased awareness of the infant's perceptual, self-regulatory and relationship capacities, and will be able to share this awareness with the baby's parents.

Results The NBO training has been received enthusiastically by the first groups of staff trained. Fathers especially seemed excited and moved to be able to meet their newborn infants in this supported way. Initial experience suggests that parents of infants in the paediatric neonatal intensive care unit found the NBO enabled a deeper understanding of the emotional experience of the premature or sick baby and that this supported the development of their relationships. The training will be made available to infant and perinatal health practitioners working with a broad range of families in the community, including those at high risk.

Conclusions The Newborn Behavioral Observation method appears to have a high level of acceptance among staff and parents in the maternity and paediatric context and has the potential to significantly consolidate sensitive and responsive infant-parent relationships in the newborn period.

PS3.11-PW6

USING THE NEWBORN BEHAVIOR OBSERVATION (NBO) IN AN URBAN EARLY INTERVENTION PROGRAM WITH AT-RISK INFANTS.

Gaylen Plant, Aditi Subramaniam
Boston Children's Hospital, Boston, MA, USA

Introduction The purpose of this poster is to use the NBO in an Early Intervention setting, to assess at-risk infant's development and foster the parent infant relationship, by gathering parent perceptions of their infant, to further inform intervention strategies.

Method EI is a developmentally informed home visiting program that applies to children 0-3 who are at risk and are recognized as having a delay and/or condition impacting their development. The methodology consisted of self-report questionnaires from parents, before and after encountering the NBO. The questionnaire measured parent's perceptions of infant's abilities, the infant's competencies and the parent's confidence in their ability to support their infant, within the parent-child relationship. The intention of this study is to collect relevant information that will inform intervention strategies in the EI setting.

Results The implications of the study are for the EI home visitor to weave these initial NBO experiences into developing parent-child outcomes and strategies that promote the infant's ongoing developmental needs.

Conclusions The analysis will show a translation from the initial NBO experience with the parent to formulation of the outcomes and strategies. This will guide the home visitor in continuing to scaffold the infant's development and foster an attuned parent-child relationship.

PS3.11-PW7

THE EFFECTS OF THE NEONATAL BEHAVIORAL OBSERVATION (NBO) ON PARENT PERCEPTION AND ENHANCEMENT OF THE PARENT-INFANT RELATIONSHIP

Emily Savage-McGlynn^{1,2}, Joanna Hawthorne²

¹National Perinatal Epidemiology Unit, University of Oxford, Oxford, UK, ²The Brazelton Centre in Great Britain, Cambridge, UK

Introduction Early relationships between infant and caregiver are crucial for a child's healthy development. New parents can have difficulties understanding the needs of their baby and what their baby is trying to communicate. Programs aimed at improving parents' responsiveness and skills can result in positive outcomes in the short- and long-term.

Method The Neonatal Behavioral Observation (NBO) is a relationship-based tool designed to foster the parent-infant relationship by observing the infant's behavioral capacities and identifying the kind of support the infant needs for his successful growth and development. As part of their NBO training, practitioners asked parents to complete a questionnaire before and after the NBO administration (N=543). The questionnaire aimed to ascertain the extent to which the NBO had altered their feelings of connectedness with the baby, their comfort levels with the infant, and how well they knew their infant. Pre-NBO questionnaire responses were compared with those post-NBO.

Results After the NBO assessment, parents reported feeling considerably closer to their baby, more confident in their parenting capacity and how to effectively respond to their infant, how to help their infant with sleep and crying, and felt they knew their baby significantly more. Parents viewed the NBO as an important learning experience that would contribute to their role as a parent. Overall, results suggest that NBO participation is a positive experience for parents in learning about their infant.

Conclusions Compared with pre-NBO parent questionnaires, parents are learning a great deal about their infant over the course of the NBO assessment. NBO can be seen as a tool that offers individualized information to parents about their baby, offering the opportunity to promote a positive bond between parent and child.

WAIMH AFFILIATE PRESIDENTS' RECEPTION

1715 - 1845

CONGRESS SESSIONS
MONDAY 16TH JUNE

MASTER CLASS LECTURES
0800 - 0855

M6 - THE INFANT SOCIALIST

Sebastian Kraemer, Whittington Hospital, London, UK

Consider how society would be organized if designed by infants. The probable answer is something similar to human organization as it existed for hundreds of thousands of years until hunting and gathering was marginalized by agriculture, leading to far greater inequalities than had previously existed in our species. Of course we can't go back to that way of life, nor should we assume that it was idyllic, given the likely rates of infant and maternal mortality, but we can – must – learn from our evolutionary heritage. Modern studies on the development of fetus and infant, from psychoanalysis and attachment theory to elegant observations of triangular relationships in the early months show how well designed infant humans are for a rich social life. Fivaz-Depeursinge et al (2012) studied children a few months old clearly managing conflict between their parents. The psychoanalyst Harold Searles' pronouncement that "...innate among the human being's emotional potentialities, present in the earliest months of postnatal life, is an essentially psychotherapeutic striving" (Searles 1979) can be modified to include systemic skills.

"Compared with other primates, humans are uniquely cooperative, and that it was precisely cooperation in child care that gave rise to this general bent" (Konner 2011). I want to present some data – economic, anthropological and developmental – to get a discussion going in the group of those attending as to why the infant's view of the world has been so successfully disqualified. What infant observation shows is that humans have very powerful means of communicating love and hate without violence, yet our present social state depends on considerable abuses of these powers.

M7 - TECHNIQUE OF COMMUNICATING WITH BABY IN PARENT-INFANT PSYCHOTHERAPY

Christine Anzieu-Premmeur, The Columbia University Psychoanalytic Center for Training and Research, New York, USA

My proposition is that the Psychotherapist has to keep in mind how to be playful, as he or she has to keep in mind the analytic frame in order to be able to interpret. While being attentive to the parents' needs and concerns, is essential with non-verbal infants to talk directly to the baby with emotional attunement. With toddlers, the therapeutic intervention is based on the creation of a transitional space and the capacity to play. Clinical examples will show those techniques.

M8 - INTERGENERATIONAL TRANSMISSION OF DISRUPTED FIRST RELATIONSHIPS – A CLINICAL PERSPECTIVE FROM THE FIELD OF INFANT MENTAL HEALTH IN SOUTH AFRICA

Astrid Berg, Red Cross War Memorial Children's Hospital, Cape Town, South Africa

The disruption of family life is a collective burden which many countries with colonial histories face. In South Africa this has led to a repetition of disrupted first relationships with serious psychological consequences. Theories regarding the intergenerational transmission of trauma will be described, followed by a clinical vignette. The importance of helping to remember the past and for enabling reflective functioning to be re-established will be emphasized.

M9 - NEUROBIOLOGY AND ATTACHMENT: THE ROLE OF THE MIRROR NEURON SYSTEM

Massimo Ammaniti, Sapienza University, Rome, Italy

As Bowlby (1988) outlined "a feature of attachment behavior of the greatest importance is the intensity of the emotion that accompanies it". Considering different attachment patterns secure children manifest greater psychological intimacy with attachment figures accompanied by empathy and greater understanding of emotions in others. In recent years it has been explored the neurobiological basis and particularly the role of the orbitofrontal cortex (Schore, 2000, 2002) in the affective mechanism of attachment. Specifically empathy and emotional resonance have been connected to the recent discovery of mirror neurons, which are activated not only during goal-directed actions but also at the sight of object-oriented actions performed by other individuals (Rizzolatti et al., 1996; Gallese et al., 1996). The implications for humans are discussed especially for emotion perception (Carr et al., 2003). In this regard it has been proposed a common functional mechanism, embodied simulation which can account for this variety of intersubjective phenomena. Starting from these observations it has been carried out a research to explore brain activations in areas related to emotions, empathy and attachment in dismissing and secure subjects. Female subjects underwent fMRI sessions during which were presented pictures of children aged from 6 to 12 months of 3 main facial expressions (joy, distress and neutral) and were instructed "to watch and imitate the children's expressions" and "observe and try to empathize with the children's expressions". fMRI data show that brain activations in dismissing subjects differ from those of secure subjects. Contrary to our hypotheses while empathizing, dismissing subjects activate several areas to a greater extent than secure subjects, including the mirror and limbic systems. On the other hand dismissing subjects deactivate fronto-medial areas. It is suggested that hyperactivation in dismissing subjects of limbic and mirror areas may reflect an implicit and unmodulated emotional involvement, whereas deactivations of the mOFC/pACC may reflect the emotional disinvestment toward attachment relationships. This emotional dysregulation may be connected to the reactivation of infantile memories of parental rejection toward own attachment needs.

M10 - AMAE AND COMMUNICATIVE MUSICALITY

Hisako Watanabe, Keio-University, Tokyo

Infants are receptive to simple small changes of moods and movements in their mothers' care. Amae, a Japanese word for things sweet and intimate represents an affective aspect of attachment which is part of Japanese culture but also a form of universal communicative musicality. This lecture will focus on enhancement of Amae to prevent and treat transmission of grief and trauma to infants.

PLENARY LECTURE 3 0900 - 1015

Moderator: Kai von Klitzing, University of Leipzig, Germany

DAN STERN MEMORIAL LECTURE

Karlen Lyons-Ruth, Harvard Medical School, Boston, USA

Traditional trauma theory has emphasized a 'fight or flight' model of trauma, with predator attack as the prototypic threat and fight, flight, or freeze as the prototypic responses to such a threat. However, this model fits poorly to the prototypic threats and responses of infancy. In this plenary lecture, Dr. Lyons-Ruth will examine the infant and child behavior patterns that develop in response to maternal withdrawal from the child's attachment cues. She will then review evidence that early maternal withdrawal and later maltreatment contribute in distinct ways to emotional dysregulation later in development, including borderline psychopathology and suicidality. Finally, she will review new evidence for differential effects of early withdrawal and later maltreatment on amygdala structure. From these sources of evidence, a developmentally graded model of trauma, threat, and response to threat will be developed that is more specific to infancy.

Award Ceremony: Sonya Bemporad Award

PARALLEL SESSION 4 10:45 – 12:15

PS4.1 – IL2

UNIVERSITY-COMMUNITY PARTNERSHIPS, INFANT MENTAL HEALTH, AND SYSTEMS CHANGE

INTRODUCTION

Hiram E. Fitzgerald

Michigan State University, USA

KNOWLEDGE, ENGAGEMENT & HIGHER EDUCATION: CONTRIBUTING TO SOCIAL CHANGE

Cristina Escrigas

Global University Network for Innovation (GUNI), Barcelona, Spain.

The term "engagement" refers to collaboration between universities and targeted communities for the mutual beneficial exchange of knowledge and resources in a context of partnership and reciprocity. Higher education has the opportunity, in collaboration with civic society and other knowledge-workers, to lead society in generating global knowledge to address global challenges, particularly those embedded within complex systems such as those affecting the provision of optimal development of the very youngest children of the world. The Global University Network for Innovation and all of its partner organizations challenge higher education to work collaboratively with community partners to advance the movement of transformative knowledge to drive social change including that necessary to support early childhood development.

SYSTEMIC ENGAGEMENT: UNIVERSITIES AS PARTNERS IN SYSTEMIC APPROACHES TO COMMUNITY AND SYSTEMS CHANGE

Miles A. McNall, Robert E. Brown, Jessica V. Barnes-Najor, Nicole C. Springer, & Hiram E. Fitzgerald

Michigan State University, USA

We argue that the lack of progress in managing complex social problems is in part due to the predominance of the university-driven, isolated-impact approach. We describe an alternative approach, called Systemic Engagement (SE), which involves universities as partners in systemic approaches to community change. We present eleven good practices for SE and describe the roles universities might play in each practice.

COMMUNITY BASED PARTICIPATORY RESEARCH, AMERICAN INDIAN EARLY CHILDHOOD EDUCATION, AND SYSTEMS CHANGE

Hiram E. Fitzgerald, Jessica V. Barnes-Najor, Patricia Farrell (Taos Pueblo), Hope Gerde, & Ann Belleau (Ojibwe)

Michigan State University and Inter-Tribal Council of Michigan, USA

We illustrate how a community based participatory research approach facilitated and led to a long-term relationship with Michigan's

Tribal very early childhood education system. Evidence of systems effects on very young children's behavior are presented. In addition, we illustrate how the partnership led to the university's role in national efforts to enhance the quality of early childhood educational experiences through home visiting and center-based programs for Tribal children.

PUBLIC POLICY PERSPECTIVES ON UNIVERSITY-COMMUNITY ENGAGEMENT

Paul Manners

National Coordination Centre for Public Engagement in the UK

It is now recognized that while university-engagement can deliver great benefits to both researchers and communities, it is often a marginal and under-valued activity within universities. This presentation explores developments in the UK to shift the policy and funding infrastructure to address this problem and catalyse a lasting change in research culture and practice. It will draw out the lessons learned and their implications.

PS4.2 - EARLY SEVERE DEPRIVATION: OUTCOMES AT 12 YEARS

Chair: Charles Zeanah, Tulane University, USA

Moderator: Alicia Lieberman, University of California San Francisco, San Francisco, CA, USA

PS4.2-S1

PSYCHOSOCIAL DEPRIVATION AFFECTS BRAIN GROWTH AND ACTIVITY

Nathan Fox

University of Maryland, College Park, MD, USA

Introduction Young children exposed to severe deprivation are at risk for a number of deficits in cognitive and social behavior. The Bucharest Early Intervention Project examined the underlying brain mechanisms associated with these deficits by assessing brain structure and functioning and the link between these structural differences and behavior.

Method Young children living in institutions were assessed using measures of brain electrical activity (EEG). Following randomization to either foster care intervention or care as usual, follow up assessments of EEG were completed at 42 months and 8 years of age. In addition, at 8 years of age children underwent structural MRIs which quantified total brain volume as well as gray and white matter. Statistical analyses examined the links between EEG activity and structural measures of brain.

Results Children living in institutions displayed significantly less mature brain activity: decreased EEG alpha and beta bands and heightened theta power. By 8 years of age children removed from institutions and placed into family homes prior to the age of 24 months displayed EEG activity that was indistinguishable from community controls. However, children removed from institutions after 24 months of age were comparable to care as usual children. Gray and white matter volume was reduced in children raised in institutions. Analyses revealed that the EEG activity differences identified earlier were a function of differences in white matter volumes.

Conclusions Extreme psychosocial deprivation leads to deficits in brain activity and gray and white matter volume. EEG patterns reflect developmental delay and are mediated in part by deficits in white matter volume. Brain structure and functioning are compromised by early experiences of adversity.

PS4.2-S2

EARLY PROFOUND NEGLECT IMPACTS BRAIN AND NEUROPSYCHOLOGICAL DEVELOPMENT

Charles Nelson

Harvard Medical School, Boston, MA, USA

Introduction Young children experiencing early, prolonged and severe psychosocial deprivation often display atypical patterns of brain growth and function. The Bucharest Early Intervention Project examined the underlying brain mechanisms associated with these deficits by assessing neuroanatomy and neural function using structural MRI, Diffusion Tensor Imaging and a battery of neuropsychological tests.

Method Following randomization to either foster care intervention or care as usual, follow up assessments of neuroanatomy and neural function were made when children were between 8 and 12 years of age. A third group of never institutionalized children (NIG) was also tested. At both 8 and 12 years of age, a variety of executive function and memory tasks were administered; between 8 and 10 years of age, sMRI and DTI was performed.

Results Reductions in cortical gray matter were observed among the EIG compared to the NIG; no differences were observed between the FCG and CAUG. In contrast, a modest intervention effect was observed for white matter, with the FCG showing increases relative to CAUG. DTI analyses revealed that mean and radial diffusivity, and fractional anisotropy, were reduced among the EIG vs. NIG; as with gray matter, no intervention effects were observed. Finally, at both 8 and 12 years impairments in both executive functions and memory were observed among the EIG compared to the NIG; again, no intervention effects were observed.

Conclusions Exposure to early institutionalization leads to deficits in gray and white matter volume, functional connectivity, and executive functions and memory; modest improvement in cortical white matter was observed among the FCG. Discussion will focus on interpreting the effects of psychosocial deprivation on brain development and the lack of intervention effects.

PS4.2-S3

PSYCHOPATHOLOGY AT AGE 12 YEARS IN CHILDREN WHO EXPERIENCED INSTITUTIONAL REARING

Charles Zeanah

Tulane University, New Orleans, LA, USA

Introduction Institutional rearing increases risk for a variety of psychiatric disorders. The Bucharest Early Intervention Project (BEIP) is the first RCT to evaluate foster care as an intervention for institutionalized children. At 54 months, children placed in foster care had significantly fewer internalizing disorders/symptomatology, but the effects were limited to girls.

Method At 12 years of age, children participating in the BEIP were assessed comprehensively with a variety of brain and behavioral measures. All children with IQs of 70 or greater and all parents/caregivers were interviewed with the DISC, the Disturbances of Attachment Interview, and the Inventory of Callous Unemotional Traits. The sample comprised 52 children randomized to care as usual, 51 children randomized to foster care, and a comparison group of 47 children with no history of institutional rearing (typically developing Romanian children). Algorithms were applied to yield symptoms scores and categorical disorders.

Results In the CAUG, 42% had a definite disorder and another 32% had intermediate signs of a disorder (at least half of the signs positive and associated functional impairment). In contrast, 33% of the children in foster care had a definite disorder and another 26% had intermediate signs of a disorder and 15% of the never institutionalized children had a definite disorder and another 19% had intermediate signs of a disorder. In contrast to when the children were 4 years of age, effects were more pronounced for externalizing than for internalizing disorders.

Conclusions Institutional rearing confers large risks for psychopathology. Risks in children on the threshold of adolescence are most apparent in externalizing disorders, and these are only partially moderated by subsequent enhancements in caregiving quality. Particular types of psychopathology such as ADHD and CU traits are especially prevalent following severe deprivation.

PS4.3 – EARLY BEHAVIORAL DYSREGULATION: WHAT DOES IT MEAN AND HOW DO WE MEASURE IT?

Chair: Jean Thomas, George Washington University

Moderator: Vibeke Moe, Centre for Child and Adolescent Mental Health East, Oslo, Norway

PS4.3-S1

DIAGNOSING BEHAVIOR DYSREGULATION IN CHILDREN UNDER AGE 3

Karen Finello^{1,2}

¹*WestEd, Sacramento, CA, USA,* ²*Univ of Southern California, Los Angeles, CA, USA*

Introduction Diagnosis of behavior dysregulation in very young children is a continuing challenge to the field of infant mental health. The broad diagnostic categories available within DSM, ICD, and DC: 0-3 systems do not capture the complexity of young children's conditions or adequately meet the needs of clinicians designing interventions.

Method Diagnostic information gathered at intake for a clinical population under age 3 referred for mental health services in a comprehensive early childhood program in Los Angeles, California will be presented. This includes DC: 0-3R diagnoses, used for treatment planning, and DSM-IVR diagnoses, used for financial reimbursement, along with parent reports of behavioral concerns captured by the Ages and Stages-SE and additional caregiver information related to family risk. Data is available for 90 children (86% Latino and 59% male) who had a mean age of 20.2 months at intake.

Results Nearly 25% of children were diagnosed with some type of regulatory disorder on the DC: 0-3R. An additional 5% were diagnosed with feeding disorders and 15% with adjustment disorders. The primary diagnosis seen using a crosswalk to DSM-IVR criteria was "Disorder of Infancy, Childhood or Adolescent NOS," involving nearly 55% of the sample. Disruptive Behavior Disorders, typically associated with significant tantrums, crying and aggressive symptoms seen in children with behavior dysregulation, were seen in 20% of the sample. Caregiver data on family risk indicated highly stressful and disruptive living situations for the children and caregivers.

Conclusions Dysregulation of behavior in very young children combined with high levels of familial risk elevates clinical concerns regarding confounding characteristics that create treatment complexity, require high levels of service intensity, and highlight significant concerns for the child's developmental trajectory. Modifications to diagnostic systems to create more comprehensive diagnoses are needed.

PS4.3-S2

APPLICABILITY OF THE INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (ITSEA) FOR ASSESSMENT OF 12-MONTH-OLD CHILDREN: SOME PROS, SOME CONS AND SOME QUESTIONS

Nina Sanner, Vibeke Moe

Centre for Child and Adolescent Mental Health Eastern and Southern Norway (RBUP Oslo), Oslo, Norway

Introduction The Infant Toddler Social Emotional Assessment (ITSEA) is a recommended checklist when assessing symptoms in 12-35 month old children. However, a large difference exists between the behavior repertoire of 12 month old toddlers and 35 month old preschoolers. What special considerations should be taken into account when assessing the youngest?

Method ITSEA reports from a subsample of 86 parents of 12-month-old children participating in the Norwegian longitudinal "Little in Norway" (LIN) population study are explored. At 6 months, the children were assessed using the Bayley III screener and parents

completed the Parental Stress Index (PSI, long version). Parents of 40 screen positive children and 46 children without prior risk completed the ITSEA through a telephone interview with a clinical psychologist. Standard instructions were followed during the interview, but parents were initially instructed to feel free to comment and to report items that were age-inappropriate. All comments and questions were registered.

Results Nearly all parents reported a need for guidance, with only one respondent asking no questions. Most respondents asked 3-4 questions (Mode=3, median=4), but some respondents asked up to 12 questions. There were no significant differences in the number of questions asked between the control group (M=4.43) and the group of parents of children with known prior risk (M=4.93), $t(82)=0.905$, $p=0.368$. Items concerning aggression, attachment and the child's intra-subjective experiences were most frequently questioned. Most of the parents (92.9%) also commented that several items seemed more suitable for older children (Mode=4, maximum =15) and became confused concerning what to answer.

Conclusions The ITSEA manual recommends a questionnaire format, but leaves the choice between questionnaire versus interview format open. This study suggests that the ITSEA should be administered as an interview when assessing the youngest children, with all interview administrators trained in infant mental health in order to answer parent questions.

PS4.3-S3

EARLY DISRUPTIVE BEHAVIOR: WHAT DOES IT MEAN? CO-MORBIDITY GUIDES ASSESSMENT AND TREATMENT

Jean Thomas

George Washington Univ, Washington, DC, USA

Introduction Young children presenting with disruptive disorders typically are diagnosed with one of three DSM-IV diagnoses: Oppositional Defiant Disorder (ODD), Disruptive Behavior Disorder Not Otherwise Specified (DBD NOS) or Attention-deficit Hyperactivity Disorder (ADHD). A better understanding of biological and environmental factors that shape early onset disruptive patterns is required (NIMH, 2001).

Method Two co-morbid groups were clinically defined as: 1) Disruptive/Neurodevelopmental (cognitive, language, motor and neurobehavioral difficulties) and 2) Disruptive/Not Neurodevelopmental (anxiety and/or depressive symptoms). Children aged 2 to 3.5 years who had significant impairment and were not on the Autistic Spectrum were included. Primary caregivers(s) were interviewed using the Preschool Age Psychiatric Assessment (PAPA). A parent-child relational protocol provided systematic observations on parent-child interactions. Additional data was gleaned from the Bayley Scales of Infant Development-II, the Brief Rating Inventory of Executive Behavior-Preschool Age, and the Child Behavior Checklist-2/3. Data was available for 165 children. Slightly more than 50% were Medicaid recipients.

Results Two early onset disruptive groups can be diagnostically distinguished. The Bayley Scales of Infant Development II and the Brief Rating Scale for Executive Function-Preschool Age both demonstrated significant differences between the two clinically defined diagnostic patterns. The Brief Rating Scale for Executive Function-Preschool Age and the Bayley Mental Scales were also significantly related to each other. In addition, the Child Behavior Checklist indicated significantly higher internalizing scores in the Not Neurodevelopmental group as compared with the Neurodevelopmental group. Videotaped parent-child relational observations augmented clinical understanding and can also augment the diagnostic and treatment processes.

Conclusions Co-morbid diagnoses are key to understanding a young child's behaviors. Three risk domains must also be considered: child, parents, and parent-child relationships. Distinguishing different developmental patterns within the caregiving context is critical to the identification of co-morbid diagnostic patterns, which can be used to guide intervention and prevention strategies.

PS4.4-W1

RELATIONAL PROCESSES AND REFLECTIVE PRACTICES FOR WORKING WITH IMMIGRANT AND INDIGENOUS FAMILIES WITH INFANTS AND YOUNG CHILDREN

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Introduction Given gaps in infant mental health research and practice with indigenous peoples and immigration, other knowledge bases are needed. Immigrants and indigenous peoples possess extensive knowledge about infant mental health and the conditions and contexts that promote and disrupt it. Many of them consider this knowledge precious, and often sacred.

Method Access to this knowledge may be earned through relational processes that ensure that it will be used only as and when directed by its guardians. Learning from marginalized communities requires a reformulation of professional relationships to 'the other'. The professional discourse, procedures, and conventions used to elaborate these relationships may be at odds with the precious and often sacred place that babies occupy in families. Professional communication with adult caregivers about their babies is shaped by professional training and culture, and by the power imbalance inherent in service provider and recipient roles. This can recapitulate the disempowering experiences of otherness.

Results Horizontal relationships privileging equilibrated reciprocity and mutual recognition enables practitioners to enter into adult caregivers' relationships with their babies. Such characteristics of relationships are often cultural norms within a wide range of communities. They also may be found in the sensitive and responsive mutual regulation of infant-adult caregiver interactions. Horizontal relationships can help bridge the self-other divide, rebalance power, and facilitate family caregivers' reflections on the challenges and choices they face in raising their children in multiple cultural contexts. Through these relationships, the process of learning together about self-other differences ultimately reveals ways in which we are all the same.

Conclusions In this interactive workshop, the presenters will reflect on their clinical and migration experiences and will invite participants to do the same, to discover together that sharing such reflections illuminates the blind spots of our formal professional expertise: that babies and parents, immigrant or indigenous, are often our best teachers.

PS4.5-W1

ADDRESSING THE NEEDS OF YOUNG CHILDREN IN US MILITARY FAMILIES: APPLYING INFANT MENTAL HEALTH PRINCIPLES TO A HOME-BASED POST-DEPLOYMENT INTERVENTION

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Introduction Very young children are disproportionately represented in US military families where one parent has served in the wars in Afghanistan and Iraq. Research examining the experiences of these children has begun to emerge, but few evidence-based interventions are available to ameliorate the impact of deployment related attachment disruptions.

Method To address the gaps in services for US military families with children 0-5, a series of treatment-development studies were conducted to 1) assess the psychosocial needs of young children in families post-deployment, 2) pilot an intervention to address parenting and combat stress, and 3) conduct an RCT to test the efficacy of the intervention. Study 1 included qualitative interviews with 85 service members and spouses. Findings were used to develop an 8-session home-based intervention which was piloted with 9 families in Study 2. Necessary revisions were made before including 116 families in an RCT in study 3.

Results This presentation will report on 3 aspects of the studies. First, we will review select themes from qualitative interviews with service members and spouses focusing on the child's understanding of deployment and its impact on the family and the parent-child relationship. Second, we will describe the 8-session home-based intervention designed to enhance parental reflective functioning and family cohesion. Specific techniques for addressing the impact of separation and combat stress on parenting and the parent-child relationship post-deployment will be included. Finally, we will present a detailed case study of a family who participated in the RCT, including parent-child video interactions.

Conclusions Results from these studies demonstrate the feasibility of using infant mental health principles to ameliorate the impact of deployment-related stressors for young children in military families. The audience will be invited to discuss attachment-focused treatments addressing prolonged separations and examine the relevance of this new intervention for international populations.

PS4.5-W2

OFFENDING FATHERS: PREPARATION FOR CHILD-PARENT PSYCHOTHERAPY WITH PERPETRATORS OF IPV

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The deleterious impact of child exposure to Intimate Partner Violence (IPV) is well documented in the literatures of developmental psychopathology, trauma, and interpersonal-violence, demonstrating adverse impacts across domains of affect regulation, physiology, and cognition. There is increasing awareness of the especially damaging effects of exposure to traumatic stress in infancy and early childhood in terms of brain development and alterations in the developing stress response system. Clinical intervention for young children exposed to violence is most typically conducted with the non-abusing caregiver and child. Work with the non-abusing primary caregiver cannot be underestimated given the fundamental importance of this attachment relationship in determining posttraumatic adjustment. However, this emphasis has meant that the relationship between the child and perpetrator of violence is typically not the focus of clinical attention. Issues such as actual safety, lack of abusive partner accountability, system/worker bias, legal constraints, and lack of reliable assessment to determine if an abusive partner is appropriate for parent-child intervention have all been understandable determinants in the lack of services geared to abusive parents and their young children. Given that abusive fathers are nonetheless regularly given visitation rights, a unique opportunity to intervene in the intergenerational transmission of violence is presented. This presentation describes: (1) An innovative approach to working with offending fathers and their children being piloted by two New York City programs, one of which provides Child-Parent Psychotherapy (CPP) for IPV exposed caregivers and children and one of which provides "Batterer's Intervention" groups. The programs have collaborated in the development of a novel attachment-informed, trauma-informed group intervention for abusive fathers with one of the goals being to prepare them to successfully engage in CPP with their young children. (2) Clinical considerations in conducting CPP with offending fathers and their young children post completion of the group intervention.

PS4.6-S1

OUTREACHING PSYCHOANALYSIS: EARLY PREVENTION FOR CHILDREN-AT-RISK IN KINDERGARTENS

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Introduction For 10 years the SFI— in cooperation with the AFI - is engaged in different early prevention programs for preschool children in the City of Frankfurt. We characterized these projects as "Outreaching psychoanalysis" aiming at offering the professional knowledge of psychoanalysts to children, parents and teachers in preschool institutions.

Method The EVA Study is a cluster randomized controlled trial which is designed to compare the short-term and long-term effects of two early prevention programs: FAUSTLOS (second step) and EARLY STEPS (a psychoanalytically oriented early prevention program). Aiming at a change in the children's behavior and attachment patterns we apply the MANCHESTER CHILD ATTACHMENT STORY TASK (MCAST) for investigating the attachment types of the children as well as the strength and difficulties questionnaire (SDQ), the teacher report form of the child behavior checklist (C-TRF) and the Selfreflecting Scales.

Results First results concerning the distribution of attachment patterns show an adverse high amount of insecure and disorganized attached children in our sample. 45% out of 241 children who completed the attachment test were either insecure avoidant (33%) or insecure-ambivalent (12%) attached, whereas 26% of the sample showed a disorganized attachment pattern. Only 29% could be classified as secure.

Conclusions These first results show that our prevention program indeed reaches children who are in need for intensive help and support. We hope that further results can show that we do not only reach these children "at risk" but also that they can benefit of the prevention work of the EVA-study.

PS4.6-S2

ENSURING THE VOICES OF HIGHLY VULNERABLE INFANTS AND THEIR PARENTS ARE REPRESENTED IN THE INFANT MENTAL HEALTH EVIDENCE: WHY DO OVERBURDENED PARENTS AND THEIR INFANTS ENGAGE WITH AND STAY ENGAGED IN RESEARCH?

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Introduction Although there is anecdotal discussion about the motivation for research participation, little research has systematically explored the experience of research engagement. Overburdened and highly vulnerable populations are even more absent in the literature. Why do overburdened mothers and their infants engage with and stay engaged in research?

Method This paper seeks to explore clinical researcher-participant relationships and research engagement by examining vignettes of control group participation in the Early Years Education Research Project (EYERP) in Melbourne (Australia). The EYERP is a randomized controlled trial comparing the effects of an intensive, attachment theory informed, early childhood education and care program for significantly at-risk infants and toddlers with usual community care. Some of these infants and their parents have now been engaged in this project for more than three years.

Results Despite the challenges of homelessness and transient housing, drug use, poverty, and abuse and neglect, participants remain engaged in our project. Supporting dynamics that motivate and facilitate research engagement for highly at-risk infants and their parents appear to include the longevity and equanimity experienced in the researcher-participant relationship, enjoyment and curiosity, social comparison, therapeutic interest, representation, empowerment, and informing 'change', feeling valued, respected and interesting.

Conclusions Understanding the dynamics of the research alliance can reveal how the research process is shaped by participants' motivations, and sustain research engagement through the development of positive research relationships. This is crucial in ensuring the voices of vulnerable infants and their parents are represented in infant mental health "evidence".

PS4.6-S3

HARD TO REACH? DIGGING DEEP

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Introduction This paper will explore the subjective experience of researcher-clinicians working with highly vulnerable and hard-to-reach populations, how this might impact on the experience of recruits and how it may influence the research.

Method The paper arises from the experience of two researcher-clinicians who undertook a study to test a brief attachment intervention in a population of vulnerable adolescents, their partners and their babies in pregnancy and the newborn period at a tertiary maternity hospital in Melbourne, Australia. Recruitment and retention rates in the longitudinal study were surprisingly high and receipt of the two-session intervention was associated with better Emotional Availability in the mother-infant relationship four months later, compared with a peer-control group.

Results Knowing they were embarking on a challenging study, the desire for it to succeed, and the investment in the idea that infant mental health support - done well - might make some sort of real difference to the lives of babies of young parents, affected the researchers from the beginning. Attempts to genuinely meet the young families in the project 'where they were at,' so that receiving the intervention and participating in the project might resonate and not overwhelm, irritate or shame, felt exhausting at times.

Conclusions The paper will address the researchers' reflections along the way, the impact of the research and recruits on the researchers and its possible impact in turn on recruits' experience and research outcomes.

PS4.7-W1

MULTI-METHOD AND MULTI-LEVEL ASSESSMENTS OF INTERACTIONS IN FAMILIES WITH AUTISTIC CHILDREN

Silvia Mazzoni¹, Francesca Menozzi¹, Massimo Ammaniti¹, Ines Fachada², Paula Oliveira³, Raquel Corval², Graca Ferreira², Joana Baptista², Adriana Sampalo², Gulomar Oliveira⁴, Isabel Soares²

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London, London, UK,⁴Neurodevelopmental and Autism Unit, Luís Borges Development Center, Carmona da Mota Pediatrics Hospital, Coimbra, Portugal

Introduction Treatments of children with ASD are mainly focused on promoting children's skills rather than parents-child relationship. The impairments of communication and social interaction impact negatively on parenting, on child's development and on co-parenting relationship. To date, new techniques of family observation allow to assess strengths and weaknesses in parents-child relationship.

Method The workshop will focus on multi-method assessment and clinical intervention to promote parents-child relationship in ASD. Two studies and clinical cases will be presented. Mazzoni and colleagues will present a study on co-parenting, aimed to explore quality of triadic interactions, co-parental alliance and interactive behaviors in a sample of 29 families with ASD children. A multi-method approach was used and three observational procedures were compared: the LTP, the CFRS and a microanalysis of mother-father-child interactive behaviors. Fachada and colleagues will present a study based on a multi-level assessment, aimed to explore attachment disordered behaviors and the quality of child-caregiver interaction.

Results Communicative and relational impairments associates to ASD influence the quality of family interactions, with low levels of shared Focal Attention and Affective Contact; difficulties to establish a clear bond between child and parents subsystems are observed. Parents show high level of Child Investment but low level of Cooperation and Couple's Warmth. Results concerning children's attachment disordered behaviors as well as the predictors of the quality of mother-child interaction will be discussed. Clinical applications of the observational procedures will be presented.

Conclusions Findings of this studies show the usefulness of a multi-method approach in order to assess the quality of family interaction with ASD children. Observational tools are useful to detect strengths and weaknesses, helping parents to improve the relationship with ASD children through video-feedback based interventions.

PS4.7-W2

WHEN SMALL BECOMES BIG - HOW TO INCREASE PARENTAL REFLECTIVE FUNCTIONING IN CHILDPsYCHIATRIC INFANT TEAM AND TRAUMACENTRE WORK IN FINLAND AND IN VOLUNTEERS IN RUSSIA

Merja-Maaria Turunen¹, Monica Kauppila¹, Vivi-Anne Nyman¹, Lisa Friberg², Svyatoslav V. Dovbnya³, Tatiana U. Morozova³
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Introduction The workshop presents three models of working to enhance the parents/carers capacity to be present here and now for their infants to help their affect regulation and development. Reflective functioning is the operationalization for this capacity that is diminished in parents with traumatic experiences in their own childhood.

Method The workshop presents work in different settings. The presentation of Merja-Maaria Turunen, Vivi-Anne Nyman and Monica Kauppila present work in infant-team working in a childpsychiatric clinic with community networking. Lisa Friberg presents a pilot project in Traumacentre Finland, where parents show dissociative symptoms. Groupwork is trying to provide parents with understanding of their trauma-related symptoms and necessary stabilization skills. Svyatoslav V.Dovbnya and Tatiana.U.Morozova present a research and training project about use of volunteer adults in supporting children in care in Nizhniy Novgorod. In all presentations aim is to support the child by increasing the understanding and reflective capacity of the parents/ volunteers.

Results The workshop will discuss results where mothers enhanced reflective functioning helps them to build a better relationship with their own mother and their infant. The children show better affect regulation and also other regulatory problems with eating and sleeping get help. This aim can be achieved by individual, mother-infant, couple or groupwork. Both models describe groupwork, the other mother-baby groupwork, the other groupwork with mothers who have dissociative symptoms. The third presentation takes up the importance of including volunteers in work with children.

Conclusions In the regulatory problems of the infant or in dissociative symptoms of the mother, groupsetting is a useful tool in making parents reflect at themselves, their infant and their own past history. Use of volunteers to support children has proven an effective way of supporting infant development in institutions in Russia.

PS4.8A - STEPS -STUDY: MOTHERS' AND FATHERS' PRENATAL PSYCHOSOCIAL ILL-BEING AND MARITAL SATISFACTION AS PREDICTORS FOR POSTNATAL PARENTHOOD, DYADIC AND TRIADIC INTERACTION

Chair: Sari Ahlqvist-Bjorkroth, University of Turku, Finland
Moderator: Cathy McMahon, Macquarie University, Sydney, Australia

PS4.8A-S1

PRENATAL MARITAL SATISFACTION, DEPRESSIVE SYMPTOMS AND ATTACHMENT REPRESENTATIONS AS PREDICTORS FOR THE QUALITY OF POSTNATAL PARENT-CHILD INTERACTION

Sari Ahlqvist-Björkroth^{1,2}, Riikka Korja^{1,6}, Johanna Lindstedt^{1,2}, Niina Junttila^{4,2}, Minna Aromaa^{5,2}, Roseanne Clark⁷, Marjaterä Pajulo³, Hannele Räihä^{1,2}

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Introduction There is fragment evidence that mothers' prenatal depression and attachment representations and fathers' prenatal marital satisfaction are related to the quality of parent-child interaction. We explored whether mothers' and fathers' marital satisfaction, depressive symptoms and attachment representations during pregnancy predicts quality of parent-infant interaction at child age of four months.

Method Study group included 79 mothers and 134 fathers. We measured marital satisfaction with the RDAS (Busby et al., 1995) and depressive symptoms with EPDS (Cox et al., 1987) at the 20 gestational weeks and attachment representations with the WMCI interview method between 29-32 gestational weeks. The quality of parent-child interaction was studied with the PCERA (Clark et al., 1985, 2010) video-observation method when child was four month old. Analyses were conducted using structural equation modeling, i.e. path modeling to predict the quality of parent-child interaction by marital satisfaction, depressive symptoms and attachment representations during pregnancy.

Results Evaluating marital satisfaction, depressive symptoms and attachment representations as predictors for the interaction quality, we found that both parents' total score of marital satisfaction predicted their parental scores of interaction, but not child's or dyad's scores. The mother's depressive symptoms predicted the quality of the child's interaction behavior in the mother-child interaction situation. When prenatal attachment representations were divided to balanced and unbalanced categories only fathers' representations predicted the quality of their own and dyadic interaction patterns. The evaluation of mother-child interaction situations is on-going and the final results of total data (N = 139) will be presented.

Conclusions Based on the results both mothers' and fathers' prenatal negative feelings about their marriage seem to spillover to their interaction behavior with the child. Our results are in accordance with previous findings that mother's prenatal depressive symptoms are meaningful for child development.

PS4.8A-S2

INDUCED ABORTION(S) AND LONG-TERM PSYCHOLOGICAL EFFECTS?

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Introduction Recently published studies have shown that, contrary to general belief, there may be associations between induced abortion and psychological well-being post-abortion. We evaluated if mother's prior abortion affects first-time mothers' and their partners' psychological well-being and parenting self-efficacy (PSE) at child age 18 months.

Method Altogether 423 first-time mothers (5.9% of these had an abortion history) and their 398 partners were approached by questionnaires at child age 18 months. Women with prior miscarriage(s), ectopic pregnancies and deliveries were excluded. Abortion and control groups were constituted according to woman's abortion history in Medical Birth Register data. Psychological ill-being consisting of social and emotional loneliness, marital satisfaction, social phobia and depression was evaluated as a predictor for mothers' and fathers' parenting self-efficacy within families with and without abortion history. The analyses were conducted using multigroup structural equation modelling.

Results Both mothers' and fathers' psychological well-being predicted her/his parenting self-efficacy at child age 18 months. Social and emotional loneliness, marital satisfaction, social phobia and depression constituted different patterns of associations with the five aspects of parenting self-efficacy (presented in the first paper of this symposium) between the abortion- and non-abortion families, indicating that certain psychological symptoms in groups may affect in various ways the parenting self-efficacy. In overall, parents' psychological ill-being seemed to decrease their experienced own parenting self-efficacy.

Conclusions These findings implicate that parent's psychological well-being during toddlerhood may reflect to parenting self-efficacy differently depending on mother's abortion history. Information of consequences of parental psychological ill-being with adequate parental advice and support may contribute to both parent's and child's mental health and parent-child interactions.

PS4.8A-S3

PARENTS' PSYCHOSOCIAL ILL-BEING PREDICTS THEIR PARENTAL SELF-EFFICACY LEVELS

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Introduction Mothers' and fathers' parental self-efficacy (PSE) develops during first years of parenthood. Later PSE has an important role in linking distinct parental-, child- and situational factors. Cross-sectional links between parents' loneliness, depression and PSE has been found, yet no longitudinal research on the early mechanisms of developing PSE exists.

Method The first aim of this study was to validate a measurement scale (based on Parenting Tasks Index by Coleman & Karraker 2003) in order to evaluate Finnish mothers' (n=765) and fathers' (n=668) PSE. Secondly, we aimed to study whether mothers' and fathers' psychosocial ill-being (i.e. social and emotional loneliness, social phobia and depression) and marital satisfaction during pregnancy and/or during toddlerhood predicts their PSE at child aged 1.5-years. Analyses were conducted using structural equation

modeling, i.e. confirmatory factor analyses to test the construct validity of PSE and path modeling to predict the PSE by psychosocial factors during pregnancy and toddlerhood.

Results Based on validity analyses a five-factor model of mothers' and fathers' PSE was confirmed. The factors were named as Presence, Emotional support, Rutins, Playing and Teaching. Evaluating psychosocial factors as predictors for the PSE factors, we found that both parents' psychosocial ill-being predicted several factors of their PSE. That is, mothers' and fathers' psychosocial ill-being during pregnancy as well as during toddlerhood predicted lower levels of their parental self-efficacy factors at child aged 1.5-years. Emotional loneliness, marital satisfaction and social phobia seemed to be the strongest predictors for lower levels of PSE, especially among the data of fathers.

Conclusions Based on the results both mothers' and fathers' social and emotional loneliness, marital satisfaction, social phobia and depression during pregnancy as well as during toddlerhood predict negatively their developing parental self-efficacy. The possibility to identify and intervene in this process by maternity/child care units will be discussed.

PS4.8A-S4

FAMILY FUNCTIONING AND MOTHER'S MARITAL SATISFACTION DURING PREGNANCY ASSOCIATED WITH THE LATER FAMILY INTERACTION

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Introduction Family unit includes several subsystems and relationships, which start to develop already during pregnancy. The aim of the present study was to assess how parents' prenatal reports of the marital satisfaction and the family functioning are related to the observed family triadic interaction when the child 18 months.

Method Study group included 120 families from the area of the Hospital District of Southwest Finland. Mother's and father's marital satisfaction was studied using the Revised Dyadic Adjustment Scale (Busby et al., 1995) and parents' experience of the family functioning was evaluated using the Family Assessment Scale (Epstein, Baldwin & Bishop, 1983) at 20 gestation weeks during pregnancy. Mother-father-child triadic interaction was studied in the Lausanne Triadic Play setting using Family Alliance Assessment Scale (Favez et al. 2011) at 18 months of child's age.

Results Results showed that mother's higher marital satisfaction at 20 gestational weeks associated with the co-operative family alliance and with the higher family score indicating better quality of triadic interaction. Father's marital satisfaction was not related to the family interaction. Prenatal reports of the family functioning both in the fathers and in the mothers associated with the family interaction at 18 months of child's age.

Conclusions We suggest that family functioning and marital satisfaction during pregnancy are affecting the quality of family interaction at later. We underline the importance of the systemic view in the assessment of family relationships also in the prenatal clinical work.

PS4.8B – MELLOW BUMPS: AN EVIDENCE BASE FOR AN ANTENATAL GROUP INTERVENTION FOR PARENTS-TO-BE WITH ADDITIONAL HEALTH AND SOCIAL CARE NEEDS, FINDINGS FROM SCOTLAND

Chair: Sarah Breustedt, Mellow Parenting, Glasgow

Moderator: Jane White, University of Glasgow, Glasgow, UK

PS4.8B-S1

A QUALITATIVE EVALUATION OF WOMEN'S EXPERIENCES OF THE MELLOW BUMPS ANTENATAL INTERVENTION

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Introduction Mellow Bumps is a group-based intervention which employs psychological and practical techniques to reduce anxiety, increase knowledge of infant development and promote wellbeing in vulnerable pregnant women. This study explores women's experiences of taking part in the group within the wider context of pregnancy, birth and becoming a parent.

Method A literature review of published studies pertaining to parents-to-be experiences of antenatal support and services was conducted and a gap in the literature was identified. Of the small number of papers identified, none had reported the opinions and experiences of "hard to reach" parents and it seemed that conventional antenatal provision was not meeting the expectations parents in general. A small, convenience sample of mothers who had taken part in groups in Glasgow, were invited to discuss their experiences in a semi-structured interview; interview transcripts were processed using interpretative phenomenological analysis and themes were independently verified by a second researcher.

Results Several strengths of the antenatal intervention were identified; these included the facilitators' provision of Rogerian support, the social aspect of meeting other mums-to-be in a non-judgemental setting, learning about infant development and practical strategies for managing stress. Three of the four participants said that they wanted to take part in further group work post-natally and all participants said they felt more confident in communicating with practitioners and support services. Barriers to engagement identified included negative perceptions of conventional antenatal support, fear of being judged by practitioners and other group participants and feeling pressured to participate by services.

Conclusions No fundamental issues with the validity or acceptability of the intervention were identified; however a need for clearer referral pathways was identified and the participants reported inconsistencies in the way information about the group was communicated to them by referrers. The importance of engagement at the referral stage was highlighted.

PS4.8B-S2

"I'M NOT SURE I FEEL COMFORTABLE DOING QUESTIONNAIRES": PRELIMINARY RESULTS FROM A THREE YEAR PROJECT, SUPPORTING COMMUNITY-BASED ORGANIZATIONS TO DELIVER AND EVALUATE AN ATTACHMENT-BASED ANTENATAL GROUP INTERVENTION TO VULNERABLE PARENTS-TO-BE

*Leona Cunningham, James Fargie, Christine Puckering
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Introduction There is evidence that maternal mental health and wellbeing during pregnancy can have a significant impact on child developmental, psychological and behavioral outcomes (for example, Austin et al, 2004). We report findings from national projects spanning more than two years pertaining to the sustainability and efficacy of an antenatal intervention.

Method The Adult Wellbeing Scale is a validated eighteen question measure which detects potential problem scores on four dimensions: anxiety, depression, inward and outward directed irritability. The scale has been used extensively to evaluate the impact of an antenatal group-based intervention; participants completed the measure pre- and post-intervention and in addition, data was collected regarding infant gestational age and weight at birth, as proxy indicators of healthy pregnancies. Group facilitators asked parents about their use of services, quality of their experience of the group and perceived support levels. Facilitators themselves were asked about the acceptability and sustainability of the intervention.

Results Data for the project will continue to be collected until the end of funding in March 2015; however analysis of existing data indicates that there are decreases on all four dimensions of the Adult Wellbeing Scale, with a significant difference in self-reported anxiety and outward directed irritability. Infant gestational age and birth weight are predominantly within normal parameters. Qualitative feedback from participants and group facilitators has been largely positive with participants reporting increased relaxation skills, increased connection to their baby and decreased social isolation. Participants have suggested that the group should be longer with more sessions.

Conclusions Results indicate that when a group is delivered with fidelity to the program manual and training, it can have a positive impact on group participant's wellbeing and is an acceptable intervention. Further research into whether there is an association with later child outcomes is needed and pilot explorations are underway.

PS4.8B-S3

ANTENATAL PARENTING SUPPORT FOR VULNERABLE WOMEN: AN EXPLORATORY RANDOMIZED CONTROLLED TRIAL OF MELLOW BUMPS

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Introduction Social adversity and poor maternal mental health during pregnancy have long-term adverse effects on children's health, social and educational outcomes. Depression, anxiety and stress in pregnancy may have direct physiological effects on the foetus. There is a need for improved antenatal support and more effective engagement with 'high risk' mothers-to-be.

Method This was an exploratory trial of antenatal group-based interventions designed to improve maternal mental health and sensitivity to the infant. Women with substantial additional health and social care needs were invited to participate. Consented participants (n=35) were randomly allocated in clusters of six, to either a Mellow Bumps group, an active comparison group (Chill-out in Pregnancy) or care-as-usual. Mellow Bumps is a six-week group based antenatal parenting program which aims to decrease maternal antenatal stress levels and emphasize the importance of early interaction in enhancing brain development and attachment. Chill-out in Pregnancy is a six-week group based stress reduction program.

Results Participants who were allocated to an intervention group showed modest but promising improvements in mental health and wellbeing post-intervention and eight to twelve weeks post-birth compared to those allocated to the care-as-usual group. As expected, recruitment and retention was challenging and we had to amend our study group allocation methods. We will present our findings from this study as well as our experiences of recruiting and retaining research participants from a traditionally 'hard-to-reach' population. Finally, we shall describe the NIHR funded THRIVE trial for which this project was a feasibility study.

Conclusions The aim of this study was to carry out a randomized controlled trial of a social intervention with a 'hard-to-reach' population. We found that a randomized trial is feasible and that psychoeducational interventions in pregnancy may benefit women facing social adversity.

PS4.9-C1

"HE IS HEAVY. HE'S MY BROTHER": WORKING WITH SIBLINGS OF DEVELOPMENTALLY DISABLED CHILDREN

*Yael Gal
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Introduction A lot of research and clinical work has been carried out with parents of developmentally disadvantaged children. Their brothers and sisters, however, are often forgotten. A short-term model for working with elder siblings of developmentally disabled children will be presented, including adjustments for different ages of the siblings.

Method Behind every developmentally disabled child you will find an anguished family. As opposed to parents, siblings rarely receive professional explanations about their sibling's problem and its consequences. They suffer fear, guilt, embarrassment and overwhelmed parents, often feeling that they pay the price for their sibling's handicap. A model of 1-6 sessions with siblings of lately diagnosed young children will be described, starting by informing the siblings about their brother's problem and its consequences and continued with a short term working through of the siblings' reactions. The process is terminated by including the parents in the last session, thus opening a new way of communication between them and the siblings. Clinical vignettes will be discussed.

Results Siblings and parents reported that the short term intervention changed the understanding, feelings and cooperation of the siblings. Some siblings even showed school improvement, others helped more with their handicapped brother or sister. In some cases only one, mainly informative session was sufficient, while in others there was need for a longer intervention (up to 6 sessions) and working through the siblings feelings in age-appropriate technics. Improvement was reported with siblings from the age of 5 to adolescence.

Conclusions A long, difficult and expensive journey begins whenever a young child is diagnosed as developmentally disabled. The described model suggests a relatively easy and non-costly way to alleviate some of the family's hardship. A trained professional using it will need a relatively small effort to make a very big difference for the siblings.

PS4.9-C2

WORKING WITH YOUNG CHILDREN WITH AUTISM AND THEIR FAMILIES: DEVELOPMENT THROUGH RELATIONSHIP

Anat Oppenheim

Milman Center, Haifa, Israel

In this clinical teach-in, I will describe a relationship-based model for treating young children with ASD and their families. In our model, a multi-disciplinary team provides parent-child interventions in both group and individual contexts. The interventions are tailored to the unique strengths and challenges of each child and family. Close attention is given to the parent's understanding of the internal experience underlying children's behavior and symptoms. Enhancing such understanding helps parents realize that their child's behavior has meaning, and promotes more appropriate and empathic responses. In turn, many children become more regulated and engaged. We work with the parents both as partners in the treatment of their children and as individuals who need support. I will begin with an overview of our approach. In line with our integrative view and the complexity of autism, our center includes professionals from a wide range of disciplines. In this context I will also describe the reflective supervisory system in our center which is critical for all professionals, junior as well as experienced. I will next describe our assessment process, in which a multidisciplinary team engages with the child and the family for several hours in a play-based context in order to gain a deep understanding of the child's needs, strengths, and challenges and identify the most suitable intervention. This is done keeping the entire family in mind. Finally, I will describe our treatment model. In this model, groups of 6 children and their parents come twice a week for 4-hour sessions which combine group and individual therapies. Children's and families' needs are kept in mind, both while in therapy and during other activities (e.g., breakfast). Throughout my presentation I will use video clips to illustrate how we translate these general principals to therapeutic activities.

PS4.10 - FATHERS' CONTRIBUTIONS TO SOCIAL AND EMOTIONAL FUNCTIONING OF THE FAMILY

Chair: Ann Easterbrooks, Tufts University, Massachusetts, US

PS4.10-S1

IMMIGRANT LATINO MOTHERS' AND FATHERS' CULTURAL SOCIALIZATION OF THEIR TODDLERS

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Introduction Research on parents' socialization practices and children's social behaviors has paid less attention to Latino immigrants, the largest ethnic group in the U.S., and even less to fathers' socialization practices. Little is known about how fathers and mothers socialize their toddlers in the context of bicultural adaptation.

Method Using a sample of immigrant Latino parents and their 2-year old children (n=50) we seek to address the following research questions: (1) What are the cultural values that Latino fathers and mothers use to socialize their young children?; (2) How are fathers' and mothers' values related to parent-child interactions and children social behavior?; (3) Does gender and parent-child dyadic mutuality (i.e. shared positive affect) moderate the association between socialization practices and children's social behavior? Data comes from parent-report of cultural values and children's social skills as well as coding of dyadic mutuality and children's social behavior from parent-child interactions.

Results All parents were born outside of the United States and speak Spanish. Some parents (35%) reported also speaking English. Parents years of education ranged from 6 to 17 years. Preliminary analyses suggest great variability in the traditional cultural values endorsed by parents although there do not appear to be differences between mothers and fathers in their endorsement of traditional cultural values. Initial analyses suggest parental endorsement of traditional cultural values is associated with children's social skills.

Conclusions Findings from this study will shed light into how the socialization practices of Latino immigrant mothers and fathers are linked to children's social competence, an area of advantage compared to other minority children. It will also add to the emerging literature focusing on strengths of minority families.

PS4.10-S2

FATHERS' CONTRIBUTION TO TRAJECTORIES OF MATERNAL DEPRESSION DURING INFANCY

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Introduction Adolescent mothers are at risk for depression; their children may demonstrate insecure attachments, cognitive delays, and problems in emotion regulation. Social support may aid in the remission of maternal depression. This study examined the role that the father-mother relationship may play in longitudinal trajectories of maternal depression across infancy.

Method A sample of 496 primiparous young mothers (16-20 years at childbirth) was assessed 3 times, each separated by one year. At T1, the majority (66%) of mothers were pregnant; infant age at T2 averaged 12 months, and T3 24 months. Depressive symptoms were assessed using the Center for Epidemiological Studies-Depression scale (Radloff, 1977). Four depression trajectory groups were derived: stable depressed or nondepressed, becomes depressed, remitted depression. At T2, mothers reported on their relationships with the father of the baby, including mothers' satisfaction with father involvement. There were four depression trajectory groups: stable nondepressed, becomes depressed, remitted depression, stable depressed.

Results Mothers who were depressed at T1 were more likely to remain depressed 1 and 2 years later, although general levels of depressive symptoms declined over time. Multinomial logistic regressions indicated that mothers who reported less positive mother-father relationships were more likely to be in the chronically depressed group (compared to mothers whose depression remitted or who became depressed at T3).

Conclusions Father-mother relationships are vehicles of social support, and may influence trajectories of maternal depression across infancy. In this study they were associated with the maintenance of maternal depression. Findings will be discussed in light of the importance of depression during infancy, and the centrality of father-mother relationships to family functioning.

PS4.10-S3

MOTHERS AND FATHERS TALKING ABOUT EMOTIONS WITH THEIR SONS AND DAUGHTERS: BOYS ARE ANGRY AND GIRLS ARE SAD

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Introduction Although research on fathers has increased, observational studies including fathers with young children are rare, and often focus on discipline. However, emotion socialization is also a salient aspect of parenting in early childhood because children learn to recognize and label emotions, fostering the development of empathy and self-regulation.

Method In the current study we observed parental messages about emotions in 375 families with two young children (< 5 years), assessing the four dyads separately (father-oldest, father-youngest, mother-oldest, mother-youngest). Parents were given a book with drawings of gender-neutral children showing four emotions in their facial expressions: angry, scared, sad, happy. Each emotion was depicted in a picture providing context to the emotion (e.g., a happy child receiving a present), and a picture showing just the face of the child. Parental statements about each of the emotions were counted and gender labeling of the children in the pictures was recorded.

Results Repeated-measures ANOVA analyses showed that mothers produced more statements about emotions than fathers. This difference was more pronounced for the emotions angry and scared and for interactions with the oldest child. Both parents adapted their labeling of the pictured children to the gender of their oldest child, i.e., using the label boy more often when talking to a son than to a daughter and vice versa. In addition, both parents were more likely to label children showing anger in the picture book as boys, and more likely to label children showing sadness or happiness as girls.

Conclusions We found that mothers take a lead role in talking about emotions with their children. Both parents show evidence of gender stereotyping as they link being angry to being a boy and being sad to being a girl. The implications of gender-biased emotion socialization for child development will be discussed.

PS4.10-S4

ATTACHMENT WITHIN THE FAMILY SYSTEM: CONTRIBUTIONS TO A BETTER UNDERSTAND OF CHILDREN'S PSYCHOSOCIAL ADJUSTMENT DURING THE PRE-SCHOOL YEARS

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Introduction Empirical research on attachment networks is still scarce, but poses challenging questions, and opens new windows for intervention. Developmentally, attachment remains important beyond infancy, so it is central to understand how specific attachment relationships are integrated into a coherent self organization with the new developmental tasks emerging during pre-school period.

Method This presentation focuses on how a sample of 60 children (at age 3) organizes their secure base behavior with both parents: their similarities and differences, as well as concordance of security scores. At age 5 children's behaviors and personality attributes

were assessed. At age 3 the Attachment Q-set was used to assess child secure base behavior with mother and father; two independent teams of observer conducted separate home visits. At age 5, teams of observers collected data on children's behaviors and personality attributes using the California Child Q-set and the Preschool Q-set.

Results Sociometric interviews were conducted to assess peer acceptance and number of reciprocal friends. Preliminary analyses suggest that children in this sample organized secure base behavior in similar manners with both parents, although there were some behavior specificities. Maternal and paternal security scores were significantly and moderately correlated. Security with both parents was significantly associated with ego-resilience and self-esteem. Smooth interactions were associated with the same dimensions, but only father's physical contact was associated with ego-control. Peer acceptance was associated with security for both parents, but the number of reciprocal friendships, and levels of social involvement, only reached significance for fathers.

Conclusions This longitudinal approach allowed us to test the effects of attachment family networks on social emotional outcomes. Results are discussed within the attachment and social competence theoretical frameworks.

PS4.11-C1

MINDING THE BABY: A REFLECTIVE PARENTING MODEL ACROSS CONTINENTS: LESSONS LEARNED IN THE UK AND US

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Introduction Explore clinical practice and program development implications, from replication of Yale's Minding the Baby Program in the United Kingdom collaborating with the National Society for the Prevention of Cruelty to Children. Minding the Baby is a nursing and mental health home-visiting model. A cohort of families is enrolled for model implementation before beginning the clinical trial.

Method: Goals: Describe consultation model; Discuss lessons learned; Explore clinical practice implications via case presentation; Explore building relationships with families using an inter-disciplinary home visiting model.

Results Home visitors and supervisors at three NSPCC sites: York, Sheffield, and Glasgow underwent rigorous training in Minding the Baby Program. Training focused on attachment theory, the ecological model, reflective functioning, inter-disciplinary health and mental health teamwork, and reflective supervision. A UK nurse practitioner and social work supervisor supervised each team weekly. Yale MTB supervisors and clinicians provided regular phone inter-disciplinary reflective supervision to each site. Yale's clinicians provided weekly phone discipline-specific support. Quarterly video conferences and monthly calls were held to assess model fidelity. Three years of intense clinical work and re-orientation of practice philosophy, increased inter-disciplinary clinician teams' confidence replicating MTB.

Conclusions: Challenges/Opportunities: Modern technology in reflective consultation, Cross-cultural understandings of maternal mental health and attachment. Engaging fathers, Applying MTB to separating dyads, Replication in a child welfare agency. Value of pilot-testing within a new cultural context, Parental Reflective Functioning as a process of change, MTB's impact on maternal-child health and development, Team reflective discussion

PS4.12-V1

TRAUMATIC AND GENERATIONAL EMERGING MODALITIES IN THE FIRST PARENTS/BABY THERAPEUTIC CONSULTATION

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Introduction At Necker Hospital in the unit of child psychiatry, psychotherapists practice parents/baby therapeutic consultations psychoanalytically oriented. This action research induces a standardization of framework and data collection. After two years of activity, this workshop is an opportunity to focus on the analysis of the "generational" and "traumatic".

Method Inclusive criteria: a) baby less than two years old, b) baby presenting functional disorders

Exclusive criterion: baby presenting a non functional disorder

Number of consultations: we decided to limit this research to analyze only the first parents/baby therapeutic consultation. Ten first consultations should give us enough data to implement this research

The research team of four pairs of psychotherapists practices parents/baby therapeutic consultations psychoanalytically oriented. Each consultation is videotaped. Consultation film record will transcript precisely word by word the entire narrative parental discourse and perform a content analysis of the parental discourse verbatim.

Results In analyzing the emerging modalities of traumatic and generational, we highlight on the following aspects :

1) Parents/baby therapeutic consultation is guided by the approach of : - a traumatic event in the early infant's years, - a generational dysfunction, - maybe by both .) The approach of a traumatic event in the early infant's years influences the access to the "generational". The traumatic impact hinders the capacity of a subject linked to his personal and generational history.

3) Generational access either appears spontaneously from the parent or needs to be solicited by the psychotherapist.

Conclusions In the first session of an infant-baby therapy, it is essential to be concerned by parental traumatic and/or generational representations. This research focuses on a significant psychopathological variable: the spontaneous or not evocation of generational representations around infant disorders.

PS4.12-V2

FREE TO MOVE, FREE TO GROW (CONTINUING WITH THE PIKLER APPROACH WITH PARENTS)

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Introduction In our current changing western world it is difficult to give babies enough time to develop within their own rhythm. Preserving the quality of the conditions of early development is our responsibility.

Method Previously shown videos at WAIMH congresses - "Free to move, Free to be" and "Embodied knowledge of the free moving child" - were showing how a playing group for very young children in the presence of their parents, based on this approach, works.

Results The free and spontaneous activity has an important value for the baby's harmonious evolution. It shows how to enjoy where the baby finds himself, so he isn't too stimulated by caretakers but instead regulated by the child's own initiatives. It is difficult for the adults to integrate this non-interfering attitude in the child's own pace in his motor development.

Conclusions This video shows us how parents, in our hyperactive societies, can take their time, and discover their baby's competence and autonomy.

PS 4.13 – POSTER WORKSHOP 6: MOTHER INFANT INTERACTION

Facilitator: Pia Risholm, University of Stockholm, Department of Psychology, Stockholm, Sweden

PS4.13-PW1

LIFE IN UTERO AND AFTER: MUTUAL INFLUENCE BETWEEN MOTHERS AND INFANTS

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Introduction We are part of Association 0-5, founded in 2004 by M. Pagliarani and M. E. Pozzi, active in Switzerland and Italy. The Association aims at fostering sensitivity, interest, training, clinical work and research regarding this age group. It is mostly psychoanalytical in its approach and it has a multidisciplinary membership.

Method We would like to present a work that shows the mutual interrelation and responsibility of mother and baby in their developing relationship. The first part is about the individual psychoanalytic psychotherapy with a woman, who became pregnant but was deeply ambivalent. The foetus was neither moving nor growing adequately, was curled up on itself, thus worrying mother. She felt that her womb was not good or nourishing and wanted to expel the baby as soon as medically possible. She felt persecuted by many internal demons, as one dream showed clearly.

Results Her violent, alcoholic father had hit her mother even during the pregnancy with the patient, thus creating a psycho-physical toxicity in the womb. Understanding the dream seems to have helped as the baby finally turned and was born successfully. Second part is about 18-month-old Jack, who was still "King of the breast" and had turned his mother into his impotent slave. He had nearly died during labour and, for the first two days after birth, he was thought to be dead. Doctors managed to bring him back to life but mother was anxious and could not wean him for 18 months.

Conclusions She put the full responsibility on him. Both parent-infant psychotherapy and home and telephone consultations moved such stuckness. Jack has become more interested in the world, is walking and has begun to give up the breast. The work is still in progress.

PS4.13-PW2

LOWERED AMOUNT OF VOCAL PROTEST IN INFANTS OF DEPRESSED MOTHERS DURING 4-MONTH FACE-TO-FACE INTERACTION

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Introduction A heightened level of protest has been reported for infants of depressed mothers during face-to-face interactions (Field, 1990). Previous studies have used composite multimodal measures. The aim of the present study is to study the level of infant protest through a single modality, the vocal modality.

Method Protest is studied through the vocal modality, which has been reported the most salient modality at 4 months. Protest was recorded during 10 minute face-to-face interactions of 17 infants of depressed mothers and 49 infants of non-depressive mothers. Acoustic analysis and labeling was carried out using the PRAAT software for phonetic analysis. The recordings were segmented into speech and non-speech intervals using a semi-automated procedure during which possible segments of speech were first identified based on intensity threshold levels. The segments were adjusted manually and infant vocalizations were reliably separated into negative (protest) and neutral-positive vocalizations by blind coders.

Results As opposed to previous findings, this study found a significantly *lowered* level of vocal protest ($p < .001$) in the infants of depressed mothers compared with the infants of non-depressed mothers. The infants of depressed mothers exhibited protest 2.9 % of the time on average, while the infants of non-depressed mothers exhibited protest 11.56 % of the time on average.

Conclusions Findings of both a higher and a lower amount of protest in infants of depressed mothers might be explained by a model where a mid-range amount is seen as optimal. Operating outside the "mid-range" could be understood as attempts to cope with interactional disturbances by heightening or lowering the response

PS4.13-PW3

DEVELOPMENT IN VOCAL MOTHER-INFANT INTERACTION FROM 4 TO 10 MONTHS

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Introduction The aim of the present study was to explore development in contingent mother-infant interaction from 4-10 months (N=41) in relation to response time, turn-taking patterns and time spent in vocal interaction.

Method Participants were mothers from a Danish low risk sample and their infants. Vocal interaction was recorded during mother-infant face-to-face interaction at infants 4, 7 and 10 months of age. Data analysis was carried out using multistate analysis. Response time was measured for both onset to onset and offset to onset of vocalization for both mother and infant.

Results Most responses took place within the first second, almost all within a 3-second response window and no changes in response time were found from 4 to 10 months. A significant reduction in duration of co-vocalization was found between 4 and 7 months and the reduced duration remained at the same level at 10 months. This change was due to the infants co-vocalizing less indicating a significant developmental process towards turn taking between 4 and 7 months. Another finding was that time spent in vocal dialogue increased significantly with age.

Conclusions Together these findings indicate a developmental process of both fine-tuning and increasing communication in the vocal modality before the development of speech.

PS4.13-PW4

OBSERVATIONS AND INTERACTIONS WITH INFANTS AND YOUNG CHILDREN OF ADDICTED MOTHERS DURING THEIR TREATMENT

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Introduction Work is presented with infants and young children during their stay in a detoxification center with their addicted mothers in treatment. Through observations and interactions with the infants or children an attempt is made to understand them and connect them with their mothers.

Method The infant observation method of E. Bick at Tavistock Clinic is used, in order to see, hear, and understand not only the infants and children but also their mothers and the staff. Through time spent with these children, a place that can hold and contain them becomes available.

Results Infants and children can play and interact with each other and with carers in a safe environment, at particular times, knowing that mother will come to take care of him or her. Through work with children, a chance is being given not only to understand them but also to give their mothers as well as the staff a chance to understand them.

Conclusions Infant observation in a setting of addicted mothers gives the opportunity to bring the mother closer with her child. This work can be used to make connections with the mother and her situation as well as with the whole setting by giving meaning to what is happening.

PS4.13-PW5

CONCURRENT AND LONG TERM EFFECTS OF MATERNAL POSTPARTUM DEPRESSION (PPD) ON INFANT DEVELOPMENT AS MEASURED BY THE BAYLEY SCALES OF INFANT DEVELOPMENT-III (BSID-III) - DOES GENDER MATTER?

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Introduction The aim of this study was to examine long term as well as early concurrent effects of PPD on global indices of infant development as measured by BSID-III. A secondary aim was to examine whether boys are more vulnerable to maternal PPD than are girls as suggested in previous studies.

Method Longitudinal study of mother-infant dyads, employing a case-control design. Clinically depressed mothers (n=28) and mothers with no symptoms of pre- or postpartum psychopathology (n=58) and their infants were included. Maternal depressive symptoms were measured by Edinburgh Postnatal Depression Scale and validated in the clinical interview Present State Examination. Infant development was assessed by the Bayley Scales of Infant development-III (BSID-III) at 4 and 13 months of age.

Results ANOVA revealed significant effects of maternal PPD on the cognitive scale at 4 months of age, after controlling for maternal education and infant gender. No significant differences between groups were found at infant 13 months of age. No moderation effects of infant gender were found at either 4 or 13 months of age. However, at 13 months, all boys scored significantly lower on receptive as well as expressive language scale than did girls, regardless of maternal depression status.

Conclusions PPD as a risk factor may impact differently on infant development at different ages. Furthermore, being a boy may increase the risk for developmental delay. More research is needed to understand how PPD interacts in complex ways with other risk- and protective factors, impacting on infant developmental pathways

PS4.13-PW6

EFFECTS OF MATERNAL POSTPARTUM DEPRESSION AND GENDER ON THE REGULATION OF RELATIONAL SPACE IN MOTHER-INFANT INTERACTION AT FOUR MONTHS

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Introduction Maternal PPD is associated with less optimal mother-infant interaction and is found to impact more negatively on boys. This study examines the effect of PPD and gender on behavioral patterns in mother-infant face-to-face interaction in a sample of 47 typical (21 boys) and 27 postpartum depressed dyads (15 boys).

Method In a standard face-to-face mother-infant interaction at 4 months we used a 3D motion capture system for an automated measurement of 1) Dyadic proximity, i.e. the variability in the size of the relational space and 2) Infant head orientation (en face, minor avert, major avert, head down) during the interaction. Using manual coding of videos we coded infant gaze as on/off (on: infant gaze directed on mother face or shoulders) during the interaction.

Results The depressed dyads showed significantly fewer changes in dyadic proximity. There was no significant difference in infant head orientation between infants in the PPD dyads and in the control dyads, but a significant difference regarding infant gender, i.e. infant boys in both groups were significantly more in an en face position compared to girls. Regarding gaze, infants in the depressed dyads had fewer shifts between on and off periods compared to controls. No gender differences were found in regard to gaze.

Conclusions The results show that dyads where mothers suffer from postpartum depression are characterized by less variability in behavioral patterns. These findings are discussed in relation to an understanding of dyadic regulation as an indicator of relational flexibility and its significance for infant mental health.

PS4.14 - DISRUPTED MATERNAL COMMUNICATION: MATERNAL CHARACTERISTICS, GENETIC CONTRIBUTIONS, AND INFANT OUTCOMES

Chair: Sheri Madigan, University of Toronto and Hospital for Sick Children
Discussant: Karlen Lyons-Ruth, Harvard University, Boston, MA, USA

PS4.14-S1

PREDICTION OF TODDLER BEHAVIOR PROBLEMS: RELATIVE CONTRIBUTIONS OF INFANT TEMPERAMENT, DISORGANIZED ATTACHMENT, AND MATERNAL DISRUPTED COMMUNICATION

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Introduction Studies of the relationship between infant attachment disorganization and emotional and behavioral problems in children have not yielded consistent findings. Attachment disorganization is associated with disrupted parent-infant communications raising the question as to whether these may represent an independent risk.

Method In a general population study of first time mothers recruited during pregnancy (N = 1233) a stratified subsample was assessed at 14 months in the Strange Situation (N = 265). 84 of these were coded using AMBIANCE generating scores for level of disrupted communication and affective communication errors. Maternal report of infant temperament (IBQ) was obtained at 14 months, and of emotional and behavioral problems at 2.5 years using the CBCL. Prediction to CBCL anxiety-depression, attentional symptoms and aggression were examined in multivariate linear regression.

Results In bivariate analyses disorganized attachment was associated with elevated affective communication errors ($t = 2.50, p = .015$) but not level of disrupted communication ($p = .32$). Infant disorganization at 14 months was not associated with elevated CBCL symptoms at 2.5 years, but both infant fearfulness ($r = .27, p = .027$) and affective communication errors ($r = .36, p = .001$) predicted CBCL anxiety depression at 2.5 years. When examined jointly only affective communication errors predicted CBCL anxiety depression symptoms ($R^2 = .09, \Delta R^2 = .31, p = .008$). None of the variables predicted attentional symptoms or aggression.

Conclusions Attachment disorganization was associated with maternal affective communication errors, but only affective communication errors predicted anxiety depression symptoms. Neither predicted externalizing problems. The findings underline the need to examine attachment and associated environmental variations as predictors, and differentiated symptom profiles as outcomes, in the investigation of attachment and psychopathology.

PS4.14-S2

DISRUPTED MATERNAL BEHAVIOR IS PREDICTED BY MATERNAL COMT GENOTYPE AND STRESSFUL LIFE EVENTS

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Introduction Etiology of maternal atypical behavior in non-risk populations still needs to be explored. The aim has been to investigate the influence of maternal genotype, maternal mood, stressful life events, infant sex and birth order on atypical maternal behavior in an urban community sample.

Method 307 healthy infants and their mothers participated in the study. The sample was predominantly middle-class, and over 80% of the mothers had at least a college degree. The dyads participated in the Strange Situation Procedure at the infant's age of 12 months. Videotapes were evaluated for atypical maternal behavior (AMBIANCE) by reliable coders. Concurrent maternal mood and depressive symptoms were assessed by the PANAS and the HADS questionnaires. Besides demographic details, mothers also reported on stressful life events from pregnancy to 12 months. Maternal catechol-O-methyltransferase (COMT) genotype was determined from buccal cells.

Results Almost 30% of mothers were classified as atypical. Atypical behavior was not related to maternal depressive symptoms or affect, nor was influenced by infant sex, birth order or maternal age. Accumulation of stressful life events over the previous 21 months was weakly, but significantly related to the level of atypical behavior ($p=0.028$), with atypical mothers reporting more stressful events ($p=0.036$). Mothers homozygous for the Met allele of the COMT gene showed higher levels of atypical behavior ($p=0.04$), which was predicted by maternal COMT genotype and stressful life events in an additive fashion. No interaction of the two predictors was observed.

Conclusions Atypical behavior was predicted by maternal COMT genotype and cumulative life stress. The Met/Met genotype might reduce mothers' capacity for sensitive responsiveness. Stressful life events may also draw maternal reserves. Additive genetic and environmental contributions suggest that Met/Met genotype does not make mothers more vulnerable to everyday stress.

PS4.14-S3

PREDICTORS OF STABILITY AND CHANGE IN ATYPICAL MATERNAL BEHAVIOR FROM INFANT AGE 6 TO 12 MONTHS

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Introduction The stability of the five dimensions of the AMBIANCE has not yet been explored. The objectives of the study are to examine the stability of atypical caregiver behaviors from infant age 6 to 12 months, as well as to examine predictors of change in atypical maternal behaviors over this period.

Method The sample included 31 socially disadvantaged adolescent mother-infant dyads. Atypical caregiver behaviors were assessed in play interactions at 6 months and again in the Strange Situation paradigm at 1-year using the AMBIANCE measure. Predictors of continuity and discontinuity of maternal behavior included: change in demographic factors, dissociation using the Adolescent Dissociative Experience Scale, and depression using the Beck Depression Inventory.

Results Continuity of atypical caregiver behaviors over 6 months was established for four of the five dimensions of the AMBIANCE: role boundary confusion $r = .45, p < .01$; fearful/disoriented behavior $r = .36, p < .05$, intrusive/negativity $r = .58, p < .01$, and withdrawing behavior $r = .42, p < .05$. The level of disrupted communication was also stable over time $r = .48, p < .05$, as was the classification of disrupted versus not-disrupted maternal communication. Maternal dissociative symptoms, but not maternal depressive symptoms or demographic factors, were associated with increased fearful/disoriented maternal behavior from 6 to 12 months, with 6 months fearful/disoriented behavior controlled.

Conclusions This is the first study to establish stability of maternal behavior at the level of the individual dimensions of the AMBIANCE. Because these disrupted behaviors persist over the first year, our findings suggest that maternal disrupted behavior should be an important target for early intervention.

PS4.14-S4

PREDICTIVE ROLE OF EARLY MATERNAL SKILLS AND LATER MATERNAL ATYPICAL BEHAVIOR IN THE FRENCH CAPEDP-A PROJECT

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Introduction CAPEDP is the first randomized-controlled French study on early prevention intending to reduce the incidence of infant mental health problems. The CAPEDP-A study is an ancillary study aiming to test the impact of this intervention program on attachment dimensions in a subsample of 120 of those dyads.

Method We evaluate the predictive role of early Maternal Skills assessed at 3 months of age for later maternal disrupted behavior overall and also in relation to the significant effect of intervention on decreasing disrupted behavior. To assess maternal skills, we use two mothers' self-report measures (Knowledge of Infant Development Inventory (KIDI, McPhee, 1981); Parental Cognitions and Conduct Toward the Infant Scale (PACOTIS, Boivin et al., 2005), and an observational measure (HOME, Bradley & Caldwell, 1979). Maternal Atypical Behavior was assessed with AMBIANCE (Lyons-Ruth et al., 1999) when infants were 12 months of age.

Results Analyses indicated that higher levels of Parental Coercion ($p=0.01$), Parental Impact Perception ($p=0.01$), Maternal Responsivity ($p=0.01$) and Organization ($p=0.03$) at 3 months were predictive of less maternal Disrupted Behavior at 12 months. Regression analyses indicate that the effect of the program in decreasing Atypical Maternal Behavior becomes stronger when the initial levels of maternal Coercion and Responsivity are taken into account (effect size = 3.5; $p=0.01$).

Conclusions Our results indicate that early Maternal Skills at three months forecast later disrupted maternal behavior. Very importantly, controlling for these early maternal characteristics revealed an even stronger effect of randomized intervention services in decreasing such atypical behavior.

ZERO To THREE: 0-3 YEARS MEETING
1215 - 1315

POSTER SESSION 2: P2-1 – P2-122
1230 - 1315

PARALLEL SESSION 5
1315 – 1445

PS5.1 - EARLY PREVENTION, INTERVENTION AND PROTECTIVE FACTORS – THREE STUDIES USING THE EMOTIONAL AVAILABILITY SCALES AS A MEASURE FOR PARENTING CAPACITIES AS A CRUCIAL FACTOR FOR HEALTHY RELATIONSHIPS BETWEEN BABIES AND THEIR MOTHERS

Chair: Judith Lebigier-Vogel, Sigmund-Freud-Institut, Frankfurt, Germany

Moderator: Zeynep Biringen, Colorado State University, Fort Collins, Colorado, USA

PS5.1-S1

FIRST STEPS - AN EARLY PREVENTION PROGRAM FOR CHILDREN WITH AN IMMIGRANT BACKGROUND

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Introduction The model project promotes integration of children with an immigrant background assuming that immigration can be a risk factor for parenting. The prevention program focuses on supporting the earliest parent-child relationship and parenting capacities, which can have an impact on the cognitive and socio-emotional development and on language acquisition.

Method FIRST STEPS is a randomized trial study investigating the effects of a psychoanalytically oriented early prevention program (A) compared to groups organized by paraprofessionals with an immigrant background (B). The sample comprises 160 families, who are supported and assessed during three years (children from 0 to 3). A number of different instruments are applied, amongst others the Emotional Availability Scales (EAS) for analyzing the quality of parent-child-interactions. The main hypothesis concerning the EAS is that the prevention program (groups A) will help to promote a good parent-child-relationship more compared to the comparison groups (B).

Results We will present baseline findings on the EAS as a process instrument on the quality of the parent-child-interaction, expecting no difference between the participants in the two compared conditions (A & B) at the beginning of their group attendance. Since FIRST STEPS is an ongoing study we will furthermore be able to present some results on the promotion of the parent-child relationship by our intervention compared to the comparison group measured with help of the EAS for a subgroup of our study.

Conclusions Based on empirical findings it is expected that professionally supported good early relationship experience improves long-term integration of immigrant children. Anticipated is that supporting the earliest parent-child-interactions and parenting capacities will have a positive impact on the quality of the parent-child relationships and on children's socio-emotional and cognitive development.

PS5.1-S2

ASSOCIATIONS BETWEEN OBSERVED SHARED PLEASURE IN MOTHER-INFANT INTERACTION, OBSERVED MATERNAL SENSITIVITY AND SELF-REPORTED MATERNAL MOOD

Kaija Puura^{1,2}, Mirjami Mäntymaa^{1,7}, Reija Latva^{1,2}, Ilona Luoma^{1,2}, Tuula Tamminen^{1,2}, Jukka Leppänen³, Raili Salmelin^{8,2}, Antoine Guedeney^{4,5}, Dana Niehaus⁶

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Introduction Positive emotions are markers of individual's well-being and independent of negative emotions. We aim to examine the frequency and duration of dyadic, shared pleasure (SP) in mother-infant interaction in samples from three different countries, and whether maternal mood and sensitivity are associated with the amount and duration of shared pleasure.

Method We will assess a Population register based sample of 100 Finnish mothers with 7-month-old infants, a high risk sample of 100 French mothers with 14 to 18-month-old infants and a sample of 50 South-African mothers with 6-month-old infants in videotaped free play situation. The videotapes are analyzed with the Emotional Availability Scales (EAS), 4th edition, for maternal and infant behavior. The frequency and duration of SP moments are analyzed from a 5 minute long sequence of the videotapes. Mothers fill in the Edinburgh Postnatal Depression Scale (EPDS) and a questionnaire on recent life events.

Results So far only the Finnish sample has been analyzed. In preliminary results, 33% of the mothers scored below the clinical range in maternal sensitivity. There was a moderate to strong positive correlation between higher maternal sensitivity and frequency (Spearman $r = 0.54$) and duration ($r = 0.55$) of SP moments. Maternal report of more than 2 life events was associated with higher EPDS scores ($r = 0.27$), and higher EPDS scores were associated with shorter SP moments ($r = 0.36$).

Conclusions Our results indicate that shared pleasure in mother-infant interaction is correlated to maternal interaction behavior and also moderately to maternal mood in the Finnish sample. We expect to find equally strong or even stronger correlation from the two high risk samples.

PS5.1-S3

EMOTIONAL AVAILABILITY INTERVENTION WITH MOTHERS AND INFANTS/TODDLERS SUFFERING FROM EARLY FEEDING DIFFICULTIES AND ALLERGIC SYMPTOMS

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Introduction The aim here is to present preliminary results from a randomized control group study evaluating the effectiveness of Emotionality Availability Intervention (EAS) with mothers of infants/toddlers suffering from early feeding difficulties and suspected cow's milk allergy (GI-CMA).

Method The sample comprised 24 children (aged between 3 months – 18 months) who were referred to the Helsinki University Central Hospital Allergology clinics with GI symptoms suggesting CMA. The patients underwent medical examinations regarding the allergic symptoms and were invited to participate to 4-time EAS-group intervention. The study group participated in EAS-intervention which is a manualized parent –child intervention focusing on increasing awareness and building parental competence of emotionality in parent-child relations through psychoeducation, videofeedback, homework and group discussions. After pre-test (videotaped Emotional Availability Assessment during free-play and feeding situations, PSI) the group was randomized into study and control group.

Results The preliminary results are being conducted.

Conclusions The heightened level of parental worry may be seen in more dysfunctional emotional interaction when young child suffers from unspecified allergic symptoms. Addressing these worries and supporting parental competencies in responding child's emotional cues rather than focusing on symptoms might be the key helping factor in EAS-intervention work.

PS5.2 – THE EMERGENCE OF THE VERY YOUNG CHILD'S SENSE OF SELF AND GENDER: HOW DOES GENDER AWARENESS BECOME GENDER DYSPHORIA?

Chair: Campbell Paul, Royal Children's Hospital Melbourne, Australia

Discussant: Mary Sue Moore, The Boulder Institute, Boulder, Colorado, USA

PS5.2-S1

THE EMERGENCE OF GENDER DYSPHORIA FOR VERY YOUNG CHILDREN: CONSIDERING THERAPEUTIC APPROACHES

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Introduction There is an increasing awareness of the difficulties experienced by a small number of children who are very unhappy with the physical sex of their bodies. Gender dysphoria presents a real crisis for both the very young child and his or her parents.

Method There are a number of clinics for the assessment and treatment of young children with gender dysphoria. The distress experienced by that child and parents can be profound, and parents often feel alone and criticized. For the child it feels as if they are trapped in an impossible situation, difficult to comprehend. Winnicott talked of the good enough parent helping the baby "inhabit his body", however we know that biology also plays a part in how the baby becomes aware of their own gendered body.

Results This paper will present clinical material from a paediatric gender clinic with children from aged 3 years as presented in distress. There are controversies regarding treatment approaches including the support for early social transitioning. The mental health clinician's role is to minimize distress and panic and assist the child and family negotiate the complex process of development. (Di Ceglie 2009)

Conclusions Gender dysphoria experienced by very young children can be very distressing for each of the child and the family and requires a sensitive comprehensive assessment and thoughtful approach to treatment. Helping the child and family retain hope and flexibility is key.

PS5.2-S2

GENDER AND GENERATIVE IDENTITY IN THE 21ST CENTURY

Joan Raphael-Leff

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Introduction Babies are not born with awareness of their sex. Reframing normative gender identity acquisition as **embodiment** (core sense of femaleness or maleness); feminine/masculine **mental representations**; articulation of hetero/homo/bisexual **erotic desire**, I added 'generative identity' – a psychic construction of oneself as a potential progenitor, rooted in acceptance of reproductive facts.

Method Longitudinal observation of 23 child-parent units confirms 12-36 months as crucial in gender identity formation. Having identified indiscriminately with the capacities of both sexes, a child who previously imagined s/he can be/do 'everything' is saddened by accepting these restrictions: **sex** ("I'm either female or male, not the other sex, neither or both"), **genesis** ("I'm not self-made. Two

people made me"), **generativity** ("Females gestate, give birth & lactate; males impregnate"), **generation** ("Adults make babies; children cannot"). Denial/disavowal and/or rigidly conventional sex-stereotypes generate disorders. However, generative agency, consolidated around 18 months compensates for loss, by replacing future procreativity with immediate creative agency.

Results Developmentally, our multifaceted subjectivities are saturated by fantasy, the social unconscious, and transmissions from significant others. Thus while the physical substrate of sexed bodies remains unchanged, psychosocial attributes and the range of permitted gender interpretations vary across cultures, over time and between families. Rapidly changing Western gender identity necessitates reconsiderations. Today, aided by medical/reproductive technologies eternal limitations of sex, genesis, generativity and generation can be undone, seemingly reinstating the infinite possibilities of infantile fantasy. Theory must now accommodate 12-35% European voluntary childlessness; primary-care fathers; asexual conception; single mothers; same-sex parents; gamete donation/post-menopausal childbearing; lesbian egg-swapping/ovum cryation; surrogacy/artificial-wombs, and potential sex-change.

Conclusions Some researchers consider gender as biologically programed. However, recent changes substantiate its psychosocial origins and propensity to change. Gender identity is now accepted as a multi-determined fluid entity, which fluctuates at nodal points over the life span. When normative parameters are so extended, how is pathology defined?

PS5.2 – W1 FATHERS AND FEEDING: THE IMPORTANCE OF INCLUDING FATHERS IN INTERVENTIONS FOR FEEDING DISORDERS

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Introduction: Most clinical interventions for feeding disorders tend to focus on mother and child. The potentially valuable role fathers can play is thus often ignored, as is consideration of the impact of the feeding difficulty on the father and possible implications of this on maintaining or exacerbating parenting problems.

Method: Much clinical practice in this area is not evidence based and there is limited research to guide optimal content and structure of interventions designed to meet the needs of all participants in feeding relationships. The importance of successful feeding to family health, mental health and wellbeing is often underestimated and potential for maximizing beneficial interactions may be untapped. Fathers may have differing levels of involvement with feeding and varying levels of associated stress, resulting in different patterns of impact on the presenting problem. This interactive workshop aims to inform participants about relevant research and clinical practice and invite active discussion.

Results: The workshop will include a brief overview of relevant research on fathers and feeding as well as a summary of findings from some of our own research in this area. We describe the development of clinical interventions in our clinic, based on existing evidence and designed to ensure an appropriate focus on systemic family issues. We aim to discuss a range of variables shown to be of relevance, to include differences in maternal and paternal stress, father involvement in child care, and parental alliance. Clinical case materials will be included and participants invited to contribute reflections from their own practice.

Conclusions: Attendance at the workshop will therefore offer an opportunity for delegates to update their knowledge and awareness of issues relating to fathers and feeding, to learn of some associated clinical practice developments, and to reflect on their own clinical practice and opportunities to modify this. We invite active participation throughout.

PS5.3 - MALTREATED AND TRAUMATIZED CHILDREN: ASSESSMENT AND INTERVENTION STRATEGIES

Chair: Anna Maria Speranza, Sapienza University of Rome, Italy

Moderator: Neil Boris, University of Central Florida, Florida, USA

PS5.3-S1

INTENSIVE IN-PATIENT TREATMENT FOR CHILDREN WITH SEVERE TRAUMATIZATION IN INFANCY

Karl Heinz Brisch, Ulrike Paesler, Kathrin Zeber, Anne Budke, Ludwig Ebeling, Julia Quehenberger

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Introduction Trauma in infancy has a chronic negative impact on motor, cognitive, social and emotional development of children. They present with attachment disorders, aggression, panic states, psychosomatic diseases, dissociation. Such difficulties require in-patient care in a secure milieu with intensive psychotherapy to promote affect regulation, empathy, and to reduce anxiety.

Method An intensive in-patient psychotherapy is implemented as a specific treatment program for these children over a duration of 6 months. The treatment consists of play therapy, traumatherapy, milieuthrapy and creative arts therapies, parent groups 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 is essential for this treatment approach, helping them to grow with their child's development and sensitizing them to the special needs of their child.

Results The basic principles and the therapy concept of intensive in-patient psychotherapy of children and the evaluation program "Moses Study" will be presented together with preliminary results. Treatment cases will be demonstrated with video clips from therapy to elaborate the conceptual approach and the course of the treatment. Further information of follow-up examinations after discharge of the patients will be provided, especially about the positive changes in the attachment representations of the children.

Conclusions Children with experiences of very severe and early traumatization during infancy need an intensive care unit of psychotherapy for the resolution of their traumata and for the improvement of their symptomatology. This will help them to integrate themselves successfully into their peer-group and into society.

PS5.3-S2

INTERGENERATIONAL TRANSMISSION OF ABUSE: ATTACHMENT-INFORMED ASSESSMENT AND TREATMENT IMPLICATIONS

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Introduction Within the "cycle of maltreatment" (Zeanah, Zeanah, 1980; Dixon et al., 2005) attachment plays a major role, as patterns of interactive dyadic exchanges can be negatively impacted via mother's sensitivity. In the light of the intergenerational transmission of abuse, this process bears significant risk for future onset of child psychopathology.

Method We examined maternal attachment representational status and the quality of dyadic interaction in a sample of 34 child-mother dyads involved in abusive environments. Dyads were referred to a Province of Rome Centre appointed for the diagnosis and treatment of such situations. Children were in a 15 to 67 months age range, and had been victims of different kinds of abuse and maltreatment. Mothers were administered the Adult Attachment Interview (George et al., 1984; Hesse, 2008) for the assessment of their attachment representational status. Dyads were observed in a 30-minutes videotaped Crowell Procedure (Crowell & Feldman, 1988) session.

Results The distribution of adult attachment representation in our sample did not match the characteristics of such clinical groups (Bakermans-Kranenburg & Marinus H. van IJzendoorn, 2009). Though we found a 32% "U/CC" at the AAI models in the mothers, nearly half of the sample was coded as "F" secure. In the same vein, ANOVA didn't show significant variations in patterns of dyadic exchanges when "abusive vs non abusive" mothers were confronted. On the contrary, quality of dyadic interactions proved to be significantly higher when mothers were "F" secure at the AAI.

Conclusions Our results show that attachment representational status in mothers involved in child abuse may not be typical of "clinical samples". "F-secure" mothers were clearly more adequate in promoting positive interactions with their children with respect to "insecure + disorganized" ones. Data are discussed in terms of implication for dyadic treatment.

PS5.3-S3

INNOVATIVE PROGRAMS PROVIDING OPPORTUNITIES TO BREAK INTERGENERATIONAL CYCLES OF ABUSE AND NEGLECT

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Introduction A system of care for infants and young children should provide an integrative perspective with mental health considerations incorporated into decisions affecting children and families. Innovative programs will be discussed to provide services for abused and neglected children to improve the relationship, prevent further abuse and neglect, and increase permanency.

Method A description of innovative programs with juvenile court for abused and neglected young children and parents will be presented that represent different systems working together to develop effective programs to prevent abuse and neglect. An overview will be presented on ways to evaluate the traumatized child, develop interventions, and implement treatment strategies for working with traumatized young children will be presented.

Results Data from different programs with abused and neglected children identified in juvenile courts will be presented. Results will include information on identified service needs, discussion of efforts to increase timely permanency, strategies to ensure parent-child contact, efforts to decrease numbers of placements, and ways to prevent further abuse and neglect.

Conclusions Multidisciplinary programs addressing abused and neglected young children in juvenile court provide greater understanding to meet the families' biopsychosocial needs. Further, there is increased awareness of issues impacting traumatized children, greater knowledge of resources, and, through the collaboration, ability to resolve obstacles and ensure better outcomes for the children.

PS5.3-S4

EFFECTS OF EMDR THERAPY ON NEURAL PROCESSES ASSOCIATED WITH FACIAL EMOTION PROCESSING IN MALTREATED AND TRAUMATIZED CHILDREN

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Introduction Maltreated and traumatized children show a "threat-related attentional bias", since they perceive angry faces as more salient than other emotions. EMDR is a psychotherapeutic approach that uses alternating bilateral sensory stimulation to link traumatic memories to more adaptive information already existing in the patient's neural networks, therefore reorganizing affect regulation.

Method This study employed ERPs to investigate the efficacy of EMDR therapy on the processing of facial emotions in 9 school-age children, who reported PTSD symptoms related to early traumatic experiences. ERPs were recorded before and within one month after the end of the EMDR therapy, while children passively viewed angry, afraid, happy and neutral adult faces, selected from the KDEF (Lundqvist et al., 1998). ERP data were correlated with the pre and post-EMDR therapy measures of children's traumatic distress (TSCC-A, Briere, 1996) and emotional-adaptive functioning (CBCL/4-18 years, Achenbach, 1991, 2001).

Results Preliminary analyses indicated a decrease in time of the amplitude of early positive frontal-central ERP components in response to viewing angry and afraid facial expressions, compared to happy and neutral ones. With respect to psychological assessment, analyses evidenced a decrease in time of traumatic distress (with significant lower scores on "anxiety" and "post-traumatic stress" clinical scales of TSCC-A), and an improvement in emotional-adaptive functioning (with significant lower scores on "internalizing" and "externalizing problems" of CBCL/4-18 years). Significant correlations were found between neurophysiological and psychological data before and after EMDR therapy.

Conclusions In line with scientific literature, preliminary data suggest that early trauma negatively influences the developing brain, by altering the neural processing of facial emotions in children. Furthermore, preliminary results evidence that EMDR therapy can reorganize children's affect regulation, by reducing the intensity of the responses to negative facial expressions.

PS 5.4 – BRIEF ORAL PRESENTATIONS: ATTACHMENT STUDIES AND PARENTING

Facilitator: Jonathan Hill, The University of Manchester, Manchester, UK

PS5.4-B1

ATTACHMENT DISORGANIZATION THREE YEARS ON: ATTACHMENT SPECIFIC ESCALATION OF AGGRESSION AND LOW INTENTIONALITY IN STORY STEM NARRATIVES

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Introduction We have previously reported a specific association between insecure attachment and low interpersonal perspective taking (intentionality) in response to high threat story stems. No previous study has examined specificity with respect to attachment and non-attachment threats.

Method In a general population study of first time mothers recruited during pregnancy (N = 1233) a stratified subsample of 268 was assessed at 14 months in the Strange Situation Test. Assessments are currently being conducted at 4.5 years with two attachment related McArthur story stems (Scary Dog and Burnt Hand) and one aggression related (Lost Keys). We report here findings from the first 23 story stem assessments, of a planned 250.

Results Higher attachment disorganization scores were correlated with lower intentionality in Scary Dog ($\rho = -.45$, $p = .031$) and Burnt Hand ($\rho = -.30$, $p = .16$), but not Lost Keys ($\rho = .01$, $p = .97$). Disorganization was also associated with greater escalation of aggression in Scary Dog ($\rho = .55$, $p = .007$) and Burnt Hand ($\rho = .45$, $p = .029$), but not Lost Keys ($\rho = .04$, $p = .86$). With larger numbers the interaction between attachment disorganization and intentionality and escalation of aggression contrasting attachment and non-attachment threats will be examined in repeated measures analyses.

Conclusions Preliminary findings are consistent with specific continuities between attachment disorganization and lowered interpersonal perspective taking and rapidly escalating aggression in attachment relevant story stems. These may underpin specific attachment mechanisms in aggression in children.

PS5.4-B2

PRESCHOOL CHILDREN'S EMOTIONAL DISORDERS AND INTERNAL REPRESENTATION OF PARENTING IN PLAY NARRATIVES

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Introduction The aim of the study was to explore the associations between preschool children's emotional disorders and the internal representations of parenting.

Method The study included 3-6 -year-old children who were diagnosed with emotional disorders (depressive, anxiety and posttraumatic disorder) in the child psychiatric department in Tampere University Hospital during 2002 - 2010 (n = 28). Diagnoses were based on clinical assessment which includes family observation, clinical interviews of the child and the family, CBCL and play narratives. The control group included 40 normal 5-6 -year-old children. The videotaped MSSB narratives were coded by using a clinical adaptation (Latva et al. 2009) of the research-oriented coding. Themes used were parental representation and conflict resolution by seeking adult help or using an adult-like strategy.

Results The mean age of the clinical children was 5.3 years (SD 1.0) and that of control children 6.2 years (SD 0.3). Half of the children were girls in both groups. Children with emotional disorders had fewer representations of maternal caring ($p=0.024$) and more ineffective and negative maternal representations ($p=0.034$; $p=0.024$). Similar results were found among internal representations of

fathers. In the play narratives the children with emotional disorders less often asked for help from adults during the stressful situation ($p=0.004$) and more often used adult-like strategies to resolve the conflict ($p=0.046$).

Conclusions Results indicated an association between emotional disorders and internal representations of parenting. Experiences of family relationships and quality of parenting have an effect on the development of children's internal representations of parenting. However, emotional disorders may also have an impact on the young children's internal representations of caregivers.

PS5.4-B3

EARLY CHILDHOOD ADVERSITIES, TRAUMA SYMPTOMS AND STORY STEM PLAY NARRATIVES IN A CLINICAL SAMPLE OF YOUNG CHILDREN

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Introduction The aim of the study was to explore the associations between the history of early childhood adversities, children's posttraumatic stress symptoms reported by parents and the occurrence of trauma-related themes in Story Stem play narratives in young children.

Method The clinical sample ($n = 49$) comprised 3-6-year-old children assessed in the child psychiatric department in Tampere University Hospital between 2000-2010. The history of early childhood adversities (alleged sexual or physical abuse, domestic violence, parental substance abuse, traumatic separations, disturbances in parent-child interaction and non-relational traumas) was obtained from hospital records. Parents completed CBCL questionnaires. Posttraumatic symptoms scale (CBCL-PTSD) for preschoolers was used (Dehon & Scheeringa, 2006). The MSSB play narratives were videotaped and coded according to a coding manual developed for clinical purposes (Latva et al., 2009). Of the coding themes, aggression, dissociation themes, repetition and coherence were used.

Results The mean age of the children was 4.6 years ($SD 0.9$). The proportion of girls was 47%. A high number of adversities (>3 , HA) was reported for 25% and a high score on the CBCL-PTSD scale (>9 , HS) for 29%. HA was associated with HS ($p = 0.023$). Physical aggression in the play narratives was associated with HS ($p = 0.019$) and with HA ($p = 0.004$). Spacing out, traumatic dissociation and repetition were associated with HA ($p = 0.037$, $p < 0.001$, $p = 0.027$). Children with HA produced incoherent narratives more frequently than other children ($p = 0.007$).

Conclusions The results show associations between adverse experiences and certain characteristics in children's play and suggest that a structured play narrative method, in addition to parental reports, is useful in the clinical assessment of young traumatized children.

PS5.4-B4

STRUCTURAL AND CONTENT ASPECTS OF CONFLICT-BASED PLAY NARRATIVES AND THEIR RELATION TO FAMILY RELATED RISK FACTORS AND MALADJUSTMENT IN PRESCHOOL AGE

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Introduction The family is a main source of experiences for children. According to social cognitive theory, experiences are internalized as mental representations, which influence later behavior. Research suggests that children's play narratives reflect these representations. We investigated the role of narrative characteristics in the relation of family risk and children's maladjustment.

Method The sample consisted of 193 children (98 girls, 95 boys) aged 3 to 5 years ($M = 3.85$, $SD = 0.48$). Parents participated in an interview on family-related risk factors; teachers and parents completed the Strengths and Difficulties Questionnaire; children completed the MacArthur Story Stem Battery. We specifically investigated the direct effects of family risk and narrative characteristics on children's maladjustment. A main goal was to examine the mediating and moderating role of narrative coherence and content themes in the association between family risk and children's internalizing and externalizing problems.

Results Children's narrative coherence was associated with better adjustment, and coherence buffered the negative effect of family risk on children's internalizing problems. Positive themes were negatively associated with externalizing problems. Telling narratives with many positive and negative themes buffered the impact of family risk on teacher-reported internalizing problems. Additionally, negative themes buffered the impact of family risk on teacher-reported externalizing problems.

Conclusions In sum, the findings suggest that in children, being able to tell coherent and enriched narratives may buffer the impact of family risk on their internalizing problems, and being able to produce positive themes rather than aggressive themes is associated with lower externalizing problems.

PS5.4-B5

ASSOCIATIONS BETWEEN REPRESENTATIONS IN STORY STEMS AND SOCIAL COMPETENCES IN KINDERGARTEN - DIFFERENCES BETWEEN CHILDREN WITH AND WITHOUT INTERNALIZING DISORDERS

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Introduction Internalizing disorders in children can lead to negative thoughts and perceptions about the self and the environment. This might influence real life experiences and representations in story stems. Our aim was to examine the association of social competences and positive peer relations with narrative representations in preschoolers with/without internalizing disorders.

Method Our sample consisted of 200 preschoolers including n=135 children with internalizing disorders (anxiety disorders and depressive symptoms) and n=65 children without any psychiatric diagnosis. These groups were composed after conducting a diagnostic interview. This interview was specifically developed for children in preschool age (PAPA). For examining our research question we applied the MacArthur Story Stem Battery (MSSB) and the Self- and Other-oriented Social Competences questionnaire (SOCOMP, teacher report). Separately for the two groups, we conducted stepwise regression analyses with social competences as dependent variables and language abilities, gender, emotional symptoms and prosocial representations in the narratives as independent variables.

Results In the group of children with internalizing disorders we found associations between prosocial representations in children's narratives and social competences in kindergarten. For example, their leadership behaviors and sociability in kindergarten could be explained by the amount of prosocial representations they used in the narratives. We also found this association for positive peer relations. In children without psychiatric disorders, we found no significant associations between prosocial representations in narratives and social competences or positive peer relations in kindergarten. In this case, the control variables had a higher impact on the social competences than the study variable.

Conclusions We found associations between prosocial narrative representations and social competences in kindergarten, but only for preschoolers with internalizing disorders. Children without psychiatric disorders might have greater cognitive flexibility and do not only depict actual social behaviors but also fantasies and wishes. Further research has to take more factors into consideration.

PS5.4-B6

MATERNAL PSYCHOSOCIAL STRESS AND EMOTIONAL SYMPTOMS/DISORDERS IN KINDERGARTEN CHILDREN: THE MODERATING ROLE OF CHILDREN'S NARRATIVE COHERENCE

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Introduction Children's story stem play narratives about the mother-child relationship provide a valuable tool for assessing children's representations. In the present study we examine whether children's narrative coherence in story stem play narratives moderates the association between maternal psychosocial stress and emotional symptoms and affective disorders in kindergarten age.

Method The sample of 236 preschool children (129 girls, 107 boys) and their mothers was recruited at the local health authorities in Leipzig (Germany), where children participated at a medical screening assessment two years before school entry. Mothers completed questionnaires on their psychosocial stress burden and on child symptoms. Children's psychiatric diagnoses were assessed by a diagnostic interview with mothers (PAPA). Children completed eight story stems of the MacArthur Story Stem Battery. Story stem narratives were videotaped and coded for narrative coherence. Age, gender, verbal performance and child temperament (mother rating) acted as control variables in multivariate analyses.

Results Results showed that maternal psychosocial stress was significantly associated with child emotional symptoms and affective disorders. Neither maternal stress nor children's emotional symptoms or affective disorders were associated with narrative coherence. However, narrative coherence moderated the association between maternal stress and child emotional symptoms. For children with incoherent narratives the association between mothers' stress and children's emotional symptoms was significantly stronger than for children with coherent narratives. Narrative coherence did not moderate the association between maternal psychosocial stress and child affective disorders.

Conclusions Children's coherence in play narratives about the mother-child relationship moderated the association between maternal psychosocial stress and children's emotional symptoms. The finding indicates that preschool children's cognitive-emotional organization in dealing with relational conflict themes might have a protective effect on their mental health when exposed to maternal stress.

PS5.4-B7

RECONNECTING AFTER SOCIAL DISCONNECTION: THE IMPACT OF EXPERIMENTAL OSTRACISM ON PERSPECTIVE-TAKING IN STORIES OF HEALTHY PRESCHOOLERS AND CHILDREN REFERRED FOR EMOTIONAL DISORDERS

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Introduction Effective cooperation is rooted in the human skill and motivation to take the perspective of collaborators ("intentional stance"). This capacity may therefore offer a crucial means of reconnecting after social ostracism. Whereas this reconnecting response may typify healthy individuals, we know that adults with depressed mood affiliate less following exclusion.

Method In two studies, we examined children's social perspective-taking on characters in their storytelling (as indexed by Hill et al.'s Intentionality scale for story-stem narratives) before and after participation in a virtual ball-toss game with peers ("Cyberball"). In Study 1, a normative sample of 52 five-year-olds were randomly allocated to inclusion, exclusion, and accidental exclusion in Cyberball before and after which they completed story-stems. In Study 2, 17 five-to-eight year-olds clinically referred for emotional disorders (primarily anxiety disorders and depression) as well as age- and gender-matched controls completed story-stems before and after exclusion in Cyberball.

Results In Study 1, healthy preschoolers selectively enhanced their perspective-taking in story-stem narratives upon exclusion in Cyberball as compared to preschoolers exposed to inclusion and accidental exclusion. By contrast, in Study 2 we found that children referred for emotional disorders showed a drop in perspective-taking following exclusion relative to healthy controls.

Conclusions We conclude that perspective-taking in the face of exclusion may reflect an urge to reenter the group and stabilize cooperation among healthy individuals. However, the absence of this normative pattern in children with emotional disorders may account for their social deficits, potentially offering a port of entry for intervention.

PS5.5-W1

NON-VERBAL INTERACTIONS AS A PORT OF ENTRY FOR INSIGHT-ORIENTED FAMILY THERAPIES

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Introduction Early psychopathology has been linked with impaired dyadic relationships as well as with disturbed co-parenting, and in some cases where the co-parenting dimension is not being addressed in the therapy, the infant's symptoms do not disappear in spite of the improvement in his/her relationship with each parent.

Method The Lausanne Trilogue Play paradigm has provided us with a structured way of understanding more subtle, nonverbal communication such as body positioning and gaze; so critical to infants and young children who are as yet preverbal. In this workshop, we will describe the use of non verbal interactions and body configurations as port of entry into dyadic (parent-infant), as well as triadic (both parents and infant) therapeutic processes. In this workshop, we will describe the D.A.N.C.E. (Dyadic Attachment- Based Nonverbal Communicative Expressions) and the C.T.P.P. (Co-parenting Triadic Psychodynamic Psychotherapy with two cases respectively).

Results D.A.N.C.E provides a systematic way to address and organize nonverbal interactions between each family member with an emphasis on the embodied, felt-experiential nature of the nonverbal exchange. C.T.P.P. is aimed at promoting each parent's empathy and insightfulness into the meaning of their infant's behaviors, as well as into their co-parenting alliance and its link with their own parents' co-parenting alliance that they may have experienced in their childhood. The C.T.P.P. uses the LTP both as an assessment and a therapeutic tool, with an emphasis on the co-parenting non verbal interactions.

Conclusions To conclude, ways of adding the non-verbal dimension to insight-oriented family psychotherapies for early infant psychopathology, is a very efficient port of entry the often disturbed co-parenting functioning.

PS5.6-W1

IMPACT OF TRAUMA AND CHANGING POLICY AND PRACTICE FOR COURT SYSTEMS: TWO INITIATIVES

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Introduction The landmark Adverse Childhood Experiences Study identified the association between childhood trauma and a multitude of health/social problems. Yet, systems that interface with vulnerable young children lag in efforts to mitigate the impact of trauma. This workshop illustrates two initiatives shifting policy and practice for court systems serving young children.

Method The "Baby Court Statewide Initiative" addresses the intergenerational transmission of trauma in child welfare. This initiative elevates the prominence of infant mental health in the judiciary by ensuring that infants and toddlers receive an in-depth assessment and necessary dyadic intervention, funded by progressive state-wide policy. The Young Parents Project focuses on changing the trajectory of court-involved teen parents and their babies through trauma-informed interdisciplinary services. YPP is adapted from Yale University's practice model focusing on the mom/baby relationship and reflective functioning. This attachment-based intervention supports the young mother's ability to "*hold her baby in mind*" as she makes important life decisions.

Results Through a decade of investment to build a cadre of training IMH clinicians, paired with more than a dozen trauma-informed judges throughout the state, a collaborative effort has generated a unique response to the needs of infants and toddlers in child welfare. Intensive home visiting services for court-involved young families over the past seven years have focused on the mom/baby relationship and the impact of trauma. Promising outcomes include: (a) *improved birth outcomes*; (b) *reduced rapid subsequent births*; (c) *improved parenting capacity*; and (d) *few additional arrests* with a focus on stopping the generational transmission of trauma.

Conclusions These interventions within the court system promote enhanced parental capacity while promoting child well-being, even after extensive experiences of trauma. Infant mental health provides a foundation for training, program development, and policy implementation to allow the child welfare system to consider the needs of the youngest and most vulnerable.

PS5.6-W2

THE EXPERIENCE OF BEING ASSESSED WITHIN FAMILY LAW - ENHANCING ENGAGEMENT THROUGH LISTENING TO FAMILIES

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Introduction The Family Assessment and Safeguarding Service (FASS, Oxford Health NHS Foundation Trust) offers multidisciplinary parenting assessments and treatment for complex families - including providing expert evidence in legal proceedings involving child abuse or neglect. Engagement with families is vital, and reflections on how this can be enhanced of great value.

Method As routine, FASS request families to provide feedback of how they have experienced working with the service. This is done in a range of ways, from completion of questionnaires to open discussions. Routine referral and outcome information is also collected, and reference can be made to quantitative data e.g. reason for referral. The opinions of families are highly valued, and parents have taken the opportunity to discuss their experiences at a range of events, including conferences. Therefore, we are able to present video extracts.

Results This workshop will provide a forum to share, discuss and reflect upon the families' experiences of being assessed within Family Law. We will present what they found the most challenging and the most rewarding in their journey through our service - from referral to outcome. We will focus on their views of engaging with the service and the process of being assessed at a time of significant personal stress and uncertainty. This will include families' views on the use of standardized assessments e.g. the Strange Situation. In addition, we will present reflections on how we managed 'endings' and fed-back information.

Conclusions Whilst specific to our service, the opinions of the families referred to us are generalizable. Our aim is to promote collaboration (without collusion) with all families involved within Family Law. Reflections from those who have been 'assessed', alongside reflections from professionals who complete assessments, enable us to learn and evolve.

PS5.7 - RESOLUTION OF THE DIAGNOSIS IN PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS ACROSS VARIED CONTEXTS

Chair: Smadar Dolev, Oranim College, Israel

Discussant: Robert Marvin, University of Virginia, Charlottesville, Virginia, United States

PS5.7-S1

PARENTAL REACTION TO EARLY DIAGNOSIS OF THEIR CHILD'S AUTISM SPECTRUM DISORDER: AN EXPLORATORY STUDY

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Introduction The autistic disorder is a serious, developmental disorder, characterized by impairments in social interaction, and (non)verbal communication already existing before the diagnosis is received. Fortunately, nowadays early diagnosis is possible, although parents can respond to the diagnosis differently; some already came to term with the diagnosis, while others did not.

Method The RDI can function as a baseline assessment of parents' current state of resolution to diagnosis. The information regarding the resolution of the parents concerning the diagnosis can offer care providers the opportunity to tailor their interventions to the parent's individual needs. Our longitudinal study therefore explores the parental reaction of 77 native and immigrant parents of recently diagnosed children in the age of 16 to 61 months ($M = 42.87$; $SD = 9.99$). Six months later, 35 parents participated for the second time to measure stability or change over time.

Results The majority of parents adapted well to the circumstances and the care for their child. Most of the parents that participated in the second part of the study demonstrated stable RDI-classifications. Autism severity and parental nationality were significant factors affecting parental reactions.

Conclusions Identification of parental reaction to children's ASD-diagnosis may offer care-providers the opportunity to tailor their interventions to the parent's individual competences and needs.

PS5.7-S2

MOTHERS' RESOLUTION OF THE CHILD'S ASD DIAGNOSIS: A COMPARISON BETWEEN ARAB AND JEWISH FAMILIES

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Introduction Little is known about parents' resolution of their child diagnosis among non-Western parents. We therefore compared Arab-Israeli mothers whose culture is relatively traditional with Jewish-Israeli mothers whose culture is considered Western with respect to their resolution of their child's ASD diagnosis and its relation with maternal distress and parenting stress.

Method Arab ($N=46$) and Jewish ($N=45$) mothers of children with ASD's (Range_{age} = 27-106 months [$M = 55.98$, $SD = 19.77$]) participated in the study. Mothers were interviewed using the Reaction to Diagnosis Interview (Pianta & Marvin, 1993). Mother also completed the Brief Symptom Inventory (Derogatis & Melisaratos, 1983) to assess emotional distress. Finally, they responded to the Family Impact Questionnaire (Donnenberg & Baker, 1993), which measures five domains of parenting stress: positive feelings towards the child, negative feelings towards the child, child's impact on parents' social life, child's impact on marital relationship, and child's impact on her siblings.

Results Resolution rates were similar across cultural groups. Compared to resolved mothers, unresolved mothers, Arab and Jewish alike, reported elevated emotional distress and more parental stress across its five domains. Compared to Jewish mothers, Arab mothers experienced more emotional distress and more parental stress in terms of fewer positive and more negative feelings towards the child, and more negative impact of the child on their social life and the child's siblings. One interaction effect between culture and resolution was significant. Only among Arab mothers, but not among Jewish mothers, unresolved mothers reported more disruption of marital relationships compared to resolved mothers.

Conclusions The study provides an initial validation of the RDI among Arab mothers of children with ASD's and reveals the unique challenges which these mothers may face. Socio-cultural differences in the perception of child disability that may underlie our findings and clinical implications will be discussed.

PS5.7-S3

STABILITY AND CHANGE IN RESOLUTION STATUS OF MOTHERS AND FATHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Introduction Receiving a diagnosis of a disability regarding one's child, such as Autism, may cause parents to experience overwhelming feelings of pain; a deep sense of loss of their hopes and dreams regarding the expected and wished-for typically developing child; and uncertainties about their child's prognosis and the future in general.

Method Mothers' and fathers' resolution of their child's diagnosis was examined among 78 parents of children with autism spectrum disorder (ASD) at Time 1, and then reassessed 3 years later at Time 2. Parental and children's characteristics such as age, IQ, duration of time since receiving the diagnosis, parental stress and attachment representations and children's severity of symptoms were examined as potential contributors to resolution or lack of, and to stability versus change in resolution status longitudinally.

Results Among fathers, rates of resolution/lack of resolution were similar and remained stable at both times. Among mothers, at Time 1, two thirds were classified as unresolved. At Time 2, half of the mothers changed from an unresolved to a resolved status, thus yielding similar numbers of resolved and unresolved mothers. Furthermore, a reduction in children's severity of symptoms over time, as assessed by the Autism Diagnostic Observation Scale and longer durations of time since receiving the diagnosis were associated with the change from an unresolved status at time 1 to a resolved status at time 2.

Conclusions Coming to terms with the diagnosis of ASD is not simple for parents even many years after receiving it. Mothers are more prone to become resolved with the diagnosis. There is a real need for intervention components specific to parental resolution with the unique characteristics of their child with ASD.

PS5.8-W1

FATHERS AND INFANTS: A DIFFERENT DYAD

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Introduction Father-infant interactions are important and beneficial for outcomes, according to current research. Sadly, barriers continue to disrupt this essential relationship. Direct service with fathers, infants and service providers creates a dynamic, which is dependent on the provider's and the father's history, assumptions, biases, perceptions, perspectives and knowledge base.

Method This workshop will present the development process and content of innovative programs designed to mitigate barriers that new fathers face, provide father support, and influence others to view fathers as competent nurturers. The Newborn Behavioral Observation (NBO) and Skin to Skin with fathers will be offered as solutions. The framework for discussions will include "ghosts in the nursery" (father, provider); reflective functioning (father, provider); father presence (prenatal, perinatal, postnatal); mothers, competence & gatekeeping; and father feelings (including paternal postnatal depression). The use of analogies/metaphors will highlight a father's learning style to teach important concepts.

Results Participants will be challenged to examine their own assumptions which may have created barriers to father-infant interactions. Participants will be introduced to a program for fathers and infants (*The DAD Project*) and a program to educate fathers in their role of breastfeeding support (*Milk Men*). Participants will have opportunities to engage in small group discussions to consider changes they could incorporate into their current practice. Large group discussion will facilitate participants to identify practical solutions that alleviate barriers to and that foster the father-infant relationship. Throughout, the contribution of mothers to the father-infant dyad will be integrated.

Conclusions Innovative approaches with content from research can assist providers with effective ways to cultivate a relationship with fathers. Importantly, this contributes to the parallel process, thereby supporting and promoting the father-infant relationship. This workshop material is inspired and influenced by Drs. Kyle Pruett and Michael Lamb, with deep appreciation. **PS4.13-PW7**

PS5.8A – W2

MIRRORING, MARKING AND MEANING-MAKING: AN EXPLORATION OF THE PARENT'S ROLE IN AN INFANT'S DEVELOPING SENSE OF SELF, AGENCY, AND AUTONOMY

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Introduction This paper uses video recordings of parent-infant interactions to explore how an infant's sense of self develops, and how the failure of parents to mirror, mark, and make meaning of their infant's behavior can result in a disordered sense of self for the infant.

Method Video recordings were made of infant Fiona and her mother from birth to the age of 4 years. Fonagy and Gergely's model with regard to the development of a sense of self (i.e. from physical self to social, teleological, intentional, and representational) is used to analyse the videotapes, and to compare Fiona's trajectory with that of other infants, particularly Darren. The videotape data are used to

explore how an infant's sense of self is linked with the way in which her affects are regulated by her parents, and how the parents' capacities to mentalize and repair misattunements are profoundly important.

Results The video clips of Fiona and her mother show the ways in which early interaction involving a parent who mentalizes, 'marks' and soothes her child's distress, and repairs misattunements, result in Fiona having a well developed capacity for empathic behavior, agency, and symbolization with words and play at 1 year. The videotape data of other infants, however, demonstrate the way in which their sense of self can be seriously derailed, and their behavior show signs of 'disorganization', when marked mirroring by the parent is absent or skewed, and frightened and frightening behavior is present alongside a low ability to mentalize.

Conclusions The videodata demonstrates the way the ability of parents to mirror and mark emotional expression and to find meaning in an infant's sounds, and facial expressions, alongside their capacity for mentalization and repairing misattunements, significantly contributes to the development of a sense of self, agency, and autonomy in the infant.

PS5.9 - BRIDGING THE GAP BETWEEN PRENATAL AND INFANT MENTAL HEALTH PRACTICES: A JOINT ISPOG, MARCÉ AND WAIMH SYMPOSIUM

Chairs: Martin St-André, Sainte-Justine University Hospital Center, Montreal, Quebec, Canada, Carlos Damonte, President of ISPOG (International Society of Psychosomatic Obstetrics and Gynecology), Michel Dugnat

PS5.9-S1

INTEREST OF THE LAUSANNE TRIADIC PLAY IN FAMILIES WITH PROCREATIONS BY GAMETES DONATION

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Introduction The Assisted Reproductive Technology (ART) involving gametes donation can be challenging for couples. Pregnancy is expected as restorative of infertility. The pregnancy could be idealized and also the child is, this complicates the parentality process for each member of the couple. We chose to assess the construction of triadic interactions.

Method 15 Couples who conceived by oocyte or embryo donation were interviewed at 8 month of pregnancy and at 3 month of post partum. The semi structured interview is an adaptation of the IRMAG (Inventory of Maternal Representation during Pregnancy) in which we added some questions specific to the infertility and the conception by gametes donation. The couples as complete some questionnaires : Prenatal Attachment Interview, Edinburgh post natal depression Scale, Dyadic Adjustment Scale and State Trait Anxiety Inventory. When the baby has 3 months we proposed a videorecording of the Lausanne Triadic Play.

Conclusions This research aims to enlighten to the difficulties that couples have to face, in order becoming parents with a gamete donation. We have to find, child psychiatrists, psychologists and gynecologists together, the best way to follow and help these couples

PS5.9-S2

BYPASSING PSYCHOSOMATIC AND PSYCHOSOCIAL PROBLEMS OF PREGNANT WOMEN BY CAESAREAN SECTIONS (CS). IS THAT THE SOLUTION FOR BIRTH-GIVING IN THE 21ST CENTURY IN EUROPE?

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Introduction CS have become "epidemic" short circuits for an otherwise more time-consuming pregnancy and birth-giving program. Despite of evidence-based-guidelines on indications for CS (RCOG, NVOG, SOGC, ACOG, NGC) CS-rates rise (Germany 30.01%; Austria 28.8% - WHO Report 2009) without evidence of better perinatal outcome. The adherence of obstetricians to these EBM-guidelines is poor.

Method Clarification of terms and their implication on obstetrical practice: CS -"indications" have become less medical than social constructions. So called "CS on request" are estimated between 1-2% and 7.7% (SIMPLE). Clear-cut numbers are not available due to the vague term "request". Therefore the "risk" (which also is hardly defined) of a vaginal delivery is considered reason enough to perform a CS. Locally very different CS-rates seem more dependent upon the philosophy of local obstetrics than on medical indications (see for Germany the Study by Petra Kolip Petra "CS-births - Development and regional distribution, IGES Berlin, Barmer GEK, 2010).

Results Women undergo multiple surgical procedures for reproduction only, not for medical problems. Further needed surgery is complicated. The bonding with the child may be impaired. Moreover, there are indications for a higher incidence of autoimmune diseases in children born especially by elective CS. A set of quality indicators on the decision to perform a CS (SIMPLE, Implement Sci. 2013;8:3 doi: 10.1186/1748-5908-8-3) should also include psychosomatic ones. Their development is interdisciplinary. A guideline for psychosomatic support clarifies reasons for CS on request: fear of pain and loss of control, prior bad experiences, concerns about foetal injuries, concerns about anal/urinary incontinence, and worries about emergency CS.

Conclusions It is an interdisciplinary task to counsel about long-term implications, and about pain control, to empower women by competent obstetrical preparation for birth-giving during pregnancy (Austria is currently preparing an inclusion of midwives' counselling into the Austrian Mother-Child-Passport). That additionally, involves developing a Doula-system especially for women with migrant background.

PS5.9-S3

SOFT MARKERS OF PRENATAL ULTRASOUND SCREENING MAY ALTER MATERNAL REPRESENTATIONS AND MOTHER-INFANT INTERACTION

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Introduction In up to 5% of pregnancies, ultrasound screening detects a “soft marker” (SM), minor isolated anomaly with good prognosis. We study the effects of these SM on maternal emotional status, maternal representations of the infant, and mother-infant interaction.

Method Utilizing an extreme-case prospective case control design, we selected from a group of 244 women undergoing ultrasound, 19 pregnant women whose foetus had a positive SM screening and a reassuring diagnostic work up, and 19 controls without SM matched for age and education. In the third trimester of pregnancy, within one week after delivery, and 2 months postpartum, we assessed anxiety, depression, and maternal representations. Mother-infant interactions were videotaped during feeding one week after delivery and again at 2 months postpartum and coded blindly using the Coding Interactive Behavior (CIB) scales.

Results Principal Findings : Anxiety and depression scores were significantly higher at all assessment points in the SM group. Maternal representations were also different between SM and control groups at all study time. Perturbations to early mother-infant interactions were observed in the SM group. These dyads showed greater dysregulation, lower maternal sensitivity, higher maternal intrusive behavior and higher infant avoidance. Multivariate analysis showed that maternal representation and depression at third trimester predicted mother-infant interaction. So SM shows that ultrasound screening could negatively affect the developing maternal infant attachment.

Conclusions Ultrasound screenings are not so benign than it could appear. Medical efforts should be directed to minimize as much as possible the stress caused by the anomaly announcement during ultrasound and to detect and limit their psychological adverse consequences by a multidisciplinary approach during pregnancy and post partum.

PS5.10-C1

CONNECTED, REFLECTED, AND SECURELY ATTACHED: FOSTERING ATTACHMENT AND REFLECTIVE FUNCTIONING IN TRAINING AND TREATMENT WITH FAMILIES IN THE FOSTER CARE SYSTEM

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Introduction The Foster Care system is typically fraught with troubled relationships. At-risk parents have difficult relationships with their children -- often repeating relationships from their own childhood. They distrust the Protective Services system, their children's foster parents, and well-meaning therapists, and they have difficulty participating in a treatment alliance.

Method Using concepts of attachment, attunement, and mentalization, and building on research of Beebe, Fonagy, Slade, Steele, Steele, and Stern, this innovative program trains therapists to provide treatment for mothers and young children in the Protective Services system. Therapists meet with birth mothers and young children in dyadic treatment to support reflective functioning and successful parenting. They then meet weekly in alternating individual and group supervision with experienced psychoanalysts, who provide reflective functioning of the therapists' experience and support successful treatment. In this method, stress is placed on understanding and mentalization both in treatment and in the parallel process of supervision.

Results Case studies over the first year of the program demonstrate the clinical effectiveness of this technique. Two cases will be used to illustrate typical outcomes: in one, the family was reunited after several months of treatment; in another, the children were adopted by their foster family, with full support of the birth parents; in both, relationships with parents, children, foster parents, therapists, clinic, and foster care system were enhanced. In addition, clinical work of therapists improved in their work on their other cases, due to their enhanced ability to participate in an attachment- and mentalization-based treatment and supervision process.

Conclusions Seriously disturbed, emotionally and physically impaired, at-risk families within the foster care system are challenging to treat. This program minimized criticism - of parents and therapists - instead emphasizing mentalization, interpretation, and support for the experiences of mother, child, and therapist. This resulted in improved relationships and connections for all.

PS5.10-C2

CONTRIBUTIONS OF BABIES IN PSYCHOANALYTIC PARENT-INFANT-PSYCHOTHERAPY: THREE CASE REPORTS FROM THE BABY CLINIC FREIBURG

Barbara Kalckreuth

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Introduction Babies' symptoms are contributions. They constitute a "language" that attracts the attention and responsibility of parents, caregivers and therapists, and it can be decoded during parent-infant psychotherapy. I present three case reports on instances of such "language" - the contributions of a fetus, an eleven-month and a fifteen-month old infant.

Method In case 1, a pregnant woman is referred by her gynecologist because the fetus did not develop as expected while her first daughter was also demanding a lot of attention. In the first meeting, she described the experience of a serious loss: her father's death in a car accident when she was six years old. Her daughter was present during this session. Three weeks later she returned for the second appointment with a statement by her gynecologist that the fetus' development had returned to normal. She continues therapy for several other reasons.

Results In case 2, an eleven-month old girl is presented with persisting sleeping disorders. Her mother thought this was caused by a hospitalization of her daughter at two months of age for a urinary tract infection. Sleeping training with her daughter was unsuccessful. Parent-infant psychotherapy revealed the mother's "ghost in the nursery": sexual abuse by her elder brother, which she reported here for the first time ever. During therapy, the baby's symptoms disappeared slowly.

Conclusions Case 3 covers babies' activities during parent-infant-psychotherapy as possible indicators that parents and therapist have touched upon an unresolved conflict. A boy of 15 months was clinging to mother also during therapy sessions. When touching upon her childhood trauma the boy left mother's lap and started to explore the room.

PS5.11 - ASSESSMENT AND TREATMENT OF FEEDING DISORDER: NEW PERSPECTIVE AND DIRECTIONS

Chair: Markus Wilken, The Institute of Paediatric Tube Management and Weaning, Siegburg, Germany

Discussant: Dieter Wolke, University of Warwick, Warwick; Coventry, UK

PS5.11-S1

BEHAVIORAL APPROACHES TO TUBE-WEANING

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Introduction Throughout the Western world, there has been a shift towards baby-led weaning. Similar observations and approaches have been observed within the realm of tube-weaning. Any experienced clinician with a predilection for evidence-based practice will understand that not all weaning outcomes can be left to the child to control and decide.

Method Whether the child requires a desensitization protocol to overcome a phobic response to the presence of food, or whether a child requires additional motivation to engage with food, behavioral techniques and non-verbal control of behavior is an essential component to all tube-weaning protocols. Dr Terence M. Dovey will outline for the first time within this presentation three separate overarching approaches to tube-weaning that have all been shown to be effective. These approaches are termed the intensive method, the switch method and the compensatory method to wean a child from tube-dependency.

Results From the targets defined within the three overarching approaches, different behavioral techniques and strategies to help a child transition to a full orally consumed age-appropriate diet.

Conclusions Finally, some myths around what are and are not behavioral techniques will be outlined and variations in implementation will be offered to account for the recent trend loving referred to as behaviorism with heart.

PS5.11-S2

SITUATION OF PARENTS WITH TUBE DEPENDENT BABIES IN SCOTLAND: THE PERSONAL EXPERIENCE

Markus Wilken, Lesley Gould

Lesley Gould, Edinburgh, UK

Introduction Research papers regarding the impact of enteral feeding on parents of tube dependent children are inconclusive. Some studies show an improved quality of life and an improved feeding situation other studies report high psychological stress or traumatic reactions.

Method The emotional experience of parents with feeding tube dependent children will be outlined by review of literature as well as by case presentation. The following aspects will be discussed: the impact of the child's condition on the parents, the impact of the feeding situation on the parents and the impact of the health system on the parents. This will be embedded with a case history and the personal experience of a mother of a tube dependent child.

Results The review of the literature shows that while parents are compliant with the decision to give consent for a g-tube placement, they still struggle with oral feeding. Parents experience emotional stress caused by constant food refusal and the medical condition of their children. Furthermore they feel left alone by the medical care system. While tube withdraw service is available in Scotland parents are frequently not referred to this system. This increases the psychosocial stress with feeling lost. When the feeding tube is effectively weaned emotional stress is massively reduced.

Conclusions Parents need effective treatment for feeding tube dependency to reduce the adverse effect of food refusal. The medical system needs to acknowledge the high psychosocial stress and economic costs which comes with feeding tube dependency. The NHS in Scotland should offer effective treatment for children with feeding tube dependency.

PS5.11-S3

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

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Introduction The much-anticipated ARFID in DSM5 describes the following criteria: lack of interest in eating, sensory-based avoidance of food and concerns about aversive consequences of eating, associated with faltering weight/failure to achieve expected weight gain and/or, nutritional deficiency, dependency on enteral feeding or nutritional supplements, and marked interference with psychosocial functioning.

Method To validate the above diagnostic features, the intake data of 200 young children referred to our multidisciplinary Paediatric Feeding Program in a tertiary care setting was analyzed. Based on the concept that assessment should inform treatment, a number of tools to aid our diagnosis of feeding problems in young children were developed. A feeding questionnaire (MCH-FS) and a home package were sent to the family prior to the interview. A semi-structured interview and an observation of a mealtime after a minimum of 2-3 hours of food deprivation concluded the assessment. All data were entered into SPSS statistical package for analysis.

Results Seventy percent were 2 years and under, 65 % (n=130) had faltering weight, 68% were diagnosed with lack of interest in eating, 38 % had sensory-based avoidance, aversive consequences of eating was <1%, and 68% of mothers reported that their children's feeding adversely influenced their relationship. On the MCH-FS with 7-point Likert items, there was no significant difference in the mean scores for the amount of distraction (4.97±2.4, n=70; 4.82±2.3, n=130) and force-feeding (3.13 ±2.01 n=70; 3.3 ± 2.13, n=130) used during mealtimes by mothers whose children had good compared to mothers whose children had faltering weight.

Conclusions Our results support some aspects of the diagnostic features of ARFID, while question others, particularly for children under 2 years of age, where maternal involvement in feeding is important in ensuring good weight gain in their children. Our results will contribute toward refining this newly developed diagnostic category in DSM5.

PS5.11-S4

HOME-BASED FEEDING TUBE WEANING: AN EFFECTIVE WAY TO OVERCOME FOOD AVERSION

Markus Wilken

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Introduction Over the past two decades the prevalence of pediatric feeding tube dependency have massively increased especially in infants and young children. Tube Dependency has been described as a reactive feeding disorder, which is associated with massive food aversion and refusal, prevent the transition to oral feeding.

Method The home-based tube weaning program will be outlined, through the phases of assessment, hunger induction, intensive feeding treatment and follow up. During assessment phase children will be assessed regarding their readiness for transition from tube to oral feeding. When assess as ready for wean, hunger will be induced via reduction of enteral nutrition. This is followed by child-led intensive feeding therapy, which includes play feeding, play picnic and parental guidance in the feeding situation. Data will be presented regarding treatment efficiency from three studies with total sample size of 91 cases.

Results During assessment 90 % of the cases were assessed as ready for a wean and involved in the home-based treatment program. Before treatment children show massive feeding disorder symptoms like daily food refusal, vomiting and gagging. The duration of intensive phase varied between 5 to 10 days, with daily treatment of 4 to 10 hours. During the intensive phase a massive decrease of feeding disorder symptoms were to observe and reported by the parent and 90 % of the cases transfer successfully from tube to oral feeding. At follow-up all children which were successfully weaned, were still oral feed.

Conclusions The treatment of feeding tube dependency have been described as challenging by various authors. The home-based tube weaning program have been shown to be a effective treatment modality to overcome food aversion and establish oral feeding.

PS5.12-C1

A PRESENTATION OF AN PLAYFUL ATTACHMENT-BASED THERAPY; MARSCHAK INTERACTION METHOD/MIM AND THERAPLAY

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Introduction. MIM/Theraplay model with authentic videos to demonstrate our work. The importance of knowing more about the parents own background and attachment experiences. Video based demonstrations showing the importance of understanding the goal behind the child's strategies before starting to change them. Theraplay research at Umeå University, Sweden.

Method MIM is a videotaped technique for observing and assessing the overall quality and nature of relationships between caregivers and child. It consists of a series of simple tasks designed to elicit behaviors in five dimensions in order to evaluate the caregivers' capacity to: Provide an appropriately ordered environment (Structure). Engage the child in interaction while being attuned to the child's state (Engagement). Meet the child's needs for attention and care (Nurture). Support the child's efforts to achieve at a developmentally appropriate level (Challenge). Be able to create an playfull atmosphere (palyfulness). And the **child's ability** to respond the caregivers' efforts.

Results. Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on the same five dimensions as in MIM, essential qualities found in parent-child relationships. Theraplay sessions create an active, emotional connection between the child and parent, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.

Conclusions The presentation includes the theory behind MIM and Theraplay, clinical examples, video demonstrations and ongoing research in Umeå, Sweden.

PS5.13-V1

SATURDAYS CHILD: A BABY IS BORN IN WESTERN INDIA

Lynn Barnett

Royal Anthropological Institute, London, UK

Introduction This video, edited from a series of three one hour parts, covers the first year of life of a Gujarati boy, the first son of professional parents. His mother was first filmed just before the end of her pregnancy and he is first seen a few hours after his birth.

Method There is daily massage by a professional masseuse for both mother and baby and whether this enhances or interferes with the attachment between mother and infant can be discussed. Some of the massage is regarded as intrusive, even abusive, by some European and Indian professionals who have viewed the video.

Results The father is concerned, early on, with the mother's handling of her son and takes her to visit an Indian paediatrician trained in the West. This further confuses the mother, who has already had much mixed advice from various family members, which interferes with her handling of the baby. Traditionally, a baby is seen as belonging to the whole family and is regularly handled by them all, including children.

Conclusions The mode of parenting is instructive and rather teasing, and includes much physical contact. The father and extended family are shown being closely involved in his life.

PS5.13-V2

LEARNING WHAT NOT TO SAY

Michael Forrester

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Introduction The study of the unconscious remains problematic for many who study infant mental health. When we acquire language we also learn what not to say. Some years ago, Billig (1999) adopting a discursive approach to pragmatic development argued that simultaneously with learning how to talk, we learn how to repress.

Method This paper considers this observation through an examination of recordings from a longitudinal study of the author's child between the ages of one and three years, interacting with members of her family during mealtimes (Forrester, 2008). In order to highlight possible interdependencies between learning how to talk and those activities that indicate the emotional monitoring of what one might call 'dynamic intersubjectivity', this paper employs the methodology of conversation analysis (CA). Taking membership as a starting point, the extract examples examine the conditions that need to be in place before a child can be considered a fully-fledged participant.

Results Using CA we can detect the constraints informing children what is to be understood as an accountable action, and conversely those activities and displays of emotion or language use which participants avoid, displace and repress. The extracts discussed in this presentation highlight aspects of everyday parent-child talk that should be avoided or ignored. For illustrative purposes inappropriate displays of emotion, the use of specific expressions, and moments of conflict and disengagement are described and examined. Learning what not to say appears to involve many of the skills necessary for learning what to say.

Conclusions Concluding comments consider the interdependence between talk and emotion during the early years. References: Billig, M. (1999). Freudian repression. Cambridge: Cambridge University Press. Forrester, M.A. (2008) The emergence of self-repair: A case study of one child during the preschool years. *Research on Language and Social Interaction*, 41, 97-126.

PS 5.14 – POSTER WORKSHOP 7: INFANT MENTAL HEALTH SERVICES AND TRAINING

Facilitator: Helen Raikes, University of Nebraska-Lincoln, Lincoln, United States

PS5.14-PW1

TRAINING THE NEXT GENERATION OF INFANT MENTAL HEALTH CLINICIANS: WAYNE STATE UNIVERSITY'S DUAL-TITLE DEGREE PROGRAM IN INFANT MENTAL HEALTH

Ann Stacks, Judith Fry McComish, Carla Barron

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Introduction This workshop will describe the Merrill Palmer Skillman Institute's (MPSI) Interdisciplinary Dual-Title Degree Program in Infant Mental Health (IMH-DT). The DT-IMH requires students to take advanced courses and incorporate infant mental health into all major milestones of the degree, for example the thesis, dissertation, qualifying exam, or clinical placement.

Method MPSI's IMH-DT is offered in collaboration with WSU's Colleges of Education and Nursing, and the School of Social Work. In keeping with the tradition of university-based IMH education, as well as the movement toward evidence-based practice, the IMH-DT prepares clinicians to be well versed in IMH research and researchers, who may not have a clinical degree, to be well versed in the clinical field of IMH. There is a need for cross training that exposes clinicians to the value of research and provides researchers with a deeper understanding of applied research and the needs of community agencies and practitioners.

Results This workshop will describe the of IMH-DT curriculum, which includes focused coursework that links assignments across the program, clinical placements and research projects on issues related to IMH. Specific attention will be paid to the way in which program content is aligned with the *Michigan Association for Infant Mental Health (MI-AIMH) Competency Guidelines®* and the *MI-AIMH Endorsement®* (MI-AIMH, 2002/rev.2011). Participants will learn about the one-year intensive observation of a family and reflective supervision that is built into the IMH-DT.

Conclusions Two components of the IMH-DT 1) IMH as a specific area of study and 2) integration of the content from the IMH coursework into the milestones required by the home program, move the field forward through the education and training of future leaders in clinical intervention, policy and research.

PS5.14-PW2

NINE COMPETENCIES FOR INFANT/TODDLER PROFESSIONALS: A MODEL OF THE KNOWLEDGE, ATTITUDES, AND SKILLS NEEDED TO WORK EFFECTIVELY WITH INFANTS, TODDLERS, AND FAMILIES

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Introduction Across the United States, interest is growing in identifying core competencies needed to ensure high-quality caregiving among the infant/toddler childcare workforce. The Collaborative for Understanding the Pedagogy of Infant/toddler Development (CUPID) extends this interest by identifying competency domains to be included in the training of pre-service child development university students.

Method CUPID scholars identified domains of competencies through a multi-method process. The group examined standards of infant/toddler caregiving for multiple states representing different geographic regions of the United States, studied requirements for practitioner endorsement in birth to eight early childhood education, reviewed the existing literature on quality infant/toddler caregiving, utilized the collective experience and knowledge among CUPID scholars, and consulted existing webinar modules on identifying cross-sector competencies in infant/toddler caregiving available from policy and practice organizations including Child Trends, Zero to Three, and the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

Results The nine domains of competencies for infant/toddler professionals identified included: (1) health and safety; (2) reflectiveness/reflective practice; (3) understanding and supporting relationships; (4) understanding and supporting learning; (5) guidance with infants and toddlers; (6) partnering with and supporting families; (7) assessing development, learning and environments; (8) diversity and inclusion; and, (9) professionalism. For each domain, sub-areas of proficiency were identified reflecting: knowledge needed to support domain competence; attitudes/beliefs/values related to the domain; skills relative to creating environments and programmatic structures associated with the domain; and, skills related to interactions with infants, toddlers, professionals, and families in the domain context.

Conclusions CUPID's efforts are designed to complement work occurring nationally to promote better training of the infant/toddler workforce. CUPID competency domains identified are comprehensive calling for a need for higher-education curriculum in infant/toddler development/caregiving to address multiple areas of proficiency- including knowledge, attitudes, and skills- in the preparation of pre-service students.

PS5.14-PW3

MEASURING WHAT IT TAKES: SELECTION AND DEVELOPMENT OF MEASURES TO ASSESS STUDENT KNOWLEDGE, ATTITUDES, AND SKILLS RELATED TO WORK WITH INFANTS, TODDLERS, AND FAMILIES

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Introduction Tests written for university classes in infant/toddler development and care typically assess knowledge of facts of unknown relevance for students' future caregiving performance. Focusing on practice-relevant constructs, CUPID researchers are developing a web-based tool for assessing students' attitudes, knowledge, and skills before and after infant/toddler development and care coursework.

Method Our initial step in developing instruments for use with students preparing to enter the infant/toddler caregiver workforce involved a decision to first concentrate on three broad areas of central importance to infant/toddler well-being: relationship development, supporting learning, and child guidance. Within each of these broad areas, we identified attitudinal or belief orientations, knowledge, and skills that past research has shown to be predictive of optimal caregiving practice. Given the dearth of relevant measures specific to professional infant/toddler care, we searched both the parenting and the early childhood education literatures for critical predictors and reliable instruments.

Results The resulting assessment includes items adapted from 8 existing measures of parent and early childhood teacher attitudes and knowledge, several new items, and new vignettes. Items with likert-type response options are organized into subcategories focused on attitudes and knowledge regarding spoiling, discipline, early learning, individual differences, caregiver respect for parents' roles, organismic development, programming for infants/toddlers, and caregiver efficacy. To tap caregiving skills, we wrote vignettes about common child care situations; students indicate what they would do in each situation. Developing the instrument has already led the researchers to reflect on their current course content and assessment methods.

Conclusions There is a great need for instruments that assess the progress of undergraduate students preparing to enter the infant/toddler caregiving work force. Measures allowing description of beginning and graduating students' attitudes, knowledge, and skills will be useful for informing higher education faculty about the training needs of their students.

PS5.14-PW4

DESCRIBING OUR STUDENTS, UNDERSTANDING OUR CHALLENGE: CHARACTERISTICS, KNOWLEDGE, ATTITUDES, AND SKILLS OF U.S. COLLEGE STUDENTS IN CHILD DEVELOPMENT COURSES

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Introduction CUPID is engaged in a Scholarship of Teaching and Learning (SOTL) effort to better educate the future infant/toddler workforce. Using Backwards Design (Wiggins, 1998), we first defined nine competencies that infant/toddler professionals need, then identified meaningful indicators of these as criteria by which we consider students prepared and courses successful.

Method For this project, we focus on three competencies: supporting relationships, supporting learning, and child guidance. Consistent with Fink (2005), we proposed situational factors - characteristics of students, instructors, and courses - which could moderate students' learning related to the knowledge, attitudes, and skills we consider indicators of competencies. Between January and April 2014, we will use the Qualtrix system to implement an online survey of more than 500 students from at least 10 universities taking a variety of child development courses which include infant-toddler content. Initial analyses will describe situational factors and their relationships to students' baseline attitudes, knowledge, and skills.

Results Results will describe: (1) students' characteristics, including (a) motivations for taking our courses, (b) personal backgrounds, e.g. cultural and religious affiliations, and attachment, and (c) career and learning goals. (2) Instructor characteristics, including (a) teaching experience, and (b) teaching styles. (3) Our courses will be described in terms of meaningful dimensions such as (a) structure (e.g. in-person or on-line, number of meetings), and (b) content (e.g. degree of focus on infants/toddlers, concurrent experience with children, texts/materials, assignments). Finally, (4) we will describe students' initial knowledge, attitudes, and skills related to the three competencies, and their relationships to students' background characteristics.

Conclusions By understanding our students' characteristics as they enter our courses, we are better equipped to address the challenge of educating the future infant/toddler workforce. We discuss changes in our pedagogies, in response to our findings, in order to better prepare college students to effectively serve infants, toddlers, and their families.

PS5.14-PW5

INFANT MENTAL HEALTH PRACTICE: UNDERSTANDING TRAINING NEEDS AND WORKFORCE DEVELOPMENT CHALLENGES

Donna Weston, Deborah Bremond

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Introduction Infant mental health is defined as "the developing capacity of the child to: experience, regulate, and express emotions; form close and secure interpersonal relationships; explore the environment and learn." Developmental dynamics embedded in this definition indicate that IMH clinical formulations require practitioner capacity to apply knowledge of interrelated developmental processes.

Method This workshop describes results of a self-assessment Training Needs Survey of readiness to apply a developmental knowledge base in daily clinical practice. The presenters will describe training needs survey responses from practitioners treating children in the birth to 5 age range. Learning Curve Training Needs Survey content was guided by an empirically derived competency item set. Survey knowledge-base statements are concentrated on knowledge of developmental skill areas, social-emotional development areas, professional engagement skill areas, and clinical case formulation. The competence definitional framework utilized in Learning Curve responses is based on the Taxonomy of Educational Objectives (Bloom et al., 1956).

Results The Taxonomy cognitive domain guided definition of learning levels for the Learning Curve, including Knowledge, Comprehension and Application categories. The Learning Curve sample includes practitioners from over 30 agencies serving young children. For a substantial proportion of the knowledge statements, the majority of respondents indicated that they are not yet at the level of Application for specific content (use the ideas/concepts in practice). Included in this pattern are the knowledge statements about developmental areas of cognition, communication, motor skill, sleep, sensory function, play, anxieties, need for limits, negativism, shared/joint attention, affect differentiation; assessment and clinical formulation using DC: 0-3R.

Conclusions These results compel us to re-examine the challenges of workforce development for Infant Mental Health practice. How does the IMH arena approach/respond to these challenges of clinician preparedness in the developmental process knowledge base? What approaches to training will address these self-identified training needs?

PS 5.15 – POSTER WORKSHOP 8: MOTHER INFANT INTERACTION

Facilitator: Joshua Sparrow, Boston Children's Hospital, Boston, Massachusetts, USA

PS5.15-PW1

SOMATIC EXPRESSION OF BABY SCALE BRAZELTON A QUANTITATIVE AND QUALITATIVE STUDY OF TWO MATCHED GROUPS

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Introduction Authors present results of research conducted in pediatric and nursery on early somatic expression. The Brazelton scale was presented to two groups of babies, 13 in each group, aged of 1 to 4 months. This communication describes the differences observed between groups.

Method The clinical group consisted of 13 hospitalized children in a pediatric service or seen by a pediatrician. They presented a somatic expression (without organic origin) in areas of sleep, feeding, digestion, skin (eczema) and breathing (asthmatic bronchitis). 13 other babies formed the control group, they were from kindergarten, matched (sex, age, rank among siblings, parents SEC) to the first population. The Brazelton observation has held in the presence of the mother, and be always followed by a rich interactional reorganization.

Results Results show a lower performance in the clinical population compared to the control population, the differences increase with the intensity of the somatic expression. Scores on items: motor organization, regulation of states of arousal, orientation, interaction capabilities and capacity to interact with their environment are generally lower in the clinical population, particularly in the group of items "regulatory state." Less available for optimal reactions to stimuli offered, these babies are unable to settle long enough in a state of quiet wakefulness and control their level of excitement.

Conclusions Excess and lack of excitement are prevalent in the clinic population compared to the group control. Besides the quantitative findings, the Brazelton scale allows changes with regard to maternal representations. Faced with the reality of the skills of his childhood, the mother can fundamentally change the nature of early interactions.

PS5.15-PW2

SENSORIAL AND MOTORIC DISABLED PARENTS AND THEIR INFANTS: HOW CAN WE SUPPORT THE FIRST RELATIONSHIPS?

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Introduction The question of disability is mainly focused on the traumatic announce of a disabled foetus, infant or child to his parents. The future of these children is never imagined with the possibility they become adults and could meet a companion, desire a child for themselves and build a family.

Method Our pluridisciplinary team offer the more extensive way of considering the arrival of a newborn for these spécifique parents. We support the parent through the frame of « previsonnal guidance », T.B.Brazelton promoted in his Touch-points approach, and we present a film about our action.

Results For these people, having a baby arouses a social reprobation. How could a child grow up without eyes to mirror, arms and legs to hold him, hands to handle and curl him? We imagined a specific following up during the pregnancy to prepared with the parents the practical life with an healthy baby.

Conclusions Our institution, founded in 2010, is dedicated to support this specific parenthood, to support their desire of autonomy in protecting their children. We offer them not an ergonomic adaptation of life but a vision of a more realistic ability. The parents themselves teach us.

PS5.15-PW3

"BRAVO TO LOU! " A CASE STUDY

Alain Caron

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Introduction The author, Pediatrician, relates the observation of Lou, Mrs. D's second daughter, with the NBAS (Neonatal Behavioral Assessment Scale), in a parental supporting project. The mother's request is that both of their children be equal with the Brazelton examination. The elder's prematurity was the reason of her NBAS evaluation.

Method Just coming, Lou's mother reveals a firstly infection with the cytomegalovirus at 32 weeks gestational age. A mild form of the sickness, possible sensorial problems, moods' troubles, instability and cognitive disorders are pointed out for her baby. Lou is a 39, 1 weeks gestational age baby. She is born from a repeated caesarian. Her growth and her medical examination are normal. The Apgar score is 10/10/10. The medical check-up for the cytomegalovirus is normal. However, the detection of the virus in three different urine samples with genetics' analyze certifies the contact with the fetus. We do a Brazelton examination.

Results Lou is a three weeks or a 42 weeks gestational age old baby at the time of the NBAS evaluation. She is breastfed. The complete examination lasts 32 minutes. The observation of the Autonomic System, excepted lability of the skin color, reveals a great stability. The good scoring of habituations' items, the medium scores for the state organization items and the medium to high level of scoring for the State Regulation items point out also a stable baby. The Motors' System responses are normal. The Social Interaction items and the quality of the alertness with maximal scores are impressive.

Conclusions The Brazelton scale shows a healthy baby. Talking about the ovarian cyst of her elder daughter at birth, the other reason of her Brazelton evaluation, Lou's mother questions what is seen and what is hidden. The final word becomes to her, "bravo to Lou who fought successfully against the cytomegalovirus."

PS5.15-PW4

"TOUCHPOINTS" INTERVENTIONS BEFORE AND AFTER BIRTH AND ITS EFFECTS IN MOTHER-INFANT RELATIONSHIP AS WELL AS IN BABY'S BEHAVIOR

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Introduction Based in newborn babies' assessments made with NBAS at the mothers' presence, Brazelton demonstrations do influence mother's perceptions about newborn competences. Creators of this methodology state "the sooner it starts the better the outcomes". Systematizing Brazelton's experience, Touchpoints methodology underline "pre-natal touchpoint" as the starting point for these interventions.

Method The articulation of the "pre-natal touchpoint" with the "post-natal touchpoint" may become a key element at the promotion of maternal sensitivity and of maternal behavior during mother-infant early relationship. In a sample of pregnant women (N = 100) randomly assigned for an "experimental group" (EG) and for a "control group" (CG), we hope that pre-natal intervention enhances the interest of mothers' to be about their future communication with the newborn to be. If this is the case possibly an objective and positive maternal expectation will be activated. After birth, NBAS demonstration will try to reinforce that positive expectation.

Results Comparing EG and CG, positive effects are expected in: mother-baby early relationship (CARE-Index; Crittenden, 2003), maternal perception of new-born behavior (MABS; Wolke, 1995), maternal investment towards the baby (SPIC; Bradley, Whiteside-Mansell & Brisby, 1997), maternal post-natal attachment (MPAS; Condon & Corkindale, 1998), baby's regulatory competences (Salivary Cortisol Kits; Sarstedt, Etten-Leur, The Netherlands) and quality of the baby alert state (NBAS, Brazelton & Nugent, 2011). Pre-natal interventions are starting at the present moment. It is expected that within eight months all measurements will completed and results will be submitted to statistical analyses.

Conclusions We hope that after statistical analysis, data will show the benefits of the assembling between pre-natal and post-natal touchpoints interventions. We also hope that results will help us to shape this articulation in the most appropriate way, especially having in mind future interventions with clinical populations.

PS5.15-PW5

EVALUATION OF NEONATAL BEHAVIOR WITH TB BRAZELTON SCALE (NEONATAL BEHAVIORAL ASSESSMENT SCALE): OPENING TOOL IN 'TRANSITIONAL PLACE'

Sandra Richard

SPEA SPN CHUV, Vaud - Lausanne, Switzerland

Introduction Our interest in early relationships directs us to the contributions of Winnicott. His articles and Brazelton's NBAS are the basis of our thinking-creation. During this meeting-place co-created, occurs something promoting the meeting and the first links. We define it as a true transitional place.

Method 46 term infants in good health, D+2, were observed via the NBAS along with their parents, in a suitable room from November to August of 2012. A satisfaction evaluation questionnaire was distributed to parents. We statistically compared the questionnaires responses of the two groups primiparous and multiparous.

Results The percentage of return is 69.76: 30 questionnaires, 18 primiparous and 12 multiparous. After observation, 62% of the and 69% of the multiparous responded better understanding the needs of their children, 45% of primiparous and 58% of the multiparous could better interpret their children's tears, 72% of primiparous and 66% of multiparous could easier consolidate their children and 67% of the primiparous and 58% of multiparous were sharing of the benefit of awak states. 89% primiparous and 92% multiparous recommend NBAS to all families.

Conclusions It appears that within "this place" opened by the NBAS, the first bonding links are forged. It is in "the transitional place-time" where "something more" appears, that encourage the attachment, a foundation of the relationships between adults caregivers and children.

PARALLEL SESSION 6

1515 - 1645

PS6.1 - FOCUSING ON THE BABY – SUPERVISING AND MENTORING PRACTITIONERS IN THE USE OF THE NBO WITH NEWBORNS AND THEIR FAMILIES IN SETTINGS AROUND THE WORLD

Chair: J. Kevin Nugent, Boston Children's Hospital, USA

Discussant: Roseanne Clark, University of Wisconsin, USA

PS6.1-S1

TRAINING AND USE OF THE NEWBORN BEHAVIORAL OBSERVATION (NBO) WITH MULTIDISCIPLINARY HOME VISITORS & OTHER CLINICIANS

Kristie Brandt

Parent-Infant & Child Institute, Napa, CA, USA

Introduction Newborn Behavioral Observation training provides clinicians of many disciplines with a foundation for: 1) understanding infant behavior; 2) using infant behavior as a means of expanding their relationship with parents; 3) becoming comfortable and competent in interacting with and observing newborns; and, 4) developing and using this interdisciplinary strategy.

Method Regardless of discipline, clinicians working with families and their newborns have a unique opportunity to interface with parents when the family's system and relationships are open and changing, and opportunities exist for supporting both functional family relationships and a strong parent-provider working alliance. Whether trainees meet families in hospitals, clinics, private offices, or home visits, the NBO's 18 neurobehavioral observations can enhance engagement around the baby's capacities and mutual exploration of caregiving patterns that may best meet the baby's developmental needs. The exceptional venue that home visitors have for serial NBO use in the family's natural context will be discussed.

Results Over 400 providers have been NBO trained in Napa, CA since 2004. Trainees represent over 16 disciplines in settings that include public agencies, clinics, hospitals, non-profit entities, home visiting programs, private practice, early care, early intervention, colleges/universities, and more. Such interdisciplinary and context diverse training requires attention to learning levels, history of newborn contact, comfort observing and handling newborns, variation in provider roles with families, and varying scopes of practice. Clinical support in use of the NBO among two subgroups of the trainees, including a group of home visitors, will be described along with training evaluation ratings from trainees.

Conclusions The NBO is a pan-disciplinary therapeutic strategy for supporting functional family relationships, parent-provider alliance, and parental caregiving patterns that meet the baby's unique developmental needs. Training and use can be accomplished with fidelity and with high levels of trainee satisfaction within groups from diverse disciplines and practice settings.

PS6.1-S2

INTRODUCING COURSES FOR PRACTITIONERS IN THE NEONATAL BEHAVIORAL OBSERVATIONS (NBO) TO THE UK: PROCESS AND OUTCOMES

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Introduction In 2009, the Brazelton Centre in Great Britain introduced courses in the NBO to the UK. NBO theory was derived from the NBAS (taught in the UK since 1997), and is a relationship-building tool and an introduction to infant behavioral cues for both practitioners and parents, providing a supportive intervention.

Method The two-day courses were advertised widely on our website, in professional journals and via our database. Practitioners from all disciplines working with babies from birth to 3 months old were targeted. Evaluations of the courses obtained from pre-and post-training questionnaires developed at the Brazelton Institute, Boston are collected and analyzed.

Results The number of courses has increased over the past 4 years from 2 courses in 2009 to 12 courses in 2013. Most of the trainees are health visitors, psychologists, midwives, physiotherapists and occupational therapists, but there are many other disciplines represented. Many areas in the UK also have NBAS trained practitioners, and four of these areas have trained their health visiting teams in the NBO. These practitioners refer the family to an NBAS trained practitioner for assessment when there is a need. Results from these evaluations will be presented and our training for trainers program will be described.

Conclusions The content of NBO training in the UK is filling a gap for practitioners who do not receive this kind of newborn behavioral information in their core training.

PS6.1-S3

THE BABY AS SUBJECT: HELPING PARENTS MEET THEIR BABY AS A PERSON WITH THE NEWBORN BEHAVIORAL OBSERVATION (NBO)

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Introduction For some parents the birth of their baby, especially if sick or premature, can be a daunting and confusing time. In these circumstances it can be hard for parents to appreciate the wonderful capacities with which their newborn is endowed.

Method The Newborn Behavioral Observation (NBO) provides an important opportunity for the trained clinician to introduce the baby as a person to her parents. In a new NBO training centre situated in maternity an affiliated paediatric hospital clinicians used video of the newborn assessment with the active engagement of parents. With a special focus on the baby as the subject, a person in their own

right, the clinician sensitively uses the 18 items of the NBO to highlight the baby's intrinsic interest in the world. Reviewing the video of the NBO with the clinician is a powerful training tool.

Results The assessment is focused upon the newborn's already developing relationship with their parents. Fathers especially were excited by being able to be included and to see that their babies were very curious, sensitive and attuned. The administered NBO assessments are video-recorded, sharing a copy with the parents and, with their permission, reviewed by the team to deepen our understanding as to how the NBO can help us understand the baby and her new relationships. Video examples of the NBO with newborns with medical problems will be shown.

Conclusions The NBO is able to powerfully 'introduce' even premature or sick newborn babies to anxious parents and demonstrate how the newborn infant arrives in the world as a person in their own right with amazing capacities.

PS6.1-S4

TESTING OF AN "INDIVIDUALIZED" NBO TRAINING AND SUPERVISION PROGRAM IN NORWAY

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Introduction The Norwegian National Network of Infant Mental Health aims to promote good mental health and well-being for infants and their families. Training in the Newborn Behavioral Observations (NBO) system was introduced to provide professionals with an infant-focused, family-centered approach to foster positive relationship between parents and their infants.

Method During 2012, three two-day training programs in the NBO were offered to health professionals (n=75) working with infants and families in Norway. Pre- and post-evaluations were conducted by use of questionnaires measuring participant's satisfaction with training, their understanding of neurobehavior and early development, their understanding of the administration and recording of the NBO and the application of the NBO in relationship-based care. Follow up contact with participants to evaluate their progress in their use of the NBO in their clinical settings was instituted two to three months after each training to evaluate their progress.

Results Evaluations of the participants' satisfaction with the NBO training revealed high levels of satisfaction and motivation to use the NBO. However, follow-up interviews with the participants revealed several obstacles that made it difficult to use this new way of observing and interacting with infants and their parents, such as 1) little experience with handling newborns, 2) lack of confidence in using a structured method, 3) lack of support and encouragement from leaders about the importance of frequent practice to develop high quality of expertise in these new skills and 4) supervision or mentoring by an experienced NBO trainer.

Conclusions The components of a new "individualized" and comprehensive training and supervision program will be presented, whose overall aims are to ensure that the NBO is delivered to families with highest quality.

PS6.2 - THE ROLE OF FATHERS' AND MOTHERS' PSYCHOPATHOLOGY IN PARENT-CHILD INTERACTIONS, FAMILY FUNCTIONING, AND CHILD DEVELOPMENT

Chair: Judi Mesman, Leiden University, The Netherlands

PS6.2-S1

ASSOCIATIONS AMONG PARENTS' DEPRESSIVE SYMPTOMS, MARITAL CONFLICT, CHAOS, AND THE QUALITY OF PARENT-CHILD INTERACTIONS: MODERATIONS BY CHILD GENDER

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Introduction Despite a fairly extensive literature on parenting, many questions remain about how the life circumstances of low-income mothers and fathers are implicated in parent-child interactions. It is not well understood, for example, how depressive symptoms, couple conflict, and chaotic households, which are prevalent among low-income families, impact quality of parenting.

Method Using data from the National Early Head Start Evaluation (n=588), we use saturated path models to examine whether mothers' and fathers' depressive symptoms, the conflict they experience as a couple, and the home environmental chaos are associated with the quality of mother-child and father-child interactions. We will examine whether psychosocial functioning mediates the association between environmental chaos and children's behavior problems. We will also explore whether child gender moderates the association between psychosocial functioning and parenting quality. Observational data of parent-child interactions and survey data on mothers' and fathers' psychosocial functioning were collected when children were 24 and 48 months.

Results Preliminary results suggest that parents' psychosocial functioning is directly related to parenting quality, but it varies by child gender. Mothers with more depressive symptoms report spanking girls more often than boys; when fathers reported a high number of depressive symptoms, they were less intrusive with boys and mothers were more supportive of boys. But fathers who reported high couple conflict were observed to be less supportive of their daughters than their sons. When the home environment was rated as highly chaotic boys were spanked more often by fathers, and mothers were observed to be less supportive.

Conclusions The association between parents' depressive symptoms and interactions with sons and daughters merits further study as maternal depressive symptoms may be more detrimental for girls and paternal depressive symptoms more detrimental for boys. Our findings also emphasize the importance of considering the father-mother relationship and physical characteristics of the home.

PS6.2-S2

MOTHERS AND FATHERS DEPRESSIVE SYMPTOMS, THREE MONTHS POSTPARTUM, AND ITS ASSOCIATION WITH SEPARATION SIX TO EIGHT YEARS AFTER CHILDBIRTH IN SWEDEN

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Introduction Becoming a parent is a major transitional process in life; both for the individual and the relationship, and these changes are often - but not always - for the better. After birth, many parents experience feelings of emotional distress, which can sometimes lead to postpartum depression.

Method The aim of the present study was to examine if there is an association between variables in early parenthood (dyadic consensus, depressive symptoms and parental stress) and separation six to eight years later. The present study is a prospective study. Dyadic consensus was measured at one week postpartum (393 couples), depressive symptoms after three months (308 couples), parental stress after 18 months (272 couples), and separation after six to eight years after childbirth.

Results Six to eight years after childbirth, 20% of the couples were separated. Less dyadic consensus one week postpartum (mothers $p > .001$, fathers $p > .001$), more depressive symptoms three months postpartum (mothers $p = .022$, fathers $p = .041$), and higher parental stress 18 months postpartum (mothers $p = .002$, fathers $p = .040$), were associated with separation. The hazard ratio for separation differed related to the dyadic consensus for the fathers (HR 0.51; CI 95%; 0.28-0.92), the depressive symptoms for the mothers (HR 1.69; CI 95%; 1.01-2.84) and the fathers (HR 1.92; CI 95%; 1.12-3.28) and in the parental stress for the mothers (HR 2.16; CI 95% 1.14-4.07).

Conclusions This study is important for caregiving professionals during pregnancy and in early parenthood, to identify and support families with special needs such as dyadic discord, depressive symptoms and parental stress, in early parenthood. This can hopefully prevent separation later in order to give children best upbringing conditions.

PS6.2-S3

FATHERS' AND MOTHERS' PSYCHOPATHOLOGY DIFFERENTIALLY PREDICT THEIR DISCIPLINE STRATEGIES TOWARDS THEIR 12-MONTH-OLD CHILDREN

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Introduction Psychopathology in fathers and mothers of (pre)school-aged children negatively affects their discipline strategies. Because children start showing challenging behaviors from 12 months onwards and early maladaptive discipline may lead to child behavior problems, research into the role of parental psychopathology in early discipline practices is warranted to inform prevention efforts.

Method Fathers and mothers were observed with their 12-month-old children during a discipline task in which the child was not allowed to touch a set of toys. Parental discipline was coded in the 10 seconds after the child reached for or touched the toys, recording the presence of commanding, physical interference, and/or distraction. When none of these were observed, laxness was coded. In 89 father cases and 82 mother cases no noncompliance occurred, and these were excluded from the analyses. Parents also reported on their own anxiety/depression and aggression. Complete data was obtained for 265 families.

Results The results show that father anxiety/depression was related to less commanding and more laxness (both $ps < .01$). Father aggression was related to more laxness ($p < .05$). Maternal anxiety/depression was not related to any of the discipline variables, but maternal aggression was related to more physical interference and less laxness (both $ps < .01$). The r - to- z -tests for the correlations found for fathers and mothers listed above were all significant, indicating that the patterns of associations were significantly different for mothers and fathers.

Conclusions Fathers' internalizing and externalizing symptoms were related to higher laxness in a discipline situation, whereas mothers' internalizing symptoms were unrelated to her discipline strategies, and her externalizing symptoms predicted lower laxness. The results will be discussed in terms of fathers' and mothers' differential experiences with daily discipline situations.

PS6.2-S4

"POSTNATAL" DEPRESSION IN MOTHERS AND FATHERS: DIFFERENCES IN EFFECTS ON PARENT-CHILD INTERACTION AND CHILD OUTCOME

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Introduction Maternal depression in the postnatal period is associated with lower responsiveness in interactions with infants, and with an increased risk of maladaptive development in children. The study of depression in fathers early in children's lives can enhance our understanding of the effects and impact of depression on child development.

Method Data from two longitudinal studies (the Oxford Fathers Study and the Avon Longitudinal Study of Parents and Children - ALSPAC) were used to address these issues. The Oxford Fathers Study sample of 192 families was recruited from postnatal wards, and assessments included psychiatric interviews with mothers and fathers, as well as observations of parent-infant interaction. In the ALSPAC cohort of approximately 14000 families, postnatal maternal and paternal depression was measured using the Edinburgh Postnatal Depression Scale – EPDS), and child emotional and behavioral problems were assessed using the Rutter Revised Scales at age 3.5 years.

Results First, in the Oxford Fathers Study we found that depression in fathers does not appear to negatively affect observed responsiveness as it has been previously found for mothers, instead being associated with decreased engagement and less physicality in interactions. Second, in the ALSPAC cohort, maternal depression in the postnatal period was associated with an increase in both emotional and behavioral problems in boys and girls, whereas depression in fathers in the postnatal period appears to have a greater impact on behavioral problems and in boys (Odds Ratio: 2.66 (1.67-4.25) rather than girls (OR 1.10 (0.56-2.17)).

Conclusions The findings provide intriguing insights regarding putative mechanisms of risk, and also about potential targets for clinical intervention. Both child gender and specific aspects of mothers' and fathers' parenting behaviors need to be taken into account to effectively address parenting risk and maladaptive child outcomes.

PS6.3 - HEALTHY RELATIONSHIPS: HEALTHY BABIES. THE STEFANOUE FOUNDATION DEVELOPMENT OF AN INTERVENTION FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE

Chair: Christine Puckering, ¹Mellow Parenting, Scotland, UK

Discussant: John Camochan, School of Medicine, St Andrews, UK

PS6.3-S1

FROM CONCEPTION TO AGE 2: THE OPPORTUNITY TO BREAK CYCLES OF DOMESTIC ABUSE

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Introduction Domestic abuse often starts or escalates during pregnancy, damaging maternal and infant mental health (Howard, Feder & Agnew-Davies, 2013). Pregnancy needs to become a point of early intervention that harnesses both parents' love and responsibility for their baby and creates a sustainable opportunity to break free from domestic abuse.

Method An ecological framework (drawing on Heise, 1998) captured factors that set the stage for domestic abuse and highlighted the need to address variables at different levels of the system. Research literature, consultation and our clinical experience triangulated to identify opportunities and challenges of supporting mothers and fathers, from pregnancy onwards, to break patterns of domestic abuse. This included understanding the help-seeking behaviors of abusive men (*Men's Talk*, Stanley et al., 2009). These findings drove our determination to create a new holistic model that integrates support for each family member (mother, father and baby) and prioritizes mental health and parent-child attachments.

Results Our experience and research emphasized the need to create a therapeutic alliance, avoid stigma, build self-esteem and combine robust risk management with facilitating change and development. We identified common themes between our work to promote the recovery of victims and abusers from domestic violence and to build good parent-infant relationships. These included reclaiming the inner child and the healthy expression of emotions including anger, grief, shame and fear. We agreed that earlier, integrated and sustained intervention could harness the desire of domestic abuse victims and perpetrators to "be good parents" and, for some, create a safe basis for couple work.

Conclusions Domestic abuse has complex and multiple effects, including long term damage to infant mental health and the parenting provided by both mothers and fathers. The co-designers of the Healthy Relationships: Healthy Baby Program are seeking to address these linked areas of psychological harm and trauma, through an integrated early intervention.

PS6.3-S2

'HEALTHY RELATIONSHIPS: HEALTHY BABY': INSIGHTS INTO CO-COMMISSIONING AND CO-DESIGNING A NEW EARLY INTERVENTION TO PROTECT INFANT MENTAL HEALTH AND BREAK CYCLES OF DOMESTIC ABUSE

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Introduction This paper describes the initial stages of creating an early intervention program ('Healthy Relationships: Healthy Baby') to help parents break cycles of domestic abuse and safeguard their baby's mental health and emotional wellbeing. An unusual, creative partnership between philanthropy, multi-agency partners and clinicians are working to break new ground.

Method. Early work to create this early intervention has included: identifying domestic abuse as harmful to infant mental health and requiring a new approach, research to understand the needs of babies exposed to domestic abuse and of their parents who are the victims and perpetrators, engaging clinicians to bring together currently fragmented expertise in addressing these different needs and risks, to co-design the program, securing multi-agency 'host partners' (local government, health, police and probation) to help co-design

the intervention and run pilots in their areas, planning for external evaluation of the Program, within the context of the UK's early intervention agenda.

Results The Program will prioritize secure attachment and infant mental health within a holistic model that meets the needs of each family member. It will integrate and synchronize: parenting support; extended health visiting; volunteer mentoring; practical and psychological support for domestic abuse victims and therapeutic yet non-collusive interventions for perpetrators. The Stefanou Foundation has engaged clinicians and convened multi-agency partnerships in two centres of excellence (Westminster and Hertfordshire), to co-design and pilot the Program. Independent evaluation of the Program will generate lessons and evidence to help lay the ground for ensuring it can become recognized as a 'commissionable' early intervention.

Conclusions The UK needs more 'home grown' early interventions, especially in order to protect infant mental health and break patterns of domestic abuse. The Healthy Relationships: Baby Program aims to meet this challenge. Early lessons from the Program's design and teamwork are instructive. Further lessons will follow from the external evaluation.

PS6.3-S3

AND BABY MAKES THREE: ADDRESSING INFANT MENTAL HEALTH IN A CONTEXT OF DOMESTIC VIOLENCE

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Introduction Domestic violence in pregnancy and the early years is a frequent and damaging experience for children, with long term effects on the child's development. Infant mental health services need to be aware of and empowered to act in this serious and pervasive mental health issue.

Method Children witness about three quarters of incidents of domestic violence (Department of Health, 2002, Royal College of Psychiatrists, 2004). These children are also at increased risk of other types of abuse. About 6% of women report emotional or physical cruelty in pregnancy and about 14% post-partum, with an increased risk where there is a higher level of social adversity (Bowen et al., 2005). This reaches as high as two thirds of cases where a child has died (Brandon, 2010). This paper will examine the evidence of the mechanisms and impact of this on babies and review existing and promising interventions.

Results O'Connor et al 2002 demonstrated the long-term effects of antenatal depression and anxiety on child behavior and wellbeing at age 4, with intimate partner discord being a particularly toxic. Infant mental health services can understandably be wary of attempting to deal with domestic violence, seeing beyond their role and expertise. However, interventions are less likely to be effective among mothers reporting domestic violence (Eckenrode, et al 2000). By bringing together a team of practitioners working with domestic violence and infant mental health, and partners from health, social welfare and criminal justice, a challenging program is being devised and tested.

Conclusions The presence of domestic violence is toxic in pregnancy and early infancy and may limit the effectiveness of interventions to reduce incidence of child abuse and neglect. The Healthy Relationships: Healthy Baby Program begins to face up to and address infant wellbeing within the context of a holistic family intervention.

PS6.4 - FROM THE U. S. TO SOUTH AFRICA: IS TRUE COLLABORATION POSSIBLE? ADAPTING AN EVIDENCE-BASED PARENTING THERAPY FOR AT-RISK MOTHERS USING COMMUNITY-BASED PARTICIPATORY RESEARCH

Chair: Nancy Suchman, Yale University School of Medicine, USA

Discussant: Mark Tomlinson, Stellenbosch University, Cape Town, South Africa

PS6.4-S1

CULTURAL HUMILITY: FROM U.S. TO SOUTH AFRICA - IS TRUE COLLABORATION POSSIBLE?

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Introduction A psychotherapeutic model of Reflective Parenting that has been developed in the USA is in the process of being implemented in the context of a developing country. Not only do economic difficulties exist, but there are cultural and ethnic diversity present in South Africa which poses particular challenges.

Method From the beginning an equal partnership was established. Crucial to this is a personal connection between the two team leaders; direct exposure to and experience of the complexities of the country where the intervention is to be implemented; openness towards another worldview; an intervention that is based on probable universal principles. The set of principles as outlined by Thomas et al (2011) in regards to Community Based Participatory Research was realized through the process that evolved naturally and from the ground. What about these particular 2 teams have made this possible?

Results The fact that the patient comes first, and that she is not being forced into a pre-designed manualized intervention; this is being enabled by the flexibility of the model and the team that developed it. The ability to reflect on experiences is helpful to see matters in a new light. The process is an example of reflective functioning-in-practice. The inherent and inevitable dynamic of the powerful partner from up North dictating to the self-perceived inferior recipient in the South is worked with and confronted. The mutual benefits that result from the partnership also need to be held in consciousness.

Conclusions The concept of cultural humility is core to this process of self-reflection. It requires a stance of not-knowing to maintain a mutually respectful partnership. The ultimate hope for both teams is to improve patient care and to be able to base this on evidence.

PS6.4-S2

"PARENTING FROM THE INSIDE OUT (PIO): A MENTALIZATION-BASED PARENTING THERAPY" "A PILOT STUDY OF PIO-ZA (SOUTH AFRICA) WITH MOTHERS PROVIDING KANGAROO MOTHER CARE TO PREMATURE BABIES"

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Introduction PIO-ZA, a South African collaborative project with Yale Child Study Center. The model is an adaptation of PIO, an evidence based parenting intervention developed at Yale for use with high risk mentally-ill mothers. It is based in psychoanalysis, focusing on mentalizing and reflective functioning in mothers.

Method Tygerberg Hospital subgroup will work with mothers of premature newborns in an inpatient setting during the dyads' stay at the Kangaroo Mother Care unit. KMC is the standard optimal care intervention for low birth weight (LBW) preterm babies in developing countries. In South Africa, KMC units form an integral part of routine neonatal care and have been associated with improved neonatal outcome. Participants are mothers of premature "at risk" infants who are providing KMC. Mothers targeted are considered at risk themselves, having given birth to very premature babies and are young (<35yrs) first time mothers.

Results KMC admits mothers alongside their premature babies and empowers mothers to nurse their own infants into health. This project aims to supplement nursing care at KMC with psycho-education about the baby's experience by involving nursing staff in educational interactive workshops introducing the concept of "Maternal Mental Health and Wellness" as an extension of Baby mental health and wellness. The intervention aims to provide support for the mother and her experiences while introducing the mentalization concept. The group will adapt an established tool, the Parent Developmental Interview (PDI) for use with mothers of newborns over an 8 session group intervention.

Conclusions The first pilot intervention will be completed in February 2014, with the second group in April 2014. This pilot clinical trial will evaluate preliminary feasibility, acceptability and efficacy of the PIO for use within a KMC unit, to provide a template for future use in community settings.

PS6.4-S3

PARENTING FROM THE INSIDE OUT: A MENTALIZATION-BASED PARENTING THERAPY. A PILOT GROUP INTERVENTION AT A CAPE TOWN SITE

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Introduction The Parenting from The Inside Out (PIO) project was developed by Nancy Suchman et al. at Yale University. The aim of the intervention was to enhance reflective functioning in mothers who used substances. Lentegeur Hospital (LH) is a mental health facility, located in a resource poor, multicultural area of Cape Town.

Method Participants will be 6 mothers who have DSM IV diagnosed psychiatric illness and attend the LH outpatient service. Each participant will have an individual pre- and post intervention assessment. A selection of questions from the Parent Development Interview and The Working Model of the Child Interview will be used to assess reflective functioning and the maternal representation of the child respectively. The Interactive Behavior between mother and child will be assessed using a standardized curiosity box. The PIO intervention will be offered in a group format for eight sessions. The assessments and interventions will be conducted by the LH team.

Results The Yale University Team will provide supervision and scoring and of the video taped assessments and intervention. The presenters will present the preliminary findings from this pilot. They will discuss their experiences in working with this model in the South African context, in a resource poor environment.

Conclusions The strengths and challenges of the collaboration and the intervention will be outlined to facilitate using the model on larger scale.

PS6.4-S4

PARENTING FROM THE INSIDE OUT (PIO) AS A THERAPEUTIC MODEL IN A PSYCHIATRIC OUTPATIENT SETTING IN SOUTH AFRICA

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Introduction The Parenting from the Inside Out working group in South Africa (PIO-ZA) aims to adapt this therapeutic intervention to different contexts in South Africa in collaboration with the Yale Child study centre. The principles of Community Based Participatory Research (CBPR) have been used to guide the adaptation of this intervention.

Method PIO is an evidence-based approach underpinned by attachment and mentalization theories. At Stikland Hospital, a psychiatric and training hospital, the intervention will be piloted with mothers with severe psychiatric illness and substance abuse. Two psychologists will each select patients for their intervention – one focusing on psychiatrically ill mothers, one on substance abusing mothers. The intervention will be implemented individually and each will receive supervision to ensure acceptable fidelity to the original. Aspects of parent-child interaction and parental reflective function will be measured through videotaped interaction and interviews pre- and post-intervention to determine the efficacy of PIO within this setting.

Results Careful consideration of cultural and context-specific differences is needed when planning to adapt therapeutic interventions to the local context. Issues that are relevant to our setting are the ability of the population to comprehend concepts such as mentalization and reflective function, which may not only be hampered by level of education, but also by the cognitive impact of psychiatric illness and effects of substance abuse. The sensitive and fair assessment and understanding of different parenting practices, especially in a multi-cultural context are also relevant.

Conclusions CBPR will serve as a framework to address challenges and identify factors to consider in adapting the Parenting from the Inside Out intervention to a psychiatric hospital in a third world country.

PS6.5-W1

A DEVELOPMENTAL MODEL FOR TRAINING PROFESSIONALS IN INFANT MENTAL HEALTH (IMH): RECOGNITION, REFLECTION, AND RELATIONSHIPS

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Introduction A post-graduate IMH training program is described that mirrors the developmental process at multiple levels. To promote optimal growth and learning, our program provides an environment of nurturing and reflective relationships with faculty and supervisors and between peers that highlights the explicit and implicit processes of all developing relationships.

Method We teach a multi-disciplinary group of post-graduate trainees to become IMH specialists. Our two-year part-time program provides didactic instruction in developmental science, infant research, psychodynamic theory, neuro-development, psychopathology, assessment, intervention, and consultation. In addition to this **explicit** learning, experiential **implicit** learning occurs during a yearlong Infant Observation course and in supervised clinical work. Finally, an Integrative Seminar provides **coherence** of the training experience, through reflecting on and processing in a group one's individual experience of the training. Methods include video observation, journaling about professional and personal experiences, and creative projects demonstrating understanding of the concepts being learned.

Results The integrative seminar provides personal recognition of individual experiences, allowing for sharing in a safe environment. It also provides containment, allowing trainees to develop greater capacity for self-reflection. By focusing on relationships, we demonstrate what we want trainees to understand about their work with developing parent-infant relationships. Faculty supervisory relationships with trainees support the relationships of trainees with one another, which in turn support the trainees' own developing sense of themselves as parent-infant clinicians. The trainees' relationships with families are thus supported, which then support the developing relationship of the parents with their baby.

Conclusions A focus on relationships in training promotes the integration of a new professional "self". This deeply personal and also deeply interpersonal journey is a process of discovery that parallels the process of parents discovering their baby. The developmentally based model supports the capacities necessary for effective and sensitive therapeutic interventions.

PS6.5-W2

AN INNOVATIVE NEURORELATIONAL FRAMEWORK FOR ASSESSMENT AND TREATMENT IN INFANT MENTAL HEALTH WITH CO-MORBIDITY

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Introduction Many of our most at-risk infants and parents meet criteria for more than one diagnostic category. This workshop showcases using the Neurorelational Framework (NRF) on a Macro level for working collaboratively across disciplines and on a Micro level for a comprehensive assessment and intervention process that is grounded in neurodevelopment.

Method The presentation will be organized using the three steps of the Neurorelational Framework (NRF) for assessment and intervention. The NRF takes three salient principles of early brain development-(1) the development of stress thresholds, (2) the development of early learning (procedural memories), and (3) the development of brain networks-and translates them into three practical clinical steps. These steps will be compared and contrasted in the context of understanding "bottom-up" (sensory-motor based interventions) and "top-down" (talking strategies) learning processes. The steps can be applied to any treatment model and provide further depth of understanding regarding relational capacities and individual differences.

Results The following applications of the NRF have resulted from an international collaboration between one NRF author and two infant psychiatrists who have implemented the NRF: (1) A brief overview of a single case will demonstrate how NRF principals changed the progression of treatment in a young child with complex developmental and medical challenges, for a better outcome. (2) Descriptions of how infant psychiatry consultation in a NIDCAP Neonatal Intensive Care Unit was informed and enhanced using the NRF will be presented. (3) Implementation of the NRF in a multidisciplinary community-based infant preschool mental health clinic will be summarized.

Conclusions Two major foci of this presentation include: (1) how NRF principles support best practice in the assessment and intervention in complex cases and (2) how NRF principles can improve cross-sector systems of care that typically function as isolated silos (e.g., medical, developmental, mental health, early care/education needs).

PS6.6-W1

CONNECTIONS, THE RELATIONSHIP-BASED PHASE MODEL: PROMOTING POSITIVE MENTAL HEALTH COMPETENCE IN YOUNG CHILDREN PRESENTERS: JOANNE KESTNBAUM, LCSW AND WENDY GUYER, LCSW

*Joanne Kestnbaum, Wendy Guyer, Joni Crouse
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Introduction The Relationship-Based Phase Model is based on the work of Virginia Frank Child Development Center's Therapeutic Nursery/Kindergarten. This workshop will teach fundamentals to promoting emotional intelligence and an understanding of social relationships in early childhood settings to promote children's future learning and competency in life.

Method Presenters will engage early childhood professionals in learning the fundamentals of The Relationship-Based Phase Model. Participants will explore a developmental framework and group dynamics for understanding children's behavior and emotional states over the course of a year in early childhood settings. Caregivers, mental health professionals, and teachers will have opportunities to explore and expand mindfulness of their own reactions to children's emotional states and behavior and how to collaborate with one another in support of children's development. Participants will have opportunities to explore vignettes and engage in a process of learning from each other, as well as from the expertise as Infant Mental Health Consultants.

Results Participants will explore the idea that emotional intelligence is the foundation for learning. Participants will explore the three developmental phases that a preschool classroom goes through over a year. Participants will also learn about curriculum-based songs/stories/activities, which will enable them to address challenges that arise throughout the year. Participants will also learn how to reflect on their own responses to children's behavior thus incorporating in their professional selves the notion that behavior has meaning. This will enable participants to support their students' emotional well-being throughout the year and especially as they transition to kindergarten. Handouts distributed to all participants.

Conclusions Participants will be able to implement simple but effective strategies for talking to children, structuring environments, and working together to promote optimal emotional regulation and social interaction across early childhood settings. This model works in diverse settings with diverse populations and meshes well with other curricula.

PS6.6-W2

KEY CONCEPTS IN BUILDING THE BRIDGE TO SHARED MEANING WITH PRESCHOOLERS ON THE AUTISTIC SPECTRUM

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Introduction Initiated in 2007, Rivendell School's Corrective Object Relations Education program (CORE) has continued to use attachment theory, shared perspective, and development of social thinking through relationships to prepare children on the autistic spectrum at risk for failure to meet the demands of a preschool classroom.

Method CORE provides services in a clinical student-teacher environment. As our methods advance, we remain committed to our belief that the ability to enter into a teacher/child relationship is crucial for readiness to learn. CORE practitioners imbed experiences into each individualized program to help formulate concepts key to the child's understanding ("key concepts"). Practitioners use video modeling, goal-oriented guided play, role-playing, social stories and visual supports. Repetition, re-enacting and rehearsing with therapeutic support and guidance not only teaches ways to respond socially, but also facilitates *making sense of what happens* in relation to oneself with others.

Results Our current findings arise from our in-depth focus on the role played by how a child makes sense of school and what he needs to understand about that experience in order to learn. Because CORE children struggle with shared attention and typically lack theory of mind, we teach these vital constructs, which we have found to be necessary and effective in preparing children for successful immersion in school, in a dynamic and systematized fashion. We have found that the child's understanding of these specific concepts bridges the gap between idiosyncratic preferences and awareness of a shared, dynamic environment.

Conclusions We will present the *key concepts* that develop a child's understanding and how they lead to fundamental competencies that prepare him for school. Live discussion will be integrated throughout workshop from a case study of one child's therapeutic CORE programming over two years, plus follow-thru into his school immersion.

PS6.7 - LINKS BETWEEN EARLY FAMILY INTERACTIONS AND CHILDREN'S SOCIO-EMOTIONAL DEVELOPMENT IN THE TODDLER AND PRESCHOOL YEARS

*Chair: Chloé Lavanchy Scaiola, Center for Family Studies
Discussant: Sarah Schoppe-Sullivan, Ohio State University, Columbus, Ohio, United States*

PS6.7-S1

CONTRIBUTIONS OF COPARENTING AND INFANT TEMPERAMENT TO TODDLER SOCIOEMOTIONAL FUNCTIONING

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Introduction Infant temperament is the foundation of socioemotional functioning (Rothbart, Ahadi, & Hershey, 1994). Coparenting also plays a role in subsequent toddler adjustment (Teubert & Pinquart, 2010). We sought to further understand the contributions of *both* infant temperament and coparenting to toddler socioemotional development, a topic rarely examined in prior research.

Method Data came from a longitudinal study of 182 U.S. dual-earner primiparous couples and their infant children. At the 9-month assessment, both parents independently completed the 37-item Revised Infant Behavior Questionnaire—Very Short Form (IBQVSF; Rothbart & Gartstein, 2000) to assess their child's temperament. Coparenting was assessed from mother-father-infant interaction observations at 9-months postpartum. Trained research assistants rated supportive and undermining coparenting behavior (Cowan & Cowan, 1996). At 25-months postpartum mothers completed the ITSEA, a clinical assessment tool designed to identify competencies and areas of concern in toddlers' social emotional development (Carter & Briggs-Gowan, 2006).

Results Supportive coparenting at 9 months was negatively correlated with toddler externalizing ($r = -.20, p < .05$) and dysregulation ($r = -.24, p < .05$). Regression analyses revealed that although child negative affectivity predicted greater dysregulation ($\beta = .36, p < .001$), supportive coparenting predicted lower dysregulation even after controlling for negative affectivity ($\beta = -.26, p = .004$). Although negative affectivity positively predicted externalizing ($\beta = .32, p < .001$), supportive coparenting predicted lower externalizing even after controlling for negative affectivity ($\beta = -.20, p = .029$). Undermining coparenting was not associated with toddler socioemotional functioning.

Conclusions Analyses revealed that supportive coparenting predicts lower levels of toddler dysregulation and externalizing, even after controlling for infant negative affectivity. While prior research has emphasized the harmful effects of undermining coparenting (Teubert & Pinquart, 2010), our study highlights that *both* temperament and supportive coparenting behavior contribute to toddler socioemotional development.

PS6.7-S2

PREDICTING INFANT FUNCTIONING IN THE FIRST YEAR: THE ROLE OF PRENATAL AND POSTNATAL COPARENTING DYNAMICS AND FAMILY EXPRESSIVENESS

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Introduction Family researchers clearly established that coparenting dynamics and family expressiveness shape children's cognitive, social, and emotional functioning (Schoppe-Sullivan et al., 2001; Boyum & Parke, 1995). However, it is still unclear whether coparenting and expressiveness during pregnancy predict later infant functioning and whether these dynamics exert their influences simultaneously.

Method A sample of 54 families was observed during play interactions during pregnancy, and at 3- and 12 months postpartum. Coparenting dynamics were coded using the Coparenting and Family Rating Scale (McHale et al., 2000), while global scales assessed families' emotional expressiveness. Parents' coparenting perceptions were assessed using the Coparenting Interview. At 12 months, infants' attachment behaviors were assessed via the Attachment Q-Sort (Waters, 1987) and their social communication skills via the Early Social Communication Scale (ESCS; Mundy, et al., 2003). Additionally, infants' eating competency was observed during a meal and their imitative behaviors were observed during play.

Results Findings indicated that harmonious coparenting dynamics observed during pregnancy and the first year postpartum correlated with secure infant attachment and eating competence at 12 months. Joint attention at 12 months was predicted by prenatal maternal warmth, paternal investment, and cooperation and by 3-month paternal warmth. Infants' behavioral requests were predicted by paternal and coparental warmth and cooperation at 3 months. Parental anticipations of harmonious coparenting relationship during pregnancy forecasted infants' imitative behaviors and parents' propensity to initiate and complete imitative acts at 12 months. Prenatal and postnatal family expressiveness predicted infants' responsiveness to behavioral requests and joint attention.

Conclusions In conclusion, coparenting dynamics emerging during pregnancy set the stage for subsequent infant functioning in the first year. Early harmonious coparenting relationships equip parents to foster more adaptive infant functioning. While family expressiveness is associated with coparenting dynamics, it also contributes uniquely to infant functioning.

PS6.7-S3

LINKS BETWEEN FATHER-MOTHER-INFANT INTERACTIONS AND THEORY OF MIND AT 5-YEARS

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Introduction Children's understanding of other's perspectives develops through interactions. It is known that relational components, studied mainly in mother-child relationship, are related to false belief tasks performances. As children grow up in multi-partners contexts, our aim is to study the influence of early family interactions on child's understanding of others' perspectives.

Method Thirty-seven non referred families were observed with their 3- then 9-months-old infant. Mother-father-baby interactions, observed in the Lausanne Trilogue Play setting, were assessed with the Family Alliance Assessment Scales (Favez et al., 2011). With this tool, two measures were obtained: a family score of coordination (range: 0-22) and a global assessment of the family alliance (cooperative, conflicted or disordered alliance). When the child was 5, he was administered false belief and mixed emotions attribution tasks. Two scores were obtained: a false belief score and a mixed emotions score.

Results False belief score was correlated with family scores of coordination assessed when the child was 3- and 9-months-old. Moreover, results of an analysis of variance showed that 9-months-old infants with a cooperative family alliance have higher subsequent false belief score. According to the development of emotional understanding, results of analysis of variance and hierarchical regression analysis showed that 9-months-old infants with a conflicted family alliance were less efficient 4 years later in mixed emotions attribution tasks.

Conclusions Early interactions with different intimate partners shape cognitive development. The family way of negotiating in a collaborative task is a learning context to decode other's internal states. Early family interactions have an impact on the child's theory of mind development. Research and clinical implications of these results will be discussed.

PS6.8-W1

THE 10 WEEK PROFESSIONAL DEVELOPMENT COURSE IN INFANT MENTAL HEALTH - 10 YEARS OF PARTICIPANT FEEDBACK

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Introduction First developed at the Scottish Institute of Human Relations, Edinburgh, this course helps front line professionals working with vulnerable families to develop skills and awareness in early intervention. The workshop examines 10 years of participant evaluation as focus for discussion regarding the challenges of developing an infant mental health culture within child welfare services.

Method Course evaluation and feedback commonly indicates significant positive changes in clinical orientation in recognition of the emotional needs and priorities for vulnerable infants as a result of attending the course. A frequent additional feature however, reveals frustration and anxiety regarding limitations in the level of organizational systemic support required to allow improved awareness and skills to be applied in practice. Key professionals, particularly Health Visitors, whose role is potentially pivotal in promoting the emotional and developmental health of babies and infants in the UK are often left feeling this frustration most keenly at the end of the course.

Results Recurring themes of inefficiently focused resources of time and funding emerge. A more subtle but persistently recurring theme also emerges from the data, concerning systemic resistance within organizational structures and dynamics. Associations emerge between this difficulty and the emotional and social roots of relational trauma in infancy within families and inter-generationally, particularly in communities under stress.

Conclusions Underlying dynamic and systemic obstacles to the development of a more robust infant mental health culture are explored and highlighted as they emerge out of the course participants feedback. Links between these elements and the theoretical and clinical components of the course are explored as the basis for small group and plenary discussion.

PS6.8-W2

NEW PERSPECTIVES ON DIFFERENTIAL DIAGNOSIS: SHIFTING FROM CATEGORICAL TO DIMENSIONAL THINKING USING AN INTERDISCIPLINARY LENS

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Introduction A video-based case study of a complex mother-son dyad illustrates the importance of interdisciplinary collaboration and embracing complexity. As the National Institute of Mental Health's (U.S) research funding shifts from DSM V categories towards underlying dimensions cutting across multiple diagnoses, training perspectives may need to shift to reflect this change.

Method A video-based case study will be presented by two infant mental health specialists, one representing mental health and the other, occupational therapy. As the case unfolded, several co-morbid diagnostic categories emerged (e.g., sensory processing disorder, trauma symptoms, anxiety, and autistic spectrum disorder). Despite the shifting diagnoses, four underlying neurodevelopmental dimensions were used to guide treatment: (1) regulation of the sleep-awake cycle, (2) sensory processing and modulation principles, (3) engaging the expression of traumatic procedural memories, and (4) theory of mind and executive functions with maturity. The interdisciplinary cross-fertilization of mental health and occupational therapy treatment modalities greatly informed the work.

Results This cross-disciplinary collaboration between mental health and occupational therapy illustrated the importance of using "bottom-up" principles and understanding sensory modulation from an individualized perspective. These bottom-up principles applied to both the client's constitutional differences as well as his traumatic memories. The success of this treatment showed working on two dimensions at the same place, at the same time—the young boy's sensory triggers and preferences in the context of enacting his trauma. Psychoeducation of the primary caregiver was also critical to the outcome. This case reflects the need for infant mental health training to embrace multi-dimensional treatment conceptualization and planning.

Conclusions This presentation illustrates: (1) collaboration between cross-sector professionals during treatment, (2) infant mental health professionals understanding the importance of bottom-up, sensory-motor treatment strategies for children on the autistic spectrum as well as those with traumatic histories, and (3) the importance of training professionals in underlying dimensions regardless of diagnostic category.

PS6.9-C1

THE TAVISTOCK CLINIC MODEL OF INFANT OBSERVATION: A DETAILED EXAMINATION OF OBSERVATION MATERIAL, AND ITS IMPLICATIONS FOR CLINICAL PRACTICE AND TRAINING

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Introduction The aim of this teach-in is to offer participants an opportunity to examine in detail material from TWO different infant observations undertaken by students of the Tavistock Infant Mental Health Course, one, a six month old baby boy, observed at home; one, an infant in a Neonatal Intensive Care Unit.

Method The first observation will enable participants to follow closely an hour's observation of baby with mother, without intervening or writing notes. Moments of 'rupture and repair' are described in detail, and the emotional impact of following the dyad's interactions, during feeding and changing, convey the baby's developing coping mechanisms. The second baby, seen in the NICU, will show how the observer's free-floating attention and monitoring of the counter-transference, enables her to see beyond the physical experience of the infant, dominated as this is by intrusive procedures, and to apprehend the unique human experience of infant and parent(s).

Results Drawing on a psychoanalytic framework, we will explore the meaning of the infants' non-verbal communications, and link observational skills to clinician training. Two Tavistock Clinic Child Psychotherapists will lead discussion of the observation material, and two clinicians from Hincks-Dellcrest Centre, Toronto, will describe the application of this method to the training of early years' clinicians.

Conclusions The Toronto speakers will highlight the value of observational skills in practitioner training, illustrating how it offers a heightened awareness of infants' and young children's developing internal and external worlds. The training involves observation seminars and an assessment/ treatment program. The concluding discussion will link these clinical and training strands

PS6.10-C1

BEYOND THE INFANT OBSERVATION EXPLORING MEANINGS AND EXPERIENCE THROUGH A METHOD AND AN INSTRUMENT FOR TRAINING, PREVENTION AND INTERVENTION

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Introduction Training properties of the infant observation aimed at improving psychologists' clinical sensibility and self-analysis are well known (Bick 1964, Rustin 1989). Furthermore, the emotional support offered to the observed mother-child relationship can represent an opportunity of prevention (Siksou, 1992), increasing and supporting mother's sensibility to child's emotional needs (Haag, 1989).

Method We propose an extension of the infant observation as an instrument of prevention and early intervention for supporting child development and parent-child relationships in problematical contexts through home visiting sessions. Eight mother-infant dyads participated in an 8-month home visiting program, including weekly direct and *active* observations conducted by psychologists on training supervised by a child psychotherapist. Measurements of parental stress were taken pre and post intervention by using the Parenting Stress Index, while Beller's Tavs were used during home visiting sessions to illustrate the child's development and to share with the mother her own representation of the child.

Results Pre and post measurements revealed a reduction of defensive responses at PSI. The observations also revealed an increased mother's disposition to recognize her own difficulties and dysfunctional aspects of the relationship with the child. Mother's sensibility to child's affective needs and her capacity of affective tuning have been encouraged by an exercise of interpretation and comprehension of the child's needs (behind behaviors). Moreover, the observation reports constituted a way of access to a multiple reflection in the supervision settings: on the mother-child interactions (to guide specific interventions) and on the observers' own feelings and difficulties (to increase clinical sensibility, auto-analysis).

Conclusions The application of a direct and active observation to home visiting sessions leads to a multiple *holding relationship* that involves the child, the mother and the observer, "helping all them think". Moreover, it identifies conditions of developmental risk, in order to facilitate both the parenting functions and the child's development.

PS6.10-C2

MULTIDISCIPLINARY INFANT-PARENT MENTAL HEALTH TRAINING FOR PROFESSIONALS

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Introduction Professionals in many disciplines interact with infants and their caregivers. Their interventions - - whether focused on problems with speech, behavior, learning, parent guidance, or specific mental health issues - - can be enhanced by training in current, sophisticated developmental research and the application of that research to clinical practice.

Method The teach-in will describe the development and implementation of two infant-parent mental health programs teaching an interdisciplinary group of professionals for 10 years. Professionals from multiple disciplines have formed cohorts of 25-30 "Fellows" from across the US and around the world. Meeting in monthly weekends for intense immersion learning with prominent researchers and clinicians, the Fellows engage in active discussions with one another and the presenters that is guided and supported by the core

faculty. The course includes a presentation by each Fellow that is focused on integration of the course content and learning experience in their professional work.

Results The Infant-Parent Mental Health Postgraduate Certificate and Fellowship program in Napa, CA has graduated over 220 Fellows and the Boston, MA program has graduated 75 Fellows. This session will include information on graduate retention in the field, training evaluation ratings by graduates, and both subjective and objective measures of the training's impact on Fellows. Objective scenario-based measures of changes in graduates relative to core competencies for the infant mental health field will be discussed, and anecdotal responses from Fellows about the program will be presented.

Conclusions The teach-in participants will be introduced to the Napa and Boston Infant-Parent Mental Health Programs by the originators, directors, and core faculty of these courses. Discussions between participants and teach-in leaders will provide additional information about the ongoing courses and how similar trainings could be established in other locations.

PS6.11 - MOTHER-CHILD RELATIONS IN THE CONTEXT OF BIOLOGICAL AND SOCIAL FAMILY STRESS

Chair: Marjo Flykt, University of Tampere, Finland

Discussant: Zeynep Biringen, Colorado State University, Colorado, USA

PS6.11-S1

DOES MATERNAL ATTACHMENT STYLE PREDICT INTERVENTION EFFECTS ON EMOTIONAL AVAILABILITY AND MATERNAL PSYCHOPATHOLOGY AMONG DRUG-ABUSING MOTHERS AND THEIR INFANTS?

Marjo Flykt¹, Sanna Isosävi¹, Ritva Belt², Tiina Posa³, Raija-Leena Punamäki¹

¹University of Tampere, Tampere, Finland, ²City of Tampere, Tampere, Finland, ³City of Hollola, Hollola, Finland

Introduction Maternal drug-abuse represents a severe risk for mother-child relationship. Drug-abusers more often have insecure or unresolved adult attachment styles, but research is lacking on their effect on parenting in this group. We examine the role of maternal attachment style for emotional availability, mental health symptoms and abstinence after two interventions.

Method Our subjects were 51 drug-abusing mother-infant dyads, participating in alternatively psychodynamic mother-infant group therapy or receiving individually tailored psychosocial support, and 50 non-using control dyads. Maternal attachment style was measured pre-intervention, during second or third trimester of pregnancy with Adult Attachment Interview (AAI; Main, Goldwyn & Hesse, 2003). Emotional availability was measured with Emotional Availability Scales (Biringen, 2000) at 4 and 12 months. At all three time points, maternal depression was measured with EPDS (Cox, Holden, & Sagovsky, 1987) and substance-abuse characteristics with AUDIT (Saunders et al., 1993) and specific drug-related questions developed for the purposes of this study.

Results Drug-abusing mothers were higher in depression and lower in emotional availability dimensions than control mothers at all time points. Among substance-abusers, depressive symptoms and substance-abuse decreased from pre- to post-intervention and emotional availability increased from T2 to T3, especially concerning non-hostility and non-intrusiveness. The preliminary findings suggest that drug-abusing mothers were more likely to have insecure and unresolved adult attachment styles than control mothers. We hypothesize that maternal secure-autonomous attachment style is associated with more positive change in dyadic emotional availability, maternal depressive symptoms and abstinence. The final results are presented at the conference.

Conclusions We discuss the clinical implications of our study for developing interventions for high-risk families from attachment and emotional availability framework.

PS6.11-S2

HOW IS MATERNAL ATTACHMENT STYLE ASSOCIATED WITH MOTHERS' AND INFANTS' EMOTION REGULATION AMONG SUBSTANCE ABUSING WOMEN?

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Introduction Mother's attachment style influences her emotional responses and caregiving behavior. Maternal dysregulated pre- and postnatal emotions are related to infants' emotion regulation difficulties. We analyze how mothers' attachment styles and unresolved loss or trauma affect their emotional processing and the development of their infants' emotion regulation and reactivity.

Method Participants were 51 substance-abusing women and their infants who participated in treatments in a family clinic and their 50 non-substance using controls. The data was collected during pregnancy (T1), when infant were 4 months (T2) and 12 months old (T3). Mothers' attachment classification was assessed using the Adult Attachment Interview (Main, Goldwyn & Hesse, 2003) at T1. Mothers' emotion processing was measured using Fridja's (1986) multifocal theory of emotions, comprising feeling states, behavioral urges to act, metaemotions and cognitive appraisals at T1, T2 and T3. Infant emotion regulation was assessed using the Infant Behavior Questionnaire (IBQ) at T2 and T3.

Results Preliminary results show that substance-abusing women experience more negative emotions, stronger urges to act, and less appraisals of predictability than controls. We expect autonomously attached mothers to have more positive emotion processing and access meta-emotions easier than insecurely attached mothers. We expect insecure-dismissing mothers to report less intense feeling states and positive appraisals, and insecure-preoccupied mothers to report intensive feeling states and less appraisals of control. We hypothesize that mothers with unresolved attachment style are more dysregulated in all levels of emotionality than autonomously attached mothers. We further explore how maternal attachment and emotion regulation associates with infant emotion regulation.

Conclusions Our study contributes to the knowledge of attachment styles as emotion regulation. We suggest that different levels of mothers' pre- and postnatal emotionality can serve as markers for potential risk in infants' emotional development and interventions focused on different levels of maternal emotion can benefit the early relationship.

PS6.11-S3

MATERNAL AGE, ASSISTED CONCEPTION AND EMOTIONAL AVAILABILITY IN MOTHERS OF TODDLERS

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Introduction A trend to delayed first birth means increasing numbers of women require medically assisted conception (AC). Comparable parenting for AC and spontaneously conceiving mothers (SC) has been reported, but most studies rely on self-reports of parenting. This paper examines observed emotional availability in relation to assisted conception and maternal age.

Method Participants were 133 primiparous women (81 SC; 52 AC) enrolled in a prospective study of the transition to parenthood and recruited at 30 weeks pregnancy. Mothers (Mean age = 33.8 years, SD = 4.66) and their toddlers (Mean age = 20.2 months, SD = 2.85; 51% male) were observed during a videotaped 15 minute free play episode at home and emotional availability was scored using the Emotional Availability Scales (4th edition, Biringen, 2008). 20% of cases were double coded and intra-class correlations ranged from .82-.93.

Results Separate multivariate analyses of variance (MANOVA) were conducted for maternal (sensitivity, structuring, non-hostility, non-intrusiveness) and child (responsiveness, involving) scales, including maternal age and education. For maternal there was a significant multivariate effect for assisted conception, $F(4,117) = 2.67$, and maternal age, $F(4,117) = 3.59$, $ps < .05$. Univariate tests indicated AC mothers were rated more sensitive (Mean AC= 23.60; Mean SC= 21.30) and non-intrusive, (Mean AC= 24.17; Mean SC= 22.58), $ps < .05$. Older maternal age was associated with higher structuring scores, $p = .03$. There was no age or assisted conception differences for the child scales.

Conclusions Results indicate that assisted conception and older maternal age are independently associated with more optimal maternal emotional availability, taking account of maternal education. Findings are discussed in the context of motivation for parenthood and psychological maturity associated with older maternal age.

PS6.11-S4

THE EFFICACY OF PARENT-CHILD INTERACTION THERAPY (PCIT) IN HOME SETTINGS

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Introduction Parent Child Interaction Therapy (PCIT), is a clinic-based intervention for young children with disruptive behavior problems, with a strong evidence base. Providing this treatment in home settings requires significant adaptations to its delivery; and there is little evidence of its efficacy in these circumstances.

Method This presentation describes a randomized controlled trial, testing the efficacy of PCIT compared with treatment as usual (TAU) with 81 clinic-referred 2 – 5 year old children with primary caregivers in their homes. Client families were low-income and culturally diverse, but were not receiving child welfare services. Treatment was limited to 16 sessions. Assessments were conducted at initial and final sessions, and six months after the final assessment. We examined observed parent-child emotional availability (measured by EA Scales, 3rd Ed.), parenting behavior (measured by DPICS-3), parent reports of child functioning (measured by ECBI) and parenting stress (measured by PSI-SF).

Results Results showed that parents assigned to PCIT were significantly more likely than those assigned to TAU to show increases in encouraged verbalizations (i.e., praise, behavioral description, reflection) and decreases in discouraged verbalizations (i.e., commands, questions, negative talk). Both groups showed significant improvement in emotional availability. Analyses results revealed that parents in PCIT and TAU reported significant reductions in child behavioral problems and in parenting stress. However, PCIT clients' behaviors and parenting stress were significantly less likely to be rated in the clinical range. These gains were sustained six months after the post-treatment assessment.

Conclusions Results confirm hypotheses that more significant change would be observed in clients receiving PCIT than TAU, suggesting that providing PCIT in home settings does not reduce the efficacy of this empirically based treatment. Pathways to improved parent-child relationship quality will be discussed.

PS6.12-C1

USING GROUPS TO STRENGTHEN PARENT-INFANT RELATIONSHIPS: FACILITATING BABIES' CONTRIBUTIONS TO THE GROUP PROCESS

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Introduction Bringing parents and babies together in groups facilitates a collaborative endeavour. Parents are able to learn from each other, share useful tips and fears and anxieties at different stages of the babies' development. Paradoxically feelings of shame and inadequacy can be explored to good effect in group settings.

Method Safeguarding issues can be highlighted and a partnership with social care agencies also established. Babies living with parents finding it hard to respond effectively to their needs can have new experiences of relating in the group, both with other babies as well as with other parents, who might be more emotionally responsive. The innocence of babies and their longing to interact can have

a therapeutic effect on a parent struggling with their own baby. With the acceptance and help of the group, parents begin to respond more satisfactorily to their own baby's longings.

Results The group offers opportunities for babies to develop social skills which helps them use groups throughout life, such as cooperation, finding themselves through interaction with the other, establishing their voice, having a sense of belonging. The babies have a lot to teach their parents who might struggle in group situations. This clinical teach-in will present work from different settings to demonstrate key issues about establishing and maintaining groups where parents and babies are equal group members. The material will cover themes addressed in the Anna Freud Centre course of dynamic administration inside and outside sessions, creating a positive group culture, maximizing the potential of the babies' communications, using techniques from parent-infant psychotherapy. Filmed material will highlight these themes of developing group processes, maintaining continuity, working with parent and baby dyads and dealing with difficult situations. Participants will be encouraged to respond to the material and bring their own experience

PS 6.13 – POSTER WORKSHOP 9: INFANTS IN HIGH RISK AND RECONSTITUTED FAMILIES

PS6.13-PW1

MINDFULNESS AS A POTENTIAL MECHANISM OF CHANGE IN SUBSTANCE USING PARENTS

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¹Griffith University, Brisbane, Australia, ²University of Queensland, Brisbane, Australia

Introduction Impulsive personality traits and affective dysregulation are key in the aetiology and maintenance of substance misuse and personality disorders. Interventions using mindfulness skills have a strong evidence base in the treatment of both of these disorders. The evidence pointing to inclusion in treatment for substance misusing mothers is considered.

Method Understanding the factors that are implicated in compromised care in substance misusing mothers is a key issue in determining the relative utility of mindfulness based approaches. A systematic review was undertaken using key search terms from the following data bases: PsycInfo, Scopus, Science Direct, MEDLINE, SpringerLink and Google Scholar. Inclusion criteria were (1) quantitative peer reviewed study (2) date range from 1995 to current, (3) the quality of the parent-infant relationship was measured using observational procedures (4) with substance abusing mothers, (5) and published in English.

Results Twenty eight studies were identified from the USA (19), Finland (7) and Norway (2). Observational methods were Ainsworth Maternal Sensitive Measure (4), Care Index (3) Parent-Child Early Relational Assessment (3), purposely designed measures of maternal sensitivity (8), Still Face Paradigm (1) & Emotional Availability Scale (4). Four studies used the SSP to classify infant attachment style. Despite a clear link between parental substance abuse and compromised caregiving, closer analysis indicated that this was strongly associated with personality features that included borderline, personality features and dysregulated affect.

Conclusions The implications of these findings are discussed with a focus on the integration of mindfulness skills within a parenting program designed for high risk infants and children, the Parents Under Pressure program.

PS6.13-PW2

HOW CAN ONE HOUR A WEEK BE ENOUGH? A CROSS CULTURAL JOURNEY: FATIMA (THE PATIENT, A FARSI SPEAKING KURDISH REFUGEE) & GALLY (THE PSYCHOTHERAPIST, AN ENGLISH SPEAKING IRISH- AUSTRALIAN CITIZEN) EMBARK ON MEETING ASNA (AN UNWANTED YET TO BE BORN KURDISH AUSTRALIAN FEMALE INFANT)

C Gally McKenzie

Private Practice, Fremantle, West Australia, Australia

Introduction This clinical presentation aims to make space for thinking about necessary adaptations to the western psychotherapy model as per case need. Considerations in cross cultural work with parents & babies will be explored. Elements of Fatima's lifelong experiences of marginalization, loss, trauma, despair, love, determination and fortitude will be included.

Method Elements of Gally's countertransference experiences in working with Fatima & her family will also be included.

Results How can this yet to be born baby, & later infant, experience Fatima as a safe mind & a safe house?

Conclusions How can Gally, utilizing a variety of models of therapy, become a safe mind & house for Fatima & her baby?

PS6.13-PW3

HOW TO WORK WITH NEW FAMILIES? THE CONTRIBUTION OF THE LTP AND PNG IN INTERACTIONAL RESEARCHES AND CLINICAL CONTEXTS WITH LESBIAN-HEADED AND DIVORCED FAMILIES

Marina Miscioscia, Quentin Bullens, Thérèse Scali, Salvatore D'Amore

University of Liege, Liege, Belgium

Introduction Diversity seems to be the challenge for researchers because of the increasing degree of variation in family forms. Society changes such as medicine progress, homosexuals' rights, simplification of divorce procedures, allow the formation of diverse family forms and the consequent need to understand their resources and limits regarding child issues.

Method In "traditional context", consistent studies on family dynamic and child issues have highlighted the importance of the interactional and longitudinal point of view (e. g. Favez & al, 2012) to understand what can facilitates a better coordination and alliance

in the families. Researches on lesbian-headed and divorced families need to understand their proper patterns and dynamics. Regarding to the child, the Lausanne Trilogue Play (LTP Fivaz-Depeursinge, 1999) and the Pic Nic Game (JPN Frascarolo & Favez, 2005), seem to be the best strategies to investigate, at an interactional level, their level of coordination, co-parenting and sensitivity.

Results The aim of this contribution will be to put the focus on the parental and family dynamics in lesbian-headed and divorced families. The research questions will be: how these kinds of families create their co-parenting and family alliance? Can their interactive dynamics and sensitivity regarding the child be influenced by the fact that one of the two parents it is not biological? We'll discuss how to use those two particular tools to underline the resources and difficulties of these families rather than consider them in the light of "traditional families".

Conclusions Our team is doing scientific research for the construction of new theoretical models, to be able to apply these interactional tools with new families, and build some bridges between those two aspects. This can leads us to bring out specific risk or protective factors for child development among new families.

PS6.13-PW4

FEELINGS KEPT OUT, WORDS KEPT IN. PSYCHODYNAMIC WORK WITH SMALL CHILDREN AND FAMILIES PRESENTING WITH SELECTIVE MUTISM

Maria Pozzi Monzo¹, Sara Micotti²

¹Child and Adolescent Mental Health Service, Hertfordshire, UK, ²Centro Benedetta D'Intino Onlus, Milan, Italy

Introduction This workshop explores different experiences with young children suffering from selective mutism. Anger, aggression, sorrow were trapped inside these frozen children and their parents, who were walled inside their lives, unable to speak openly, to give thoughts and words to both their actual losses and to their fear of loss.

Method The presenters - trained at the Tavistock in Italy and England respectively - are part of the "International Association Zero-to-Five", an organization based in Vacallo-Chiasso, Switzerland for the training and clinical practice of Parent-Infant and Parent-Underfive Psychoanalytic Psychotherapy. The workshop highlights the value of early psychotherapeutic intervention, which addresses and transforms parental unconscious conflicts, projections, anxieties and trans-generational issues, thus affecting the experience of a robust, containing link with their children. Parental anxieties, projections and emotional fragilities compounded the childrens' refusal to talk outside the family.

Results The first child's symptoms were connected to her mother's unspoken sorrow following her emigration from her distant country of origin. The second child became selectively mute following the birth of her younger brother. Her parents weren't able to manage her ordinary aggression and denied it. Both parents had grown up with schizophrenic illness in their families. The third case describes the on-going psychodynamic family therapy with a 3 year-old girl, who suddenly stopped talking at her nursery and outside the family after her nursery teacher shouted at her on her first nursery day. This was experienced as a trauma.

Conclusions The "mutism of the mind and of the mouth" in these children and parents was understood, contained and verbalized by the therapists. The deep encounter between the primitive states of mind of these parents and their therapists' minds allowed them to begin to elaborate feelings of loss.

PS6.13-PW5

REACHING OUT: PARENT INFANT PSYCHOTHERAPY IN COMMUNITY SETTINGS

Jake Spencer

OXPIP, Oxfordshire, UK

Introduction OXPIP offers parent infant psychotherapy in children's centres. The aim of working in these venues is to work preventatively with families in areas of high deprivation who may not otherwise access services. The work is preventative and can have a high impact.

Method We work with parents with poor attachment histories who would not refer themselves for therapy; they do not seek help because they have little experience of being dependent on someone's help being a positive experience. We are flexible and innovative in how we engage these clients and work with them effectively; alongside more traditional psychodynamic work we draw on mentalization based approaches and techniques such as Watch, Wait, wonder and Video Interaction Guidance to try to help parents contain and process their own emotional states and be more available to their babies.

Results Although we are a small locally based organization, we have evaluated our work over the last 3 years and shown that through our approach we reach a wide range of clients who may not otherwise engage in therapeutic work. Within this client group attendance rates for sessions is relatively high at 75-80%. Although these clients often find endings difficult and drop out before the end of therapy, where data has been collected there have been positive improvements in both the parent infant relationship and on depression and anxiety scales that measure adult mental health.

Conclusions Through working in community settings using a flexible approach that integrates a range of therapeutic tools and draws of different theoretical approaches, it is possible to have a positive impact on the most vulnerable families. We can improve adult mental health and encourage more sensitive and loving relationships.

IMHJ Editors Reception: Sponsored by John Wiley & Sons, publisher.

Hosts: *Hiram E. Fitzgerald, Michigan State University, Editor in Chief; Deborah Weatherston, Michigan Association for Infant Mental Health*

1630 - 1830

PARALLEL SESSION 7

1715 - 1845

PS7.1 - ASSESSMENT, TREATMENT AND LONGITUDINAL COURSE OF INFANTILE ANOREXIA

Chair: Irene Chatoor, Childrens National Medical Center

Discussant: Rachel Bryant-Waugh, Great Ormond Street Hospital for Children, London, UK

PS7.1-S1

AN ITALIAN LONGITUDINAL STUDY OF INFANTILE ANOREXIA FROM INFANCY TO PREADOLESCENCE

Massimo Ammaniti¹, Loredana Lucarelli^{1,2}, Silvia Cimino¹

¹University Sapienza of Rome, Rome, Italy, ²University of Cagliari, Cagliari, Italy

Introduction DC:0-3R describes under feeding behavior disorder, among six different feeding disorders subtypes, specific criteria for Infantile Anorexia. Longitudinal studies help to clarify the evolution of symptoms over time. This longitudinal study followed children who, for various reasons, received limited intervention allowing to observe the natural course of IA into preadolescence.

Method Our longitudinal study aimed to evaluate feeding behavior and emotional functioning in a sample of children diagnosed with Infantile Anorexia, and to investigate the relationship between maternal psychopathology and children's feeding patterns and emotional functioning over time. A sample of 72 original patients and their mothers, paired longitudinally with a group of 70 typically developing children, were investigated at 2, 5, 8, and 11 years of age through medical and nutritional reports, parental interviews, and the following questionnaires to evaluate maternal psychopathology and the child's emotional functioning: Symptom Check-List-90R, Eating Attitudes Test-40, Child Behavior Checklist 1½-5/6-18.

Results The nutritional status improved for the majority of the children over time, but about 22% of them were found to be mildly malnourished at the last follow-up, at 11 years of age. Most of the children continued to show persistent eating problems characterized by early satiety responsiveness, lack of enjoyment of food, and increased food fussiness. Moreover, the children developed symptoms of anxiety disorders as well as attention and behavioral problems. Their mothers still showed psychopathological symptoms, especially depression and dysfunctional eating attitudes, suggesting an association between mothers' psychopathology and continuing feeding and emotional difficulties in their children.

Conclusions This study sheds light on the on-going eating difficulties and development of emotional/behavioral problems in children diagnosed with Infantile Anorexia as toddlers and points to the association between the children's on-going difficulties and maternal eating-and psychopathology. Early and effective treatment of Infantile Anorexia is critical for the child's healthy development.

PS7.1-S2

A 5-10 YEARS FOLLOW-UP STUDY OF TODDLERS TREATED FOR INFANTILE ANOREXIA

Irene Chatoor^{1,2}, Laura McWade-Paez¹, Benny Kerzner^{1,2}

¹Children's National Medical Center, Washington, DC, USA, ²The George Washington University, Washington, DC, USA

Introduction Infantile Anorexia (IA) is characterized by poor appetite, lack of interest in eating, and poor growth in an otherwise active and playful child. The onset is usually before 3 years of age. This presentation will examine the long-term effects of a treatment model for toddlers with IA.

Method The intervention is based on previous studies which lead to a transactional model for IA. We found the child's food refusal creates parental anxiety, intense parent- child conflict, and leads to external regulation of the child's eating by the parents. The treatment is directed towards the parents to change their mealtime interactions with the child. Sixty two toddlers, ranging in age from 12 to 42 months, participated in a randomized treatment study. Thirty two of these children, ranging in age between 7 to 13 years, and a matched control group of healthy children were examined in a follow-up study.

Results Two thirds of the children were eating and growing well, whereas one third showed various degrees of poor growth and associated anxiety disorders. These children showed the same eating difficulties as in earlier years: lack of hunger and interest in eating, early satiety, food fussiness, wanting to talk or play instead of eating. None of the children showed any signs of anorexia or bulimia nervosa. Cognitively, the children originally diagnosed with IA performed as well as the controls. In both groups, two thirds performed in the average to high average range, while one third scored in the superior range.

Conclusions This study showed that the majority of children learned to self-regulate their eating and enjoy normal growth and emotional development. However one third continued to show on-going lack of interest in eating, poor growth, and emotional difficulties. None of the children were affected cognitively by their poor eating and growth.

PS7.1-S3

THE RELATIONSHIP BETWEEN MATERNAL ATTACHMENT/PSYCHOPATHOLOGY AND THE SEVERITY OF INFANTILE ANOREXIA

Loredana Lucarelli^{1,2}, Anna Maria Speranza²

¹University of Cagliari, Cagliari, Italy, ²University Sapienza of Rome, Rome, Italy

Introduction Infantile Anorexia (IA), as Feeding Disorder subtype, is included in the DC:03R. More recently, DSM-5 Avoidant/Restrictive Food Intake Disorder describes the symptoms of IA under "Apparent Lack of Interest in Eating Subtype". Background of our study is the theory of attachment, which gave the framework for investigating the mother-child relationship.

Method Ninety six dyads participated in the study; there were 37 mothers and their toddlers with IA, 27 mothers at depressive risk and their toddlers without IA, 32 control mothers and their toddler without IA. We examined: 1) the frequency of secure, insecure, unresolved for Loss/Trauma, and cannot classify attachments in the mothers of children with IA compared to the mothers at depressive risk and the control group, 2) the differences in psychopathology within the three groups of mothers, 3) the effects of insecure, unresolved for Loss/Trauma, cannot classify attachments, and maternal psychopathology on the severity of the child's malnutrition.

Results Our findings showed that 76% of the mothers of the toddlers diagnosed with IA had either insecure, unresolved for Loss/Trauma or cannot classify attachments. Moreover, insecure, unresolved and cannot classify attachments of the mothers were significantly associated with the severity of their children's malnutrition. This indicates that maternal dysfunctional attachments may intensify the child's feeding difficulties and may contribute to the child's severity of malnutrition. Finally, our results showed that the mothers of the toddlers diagnosed with IA suffered from more psychopathology, especially anxiety and depression, in comparison to the mothers at depressive risk and to the control group.

Conclusions In Infantile Anorexia, insecure attachment of the mothers to their own parents and maternal psychopathology may intensify risk factors coming from within the child and/or in his environment. This study emphasizes the importance of evaluating parental functioning for the formulation of the diagnosis and strategies for targeted and effective interventions.

PS7.2 - USING RELATIONSHIPS TO BUILD WORKFORCE CAPACITY AROUND THE GLOBE

Chair: Lynn Priddis, Curtin University, Western Australia, Australia

Discussant: Margaret Holmberg

PS7.2-S1

BUILDING WORKFORCE CAPACITY IN INFANT MENTAL HEALTH – AN ECONOMIC PERSPECTIVE

Daniel Kiely, Rochelle Matacz

Curtin University, Western Australia, Australia

Introduction This paper addresses key economic themes on education, training and the development of workforce capacity in infant mental health (IMH). A review of the literature presents the economic benefits to human resource development, as well as strategies to deal with the costs and provide incentives to engage practitioners and stakeholders.

Method An extensive literature review is carried out. Key economic theories and empirical evidence of education and training are reviewed, with application to the IMH field. The economic costs and benefits of building workforce capacity are discussed. Related issues of who receives the benefits and the question of who should pay are presented. Formal, informal and in-employment training options are reviewed, as are issues of access and equality of access to training. Barriers to training, strategic policy and joint solutions are also presented.

Results Training not only gives rise to increased productivity, but also adapts the skills of the workforce to satisfy changes in service delivery models. Strategies for overcoming problems of workforce development are presented. Training networks offer an innovative method of remaining competitive, by sharing best practice and combining resources to reduce the costs of training. Government programs should target skills needs, providing funding to providers of these programs rather than to individual companies or their employees. Public private partnerships, tax incentives and loan schemes to increase investment in training, while also providing equality in access to training are presented.

Conclusions Economic theory and evidence shows the benefits of investing in education and training. This investment presents challenges. Solutions relevant to the IMH field are presented. Co-operative approaches across the State sector as well as funding instruments that balance the needs and responsibilities of employers, individuals and the State are reported.

PS7.2-S2

THE DEVELOPMENT AND SUSTAINABILITY OF AN IRISH INTERDISCIPLINARY TRAINING MODEL INCLUDING REFLECTIONS ON THE CONTRIBUTION OF THE MI-AIMH COMPETENCY GUIDELINES®

Catherine Maquire

Health Service Executive, Cork, Ireland

Introduction Research evidence has outlined the critical importance of competencies in the early year's workforce. In response to the evidence base, an interdisciplinary training experience guided by use of the MI-AIMH Competency Guidelines® contributed to a paradigm shift for practitioners and facilitated sustainability of the competency informed training model.

Method An interdisciplinary training model was developed by Dr. Deborah Weatherston, Executive Director, MI-AIMH, in 2006 and delivered in conjunction with the two local infant mental health (IMH) practitioners. Core theoretical principles underpinning IMH competencies were provided alongside their application in clinical practice. Using the IMH competencies as standards, this training model created a shift in how practitioners began to understand the baby and the importance of early relationships. Consolidation of core competencies into clinical practice fueled interest across disciplines to create sustainability. IMH practitioners responded with accountability and committed to the integration of these clinical skills by developing IMH Networks.

Results Development of interdisciplinary IMH Network Groups within the clinician's working day provided pathways for sustainability to ensure what was taught would be consolidated into clinical practice rather than remain in theory. An additional tenet of the IMH Network Groups was to facilitate practitioners to "participate in environments of continuous learning" and "learn to use yourself as a

tool" (Emde 2009). Using evidence based literature, case studies and reflective practice, early year's practitioners successfully infused IMH learning and self reflective activities as defined in the MI-AIMH Competency Guidelines® into clinical practice across primary, secondary and tertiary services.

Conclusions This presentation will address progress to date on the development and sustainability of an Irish interdisciplinary IMH training model. Contribution of the MI-AIMH® model will be discussed alongside the core components of the training model and the manner in which this paradigm shift has been embraced by early year's practitioners.

PS7.2-S3

USING RELATIONSHIPS TO BUILD WORKFORCE CAPACITY AROUND THE GLOBE

Nichole Paradis

Michigan Association for Infant Mental Health, Southgate, MI, USA

Introduction The *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®* was developed over a 10-year period and launched in 2002. Central to endorsement are the *MI-AIMH Competency Guidelines* that identify knowledge, skills, and reflective practice approaches that support the development of competency across disciplines and multiple service settings.

Method There are four levels of MI-AIMH Endorsement®, each recognizing the way in which an individual works with or on behalf of infants and families. **I. Infant Family Associate II. Infant Family Specialist III. Infant Mental Health Specialist IV. Infant Mental Health Mentor** · Level IV **Clinical**· Level IV **Policy**· Level IV **Research/Faculty** There are 17 state associations for infant mental health using the *Competency Guidelines* and endorsement system created by MI-AIMH. Together, this group is known as the U.S. League of States. In each of the League states, there have been rewards and challenges in implementing endorsement.

Results : **Challenges**: Some experienced individuals object to having to "prove" themselves, Some worry about "measuring up" when application evaluated, Others eager to earn endorsement before accruing experiences that lead to competency, On-going work to define which combinations of experiences are "good enough". **Rewards**: Competencies used as a map to professional development for individuals and programs, Increased availability of specialized training, Increased capacity for reflective supervision/consultation, Inclusion of competencies into higher education curriculums, Policies link endorsement to reimbursement for services, Collaboration to develop competency-based on-line training, Catalyst for strengthening IMH associations,

Conclusions Adaptation and implementation of the *MI-AIMH Competency Guidelines* and Endorsement® have led to a stronger shared understanding of the experiences that lead to competency. It has also led to a greater shared commitment to relationship-focused work with and on behalf of infant, toddlers, and their families.

PS7.2-S4

BUILDING WORKFORCE CAPABILITY AND CAPACITY IN INFANT MENTAL HEALTH IN WESTERN AUSTRALIA

Lynn Priddis^{1,2}, Rochelle Matacz^{2,1}

¹*Curtin University, Perth, Australia,* ²*Australian Association of Infant Mental Health, WA, Perth, Australia*

Introduction Embedding IMH principles into practice of a multi-sectorial workforce requires a competency framework and sustainable training structure that fits with contemporary policy context. The IMH field encompasses service across promotion, prevention and intervention levels, all aimed at ensuring social and emotional well being of infants, young children and their families.

Method The West Australian Mental Health Commission (MHC) recognized the need for a statewide framework to build capability and capacity in the IMH workforce. In a joint venture with the MHC and AAIMHI WA a project team was appointed to research and develop a competency based training framework with input from stakeholders. The team reviewed the available literature on IMH competencies and models of training and of reflective supervision. Using a consultative formative evaluation model, they interviewed over 60 stakeholders from across disciplines, levels of service and over a range of organizations and collated results in a systematic manner

Results Investigations in Western Australia identified an energetic and motivated workforce that is challenged by fragmentation and limited shared understanding of the field and its possibilities. Results are presented under three arms of the project. No competencies in IMH currently exist in WA that cover the range of the workforce; The gold standard in competencies was found to be those of the *MI-AIMH Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®*. Gaps were identified in training including understanding of Reflective Practice. A model of training and for building Reflective Practice across levels of service are proposed.

Conclusions This paper will present the process and findings of the research team and include discussion of how this project is expected to contribute to building capacity in the Australian workforce for bettering mental health outcomes for infants, young children and their families.

PS7.2-S5

EXPLORING WAYS TO FIND CULTURALLY COMPATIBLE INFANT MENTAL HEALTH TRAINING SYSTEM IN JAPAN

Hisako Watanabe

Keio University Medical School, Tokyo, Japan

Introduction In Japan, increasing problems of infancy in our rapidly industrializing society urged us to form a non-hierarchical multidisciplinary forum named FOUR WINDS to promote relationship-based, culturally-rooted infant mental health (IMH) practice. The FOUR WINDS stands for the Forum of Universal Research on the Workings of Infant and Neonatal Developmental Support.

Method The name, FOUR WINDS symbolizes the spirit of harmonious companionship among IMH professionals. The FOUR WINDS has connected previously isolated workers from across the country and steadily grew into a body of 400 members nationwide. During the first 11 years since its establishment, we struggled to build an open forum, where IMH professionals learned on equal terms and mutual basis, which was innovative in our hierarchical society. Our success in organizing the 11th WAIMH World Congress in 2008 enhanced the morale of the members who wished to learn more, and we began discussing seriously about establishing a training system.

Results We welcomed Dr. Deborah Weatherston as our guest lecturer at our 14th Annual Conference in 2011, and her lecture on reflective practice struck chord in our membership, as reflective practice fits well with our cultural mentality. A consensus was made that the FOUR WINDS will develop a training system with reflective framework, closely referring to the Michigan Association for Infant Mental Health's (MI-AIMH) Endorsement system, IMH-E®. We would like to start by conducting a pilot study in collaboration with the MI-AIMH.

Conclusions Time is ripe for the FOUR WINDS to establish a training system with a goal of building capacity for IMH work in Japan. The author will report on lessons learned so far in this process of establishing an IMH training system culturally suited to our society and work force.

PS7.3 - A MODEL FOR INTERVENING WITH MALTREATED INFANTS TRANSLATED ACROSS THREE COUNTRIES

Chair: Prue McEvoy, WDHN, Adelaide, South Australia

Discussant: Danya Glaser, university College, London, UK

PS7.3-S1

THE SYSTEMIC IMPACT OF CHANGING CONTEXT: EXPERIENCES IN TRANSLATING THE TULANE INTERVENTION TO GLASGOW, SCOTLAND

Graham Bryce, Julia Donaldson

National Society for Protection of Cruelty to Children, Glasgow, Scotland, UK

Introduction Since 2008, practitioners and researchers in Scotland, concerned about refractory problems in influencing outcomes for young maltreated children, have been collaborating with Zeanah, Larrieu and colleagues at Tulane University in New Orleans, to translate the Tulane Intervention to Glasgow.

Method The Tulane intervention is a systemic model for maltreated infants which addresses the child-parent relationships and the many interacting contexts which bear upon them. In order to capture the complexities involved, the Scottish "New Orleans Project" has been set within the UK Medical Research Council Complex Interventions paradigm [1], which offers a systematic, step-wise process for designing, delivering and evaluating complex interventions. [1] Campbell, N et al (2007) Designing and evaluating complex interventions to improve health care *BMJ* **334**:455-459

Results The current phase of the study, due for completion in 2014, investigates the feasibility of implementing the Tulane Intervention in Glasgow while also seeking to develop reliable means of evaluating this complex intervention. In this presentation we describe the initial findings and emerging learning points of the Glasgow project, highlighting implications for practice. We make particular reference to the experience of introducing an infant mental health perspective to Scotland's unique legal system for child welfare, the Children's Hearing, where decisions are made by a panel of lay people.

Conclusions Translating a well-established complex intervention to a new context offers challenges as well as opportunities. As well as the importance of the clinical skills of the practitioners, wider contexts such as the legal system and the child care system, play a significant part in shaping the outcomes for children and families.

PS7.3-S2

SYMPOSIUM: A MODEL FOR INTERVENING WITH MALTREATED INFANTS TRANSLATED ACROSS THREE COUNTRIES THE TULANE INFANT TEAM INTERVENTION FOR MALTREATED INFANTS AND THEIR FAMILIES

Julie Larrieu

Tulane University School of Medicine, New Orleans, LA, USA

Introduction The Tulane Infant Team is a multidisciplinary intervention program for children younger than 60 months of age who are placed in foster care for maltreatment. The program, which works with the children and their birth and foster families, provides prevention, early intervention, reunification, and post-placement services in Louisiana, USA.

Method The Team's evaluations and therapeutic services are Court-ordered and monitored. The Team uses relationship-based assessment and treatment to intervene with long-standing maladaptive perceptions and behaviors demonstrated by parents who have maltreated their infants and young children. The program provides "one stop shopping" for services, which enhances efficiency and effectiveness and reduces duplication of efforts. The program intervenes in an integrated manner with all of the complex systems engulfing high-risk children and families, including child welfare, legal, mental health, health, and educational systems.

Results Ongoing programmatic research provides empirical evidence for the Team's effectiveness. The Infant Team reduces subsequent child abuse and neglect to those children already maltreated and currently in State custody. The Team has demonstrated

a 67% reduction of subsequent maltreatment or abuse of a child who participated in the program and a 64% reduction in risk of the abusing mother committing abuse or neglect on another child (Zeanah et al., 2001).

Conclusions The fact that the Infant Team changed the type of permanent plans implemented and reduced recidivism attests both to direct effects of the intervention with families and to indirect effects of providing the Court with information to enhance judicial decision-making.

PS7.3-S3

THE SYSTEMIC IMPACT OF CHANGING CONTEXT. EXPERIENCES IN TRANSLATING THE TULANE INTERVENTION TO ADELAIDE, AUSTRALIA

*Prue McEvoy, Patricia O'Rourke
WCHN, Adelaide, South Australia, Australia*

Introduction Since 2006, clinicians at a women's and children's public hospital in Adelaide have been working with maltreated infants based on the Tulane Infant Team Intervention. We recognised that timely decisions need to be made when infants come into care and the therapeutic and systemic context needs to be addressed.

Method In 2011 our Health Network developed a partnership with our statutory welfare agency to extend our service and attempt to embed the approach within Welfare's reunification work. A qualitative and quantitative review was conducted in 2012 and we are planning a more extensive evaluation if funding is continued.

Results The results of the above review will be presented and we will highlight the challenges working across two very diverse systems within a different legal context. In particular we will discuss the multiplicity of perspectives and demands of the various systems involved in this. We will also allude to how these services struggle at times to understand the therapeutic aspect of our work and the potential conflict that can arise at these times. The broader social context within which we work will be explained where adoption is not supported and foster care placements are extremely limited.

Conclusions Our preliminary review will highlight these issues and inform our discussion. Translating a model of intervention to a very different context is challenging but rewarding. Our child protection system like many across the world is struggling with the demand and therefore intervening early and effectively is critical.

Parallel Session 7.4 – Brief Oral Presentations: High Risk Parenting

Facilitator: Christine Puckering, Mellow Parenting, Scotland, UK

PS7.4-B1

“WE’RE KEEPING YOU SAFE:” INFANT MENTAL HEALTH SERVICES IN A CASE OF CHILDHOOD SEXUAL ABUSE

Angela Breidenstine¹, Julie Larrieu⁰

¹Tulane University School of Medicine, Department of Psychiatry & Behavioral Sciences, Child & Adolescent Psychiatry, New Orleans, LA, USA, ²Tulane University School of Medicine, Department of Psychiatry & Behavioral Sciences, Child & Adolescent Psychiatry, New Orleans, LA, USA

Introduction This clinical teach-in presents the case of a 28-month-old girl referred to a forensic infant mental health team due to sexual abuse and neglect. Assessment, therapy, and forensic recommendations regarding the family led to improved functioning for the child. The case has been used successfully with various training audiences.

Method Clinical work with the child included assessment of her developmental needs, emotional and behavioral functioning, caregiving relationships, and post-traumatic symptomatology. A play therapy intervention was used to address her symptoms, and the foster mother was integrally involved in her treatment. Information obtained from assessment and therapy with the child and biological parents was used to inform the child protection and judicial systems regarding her needs and best interests. Since its conclusion, the case has been used in trainings for various audiences, including infant mental health clinicians, students, and others concerned with the effects of childhood sexual abuse (e.g., attorneys, judges).

Results Over the course of therapy and placement in foster care, the child's post-traumatic symptoms decreased and her functioning improved. Parental rights were ultimately terminated and criminal charges were brought against the parents for abuse, due in part to the infant mental health team's observations and recommendations. The foster family adopted the child. Feedback from training audiences has indicated that the case effectively illustrates the fact that even very young children, although capable of healing, can remember and are profoundly affected by early sexual abuse.

Conclusions This clinical teach-in will illustrate the use of comprehensive infant mental health services with a very young child survivor of sexual abuse and neglect. The presentation will include a focus on how therapy was conducted with a language-delayed, traumatized child whose abuse experiences were not fully known.

PS7.4-B2

REFLECTIVE FUNCTION REGARDING TRAUMA AND MATERNAL HOSTILITY IN MOTHERS WITH CHILDHOOD ABUSE AND NEGLECT, IMPLICATIONS FOR INFANT ATTACHMENT DISORGANIZATION

Karin Ensink¹, Nicolas Berthelot², Odette Bernazzani³, Lina Normandin¹

¹Université LAVAL, Quebec, Quebec, Canada, ²UQTR, Trois-Rivières, Canada, ³Université de Montréal, Montreal, Canada

Introduction Important gaps remain in our knowledge regarding the intergenerational transmission of attachment from mother to child in mothers exposed to abuse and neglect in childhood. We were specifically interested in examining the role of Reflective Function Regarding Trauma (RF-T), and its implications for infant attachment and modulating maternal hostility.

Method This study used a 20 month follow up design. At time 1, 100 pregnant women with childhood abuse or neglect (CA&N) were recruited using a screening procedure and retrospectively evaluated with the Childhood Experiences of Care and Abuse interview (CECA). The Adult Attachment Interview was used to assess attachment, unresolved trauma, as well as mentalization (measured as reflective function) regarding relationships with attachment figures (RF-A) and about traumatic experiences (RF-T). At time 2, mother-infant interactions were evaluated using the HOME observation. At time 3, when the infants were 15 months old, infant attachment was evaluated with the Strange Situation Paradigm.

Results Women with CA&N had deficits specific to RF-T. The majority (78%) showed absent or incomplete mentalization regarding trauma and their RF-T was significantly lower than their RF-A. Reflective function regarding trauma predicted infant attachment disorganisation and this relationship was mediated by maternal hostility. Results showed that the majority of infants developed insecure attachments (83%) and a significant proportion manifested disorganized attachment (44%). Data on the concordance between mother and child attachment classification was indicative of intergenerational transmission of attachment in abused and neglected parents.

Conclusions The findings indicate that women with CA&N do not manifest a generic inhibition of reflectiveness, but instead a collapse of mentalization specific to trauma. The findings highlight the importance of RF-T for the intergenerational transmission of attachment in the context of CA&N and the modulation of aggression.

PS7.4-B3

EARLY PRECURSORS OF PRESCHOOLERS' EMOTION REGULATION PROBLEMS

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Introduction Differences in regulating emotions are often attributed to early emerging temperament, numerous studies also reveal importance of early parenting practices which can be moderated both by children and parental characteristics. Role of maternal and child's characteristics in predicting later emotion regulation problems is analyzed in this study using pathway analysis.

Method Longitudinal data of 266 children and their mothers were analyzed. Children's emotion regulation problems at age 1.5 and 4 years were measured using subscale derived from CBCL/1½-5 (Achenbach, Rescorla, 2000), Bornstein et al. (1999) scale used for infant problem behaviors 6 months, CBQ-SF (Rothbart et al., 2001) for temperament at age 3 years. Maternal depressiveness measured with EPDS (Cox et al. 1987) 6 months and 3 years after childbirth, Leiden Parental Efficacy Questionnaire (Bakermans-Kranenburg, van IJzendoorn, 2006) was used at child's age 1.5 years, maternal coping strategies measured with CCNES (Fabes et al., 1990) at child's age 3 years.

Results Results revealed emotion regulation problems at age 1.5 and 4 years were strongly interrelated and related to problem behaviors in infancy. Emotion regulation problems correlated with maternal depressiveness, however, the latter didn't account for the development of emotion regulation problems. Maternal postpartum depressiveness predicted lower maternal self-efficacy and more problem behaviors in infancy which in turn predicted emotion regulation problems. Child's temperament was an independent predictor of emotion regulation problems. Maternal coping strategies were better explained by children's temperament, not vice versa.

Conclusions Emotion regulation problems are rather stable in toddlerhood and preschool age and could be best predicted by adverse child and maternal characteristics emerging early in infancy. The study proves that early intervention directed to maternal self-efficacy and better regulation both of her inner states and child's emotions could be effective.

PS7.4-B4

DYADIC INTERVENTION FOR MATERNAL SUBSTANCE ABUSE IMPROVES RELATIONSHIPS AND CHILD REGULATION

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Introduction Mothers struggling with substance abuse often have difficult relationships with their children. The mother-child relationship is rarely targeted directly in integrated interventions. This study examined whether a dyadic intervention offered at Breaking the Cycle (BTC) would increase maternal relationship capacity and produce downstream improvements in dyadic quality and child regulation.

Method Dyadic intervention for maternal substance abuse offered at BTC was compared to standard integrated treatment (SIT). Participants were 65 (BTC) and 25 (SIT) mothers, and 45 children (BTC). Relationship capacity was assessed at intake and at 1-year follow-up using the Emotional Availability Scales and Adult Attachment Scale. Downstream outcomes were assessed 1-year after follow-up using dyadic quality indices: Parenting Stress Index and Emotional Availability Scales, and child regulatory indices: Child Behavior Checklist and Behavior Rating Inventory of Executive Function. Hierarchical regressions compared: differences across sites at follow-up (controlling for T1), and associations between relationship capacity changes and downstream outcomes.

Results Mothers attending BTC showed greater improvements in relationship capacity (all $ps < .05$) than those receiving SIT. In turn, increases in maternal relationship capacity for mothers attending BTC predicted downstream improvements one year after follow-up, in total parenting stress on the Parent Stress Index, total child behavioral difficulties on the Child Behavior Checklist, and inhibition and working memory on the Behavior Rating Inventory of Executive Function (all $ps < .05$). Outcomes related to the EAS will be discussed, including the use of videos.

Conclusions Dyadic intervention better prepares mothers with addiction issues to form healthy relationships than treatment providing parenting support alone. The findings of this study provide hope that dyadic intervention can facilitate the relationships between these mothers and their children and mitigate the developmental effects of exposure to maternal addiction.

PS7.4-B5

MECHANISMS OF RESILIENCE IN CHILDREN OF MOTHERS WHO SELF-REPORT WITH DEPRESSIVE SYMPTOMS IN THE FIRST POSTNATAL YEAR

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Introduction Maternal postnatal depression is associated with negative effects on child development. However, some children exposed to postnatal depression have outcomes similar to unexposed children, and can be referred to as resilient. This study aimed to determine the mechanisms of resilience in children exposed to depressive symptoms postnatally.

Method Data are from a prospective cohort study, the Avon Longitudinal Study of Parents and Children. Self-report questionnaire data were collected during pregnancy and the child's first 2 years regarding maternal views of parenting and her perception of the child. The Edinburgh Postnatal Depression Scale (EPDS) was completed postnatally at 8 months and the Strengths and Difficulties Questionnaire (SDQ) at age 11 years. Exposed children who scored above the median score of non-exposed children were defined as resilient. Structural equation modeling was used to investigate the development of resilience.

Results From the core ALSPAC cohort, 1,009 children (6.9%) were exposed to maternal depression at 8 months postnatally. The SDQ total difficulties scores at 11 years of age indicated that 325 (32.2%) were resilient, 684 were non-resilient. Maternal positive feelings about parenting and child non-verbal communication at 15 months increased the likelihood of later resilience.

Conclusions In this study, resilience was associated with two factors: the child's nonverbal communication at 15 months and by maternal positive feelings about parenting. Early intervention to support mother-child interaction and foster child development in women identified with postnatal depressive symptoms may benefit later child resilience.

PS7.4-B6

PSYCHIATRIC CO-MORBIDITIES AMONG PRESCHOOLERS DIAGNOSED WITH A REGULATION DISORDER OF SENSORY PROCESSING

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Introduction A large number of preschoolers are referred to specialized psychiatry clinics with regulation disorder of sensory processing (RDSP). The aim of this study was to explore factors and psychiatric diagnoses associated with this disorder in order to assure screening and improve clinical interventions.

Method After excluding children with mental retardation and autistic spectrum disorder, one hundred sixty-six (n=166) preschoolers aged 2 to 5 referred to a tertiary psychiatric clinic at University of Montreal (Canada) were randomly selected and clinically assessed according to DC:0-3R and DSM-IV-TR. Caregivers completed questionnaires about their child and their own mental health as well as about parenting issues. The quality of caregiver-child relationship was assessed with the strange situation and the risky situation procedures. Children presenting with sensory and motor particularities were assessed by occupational therapists. Children with RDSP were compared as a group to those without the disorder.

Results A large portion of children met criteria for RDSP (n=81; 49%). Externalizing and internalizing disorders were both associated with different specific sensory profiles. Preliminary analyses show that RDSP was not only an important risk factor related to the manifestation of psychiatric symptoms but was also likely associated with the quality of parent-child relationship. Mother's mental health at time of assessment as a confounding factor was also analyzed.

Conclusions A review of RDSP and its subtypes will be presented and the implication of screening RDSP in a clinical psychiatric population will be discussed. RDSP are commonly seen with other psychiatric disorders in preschooler's populations and can impact child early development necessitating special considerations for diagnosis and treatments.

PS7.5-W1

BABY-LED CARE - WHAT IS IT, WHY SHOULD WE DO IT AND WHAT ARE THE CHALLENGES TO PRACTICING IT IN A NEONATAL UNIT?

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Introduction The Royal Women's Hospital (RWH) Melbourne implemented a new model of care prior to relocation to a purpose-built hospital in 2008. Developed in consultation with parents and health-care professionals, this model was based on principles that continuity of care and family engagement best support the baby's development and parents' wellbeing.

Method This model of care has recently undergone further development to incorporate the baby's experience to be at the forefront of both parents and health professionals' decision making. We named it 'baby-led care' as it acknowledges that each baby has their own set of strengths, vulnerabilities, coping strategies and ways of understanding the environment. It is important for parents and health professionals to understand the baby's individual attributes in order to support the baby's physical and emotional development and to assist parents to care for their baby.

Results The Newborn Intensive and Special Care (NISC) unit at RWH practices baby-led care through a multidisciplinary approach that includes medical and nursing staff, speech and occupational therapy, physiotherapy, lactation support, social work, and adult and infant mental health clinicians in partnership with parents. Our individualised holistic approach to care for baby and parents is based on their needs and mutual support for team members. Challenges to baby-led care arise especially when the ideal is not possible, when what is best for the baby and parents conflict, and when there are differing ideas on what is the 'baby's best interests'.

Conclusions This will be an interactive workshop of oral and multimedia presentations presented by a multidisciplinary team. It will draw on case studies of babies who have been in our NISC for extended amounts of time to demonstrate the practical implications of the current approach to care.

PS7.5-W2

DEVELOPING A PROGRAM FOR SUBSTANCE-EXPOSED NEWBORNS AND THEIR FAMILIES: LESSONS FROM QUALITATIVE AND CLINICAL RESEARCH

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Introduction The population of mother-infant dyads affected by substance use is growing and a dearth of dyadic treatment options presents opportunities for innovative program design. While research has focused on prenatal drug exposure and later child development, the lived experience and treatment needs of this vulnerable population have received little attention.

Method This workshop presents the results of a needs assessment process aimed at developing a multi-service perinatal/early childhood intervention. Two sources of data were used: semi-structured interviews of 21 mothers who acknowledged use of opiates or cocaine during pregnancy and pilot clinical data from the treatment of mother-infant cases. Interviews gave access to the voices of these mothers, providing understanding of their emotional experiences, their interface with medical, social service, and child welfare systems and staff, and their reflections on their needs. Thematic coding of interviews and structured discussion of case sessions yielded important lessons for program development and treatment planning.

Results Our findings suggest shame, isolation and fear are prominent issues affecting service use. Stigma and mis-information from providers also impact care. Concern for the health of their unborn infant motivated women to seek help; conversely, postpartum guilt and ambivalence were linked with vulnerability to relapse. Pilot treatment cases highlighted the complex interweaving of trauma, addiction, recovery and parenting within a culture that is often judgmental and punitive towards pregnant women and mothers struggling with substance use. Other clinical themes included: issues in relationships with their mothers and partners; challenges developing coherent narratives of the past; and notable glimpses of resilience.

Conclusions These results are shaping the design of a new program aimed at: supporting the relationships of parents and their substance-exposed newborns; and educating the systems of care surrounding these families. The audience will be invited to explore key themes in the treatment of the substance-affected dyad illuminated by our research.

PS7.6-W1

WATCH WAIT AND WONDER- AN ATTACHMENT FOCUSED THERAPY: EXAMINING THE CLASSIC MODEL AND CLINICAL ADAPTATIONS TO FAMILIES AND GROUPS

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Introduction Watch Wait and Wonder (WWW) is an evidence-based, manualized dyadic treatment described in the infant and preschool clinical literature. It has been demonstrated to shift the attachment of infants and preschoolers towards greater security, while decreasing parenting stress in its target population. Recent adaptations address a wider scope of patients.

Method We begin with the theoretical underpinnings, structure, and process of WWW with infants. Next we present 3 adaptations of WWW including: (1) a case to discuss the model as it applies particularly to the verbal preschooler and parent, (2) extension of the WWW model to work with two parents at the same time as well as siblings using Reflective Family Play (RFP), (3) a group format for mothers with mental health concerns and their infants that incorporates WWW. This 12-week dyadic group treatment addresses maternal symptoms alongside relational concerns in the dyads.

Results Participants will get a foundation in the theoretical underpinnings of attachment-focused work in the infant and preschool population, with a particular focus on WWW. They will learn about the clinical applications of WWW with two- parent families, sibling work, and group treatment with mothers struggling with post partum mood and anxiety symptoms. Participants will gain exposure to

concepts in attachment theory, reflective capacity, family systems theory, mindfulness, co-parenting, as well as group process in this session.

Conclusions Watch Wait and Wonder is a well-established attachment-focused treatment used worldwide with clinical families in the infant and preschool population. This workshop reviews the core concepts of WWW, and demonstrates its adaptability in extensions to working with two parent families, as well as a dyadic group therapy.

PS7.6-W2

“DO I HAVE TO BECOME A TURK OR KURD OR CAN I BECOME MY TRUE SELF?” THOUGHTS OR FEELINGS BY A BABY OF PARENTS WHO LIVE IN A MIXED TURKISH AND KURDISH MARRIAGE

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Introduction The transition to parenthood for both father and mother with different emigrational backgrounds frequently causes difficulties regarding accepting the cultural identity of their partners. An atmosphere of tension is not infrequent that interferes with the development of early triangulation after the birth and increases the conflicts in the parents relationship.

Method In the workshop, based on a case vignette from the treatment of a Turkish-Kurdish baby, the difficult path to therapeutic containments will be discussed. The intrapsychic and cultural atmosphere of tension of father, mother, and baby caused the therapist to have in her countertransference strong feelings of helplessness and powerlessness and also to have the feeling of not being able to withstand for much longer this condition. Trauma in the sense of transgenerational transmission reinforces and interferes with the early parent-child-relationship.

Results The tense atmosphere causes the baby to have bodily stress reactions and to develop psychosomatic symptoms. The loud or silent cries of the baby are often overheard because the parents are occupied with their own childlike conflicts that are reactivated by the presence of the baby. Through the containment in the treatment the baby was able to be relieved of the strong projections placed on it by its parents. The baby was thus able to strengthen its individual development and the cultural conflict was diminished.

Conclusions In the discussion we will look in more detail upon the theoretical aspects of cultural versus individual conflicts. How can parents transform their different cultural identity as parents and as a couple? How can the child incorporate the “Home” of the parents in itself?

PS7.7 - DIFFERENT CONTEXTS, DIFFERENT RESULTS: THE INFLUENCE OF CONTEXTUAL VARIABLES IN EARLY ASSESSMENT AND INTERVENTION

Chair: Nicolas Favez, University of Geneva

Moderator: James P. McHale, University of South Florida, St. Petersburg, USA

PS7.7-S1

COPARENTING OBSERVATIONS DURING THE FIRST YEAR: DO CONTEXTUAL FACTORS MATTER?

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Introduction Coparenting researchers recently began to increase their focus on diverse family systems, though they tend to limit assessments to self-reports or play observations. Contextual factors influencing coparenting interactions have received little research attention despite evidence that task characteristics influence marital warmth (Melby, 1995) and mother-child interactions (Pino, 2000).

Method The present study attempted to fill this void by exploring differences in coparenting dynamics between various observational contexts (play, caretaking, mealtimes). Fifty-four families (predominantly white, middle-class) were studied at 3 and at 12 months. Coparenting was observed during play and caretaking (diaper change) at 3 months and during play and mealtime interactions at 12 months. Observations were coded for competition, cooperation, verbal sparring, parent-child and coparental warmth, parental investment, and parental structuring. Parents' perceptions of their coparenting relationships were assessed at 3 and 12 months via the Coparenting Scale Revised.

Results Results indicated that coparenting dynamics observed across tasks at 3 and 12 months were correlated. However, important task-related differences in coparenting emerged. At 3 months, coparental competition, coparental warmth, and paternal investment were significantly greater during play compared to caretaking interactions. At 12 months, coparental competition and paternal investment were significantly greater during play than mealtime interactions, and parents also showed less structuring during play compared to mealtimes. Parental perceptions of coparenting showed only moderate associations with observed coparenting behaviors suggesting that parental reports and direct observations may assess different aspects of coparenting dynamics.

Conclusions Implications of this study will be discussed with respect to the common practice of relying exclusively on coparenting observations during family play. It is suggested that multi-method assessments of coparenting be used to better capture the various contexts in which children experience coparenting in their families.

PS7.7-S2

DOES SENSITIVE INTERACTION MODERATE THE EFFECTIVENESS OF COGNITIVE STIMULATION WITHIN HOME LEARNING ENVIRONMENTS? RESULTS OF A LONGITUDINAL PROJECT WITH 2.5 YEAR OLDS

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Introduction In early childhood, socio-emotional and cognitive development is influenced by the quality of home learning environments and of parent-child interactions. There is a huge potential in parent training, but a lack of empirical evidence regarding the impact of parent trainings. Our study addresses interactional behavior and arrangement of learning environments.

Method Our study is based on an experimental design with randomized allocation of about 50 children (2 - 3 years old) into two treatment groups and one control group. Parents are trained in cognitive stimulation and in cognitive stimulation in combination with emotional sensitivity. Variables (base line [t1] and training effects [t2]) were investigated on parent and child level applying questionnaires, tests and video-data. For the combined group, we expect to find more aspects of stimulation and scaffolding in parent-child-interactions and better test results in cognitive abilities for the children in the post test as compared to pretest and control group.

Results Results in progress of our analyses including questionnaire and video data will be presented and discussed. First data show inconsistent findings, in some respects the combined group ig2 group shows better results, while in other the cognitive group ig1 does.

Conclusions Now it seems to be essential to include the analysis of the observational data on parental sensitivity (as it will be the case in the presentation) to get a deeper understanding of the processes within the groups.

PS7.7-S3

LONGITUDINAL STUDY ON MATERNAL AND PATERNAL SENSITIVITY THROUGH DIFFERENT FAMILY CONTEXTS

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Introduction The aim of the study was to evaluate the influence of one parent's presence on the quality of the interaction between the other parent and their infant, moreover we hypothesized that this influence would vary according to the quality of family functioning.

Method Family interactions were observed in a community sample, of 69 two-parent families at 3, 9 and 18 months. Parental sensitivity was assessed in two contexts: (a) a classic parent-infant dyadic play situation (D) and (b) a dyad within the triad context, in which one parent played with the child while the other was observing (DT). Subsequently we compared parental sensitivity according to the quality of the family functioning. Family functioning was defined in terms of family alliance, i.e. the quality of the coordination between mother, father and infant in a play task ("High Coordination" versus "Low Coordination" alliances).

Results Results show that the change of context had a significant effect at three months, mothers being more sensitive to their infant in the DT context, whereas there were no significant differences between contexts for fathers at any measure point. Moreover, we found a strong link between sensitivity and family alliance. Parents from high alliance families were more sensitive than parents from low alliance families. For mothers, this result is significant at all measure points, for fathers, this was only significant at 3 months and 9 months.

Conclusions It will be discussed how these results are shedding light on the complex interplay of relationships and interactions within the family context.

PS7.8-W1

TRAUMA INFORMED EARLY INTERVENTION: A VISION, A CHALLENGE, A NEEDED REALITY

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Introduction While there are models for trauma-informed health care, education, mental health and juvenile justice, there is not yet a model for trauma-informed early intervention. This workshop offers a vision of trauma informed early intervention, describes characteristics of trauma informed systems, and give examples of models illustrating trauma-informed practice.

Method This workshop proposes a "vision" for a "trauma informed early intervention system" building on the policies that link the child welfare system to early intervention and create the need for trauma-informed systems; the tenants of trauma-informed systems; the impressive work of the National Child Traumatic Stress Network in developing models for trauma-informed health care, child welfare mental health and juvenile justice; perspectives from the field; and two impressive pioneering models to assimilate trauma into early intervention systems. This wealth of science and promising practices can guide our next steps in this emerging field.

Results Although early intervention providers are well-trained to address developmental disabilities and delays, they are not typically trained to consider trauma. Treating a language delay caused by a child who witnessed violence calls for very different approach than a language delay caused by cerebral palsy. This workshop describes two approaches for trauma-informed early intervention which illustrate the vision for trauma-informed in practice; one approach which exemplifies a comprehensive interagency, transdisciplinary, collaborative model which assimilates early intervention with mental health, child welfare, and the court system; and another more streamlined approach, which adds trauma screening and referral to mental health services.

Conclusions Developmental interventions must address relationships and trauma repair within an infant mental health, trauma-informed framework to adequately address the emotional, behavioral and developmental needs of children. The need is compelling; the science irrefutable; and the opportunity is at hand to elevate trauma informed practices into our early intervention systems.

PS7.8-W2

OBSERVATION TOOL FOR MEASURING HOME VISITING QUALITY: HOVRS-A+

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Introduction Home visiting is widely used to provide infant mental health services to families with infants and toddlers. Quality observation tools have been limited but several practices reflective of effective home visiting have been identified in the research literature. This workshop provides information on a home visiting quality observation tool.

Method The Home Visit Rating Scales (HOVRS) have been developed based on observations of practices in multiple home visiting programs serving families with infants and toddlers. HOVRS has seven rating scales, four indicating high quality practices and three indicating parent and child interaction and engagement. Specific practitioner behaviors are described and can be observed with good inter-observer reliability ($r = .85$). Furthermore, tests of validity of the measure show that high scores on ratings of practices quality predict better outcomes in parenting and in children's early development.

Results The measure has been modified for ease of use and assessing excellence in home visiting programs. The latest version, HOVRS-A+, is being used by multiple programs in the United States, including *Early Head Start* and *Parents as Teachers*, and may provide a useful tool for home visiting in other countries as well. Data from HOVRS-A+ can be used to provide positive feedback to practitioners as part of reflective supervision and professional development. Authors of HOVRS have developed training materials to provide an overview of the measure to get programs started using the tool to observe home visiting practices.

Conclusions A workshop on HOVRS-A+ will provide an orientation on the value of observing home visiting practices. Video examples of home visiting quality indicators will be used to build observation skills. Using HOVRS-A+ in supervision will be discussed.

PS7.9-C1

CORE SENSITIVITIES IN THE CIRCLE OF SECURITY INTERVENTION: ASSESSING AND WORKING WITH PARENTAL DEFENSE IN EARLY INTERVENTION

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Introduction Parents, through their own experience of being parented, developed fundamental beliefs (internal working models) based on what was required of them to stay attached to a primary caregiver. Secure attachment, unlike insecure and disorganized attachment, requires little from the child so the emerging belief system is more open and flexible.

Method Insecure and disorganized attachment requires more vigilance and rigidity to ward off the ever-present threat of physical or emotional abandonment. Based on their beliefs, adults remain sensitive to perceived threats of abandonment or intrusion long after the threats are no longer viable. Because meeting specific attachment needs of their children (such as a need for comfort or support for exploration) can require actions and feelings outside the parent's procedural repertoire, these needs can trigger parental defense rather than empathy. Working with the meaning of the non-conscious sensitivities behind the vigilance and rigidity of parents can be essential to successful outcomes.

Results The process of a child's need triggering parental defense puts core sensitivities at the heart of trans-generational transmission of insecure and disorganized attachment. Furthermore, resistance to treatment often stems from the clinician's infringement upon a parent's core sensitivity thus triggering procedural defenses against the intervention. Differentiating and addressing core sensitivities, especially with clients who are resisting making changes in their caregiving, can be key in creating a path to secure attachment for their children. In this teach-in, contributions from object relations and attachment theory will be integrated to explain the nature of core sensitivities and how they affect parent/child relationships.

Conclusions Parents' core sensitivities color their understanding of the meaning of children's attachment needs and thus lead to dismissing, preoccupied, or disorganizing responses. Clinical pitfalls that come from unknowingly triggering parents' underlying core sensitivities, as well as strategies for helping parents create a choice to override their sensitivity will be discussed.

PS7.10-C1

"STUCK IN THE MUD"; THERAPY WITH A YOUNG CHILD WITH DEVELOPMENTAL ANOMALIES AND HIS DILEMMA CAUGHT BETWEEN PARENTAL PERCEPTIONS AND HIS OWN WISH FOR ONWARD DEVELOPMENT

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Introduction The infant born with a congenital anomaly is at high risk for problems in emotional development. Parental anxiety and depression impact on attachment and developing sense of self. Parent- child psychotherapy with a young Poland Syndrome patient is presented. Response art was used to explore countertransference.

Method Initial psychiatric consultation was followed by an adapted Crowell assessment. Dyadic art therapy was offered with an art therapy intern. The supervising psychotherapist was present in a holding function using interpretation when it seemed indicated.

Reflective functioning was modeled and psychoeducational strategies were provided. Therapy began with mother present in the nursery playroom. After five months of weekly therapy the patient was able to separate for individual art therapy. The supervising psychotherapist continued to work independently with mother. Countertransference was addressed with response art when the intern experienced difficulty with empathy. Supervision enabled an understanding of the underlying psychodynamics.

Results Psychiatric consultation and Crowell Assessment confirmed the presence of separation anxiety. Dyadic therapy was shifted to individual therapy for mother and child. Difficulties at home were explored with mother helping her observe and think about the meaning of her own and her son's behavior and how her childhood affected their relationship. Patient themes emerged related to separation, anger and mother's survival. Play scenarios related to his disability included medical interventions, rejection by peers, body image and physical vulnerability. Therapy allowed for the achievement of separation, developmentally appropriate experiences, positive change in family dynamics and better cooperation with medical staff.

Conclusions Given the close relationship between body and mind the infant at risk because of developmental anomalies needs attention to emotional development as well as to medical and surgical care. Parent- child psychotherapy addressing issues of separation and body image is an effective intervention. Countertransference can inform the treatment.

PS7.10-C2

PSYCHOANALYTIC THERAPY WITH INFANTS AND PARENTS: PRACTICE, THEORY AND RESULTS

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Introduction This workshop centres round a book published this year by Routledge, London. The method implies "talking true" to baby and parents, that is, naming their affects and intuiting their representations of each other. Clinical presentations are integrated with psychoanalytic concepts and quantitative results from an RCT of the method.

Method Though psychotherapy is a talking-cure, and infants have limited language, infant-parent therapy is receiving increased attention. To develop our methods we need video-presentations and detailed process accounts from the therapist's perspective. The countertransference concept helps refine our understanding of the therapist's involvement. Other psychoanalytic concepts seem neglected by infant-parent therapists, such as transference, infantile sexuality and primal repression. Although attachment concepts are important, they cannot solely help explain problems with breastfeeding, sleeping, and weaning, or more recalcitrant interaction disorders. It is argued that we also need psychoanalytic concepts to understand "baby worries" and adult clients' non-verbal communications and interactions.

Results Just like any other treatment, parent-infant therapy may be subjected to systematic quantitative and qualitative RCT evaluations. This was done for the presented psychoanalytic mother-infant method, and yielded significant effects on mother-reported depression and stress, interviewer-rated relationship qualities, and observer-rated interactions. The RCT also indicated for which kind of babies and parents analytic therapy and Child Health Centre Care, respectively, was most efficacious. Unsurprisingly, analytic therapy was more efficacious for insight-oriented mothers and, surprisingly, for distressed babies.

Conclusions What can therapists learn from systematic research? How can researchers refine their observations by integrating details of the clinical process? With the example of mother-infant psychoanalytic therapy, it is argued that such "transcultural work" is essential if our discipline of infant-parent therapy is to develop.

PS7.11A - COS IN SCANDINAVIA

Chair: Pia Risholm Mothander

Discussant: Neil W Boris

PS7.11A-S1

TRAINING OF NORWEGIAN COS-THERAPISTS IN THE VIRGINIA MODEL- FEEDBACK FROM THE COS THERAPISTS AND THEIR CLIENTS

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Introduction The National Network of Infant Mental Health in Norway aims to promote good mental health for infants and their families. The COS Virginia model was introduced to the Norwegian practice field in 2009 and a comprehensive training model is developed. Preliminary results from evaluations of the training process and the interventions will be presented.

Method Feedback on how the COS therapists evaluate the intervention will be based on information from questionnaires and focus group interviews. Parents' evaluation of the intervention will be gathered by use of semi-structured interviews.

Results The preliminary results reveal high satisfaction among both therapists and their clients.

Conclusions The preliminary findings suggest that therapists, independent of how experienced they are as clinicians, value thorough training and supervision that lasts over a period of 1 to 2 years. Furthermore, COS is an intervention that is both acceptable and feels helpful to parents. Parents wish to recommend COS to other parents.

PS7.11A-S2

EXPERIENCES FROM USING COS-P IN THREE SWEDISH INFANT MENTAL HEALTH SETTINGS – IMPLEMENTATION AND SIX MONTHS FOLLOW UP

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Introduction In Sweden, primary health care support for families is well developed, less so for at-risk-populations. There are few attachment-based intervention methods that are tested. Systematic evaluation of Infant-Parent-Interventions is scarce. Aim of this study is evaluating the implementation and use of COS- and if parental RF is increased after intervention.

Method The study is of RCT-design with a group of at-risk-families with children under 48 months receiving COS-P compared to a group getting best practice treatment as usual. The study is carried out at three geographically and demographically diverse Infant-Parent Psychotherapeutic Clinics. Each unit is running groups with COS-P trained leaders; experienced clinicians receiving continuous supervision. Baseline measures include parental questionnaires, WMCI-interviews (Zeanah, 1995), DC:0-3 diagnostic assessments, videoed interaction as well as parent/clinician evaluation of the intervention and PRFQ (Luyten, Mayes, Nijssen & Fonagy, unpublished manuscript, 2012). Follow up is at six and twelve months.

Results Data is presently being collected and preliminary results from the six month follow up will be available June 2014.

Conclusions Data is presently being collected and preliminary results from the six month follow up will be available June 2014.

PS7.11A-S3

TRAINING INFANT MENTAL HEALTH STAFF IN COS-P AND EXPERIENCES OF USING COS-P IN CONNECTION WITH OTHER CLINICAL INTERVENTION METHODS IN NORWAY

Stig Torsteinson, Ida Brandtzaeg

Nic Waals Institue, Oslo, Norway

Introduction In this presentation the implementation of Circle of Security Parenting DVD (Cooper et.al., 2010) in Scandinavia will be described. Circle of Security Parenting Training© is a newly developed DVD parent education program offering core components of the attachment based Circle of Security protocol (Marvin et al., 2002).

Method The program presents video examples of secure and problematic parent/child interaction, healthy options in caregiving, and animated graphics designed to clarify principles central to COS®. A pre service four-day seminar, tailored for professionals involved in the broad field of parent-child relations, forms the basis for using the eight chapter DVD to educate caregivers.

Results The implementation project is a combination of a 'top down' initiative at the ministry level, and a massive 'bottom up' initiative from practitioners from a wide range of Norwegian Health Care Services seeking effective interventions in the prevention and remediation of attachment problems in young children.

Conclusions Within this framework, challenges and facilitators in the process of the implementation and the need for additional treatment modules are discussed, and illustrated through case-examples.

PS7.12-C1

THE ADAPTATION OF THE HAIFA DYADIC THERAPY (HDT) FOR PARENTS AND CHILDREN TRAUMATIZED BY WAR

Judith Harel¹, Hana Kaminer²

¹Dep. of Psychology, Haifa University, Haifa, Israel, ²Center for Psychological and developmental treatment, ministry of Health, Haifa, Israel

Introduction Following the 2006 war in Israel many infants and toddlers showing PTSD symptoms were referred for therapy. The treatment model we have effectively applied was the HDT. The HDT is a relatively short parent-child psychodynamic psychotherapy model for relational difficulties in early childhood. The intervention is based on weekly sessions with the child and one of the parents and with the other parent in the alternating week. The parents are in treatment as well, every second week. The model regards the parent-child relationship as the focus of the intervention. By observing the actual interactions as well as exploring the participants' representations, the model integrates an interpersonal with an object relational view. The HDT and its adaptation for treating PTSD symptoms will be described. Facilitating mentalization is a main therapeutic factor in the HDT model. Following trauma mentalization is disrupted in both parent and child, thus promoting mentalization becomes a main goal of trauma treatment. The HDT follows the AACAP recommendations for treating PTSD in children and is the first dyadic therapy model applied to war related PTSD. The treatment of a toddler and his parents will be described. In our experience, the subjective meanings ascribed to the traumatic events by the parents are a key factor in determining the impact of trauma on very young children. These meanings become accessible by observing and exploring the parents' interaction with their child in the sessions, and linking them to the parents' own internal world in the parental sessions. Thus the implicit themes of their relationship are revealed and made explicit facilitating awareness followed by more sensitive responsiveness in the dyadic interactions. An alleviation of the child's symptoms is then observed and the child is enabled to continue its developmental path freed from constraining parental projections.

PS7.12-C2

CONFLICTS AND TENSIONS BETWEEN MOTHER-INFANT TREATMENT AND FAMILY LAW: TWO CASE EXAMPLES

Sally Moskowitz, Rita Reiswig

The Anni Bergman Parent Infant Training Program, New York, NY, USA

Introduction Two psychoanalyst parent-infant therapists each present a mother-infant treatment case which illustrates the interface, tensions, and often contradictory aims and interests of the child, parents, and legal system. In both cases, in addition to the impact of specific traumatic events, legally mandated custody and visitation requirements complicated the therapeutic endeavor.

Method One case describes a two-year old boy who, at fourteen months was abducted by his father and held in a foreign country for more than two weeks. Through legal intervention, the boy was found and returned to his mother in a severely traumatized state, exhibiting autistic-like symptoms. Despite imprisonment, the father pursued visitation and custody. The second case describes a mother-infant treatment where the parents separated before the baby's birth. Visitation schedules determined by the court to be fair to both parents disrupted the infant's fundamental regulatory patterns such as eating, sleeping, and the capacity to separate.

Results In the first treatment, the toddler played out the actual sequence of traumatic events. Despite his mother's insistence and wish that he could neither remember the events nor his father, the therapist helped her to see this play as communication and to talk to her son about what had happened. His symptoms abated. In the second case, the trauma was embedded within the infant's bi-weekly transitions from parent to parent. The infant's play revealed his experience with these shifts. By talking to infant and mother, the therapist helped the mother put into words the effects of the baby's divided care.

Conclusions In both cases, the treatments focused through play and reflection on restoring connection and communication between mother and infant about the past and ongoing traumatic events. The legal system's mandates both facilitated and impeded these processes often imposing pressures contradictory to the mothers' wishes and to the children's developmental needs.

PS 7.14 – POSTER WORKSHOP 10: INFANT MENTAL HEALTH AND CROSS CULTURAL STUDIES

Facilitator: Mark Tomlinson, Stellenbosch University, Stellenbosch, South Africa

PS7.14-PW1

ADDRESSING THE NEEDS OF MALTREATED INFANTS IN THE CHILD WELFARE SYSTEM: INTEGRATING INFANT MENTAL HEALTH, TRAUMA-INFORMED PRACTICES WITH DEVELOPMENTALLY-INFORMED INTERVENTIONS

Jane Clarke, SLP/SpEd, IMH¹, Deborah Harris LISW, IMH²

¹New Mexico Community Foundation-First Judicial District Infant Team, Santa Fe, New Mexico, USA, ²Early Childhood Mental Health Consultation and Training, Santa Fe, New Mexico, USA

Introduction Healthy age-appropriate functioning is the goal of all treatments and interventions with infants in the Child Welfare System. This workshop will discuss the use of a trauma-informed lens to understand risks to the child's development and family relationships along with how to intervene to promote developmental growth in all areas.

Method The New Mexico Infant Team includes a trauma-informed and developmentally-informed infant system that views trauma-exposure and response as an area requiring a cadre of professionals with specific expertise. The intention is to reduce maltreatment recidivism rates and foster positive developmental outcomes for infants in custody by utilizing state of the art assessment and intervention procedures that strengthen caregiver-infant relationships and provide new ways to understand an infant's developmental needs and behaviors. The presenters will discuss specific intervention approaches, review video material outlining the process as well as provide recommendations for staff training and support.

Results Based upon 4 years experience, the results indicate that the NM Infant Team enhances the likelihood that infants receive nurturing, synchronous care by organizing and integrating mental health and developmental services with infants and their caregivers; that the team advocates for infant-centered decision making through collaborations with Child Protective Services, Part- C Early intervention, Infant Mental Health Services and the Judicial System; and, that the team provides a sensitive approach to caring for children in out-of-home care and opportunities for emotional reparation utilizing targeted trauma -informed and developmentally-informed intervention strategies that aim to enhance key parenting variables and dyadic regulation.

Conclusions The NM Infant Team is a trauma-informed and developmentally-informed transdisciplinary approach that is aware of mechanisms that are open or resistant to change in infants and their caregivers. It provides coordinated and integrated services that improve the psychological and developmental care of infants in the Child Welfare System.

PS7.14-PW2

DEVELOPING INTENTIONAL PRACTICE: WHEN THE NOTION OF ATTACHMENT IS NOT ENOUGH

Joanne Crandall, Sherry-Lynn Lidemark

Ministry of children and Family Development, Prince George, BC, Canada

Introduction Social workers determine the future of an infant in care. They may have some ideas about attachment, but they have little training regarding the impact of trauma on infants. Developing intentional practice is vital for the best interest of the infant.

Method This workshop explores how one program has sought to develop intentional practice. The workshop discusses how the curriculum was developed and implemented, the reactions of the social workers to the program, and how the intentionality of this practice has promoted change within the system. Case studies are presented that demonstrate how changing the perspective of the social worker can positively impact the future of the infant in care.

Results The results of the program have contributed to a more trauma-informed approach to understanding the impact of being in care for an infant. The social workers have learned more about attachment and how to determine when there is secure attachment and when there is not. The social workers have also learned how to become better advocates for the infants in care and how to have a more trauma informed perspective in their approach.

Conclusions Social workers have a huge responsibility in determining the best outcome for an infant in care. Without adequate training, they are unable to make the best decision regarding the infant. Intentional practice gives the social workers the resources they need so that each infant's long-term care can be successful.

PS7.14-PW3

INTERNATIONAL PERSPECTIVES ON RESEARCH, EVALUATION AND DEVELOPMENT OF CLINICIAN RATED OUTCOME MEASURES IN INFANT MENTAL HEALTH

*Helen Egger, Adrian Angold, Lauren Franz
Duke University, North Carolina, USA*

Introduction Addressing information development priorities in Infant mental health is a complex undertaking, given the emerging nature of the field. However, it is a responsibility of service providers and funders to monitor interventions' effectiveness in a systematic fashion

Method This paper will describe the processes require to ensure reliability, validity, sensitivity to change (and other characteristics) of outcome measures for routine use in Infant Mental Health specialist care and include a focus on clinician rated measures.

Results Drawing on the data available results of analysis of sensitivity to change data of parent-rated measures will be compared to observer-rated measures to explore this issue in some detail. This will provide an opportunity to demonstrate key features of relevant data analysis that can inform the development of new measures.

Conclusions There are opportunities to use existing data collections in an international context to inform the development of infant mental health outcome measures. This paper will highlight these emerging opportunities targeting the development of a proposed clinician rated outcome measure, the HONOSCI

PS7.14-PW4

MOTHER-INFANT TRANSMISSION OF TRAUMA: A CROSS-CULTURAL PERSPECTIVE

Marion Feldman^{1,3}, Elisabetta Dozio², Mathilde Laroche-Joubert², Marie Rose Moro^{1,3}

¹LPCP EA 4056 - Paris Descartes University, Boulogne, France, ²Paris 13 University, Villetaneuse, France, ³Inserm U669, Paris, France

Introduction There is clinical evidence of the existence of mother-to infant transmission of trauma. The present research involves the investigation of the mechanisms of transmission of trauma between the mother and infant through the observation of their interactions in order to address the transmission process and the consequences for the infant.

Method This study is based on a sample of 12 dyads. Mothers were exposed to traumatic events, before the infant birth. Infants were not being present to the traumatic event. The age of the infants was between 2 months and 3 years. Mothers were asked to answer to semi-structured interview in the presence of the infants. The mother-child interviews were audio and videotaped to allow the analysis of mother-infant interactions. Mother to infant transmission of trauma and acculturation were assessed. Here, we study the 4 youngest (between 2 and 6 months). The 4 mothers have migrated in France from Africa.

Results Results confirmed that mother traumatic stress affects the mother-infant relationship, resulting on very poor interactions. Infant reactions are influenced by the inappropriate answers of the mother. Traumatic stress affect mother availability to interact with infant and to regulate his arousal emotional state, this lead to a negative feedback to the infant, accentuating the transmission of the mother emotional state. Data collected indicated that the transmission of cultural mothering techniques and childcare practices are influenced negatively by the vulnerability during the perinatal period in migration.

Conclusions Findings are congruent with predictions on mother-to-infant trauma transmission and highlight the necessity to consider the cross-cultural aspect in association with the traumatic event as fundamental aspects of trauma transmission. Migration and his effect on transmission in association with the trauma stress-affecting mothers, have a crucial effect on trauma transmission.

PS7.14-PW5

CHALLENGES AND OPPORTUNITIES OF IMPLEMENTING ROUTINE OUTCOME MEASUREMENT FOR SPECIALIST INFANT MENTAL HEALTH TEAMS AND THEIR CLIENTS

Elizabeth Hoehn

Queensland Center for Perinatal and Infant Mental Health, Queensland, Australia

Introduction This paper will discuss the utility and challenges of implementing routine outcome measurement of clinical practice by multidisciplinary staff in a community infant mental health clinic.

Method A suite of clinical measures, including parent and clinician rated scales, have been trialled to explore the feasibility of using these measures for repeated routine review of clinical outcomes to inform a national Australian project considering such outcome measurement. A community sample of parents and carers with infants up to 36 months attending a home visiting and clinic-based multidisciplinary team are administered the measures, including parent and clinician rated scales every 90 days as part of routine case review. Results are tabled and reviewed at clinical meetings to inform ongoing clinical practice and progress is monitored over time.

Results Results to date have shown that such routine outcome measurement is feasible, but there are significant challenges with reliability of data collection and interpretation in a clinical setting. There is however considerable value in such repeated measurement

for informing ongoing clinical intervention with the monitoring of outcome trends over time, allowing modification of the direction of clinical practice.

Conclusions In the current economic rationalisation of health care delivery, it is imperative to demonstrate cost benefits of clinical intervention. This paper has explored the feasibility of repeated routine outcome measurement as a vehicle to show change and improvement in treatment outcome in a clinical infant mental health setting.

PS7.14-PW6

IDENTIFYING GAPS IN THE SUITE OF AVAILABLE INFANT MENTAL HEALTH OUTCOME MEASURES SUITABLE FOR NATIONAL IMPLEMENTATION AND DEVELOPING A SOLUTION

Nick Kowalenko¹, Peter Brann², Elizabeth Hoehn³, Gordana Culjak¹

¹University of Sydney, NSW, Australia, ²Monash University, Victoria, Australia, ³Children's Health Queensland Hospital and Health Service, Queensland, Australia

Introduction Infant mental health outcome measurement is an emerging priority. The process of identifying a gap in information development for this age group will be described and the action undertaken to address this.

Method A literature review of available infant mental health outcome measures for 0-3 years was undertaken. The suitability for use in routine care in infant mental health was assessed by applying criteria for national implementation that applies to all measures in the Australian suite of mental health outcome measures for all age groups. This process identified a number of suitable measures. The literature review identified a gap for a brief clinician rated measure and a modified Delphi method was implemented to modify the (HONOSCA) and develop a draft Health of the Nations Outcome Scale for children and infants (HONOSCI) for 0-3 year olds.

Results The initial results of the development of the draft HONOSCI will be described. Face validity of the draft HONOSCI will be examined and the plans for further formal evaluation of the measure outlined. Further data should become available by mid 2014 to inform the development of the proposed measure.

Conclusions Processes to support information development identify gaps in currently available outcome measures. National implementation demands that measures meet additional criteria regarding: brevity, availability, continuity with other measures, developmental appropriateness, cost and need for training. Initial phases of developing a proposed infant mental health outcome measurement will be described.

**CONGRESS SESSIONS
TUESDAY 17TH JUNE**

**Master Class Lectures
0800 – 0855**

M11 - THE USE OF VIDEO IN THERAPY: FROM THE CONCEPTUAL TO THE PRACTICAL

Neil Boris, University of Central Florida-Nemours Children's Hospital, Orlando, Florida, USA

In this presentation, Dr. Boris will reflect on the growing trend in the use of video feedback in parent-infant psychotherapy. Case examples will be used to explore the ways in which videotaped material can enhance the therapeutic process. Examples of the use of video in creating the holding environment, in establishing metaphors for therapy and in creating space for reflective dialogue will be explored. Practical tips regarding software and video-editing will be briefly discussed as well.

M12 - ORIGIN, TREATMENT AND PREVENTION OF TRANSMISSION OF TRANSGENERATIONAL TRAUMA: ENACTMENTS IN THE EARLY YEARS BETWEEN CAREGIVERS AND INFANTS

Karl-Heinz Brisch, Klinikum der Universität München (KUM), Munich, Germany

In some families, certain psychopathologies seem to be so firmly anchored from generation to generation that one wonders whether this proclivity is not genetically based. Neglect and sexual and physical violence seem to be "endemic," part of the wallpaper of everyday life. Today we understand much better how early, long-lasting traumatic experiences may seriously affect an individual's genetic vulnerabilities, among others in the area of hormonal stress regulation (epigenetics).

In other families we may observe how anxieties, depression, and the way aggressive affect is dealt with subtly affect the parents' relationship with their infant, and how a disorder in the mother or father may be "transmitted" to the infant.

How are we to understand these processes? Why do they happen? Why aren't babies resistant to this sort of affective "infection"? And why are they unable to recover quickly and pursue a more healthy development, independent of their experiences with their attachment figures? This master class will explain the relationship between genetics, experience, and psychopathological representations and their role in the development of emotional disorders. We will use videotaped case studies to examine these complex processes in detail.

Sometimes, explicating the subtle pathways by which emotional structures and behaviors are transmitted by the caregiver to the infant requires the most fine-grained analysis. We will discuss the therapeutic approaches that have been effective in treating attachment figures, outline the course of treatment, and demonstrate results based on case studies. Finally, we will introduce the SAFE® program (Secure Attachment Formation for Educators/Secure Attachment Family Education) and B.A.S.E.® Babywatching as methods of prevention and report on our experience to date with these programs (see also www.safe-programm.de/en and www.base-babywatching.de/en and www.khbrisch.de/en).

M13 - OBSERVING FRIGHTENED, FRIGHTENING, OR ATYPICAL MATERNAL BEHAVIOR: A VIDEO DEMONSTRATION

Karlen Lyons-Ruth, Harvard Medical School, Boston, USA

A wide spectrum of interaction patterns are shown by high-risk parents, including frightening-intrusive patterns, frightened-disoriented patterns, role-confused patterns, and withdrawing patterns. In this Master Lecture, Dr. Lyons-Ruth will introduce attendees to the essential behaviors that characterize these varied patterns of parent-infant interaction, using a variety of videotaped examples. She will then overview what we know about the contexts, behavioral and neurobiological correlates, and child outcomes associated with different subtypes of atypical parenting, including negative-intrusive, disoriented, and role-confused patterns. Finally, she will discuss gaps in the literature and suggest important directions for future work related to atypical parenting.

M14 - 'TUNING IN' TO YOUR BABY'S THOUGHTS AND FEELINGS: MIND-MINDEDNESS AND ITS ROLE IN CHILD DEVELOPMENT

Elizabeth Meins, University of York, UK

Antenatal classes prepare parents-to-be for the physical demands of parenting, but tend to provide them with little information about the richness of the infant's psychological world. Mind-mindedness is the ability to 'tune in' to the infant's thoughts and feelings, as indicated by caregivers' tendency to comment appropriately on what their infants are thinking or feeling. Our research has identified wide-ranging differences in mind-mindedness: some caregivers are highly attuned to their infants' internal states, whereas others tend to misinterpret their infants' thoughts and feelings. This lecture will cover research showing positive links between early mind-mindedness and children's social and emotional development, as well as discussing interventions for improving mind-mindedness and their potential role in clinical practice.

**PLENARY LECTURE 4
0900 - 1015**

Moderator: Kaija Puura, Tampere University Hospital, Finland

PL4 - INFANTS ON THE PARENTAL BRAIN – COORDINATED BRAIN IMAGING, PSYCHOLOGICAL AND BEHAVIORAL STUDIES

James Swain, University of Michigan, US

Award Ceremony: Serge Lebovici Award

PARALLEL SESSION 8 1045 - 1215

PS8.1 - HUMOUR IN INFANT-PARENT WORK. DOES IT SUPPORT OR SUBVERT TRUTH AND MORALITY?

Chair: Frances Thomson-Salo, Royal Children's Hospital, Melbourne, Australia

Discussant: Juliet Hopkins, Honorary Consultant Child Psychotherapist, Tavistock Clinic, London, United Kingdom

PS8.1-S1

WHEN 'GALGENHUMOR' IS TRANSFERRED ONTO INFANTS AND TODDLERS

Astrid Berg

University of Cape Town, Cape Town, South Africa

Introduction The teasing of young children is a phenomenon frequently encountered in clinical practice. In some communities in South Africa it appears to be particularly frequent. To respond to this with sensitivity a deeper understanding is required.

Method One frequent presenting problem in toddlers presenting to clinical services is aggression. In time it becomes evident that many of these toddlers are subjected to teasing from their siblings, parents and extended family members. Clinical vignettes will be given as well as translations from traditional lullabies. The possible meaning from a collective perspective will be thought about.

Results The reasons for the teasing may lie in part in the difficulties that many communities have experienced over the years. Satire is part of coping with life in South African particularly amongst those who have suffered indignities of various sorts in the past. As an adult one can laugh and cry about impossible positions, but when this gets put onto a young child who cannot understand the sub-text it evokes physical aggression. The counter-transference evoked may become a hostile and punitive one thereby repeating the enactment, but toward the parent.

Conclusions "Children are without a feeling for the comic" Freud stated. The question of why we expose them to it may lie not only in adults' individual defensiveness, but may have its origins in collective experiences.

PS8.1-S2

HUMOR AND ATTUNEMENT

Dilys Daws

Tavistock Clinic, London, UK

Introduction Humor has been described as freeing us from having to choose between suffering and denial (Freud) or the merging of optimism with pain, seriousness with amusement, uncertainty with the promise of fulfilment (Baker). Humor can help deal with conflicting needs. It will be explored in the literature and clinically.

Method The creative use of humor in 'purposeful attunements' can lead on from 'communing attunements' (Stern). Individuals who use humor may be more resilient; it may neutralize anxiety-provoking situations, reappraising them from another perspective, and is a social interpersonal act (Music). Laughter can increase immunity, boosting hormones and increase pain tolerance, although pain needs to be attuned to before optimism is appropriate. Parents attune to their baby's cries of pain and shock when immunized by sympathetically imitating them. Might humor also help patients tolerate the pain of recounting their experiences, or of bearing the therapist's comments on these?

Results Humor can help the baby recover faster by adding a joking tone to the imitation, though never by mocking it. Case material is examined. Working with a single mother who treated her 2 boys very harshly, my colleague and I empathized with her own harsh childhood. Her attitude to her children softened greatly. However in one session she again irrationally verbally chastised the 4-year-old boy. I felt stricken that we had lost all the progress. I spontaneously said, 'I'm on J's side.' Mother laughed and said, "You're always on their side" and reached out to hug J.

Conclusions Far from a sensitive, laborious analyzing of her lapse, my direct quip enabled her to also be 'on J's side' perhaps recalling that I had been on her side first. Justice had been shown by my shorthand 'joke' in defence of the child being unjustly treated in the present.

PS8.1-S3

THE IMPORTANCE OF HUMOR IN PSYCHOTHERAPEUTIC WORK WITH SICK AND TROUBLED INFANTS

Campbell Paul¹

¹Royal Children's Hospital, Melbourne, Australia, ²The University of Melbourne, Melbourne, Australia

Introduction Humor and teasing can be used therapeutically by babies, parents and importantly by clinicians in the development of psychotherapeutic relationships and interventions.

Method Examples from a hospital clinical setting will be presented where humor and teasing are an integral part of developing a positive therapeutic relationship with infants facing significant medical illness and trauma. The baby has a capacity to understand 'intentions', and they can play with their intentions (Reddy, 2008) and they can play with what they perceive to be our intentions. Using humor with babies involves "non-verbal communication": the use of gaze, vocalization, touch and manipulation of objects and the body.

Results Gentle teasing implies that we have faith in the baby to understand our playful intentions, and with the participation of parents they may be able to see a different aspect of their otherwise sad or troubled infant. An example of gentle teasing is when the therapist offers the baby a toy, then conceals it, offers it again and repeats this. Each of the baby and the therapist knows the game and it can be fun.

Conclusions The use of humour and teasing allows babies to present to us an important aspect of their inner world which we might not otherwise be able to access and use in the course of treatment.

PS8.2 - USES OF THE NBAS IN RESEARCH AND ITS APPLICATIONS IN PRACTICE

Chair: Joanna Hawthorne, Brazelton Centre, UK

Discussant: Constance H Keefer, Children's Hospital, Boston, Massachusetts, United States

PS8.2-S1

CHALLENGES IN THE NEUROBEHAVIORAL ASSESSMENT OF THE NEWBORN INFANT

Miguel Barbosa¹, Marina Fuertes², João Moreira³

¹Faculty of Medicine of University of Lisbon, Lisbon, Portugal, ²Escola Superior de Educação do Instituto Politécnico de Lisboa, Lisbon, Portugal, ³Faculty of Psychology of University of Lisbon, Lisbon, Portugal

Introduction The Neonatal Behavioral Assessment Scale (NBAS) is one of the most popular scales used for assessing newborns. The NBAS evaluates the newborn's behavioral repertoire with 28 behavioral items, each scored on a nine-point scale, and infant's neurological status on 20 items, each scored on a four-point scale.

Method Using the NBAS in a research project with 184 newborn infants, in which the NBAS administrations were video recorded, we found some challenges in quotation system namely in the following dimensions: habituation, motor, range of state, regulation of state and autonomic stability.

Results We will present the items that were more challenging to quote and discuss the adjustments we did to the quotation system illustrating with specific videos which were the evidence that inspired and substantiated the adjustments proposed.

Conclusions The analysis of the videos of the NBAS administrations permitted identify critical issues in the NBAS quotation system essential for it uses as a research tool and create alternative to these limitations.

PS8.2-S2

EXPLORING INDIVIDUAL DIFFERENCES WITH THE NBAS

Melanie Gunning

NHS Lothian, Edinburgh, UK

Introduction Early infant characteristics can have a profound impact on the development of mother-infant communication with consequences for later development. This paper describes the use of the NBAS to elicit and study early individual differences.

Method A recent research example from a study examining the contributions of both maternal risk factors and neonatal irritability (NBAS) to later infant behavioral and physiological responding to the interactive challenge will be examined. The rationale for the use of the NBAS in the methodology of this study's assessment of early infant regulation using the NBAS will be discussed in relation to the overall theme of the presentation.

Results Results indicated that NBAS rated neonatal irritability predicted poorer behavioral and heart rate recovery during the final play episode of the Still-Face interactive challenge. Higher levels of maternal sensitivity were associated with more regulated infant behavior during the play and perturbation episodes of the Still-Face procedure.

Conclusions These findings emphasize the role of infant and maternal factors in the development synchrony-mismatch-repair cycle. The combination of pre-existing irritable behavior and low maternal sensitivity may be problematic for the development of infant self-regulation.

PS8.2-S3

THE RELATIONSHIP BETWEEN NEWBORN STATE REGULATION AND TEMPERAMENT AT FOUR MONTHS.

J. Kevin Nugent^{1,4}, Nancy Snidman², Jerome Kagan³

¹Division of Developmental Medicine, Boston Children's Hospital, Boston, MA., USA, ²Dept. of Psychology, University of Massachusetts, Boston, MA, USA, ³Dept. of Psychology, Harvard University, Cambridge, MA, USA, ⁴Harvard Medical School, Boston, MA, USA

Introduction The purpose of this prospective study was to examine the relationship between newborn state regulation and temperament at four months of age. Previous research has suggested that behaviors at four months of age relate to behavioral profiles in the second year and twelve and fifteen years of age.

Method Crying and Consolability behavior of 72 healthy full-term newborns was evaluated between 24-72 hours after birth on the Neonatal Behavioral Assessment Scale - revised (NBAS-R). Each infant was classified as High or Low Cry, based on the number of crying episodes and as Easy or Difficult to Console, based on the capacity of the infant to be consoled. At four months, fifty-eight of the newborns returned to the laboratory. Three temperament categories were measured: High Reactive (high cry-high motor), Low Reactive (low cry-low motor) and Other (high cry-low motor and low cry-high motor).

Results Results showed that 78% of the infants classified as High Reactive at four months had been classified as High Cry in the newborn period, while only 38% of the other two groups were coded as High Cry in the newborn period ($p < .03$). 67% of infants classified as High Reactive at four months were classified as Difficult to Console in the newborn period, compared to 21% in the Low-Reactive and Other categories ($p < .01$).

Conclusions These results demonstrate a relationship between newborn state regulation and temperament categories at four months of age and suggest the likelihood of biological bases for these two profiles, which should motivate neuroscientists and mental health clinicians to further probe the biological basis of this relationship.

PS8.2-S4

EXPOSURE TO ANTENATAL DEPRESSION: NEONATAL BEHAVIORAL DYSREGULATION AND THEIR HYPOTHALAMIC-PITUITARY-ADRENAL (HPA) AXIS

Susan Pawlby, Susan Conroy, Enrica Fantini, Andrea Du Preez, Giovanni Previti, Sarah Osborne, Patricia Zunszain, Carmine M. Pariante
King's College London, Institute of Psychiatry, London, UK

Introduction This presentation will examine the effect of exposure to antenatal depression on neonatal regulatory behavior and their HPA axis, in order to improve the understanding of the mechanisms of developmental programming.

Method Pregnant women were recruited at 25 weeks gestation; cases had a DSM-IV diagnosis of major depressive disorder (MDD) during pregnancy and controls had no history of psychiatric disorder. Demographics and maternal mood were assessed at baseline. Offspring behavior of 104 neonates (55 control offspring, 49 case offspring) was assessed at 6 days post partum with the Neonatal Behavioral Assessment Scale (NBAS), and neonate saliva cortisol was measured before and after the assessment. Offspring of case and control women were compared for regulatory behavior during the assessment. Correlations were measured between neonatal behavior and cortisol response.

Results Compared with control offspring, case offspring were less alert ($z=3.27, p=.001$), less responsive to animate ($z=3.82, p<.001$) and inanimate ($z=3.53, p<.001$) stimuli, less mature in their motor responses ($z=3.03, p=.002$), more active ($z=2.15, p=.03$) and irritable ($z=1.98, p<.05$), and less able to regulate their state ($z=2.43, p=.015$). Saliva cortisol was taken from 52 neonates (19 control offspring and 33 case offspring) just before the administration of the NBAS and immediately following. Overall, difficulties in neonatal regulatory behavior (alertness, motor maturity, activity, irritability and state regulation) were significantly correlated with increased cortisol levels following the administration of the NBAS.

Conclusions In support of current proposed mechanisms of foetal programming, these results show that exposure to maternal depression in utero is associated with suboptimal neonatal behavior at 6 days. Furthermore neonatal regulatory difficulties are associated with increased HPA axis activity following the stress of being handled during the assessment.

PS8.2-S5

GETTING THE MOST OUT OF YOUR RELATIONSHIP WITH YOUR BABY: A REVIEW OF THE BRAZELTON NEONATAL BEHAVIORAL ASSESSMENT SCALE IN FLYING START WALES

Emily Savage-McGlynn^{1,2}, Maggie Redshaw^{1,2}, Joanna Hawthorne²
¹National Perinatal Epidemiology Unit, University of Oxford, Oxford, UK, ²The Brazelton Centre in Great Britain, Cambridge, UK

Introduction Early relationships between infant and caregiver are crucial for children's healthy development. Flying Start aimed to improve parenting in the early months of a child's life through enhanced health visiting and parenting programs with a view to improving developmental outcomes for children living in deprived areas in Wales.

Method Mothers in the Flying Start program from Cardiff, Barry, and Torfaen were randomly selected to receive the NBAS as part of their health visiting provision ($n_{\text{NBAS}}=49, n_{\text{control}}=46$) during the week 2 and 4 visits. Parental questionnaires (including items from the Edinburgh Postnatal Depression Scale and the Maternal Postpartum Attachment Scale) were completed at 8 weeks post-partum. The mothers whose infant received the NBAS were compared to controls with regards to parental confidence, parenting positivity, self-reported attachment, and post-natal depression.

Results Compared with control mothers, mothers whose infant received the NBAS as part of their health visiting provision reported significantly greater parental confidence, greater levels of parent-reported mother-infant attachment, and greater quality of interaction. They also reported parenting as being a significantly more positive experience than controls who did not participate in the NBAS. However, there was no difference in reports of post-natal depression between the groups. Taken together, it can be concluded that for the mothers whose infants participated in NBAS as part of the Flying Start program in Wales, a significant benefit to the mother's experience can be noted.

Conclusions It can be concluded that the NBAS makes a meaningful difference to mothers whose infants participate in the assessment as part of the Flying Start program. Findings suggest that inclusion of the NBAS in future waves of Flying Start programs and other interventions targeting deprived mother-infant populations would be encouraged.

PS8.3 - IMPLEMENTING EVIDENCE BASED PRACTICE IN A THIRD SECTOR ORGANIZATION: THE EXPERIENCE OF THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

*Chair: Chris Cuthbert, National Society for Prevention of Cruelty to Children
Discussant: Gwynne Rayns, NSPCC, London, UK*

PS8.3-S1

USING THE INTEGRATED FRAMEWORK AS THE BASIS FOR CASE CONCEPTUALIZATION IN HIGH RISK FAMILIES: THE PARENTS UNDER PRESSURE (PUP) PROGRAM

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Introduction Helping to reduce the risk of child abuse in high risk families requires programs that go beyond simple parent training approaches.

Method We developed The Integrated Framework (IF) to guide assessment and intervention. This practice framework, informed by evidence from infant mental health, child development and adult mental health, moves beyond identifying risk and protective factors, to considering the interplay between static and dynamic risk factors. Within this model, collaborative goal setting that informs the focus of the intervention is then possible. The National Society for the Prevention of Cruelty to Children is conducting a service evaluation of PUP in 11 sites with an independent nested RCT evaluation design in 6 UK sites.

Results The IF provides a structure for case conceptualization that begins with an assessment of current infant/child functioning. Proximal factors that directly influence functioning in these domains are then assessed with a particular focus on the quality of the attachment between child and carer, and parenting skills and values. Contextual factors including parent's state of mind are assessed as these directly influence a carer's capacity to provide a nurturing and consistent environment. This involves an understanding of current emotional well-being and the contribution of other potential influences on parenting such as substance abuse. Finally, the broader social context is considered.

Conclusions Each family's case is individually formulated and goals are clearly specified. We argue that both interview and standardized measures can be combined within the construct of professional judgement. This model will be demonstrated using a mother-infant dyad and the Parents Under Pressure program.

PS8.3-S2

IMPLEMENTING THE MINDING THE BABY (MTB) PROGRAM IN THE UK: INITIAL QUALITATIVE FINDINGS

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Introduction MTB is an intensive home visiting program focused on promoting development of secure attachments among impoverished and at-risk young mothers through enhancement of reflective function. Specialist training in attachment theory, reflective function and skills needed to use these concepts promoting change in families is a key feature of the approach.

Method The aim of this initial study was to learn what the key facilitators and barriers are for services to implement Minding the Baby in a UK context, with a particular focus on how practitioners and supervisors learn about and use the concept of reflective function when working with vulnerable families. To do this, we conducted in-depth qualitative interviews with practitioners, supervisors and managers involved in the delivery of MTB in the UK and analyzed their responses through Framework Analysis (Ritchie & Spencer, 1994). Three NSPCC sites are currently conducting an independently evaluated RCT study of MTB in the UK.

Results Practitioners and supervisors identified a number of key themes that supported their transition to this new model of practice, as well as several key barriers, and how they were overcome. Themes included striking a balance between managing pressing need and focusing on reflective function with families, the importance of relationships, the value of cross-disciplinary working, and the complexities of organizational change, and managing risk.

Conclusions This project represents the first attempt to implement MTB in the UK, and in the first two years practitioners and managers have learnt a great deal about how training, supervision and on-the-ground practice underpinned by the model of reflective parenting can be made to work effectively in the UK context.

PS8.3-S3

BABY STEPS: A RELATIONSHIPS FOCUSED PERINATAL GROUP PROGRAM

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Introduction A major UK review found that antenatal education was highly medicalized, with limited focus on the emotional transition to parenthood, rarely engaging the most vulnerable families. Baby Steps, an interactive 9 session relationships-based perinatal group program, aims to support higher-risk men and women in their emotional transition to parenthood.

Method Baby Steps draws on a range of theory and research into the emotional transition to parenthood and into the development of reflective sensitive relationships with the infant. Parents are carefully scaffolded to explore their representations and feelings about their unborn baby and to consider what their baby may be like as an individual. Research evidence shows that parents who reflect about their baby's emotional state are more likely to respond sensitively. Baby Steps encourages parents to be curious about their

baby's feelings and take a reflective stance. A respectful 'safe' environment enables expectant parents to explore their hopes and concerns.

Results The NSPCC has piloted Baby Steps in 9 areas across the UK and Channel Islands and the initial qualitative evaluation results are positive. Standardized measures are now being used to evaluate the impact on the relationship with the baby and between parents. Each session is co-facilitated by health and social care professionals trained in Baby Steps. Thematic qualitative evaluations are being conducted into the program's effectiveness with groups with special needs and imprisoned men. In October 2013 the first NHS staff are being trained to deliver Baby Steps program.

Conclusions A respectful 'secure' base enables expectant parents to explore their hopes and concerns. The program offers innovative activities to enable reflection; create a listening culture and explore causes and effective ways to resolve conflict. Parents are encouraged to develop sensitive, reflective relationships with the infant from the prenatal period onwards.

PS 8.4 – BRIEF ORAL PRESENTATIONS: CULTURAL FACTORS AND HIGH RISK PARENTING

Chair: Hiram Fitzgerald, Michigan State University, US

PS8.4-B1

TAKING INTO CONSIDERATION PSYCHOSOCIAL FACTORS OF UNDERNUTRITION FOR PREVENTION AND TREATMENT

Cécile Bizouerne

Action Contre la Faim, Paris, France

Introduction The Lancet Series on Maternal and Child Under-nutrition (2013) estimates that 3.1 million of children younger than 5 years die every year from under-nutrition. Under-nutrition in its various forms contributes to child mortality and morbidity and has mid and long term effects on child development.

Method It is a multi-causal phenomenon where resources from the environment (hygiene, food, and health), caring practices, social and psychological aspects are strongly interconnected. In the prevention and treatment of under-nutrition, it is essential to take into consideration these different factors. The presentation will focus mainly on the affective and cultural components that underlie the relationship between the child and his caregiving environment and might lead to under-nutrition.

Results Action Contre la Faim (Action Against Hunger), an International Non-Governmental Organization, has developed for more than 10 years psychosocial programs for supporting communities, parents and infants in low and middle income countries. This experience will be used for comparing psychosocial components of under-nutrition in different deprived contexts (including emergencies). The presentation will describe the model of intervention proposed and its results.

Conclusions Under-nutrition is a huge public health problem that affects millions of children under 5 worldwide. Its relationship with maternal mental health and child development has been demonstrated. It is urgent that infant mental health professionals engage in that field and exchange experiences for improving prevention and treatment.

PS8.4-B2

CULTURAL PARADIGM SHIFTS IN POSTNATAL CARE PRACTICES IN BOTSWANA AND ITS IMPACT ON INFANTS' WELLBEING

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Introduction This study is conceptualized using the ecological and attachment theories to delineate cultural practices that the Tswana families used to buffer young children against any form of maltreatment. Also how a paradigm shift in this practices due to challenges that accompany modern life have impacted in young children's social wellbeing.

Method This study utilizes qualitative method. To understand protective factors that were available for young children, and their current situation, 10 key informants were interviewed. These included a neonate nurse and social worker at a major hospital, a police officer, two senior citizens who were conversant with cultural practices that served as protective factors in infancy. Also, three residential caregivers and their social worker and another employee from children's protective services were also interviewed. Observation of three residential care facilities with children aged zero to 5 years was also done to ascertain the quality of the environments that have replaced family care.

Results Preliminary analyses seem to indicate that as the country experiences socio-economic changes, cultural practices that supported children's welfare at familial level are becoming non-existent. The practice of postnatal confinement is becoming extinct due to maternal employment; HIV scourge and loss of social networks as our society become developed. As a result, child neglect and child dumping have become a common state and has necessitated alternative care such as residential care for very young children. Unlike their counterparts infants raised in this form of alternative care have seem to be having many challenges.

Conclusions Modernity poses challenges to the childcare system in Botswana, particularly as cultural practices that supported the wellbeing of the child are phased out. This comes at a time when the country was not yet prepared for its transitions and has necessitated alternative care for its young children.

PS8.4-B3

THE CONTRIBUTION OF BABIES CONCEIVED WITH THE AID OF REPRODUCTIVE TECHNOLOGIES AND OUR RESPONSIBILITIES

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Introduction Advances in new reproductive technologies have made significant changes in the lives of many infertile and childless single women and couples, at last making possible a dream which might never have been considered might come true.

Method Use of donated sperm and/or eggs have challenged our notions of parenthood. Whilst babies conceived in this way may be much wanted and planned for, what may not be anticipated is the significant adjustment required and the emotional impact on the parents when one and or both is not the biological parent. For women with a history of SMI further complications may ensue including an increased risk of postnatal depression.

Results Two cases will be presented from the multi-disciplinary team of a Perinatal Parent Infant Mental Health Service taking both a psychiatric and psychotherapy perspective. Areas considered will include: the impact of societal taboos on the women's perceptions of herself as mother; legal issues. The personal beliefs and/or prejudices of practitioners working with these issues and how these might benefit the work or produce an iatrogenic effect.

Conclusions We aim to open up a discussion about how to manage these advances as clinicians.

PS8.4-B4

MATERNAL PSYCHOSOCIAL AND NEUROBIOLOGICAL STRESS DURING PREGNANCY

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Introduction Maternal psychosocial and physiological stress during pregnancy has been associated with negative consequences for infant development. Yet the links between self-reported stress levels and biological markers of stress remain unclear. An instrument (Prenatal Stress Questionnaire, PSQ-G) was developed to assess major stress events future parents experience during and prior to pregnancy.

Method Participants were healthy pregnant women recruited at the Geneva Obstetric Clinic (HUG) from 10 to 12 weeks of gestation and followed until 8 months after birth. They participated at each trimester of pregnancy in a protocol investigating maternal psychosocial and physiological stress. In the third trimester, pregnant women were exposed to mild acoustic and cognitive stressors. Salivary cortisol and fetal heart rate stress-reactivity were assessed.

Results High maternal stress was associated with altered cortisol reactivity during pregnancy (circadian rhythm and stress reactivity) and with altered fetal heart rate variability, an indicator of the emergent physiological regulation of the fetus. Our results indicate that the PSQ-G is a promising instrument to measure psychosocial stress during pregnancy. It provided reliable quantitative and qualitative data that can be associated with neurobiological measures of stress.

Conclusions The findings of this study have important clinical implications since the PSQ-G can be used to identify pregnant women with increased risk and child who may develop adverse emotional and physiological outcomes.

PS8.4-B5

SHIFTING CULTURAL ANCHORS - REACHING ASIAN COMMUNITIES FOR PARENT INFANT WORK

Jan Tomlinson
OXPIP (Oxford Parent Infant Project), Oxford, UK

Introduction This presentation describes and explores difficulties of a project to engage Asian families in parent –infant therapy. OXPIP (Oxford Parent-Infant Project) sought funding for this when statistics showed 1% of the clients were from the Asian population in a City where 9% of the population are from this ethnic group.

Method A therapist was employed part-time for Parent –Infant therapy. Difficulties include anxiety around expressing concern and seeking help outside the family and tension between individual-focused concepts of human development. Many Asian cultures emphasize collectivism and familial, rather than individual and dyadic identity formation. A baby may have equally important attachments to more than one family member. Use of interpreters for sessions creates a new dynamic to be thought about. Neutrality in therapy was challenged and early thoughts focus on a feeling of being an outsider, and a need to connect when usual language and cultural anchors are not available.

Results The parent-infant work is complex and underpinned by psychodynamic thinking, deriving from Ghosts in the Nursery. Parents are supported to think about their relationship with their baby. The here and now is thought about in relation to the past taking into account cultural experience. Other tools used depend on the age and need of individual parents and babies and include baby massage, Watch Wait and Wonder, Video Interaction Guidance and group work. Statistical review of clients seen now shows 6% of the clients seen by OXPIP are from Asian populations. On-going focus is required to maintain this change

Conclusions Reflections and supervision during the project to date have helped to inform changes and successes. Careful thought has elicited promising results and on-going liaison with faith leaders and other stakeholders may help facilitate continued success.

PS8.4-B6

PREMATURE INFANTS IN DIFFERENT SOCIAL ENVIRONMENT

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Introduction The growing body of research evidence emphasizes the fundamental importance of early social-emotional experience to optimal developmental outcomes in infancy. Quality of social environment for infants with biological risk is of great concern as it can specifically modify the adverse effect of early hazards on developmental process at early ages.

Method The objective of the present study was to evaluate the developmental outcomes of preterm infants in relation to various conditions of social environment. Subjects were 3 groups of preterm children (30-36 gestation weeks) from birth till 24 months reared in: 1) families; 2) typical orphanage with no intervention program; 3) orphanage after the implementation of intervention program (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 months using Battelle Developmental Inventory.

Results Results demonstrated mediating effect of different postnatal environment on early stages of preterm infant's development. Research data revealed different developmental trajectories for infants reared in various conditions of social environment. Children brought up in families or in orphanage under intervention program scored higher than preterm infants brought up in typical orphanage with no intervention program.

Conclusions Results allowed proposing early social-emotional experience altered and shaped preterm infant's developmental process producing specific modifying effect on various developmental domains.

PS8.5-W1

STORIES: WHAT BRINGS US TO THIS WORK WITH INFANTS AND FAMILIES?

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Introduction Clinical work with infants and parents requires self awareness about how one's own experiences may or may not affect our work. However, it is usual that we cannot find the time or space to think about our own story, as those of our patients are in the focus.

Method What brings each of us to the work that we do? Why babies and families? What might explain our involvement in infant mental health practice, policy or research? As we work closely with or on behalf of very young children, their parents and from a relationship perspective, what is awakened in us that continues to peak our curiosity or drive us to "stay the course" even if it is difficult? What gifts do we discover along the way and what challenges? What supports do we often need to continue the work?

Results In this workshop experienced infant mental health clinicians will try to answer the questions above to start what we hope to become a sharing of insight on how our personal experiences can benefit our work.

Conclusions Participants of this workshop are invited to consider their own stories as they hear from the presenters who offer narratives that might explain "why babies and families?"

PS8.6-W1

WHAT IS THE SOLIHULL APPROACH? AN INTRODUCTION TO A RELATIONSHIP BASED MODEL

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Introduction The Solihull Approach aims to promote emotional health and well-being through relationships. It is an evidence based model supported by manualized training and comprehensive resource packs. The model integrates concepts from psychoanalytic theory, child development research and behaviorism.

Method The workshop will present the model and show how it has been applied to practitioner training (from antenatal practitioners onwards) and courses for parents, including adoptive parents and foster carers. This will include activities for delegates and discussion throughout the workshop.

Results It will briefly outline the results from the current 12 published evaluations, with more publications pending. Generally these suggest that there is reduced anxiety in parents, increased self-esteem and self-confidence in parents, decreased behavior difficulties in children and increased job satisfaction in staff.

Conclusions It will show how it is being applied across cultures: all health visitors in N Ireland, home nurses in Iceland, thousands of child and family practitioners across the UK, training in Gibraltar, parenting in New York, Portuguese schools' project and parenting groups in Islamabad, Pakistan (with an 89% retention rate).

PS8.6-W2

READY STEADY GROW: A COMMUNITY-BASED PREVENTATIVE INFANT MENTAL HEALTH STRATEGY

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Introduction Youngballymun is a 10-year Area-based Response to Child Poverty designed to improve education, health and mental health outcomes for children in a historically disadvantaged community by supporting the implementation of prevention and early intervention practice. Ready, Steady, Grow is the strand of the strategy for 0-3s and their parents.

Method Youngballymun builds the capacity of parents, service providers and systems to apply evidence-based practice in their day-to-day roles, thereby mainstreaming practice from the outset. Operating through practitioners, the initiative develops skills, competencies and protective factors in children from infancy, early childhood and as children grow. Ready, Steady, Grow focuses on 0-3 year olds and their parents. It delivers a series of services centred on fostering parent-child relationships to deliver positive child outcomes. Infant mental health principles guide practice across the spectrum of universal to specialist services. It is an intensive collaborative effort of practitioners from many sectors and disciplines.

Results Through a comprehensive service design process and detailed attention to implementation, several community-based infant mental health services have been developed. The Parent-Child Psychological Support Program is a clinic-based service delivered by local health workers to support infant social and emotional development. The program has engaged with 1,200 families in four years of operation. A number of infant mental health-informed group-based parenting supports are also in place. The range of services for parents and infants has been enabled by investments in multidisciplinary capacity building and continues to be supported by an infant mental health study group and reflective supervision.

Conclusions This workshop presentation will offer participants an opportunity to hear the story of the development of this service, the challenges and opportunities presented, some evaluation findings and some key lessons learned. Vignettes of how the service has worked with babies and parents will be used by to illustrate the presentation.

PS8.7-S1

WAYNE COUNTY BABY COURT: SYSTEMS INTEGRATION TO SUPPORT THE NEEDS OF INFANTS AND FAMILIES IN THE CHILD WELFARE SYSTEM

Carla Barron, Ann Stacks, Tina Dykehouse

Wayne State University, Detroit, Michigan, USA

Introduction In response to the needs among infants in the child welfare system, Wayne County, Michigan received coaching to implement the Miami Child Well-Being Model, which brings the science of child development to the court and consists of three components: 1) judicial leadership, 2) therapeutic intervention, and 3) transformative systems change.

Method The project is being evaluated to assess whether there are significant changes in permanency and well-being outcomes. Data are being collected via two mechanisms. Through a court records review we have established a historical comparison group that will be compared to families who participate in Baby Court to assess changes in time to permanency, percentage of families who are reunified, receipt of developmental assessments, and needed services. All families participate in pre- and post-test assessments of infant development (using the Bayley III and CBCL), parent-child interaction (using the Crowell Procedure), and parent reflective functioning (using the Parent Development Interview).

Results Preliminary findings from the court records review suggest that Baby Court has been successful at reducing termination of parental rights and providing more services to infants. Court records will be reviewed again in January to re-assess outcomes with a larger sample. Pre-test laboratory visits have been conducted with 13 families; 3 families have completed a post-test visit and an additional 7 families will complete post-test assessments (which are court ordered) before April 2013. Findings from both the court records review and the laboratory visit will be presented to the audience.

Conclusions Standardized assessments can inform clinical work and research on the effectiveness of Court Teams models at improving child well-being. Most Court Teams evaluations only include safety and permanency outcomes, yet we must understand how IMH services improve parenting and child well being outcomes.

PS8.7-S2

SAFE BABIES COURT TEAMS: BUILDING STRONG FAMILIES AND HEALTHY COMMUNITIES

Lucy Hudson

Zero to Three, Washington DC, USA

Introduction The *Safe Babies Court Teams Project* is a collaboration involving ZERO TO THREE, local courts, child welfare and other governmental agencies, nonprofit and private service providers. Together they commit to improve the community's response to very young children who come into foster care.

Method ZTT developed the Court Teams Project in collaboration with sitting judges and infant mental health experts. Staffed by a ZTT Community Coordinator in close collaboration with a judge hearing dependency cases, local community stakeholders develop a collaborative body dedicated to improving the response of the child welfare system to families whose young children are in foster care. Each case is carefully monitored by the service providers, attorneys, and child protective services worker who are assigned to the case.

The Community Coordinator participates in monthly staffings/court hearings to ensure that progress towards permanency is being made quickly.

Results: 1. An evaluation of the Court Team model found that the teams made significant gains on key child welfare indicators monitored by the Federal Government. 2. Children served by the Court Teams (n=298) reached permanency two to three times faster than a matched sample of children included in the National Survey of Child and Adolescent Well-Being (n=511). 3. An economic analysis of the impact the expedited permanency outcome has on the cost of Safe Babies Court Team implementation showed that the reduced costs of foster care placements cover two-thirds of the average costs per child.

Conclusions Safe Babies Court Teams appears to be a promising model for meeting the needs of infants and toddlers in the child welfare system.

PS8.7-S3

NEEDS OF INFANTS AND TODDLERS REPORTED TO THE CHILD WELFARE SYSTEM: FINDINGS FROM THE NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

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Introduction Infants are overrepresented in the United States' child welfare system. Findings from the National Survey of Child and Adolescent Well-Being (NSCAW) highlight the infants' developmental and special health care needs, quality and stability of placements, and services offered to parents and infants for families referred to child protective services.

Method Data used are from NSCAW I and II, the only national probability studies of children investigated for child maltreatment. NSCAW I consists of 5,501 children aged 0 to 15 at baseline (in 1999) followed for 5 waves of data collection. The NSCAW II cohort includes 5,872 children aged 0 to 17.5 years old who had contact with the child welfare system beginning in 2008.

Results Parents experience high rates of poor parenting, domestic violence, and financial problems. Among the infants, 36% have a delay, yet only 12.7% received services. Caseworker involvement and substantiation facilitate the receipt of services (Casanueva et al, 2008). Quality of the home environment and changes in placement may not support infants' needs as evidenced decreases in language development over the first 18 months in care (Stacks et al., 2011). Infants who enter care in the first year of life spend considerable time in out of home care (Stacks & Partridge, 2011) and experience frequent changes in placement (Casanueva et al., accepted).

Conclusions Families who come into contact with the child welfare system have many needs. Meeting these needs requires policy and systems level changes.

PS8.8-W1

PILOT STUDY OF ASSESSMENT AS INTERVENTION: A SHORT TERM INTERDISCIPLINARY MODEL

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Introduction Assessment as intervention is a hallmark of infant mental health but has not been evaluated for treatment effectiveness. DC:0-3R informed assessment structures exploration of the child's developmental progression and relationship context including caregiver perceptions. Can assessment influence caregiver perceptions to enrich subjective experience and elaborate understanding of child behavior challenges?

Method A high-risk community sample of young children and their families completed the assessment process. At entry and discharge, caregivers completed standardized measures of behavior problems, caregiving stresses, and family empowerment; at discharge caregivers completed the Assessment Impact Exit Interview. Formative evaluation included narrative records that document operationalization of assessment of DC:0-3R AxisV functional competencies. The interdisciplinary assessment conducted by a team of developmental and mental health clinicians emphasizes current and historical context and involves observational and structured procedures. Videotape assessment data is reviewed in an interdisciplinary team process to develop diagnostic formulation and treatment plan in discussion with caregivers.

Results Pilot data were collected for twenty five children including both Spanish speaking and English speaking families. Age range at entry ranged from 18 to 54 months. Time required to complete assessments averaged 3.75 months and involved an average of 47 hours of contact. Changes in behavior problem reports suggest that caregiver's expectations about developmentally expectable self-control shift because responses show increased child self-control. Caregiver responses indicate that caregiver distress decreased. Shifts in caregiver responses suggest that they feel more able to manage day-to-day situations. Exit interview responses indicate that this assessment process captures shifting caregiver attributions about their child.

Conclusions Findings indicate that DC:0-3R informed assessment is associated with changes in caregiver perceptions including developmentally informed understanding and attributions. These caregivers demonstrated increased confidence about their children's needs for services. A subset of caregivers appears less flexible. Caregivers who hold immutable views of their children may require longer term treatment.

PS8.9-C1

USING THE INFANT'S REPRESENTATIONS AS A PORT OF ENTRY IN THE TREATMENT OF FEEDING DISORDERS

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Introduction This clinical teach in will describe an approach to the treatment of feeding disorders in infants and toddlers that involves the infant-parent psychotherapist directly working with the infant's representations within infant-parent psychotherapy sessions.

Method Many published accounts of therapeutic work that directly targets the infant's representations in feeding refusal describe behavioral approaches. In contrast, the model to be presented involves therapeutically using play and words with infants and draws upon concepts from D.W. Winnicott and attachment theory. Attachment theory, psychodynamic understandings, and current evidence about infant memory and cognition offer ways of understanding why behavioral approaches have limited efficacy and can inform alternative therapeutic approaches that involve working directly with the infant's subjective experience.

Results This presentation will outline the theoretical underpinnings of the treatment approach, describe therapeutic strategies and discuss clinical vignettes from treatment sessions illustrated by video clips.

Conclusions Case material to be discussed will include infants from 6 months to 2 years of age.

PS8.10-C1

DEPRIVATION, DEFICIENCY, DENIAL – THE TOXIC TRIO OF MEAL TIMES. A MODEL OF EARLY INTERVENTION IN FEEDING DIFFICULTIES FOR THE UNDER THREES

Silvina Diaz Bonino

London, UK

Introduction This paper is concerned with the evaluation and efficacy of a model of early identification and intervention of feeding difficulties in the zero to three group. The intervention is informed by child development research, psychoanalytic infant observation and video feedback.

Method The intervention offers eight video recorded sessions of semi structured "tea time" pretend play. Sessions 1 to 4 are offered without food. At this point observational or video feedback is offered to parents to discuss emerging themes. Sessions 5 to 8 introduce real food in the play. The work progresses until a final feedback session is offered to the parents. Follow up is available and parents are advised to be in touch if they identify a need to do so. The model addresses a public health need for a model of integrated early intervention of feeding difficulties in under threes.

Results This model offers a treatment tool for the early identification and intervention in of feeding difficulties for the under threes. It is suitable for use in parent infant psychodynamic psychotherapies as well as interventions informed by child development research. Small children respond to the task of the treatment plan with appropriate adjustments. This relies on the child's capacity for familiarization and his models of learning. The adjustments the child makes are in alignment with child development perspective. This in turn favours the model's outcome.

Conclusions This model of early detection and intervention in feeding difficulties fills a gap in public health provision for the under threes. It offers a model that adjusts to integrated service provision. Further research is required to offer this provision for older children addressing their different emotional, relational and developmental needs.

PS8.11 - EMOTION REGULATION IN DYADIC PROCESSES

Chair: Margarete Bolten, University of Basel

Discussant: Dieter Wolke, University of Warwick, Warwick, UK

PS8.11-S1

MOTHER-CHILD-INTERACTIONS PREDICT BIO-BEHAVIORAL INDICES OF EMOTION REGULATION IN KINDERGARTEN CHILDREN

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Introduction Emotion regulation serves as a gating mechanism to optimize orientation and attention, and has important implications for ongoing information processing and learning. However, differential influences of mother-child-interactions on emotion regulation in Kindergarten children are still under-researched.

Method 75 Patients with and without abnormalities in the CBCL (age 5-8 years) completed a fear-potentiated startle paradigm. Bio-behavioral indices of emotion regulation during the startle were heart rate variability (HRV) and electrodermal activity (EDA). Mother-child dyads were observed interacting during a 5-min structured-task situation. Two carefully trained raters coded all videotapes in regard to maternal criticism, sensitivity and structuring behavior. The interaction was also evaluated in consideration of harmony and control. Maternal mental health problems have been screened by the Brief-Symptoms-Inventory (BSI).

Results Neurophysiological findings suggest that children with behavioral and emotional problems are more likely to exhibit disrupted emotion regulation. High levels of criticism, little structuring, low levels of sensitivity and harmony were associated with changes in children's emotional reactivity and emotion regulation. Furthermore, maternal mental health problems have a moderating impact.

Conclusions Impaired emotion regulation predisposes children to a lower threshold for activation of "stress circuits" and increases their vulnerability to the developmentally detrimental effects of stressful conditions particularly when such children are exposed to the negative family environment.

PS8.11-S2

EMOTION RECOGNITION IN MOTHERS OF CHILDREN WITH OPPOSITIONAL DEFIANT DISORDER (ODD)

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Introduction ODD is a common disorder in early childhood (4.0-16.8%). In addition to genetic, social and environmental factors, dysfunctional parent-child-interactions contribute to the aetiology of ODD. There is some evidence that emotion regulation is disturbed in children with ODD, but little is known about parental emotion regulation and recognition.

Method In the present study, the emotion recognition of mothers of children with (N=30) and without ODD (N=31) was assessed. Maternal emotion recognition was assessed with the FEEL-Test (Facially expressed emotion labelling; Kessler et al., 2002), using faces displaying fear, anger, sadness, happiness, disgust and surprise. Additionally, maternal psychopathology (SCL-90R, Symptom Checkliste), personality traits (NEO-PI-R; NEO-Persönlichkeitsinventar) and intelligence (MWT-B, Mehrfachwahl-Wortschatz-Intelligenztest) were assessed. Child psychopathology (index-child and siblings) was assessed with the CBCL (Child Behavior Checklist) and a standardized, clinical interview (Kinder-DIPS, Diagnostisches Interview bei psychischen Störungen im Kindes- und Jugendalter).

Results The results show no general differences in emotion recognition between mothers of children with and without ODD. Mothers of children with ODD had a significantly higher amount of psychological symptoms, lower intelligence, lower extraversion and lower openness. Insecurity of maternal emotion recognition was negatively correlated with openness and IQ and positively correlated with psychopathology.

Conclusions Insecurity of parental emotion recognition and psychopathology are also relevant aetiological factors of ODD. Training programs of parent-child-interaction are recommended especially for parents/mothers with high levels of psychological disturbances and accentuated personality.

PS8.11-S3

MORE NEGATIVE MATERNAL PERCEPTIONS OF INFANT BEHAVIOR ARE ASSOCIATED WITH INCREASED PLACENTAL GLUCOCORTICOID AND SEROTONIN SENSITIVITY AND TRANSFER

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Introduction Adverse conditions during fetal life increase the risk of mental disorders later in life. The biological mechanisms remain elusive. We examined if altered placental expression of genes involved in glucocorticoid and serotonin sensitivity and transfer between the mother and fetus is associated with more negative maternal perceptions of infant behaviors.

Method Placental biopsies were obtained from 54 healthy mothers with singleton, term pregnancies, maximum of 90 min after delivery, stored in RNA-later at -20C. Placental mRNAs encoding mineralocorticoid receptor (NR3C2), glucocorticoid receptor (NR3C1), serotonin transporter (SL6A4), and 11-beta hydroxysteroid dehydrogenase type 1 (HSD11B1) and type 2 (HSD11B2), which regenerate and inactivate glucocorticoids respectively, were determined by real-time PCR. Perceptions of the infant at mean age of 15 (SD = 4.2) days were rated by their mothers using the Neonatal Perception Inventory capturing more problems in own infant's crying, feeding, spitting, elimination, sleeping and predictability behaviors in relation to an average infant.

Results More negative maternal perceptions of the infant behaviors were related to higher placental NR3C1 (P=0.001), HSD11B1 (P=0.03), HSD11B2 (P=0.005) and SL6A4 (P = 0.05) mRNA levels. The associations of NR3C1, HSD11B1 and HSD11B2 remained significant when we made adjustments for concurrent maternal depressive symptoms (P-values<0.05); after controlling for a number of other important covariates and confounders, the associations of NR3C1, HSD11B2 and SL6A4 remained significant (P-values<0.04).

Conclusions Higher placental NR3C1, HSD11B1, HSD11B2 and SL6A4 gene expression is associated with more negative maternal perceptions of infant behaviors. By regenerating glucocorticoids in placenta, increasing placental glucocorticoid and serotonin sensitivity, but interestingly also inactivating glucocorticoids, this combination may lead to greater fetal glucocorticoid and serotonin exposure and altered infant behavior.

PS8.11-S4

EARLY REGULATORY PROBLEMS, THE PARENT-INFANT RELATIONSHIP AND BEHAVIOR PROBLEMS AT SCHOOL AGE - PRELIMINARY EVIDENCE FOR DIFFERENTIAL SUSCEPTIBILITY?

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Introduction The Differential Susceptibility Theory (DST) hypothesizes that some individuals are more responsive to both negative and positive environments resulting in adverse or positive developmental consequences. This study aimed to evaluate whether infant regulatory problems (RP) are associated with adverse or better outcome at school age depending on the parent-infant-relationship quality.

Method A prospective study from birth to 8.5 years of age. The sample consisted of 1120 infants born at risk. RP were assessed at 5 months (i.e., excessive crying, feeding, and sleeping problems) via parent interviews and neurological examinations. Behavior problems were assessed by the Child Behavior Checklist (CBCL) and direct observations in the test situation at 6.3 and 8.5 years of age.

Results At 5 months of age 32.2% of the infants suffered from RP. We found interaction effects between the occurrence of infant RP and the quality of the parent-infant-relationship with regards to outcome at school age, i.e., attention problems (CBCL) and observations of the child in the test situation as rated by the study team: Subjects with RP at 5 months of age achieved poorer outcome at school age when the quality of the parent-infant relationship had been poor, but the same or even better outcome compared to subjects without infant RP regarding a good quality of the parent-infant-relationship.

Conclusions Our results support the DST and indicate that early intervention programs for improving the quality of the parent-infant relationship may be useful in particular for highly susceptible infants, both to avert adverse outcome and to improve their potential exceeding less susceptible infants.

PS8.11-S5

PREDICTING ATTENTION COMPETENCE OF YOUNG CHILDREN IN LOW-INCOME FAMILIES: A LONGITUDINAL STUDY OF EARLY MATERNAL SUPPORTIVENESS AND CHILD EMOTION REGULATION

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Introduction Attachment theory purports that early maternal-supportiveness is necessary for children's mastery of regulatory competencies (Parker et al., 2012), and particularly in impoverished families, (Raver, Gershoff, & Aber, 2007). This study examines whether growth in maternal-supportiveness and child emotion regulation over 14-24-36-months predicts sustained attention at 60 months.

Method Authors use secondary data-analysis with a large sample of 2977 children in Early Head Start and Research Evaluation to test a complex latent growth curve model with structural equation modeling (SEM) and maximum likelihood (ML) that includes covariates for child gender and cognition, maternal age and education, and follows mediation by Holmbeck (2002). Data collection included structured-timed-interviews with trained bilingual-interviewers. Maternal-demographics and child-gender were parent-reported at enrollment. Maternal-supportiveness was derived from video-taped Three-Bag-Assessment of parent-child interaction (Brady-Smith et al., 2005). Examiners assessed cognition and emotion regulation with BSID-II (Bayley, 1993), and sustained attention with LIPSR (Roid & Miller, 1997).

Results Results show that single growth curves for maternal-supportiveness and child emotion regulation best fit linear growth trajectory. Final SEM growth-curve model had reasonably good fit (Chi-square=236.868, df=42, p<.001; CFI=.920, NFI=.905, RMSEA=.039), explaining 42% of variance in 60-month sustained-attention. Child gender had significant inverse relationship to initial and growth in emotional regulation. Boys had lower initial regulation but had more growth. Initial regulation predicted growth in maternal-supportiveness. Children with lower cognition had more growth. Growth in regulation positively predicted sustained-attention. Growth in maternal-supportiveness did not directly predict sustained-attention. Early maternal-supportiveness mattered for growth in regulation, and indirectly contributed to sustained-attention.

Conclusions Results support best-practices and program policies enhancing early maternal-supportiveness in parent-child interaction, and research connecting early regulation to sustained-attention (Olson et al., 2005), while attention links to school-readiness (Morrison et al., 2005). Interventions should engage children strengthening regulatory behaviors for sustained-attention. Study limitations and directions for future research are addressed.

PS8.12A - AFFECTIVE REGULATION/DYSREGULATION AND SYMBOLIC INTERACTIVE PLAY IN PRESCHOOL CHILDREN AND ITS RELATION TO MATERNAL VARIABLES

Chair: Sam Tayno, Israel Association for Infant Mental Health, Israel

PS8.12A-S1

DYNAMICS OF THE INTERNAL "BAD MOTHER" COMPLEX OF THE MOTHER

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Introduction In scientific literature and media mothers and their behavior are constantly under scrutiny. This results in a paradox the greater the information, the greater obligation for mothers and, therefore, the greater feeling of persecution. The paper describes some aspects of the inner world of mothers regarding the emotional dyad dysregulation.

Method It explores a particular, but fairly frequent, mental state in many mothers analyzed: a permanent, lurking feeling that they don't comply with the ideal mother model, that they can not be "a good enough mother". This clinical finding raises several questions. Are these women and perhaps women in general, prone to developing severe modalities of superego when they become mothers? Is this superego based only on their historical factors: the ambivalent relationship with their own mothers, on their aggressiveness towards them or on specific factors: on how maternity is culturally sanctioned in the current time of the actual maternity?

Results The motivational caregiving system, which has been differentiated from the attachment system, biologically -by means of oxytocin- prepares a woman for caring for her baby. Contact with a helpless, suffering human being is a source of anxiety that are characteristic of this early period that jeopardize the model of the ideal mother that they had hoped to personify. These components make mothers prone to developing particularly severe, punitive forms of superego. In turn, this tends to generate a variety of strong defence mechanisms, affecting their capacity for "good enough" emotional regulation thus interfering with their reflexive capacity with their babies.

Conclusions The fantasy of the "bad internal mother" depends on at least three factors: 1. - Awareness with the baby's helplessness and suffering, and identification with this state. 2. - The narcissistic component of identification with the maternal Ego Ideal. 3. - The influence of cultural ideals.

PS8.12A-S2

DYSREGULATION SIGNS IN DYADIC SYMBOLIC PLAY AND ITS RELATION TO MATERNAL VARIABLES

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Introduction In this presentation we will focus on the relationship between Maternal Reflective Function and affective regulation-dysregulation in the mother-child interaction and the level of symbolic play (functional, basic symbolic and complex symbolic) and the mode of interaction (convergent, divergent, parallel) in the child.

Method In this longitudinal study, 24 mothers of the original sample were interviewed in depth when their children were 42-54 months with the Parental Development Interview (PDI-RII Slade et al., 2003) in order to assess Maternal Reflective Function (MRF). The PDI is a 90 minutes semi-structured clinical interview that explores the mother's view of herself and her child. The registered levels of MRF were: Lacking, Questionable/Low, Ordinary and Marked.

17 of the original sample were videotaped in a 15-minutes free interactive play situation and assessed with the Play Interactive Scale (Duhalde et al., 2010).

Results 37.5% Mothers presented MRF Questionable/Low, 45.8% Mothers presented MRF Ordinary and 16.7% Mothers presented MRF Marked. We found a positive correlation between the Convergent Mode of interaction (mother and child doing together) and the level of Symbolic play. We have found a significant relationship between MRF and dyadic mode of interaction: Parallel play and divergent interactive mode has been higher in mothers with low MRF. Affective dysregulation signs were more frequent in children whose mothers show low MRF and were less frequent in children showing high symbolic play.

Conclusions A discussion will be presented on the conflictive complexity of mothers' subjectivity, underlying the link between MRF and restrictive or intrusive maternal interactive styles. Discrimination between self-regulation and withdrawal in infants and dysregulation signs in preschoolers will be discussed, linked with risks for vulnerability in the building of the self.

PS8.12A-S3

DYADIC AFFECTIVE REGULATION AND INFANT SELF REGULATION AND ITS RELATION TO PLAY IN INFANCY

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Introduction This presentation is an outline and a selection of results of an ongoing longitudinal research of the Dyadic Affective Regulation, and Children's Affective Self-Regulation, in the first 5 years of life. This research was funded by the International Psychoanalytic Association and by University of Buenos Aires, Argentina.

Method In the first stage, A normal sample of 48 mothers and babies (age 23 to 31 weeks) were videotaped in two interactive situations: a- 3 minutes Face to Face (FF), microanalyzed using the ICEP Scale -Infant and Caregiver Engagement Phases- (Tronick & Weinberg, 2000) and b- 5 minutes Free Play (FP) with toys, codified every 5 seconds using the Free Play Scale (Tronick, 2000). When children were 4 - 5 years, 17 dyads were videotaped 15 minutes in free play interaction with toys, codified applying Play Interactive Scale (Duhalde et al 2010) to assess Modes and Level of Symbolization during play.

Results At 6 months, in FF, dyads spend 16% of coded time and in FP 12.5% of the time in positive affect matching. Regarding Affective Self-Regulation, while in FF 21/48 infants presented Oral Self Comforting (OSC) indicators, in the FP only 2/48 infants presented OSC behaviors. When mothers tend to display proposals without pause, children developed a more complex play when they played by themselves. When children were 4-5 years, we found positive correlation between Convergent Mode of interaction and the basic and complex level of Symbolic play. When Convergent Mode of play lasts longer, complexity level in play scenes is higher.

Conclusions Positive matching is not so frequent. When toys are available, infants are rarely engaged in OSC, this may lead to infer that presence of infant's OSC behaviors in a dyadic play situation with toys could be a sign of withdrawal. When mother shares infant's play, complexity and symbolism increase.

PS8.12B - MAFI - MICRO ANALYSIS AND FAMILY INTERVENTION. DIFFERENT WAYS OF USING LAUSANNE TRILOGUE PLAY AND INTERACTION GUIDANCE IN SWEDEN

Chair: Monica Hedenbro, Karolinska Institute, Stockholm, Sweden

Discussant: Susan McDonough, School of Socialwork, University of Michigan, United States

PS8.12B-S1

LAUSANNE TRILOGUE PLAY-A TOOL FOR ASSESSING AND DECIDING UPON TREATMENT. THE REVIEWING-A THERAPEUTIC INTERVENTION

Birgitta Rosell, Kerstin Östman
Child and Youth Psychiatry, Stockholm, Sweden

Introduction In this talk we will with the use of a clinical case show how the picture and interaction help us to decide in which family system we can start the treatment.

Method The port of entry for change is the video feedback that will be both therapeutic as well as give information to the parents about the needs of the child.

Results The parents inner representations of the child, themselves and the interaction is the necessary guide to find new ways in the parent-child interaction to meet the needs of the child.

Conclusions The Lausanne Trilogue Play has become a very helpful and used method in our work.

PS8.12B-S2

THE USE OF TASKS IN A DYADIC AND TRIADIC INTERACTION TO ASSESS THE CHILD'S DEVELOPMENT PARENT-CHILD INTERACTION

Carin Artursson, Päivi Sharifan Holma
Child and Youth Psychiatry, Stockholm, Sweden

Introduction With the help of video clips we will show how different tasks and toys will give information about specific aspects of the child, attachment and family functioning.

Method How are the parents guiding the child and do they take the responsibility in keeping the structure? Is the interaction with the child becoming playful and are the parents engaged? Two cases will be focused on with videoclips.

Results One case is a child with an autistic disorder where the videofilm will help us in understanding the difficulties of the child. Another case will have the focus on how the parents interaction has to change to fulfil the needs of a child with normal development but described of the parents as a problematic child.

Conclusions Conclusions are that the help of video pictures fills a gap to decide upon treatment in how to understand the needs of the child and family.

PS8.12B-S3

A CLINICAL CASE WITH A CHILD WITH A SLEEPING DISORDER. INTERACTION TREATMENT COMBINED WITH LAUSANNE TRILOGUE PLAY

Marianne Strand, Margareta Hansson
Child and Youth Psychiatry, Stockholm, Sweden

Introduction This talk will focus on how we have combined the setting of the Lausanne Trilogue Play with the method Marte Meo.

Method The video is used as a tool in this work. The coparenting and family functioning was an area to work on and this will be illustrated with video clips of the reviewing session.

Results In this case the combination of understanding the family system and the role of the father was very important. This could help the child not to be so clinging to the mother and with interaction guidance help the communication grow in all the different subsystems.

Conclusions The combination of using the LTP situation and Marte Meo has been very successful. The review session is a very powerful opportunity for intervention.

PS8.12B-S4

TO SEE YOUR BABY AND FIND NEW WAYS TO OPEN UP FOR EMOTIONAL ENGAGEMENT

Carina Bjurling
Child and Youth Psychiatry, Stockholm, Sweden

Introduction The Marte Meo method has been used for over 20 years in Sweden. It is used successfully is where the parents have to emotionally open up for the child and her/his needs. The work will be demonstrated with the help of a case of a mother - infant interaction.

Method A short videorecording of a free play situation about 10 minutes is taken and the therapist is holding the camera herself. The analysis is made of the film especially focusing on contributions and emotional signals of the child, confirmation, turntakings and emotional engagement. In the reviewing the focus is on moments that could grow and on pictures of the baby that the parents can relate to and enjoy. This also opens up for reflections and feelings from the mother and could be shared and taken care of.

Results The mother's sensitivity towards the child grows and the attachment process will improve.

Conclusions Marte Meo has been used for over 20 years in Sweden. It is used as a tool to introduce 3-5 films and reviewings in cases where the attachment process is troublesome. The treatment can be short and intensive.

PS8.12B-S5

BRIFA - A PROJECT FOR FOSTER FAMILIES AND PARENTS OF ADOPTED CHILDREN. LAUSANNE TRILOGUE PLAY IS USED TO SUPPORT COPARENTING AND CHILD'S SIGNALS AND EMOTIONAL NEEDS

*Monica Hedenbro, Carina Basen, Birgitta Andersson
Hedenbro Institutet, Stockholm, Sweden*

Introduction We will present a project supported by Allmänna Barnhuset in Sweden. The aim of the project is to decrease the replacements of children in foster care by helping the foster parents immediately after the child has arrived in their home with how to understand the child and her/his needs.

Method Using The LTP in combination with Marte Meo to assess and help seeing the child's strategies and support coparenting. The families will be offered 3 videofilms and 3 review sessions. 6 months later a follow up film will be recorded. The same intervention will be offered parents of adopted children. The control families will only be videofilmed 7 months after the child came to the family.

Results This a research project for 2-3 years that just started 6 months ago. CPICS coding system will be used to see the effect of the intervention on family level as well as on childrens contributions and affect. At this point we do not have any results more than questionnaires. Parents are finding the intervention very helpful to better understand the child's needs.

Conclusions This tool helps the child not only to survive with help of the strategies they have integrated earlier in life but to be supported by the parents in his/her deeper emotional needs. It also helps the coparenting which sometimes can be very difficult in these family situations.

PS8.13-V1

A VIDEO-FEEDBACK INTERVENTION FOR MOTHERS AND FATHERS OF INFANTS AT RISK OF BEHAVIORAL PROBLEMS: A PILOT RANDOMIZED CONTROLLED TRIAL

*Camilla Sanger^{1,2}, Jane Iles¹, Esther Wilkinson¹, Paul Ramchandani¹
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Introduction Children with behavioral problems have adverse outcomes in later life. Parenting interventions have been found to improve behavioral difficulties, but most research to date has focused on older children and only included mothers. We aim to test whether video-feedback with parents of behaviorally challenging one-year olds can improve their outcomes.

Method The treatment is based on a six-session video-feedback intervention to promote positive parenting and sensitive discipline (VIPP-SD; Mesman et al., 2008). Our team has further developed and adapted it for use with both mothers and fathers. Subsequently, a pilot randomized controlled trial is taking place with eight families in each arm of the study. Infants at risk of behavioral problems are screened with the Child Behavior Checklist. Prior to treatment, the General Health Questionnaire-12 and Dyadic Adjustment Scale are completed, and parent-infant interaction videos are coded for sensitivity, engagement and discipline style. These are repeated post-intervention, with additional feedback data.

Results In the development stage, the approach has been well received by both mothers and fathers. The original intervention has required some practical adaption for use with both parents – most notably in the timing of sessions, the flexibility required to complete all sessions, and the inclusion of discipline eliciting tasks. The preliminary findings from the randomized controlled trial will be presented. This work is currently ongoing, but results will be available on child and parent outcome measures, as well as observational ratings of parental sensitivity, engagement and discipline. Video clips from the VIPP-SD intervention will also be shared.

Conclusions The work is in progress. We have established that ViPP-SD can be delivered to fathers as well as mothers, and that adaptations are necessary for delivery for two parents, rather than one. Consideration will also be given to the possibility of adapting the intervention for use in clinical settings.

PS8.13-V2

GREEK PARENTAL STRATEGIES AND INFANT SLEEP PROBLEMS: A PRELIMINARY REPORT

*Stratoula Mantziou
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Introduction Sleeping problems are the most common difficulty for which parents seek help during infancy. For the USA and other countries, research in Infant's Sleep Regulation has a long history (Sadeh et al., 2010), however in Greece the issue of infants' sleep regulation has ever been studied before.

Method The aim of this study was to explore not the constitutional, biological or medical factors, but the bidirectional relationships between parenting and infant sleep. 220 mothers and 6 fathers with infants from 6-24 months of age completed the questionnaires, who were recruited, from day care centers from Crete, Corfu and Epirus, Greece. The used instruments for the assessment of the above variables were the following: Infant Sleep Questionnaire (Morrell, 1999a), Maternal Cognition about Infant Sleep Questionnaire (Morrell, 1999b), Parental Interactive Bedtime Scale (Morrell & Cortina-Borja, 2002) and Social Support Questionnaire (Stanley, 1988).

Results Specific parental practices report frequency of night waking by the infant. Our preliminary reports show that excessive parental involvement and interaction with the infant during the process of falling asleep and in response to night waking interferes with self-regulation and soothing skills. The active physical comforting and encourage autonomy were the most common behaviors, employed by parents 50% or more of the time. Passive physical comforting and social comforting were employed by parents over 20% of the time.

Conclusions Potential barriers and enablers of successful management of infant sleep problems seem to have rich implication about the remarkable specificity for different kinds of parental use strategies. Specific parental practices as active physical comforting and encourage autonomy, may provide a more differentiated set of concepts to guide clinical intervention.

Parallel Session 8.14 – POSTER WORKSHOP 11: SUBSTANCE DEPENDENCY AND CAREGIVING CONTEXTS

PS8.14-PW1

CHILDREN IN ADDICTED FAMILIES: A TREATMENT APPROACH AND AN ANALYSIS ABOUT 30 YEAR EXPERIENCES IN TANNENHOF, BERLIN

Horst Broemer

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Introduction Addiction disorders are always also "family disorders" and a considerable strain on the family system. In Germany alone, over 2 million children suffer under their parents' heavy and/or dependent use of alcohol, drugs or medication.

Method The aim is to study typical rules of family systems with one or two drug addicted parents; that are: - not seeing addiction as a taboo/as guilt, particularly where the children are concerned, – not to take responsibility and control away, - not talking about but with the persons concerned, and joint planning., - showing understanding for concerned parents and agreeing the children's protection. Data are provided for 639 children who were looked after at Tannenhof since 1982. The children (and their parents) were admitted from 2003 to 2013.

Results One can say in summary that the analyzed data clearly confirms that the therapy's progress, treatment results and forecasts for rehabilitation patients who were in therapy with their children are significantly more successful. This also confirms the systemic therapeutic concept at Tannenhof provides a very good approach of caring for children of addicted parents.

Conclusions Treating addicted parents with their children calls for a special treatment concept, as well as structures and cooperation efforts.

PS8.14-PW2

INTERACTIVE FEATURES IN 0-3 YEARS CHILDREN EXPOSED TO SUBSTANCES IN UTERO

Francesca De Palo¹, Nicoletta Capra², Alessandra Simonelli¹, Alessio Porreca¹

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Introduction Several studies suggest that children of addicted mothers are a population characterized by structural and somatic changes in development and by cognitive and affective symptoms. Despite the amount of studies on the detrimental effects of substance-exposure on child development, outcomes are still inconsistent particularly on the early interactive-relational development.

Method The research aims to evaluate and monitor the interactive-relational development of children born from drug-addicted mothers from 3th to 24th month of child's life. The main goal is to identify specific developmental pathways of these children in order to organize the intervention strategies. In this direction, from July 2012 to October 2013, 20 mother-child dyads were observed every three months using the Emotional Availability Scales (Biringen, et al., 1998) in order to assess the quality of the interactive mother-child exchanges in the course of child's early development and the respective contribution of the mother and the child to the relationship.

Results Results highlight a partially adequate maternal sensitivity and mother's ability to structure the interaction with the child. Globally, the mothers appear to be able to perceive adequately the child's cues, but they could not respond sensitively in a consistent way. On the other hand, children's responsivity to maternal stimuli was sufficiently good. Children show the ability to enjoy being involved in the interaction with the mother and the capacity to adjust and to follow her lead. Finally, children seem to be able to involve the mother in the interaction, addressing her both with verbal and non-verbal cues.

Conclusions Drug addicted babies are "special kids" born from "special mothers", considering their early experience characterized by multiple biological and psychological alterations that, even though subtle and not always openly evident, are needed to take into account when it comes to program and to implement assessment and treatment interventions.

PS8.14-PW3

ASSESSMENT OF PRENATAL EXPOSURE TO TOBACCO SMOKE BY COTININE IN CORD BLOOD

Oscar Garcia-Algar¹, Carme Puig¹, Oriol Vall¹, Esther Papaseit¹, Simona Pichini², Esteve Salto³, Joan R Villalbi³, Maria-Margaret Mercadal-Hally¹

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Introduction Over the last years a decreasing trend in smoking occurred during pregnancy. Several countries implemented laws requiring public places to be free of second hand smoke (SHS). In Spain, this legislation was implemented in 2005. The study examines the possible effect of this legislation on prenatal SHS exposure.

Method Mothers and newborns were recruited from 3 independent studies performed in Hospital del Mar (Barcelona) and approved by the local Ethics Committee: 415 participated in a study in 1996–1998, 283 in 2002–2004 and 207 in 2008. A standard questionnaire, including neonatal and sociodemographic variables, tobacco use and exposure during pregnancy, was completed at delivery for all the

participants in the three study groups. Fetal exposure to tobacco was studied by measuring cotinine in cord blood by radioimmunoassay (RIA).

Results 32.8 % of pregnant women reported to smoke during pregnancy in 1996–1998, 25.9 % in 2002–2004 and 34.1 % in 2008. In the last group, the percentage of no prenatal SHS exposure (cord blood cotinine 0.2–1 ng/mL) showed an increase compared to previous groups while the percentages of both: low (1.1–14 ng/mL) and very high (>100 ng/mL) prenatal SHS exposure showed a decrease. These results (1996–2008) demonstrated a significant increase in the percentage of newborns free from SHS exposure and a decrease in the percentage of newborns exposed to SHS during pregnancy, especially at the very high levels of exposure.

Conclusions Our study indicates that there is a significant maternal smoking habit in this geographical area. Our recommendation is that campaigns against smoking should be directed more specifically towards pregnant women with particular emphasis on non-native pregnant smokers due to the highest prevalence of tobacco consumption in the immigrant women.

PS8.14-PW4

ISSUES IN CREATING A MODERN CHILD WELFARE SYSTEM FOR VULNERABLE CHILDREN

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Introduction Modern child welfare systems of family alternatives to institutionalization in low-resource countries face many cultural, historical, religious, political, and financial challenges and may take many years to implement completely. However, several countries have made the attempt, and valuable lessons have been learned from their efforts, some of which have been more successful than others. This presentation will outline the "infrastructure" a country needs to be successful in the transition from institutions to a comprehensive set of family alternatives for children without permanent parental care. This infrastructure includes appropriate and effective laws and policies, a streamlined governmental organization (preferably one unit) to administer the system, political champions who endorse and push for the reforms, adequate funding, strong and efficient interventions, professional standards and training competencies, and continuous monitoring and evaluation of each component of the infrastructure as well as the welfare of the children. It requires that collaborations at all levels of government and non-governmental programs are grounded in a common definition of the child welfare system, procedures to assure gatekeeping, factors that create sustainable change, and plans for scaling up the system to a country-wide level. Examples will be presented of the attempts by individual countries to create such a system, including Georgia, Ukraine, Nepal, Romania, Guatemala, Ethiopia, and others. Some countries have been extremely successful and some have been less so, but together they provide important lessons learned, illustrate some common and some unique challenges to be faced, and illustrate keys to success on how to create a modern child welfare system.

PS8.14-PW5

THE RESEARCH BASIS FOR DE-INSTITUTIONALIZATION IN INTERNATIONAL CHILD WELFARE REFORM

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Introduction ; An estimated 2-8 million children worldwide live in institutions. Many institutions have large groups, many children per caregiver, many and changing caregivers, and very limited sensitive, responsive caregiver-child interactions. Resident infants and young children average 1-1.5 SDs below non-institutionalized children in physical growth and general mental development. Post-institutional (PI) children in adoptive and foster families catch-up substantially, but higher than expected rates of deficiencies and mental health problems are more likely in children who spent a longer time in the institution---as little as 6 months in very severely deficient institutions but longer (18-27+ months at adoption) in less adverse environments. Long-term outcomes may also depend on the quality of the family environment to which children are transitioned, with children doing best in adoptive, then foster, and finally biological families. Evidence converges on the quality of caregiver-child interactions, whether in an institution or family, as a crucial factor in long-term outcomes, and interventions to improve caregiver-child interactions lead to improved outcomes for children in both contexts. From a practice and policy standpoint, this research says that children should be placed in families rather than in institutions from the beginning or as soon as possible. But institutions are likely to exist for many years in some countries, so should they be improved for those children who must remain there? Institutions are also likely to be used as transitional care before placing children into families, but it will not be known how long a residency is "too long" for any given institution. Quality of caregiver-child interactions is crucial regardless of context, and in some circumstances institutional care may be better than foster families. It's important to distinguish between the quality of care "as currently practiced" and care that is, or could be, provided with additional financial, professional, and cultural support.

PS8.14-PW6

ASSESSMENT OF PRENATAL EXPOSURE TO DRUGS OF ABUSE AND ALCOHOL: RESULTS OF THE "MECONIUM PROJECT"

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Introduction The "Meconium Project" aimed to estimate the prevalence of drug use by pregnant women and consequent prenatal exposure on the fetus and infant. Between 2002 and 2013, around 4000 neonatal meconium samples were examined in Spain and Italy for principal drugs of abuse and alcohol biomarkers.

Method Pregnant women, who accepted enrollment in the study, signed a mother-newborn dyad informed consent. Women underwent a complete clinical examination and were interviewed regarding use of cigarettes, alcohol and any illicit drug during pregnancy. Exposure was defined as an admission of use of by structured interview (in any of the different pregnancy trimesters) or the presence of drugs, metabolites and biomarkers in 24 and 48 h meconium, as determined by liquid chromatography-mass spectrometry. Non-exposure was defined as a negative drug use history by interview and a negative analytical result.

Results The meconium analysis showed an overall 8% positivity for drugs of abuse and alcohol biomarkers with significant differences between countries and cities, with Barcelona and Roma, the capitals of Catalunya and Italy being the cities with highest prenatal exposure to alcohol. 6-monoacetylmorphine and cocaine being the analytes most frequently found in samples positive for opiates and cocaine. Consumption of opiates and cocaine during pregnancy was associated with active tobacco smoking, a higher number of smoked cigarettes and cannabis use.

Conclusions Exposure status and smoking behavior correlated with significantly lower birth weight in newborns from mothers exposed only to cocaine and to opiates and cocaine simultaneously. Finally an alarming prevalence of prenatal exposure to maternal alcohol was disclosed in in two major cities Rome and Barcelona of the Mediterranean area.

PS8.14-PW7

RESEARCH RESULTS AT WORK IN LOW-RESOURCE COUNTRY CAREGIVER SYSTEMS

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Introduction A number of attempts to implement research based care in low-resource countries will be summarized. These programs aim at professionalizing and educating caregivers and their leaders in institutions, residential care and in foster care systems. Some include e-learning based training programs to reach remote user groups. Successful programs can then be instruments to support organizational and professional development in local child welfare systems. These programs have employed several research-based themes, including training in sensitive, responsive caregiver-child interactions and promoting relationships. The link between research and these innovative practices will be identified, as well as new challenges, some unique to a country, that must be faced. Characteristics of successful service programs and innovations will also be identified, such as having committed government and service unit leadership, adequate funding, public support, involvement of agency staff in the innovation, a good and practical training program, and a professional infrastructure of support and monitoring. But progress is often slow because of a variety of challenges, such as: 1) A lack of cooperation between leaders in academic, political, and practical care domains; 2) the inability of low-resource governments to develop and finance efficient social policy systems for vulnerable children; 3) a lack of organizational leadership in government and service units; 4) negative societal and professional attitudes toward vulnerable children and changes in the nature of services; and 5) the inability financially and politically to expand to scale and sustain improvements. This calls for broadly-based approaches that combine child care research with effective organizational and political organization. This presentation considers experiences and lessons learned at the intersection of these fields.

POSTER SESSION 3: P3-1 – P3-138

1230 – 1315

See Pages:

PARALLEL SESSION 9

1315 – 1445

PS9.1 - DIAGNOSTIC ASPECTS OF INTERNALIZING MENTAL HEALTH DISORDERS IN EARLY CHILDHOOD

Chair: Kai von Klitzing, University of Leipzig, Germany

PS9.1-S1

EPIDEMIOLOGY AND NEURAL SUBSTRATES OF PRESCHOOL ANXIETY DISORDERS: IMPLICATIONS FOR SCREENING AND TREATMENT

*Helen Egger, Lauren Franz, Adrian Angold
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Introduction This talk will focus on methods for diagnosis and the epidemiology of anxiety disorders in early childhood. We will focus on the presentation, course, and neurobiology of preschool anxiety disorders. We will conclude with preliminary data using novel computational methods to identify more efficient approaches to early childhood screening.

Method Data presented will be from two large primary care studies of preschoolers conducted in Durham North Carolina. In the first study, 307 children ages 2-5 years old (~1,000 screened) who were assessed as preschoolers and twice at school age. In the second

study, 923 children ages 2-5 and families (of ~3,000 screened) completed comprehensive assessments. 210 of these children (2/3rd with an impairing anxiety disorders) participated in a longitudinal neuroimaging and eye-tracking study.

Results Generalized anxiety disorder, separation anxiety disorder, and social phobia are common in preschool aged children attending pediatric primary care. There was substantial comorbidity among these disorders, and each disorder displayed a specific pattern of comorbidity. The weakness of association between generalized anxiety disorder and depression stands in contrast to substantial associations between these two disorders in older children. Children with preschool anxiety disorders show differences in brain function and structure (fMRI, DTI, anatomical).

Conclusions The associations among disorders in preschool aged children could translate into clinical opportunities for early intervention, aimed at modifying the developmental trajectory of anxiety disorders, lowering rates of mental health disorders in older children and adults, and improving overall quality of life. Early intervention may support healthy brain development.

PS9.1-S2

PRESCHOOL DEPRESSIVE AND ANXIETY DISORDERS

Kai von Klitzing, Annette M. Klein, Lars O. White
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Introduction The threshold for determining clinical relevance of preschool internalizing disorders has recently come under increasing scrutiny in view of large variations in prevalence estimates.

Method Aiming to inform this debate, we studied the clinical expression and severity of comorbid anxiety and depressive disorders (symptoms and/ or diagnosis) in preschoolers in relation to clinical phenomenology, family and peer problems compared to healthy controls. A population of 1738 preschoolers were screened and oversampled for internalizing symptoms from community sites, yielding a sample of 236 children. We used a multi-informant approach: mothers, fathers, and teachers completed the Strength and Difficulties Questionnaire; children were given the Berkeley Puppet Interview. Additionally we assessed family adversities, family climate, maternal psychopathological symptoms, and peer problems.

Results We found evidence that children with anxiety disorders and depressive comorbidity display a greater internalizing symptom-load and more psychosocial impairment (poor family functioning, family adversity, maternal mental health, peer problems) than controls as well as children with pure anxiety disorders. The pure anxiety group was merely dissociable from controls in regard to internalizing symptoms and family adversity.

Conclusions The presence of depressive comorbidity in anxiety disorders may mark the transition to a more detrimental and impairing disorder at preschool age.

PS9.1-S3

PSYCHIATRIC DISORDERS IN PRESCHOOLERS: APPLICABILITY OF THE DSM-IV, PREVALENCE, AND SCREENING POSSIBILITIES

Lars Wichstrøm
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Introduction At present we know little about how well current diagnostic manuals capture the mental health problems of preschoolers. Further, there is little empirical research on the prevalence of disorders using representative community samples. Screens for preschoolers have not so far been evaluated.

Method All children born in 2003 or 2004 in the city of Trondheim, Norway, who attended the regular community health check-up for 4-year olds whose parents consented to take part in the study were screened for behavioral and emotional problems with the SDQ. A screen-stratified subsample of 1,250 children took part in a further comprehensive study including a structured diagnostic interview (the Preschool Age Psychiatric Assessment, PAPA), which 995 parents (79.6%) completed.

Results The confirmatory factor analysis solution that closely resembled the disorders delineated in the DSM-IV fitted the data best. The estimated population rate for any psychiatric disorder was 7.1%. The most common disorders were ADHD, oppositional defiant disorder, conduct disorder, anxiety disorders, and depressive disorders. More emotional and behavioral disorders were seen in children whose parents did not live together and in those of low socio-economic status (SES). The screening efficiency of the SDQ for any emotional or behavioral disorder was excellent.

Conclusions The symptoms observed in preschoolers fit the DSM-IV reasonably well. The prevalence of disorder was lower in Norway than in previous studies from the US/Spain. Comorbidity is frequent at this age. Disorders can be screened for using the SDQ with similar efficiency as screens used among adolescents or adults.

PS9.2 - EARLY MARKERS OF RESILIENCE IN CHILDREN BORN AT HIGH RISK

Chair: Emily Gerstein, University of Wisconsin-Madison, US
Moderator: David Openheim, University of Haifa, Mount Carmel, Haifa, Israel

PS9.2-S1

EARLY CONTRIBUTIONS TO RISK AND RESILIENCE AT SCHOOL AGE IN CHILDREN OF MOTHERS WITH POSTPARTUM DEPRESSION

Roseanne Clark, Jacob Berkvam, Amy Atwood, Kathleen Hipke, Dong Sun Chung
University of Wisconsin-Madison, Madison, Wisconsin, USA

Introduction Postpartum depression constitutes risk for both mother and infant. Chronicity of maternal depressive symptoms has been found to be a predictor of developmental and behavior problems in young children. However, there is a paucity of data examining maternal, child and family factors that may contribute to resilience at school age.

Method Data are from a longitudinal study of 147 children whose mothers participated in a randomized clinical trial examining the efficacy of a mother-infant relational treatment for postpartum depression. Dyads are examined to identify distal and proximal factors contributing to resilience in these children of mothers with postpartum depression. Severity and chronicity of maternal depression, maternal education, mother-infant and father interaction quality, child temperament, emotion, behavior and attention regulation were assessed with multiple observational (LabTAB; PCERA), questionnaire (IBQ; PSI; DAS) and interview methods at pre and post treatment, when children were 12 and 24 months old, and 7-9 years old.

Results Preliminary results examining direct and moderating factors for resilience indicated that severity and chronicity of maternal depression did not predict directly to psychosocial outcomes at school age. Family SES, marital quality, and parenting stress in the first two years also did not predict to school age functioning. However, treatment efficacy may contribute to resilience as maternal depression recovery and quality of mother-infant interactions post treatment did predict decreased report of internalizing and externalizing symptoms at 24 months. Further, parent report of child symptoms at 24 months was associated with behavior on the BASC-2 at school age.

Conclusions Findings suggest well-being in children at 24 months and school age may be related to treatment efficacy and maternal-child relational quality rather than economic and parenting stress. Future analyses will use path analysis to explore complex interactions and examine contributions of paternal symptomatology and father-child interaction quality to resilience.

PS9.2-S2

EARLY PARENTING AFTER A PREMATURE BIRTH AND OUTCOMES IN CHILD: A LONGITUDINAL STUDY

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Introduction Previous studies have shown that parents may experience traumatic stress after a premature birth. Posttraumatic stress symptoms have an impact, in particular, on the mother-infant interactive behavior (Muller-Nix & al., 2004). However, some studies hypothesized that the maternal interactive behavior may have an adaptative function due to the infant's immaturity.

Method Fifty-nine families (37 born preterm infant < 33 weeks gestational age and 22 full term infants' control) participated in the 11 years follow-up. Early parenting was assessed at 6 and 18 months of age of the child during mother-infant play interaction and coded according to the Care Index (Crittenden, 1979-2005). Parental posttraumatic stress was assessed with the Perinatal Posttraumatic stress Questionnaire (PPQ, Quinell & Hynan, 1999) at 18 months. At 11 years old, outcomes of the children were assessed with several instruments (I.Q., neuropsychological screening, psychopathological screening and the Child Attachment Interview, Shmueli-Goetz & al., 2008).

Results This study aims at highlighting if early markers of resilience could be demonstrated in early parenting towards the child's outcomes. Previous results have shown that the quality of dyadic interaction influence the child's outcomes within the first years of life of the child. Preliminary results of the 11 years follow-up have shown that parental trauma affect attachment and representations in children at 11 years old as well as in mothers, and increase symptoms of psychopathology in children. Future analyses will also look at more adaptive and resilient outcomes in children.

Conclusions Our main hypothesis is that attachment quality in early parenting and the quality of dyadic interactions, previously demonstrated as vulnerable to stress, are likely to be identified as markers of resilience towards the child's outcomes.

PS9.2-S3

THE IMPACT OF NICU ADMISSION AND MOTHER-INFANT INTERACTIONS ON SELF-COMFORT BEHAVIOR OF PREMATURELY BORN INFANTS

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Introduction Shortly after birth, newborns exhibit instinctive behaviors of self-regulation, including controlling their motor responses, isolating themselves from disturbing stimuli, dealing with overwhelm events, and starting or ending interactions with their parents. These behaviors become more complex during the first year of life and can help the infant handle situations adaptively.

Method This investigation examines how the experience of premature infants affects their self-regulation, which may underlie resilient processes. We compared Portuguese infants born preterm (30-34 weeks GA; n=50) and full-term (≤38 weeks GA; n=50). Infant birth records and demographics were collected in the NICU. At 3 months, mother-infant dyads participated in free play and Face-to-Face-Still-Face (FFSF) tasks. The FFSF task was coded into behavioral styles: *Positive Other-Directed Coping* (infants' tendency to elicit social interaction and exhibit positive affect); *Negative Other-Directed Coping* (infants' tendency to exhibit negative affect and distancing behavior); and *Self-Directed Coping* (infant's tendency to engage in self-directed coping behaviors).

Results Support was found for all three behavioral styles. The incidence of the *Self-Directed Coping* style was higher in dyads with preterms (4 vs. 17). Self-directed behavior (i.e., infant mouths hands and objects, looks away, self-touches, squeezes one hand against

the other) in infants born preterm was associated with gestational age, newborn admission and number of days in the NICU. Prior studies indicate that the FFSF behavioral styles have a moderate impact on mother-infant attachment status in dyads with prematurely born infants. Preliminary results indicate that *Self-Directed Coping* is associated with more maternal control/intrusive behavior and less resilience.

Conclusions The findings support two bodies of research about influences on adaptive functioning. The first suggests mother-infant interaction alters infant self-regulation trajectories; the second advocates that experiences in NICU play a critical role in child development. Future analyses will continue to follow the mother-child dyads at 9 and 12 months postterm.

PS9.2-S4

RESILIENCE IN PRETERM CHILDREN AT AGE 6: EARLY INFLUENCES

Emily Gerstein, Lindsay Weymouth, Cynthia Burnson, Julie Poehlmann
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Introduction Children born preterm are at risk for experiencing significant deleterious developmental outcomes, although there is significant individual variation and resilience. This prospective longitudinal study examined pathways to resilience across multiple domains as children born preterm reached school age, as well as early child, parent, and family predictors of resilience.

Method Data were drawn from a longitudinal multi-method investigation of 106 children born <37 weeks gestation, enrolled in the Neonatal Intensive Care Unit and followed for 6 years. Children and families were assessed at multiple time points, and parent-child interactions were observed at hospital discharge, 4, 9, and 16 months postterm. Other predictors of resilience included maternal wellbeing, family stress, the home environment, heart-rate variability (HRV), and neonatal risk. Resilience was measured along multiple domains at age 6, including school performance, peer relations, ADHD symptomatology, externalizing and internalizing behavior, and sleep quality.

Results Preliminary analyses conducted using latent profile analysis indicated three pathways of adaption: children who were resilient (30.7%), children who remained at-risk (56.9%), and children that who exhibited significant difficulties (12.4%). About 30% of the entire sample had significant inattentive difficulties and 37% had significant hyperactivity. Multinomial logistic regression was used to determine if early child and family factors predicted group membership. Initial findings suggested that resilient children were more likely to have experienced less negative parenting at 9 and 16 months, as well as more neonatal health risks. Cognitive ability and family socioeconomics were not associated with later resilience.

Conclusions Findings suggest some preterm children are achieving broad adaptive behavioral and learning outcomes despite risks associated with preterm birth, and early parent-child interactions may be critical in the development of resilience. Future analyses will examine the impact of maternal depression, HRV, home environment, and parenting in the NICU on resilience.

PS9.3 - THE BABY AS THE SOURCE OF LEARNING: ESTER BICK'S INFANT OBSERVATION METHOD, ITS CONTRIBUTIONS AND APPLICATIONS TO TRAINING AND CLINICAL PRACTICE

Chair and Discussant: Talia Hatzor, Parent Infant Psychotherapy Program (PIP) of Columbia University

PS9.3-S1

FOSTERING CLINICAL DEVELOPMENT THROUGH INFANT OBSERVATION

Talia Hatzor
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Introduction Esther Bick pioneered infant observation as a unique method to train the mind of the clinician to understand the infant's mind and experience, the formation of the sense of self, and the formation of the parent-child bond. Infant observation has since become a part of infant parent psychotherapy trainings worldwide

Method Home observation of an infant from birth until about two years of age and participation in a weekly seminar with other professionals in training is an efficient learning experience for clinicians. It enables their capacity to contain early emotional states and parental anxieties as well as integrate theoretical understanding with affective experience. It is potent in sensitizing clinician to cultural differences expressed in different parenting practices. After a theoretical presentation of the infant observation theory and method, infant observation vignettes will be presented that illustrate how infant observation enhanced the clinical development of a psychotherapist in training.

Results This training method is particularly significant when working with families where there are disruptions in the attachment relationship, and in particularly with children classified as disorganized. Three pillars of infant observation will be highlighted: Theory-free observation (independent of preconceived ideas); mentally recording information with a sensitive mind and free-floating attention; and containing emotional experiences while opening one's mind to both the baby and the parents' experiences. These essential pillars of infant observation as a training tool are instrumental in increasing psychotherapists' mindfulness and clinical competencies.

Conclusions The weekly seminar at which observations are presented and discussed provides a thoughtful environment for the clinicians. This environment nourishes their own capacity to understand early emotional experiences and the early parent-child relationship. It enhances their capacities to think about clinical material and integrate theoretical knowledge with practical experience.

PS9.3-S2

LEARNING FROM INFANT OBSERVATIONS: THE CONSTRUCTION OF THE FIRST PSYCHIC ENVELOPES

Denis MELLIER

University of Franche-Comté, Besançon, France

Introduction The training method based on Esther Bick's infant observation approach is at the center of current perspectives of self construction. Based on that, the author will discuss the construction of the infant's early envelopes.

Method These envelopes depend on the mother's containing function, who depends on her familial, social environment. The observer's stance and work are profoundly close to these processes. These envelopes have different shapes, due to the infant's maturation and learning. "The psychic skin," introduced by Bick, is considered the first stage of the self, the earliest envelope. According to Stern, the self develops different senses, which grow each stage. According to Houzel, the stability of the envelope should be taken into consideration. Infant observation shows how infant containment is different at each age. Using clinical vignettes, the author will illustrate this perspective.

Results Four different ways of containment are highlighted which correspond to four different types of envelope. The author will describe and explain the first stage between 2 and 3 months, a second around 8 months, a third around 18 months and a last one at 2 years. A "world" guided by the infant's perception characterizes the earliest envelope. The role of emotion, "affect attunement" (Stern), defines the second one. Gestures and actions signal the emergence of the third stage. The role of the word shows the establishment of the last stage of these processes, before the entire introduction of verbal language.

Conclusions These different envelopes could explain the different shapes of infant psychopathology. They summarize the construction of the Skin-Ego (Didier Anzieu) of the baby and they should be helpful for practitioners.

PS9.3-S1

INFANT OBSERVATION IN INFANT-PARENT PSYCHOTHERAPY

Frances Thomson-Salo

The University of Melbourne, Melbourne, Australia

Introduction In infant-parent psychotherapy observing the infant is an essential part of therapeutic intervention. Undertaking a psychoanalytic Infant Observation, as Esther Bick developed it, facilitates a therapist understanding a baby in a deeper way than they would have thought possible. It contributes an important aspect to training as an infant-parent therapist.

Method Vignettes of work will be discussed, drawn from a number of settings where an infant observational approach is used in the work, such as on a neonatal intensive care unit, working both with infants, parents and staff. When intervening in the attachment of adolescent mothers, observing and interacting with a day-old baby can be very powerful. Lastly assessing and intervening in different kinds of depressive states in infants a few months old is discussed, whether they are still available for interaction, or appear depressed in an angry, even sullen, kind of way or have withdrawn as in an autistic state.

Results Therapists acknowledge utilizing this observational approach contributes to becoming a more sensitive therapist, minutely aware of the affects in an infant's behavior, able to stay open to the infant's perspective better and to the countertransference, even when this means being aware of feelings which are hard to bear. Thinking about what an infant is feeling and thinking about the therapist, and how they are relating to them, contribute to a more vivid picture of the infant's responses. The infant is often seen to initiate a relational experience with the observer with, in turn, a more successful outcome in the therapy.

Conclusions Having come to know a baby in an infant observation facilitates a therapist having a greater awareness of the contribution that this may make to the development of the baby's sense of self and an increased capacity to contain for the baby and carry out a more sensitive, effective intervention.

PS9.4 - HOME VISITING PREVENTION'S PROGRAMS IN EUROPE. DOES IT WORK?

Chair: Romain Dugravier, Centre Hospitalier Sainte-Anne

Discussant: Antoine Guedeney, Assistance Publique des Hôpitaux de Paris, Paris, France

PS9.4-S1

HOME VISITING IN IRELAND: ASSESSING THE EARLY IMPACT OF THE PREPARING FOR LIFE PROGRAM

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Introduction Early interventions aimed at at-risk children have been shown to reduce socioeconomic disparities in children's capabilities and counteract early deprivation. This study investigates the early impact of the Preparing for Life (PFL) program on parent and child outcomes at 6, 12 and 18 months.

Method PFL is a five year home visiting program which aims to improve the life course of disadvantaged Irish children by intervening during pregnancy and working with the families until the children start school. The treatment involves regular home visits from a mentor to support parenting and child development using Tip Sheets. This study explores the program impact on a range of parenting and child outcomes by comparing the treatment (n=115) and control (n=118) groups using permutation testing methods and a stepdown procedure to account for the small sample size and the increased likelihood of false discoveries when examining multiple outcomes.

Results The results show that the program impact is concentrated on parental behaviors and the home environment, with little impact on child development at this early stage. Specifically, treatment effects were observed in multiple sub-domains of the Home Observation Measurement of the Environment (HOME; Caldwell & Bradley, 2003), the Parenting Stress Index (PSI; Abidin, 1995) and the Parental Cognitions and Conduct Towards the Infant Scale (PACOTIS; Boivin et al., 2005). Sub group analysis revealed no consistent differential effects for different sub-groups of the sample.

Conclusions The early findings indicates that home visiting programs can be effective at improving parenting skills within a relatively short timeframe, yet continued investment may be required to observe direct effects on child development.

PS9.4-S2

THE CAPEDP RANDOMIZED CONTROLLED TRIAL, A FRENCH HOME-VISITING PROGRAM: RESULTS CONCERNING POSTNATAL DEPRESSION PREVENTION

Romain Dugravier¹, Florence Tubach², Thomas Saias³, Nicole Guedeney⁴, Blandine Pasquet², Diane Purper-Ouakif⁶, Susana Tereno⁶, Bertrand Welniarz⁷, Joana Matos², Antoine Guedeney², Tim Greacen⁸

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Introduction Postnatal maternal depression (PND) is a significant risk factor for infant mental health, targeted alongside other factors in perinatal home-visiting programs with vulnerable families. We present here the results concerning PND symptomatology of a multifocal perinatal home-visiting intervention in a sample of women presenting risk factors.

Method 440 primiparous women were recruited at their seventh month of pregnancy. All were future first-time mothers, under 26, with at least one of three additional psychosocial risk factors: low educational level, low income, or planning to raise the child without the father. The intervention consisted of intensive multifocal home visits through to the child's second birthday. The control group received care as usual. PND symptomatology was assessed at baseline and three months after birth using the Edinburgh Postnatal Depression Scale (EPDS).

Results At three months postpartum, mean (SD) EPDS scores were 9.4 (5.4) for the control group and 8.6 (5.4) for the intervention group ($p=0.18$). The difference between the mean EPDS scores was 0.85 (95% CI: 0.35; 1.34). The intervention group had significantly lower EPDS scores than controls in certain subgroups: women with few depressive symptoms at inclusion (EPDS <8): difference=1.66 (95%CI: 0.17; 3.15), $p=0.05$, adjusted for baseline EPDS score), women who were planning to raise the child with the child's father: difference=1.45 (95%CI: 0.27; 2.62), $p=0.04$ (adjusted); women with a higher educational level: difference=1.59 (95%CI: 0.50; 2.68) $p=0.05$ (adjusted).

Conclusions CAPEDP failed to demonstrate an overall impact on PND. But the intervention seems to be effective in terms of primary prevention and in subgroups of women without certain risk factors. Effective overall reduction of PND symptomatology for young, first-time mothers presenting additional psychosocial risk factors may require more tailored interventions.

PS9.4-S3

PARTICIPANTS' PERCEPTION OF A PERINATAL HOME VISITING PROGRAM CONDUCTED BY PSYCHOLOGISTS: THE CAPEDP PROJECT

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Introduction Home-visiting programs impact on families remain uncertain. Outcomes measures often rely on experimental quantitative design and little space is offered for the voices of those served by these interventions. This paper presents the results of a qualitative protocol performed by the research team with participants in the CAPEDP project.

Method All 184 women who had accepted at least one home visit in the CAPEDP program were contacted and invited to participate in individual and group interviews. 16 accepted to participate. The semi-structured interview schedule addressed their overall appreciation of the project, their initial concerns, the quality of their relationship with their home visiting psychologist, positive and negative aspects of the intervention and any recommendations they might have for future interventions. Interviews were recorded, transcribed and anonymized. An inductive categorical thematic analysis was performed.

Results Participants expressed overall satisfaction with the CAPEDP intervention, underlining the quality of the relationships with the home visitors, usefulness of parental guidance, the fact that the intervention could be adapted to suit their own personal agenda, routine and needs, the importance of learning how to accept help and give help to others. Less positive aspects included the fact that home visitors were not mothers and that they lacked technical experience, the difficulty ending the relationship at the end of the project, insufficient integration of fathers, the time-consuming evaluation protocol and the lack of interaction with other parents during the intervention.

Conclusions Although mothers who accepted to participate in the qualitative interview schedule may have had a more positive overall experience of the CAPEDP project than those who declined to participate, participants' points of view provide potentially useful indications for adapting future home-visiting programs to the French context.

PS9.4-S4

MATERNAL COMPETENCIES, FAMILY ENVIRONMENT AND CHILD DEVELOPMENT - EFFECTIVENESS OF THE HOME VISITING PROGRAM "PRO KIND"

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Introduction Based on the U.S. American Nurse-Family Partnership (NFP) program, the German home visiting program "Pro Kind" offers support for socially disadvantaged first-time mother from pregnancy until the child's second birthday.

Method A multi-centred, longitudinal randomized controlled trial (RCT) was conducted to assess its effectiveness on mothers and children. A total of 755 women with multiple risk factors were recruited, 394 of them received regular home visitation (treatment group), and 361 had only access to standard community services (control group). Program influences on family environment (e.g., quality of home, social support), maternal competencies (e.g., maternal self-efficacy, empathy, parenting style), and child development (e.g., cognitive and motor development) were assessed from baseline to 24 months of child's age by self-reports in regular interviews and developmental tests.

Results ANOVAs with repeated measurements show positive but small effects on mother's self-reported competencies (maternal self-efficacy, empathy, belief of control), and family environment (maternal stress, further children). Yet, non-visited women showed higher scores on observed mother-child interaction. Subgroup analyses revealed different program influences in high-risk and low-risk families.

Conclusions Results are discussed in terms of implementation and public policy differences between NFP and Pro Kind.

PS9.5-W1

WARNING! THE SIDE EFFECTS OF REPLACING EVIDENCE-BASED PRACTICE WITH EVIDENCE-BASED TREATMENTS

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Introduction Evidence-based practice (EBP) consists of the best of research findings, clinical practice wisdom, and honoring culture and values. As EBP is being co-opted and reduced to a list of Evidence-Based Treatments, the erosion of effective EBP is at stake. This session presents clinical, academic, and policy implications of preserving EBP.

Method EBP is a decision-making process described by the Institute of Medicine as a three-pronged approach to clinical care grounded in: 1) the best of research evidence, 2) the best of clinical expertise/judgment, and, 3) the family's or individual's cultural values and informed consent. This balance is critical to the success of the dynamic process involved in making clinical decisions and providing optimal IMH services. In some countries and for various reasons, IMH services and/or payment is restricted to EBTs and misconstrued for EBP, and the art and science of EBP is being lost in both clinical and academic contexts.

Results Arbitrarily confining treatment to a narrow set of approved therapies places governmental entities and/or payors in the IMH provider's role, limits therapy options for families, and restricts or denies informed consent and the family's ability and prerogative to make decisions for their child. Embedding EBTs within a context of EPB, and conceptualizing therapy as more than only EBTs, enhances both evidence-based treatments and evidence-based practice, placing the child at the center of care. The rote application of EBTs without proper assessment of the child's needs and input from the family can be ineffective, fiscally wasteful, or frankly harmful.

Conclusions Restoration and preservation of EBP in the IMH field, including in professional education settings, supports clinicians in meeting the needs of children and families across complex amalgams of variables for those being served. Training and supporting professionals in use of EPB results in the best possible care.

PS9.5-W2

A MULTI-DOMAIN PROGRAM FOR TRANSITIONING FAMILIES OF PREMATURE INFANTS FROM THE NEONATAL INTENSIVE CARE UNIT TO HOME: THE EVOLUTION OF AN INTERVENTION AND LESSONS LEARNED ALONG THE WAY

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Introduction The program to be presented ameliorates the trauma of the unexpected, early birth and hospital experience of a preemie by giving the parents a relational space to create a narrative, to understand the unique experience of prematurity and to receive emotional support as well as information about community resources.

Method Drawing from multiple theoretical and practical sources: newborn observation, reflective function, neuro-developmental research, premature infant development and family systems we engage with families while their babies are in the NICU and follow them home. This brief intervention (6 to 12 sessions) that gives parents a relational space to heal from the trauma of the unexpected birth and the NICU experience is guided by the Neonatal Behavioral Observation Scale, the parent's emotional availability and attachment behaviors. An advocacy and education component provides training to hospital personnel, parent groups, matching parent's initiative, legislative advocacy, conferences and an extensive web presence.

Results In the past 4 years 232 families have been served by trained family liaisons, serving 58 communities and multiple hospitals throughout the region. Post participation surveys sent to families shows that participant goals were met and program satisfaction

achieved. As we are refining the model we are collecting information and data to help us move to the next stages including pre and post measures. Our advocacy component has 131 members with 17 preemie parents on the working group. We have developed an ongoing national presence with networking and educational forums.

Conclusions This presentation describes service and advocacy that provide both a holding relationship and a launching environment for parents and vulnerable babies. The route to these ends is highly individualized and understanding how these program components can work together provides the basis for professionals to make more effective and attuned interventions.

PS9.6 – W1

CREATIVITY AND COOPERATION IN THE DISCOVERY OF INFANCY: COLWYN TREVARTHEN'S SPIRIT OF SCIENTIFIC COMMUNITY INSPIRED BY BABIES

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Introduction. The baby is an intrinsically social being. We have been driven to try and understand the baby and her social relationships and how perturbations in relationships can influence the baby's experience of self and of development.

Method: Four key researchers, each of whom has been influenced by the thinking and energy of Colwyn Trevarthen, will describe the development of their early research ideas and how the powerhouse of curiosity driven by Colwyn Trevarthen nurtured and sustained their discoveries. An infant mental health clinician will describe the impact of Trevarthen's ideas about how the baby as a social being can have a profound impact upon the delivery of clinical services to infants and families.

Results: Participants in the symposium will gain an understanding of how a vibrant social sciences research community may operate and can affect the course of research and clinical service development. Prof. Trevarthen will respond to these contributions and engage in general discussion with participants about babies and their impact on creative generativity.

PS9.7 - THE LINKS BETWEEN PARENTING SELF-EFFICACY, PARENTS' PSYCHOLOGICAL WELL-BEING AND THE OBSERVED FAMILY INTERACTION

Chair: Riikka Korja, Macquarie University

Discussant: James P McHale, University of South Florida, St Petersburg, Florida, USA

PS9.7-S1

LINKS BETWEEN PARENTAL SATISFACTION AND SENSE OF EFFICACY AND FAMILY INTERACTION: A LONGITUDINAL STUDY DURING THE FIRST 18 MONTHS AFTER BIRTH

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Introduction The quality of family interactions is well known as being important for the child development. Less known is the link between parental satisfaction and sense of self-efficacy and the quality of family interaction. The aim of this research is to study this link during the first two years after birth.

Method 68 volunteer families (with 31 boys and 37 girls), from middle to high socio-cultural levels participated to a longitudinal study. When babies were respectively 3, 9 and 18 month old, parents filled in the "Being a Parent" questionnaire (Johnson & Mash, 1989) and families were recorded when playing the "Pic-Nic Game" (a pretend play of having a family picnic, Frascaolo & Favez, 2005).

Results Preliminary results indicate that there are some links between family interaction at 3 months and parental self-esteem at 18 months. Indeed there are positive links between family interaction at 3 months and maternal satisfaction at 18 months. There are also links between family interaction at 3 months and fathers satisfaction and sense of self-efficacy at 18 months but they are negative (the lower family interaction at 3 months the higher paternal satisfaction and sense of self-efficacy at 18).

Conclusions These results will be discussed in the light of the roles and investments of fathers and mothers in family life. What's a "good father" and a "good mother" may be very different for fathers and mothers. This difference should be more studied and taken into account in clinical practice.

PS9.7-S2

THE LINKS BETWEEN PARENTS' REPORTS OF THE PARENTING SELF-EFFICACY, THE ANXIETY AND THE DEPRESSION AND THE OBSERVED FAMILY TRIADIC INTERACTION?

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Introduction The role of the parenting competence and parents' psychological well-being in the development of family interaction is still unclear. In the present study the aim is to assess how fathers' and mothers' reports of the anxiety, the depression and the parenting self-efficacy are related to the observed family triadic interaction.

Method Study group included 120 families from the area of the Hospital District of Southwest Finland. Parents' symptoms of depression were studied using the EPDS questionnaire (Cox, 1987) at 20 gestational weeks, at 4 and 18 months of child age. Parents' symptoms of anxiety were studied at 20th gestational weeks using PRAQ-R questionnaire (Huizink 2000). Parental self-efficacy was studied using SEPTI-TS (Coleman & Karraker, 2003) when the child was 18 months old. Mother-father-child triadic interaction was analyzed in the Lausanne Triadic Play setting using Family Alliance Assessment Scale (Favez et al. 2011) at 18 months of child's age.

Results Results showed that mother's sense of competence in the teaching domain was related to the family alliance and to the family score describing the quality of triadic interaction. Father's sense of competence was not related to the quality of triadic interaction in any sub domains of SEPTI-TS. In addition, preliminary results (n=90) showed that mother's report of prenatal depression was related to the quality of triadic interaction. The associations between depression, anxiety and triadic interaction in the whole sample (n=120) will be presented in the symposium.

Conclusions Findings showed that the relations between parental psychological well being and family relationships are different in the mothers than in the fathers. The parenting differences and the role of parental psychological well-being in the family system will be discussed in the symposium both from the theoretical and clinical perspective.

PS9.7-S3

MATERNAL GATEKEEPING DURING FAMILY INTERACTION AND NEW FATHERS' PARENTING SELF-EFFICACY

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Introduction Maternal gatekeeping reflects mothers' encouragement or discouragement of fathers' involvement in childrearing (Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). Mothers' "gate opening" and "gate closing" likely affect fathers' involvement via fathers' confidence in their parenting, but no prior research has examined associations between observed maternal gatekeeping and fathers' parenting self-efficacy.

Method Data were drawn from a longitudinal study of the transition to parenthood for $N = 182$ dual-earner male-female U.S. couples. Fathers reported on their task-specific parenting self-efficacy using Teti and Gelfand's (1991) 10-item Adapted Maternal Self-Efficacy scale in the third trimester of pregnancy and at 3 months postpartum. Observed maternal gatekeeping (gate opening and gate closing) was assessed prenatally during the Prenatal LTP procedure (Camerio, Corboz-Warnery, & Fivaz-Depeursinge, 2006) conducted during the third trimester assessment, and postnatally during a joint child care task in which parents were asked to change their 3-month-old infant's clothes together.

Results Preliminary path analyses (with 50% of observations coded at 3 months postpartum) tested cross-lagged associations between prenatal and postnatal maternal gatekeeping behavior and prenatal and postnatal paternal parenting self-efficacy. When fathers had greater prenatal parenting self-efficacy, mothers showed relative declines in both gate closing ($\beta = -.23, p < .05$) and gate opening ($\beta = -.29, p < .01$) across the transition to parenthood. In turn, when mothers demonstrated greater postpartum gate closing behavior, new fathers experienced a relative decline in parenting self-efficacy from the third trimester to three months postpartum ($\beta = -.23, p < .05$).

Conclusions When expectant fathers are more confident in their parenting, mothers are less likely to either discourage or encourage their involvement. But, when mothers do actively discourage fathers' involvement in childrearing by engaging in gate closing behavior in the early postpartum period, new fathers' parenting self-efficacy shows a greater relative decline.

PS9.8-W1

RELATION BASED FAMILY WORK BEFORE THE BABY IS BORN, IS IT POSSIBLE?

Sinikka Kuosmanen
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Introduction Two questions were: 1. Is it possible to support baby-parent (mother-father) interaction before the baby is born? 2. What factors in family work predict good baby-parent interaction, hopeful future and family life? Research was done with pregnant women with different mental and social problems like trauma, domestic violence and depression.

Method This narrative research was done by following the helping process described by workers and parents. Narrative orientation was chosen because many of the problems that prevent or burden mental and social well-being are interpersonal, between people, in language and action, in context. This is also in relation to cultural stories (like giving birth stories). The constructive and contextual frame adds postmodern flavor to this research. The idea of a postmodern baby means that a baby is a product of the time. Big stories with one truth have lost their significance. Experiences, interpretations and individuality are underlined.

Results The answers were: 1. Yes, it is possible and important because each "research family" started the family life with less anxiety. The parents had better skills to be with the baby, recognize and fulfill different needs. 2. The parent-worker relationship, The trustful atmosphere (I don't have to be perfect, I am allowed to do mistakes but I will learn, I am heard), The distance (to be hold and get loose), The time (past-present-future), The praxis (language, family life, how I take care of myself), The workers' strengths (interests, abilities), The environment of meeting (physical place, activities, contents, structure and shape).

Conclusions The dimensions of unborn well-being are the three Piis, Protection (with Love=Relations, interaction), Participation (with Being and Doing=The unborn is living in parents' mind and in actions), Provision (with Having=Living, Parents resources, health, education).

PS9.8-W2

BUMPS TO BABES AND BEYOND

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Introduction Mallee District Aboriginal Cooperative and QEC received funding from the Vulnerable Aboriginal Children and Families Strategy from the Department of Health and so began the Bumps to Babes and Beyond project. The Bumps to Babes and Beyond Project started to receive referrals in January 2012.

Method BBB engages highly vulnerable and at risk Aboriginal and Torres Strait Islander women aged between 14 and 25 during their pregnancy and through the first 18 months of their child's life. It draws on the window of opportunity which arises during pregnancy when parents are highly motivated about their unborn child by incorporating a childbirth preparation program that helps parents to prepare for the future relationship with their child. Parents learn infant cues and the expected behavior patterns of their infant and explore issues around being a parent. They begin to hold their baby in mind while they are in utero.

Results The program seeks to build and enhance healthy relationships between mother, child/ren and her family. It facilitates the development of family, social and professional connections whilst providing case management, support, education and facilitated groups. An action learning research component has gathered the experiences of women attending the group at birth, at 3, 6, 12 and 18 months and the strategies they found important to enhance the connection between their children, their family, their community and themselves.

Conclusions The research findings are represented in a series of paintings by Sharon Kirby, a local Aboriginal artist. The program has received awards for an Outstanding Prevention Initiative. Positive indicators include 90% of babies born full term, increased attendance at ante natal services, key developmental visits, increased breastfeeding and immunisation rates and .

PS9.9-C1

YES. WE PLAY WITH FOOD! CHILD PARENT PLAYING WITH FOOD THERAPY (CPPFT). A NEW GROUP THERAPY FOR PARENTS OF CHILDREN WITH FEEDING DISORDERS

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Introduction Feeding disorder (FD) is a general term applied to children under the age of six who experience feeding and growth problems. Mealtime among families with child FD is often seen as a battle ground, raising stress and negative feelings for both parents and children.

Method Based on our clinical and research experience working with children having FD at Soroka Medical Center and Ben-Gurion University, Israel, we developed the *Child Parent Playing with Food Therapy (CPPFT)*. The CPPFT consists of 15 group sessions for parents of children with FD. Detouring from former negative experiences with food, while using the central role of play to promote positive parent-child relationship, the CPPFT creates a "new" experience with food for the whole family. Each week, parents are required to videotape 20-minutes of them playing and interacting with their child using *real food ingredients*. During the group meetings, they share these interactions.

Results By using food as a *play material* in a weekly task, food becomes connected to positive affect. Furthermore, through the group meetings, many parents recognize their own, as well as their children's, difficulties in sensory regulation, and thus become more sensitive to their children's needs. Furthermore, watching their own videotaped interactions and observing the group's reaction has proven to be a powerful way to enhance parental reflective functioning and parental sense of competence. Parents learn to observe their children and interpret their signs better. They also become more aware of their own difficulties interacting with their children around food.

Conclusions To conclude, in the weekly task, parents and children are exposed to a variety of food ingredients creating an experience of desensitization. Consequently, children are better capable to accept a variety of food, first for playing, followed by more general food acceptance, with increasing children requests to try new food.

PS9.10-C1

DIAGNOSIS AND ASSESSMENT THROUGH PRETEND PLAY. FIRE, A PLAY WITH ANIMALS TECHNIQUE THAT FACILITATES PSYCHOLOGICAL EVALUATION

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Introduction Because of limitations in language and conceptual development, the ability of young children to verbally express what they feel and know is not always adequate. Play assessment offsets this difficulty helping us as well as the child to understand the inner reality.

Method FIRE is useful for children aged 3-10, and its aim is to offer a friendly standardization of play evaluation in diagnosis and treatment, as well as a tool for promoting mentalization. It consists in a free play task with 13 rubber animals selected because of their demonstrated value as facilitators of children's projections. We will use a pragmatic strategy, (since we will be inferring from observable

behavior the characteristics of the internal world of children), and play prop and unstructured enough instructions so that individual differences can emerge. Evaluation is completed through analysis of play narrative.

Results Presentation will show a user-friendly assessment coding system through a protocol that includes a quantitative evaluation (considering development, affect regulation, use of cognitive tools and kinds of relationship) as well as a qualitative evaluation of psychic dynamics, (self and object representations, anxieties, conflicts, defenses and structure). Clinical cases will be considered for illustrative purposes. The author will present an overview of the test, how it was created and its clinical use, and will provide examples of how to score a video-taped test application session, using both quantitative and qualitative parameters.

Conclusions FIRE demonstrated it's usefulness in facilitating evaluation of play, precisising diagnosis and improving strategies for therapeutical intervention. The technique was developed as a result of the presenter's Ph.D research line, and included for its validation participants of the Program of the Faculty of Psychology.

PS9.10-C2

GRAPPLING WITH MULTI-GENERATIONAL "SHARK MUSIC" USING THE CIRCLE OF SECURITY PARENTING INTERVENTION

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Introduction We illustrate the use of Circle of Security Parenting (COS-P) with a mother and maternal grandmother (foster caregiver) involved with Child Protective Services due to physical abuse of an infant. Video of individual and family sessions demonstrates benefits of using COS-P to address multi-generational "miscues" contributing to diminished family support.

Method Initially, the mother and grandmother participated in individual COS-P sessions. In treatment, they independently acknowledged acute discomfort with expressing emotional vulnerability within their families of origin. Prior to reunification with the infant and his parents, conjoint COS-P sessions were initiated with the mother and grandmother, with the goal of strengthening the infant's caregiving system by facilitating increased understanding of the attachment dynamics underlying the strained relationship between the mother and grandmother.

Results Although the mother and grandmother progressed during individual treatment, and identified psychological difficulties related to seeking and/or providing nurturance (i.e., "shark music"), they continued to struggle with understanding how these difficulties interfered with their relationship and parenting. Family treatment allowed both to explore dysfunction in their relationship, particularly as related to perceived rejection and consequent bi-directional "miscues." As they began to understand the underpinnings of the difficulties in their relationship, they began to understand how these dynamics impacted other relationships, including with the infant. This progress allowed them to more effectively collaborate on supporting the child in his transition home.

Conclusions The COS-P intervention was creatively and effectively used in individual and family treatment with multigenerational caregivers of a maltreated infant in foster care. All involved caregivers developed an appreciation of the child's needs from an attachment perspective. Increased intra-familial support and improved communication were achieved.

PS9.11 - PREDICTORS AND RISK FACTORS IN INFANCY FOR DEVELOPMENT OF ANXIETY

Chair: Eva Möhler, University of Heidelberg, Heidelberg, Germany

Discussant: Corinna Reck, University of Heidelberg, Heidelberg, Germany

PS9.11-S1

INFLUENCE OF MATERNAL PSYCHOPATHOLOGY IN THE FIRST YEAR OF LIFE ON ANXIETY DISPOSITION IN PRESCHOOL AGE

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Introduction Out of numerous early behavioral characteristics discussed to be predictive of temperament in later life, behavioral inhibition has turned out to be of major relevance for prediction of social anxiety throughout childhood and adolescence until adult life.

Method Searching for longitudinal predictors of behavioral inhibition 101 mother infant dyads were recruited in infants neonatal age and assessed for temperamental characteristics throughout the first 5 years of life by standardized behavioral observation as well as parent report and psychophysiologic assessments. Maternal psychopathology was assessed at several time points throughout the first postnatal year by Symptom Checklist (SCL 90R), the Edinburgh Postnatal Depression scale (EPDS) and the Perceived Stress Index (PSI)

Results Out of 101 children examined throughout the first year of life, 89 could be reassessed for anxiety disposition at age 5. There was a significant relationship between maternal anxiety and depression in the first half year of infant's life and childrens social shyness in preschool age. This association was not present in the second postnatal year.

Conclusions The association described above might caused by interactional characteristics that seem to be most relevant in the first year of life for later life behavioral characteristics. Other potential factors will be discussed.

PS9.11-S2

GENETIC FINDINGS IN INFANTS OF MOTHERS WITH POSTPARTUM ANXIETY DISORDER

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Introduction As part of an ongoing prospective study we are investigating the role of genetic factors as predictors for development of anxiety disorder. In addition we are following up maternal postpartum anxiety disorder and their children's behavior in preschool age.

Method The influence of temperament on behavior and development of cognition of the child genetic factors presumably involved in the genesis of anxiety disorder will be analyzed. Different variables of the serotonergic system and the influence of genetic factors will be assessed. Besides the high plasticity of the brain during childhood and the ongoing process of the brain's development (i.e. the selection of synapses during the first months of life) and hence the impact of impressions and environmental experiences during the first months of the child's life will be addressed.

Results Postpartum anxiety disorder and their transmission will be discussed on the background of genetic factors such as the polymorphism in the promoter region of serotonin transporter gene SLC6A4, of the single nucleotide polymorphism (SNP)c-42C> T in the regulatory region of the serotonin type 3A receptor gene HTR3A and associated medical evidence of variations of serotonin receptors.

Conclusions Evidence exists that genetic factors in combination with unfavourable experiences during childhood such as neglect and maltreatment increase the risk for anxiety disorder.

PS9.11-S3

MATERNAL AVOIDANCE BEHAVIOR AND INFANT "DISTRESS TO NOVELTY"

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Introduction Research suggested that maternal anxiety disorders might be related to infants' behavioral inhibition. This study investigated whether maternal postpartum anxiety disorder is associated with infant temperament, more precisely, infant distress to novelty, an early predictor of behavioral inhibition.

Method Differences in the latter were analyzed in a German sample by comparing n = 38 healthy mother-infant dyads to n = 44 dyads comprised of mothers diagnosed with anxiety disorder. Infant age ranged from 2.83 to 7.97 months. Infant temperament was measured by means of the Infant Behavior Questionnaire. Mothers were screened for postpartum anxiety disorder using the Structured Clinical Interview for DSM-IV Disorders. Severity of anxiety was measured by self-reported questionnaires (Anxiety Cognition Questionnaire, Body Sensations Questionnaire & Mobility Inventory). Infant salivary cortisol reaction when being confronted with a socio-emotional stressor (Face-to-Face-Still-Face paradigm) was assessed to validate infant distress.

Results A Mann-Whitney-U analysis suggested that infants of mothers with an anxiety disorder show more distress to novelty than infants of healthy mothers. Furthermore, data reveal a positive Spearman's ρ -correlation between infant distress to novelty and maternal avoidance behavior (Mobility Inventory). A strong correlation between infant cortisol reactivity and reported distress to novelty validated the maternal evaluation of infant temperament in our sample.

Conclusions Results suggest a possible approach to promote infant development by encouraging mothers with anxiety symptoms to encounter feared stimuli.

PS9.11-S4

FATHER NEGATIVITY IN THE INTERACTION WITH TODDLERS AS PREDICTOR OF LONGTERM INTERNALIZING PROBLEMS IN GIRLS AND BOYS

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Introduction Research on parenting emphasized the role of the parent's interactional behavior on child mental health. Studies that focused on the significance of the father-infant relationship and interaction quality for the development of the child have increased in the last years but are still scarce.

Method The aim of this study is to examine the association between observed fathers' negativity in the interaction with their toddlers and internalizing problems of girls and boys at school age. In a prospective study of children at risk (Mannheim Study of Risk Children), 88 father-child dyads at the child's age of 2 years were videotaped and rated with a well validated macro- and microanalytic coding system. Behavior problems were assessed at the age of 8 years using the Teacher Report Form of Achenbach's ratings scales.

Results Results revealed that fathers were more emotionally negative with their sons than with their daughters. No further differences in the fathers' interactive behavior according to child gender were found. However, fathers whose daughters had more internalizing problems (as seen by the teachers) at age 8 years were more restrictive and showed more inadequate control and negative interactive styles. In contrast, no predictive value of father negativity was observed in boys.

Conclusions Our results provide evidence for the father's contribution to the occurrence of behavior problems in his children and suggest a higher susceptibility in young girls to a father parenting style that is characterized by a lack of positive emotionality.

PS9.12-W1

GRABBING MOMENTS TO PROMOTE INFANT MENTAL HEALTH IN AN ORDINARY BABY CLINIC SETTING: HOW CAN WE MAKE THE MOST OUT OF UNIVERSAL SERVICES FOR THE EMOTIONAL WELL BEING OF PARENTS AND BABIES?

Jessica James, Michelle Slead
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Introduction This workshop will describe a NHS baby clinic which is remodeled to offer a baby friendly, therapeutic culture alongside usual health care. Such clinics are attended by the majority of parents and babies in the UK and tend to be busy, with staff weighing and vaccinating babies and advising parents.

Method Their environments can be stressful, with parents waiting on high chairs trying to keep babies quiet and babies talked about rather than talked with. Despite this, evidence shows baby clinics are especially valued by the most vulnerable families who attend regularly, compared to specialist services, for their non-stigmatizing, concrete help. As such the baby clinic is a way in, or 'weigh in' for strengthening parent and baby relationships *now*. They are also opportunities to observe development, patterns of relating and assess risk. In this intervention a parent infant psychotherapist and assistant play worker joins a nursing team in the clinic.

Results Their role is to encourage parents and babies to a mat or low chairs, with toys suitable for babies and toddlers. They talk with babies directly, support play, help parents and babies to talk together and the psychotherapist is available to discuss concerns. At the end of each clinic their observations are shared with health visitors, to think jointly about any worrying families. An evaluation of this remodelled clinic is assessing the impact it has had upon staff, parents and babies. Results from qualitative analyses of semi-structured interviews with staff and parents and staff review focus groups will be presented.

Conclusions Filmed sequences will be shown to illustrate the quantity and quality of interactions with babies from before and after the intervention took place. It is hoped participants will bring their experiences and think with us about possible applications of this model.

PS9.13-V1

PREPARING FOR A NEWBORN SIBLING'S ARRIVAL

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Introduction This video presentation illustrates a novel procedure in which a toddler is briefly ignored by his pregnant mother as she directs full attention toward a lifelike doll as if it were a real baby. We aim to establish the procedure's validity and benefits toward facilitating the transition to older sibling.

Method In this longitudinal study, 40 toddlers (33.4 months) and their 29.2 year-old pregnant mothers were seen when mothers were 34.7 weeks pregnant and again 4.6 weeks after childbirth. At T1, dyads were videotaped playing for 20 min in a room furnished like an infant's nursery. The session concluded with 60 sec where mothers directed attention fully toward a toy baby that was "sleeping" in a crib. At T2, mothers reported on their perceptions of continuity of child responses across lab *versus* home contexts of differential treatment, and their satisfaction with the procedure for helping them manage their child's adjustment.

Results Evidence of the paradigm's validity emerged from findings that 82% of mothers reported that their child's reactions during the lab procedure accurately forecasted actual responses upon the newborn's arrival, and from evidence that it elicited child responses which correspond with anecdotal accounts of child reactions in similar naturalistic settings. *This point will be illustrated through videotaped cases in which toddlers display well-regulated and atypical reactions marked by internalizing and externalizing responses.* Benefits of the procedure are substantiated by findings that 71% of mothers reported feeling more prepared, and 93% reported willingness to recommend participation to pregnant mothers of toddlers.

Conclusions This is the first study to use laboratory techniques to capture toddlers' reactions to a provocative triadic context that corresponds closely with a known stressor - the arrival of a newborn sibling. Due to mothers' enthusiastic endorsement of the procedure for preparing themselves and other pregnant mothers we consider applications for screening/intervention.

PS9.13-W1

CREATING A TRAUMA-INFORMED, INFANT MENTAL HEALTH COMPETENT SERVICE SYSTEM THROUGH CROSS-SECTOR TRAINING AND REFLECTIVE SUPERVISION

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Introduction Through a federal grant we enhanced an existing early childhood child welfare partnership structure by connecting with the competency system, CT-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. Efforts align with National Child Traumatic Stress Network Element #7: Partnering with child serving agencies and systems.

Method We utilized an interprofessional education approach to build infant mental health competencies in early childhood and child welfare sectors by providing staff: 1. reflective supervision and 2. infant mental health training. The professional development focused on providing trauma informed services and aligned with the Competency Guidelines for Culturally Sensitive Relationship-Focused Practice Promoting Infant Mental Health®. Professional development was offered in mixed groups. Reflective supervision occurred monthly for one year. Eight infant mental health trainings occurred as 2-day events over four months. Knowledge acquisition and practice change were measured. Workshop participants will be guided to create a replication plan.

Results Four early childhood and 6 child welfare staff participated in reflective supervision. Eight early childhood and 28 child welfare staff participated in the infant mental health training series. Pre and posttest quantitative data indicate statistically significant increase in knowledge related to infant mental health and trauma-informed services. Qualitative data show changes in practice, e.g. increased observation of infant cues and increased collaborative problem solving both within and across sectors.

Conclusions Increased communication and shared learning resulted in common vision and greater confidence. Staff reported decreased isolation and increased resource alignment to better meet complex family needs. Presenters will engage workshop participants in a reflective process to create plans to benefit the families they serve.

PS 9.14 – POSTER WORKSHOP 12: EVALUATION AND INTERVENTIONS

Facilitator: Peter Fonagy, Division of Psychology and Language Sciences, University College London, UK

PS9.14-PW1

HELPING INFANTS TO FEEL SECURE AFTER BEING PLACED IN FOSTER CARE

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Introduction The foster parent foster child intervention (FFI) is designed to help foster carers develop a reciprocal relationship with their foster children aged 0 to 4 years and to improve unsafe attachment behavior. Young foster children often react to placement with avoidant reactions.

Method The FFI makes use of elements of the attachment theory. Further detail has been made using the "circles of security and trust" (based on the Circle of Security, Cooper, Hoffman, Powell, Marvin &. 2005). We explain to foster carers the various subtle reactions young children may show: safe attachment relationship between parent and child (circle 1), the skills of parents (circle 2), anxious-ambivalent attachment reaction between parent and child (circle 3), avoidant reactions between parent and child (circle 4) and the faltering or broken relationship between parent and child (circle 5).

Results The FFI- methodology makes use of video reflection. To help foster carers reflect, we use the structured questions from the Clinician Assisted Video Feedback Exposure Session (Schechter et al., 2006). The FFI also makes use of psycho education, mindfulness techniques and home work assignments. The evidence base of the intervention will be discussed in detail in the presentation with the title: "the evidence of the FFI", in this symposium.

Conclusions The FFI helps foster carers and foster children to understand one another, to respect and to build a good relationship with each other. *In this presentation we want to explain how the intervention works and its effect on foster carers (using video examples).*

PS9.14-PW2

USING MINDFULNESS AND OTHER TECHNIQUES IN THE FOSTER PARENT FOSTER CHILD INTERVENTION (FFI). DO FOSTER CARERS FEEL SUFFICIENTLY SUPPORTED?

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Introduction In this presentation specific issues will be discussed arising from experiences in the use of the FFI. Focus will be on the use of mindfulness in the FFI and how this is used to motivate and involve foster parents.

Method Mindfulness techniques are used to help foster parents become sensitive towards their foster child. In addition we want to discuss the use of psycho-education: Young foster children may react with disorganized behavior, which is often missed by foster carers. The FFI explains this disorganization to foster parents and the subtle signs the child may show.

Results In the interaction with their foster child, foster carers have to focus on avoiding confusion, rejection and negative countertransference. It is important to make this phenomenon recognizable and negotiable. The concept of disorganization is still relatively new. This also applies to foster care. The scientific evidence is limited. This is also due to the multi symptom appearance of the phenomenon especially in very young children. Specific difficulties may arise because the FFI is a brief intervention with limited sessions.

Conclusions The FFI aims to give (foster) parents qualitative information on disorganized behavior, how to recognize it, and if it is present, how to cope with it. We were interested in how foster carers experienced these intervention techniques and if they felt sufficiently supported this way.

PS9.14-PW3

THRIVE: TRIAL OF HEALTHY RELATIONSHIP INITIATIVES FOR THE VERY-EARLY YEARS

Marion Henderson¹, Anja Wittkowski², Jane White¹, Catherine Nixon¹, Shona Shinwell¹, Caoimhe Clarke¹, and the THRIVE co-applicants¹

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Introduction Maternal depression and anxiety during pregnancy may affect foetal brain development, increase infant reactivity to stress and impair sensitive mother-infant bonds. Additionally, social adversity and maternal mental ill-health have long-term effects on children's outcomes. Antenatal parenting interventions show promise; however, there is little evidence of their efficacy in the UK.

Method THRIVE is a three-arm longitudinal randomized controlled trial. Pregnant women with additional health and social needs are invited to participate (n=500). THRIVE will compare the impact of taking part in one of two antenatal parenting support programs (Enhanced Triple-P for Baby or Mellow Bumps) with care-as-usual on the mental health and maternal attunement of vulnerable mothers-to-be as well as the socio-emotional, behavioral and language development of their children. A range of self-report and observer-rated measures will be taken at different time points. Various health care professionals will be involved in the delivery of the interventions.

Results Consenting participants are randomly allocated to Enhanced Triple-P for Baby, Mellow Bumps or care-as-usual. All participants will receive their routine NHS antenatal/postnatal care. Enhanced Triple-P for Baby offers four weekly group-based antenatal sessions and eight one-to-one postnatal sessions. It aims to provide babies with a healthy start to life by combining parenting skills training with strategies to enhance individual wellbeing and couple adjustment. Mellow Bumps offers seven weekly antenatal sessions and one postnatal session. It aims to decrease maternal stress, increase understanding of neonates' capacity for social interaction and emphasise the importance of early interaction for brain development and attachment.

Conclusions Recruitment to the trial began in late 2013, with findings due to be published in 2018. We will present our recruitment and retention strategies and overall progress to date. In addition, we will present our trial logic model and its implications for the study design.

PS9.14-PW4

IMPROVING POSITIVE PARENTING IN FIRST TIME PARENTS: A PILOT STUDY

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Introduction The transition to parenthood can be an exciting journey for parents. However, not all parents succeed in managing this transition: maternal postpartum emotional disorders and regulation disorders in babies are quite common and represent serious public health problems. Thus, evidence-based antenatal education programs equipping couples with relevant skills are needed.

Method Using a Randomized Controlled Trial (RCT) design, we set up a study to test the feasibility and efficacy of Baby Triple P (BTP), an adaption of the successful Australian Triple P (Positive Parenting) program, against treatment as usual. Recruitment and cooperation with other health professionals such as municipal counseling services, midwives and gynecologists are examined. Furthermore, the study tests whether Baby Triple P can reduce regulatory problems in the first months of a baby's life and improve mental health in parents. This is the first study offering Baby Triple P in a German context.

Results So far, 40 parents have taken part in the pilot study (with 24 parents in Baby Triple P group). To gauge feasibility the recruitment and study design is investigated. The program's ability to reduce regulatory problems within the parent-child dyad (Baby Diary, diagnostic interview Baby DIPS) and improve mental health in parents (EPDS, BSI), social support, quality of partnership and knowledge about baby's development and settling behavior is tested. Assessment time points are before birth and when the baby is ten weeks and six months old. In this presentation, preliminary findings will be discussed.

Conclusions Building an evidence base for interventions takes time and effort. This is one of many ongoing studies investigating the possible efficacy of Baby Triple P in skilling parents to manage the adjustment to parenthood. Baby Triple P is a promising approach, which introduces expectant couples to common infant problems.

PS9.14-PW5

A PILOT RANDOMIZED CONTROLLED TRIAL TO EVALUATE THE FEASIBILITY OF THE BABY POSITIVE PARENTING PROGRAM IN WOMEN WITH POSTNATAL DEPRESSION

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Introduction As few interventions for postnatal depression have focused on parenting difficulties, the aim of this study was to evaluate a relatively new parenting intervention, called Baby Triple P – Positive Parenting Program, in women with postnatal depression.

Method This was a pilot randomized controlled trial to evaluate the newly developed Baby Triple P compared with treatment as usual (TAU) in women with PND. Twenty-seven female participants aged from 18 to 45 years, with a primary diagnosis of major depression and an infant under 12 months, were recruited and randomly allocated to receive either eight Baby Triple P sessions in addition to TAU or TAU only. Outcomes were assessed at post-treatment (Time 2) and three months post-treatment (Time 3). An assessor-rated observational measure of mother-infant interaction, the Care Index (Crittenden, 2001) and measure of intervention acceptability were also completed.

Results Significant improvements from Time 1 to Time 2 and Time 1 to Time 3 were observed across both groups. Although women allocated to Baby Triple P showed more favourable improvements, the between-group differences were not significant, possibly because this pilot trial was under-powered and TAU alone was intensive given the severity of depression all women presented with. In terms of acceptability, the intervention was highly acceptable to women with postnatal depression.

Conclusions Reasons for the non-significant findings will be presented. However, this pilot trial has ascertained that Baby Triple P is a highly acceptable intervention to women with postnatal depression and feasible within the current context. Therefore, a large scale RCT is clearly indicated.

PS9.14-PW6

ABOUT THE EVIDENCE BASE OF THE FOSTER CARER FOSTER CHILD INTERVENTION (FFI). HOW TO HELP FOSTER PARENTS AND CHILDREN TO BUILD A NEW RELATIONSHIP

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Introduction Children in preschool age often react to a foster family care placement with avoidant behavior. Foster carers have to develop a bond with the child, while the child may not be able to react because of its history (maltreatment, insecurity) and problems in adaptation (placement is a life event).

Method In the present study 130 young (0-4 years of age) foster children were examined 6-8 weeks after being placed in family foster care, we examined the same children half a year later with the same instruments. Children were randomized in a group getting the FFI and in a group getting normal foster care (CAU). We looked at the way foster carers perceived their foster child with the Parent Stress Index (PSI). We also mapped the relation with the Emotional Availability Scales (EAS). Salivary cortisol samples were obtained from all foster children. Relationships between all instruments was examined.

Results Our findings show that many most foster carers do not perceive stress in their foster child (84%) while most children react with avoidance behavior. Foster carers tend to the child in a proper way but they seem unaware of the avoidance behavior in the child. Foster carers who had followed the FFI showed a significant increase in EAS sensitivity and also we saw a significant increase in EAS responsivity and EAS involvement in the children in the FFI group. Effects on salivary cortisol are less clear because of the large variation in outcome.

Conclusions Our findings show that the FFI helps foster carers to focus on the quality of the newly formed relation. Significant progress is seen in the outcome measures of sensitivity in the foster carer and of responsivity and involvement in the foster child when comparing the results with care as usual.

PS9.14-PW7

THE ACCEPTABILITY AND FEASIBILITY OF THE BABY TRIPLE P POSITIVE PARENTING PROGRAM ON A MOTHER AND BABY UNIT: Q-METHODOLOGY WITH MOTHERS WITH SEVERE MENTAL ILLNESS AND STAFF

Anja Wittkowski^{1,2}, Hannah Butler¹, Samantha Hopper¹, Dougal Hare¹, Angelika Wieck²

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Introduction As Baby Triple P has been offered to mothers admitted to a Mother and Baby Unit (MBU), we decided to explore their views alongside the views of MBU staff about the acceptability and feasibility of Baby Triple P in the setting of a psychiatric Mother and Baby Unit.

Method Using Q-methodology, an 88-item Q-sort was conducted with a purposive sample of 15 mothers with severe mental health difficulties. All mothers had been or were still admitted to a Mother and Baby Unit. Sixteen staff on the same Unit also took part and sorted the same 88-item Q-sort.

Results Analysis of the Q-sort conducted by mothers led to the identification of three main factors: 'what we need', 'what we want' and 'we can do it'. A consensus of opinion was noted with general agreement as to the benefits of Baby TP and the suitability of the MBU environment to accommodate Baby TP. The Q-sort analysis of staff responses revealed two distinct factors in terms of 1) 'staff qualified acceptance' and 2) 'systemic approach/systemic results'. Staff perceived mothers admitted to the unit as open and receptive to Baby Triple P.

Conclusions Both service users with SMI as well as staff regarded Baby TP to be an acceptable and feasible parenting intervention for them, viewing it as positive and non-stigmatizing. Mothers wanted more staff to have an awareness and knowledge about the program to support them in generalizing skills.

PS 9.15 – POSTER WORKSHOP 13: FAMILIES IN NEED OF SUPPORT

Facilitator: Deborah Weatherston, Michigan Association for Infant Mental Health, Southgate, Michigan, USA

PS9.15-PW1

THE 'HOMELESS INFANT': WORKING WITH INFANTS AND THEIR MOTHERS MADE HOMELESS THROUGH FAMILY VIOLENCE

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Introduction How does the infant mental health sector attend to the infant who is homeless? Smolen (2003) argues that the homeless infant is born into loss, as from the moment they are born they have no place to call home, feeling 'forever falling', unheld by a mother who avoids their gaze fearing her own reflection of inadequacy.

Method Children under 4 make up the largest group to accompany their mothers in Australian crisis accommodation services with nearly half seeking assistance due to family violence (Australian Institute of Health & Welfare, 2012). Within the U.S. infancy is the age

at which shelter use is highest (Shinn, 2010). This presentation reviews the literature to examine what services are provided to infants within the homelessness sector including the shelter/refuge setting. It also looks at what work the presenters have undertaken in refuges in Australia as well as providing preliminary findings on research undertaken in these settings.

Results Participants attending this presentation will discover what work is possible within the refuge setting and will gain an insight into just what practices currently operate in woman's refuge/shelter settings in relation to the 'homeless infant'. Preliminary findings from a PhD thesis on "How refuge provides 'refuge' to infants: Exploring how 'refuge' is provided to infants entering crisis accommodation settings with their mothers after fleeing violence will be discussed.

Conclusions Infants who are homeless as a result of family violence are subjected to 'double disadvantage' as the 'bricks and mortar' of not just their mother's physical home is compromised but so too is that of their internal world and representations. How might infant mental health ideas be utilised in these critical 'front-line' settings?

PS9.15-PW2

RESILIENCE ACROSS THE LIFECYCLE: USING HEART, HANDS, & HEAD TO MENTOR ADOLESCENT PARENT(S)

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Introduction When adolescent parents lack foundational experiences of high quality engagement, one must consider long-term coaching and mentoring of the parent/child system. A single case study of a twelve-year old mom and her son will be presented, emphasizing the impact of a continual mentoring relationship over a 16-year time frame.

Method A video-based case study will be presented by two infant mental health specialists, one representing mental health and the other, occupational therapy. The presentation will be organized using the structure of the Neurorelational Framework (NRF). The case study will describe a gang-involved twelve-year old mother, giving birth to a 27 ½ week premature son who spent three months in the Neonatal Intensive Care Unit. Didactic introduction to the NRF's three steps of assessment and intervention will be taught. Worksheets, a small group exercise, and discussion of past and current history will guide participants through neurodevelopmentally mapping risk and resilience factors.

Results The four brain systems of the NRF provide an organization of the son's multi-dimensional developmental needs and the fragile family system. Emphasis will be placed on the interdisciplinary nature of organizing a treatment team addressing the therapeutic and practical needs of the family. A historical perspective will provide an analysis of a successful mentoring relationship. Interpersonal dynamics representing heart (nurturance), hands (action), and head (planning) will be discussed as they applied to this unique mentoring relationship the teen mom received. This relationship continues to mature and develop over time, providing continuity and stability for this young mom and her family.

Conclusions Two major foci of this presentation include: (1) an emphasis on cross-sector systems of care that typically function as isolated silos (e.g., social service, medical, developmental, mental health, early care/education needs), and (2) the longitudinal effects of attachment relationships supporting resilience and functional development of the individual and the family.

PS9.15-PW3

MOTHERING NETS - AN INNOVATIVE MODEL OF CONTINUOUS PROFESSIONAL DEVELOPMENT

Silvina Diaz Bonino

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Introduction This paper describes the third year in the progression of the development, delivery and evaluation of the Perinatal Emotional Illness Multiagency Training Program (PEI MATP). The program takes place on 3 full days, set at bimonthly intervals over the first half of the calendar year.

Method It is intended that all front-line professionals attend all 3 sessions in order to benefit from this innovative model of CPD delivery. The model offers an integrated multiagency opportunity for learning and knowledge sharing; thus supporting best practice. It developed as a result of a "postnatal near miss" that highlighted professionals' need to work together, to learn from and about one another, in order to improve client satisfaction and quality of care provision. In this paper I'd like to address some of the psychological developmental transformations that are necessary to benefit from such model of continuous professional development.

Results I suggest that there is a parallel process of nourishment in child development which enables the growth of the personality within the support of a nourishing system. My question in trying to support the creation of *mothering nets* lays in the mystery of that which may be required for a new mother to feel contained by a community practitioner who in turn needs to feel contained herself; through regular contact with a supporting network.

Conclusions This paper draws on my experience of setting up such network in the context of a changing governmental and national policy framework and its impact on the front line professional networks that share responsibilities for maternity, child health and social care.

PS9.15-PW4

PERINATAL LOSS AND IT'S IMPACT ON CHILDREN OF BEREAVED PARENTS

Joann O'Leary

University of MN Center for Early Education & Development, Minneapolis, MN, USA

Introduction Just under 2 million children living in the U.S. have experienced loss of a sibling. Close to half of these families have other children. This presentation describes behaviors and interventions for siblings alive at the time of a perinatal loss and children born after to support healthy family development.

Method Data from clinical practice and the author's three descriptive phenomenological studies: 1. Interviews of mothers and fathers speaking to their attachment issues in the pregnancy following loss 2. Parent's raising children after a loss 3. Adults who were the child born after loss

Results Loss alters parenting behaviors, specifically attachment to the unborn child that follows and support the need for attachment focused intervention to begin during pregnancy. Intentional verses over protective parenting occurs in raising children. Adult subsequent children address being invisible or treasured by their parents, a theme not found with parents who had intervention during their pregnancy and confirm the need for parents to have guidance in helping grieving children alive at the time of loss.

Conclusions Helping parents and siblings, beginning in their pregnancy that follows loss, to understand their continued bond with a deceased baby while attaching to a baby that follows is important for the mental health issues of both the parents and children and long term healthy family development

PS9.15-PW5

DIFFERENTIAL OUTCOMES BY PARENTING RISK LEVEL: RANDOMIZED COMPARISON OF SERVICE DELIVERY MODELS FOR ADOLESCENT MOTHERS

Beth Russell¹, Kimberly Martini-Carvell²

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Introduction Research suggests adolescent mothers are "psychologically vulnerable", often experiencing mental health (MH) difficulties. MH services can be delivered within the intervention organization, or referred to external MH services. We address resulting outcome differences through a randomized evaluation of integrated MH services compared to standard of care service delivery.

Method 122 teenage mothers (68% Hispanic, 86% unwed, average age 18yrs) were enrolled in the Adolescent Family Life program. After randomization to Integrated MH or Standard of Care, case managers conducted needs assessments and created service plans including follow-up assessments at 6, 12, and 18 months postpartum. Measures included demographic characteristics (child protection service involvement, financial reliance on government subsidies, subsequent pregnancy, and educational attainment), and MH functioning (Beck Youth Inventories and Child Abuse Potential Inventory). Mothers were grouped post-hoc by parenting risk: the higher aggregate risk group included those with CAPI scores >215 and a history with child protection services.

Results Regardless of intervention group, t-test results show improvements on all but one BYI scale score (Self-concept): Anxiety and Anger decreased significantly ($t_{(61)}=2.39, p < .05$; $t_{(61)}=2.85, p < .01$, respectively); Depression and Disruptive Behavior scores also decreased, although these were less significant ($t_{(62)}=1.92, p = .06$; $t_{(60)}=1.66, p = .10$). Significant improvements in education exist across intervention conditions ($t_{(65)}=5.36, p < .01$). A 2x2 ANOVA of aggregate risk (high vs. low) and intervention group show a significant effect ($F_{(1,62)}=3.98, p < .05$): High aggregate risk participants had significantly higher outcomes compared to those with low aggregate risk scores.

Conclusions Information about the effectiveness of the IMHS approach can help program providers make decisions about how best to allocate limited funds to provide effective services. Implications for providing mental health services are discussed, with a focus on answering the question: What service delivery methods are most effective in promoting outcomes?

PLENARY INTERFACE 2

1515 - 1645

Moderator: Kai von Klitzing, University of Leipzig, Germany

Discussants: Dilys Daws (United Kingdom) and Campbell Paul (Australia)

PI2 - INFANT MENTAL HEALTH INTERVENTION IN A CASE OF SEVERE PEDIATRIC DISEASE

Franziska Schlensog-Schuster, MD

University of Leipzig, Germany

PS10.1 - PARENTING NARRATIVES FROM SUBSTANCE-DEPENDENT MOTHERS OF YOUNG CHILDREN: OPPORTUNITIES FOR CHANGE THROUGH CLINICAL INTERVENTION

Chair: Ruth Paris, Boston University, USA

Discussant: Marjukka Pajulo, University of Turku, Finland

PS10.1-S1

AFFECTIVE THEMES IN SUBSTANCE-DEPENDENT WOMEN'S DESCRIPTIONS OF THEIR CHILDREN

Sydney Hans, Linda Henson
The University of Chicago, Chicago, IL, USA

Introduction Mothers who use drugs are often assumed to be uncaring and lacking positive emotional connection to their children. This study examines the emotional themes women in substance-abuse treatment express when they speak about their young children and their relationships with their children.

Method 150 African-American women were recruited from publically-funded methadone clinics in a large city. To be eligible for the study, women needed to be the caregiver for a biological child between the ages of 3 and 5 years. Women were administered the Working Model of the Child Interview (Zeanah, Benoit, and Barton, 1986) – an hour-long semi-structured interview designed to illicit attachment-related narratives. Interviews were transcribed and coded by two reliable coders on eight affective dimensions: joy, anger, anxiety, indifference, frustration, pride, disappointment, and guilt. Additionally, with the assistance of qualitative software, specific content themes in each emotional area were identified.

Results Many women expressed frustration with their child (40%) and a smaller number expressed anger (15%). Those negative emotions were commonly linked to children's disobedient and disruptive behavior. Many women expressed pride in their child (38%) and a smaller number expressed joy (19%). These positive emotions were commonly linked to children's developmental accomplishments. Fewer mothers spoke of guilt (27%) and anxiety (19%). Those emotions were usually linked to concerns that their child's actual or potential behavior problems might be related to their drug use. Rarely was indifference a prominent emotional theme (17%). Almost no mothers expressed disappointment in their child (4%).

Conclusions Many of the drug-dependent women interviewed expressed clear positive emotional connections with their children. Although some did seem emotionally disconnected from their young children, they were more likely to be struggling with feelings of frustration/anger or anxiety/guilt. Results will be discussed with respect to potential infant mental health intervention strategies.

PS10.1-S2

PERCEPTIONS OF PARENTING CHANGES BY SUBSTANCE-DEPENDENT MOTHERS OF YOUNG CHILDREN AFTER A DYADIC INTERVENTION

Ruth Paris, Anna Herriott, Gina Mittal
Boston University, Boston, MA, USA

Introduction Many mothers who misuse substances tend to have difficulties regulating their emotions, compromised parenting and poor reflective capacities regarding their children's emotional and developmental experiences (Suchman, et al., 2004). This study analyzed qualitative interview data with substance using mothers after treatment in a dyadic parent-child intervention.

Method Forty-one women were interviewed after participating in Project BRIGHT, an attachment-based dyadic parenting intervention for mothers with children birth to five, offered as an enhancement to residential treatment for substance abuse (largely heroin and other opiates). The hour-long interview contained questions focused on parenting while using substances, the process of the intervention and perceived changes associated with BRIGHT, among others. Interviews were transcribed and thematically coded by 2 reliable coders using the QDA software package ATLAS.ti. This analysis focused on women's perceptions of their emotion regulation and descriptions of parenting pre- and post-treatment.

Results All of the mothers discussed parenting challenges before BRIGHT, including discipline, communication, lack of patience, daily hassles, and not understanding their young child's cues. Most (75%) specifically addressed parenting while using substances, sharing how they were inattentive, impatient or unable to respond to their child's needs. After participating in BRIGHT, the majority of women perceived improvements in their own emotion regulation during parent-child interactions (66%), parental reflective functioning (78%), and overall understanding of their child's development (75%). Some spoke specifically about an enhanced connection with their child (44%) and greater confidence in parenting skills (27%).

Conclusions Most mothers recognized the difficulties associated with parenting while drug-dependent, including the negative impact on children. The majority articulated perceived changes associated with the intervention including those crucial to parenting young children, such as improved emotion regulation and RF. Implications for IMH practice within substance abuse treatment will be discussed.

PS10.1-S3

PARENTING FROM THE INSIDE OUT: A BRIEF MENTALIZATION-BASED PSYCHOTHERAPY FOR AT-RISK MOTHERS

Nancy Suchman, Cindy DeCoste, Susan Bers
Yale University, New Haven, CT, USA

Introduction Parents with substance use and psychiatric disorders don't often benefit from traditional parent skills training when problems regulating strong emotions in the parenting role are not addressed. Parenting from the Inside Out is a brief, supportive mentalization-based psychotherapy developed to help these mothers better regulate emotion when parenting young children.

Method PIO targets the parent's developing capacity to mentalize (make sense of underlying emotions and their impact on relationships) as a means to regulating her own emotion and to assisting her young children with regulating emotional distress. Parents

are encouraged to adopt a curious, inquisitive stance toward their own and their children's emotional experiences and are provided with timely developmental guidance about their children's emotional needs. In an individual case study, the course of one mother's participation in the PIO program (including assessments) will be summarized and illustrated with excerpts from assessment interviews, play sessions and therapy sessions will be shown.

Results PIO was first evaluated in a randomized controlled trial with 47 mothers. Mothers receiving PIO demonstrated better reflective functioning (RF, mentalizing capacity) and more sensitive caregiving at 12 weeks and these improvements were sustained at the 6 week follow up.³ Currently, PIO is being evaluated in a second randomized controlled trial and continues to show promise for improving maternal R, caregiving sensitivity and dyadic reciprocity at 12 weeks with benefits sustained at 13 week follow up. PIO has also demonstrated good construct validity: Therapist adherence to core components is related to improvement in RF which mediates improvement in caregiving sensitivity.

Conclusions PIO is the first mentalization-based psychotherapy for at risk parents tested in a formal randomized controlled trial with mothers who have substance use and mental health problems. It continues to hold promise as an alternative to behavioral parent skills training programs that have shown limited efficacy for high risk parents.

PS10.2A - UNDERSTANDING AND TREATING THE EFFECTS OF INTERPERSONAL VIOLENCE ON THE MOTHER-INFANT RELATIONSHIP: FROM THE PRENATAL PERIOD TO THE PRESCHOOL YEARS

Chair: Daniel Schechter, University of Geneva

Discussant: Antoine Guedeney, University of Paris Descartes, Paris, France

PS10.2A-S1

UNDERSTANDING AND TREATING THE EFFECTS OF INTERPERSONAL VIOLENCE ON THE MOTHER-INFANT RELATIONSHIP

Daniel Schechter¹, Antoine Guedeney²

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Introduction The literature presents overwhelming evidence that violence exposure and its impact on caregiving behavior exert deleterious effects on the parent-infant relationship and thus on the developing child from the prenatal period through the preschool years across a range of domains that encompass physical and mental health and brain development.

Method The psychological and neurobiological mechanisms are only beginning to become clear (Sturge-Apple et al., 2012; Schechter et al., 2012). Promising evidence-based intervention has been developed to address these effects and change child outcomes (Ippen et al., 2011; Rusconi-Serpa et al., 2009). Further work is needed to understand how these interventions work at different ages-- and when they do not, why not. Thus new research is beginning to explore what works best for which individuals.

Results Huth-Bocks will present research on prenatal maternal mental representations during the perinatal period and interactive behavior at 12-months. Lieberman will discuss Child Parent Psychotherapy applied to violence-exposed pregnant women. Madigan will present recent work on the effects of mothers' childhood maltreatment-history on marital conflict during adulthood, in turn, on maternal-child behavior during the preschool period. Schechter and Rusconi-Serpa will discuss recent psychobiological findings that have led them to develop a manualized, video-feedback intervention targeting violence-exposed, traumatized mothers' difficulty in reading/responding to their toddler's emotional communication.

Conclusions New and more specific parent-infant interventions are addressing recent research and taking into consideration complex trauma histories, attachment-related resilience and risk, as well as individual differences and neurobiological factors. With this in mind, Antoine Guedeney (Tubach et al., 2012) will consider the four papers and animate discussion with the audience.

PS10.2A-S2

INTIMATE PARTNER VIOLENCE DURING THE PERINATAL PERIOD: ASSOCIATIONS WITH MATERNAL REPRESENTATIONS, CAREGIVING, AND INFANT ATTACHMENT

Alissa Huth-Bocks, Sarah Ahlfs-Dunn, Katherine Guyon-Harris

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Introduction Intimate partner violence (IPV) occurs at alarming rates. IPV increases in frequency and/or severity during and immediately after pregnancy for many women. Research suggests that perinatal IPV compromises the caregiving environment and infant adjustment; pathways through which this occurs have not been thoroughly examined.

Method One hundred and twenty racially diverse, economically disadvantaged women were followed from pregnancy through the child's third birthday; data analyses for the current study were based on the pregnancy and age 1 multi-method interviews. IPV experiences were measured just prior to and during pregnancy using the Conflict Tactics Scale-2 (Straus et al., 2003), and prenatal representations of the child were coded from the Working Model of the Child Interview (Zeanah et al., 1996). Maternal interactive behavior was coded from mother-infant play episodes and infant attachment was assessed using the Attachment Q-Set (AQS; Waters & Deane, 1985) at age 1.

Results Results indicated that women's experiences of IPV were significantly related to less positive, coherent representations of the infant in-utero ($\beta = -.35, p < .001$). Problematic prenatal representations were, in turn, significantly associated with more problematic caregiving behavior 1 year after birth, characterized by less maternal sensitivity, less warmth, and more hostility and interfering-controlling behavior ($\beta = .32, p < .01$). Less positive caregiving was also associated with infant attachment insecurity at age 1 ($\beta = .26,$

$p < .01$). Tests for mediation indicated that maternal experiences of IPV impacted infant attachment (in)security through maternal representations and caregiving behaviors

Conclusions Clinical interventions with trauma exposed women during the perinatal period should target representations and caregiving behavior in order to facilitate maternal and infant well-being.

PS10.2A-S3

CHILD-PARENT PSYCHOTHERAPY EXAMINED IN A PERINATAL SAMPLE: DEPRESSION, POST-TRAUMA AND CHILD-REARING ATTITUDES

Alicia Lieberman, Iris Lavi, Arianna Gard
University of California, San Francisco, San Francisco, CA, USA

Introduction This study examined the feasibility and effectiveness of offering Perinatal Child-Parent Psychotherapy (P-CPP) (Lieberman & Van Horn, 2008) to very low-income women with a history of abuse as children and current intimate partner violence who were recruited from the prenatal care clinic of a large urban public hospital.

Method Pregnant women ($N = 64$) entered weekly P-CPP during the third trimester of their pregnancy (Mean gestational age = 39.20 weeks) and completed standardized measures of trauma history, depression, PTSD and child-rearing attitudes at pre- and post-treatment, which took place when the infant was 6 months old.

Results Results show decreases in levels of depression and post-traumatic stress symptoms from pre- to post-treatment assessments, as well as an increase in positive child-rearing attitudes. Women with low maternal-fetal attachment demonstrated the greatest improvement in depression, PTSD, and parenting in comparison to women with high maternal-fetal attachment. Intervention dosage impacted child-rearing attitudes such that women who received longer P-CPP treatment demonstrated the greatest improvement in child-rearing attitudes.

Conclusions The results indicate that offering a treatment designed to improve the mother-baby relationship prenatally can lead to significant improvements in maternal mental health and attitudes towards the infant.

PS10.2A-S4

MATERNAL HISTORY OF PHYSICAL AND SEXUAL ABUSE, MATERNAL ADAPTATION AND FAMILY RELATIONSHIPS

Sheri Madigan, Andre Plamondon, Jennifer Jenkins
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Introduction Relatively little attention has been devoted to understanding the impact of early abuse history on later interpersonal relations within the family. The aim of the current study is to examine the impact of maternal abuse history on marital conflict, parenting behavior, offspring behavioral adjustment, as well as maternal mental health.

Method This large longitudinal study includes two waves of data collection across the early childhood period. Participants consisted of 441 mothers and their children (1018 children) assessed at two time points when children were on average 3.5 and 5.5 years old. Abuse history, marital conflict, maternal depressive symptoms, and negative parenting were assessed using validated maternal self-reports. Child aggression was assessed using maternal and paternal reports.

Results Structural equation modeling revealed that physical abuse history was directly related to marital conflict, maternal depressive symptoms, and child aggression. In turn, marital conflict was associated with further increases in maternal depressive symptoms and negative parenting. In contrast, sexual abuse history was only directly related to child aggression. These results remained even after controlling for child age, gender and family socioeconomic status.

Conclusions Physical abuse history has a widespread effect on family functioning and offspring behavioral development. In contrast, sexual abuse had more specific effects on child aggression. Results suggest that screening for history of abuse could help identify mothers that would benefit from additional resources to support their adaptation during early parenthood.

PS10.2A-S5

THE EFFECTS OF VIOLENCE RELATED MATERNAL PTSD ON THE MOTHER-TODDLER RELATIONSHIP: IMPLICATIONS FOR TARGETED VIDEO-FEEDBACK EXPOSURE-BASED PSYCHOTHERAPY

Daniel Schechter, Sandra Rusconi Serpa
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Introduction This presentation reviews original research on the interplay of factors that disrupt and facilitate mutual emotion regulation among mothers and toddlers. The main hypothesis is that mothers with interpersonal violence-related (IPV) post-traumatic stress disorder (PTSD) often experience their young child's routine distress as a trigger of traumatic stress.

Method Studies that tested this hypothesis via psychological and psychiatric, behavioral, and physiologic measures (i.e. maternal-child salivary cortisol; maternal ECG), as well as maternal functional neuro-imaging in response to silent video stimuli of mother-child separation and adult male-female interactions. The samples included 77 subject-dyads in New York and thus far with 75, in Geneva, both samples having been recruited from pediatric clinics and community settings. Children were 12-42 months-old.

Results Results show that maternal IPV-PTSD predicts greater parenting stress and decreased maternal sensitivity ($p < .01$), the latter also associating decreased maternal sensitivity to increased child difficulty ($p < .001$). PTSD-mothers compared to non-PTSD-controls

felt more "stressed" watching children during separation vs play. And their children compared to controls showed a significantly blunted response to separation-stress ($p < .05$). fMRI findings linked vmPFC deactivation among IPV-PTSD mothers as compared to controls to both decreased maternal sensitivity, increased child difficulty, and blunted cortisol reactivity ($p < .005$). Significant reduction in PTSD mothers' vs controls' negative attributions followed a 3-session videofeedback intervention (CAVES). Attribution-quality is a marker of maternal sensitivity.

Conclusions These studies support the hypothesis that helpless, distressed child states of mind trigger maternal fear responses with psycho-physiologic and neural dysregulation as well as misreading of child emotional cues. CAVES-based intervention to address maternal self-dysregulation and misreading of child cues can provide a catalyst for improved mutual dyadic regulation.

PS10.2B - MOTHER-INFANT PSYCHOANALYTIC TREATMENT: SHORT- AND LONG-TERM EFFECTS OF AN RCT

Chair: Björn Salomonsson, Karolinska Institutet

Discussant: Kai von Klitzing, Dept of Child and Adolescent Psychiatry, Universit, Leipzig, Germany

PS10.2B-S1

SHORT-TERM EFFECTS OF AN RCT OF THE MOTHER-INFANT PSYCHOANALYSIS PROJECT OF STOCKHOLM (MIPPS)

*Björn Salomonsson¹, Majlis Winberg Salomonsson¹, Anders Schiöler²
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Introduction An RCT from Karolinska Institutet, Stockholm, compared dyads receiving Child Health Center care and mother-infant psychoanalytic treatment. Effects in favour of the latter were found on mother-reported depression and expert-rated dyadic relationship qualities and maternal sensitivity. The symposium reports on a follow-up study when the children were 4.5 years old.

Method The follow-up study gathered data from 83% of the dyads 3.5 years after treatment. The children were assessed on attachment representations (Story Stem Assessment Profile; SSAP), social and emotional development (the Ages and Stages Questionnaire: Social-Emotional; ASQ:SE, and the Strengths and Difficulties Questionnaire; SDQ), interviewer-rated global functioning (the Children's Global Assessment Scale; CGAS), quantified emotional and formal qualities of drawings through the Machover Draw-a-Person test, and interviewer-created "ideal types" of their personalities and well-being. The mothers were assessed via questionnaires on psychological well-being and the Working Model of the Child Interview (WMCI). Interactions were assessed through the Emotional Availability Scales.

Results The children in the mother-infant psychoanalysis (MIP) group had better results on global functioning (CGAS). Two ideal types were created, the "OK" and the "Troubled" children. The MIP group contained more OK children and the CHCC group more Troubled children. Data are being processed on mother-reported psychological well-being, attachment representations, and mother-infant interactions, and the results will be presented at the symposium.

Conclusions A relatively brief mother-infant psychotherapy seemed to help the children to function better and be less troubled 3.5 years after therapy. We will also discuss measurement issues: (a) global assessments of child functioning (Presenter: Majlis Winberg Salomonsson) and (b) children's attachment profiles according to a story-stem assessment (Presenter: Anders Schiöler).

PS10.2B-S2

ASSESSMENTS OF ATTACHMENT IN 4.5 YEAR OLD CHILDREN ACCORDING TO THE STORY STEM ASSESSMENT PROFILE

*Anders Schiöler
Ericastiftelsen, Stockholm, Sweden*

Introduction A follow-up of an RCT on Mother-Infant Psychoanalytic treatment was carried out when the children were 4.5 years old at the Karolinska Institutet, Stockholm. The comparison group was dyads who had received Child Health Center care during infancy.

Method The follow-up gathered data from 83% of the dyads 3.5 years after treatment. One of the assessment methods was the child's attachment representations as measured by the Story Stem Assessment Profile; SSAP (Hodges, Steele, Hillman, Henderson, & Kaniuk, 2003). We will compare this method with other child measures, notably global and qualitative interviewer ratings of the child's personality and psychological well-being. Our focus will be on the relation between qualitative and quantitative assessments of children.

Results Two SSAP subscales (Secure and Avoidant) correlated with the qualitative assessments of the children (the "OK" and "Troubled" children). The possible reasons for this finding will be discussed, as well as the absence of such correlations for the two other SSAP subscales (Ambivalent and Disorganized).

Conclusions Issues on the measurement of attachment security and of clinical profiles, and their mutual relations, need to be discussed.

PS10.2B-S3

LONG-TERM EFFECTS OF THE MIPPS RCT: COMBINING QUALITATIVE AND QUANTITATIVE OUTCOME MEASURES IN 4.5 YEAR OLD CHILDREN

*Majlis Winberg Salomonsson
Karolinska Institutet, Stockholm, Sweden*

Introduction RCT's on parent-infant psychotherapies are accumulating. They point to the need of follow-up studies on the long-term effects of early interventions. It is also essential to identify factors before and during therapy which moderate outcomes.

Method The MIPPS project randomized mothers with infants below 18 months to either regular nurse care at Child Health Centres or psychoanalytic mother-infant treatments of around 25 sessions. The primary RCT yielded significant effects on self-reported depression and stress, interviewer-rated parent-infant relationship and observer-rated maternal sensitivity. When the children reached 4½ years they were tested by a child psychologist and their mothers were interviewed. This follow-up study, called "Troubled babies - troubled kids?", investigates long-term effects of early mother-infant treatment on the child's social, emotional and cognitive development, the mother's working model of the child, and her interaction with the child.

Results The children in the mother-infant psychoanalysis (MIP) group had better results on global functioning (CGAS). Two ideal types were created, the "OK" and the "Troubled" children. The MIP group contained more OK children and the CHCC group more Troubled children. Data are being processed on mother-reported psychological well-being, attachment representations, and mother-infant interactions, and the results will be presented at the symposium.

Conclusions A relatively brief mother-infant psychotherapy seemed to help the children to function better and be less troubled 3.5 years after therapy. Measurement issues for this age group need to be discussed.

PS10.3-W1

TERRIBLE TWOS' AND 'TERRIBLE TEENS' - THE IMPORTANCE OF PLAY

Joan Raphael-Leff

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Introduction The developmental processes of toddlers and adolescents overlap. Young parents therefore are less able to reflect about their toddler's tantrums, and possible reasons for defiant resistance. Becoming overwhelmed, they engage in intense battles of will and various retaliatory or defensive enactments. Playful exchanges can diffuse conflict, increasing empathy and understanding.

Method This interactive workshop aims to help practitioners appreciate teen-toddler shared dynamics, like fiercely demanding autonomy while emotionally dependent and vulnerable. DVD material illustrates how when synchronized, their similarities can create a bond of reciprocal excitement but when intentions clash, fierce reactions range from passionate fury to despair. Responsive play can transform anger and nameless confusion into tolerable, thinkable experiences. Practitioners learn to use simple materials and scenarios to provide a safe space for playful dialogue between teen parents and toddlers, to encourage mutual play as a 'container' for raw, unmanageable feelings, promoting better social engagement and mentalization.

Results Teen parents who missed out on childhood play dissociate or intrusively control the child's experience, blurring pretence and reality by breaking the play-frame. Guided play enables both parent and child to express anxieties around loss of love, containing aggression and preoccupations with difference, separateness, bodily changes and fears of losing control. Through role play, make believe and 'dress rehearsals' of conflictual situations play fosters increasingly complex relationships by grasping the other's different feelings. Imaginative play compensates for reality frustrations and limitations, restores self esteem, and extends the capacity to modulate feelings and express them verbally rather than in temperamental outbursts.

Conclusions Teenage parents are teenagers—with similar developmental needs to other adolescents while also dealing with the developmental needs of their child. Practitioners can foster greater emotional understanding through imaginative play which allows for role-reversal, enhancing recognition of inner states in the other, fostering empathy and mentalization in both parent and child.

PS10.3-W2

I RECOGNIZE YOU; YOU RECOGNIZE ME: AN OBSERVATIONAL CASE STUDY OF THE FIRST FIFTEEN MONTHS OF LIFE

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Introduction The study of the earliest relationship between parent and baby has taken on new importance as we learn more about how the baby's brain and nervous system develop in the context of the care-giving relationship. How do a new mother and baby come to recognize and know one another?

Method We use annotated videotape vignettes of a mother and baby dyad filmed at home at monthly intervals during the first fifteen months of life to illustrate the development of collaborative communication and intentionality. The use of video vignettes allows us to slow down, frame, and isolate aspects of interaction that take place outside of our normal awareness. Moving from primary to secondary inter-subjectivity, we show examples of proto-conversations, neonatal imitation, early affective and rhythmic sharing. These early capacities broaden and deepen to lay the groundwork for the growth of the baby's initiative, complex relational emotions, joint attention, and shared intentionality.

Results Drawing upon the principles of infant observation, we guide participants to watch and notice their own reactions, as we draw attention to the implicit processes that are active throughout the lifespan, between mother and baby or in any interpersonal encounter. Through this guided observation we see how mother and baby change and are changed by their interactions with one another, and how the organization of the mind emerges from these early interchanges. Exploration of one's reactions to these implicit processes enhances reflective practice. We integrate these observations with developmental theory and findings of neuro-developmental research.

Conclusions This presentation illustrates how a secure, flexible, and competent self develops when baby comes to be known and recognized, in a specific and complex way, by her caregiver. Careful explication and illustration of early mother-infant interactions will help therapists become more attuned and make more developmentally effective interventions.

PS 10.4 – BRIEF ORAL PRESENTATIONS

Facilitator: Jonathan Delafield-Butt, faculty of Humanities and Social Sciences, University of Strathclyde

PS10.4-B1

LOVE MATTERS: PROMOTING ATTUNED PARENTING IN PARENT INFANT GROUPS

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Introduction Psycho-Educational Parent-Infant Groups piloted at the Oxford Parent Infant Project aim to encourage contingent sensitive parental responsiveness, increase empathy and strengthen resilience in vulnerable families. They provide a non threatening therapeutic learning environment whose purpose it is to convey, experience and reflect on principles of attunement in the present moment.

Method Parents are supported to notice their babies' non verbal communications, and reflect on their meaning. Depending on the age and needs of the infants the team uses various methods, such as Baby Massage and Baby Chatting, Singing, Baby Watching, (Watch Wait Wonder), and Video Interaction Guidance. These provide the frameworks within which parents can express concerns, notice and respond to their babies' preferences, their desire for communication, exploration, and their need for comfort. Groups function as container and as multi mirror. Psychodynamic thinking underlies the dynamic administration of the group, yet the focus is in the 'here and now'.

Results Preliminary findings based on video evidence, parental feedback, PIRGAS scores and clinical records indicate that shifts in parental sensitive responsiveness take place over the course of the groups. Parents show more positive affect and increased vocalization towards their infants. They become more relaxed and confident in reading their babies' cues and responding with empathy. The non-threatening nature of the groups was especially effective in engaging some hard to reach parents, and so became for them a portal to access further services. Parents' ability to use the groups as reflective space increased, and they became more mind-minded.

Conclusions Parent-Infant groups are an opportunity to engage new, anxious and hard to reach parents and support them to become more sensitive towards their babies, and confident as parents. They are providing a benign and contained milieu where parents are helped to learn about their babies and themselves as parents.

PS10.4-B2

A NEW PROGRAM OF EARLY PSYCHOSOCIAL INTERVENTION FOR INFANTS WITH CHRONIC HEALTH CONDITIONS USING CONGENITAL HEART DISEASE AS AN EXAMPLAR

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Introduction This workshop describes CHIP - Congenital Heart disease Intervention Program 2001-present. This prospective longitudinal intervention study was devised and delivered by a multiprofessional research group and demonstrated significant impacts for children born with congenital heart defects and their families. The workshop shares research findings and describes the program in detail.

Method Interventions aimed at bolstering mother-infant transactions, through psychoeducation, parent skills training and narrative therapy techniques were implemented. The intervention composed multiple elements including Emotional ventilation and construction of meaning, Psychoeducation and Problem Prevention Therapy, Bibliotherapy, Narrative Therapy, Facilitated Exposure, Coaching - feeding and neurodevelopmental stimulation, Generalization of problem prevention therapy and Community health professional education. These are described in detail as is the follow-up of the original population across ten years and the research findings detailed.

Results The intervention in this group resulted in reduced worry and consequent reduced demands on health services, increased knowledge and understanding, improved coping skills on some dimensions, improved infant mental, social and emotional development, some evidence for reduced feeding difficulties and some evidence for improved behavioral adjustment. The results, the positive parental feedback and the overview of the multiagency external advisory committee highlight the value of this type of intervention and its ability to be generalized to families in need to promote infant health and wellbeing.

Conclusions A program of generalizable psychosocial interventions in vulnerable populations related to construction of meaning, building relationship, coping and parenting style are demonstrated to have a positive impact. Other aspects of this significant multiprofessional and multidimensional intervention program will also be described and discussed. The relevance for various populations will be discussed.

PS10.4-B3

OVERCOMING ADVERSITY. RISK AND HOPE: SYSTEMIC SOCIAL WORK AND PARENT INFANT PSYCHOTHERAPY

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Introduction This clinical presentation illustrates systemic social work practice and parent infant psychotherapy working together with a family whose baby was removed at birth and later successfully returned home. It describes the innovative Cambridgeshire Social Work - Working for Families (SW-WF) model and its contribution to Infant Mental Health.

Method The presentation will describe the innovative SW-WF as a means of intervention with high risk families. It will consist of a clinical presentation of work with one family to illustrate how we work together to understand risk, assessment, recovery, infant mental health and parent-infant psychotherapy within systemic social work practice. A short video clip of the parents' view of the intervention will be shown with their consent.

Results It is relatively recently that children's Social Care in the U.K. has employed clinicians - especially infancy specialists. The presentation illustrates the newly developing role of a child psychotherapist in the successful rehabilitation home of an infant removed at birth because of high risks in the birth family. It will also demonstrate effective working between systemic social workers and clinicians working together with families to help children to stay safely with their families.

Conclusions The Reclaiming Social Work model developed following a number of high profile serious cases where infants had been injured or killed despite social care involvement. This case illustrates a whole systems social work approach and what a specialist infancy clinician can offer to working together to reduce risks to children.

PS10.4-B4

OUTCOMES OF THE PILOT STUDY OF THE INCREDIBLE YEARS PARENT AND BABIES GROUP BASED PROGRAM

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Introduction While group-based parenting programs are recommended for treating conduct disorder in older children, it is not yet known whether they have a positive effect early in life. This paper reports the first known evaluation of a group-based program designed to promote parent-infant attachment and prevent problems from developing.

Method We collected baseline measures in the children's homes when they were an average three months old, and follow up measures six months post-baseline ($N=63$). Mothers were recruited consecutively to the intervention group and then once sufficient numbers had been recruited for the group subsequent mothers were recruited to the comparison control group. Mothers' positive play behaviors were independently coded from video recordings taken in the home. Other measures included socio-demographic data and self-reported maternal variables including self-efficacy and well-being and safety awareness. The home environment was rated for elements likely to encourage infant development and infants' development was also assessed.

Results After controlling for baseline scores, mothers that attended the program ($n=39$) were observed to be more sensitive towards their baby during play when compared to the mean scores for the control mothers ($n=24$). Self-reports of maternal confidence, mental well being and safety awareness and infant development were all scoring highly at baseline and no differences were found between the two groups on these measures.

Conclusions This paper provides limited evidence for the effectiveness of the Incredible Years Parents and Babies group-based program delivered in the first year of life. Further evaluation is needed to confirm and extend these results.

PS10.4-B5

'CLOSELY OBSERVED INFANTS': THE USE OF PSYCHOANALYTIC INFANT OBSERVATION IN PARENT-INFANT PSYCHOTHERAPY WITH PARENTS WITH SEVERE MENTAL HEALTH PROBLEMS

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Introduction This paper describes the applied use of naturalistic psychoanalytic infant observation in parent-infant psychotherapy offered in a Reachout Service for infants with parents with severe mental illness or mental health problems.

Method An applied participant form of naturalistic psychoanalytic infant observation was used as a clinical tool in parent-infant psychotherapy delivered in the home setting for infants of parents with severe mental illness or mental health problems seen by a specialist reachout service within Child and Adolescent Mental Health Services. Families to whom this service is provided are those that are not sufficiently well functioning to be able to access a clinic based service. Clinical material from a single case study is used to illustrate the method.

Results The applied use of psychoanalytic participant infant observation in parent-infant psychotherapy delivered in the home setting as part of a specialist service enabled extremely serious concerns about infant emotional development and parent-infant attachment to be identified and addressed. These serious concerns about the infants had not been previously identified by universal health and social care services. The results of a pre- and post-treatment clinical questionnaire are given to demonstrate the changes that took place in the clinical case described.

Conclusions Applied naturalistic psychoanalytic infant observation in the home setting is a valuable clinical tool both for identifying serious concerns about infants' emotional development and parent-infant attachment, and for engaging and working with parents with severe mental health problems in recognizing and addressing these concerns.

PS10.4-B6

EVIDENCE-BASED-PSYCHOTHERAPY INTERVENTIONS OUTCOMES IN YOUNG CHILDREN WITH DEVELOPMENTAL DISABILITIES AND BEHAVIOR PROBLEMS

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Introduction This study examined initial behavior problems and behavior improvement of children ages birth to 5 years referred for multidisciplinary to a university affiliated program, due to behavioral problems and suspected developmental disabilities, in the context of evidence-based-psychotherapy interventions involving young children and their caretakers.

Method The present study will be based on a secondary analysis of an existing electronic database and chart review from our clinic. The participants are young children in biological, adoptive or foster care homes, referred due to concerns with externalizing and internalizing difficult-to-manage behaviors as reported by main caretaker and/or preschool/day care teachers. Basic information, demographics and the following measurements were completed on some 150 patients: 1) Parent Report Form of the Child Behavior Checklist; 2) Ages & Stages Questionnaire; 3) Parent Stress Index, Short Form; 4) Family Support Scale; and 5) Patient Health Questionnaire 9, for maternal depression.

Results At initial screening, 65.5 % of children presented with clinically-concerning externalizing behaviors and 55.3% with clinically-concerning internalizing behaviors. Regarding Parental Distress, 42.5% had clinically significant range; 50.8 showed clinically significant parent-child dysfunctional interaction and 60 % of the children were deemed "difficult child". At 6-month post-treatment assessment, clinically significant drop in standardized scores from 74 down to 58 (for internalizing behaviors), and from 77 to 52 (for externalizing behaviors) was reported. Statistically significant reduction in Parental Stress Index (T-scores) were as follow: from 85 to 80.5 at 6 months, and from 87.5 to 76.0 at 12 months. **Conclusions** When working in psychotherapy with infants and young children it is crucial • Assessing for family risks factors, parental distress and developmental disabilities • Utilizing outside referral sources to help the families in areas that need support • Involving other systems in the child's life (pediatrician, school settings, etc.)

PS10.5-W1

FUSSY BABY NETWORK APPROACH TO FAMILY ENGAGEMENT: ATTUNING TO PARENTS IN THE MOMENT TO BUILD PARENTING CAPACITY

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Introduction Fussy Baby Network® (FBN) is a prevention program in the US for families of infants under one year who struggle with their baby's crying, sleeping, or feeding. The model maintains a dual focus on helping parents in the moment with their urgent concerns while building longer-term capacities of parental confidence and competence. Now a national model, FBN has affiliate sites in eight states and is funded to infuse its approach to family engagement into two national, evidence-based home visiting models: Healthy Families America® and Healthy Steps for Young Children. FBN approach to family engagement -called the FAN-is based on the principles of infant mental health and is a model for attunement. Using the FAN approach, the practitioner reads the parent's cues and matches one of five core processes to what the parent is showing he/she is most able to use in the interaction in the moment. The core processes are Empathic Inquiry (to validate and explore parent's feelings), Collaborative Exploration (to think together around the infant's needs and behavior, parent's theory of the problem and goals), Capacity Building (to build parent's confidence and competence in caring for their child) and Integration (to help parents reflect on themselves as parents and on their child). A fifth core process, Mindful Self-Regulation, focuses on the practitioner's ability to track, regulate, and use his/her own internal state in the interaction. This workshop will present the theory of change, intervention principles, and core processes and matching process with the with parent's cues. Video and verbal vignettes will be used to illustrate the model in two national sites. Research on the effectiveness of the model will be presented. The FAN approach is generalizable; core elements of training initiatives for evidence-based home visiting programs, pediatric residents, and early childhood mental health consultants will be presented.

PS10.5-W2

THE MOTHERS AND BABIES COURSE: A CBT INTERVENTION TO PREVENT PERINATAL DEPRESSION IN LOW-INCOME WOMEN

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Introduction The Mothers and Babies (MB) Course is an evidence-based cognitive-behavioral therapy (CBT) preventive intervention that is designed to reduce perinatal depressive symptoms and major depressive episodes and to improve maternal and child functioning in high risk, low-income Spanish- and English-speaking women (Muñoz et al., 2001).

Method The goals of this session are to: (1) provide an overview of the MB Course, the underlying theoretical CBT model, and demonstrated level of evidence from 3 randomized trials; and (2) teach participants how to implement the MB course. The content is organized into three modules emphasizing the relationship between mood/depression and: (a) *thoughts* - the cognitive component,

identify helpful and harmful thoughts to manage mood; (b) *pleasant activities* - the behavioral component, identify ways to change one's behaviors to increase mood; and (c) *interpersonal contacts* - the behavioral component, identify sources of support to improve mood.

Results Within each of the three modules, we will identify the core components, provide video demonstrations of selected activities, and model how we teach the group sessions. Participants will have an opportunity to practice these techniques and skills through group activities. Finally, participants will have an opportunity to discuss the adaptation and tailoring of manual content to special populations and/or settings. The session will be relevant to program managers who might like to integrate evidence-based mental health prevention services into their ongoing programs as well as front-line practitioners who are working with high risk mothers.

Conclusions The MB course has been shown to reduce depressive symptoms and major depressive episodes in high risk, low-income perinatal populations in the U.S. It has been implemented in prenatal care, home visiting and WIC programs. Others might find the manuals and content of use in other community settings.

PS10.6-W1

ON COUNTERTRANSFERENCE EMOTIONS AS A GUIDE TO MAKE THE ASSESSMENT POSSIBLE IN PRECARIOUS SITUATIONS

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Introduction These reflections arise from my experience as psychologist in a study on the development of children (2-5years) in homeless families (Enfams-Paris). Even if a quantitative methodology approach was adopted, a preliminary problem quickly captured my attention: how to create a contact which could make it possible to administer Vineland scales?

Method The problem, present in each ordinary assessment, was here really amplified. The setting was very often precarious (because of time, places, possibility of having a clearly defined space separated from parents). The most part of children had just arrived in France, they were growing up in a situation of social and cultural isolation and they had enormous anxieties about separations, losses and intrusions. This kind of situation, so different from those we are used to meet in our private practice, can be really disorienting.

Results At the beginning it usually leads to take refuge in passivity (just compiling the protocol of the scales as an «external» observer), or to hold onto the theory to find a tower of strength. If the first solution is certainly inadequate, the second is not less dangerous. Nevertheless the theoretical knowledge, making it his own, can enable us to create with the patient a «third way». Thinking of Winnicott, Bion and Stern's papers, I often started my sessions establishing «silent dialogues» made by rhythms, expressions, postures. When the language was present, the pitch was much more important than the content.

Conclusions Passing through the listening of my countertransference affects, listening to my listening (Faimberg), I could finally create a climate which allowed children to express their abilities.

PS10.7-S1

NEW APPROACHES TO TRAUMA-INFORMED CARE IN THE VOLUNTARY SECTOR

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Introduction Agencies that work with the most vulnerable and troubled people in society, including substance abuse, mental health, domestic violence, juvenile and adult justice, and foster care agencies have now become fully aware of the role trauma history and posttraumatic stress play in the life course and service needs of clients.

Method In the US the Substance Abuse and Mental Health Service Administration (SAMHSA) has established the National Center for Trauma-informed care to lead the way in defining Trauma-informed care and Trauma-specific interventions and to provide standards and trainings. In the UK, children's charity the National Society for the Prevention of Cruelty to Children has developed an ambitious new program of services working with vulnerable families during pregnancy and infancy.

Results This presentation defines and describes trauma-informed programming and provides examples of ways in which extant interventions and interventions under development can and could address the needs of pregnant women and their infants and families. Specific case scenarios will be presented which will highlight trauma-related needs of such women and their families and suggest ways in which trauma-informed and trauma-specific care might be best utilized.

Conclusions This presentation provides an overview of how a voluntary sector organization has approached the implementation and testing of trauma-informed interventions and suggests future directions for development and dissemination of such interventions.

PS10.7-S2

PTSD AND PREGNANCY

Julia Seng

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Introduction The first articles about trauma survivors and pregnancy appeared in the early 1990's as case reports in midwifery journals and reviews of the literature. Since then qualitative and quantitative reports converge in demonstrating adverse effects for women with a childhood maltreatment history, especially those with PTSD.

Method We will summarize results of perinatal, mental health, and bonding outcomes of resilient and PTSD-diagnosed women from a large (n = 1581) US study of first-time mothers, the STACY Project. Women in the STACY study were followed prospectively and

longitudinally from early pregnancy through six weeks postpartum. The STACY study aimed to determine the extent to which PTSD is associated with adverse outcomes during the childbearing year, including mental and physical health outcomes for mothers, and physical outcomes for infants related to gestational age and prematurity.

Results The STACY study found high rates of trauma exposure and PTSD among childbearing women, with the risk concentrated among those of low socioeconomic status. A history of interpersonal trauma predicted PTSD, and there was marked comorbidity with perinatal depression. Infants of mothers with abuse-related PTSD were at higher risk for both prematurity and low birth weight. PTSD during the pregnancy and also PTSD comorbid with depression predicted postpartum depression, and comorbid PTSD and depression predicted impairments in bonding via mothers' self-report.

Conclusions This study's findings suggest that the intergenerational cycles of both childhood maltreatment and psychiatric vulnerability are intersecting during the childbearing year and that interventions are strongly warranted.

PS10.7-S3

THE SURVIVOR MOMS' COMPANION: TRAUMA-SPECIFIC PSYCHOEDUCATION FOR THE CHILDBEARING YEAR: PILOT RESULTS

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Introduction Based on qualitative research and clinical experience, and with the needs of women affected by trauma and/or PTSD in mind, two midwife researchers developed the Survivor Moms' Companion (SMC) intervention and piloted it in the US and with collaborators in Australia.

Method The SMC is a 10-module self-study program that women work through with telephone-based tutoring sessions. It is a fully manualized intervention designed for low-resource settings and has low-literacy, audio-book, Spanish language, and culturally tailored versions. Originally designed for use prenatally, a postnatal version is being finalized. In this presentation we will describe the intervention and present pilot and quasi-experimental analysis results.

Results Pilot results show that the SMC was successfully implemented in low-resource settings with a high level of fidelity to the manual. Safety was demonstrated through monitoring of PTSD symptom level & distress, and participants reported high rates of satisfaction. Results of the intention-to-treat, pre- to post-test analyses evidenced improvements in anger management, interpersonal reactivity, and PTSD symptom management. Quasi-experimental analyses compared the SMC with the STACY prospective observational study. These indicate that pilot women in the SMC intervention would have less dissociation in labor, more favorable appraisal of maternity care, less PTSD postpartum, and more optimal bonding with their infants.

Conclusions These analyses affirm that the SMC is a promising intervention with the potential to assist women with trauma-related PTSD symptoms in pregnancy. Although prevention of adverse perinatal obstetric and psychiatric outcomes is our immediate consideration, we also hope to impact the prominent pattern of intergenerational transmission of abuse.

PS10.7-S4

THE CASEY COLLABORATION, MATERNITY CARE RESEARCH AGENDA AND IDEAS FOR THE FUTURE

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Introduction The CASEY Collaboration formed in 2012. It is an international, interdisciplinary, inter-professional group focusing on creating an evidence-based, trauma-specific intervention for the childbearing year. The priority effort is to conduct pragmatic clinical trials of pre-, peri-, and postnatal versions in the US, UK, and Australia.

Method We will describe the protocol planned for the efficacy phase and discuss alternative models and potential enrichments for the future. Aims for the efficacy phase include verifying the SMC decreases PTSD symptoms for mothers in the early parenting period, understanding the natural history across childbearing of both maternal mental health and maternal development for women with childhood maltreatment histories, and assessing effect of the SMC intervention on these trajectories. We also will develop follow-on effectiveness studies which we hope will help childbearing women break the cycles of maltreatment and psychiatric vulnerability through this front-line, health promotion and risk reduction strategy.

Results This presentation will focus on woman-centered and staff-centered concerns that drive design and implementation of trauma-informed and trauma-specific maternity care and can guide creation of other needed programs. We will demonstrate ways in which our research agenda brings together nursing, midwifery, clinical psychology, perinatal mental health, early parenting, and abuse prevention research and policy perspectives across 3 different advanced health care and social protection systems, and highlight the unique synergistic opportunity this collaboration presents to consider the clinical, service delivery, and policy implications of implementing the SMC across diverse systems, including in low-resource settings.

Conclusions Our major goal is to contribute to breaking the intersecting cycles of intergenerational transmission of childhood maltreatment and psychiatric vulnerability by disrupting these cycles during the critical perinatal window of opportunity with an evidence-based intervention tailored to suit the needs of clinicians, health systems, and the mother-baby dyads they serve.

PS10.8-W1

PARENT INFANT PSYCHOTHERAPY IN SITUATIONS OF EXILE AND MIGRATION: HOW TO BUILD A THERAPEUTIC ALLIANCE?

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Introduction To apply transcultural approach to the construction of a therapeutic alliance will be discussed. This technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another.

Method We will analyze in special the therapeutic consultations during the perinatal period in situations of migrations in 100 transcultural consultations. This period is particularly vulnerable for children and families. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be illustrated.

Results During the perinatal period, cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The address to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies... The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work.

Conclusions Some data of a research done in this setting about the representation that the patient has of this alliance will be given. Parent infant psychotherapy in situations of migration shows the importance of anthropology associated to a psychoanalytic perspective. It highlights the necessity to consider the cross-cultural aspect.

PS10.8-W2

ETHIOPIAN IMMIGRATION TO ISRAEL: A PROCESS OF ADAPTATION IN MOTHERING INFANTS

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Introduction The impact of immigration on parents and children has been studied across different cultures. Our study focuses on the experience of mothering infants in the context of immigration, among first and second generation Ethiopian immigrant mothers. We aimed to describe the process of acculturation in the context of opposite cultures.

Method The design of the study was qualitative, while using a semi-structured in-depth interview about marriage, pregnancy, childbirth and childrearing habits. Interviews were conducted among non-clinical 30 Ethiopian mothers of infants (aged 0-3), enrolled at the Well-Baby Centers from the same catch area and socio-economic status. Half of them were first-generation immigrants, and half were Israeli-born Ethiopian mothers. Data analysis was conducted according to the phenomenological approach, i.e. we identified main themes that describe the process that the mothers of both generations went through during pregnancy and first years of raising their babies.

Results Differences among the first-generation and second-generation mothers were found in parental beliefs, values and behaviors that are central to the experience of motherhood. Differences in parenting styles were found in six domains: Overall impact of immigration; Choice of spouse; Woman's status; Motherhood; Post-partum support system; Father's role. Second-generation mothers tend move away from the collective Ethiopian traditions, and value freedom and individuality, and encourage their babies' drive for autonomy. Also, significant differences were identified in their dealing with identity issues that are reflected in choosing to maintain or to reject the traditional practices of mothering infants.

Conclusions This qualitative study contributes to the identification of a unique phase in the overall acculturation process during the period of mothering infants. We suggest naming this specific type of acculturation as *motherhood acculturation*. This conceptualization may be useful in clinical cases of disturbed immigrant mother-infant relationships.

PS10.9-C1

DEVELOPMENT OF AFFECT REGULATION AND DEVELOPMENTAL DERAILMENT IN YOUNG CHILDREN WITH SEVERE MOOD DISTURBANCE: DEPRESSION AND PEDIATRIC BIPOLAR DISORDER

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Introduction Depression, mania, & bipolar disorder in early childhood have been controversial for at least 50 years (Carlson, & Glovinsky, 2009, Guedney, 2002, Witten, 1997). Children are diagnosed and misdiagnosed with these disorders at younger ages with few conceptual explanations that support resolution of these emotional struggles during early childhood.

Method Using both clinical vignette and video illustration of various behavior constellations, we integrate principles of dynamic systems theory and affect theory to discuss the development of normal moods, patterns of development that can be mistaken as mood disorder, and the derailment of moods, i.e., severe mood dysregulation. We discuss these disorders within a framework that incorporates biological, affective features of in-the-moment interactions, and relational components of development. The resulting open system use of multiple variables of development offers an individualized process that fits each unique child and each parent involved.

Results We will present a developmentally based model that emphasizes specific functional emotional developmental tasks required to repair derailment and support reestablishment of social and emotional growth. These functional emotional developmental tasks come from Greenspan's Axis V of the DC: 0-3. In showing these relational tasks, we highlight the use of satisfying interactions as well as acknowledgement of individual differences to support mood stabilization and resumption of effective and functional social and emotional development.

Conclusions Using the developmentally based individual differences, relationship based model, we will illustrate an effective and empirically supported developmental approach to psychotherapy with parents and their young children to address and resolve the emotional struggles inherent in mood disorders during infancy and early childhood.

PS10.10-C1

FROM SECRET TO FAMILY: TRYADIC TREATMENT WITH ADOLESCENT PARENTS AND THEIR CHILD

Yael Gal

MEITAR - Child Development Center, Golan Regional Council, Israel

Introduction Infants of adolescent mothers are at-risk for poorer developmental outcomes and increased incidence of behavioral issues. Adolescent parents are less likely to stimulate their infants and be sensitive to their needs. 33-50% of unwed adolescent fathers who live away from their children visit them weekly. Nevertheless, most of the programs for adolescent parenthood address mothers only.

Method Adolescent parenthood is relatively rare in Israel: only 0.6% of Israeli 15-19 year old women give birth to living babies. R was born to a 17-year-old mother. His Hebrew name, meaning "Secret," was given to him because no one except his father knew his mother was pregnant, till the very day of his birth. Tryadic treatment involving both parents will be described and discussed. The treatment, starting at 6 months of age, was held in a child development center. We addressed developmental issues, parents reflective functioning and limit setting. Treatment was accompanied by medical and psychological assessments and by occupational and speech therapy.

Results At the time of our first meeting, R was living with his mother at her parents' house, was being taken care of primarily by his grandmother and met his father irregularly. Therapy began with mother-child sessions, but the father joined in soon and came consistently even while serving in the army. The mother graduated high school and started working. When R was 3 years old his parents started living together as a family in an apartment of their own. R is today a happy 5-year-old boy who suffers from ADHD (as do his parents) and some cognitive delays: behavioral issues were elaborated in treatment and counseling.

Conclusions Tryadic treatment involves both mother and father. Programs for adolescent parents sometimes "skip the father," addressing mainly teen-age mothers. This case suggests that tryadic treatment may be a great opportunity for two young parents and their child, giving them a chance to become a family.

PS10.10-C2

PSYCHODYNAMIC PSYCHOTHERAPY AND TRAINING- TWO APPROACHES; SIMILARITIES AND DIFFERENCES

Elizabeth Tuters, Susan Yabsley

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Introduction We will present two approaches of infant-parent psychotherapy in terms of similarities and differences of the interventions. Both approaches are infant-led play interventions.

Method One- WWW (Wait, Watch, Wonder) requires the parent, usually the mother, to follow the lead of her infant and reflect on her infant's play, without the active involvement of the clinician, except in the role of giving the instructions and helping the parent reflect in discussion time and holding the frame. The second approach, IPP (Infant-Parent psychotherapy) also infant-led, but requiring more active participation by the clinician with both the infant and the parent. The clinician actively engages to help both the infant and parent to feel understood.

Results The clinicians intersubjectiveness and the use of the observing team and the teaching team will be discussed in the two approaches. We will delineate the core principles of both approaches and how the effect of live observation training impacts on all involved; the clinicians, the infant-parent dyad, the trainee observers.

Conclusions To illustrate these points we will present a power point along with clinical material. We encourage active participation with the attendees.

PS10.11 - NEW PERSPECTIVES IN THERAPY FOR MALTREATED CHILDREN

Chair: Kristie Brandt, Parent-Infant & Child Institute

PS10.11-S1

MOBIUS CARE FOR MALTREATED CHILDREN: USING A "TILE AND GROUT" APPROACH TO CREATE 168 HOURS OF THERAPY A WEEK

Kristie Brandt¹, Bruce Perry², John Horstein³, Annette Jackson⁴

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Introduction This session introduces "Tile and Grout" therapy for children having experienced maltreatment, trauma, or relational poverty. Ideally, children have nurturing caregivers aware of and able to continuously scaffold development. "Tile and Grout" leverages resources in a child's environment to establish, fortify, or replicate this ideal milieu, and advance therapeutic work.

Method Using this approach, each hour of a child's week is examined for therapeutic potential, and the environment assessed for resources, including opportunities for healthy, functional relationships. These are analyzed in light of the child's status and needs, and the week purposefully pieced together to create a continuous therapeutic milieu or mosaic. These elements are bound together using Brazelton's Touchpoints Model, Perry's Neurosequential Model of Therapeutics, and four basic constructs: 1) Neurodevelopmental and neuro-relational concepts; 2) A trauma and maltreatment informed approach; 3) Redefinition of therapy and therapist; and, 4) Safe, secure relationships as the basis for all therapeutic work

Results Neuro-relational development, healing, and wellbeing are facilitated by safe, secure, and nurturing relationships that are predictable, provide positive experiences, and stretch functional capacities toward higher levels. The "Tile and Grout" 168-hour approach rapidly advances therapeutic goals through the creation of continuous therapeutic opportunities and settings throughout the child's week that are respectful of the child's functional/developmental age and history. When caregivers are invited into the therapeutic team, understand a child's history and status (respecting confidentiality parameters), co-create functional/developmental goals, and observe changes in themselves and the child, serendipitous opportunities for therapeutic work emerge and unexpectedly rapid advancement can be realized.

Conclusions The "Tile and Grout" approach creates 168-hours a week of therapeutic opportunity and is being used with children in the United States, Canada, and Australia. By leveraging the unique resources within a child's environment, this model offers the potential for substantial therapeutic progress with limited need for additional funding.

PS10.11-S2

USING BRAZELTON'S NEURODEVELOPMENTAL AND RELATIONAL TOUCHPOINTS APPROACH IN DEVELOPING THERAPEUTIC STRATEGIES FOR CHILDREN

John Hornstein^{1,2}, *Kristie Brandt*³

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Introduction Child development progresses along predictable patterns characterized by brief functional/developmental disruptions preceding developmental advances. Such periods can be stressful for children, caregivers, and clinicians, particularly when other stresses are operant. Recognizing these disruptions allows clinicians to enter the caregiver-child system sensitively, and advance therapeutic efforts for maltreated children.

Method Recurring cycles characterize development and include: 1) brief disorganization of developmental status as new capacities emerge; 2) acquisition of the new capacity; 3) incorporation of the capacity within the child; 4) incorporation of the child's new developmental status within the caregiving system; and, 5) relative stability preceding another cycle. The universality and developmental necessity of these cycles is poorly understood yet causes parallel cycles within caregivers, clinicians, and systems. Misunderstanding the nature and meaning of these cycles can result in clinicians making inappropriate or ineffective therapeutic decisions, and other actions that may compromise or derail the developmental progression of children.

Results Based on over 50 years of qualitative and quantitative research, Brazelton's Touchpoints approach has demonstrated predictable cycles in development that at times can appear to be concerning regressions or stalled developmental progress. When an understanding of this cyclic pattern is incorporated into therapeutic planning for at-risk children, therapeutic work can be supplemented or transformed to more effectively meet the developmental needs and progression of the child, caregivers, and systems, and prevent developmental derailment. Key strategies have been identified for preparing and scaffolding caregivers and systems to support at-risk children and reduce the inevitable disorganization and anxiety that accompany development.

Conclusions Children develop in a process constructed on developmental cycles and influenced by a myriad of variables that can make these cycles more affectively charged, less predictable in their progression, and at risk for derailment. Use of Brazelton's Touchpoints is a neurodevelopmentally respectful element of care for maltreated and/or traumatized children.

PS10.11-S3

IMPLEMENTATION OF A MOBIUS CARE MODEL IN AUSTRALIA: THE "TILE AND GROUT" APPROACH FOR 168-HOUR THERAPY AT TAKE TWO

*Annette Jackson*¹, *Kristie Brandt*⁴

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Introduction Take Two in Victoria, AU, has been using Perry's Neurosequential Model of Therapeutics (NMT) for several years in providing therapeutic services to maltreated children. Brandt's "Tile & Grout" model has now been introduced to expand neurodevelopmentally respectful concepts into a matrix of NMT-based therapy for children 168 hours per week

Method After several years of working with Perry's Neurosequential Model of Therapeutics, Take Two was introduced in 2011 to Mobius Care models and the "Tile & Grout" approach, and began in 2012 to explore use of this approach in clinical services. Stages of introduction, training, and reflective consultation were explored, and a phased launch commenced in 2013. Clinicians had access to local training and international educational sessions by teleconference and recorded for later use. They also had access to peer support and bi-monthly phone consultation as they began working to create 168 weekly hours of therapy for the children being served

Results The results of 12 months of clinical use of the "Tile & Grout" approach at Take Two will be presented including the number of clinicians using the approach, clients served to date, its application in providing consultation and planning for those involved in the day to day care or teaching for vulnerable children and an analysis of both the results of the implementation approach and clinical outcomes for clients served. Anecdotal clinician reports on use of the method will be presented and the agency's impression of the model's utility will be discussed

Conclusions Quality services for maltreated and/or traumatized children within an agency requires continual attention to the efficacy of methods being used, and testing and incorporation of new promising practices. Take Two has a year of experience using a NMT-based "Tile & Grout" 168-hour therapeutic approach with children in Victoria, AU

PS10.11-S4

THE NEUROBIOLOGY OF EARLY CHILDHOOD AND THE NEUROSEQUENTIAL NATURE OF DEVELOPMENTAL IMPACTS FROM MALTREATMENT

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Introduction This session introduces the basics of neurobiology and the sequential pattern of neurodevelopment from prenatal life through early childhood. Disruptions in typical developmental patterns can result from sexual and physical abuse, neglect, and other forms of trauma. Understanding the timing and impact of such insults guides effective child-specific therapeutic approaches.

Method Data on a child's neurodevelopmental status can be gathered through systematically assessing history and functioning, relative to known developmental sequences, to determine the nature of disruptions and elucidate therapeutic strategies to effectively address the child's needs. The Neurosequential Model of Therapeutics (NMT) provides a brain-function mapping metric for analyzing neurodevelopmental status across multiple domains and understanding a child's core self-regulatory capacity through a Cortical Modulation Ratio. The developmental point when maltreatment and/or trauma occur coupled with protective factors and family history lead to unique developmental challenges and equally unique therapeutic needs that must be addressed on an individualized basis.

Results The effects of maltreatment in early childhood can be understood more completely through the lens of neurodevelopmental sequences in the prenatal and early childhood period, and tracing problematic alterations in functional/developmental status to the key points in a child's development where typical development was derailed. The ChildTrauma Academy in Houston, Texas, U.S.A. now has over 5,000 comprehensive brain maps on children who have suffered maltreatment, and complex patterns of multifactorial disruption have begun to be identified. This has led to an understanding of more effective ways to provide therapy that is uniquely tailored to a child's history and status.

Conclusions Children may suffer from multiple forms of developmental risk, epigenetic impacts, prenatal challenges, neglect, abuse, etc. that have differing impacts based on the developmental point of occurrence, length, severity, and other variables. Understanding history, developmental levels, and functional status, supports clinicians in crafting therapy to more effectively help a child.

PS10.12 - WORKING WITH INFANTS AT HIGH RISK; COMPARING APPROACHES IN THE CONTEXT OF SYSTEMIC DIFFERENCES

Chair: Jean-Victor Wittenberg, the Hospital for Sick Children, Toronto, ON, Canada

PS10.12-S1

PORTS OF ENTRY TO TREATMENT OF VERY POORLY COMPETENT PARENTS WITH THEIR INFANTS

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Introduction Very poorly competent parents are considered as difficult-to reach cases, with low motivation for treatment. They are usually referred by the Social Welfare system. In the great majority of the cases, the parents suffer from psychopathology, clustered with environmental risk factors (unemployment, lack of support, lack of resources).

Method Our community-based Infant Mental Health Unit has set up an intensive treatment model for these families, based on three assumptions: once-a-week session is not enough, creating an atmosphere of trust will take time and a lot of reaching-out, and the lack of support system is a common denominator. The treatment is based on two sessions per week, one of them an infant-group therapy, led by two co-therapists, and the other one is an individual triadic or triadic parent-infant interactional guidance therapy with the individual psychotherapist (who is also the case manager).

Results The model will be illustrated by video-clips, and we will present the measurement tools we use for the evaluation of the impact of this intensive model. The relative definition of what should be considered a good outcome in these extremely difficult cases, will be discussed and illustrated by a case family where two siblings were ultimately removed from their parents' custody following 6 months of intensive treatment. This seemingly negative outcome was actually considered as positive, because both parents worked through the fact of their failure to change, and the children were spared the time-consuming court process.

Conclusions Very poorly competent parents are a real challenge for clinicians. The standard outpatient format of therapy does not fit them, nor the usual definition of what we consider good outcome. Our model combines parent-infant group therapy and individual family therapy, with home visits as a reaching out measure.

PS10.12-S2

INFANT MENTAL HEALTH AND COMPLEX MEDICAL CARE

Jean-Victor Wittenberg^{1,2}

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Introduction This presentation describes the development of a consultation and treatment service by an Infant Psychiatry Program to medical and surgical programs in a large, academic paediatric hospital. Programs include a complex care program, plastic surgery, adolescent medicine and a teen mothers program, haematology and immunology, etc.

Method Case vignettes demonstrating the clinical relevance of attention to infant mental health are used to illustrate the process of developing trusting, collaborative relationships. Vignettes also reveal the range of clinical presentations needing infant mental health intervention. These have included feeding disorders, PTSD in infants and parents, developmental problems, concerns about abuse and neglect and relationship problems between parents and infants as well as between families and staff.

Results A primary principle has been to respond to the needs and concerns expressed by both healthcare providers and by families, while informing their concerns through a process of education about infant mental health and development.

Conclusions A new collaborative project to develop a standardized protocol that assesses sources and degrees of stress on infants and families in the process of healthcare investigation and treatment is described.

PS10.12-S3

TO SEE, TO HEAR, TO SPEAK: WORKING WISELY WITH INFANTS WHO HAVE EXPERIENCED NON ACCIDENTAL INJURIES

Megan Chapman^{1,2}, Campbell Paul^{1,3}

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³The University of Melbourne, Melbourne, Victoria, Australia

Introduction Winnicott's famous statement, "there is no such thing as a baby... a baby cannot exist alone, but is essentially part of a relationship" defines much of our work in Infant Mental Health. We work within the infant-parent relationship. But what happens when the parent has not been "good enough"?

Method This paper will explore infant mental health work with infants who have been hospitalised post experiencing serious injury at the hand of a parent. It will outline the consequence for a hospitalized, injured infant, separated from one, or both, parents, who becomes alone within a complex system of hospital staff, welfare agencies and forensic investigations. Often, working in a state of not knowing predominates, and the challenge of assisting treating teams within the hospital to sit with not knowing is met by the infant mental health clinician. Within the centre of this complex system is the infant.

Results Whilst engaging and holding the surrounding system, Infant Mental Health clinicians are concurrently holding and working directly with the baby. We are attempting to make sense of the experience of the infant: to see, to hear, and then to speak, to make sense for the infant and for the system now caring for them. The challenge of this work, and its impact on the infant mental health clinician, will be discussed, particularly in relation to working in circumstances when information is unknown or withheld, and working with family members who are, or are suspected to be, the perpetrators of harm.

Conclusions The paper will include a series of case vignettes from cases seen by the Infant Mental Health Team at Royal Children's Hospital, Melbourne, to illustrate the clinical work undertaken with such cases, and its complexities.

PS10.12-S4

THERAPEUTIC INTERVENTION FOR HIGH RISK INFANTS: REPAIRING PROBLEMS IN VULNERABLE PARENT-INFANT RELATIONSHIPS WITHIN AN IRISH PRIMARY HEALTH CARE SETTING

Catherine Maquire

Health Service Executive, Cork, Ireland

Introduction Infant mental health services in Ireland have been slowly developing within primary, secondary, and tertiary health services. However, many gaps exist in service provision, in particular, the delivery of targeted interventions for high-risk infants in primary care settings. This is a significant challenge for clinicians.

Method Referrals of high risk infants present with a history of abuse and neglect, are at risk of entering into the care system and often, are growing up in a background of considerable adversity within their caregiving systems. High risk infants problems are evident at biological, psychological and social levels; parental systems are frequently complex and parental capacity may be compromised.

Results Referrals are generally received from social workers. Examples of clinical practice within the service delivery include consultation, collaboration with other disciplines involved and the development of a wraparound interdisciplinary therapeutic intervention. Systemic challenges have been experienced in managing the delivery of IMH services in vulnerable parent-infant caregiving relationships within the service context.

Conclusions This presentation will address work to date on the development and delivery of an infant mental health service for high-risk infants in a defined community based health setting. The IMH assessment and tailored therapeutic intervention model that has been developed and integrated into current service delivery will be discussed.

PS 10.13 – POSTER WORKSHOP 14: INTERVENTIONS

Facilitator: Astrid Berg, University of Cape Town, Cape Town, South Africa

PS10.13-PW1

MUSIC THERAPY IN FAMILY-CENTRED EARLY INTERVENTION PROGRAMS FOSTERS POSITIVE PARENT-CHILD RELATIONSHIPS

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Introduction The purpose of this paper is to show how involving families, who have a child with multiple special needs, into an Early Intervention (EI) Music Therapy program helps improve the well-being of the parent. This, in turn, helps the parent-child relationship and promotes positive development in the child.

Method "I was trying to be a therapist with my child. Then music therapy helped me become a Mum and be able to play with him". This comment was from a mother in an EI program over 20 years ago. More recently: "Please help me play with my child" was the plea from a mother with no access to an EI program who was told her severely-disabled child was too young to work with. If one acknowledges that the quality of interactive experiences influences the development of a child with special needs, then a lot of responsibility rests upon the shoulders of the parents.

Results Many parents in EI programs are grieving over not giving birth to a healthy baby. Such parents, while moving through a grief process, may engage in parenting behaviors that are not growth-promoting. Research indicates that the well-being of parents is paramount to the developing parent-child relationship. This paper will outline results from the author's clinical experience and evidence-based qualitative research. The results indicate that Music Therapy, as one discipline in EI programs, is an effective intervention in promoting positive parent-child interactions.

Conclusions Results from the author's research indicate how parents themselves perceive positive changes in their relationship with their child after being involved in a centre-based EI Music Therapy program. These findings are in line with current literature supporting best practice in EI. Babies and their parents: their combined contributions, our responsibilities.

PS10.13-PW2

TELENOVELAS: A PORT OF ENTRY FOR TRAUMATIZED PARENTS?

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Introduction Young Children's Health Center (YCHC) serves a predominantly immigrant rural Mexican population. Many mothers are isolated and depressed with a strong trauma history. YCHC's home visiting program revealed the strong presence of telenovelas in the home. We hypothesize that this may contribute to normalizing the mothers' trauma and violent relationships.

Method We recruited 18 women assessed for depression with the PHQ-9 Questionnaire (cut off of 3 with PHQ-2). We implemented a Circle of Security (COS) Parenting Education Group – an attachment-based intervention to enhance maternal reflective capacity. The mothers have expressed a strong desire to continue, which presents an opportunity to explore the impact and meaning for them and their children of the pervasive and extreme violence portrayed in telenovelas. We created an assessment scale to determine whether these women were able to enhance reflective capacity in their relationships and alert them to the effects of violent telenovelas on their children.

Results Of the 18 women who started the group, 10 completed the COS. Overall, the Adult Adolescent Parenting Inventory was minimally changed comparing pre-and post-test results. Their depression remained, but they felt more able to cope with their affect and their interactions with their children and loved ones. Introducing the telenovela assessment scale alerted these women to interpersonal dynamics affected by trauma that may be activated by mass media. Four psycho-education sessions addressed media and its effects on perceptions of violence within intimate relationships and on children. Results of how these sessions impacted these women will be completed in December 2013.

Conclusions Many women using our pediatric medical home have suffered extreme poverty and trauma. An attachment-based parenting group can begin self-reflection in the context of parenting. Telenovelas, a cultural staple, provide a novel way for these women to deepen self-reflection on how media impacts both their trauma and their children.

PS10.13-PW3

THE CLINICAL EYE THROUGH THE CAMERA LENS.COMBINING PSYCHOANALYSIS AND VIDEOFEEDBACK IN MOTHER-INFANT INTERVENTIONS: A CLINICALLY-ORIENTED EXPERIENCE

Valentina Manna, Valentina Boursier

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Introduction Recent research trends on mother-infant dyads use videofeedback in a clinical-psychodynamic perspective to explore and modify mother's representations about her child and her relationship with him (Lieberman,2004).This study illustrates a clinically-

oriented experience of videofeedback, also testing its effectiveness in improving the responsivity of mothers with high levels of work-family conflict.

Method We conducted a pilot home-based program for promoting positive parenting by using psychoanalytically informed videofeedback as a tool for early intervention. 30 mother-infant dyads participated over a brief cycle of psychoanalytically oriented consultations (4 meetings), including a videofeedback session. The video-intervention aims at translating details of mother-child interaction revealed by video-observation into terms the mother can absorb (Beebe, 2003) and she can use to improve her responsivity towards her child. Measures of parental stress were taken pre and post-intervention using Parenting Stress Index; videorecs were conducted with CARE-Index methodology (Crittenden, 2004) and used as stimuli for discussions; parent exit interviews explored perceived effects and utility of videofeedback sessions.

Results The videofeedback procedure makes the mother become an object of observation to herself: it seems to cause a "perturbing" effect on the unconscious allowing the access to latent dimensions. Participants considered useful the videofeedback for the "mirror effect" of "watching themselves" and of receiving returned by the clinician ignored parts of the mother-child relationship. Moreover, it promotes the encounter between the *real child* and the *imaginary* one, fostering mother's identification with her child and her comprehension of child's needs. Pre and post-measures revealed a reduction of defensive responses at PSI and an increased disposition to recognize dysfunctional aspects of the relationship. Exemplar collected video-cases will be illustrated.

Conclusions Results of the study are encouraging for the use of psychoanalytically informed videofeedback in early interventions: it seems to promote insight, memory and awareness. Implications for the prevention of risk and the promotion of positive parenting will be discussed in a clinical perspective.

PS10.13-PW4

JOINT CHILD AND ADULT PSYCHIATRIC CONSULTATION IN MOTHER- CHILD ATTACHMENT DISORDER

Marie Jeanne Schon, Annette Muehe

Centre Hospitalier de Luxembourg, Luxembourg, Luxembourg

Introduction The adult and child psychiatric teams of the Centre Hospitalier de Luxembourg, a general hospital in Luxembourg City, organize joint therapeutic interventions in situations where pregnant women or young mothers present psychiatric disorders, endangering mother-child relationship, child development and mental health.

Method In our clinical teach-in we will present our model of joint adult and child psychiatric mother-baby care in a general hospital. We will develop this specific form of treatment, the theoretical psychoanalytic, systemic and attachment-theory references as well as some clinical situations of mothers suffering from severe depression, psychosis or personality disorder. In the Centre Hospitalier de Luxembourg the mother-baby consultations, including if possible the father and/or other important reference persons for the child and his mother, are part of a larger care program for children and their parents who suffer from psychiatric diseases.

Results During joint mother-baby admission, mothers and babies are cared for by the staff of the unit they are hospitalized in (adult psychiatry department, maternity hospital or paediatric department). In general the therapeutic mother-baby sessions are proposed during in-patient treatment of the mother and her child and can be continued after hospital discharge. Consultations are given by psychiatrists and psychologists who are specially trained in early mother-child psychotherapy and family-therapy. The multi-disciplinary and cross-department care including specific therapeutic interventions by complementary task forces is completed by these joint consultations with an adult psychiatrist and a child psychologist or psychiatrist.

Conclusions Joint child and adult psychiatric consultation as an element of multidisciplinary treatment in mother-child attachment disorder is a means to support their relationship endangered by psychiatric disease. The establishment of a perinatal network can prevent separation of mother and child and promotes the child's development.

PS10.13-PW5

INFANT AND MATERNAL DEVELOPMENTAL NEEDS: A FRAMEWORK FOR TREATING INFANT SLEEP PROBLEMS

Jean Twomey^{1,2}

¹Women & Infants Hospital, Providence, RI, USA, ²Brown Alpert Medical School, Providence, RI, USA

Introduction Parents often seek help because of difficulties their infants have transitioning to and maintaining sleep. It is estimated that 20% - 30% of infants, toddlers and preschoolers experience sleep problems. Sleep problems almost inevitably adversely impact parental sleep which can affect the parent's psychological state and the parent-infant relationship.

Method An overview of the prevalence and treatment of common infant sleep problems and their impact on parental mental health and the parent-infant relationship is provided. The impact of intervention strategies that are informed by a framework that takes into account maternal as well as infant developmental needs is discussed. Case material illustrates how life stressors and fatigue decreased maternal emotional availability and pleasure in the child. Work on sleep created opportunities for the mothers to understand how important their emotional availability was to promoting their children's developmental and emotional well-being and how important their child was to their own psychological state.

Results In the process of working on their children's sleep, the mothers made changes in the parent-infant relationship in ways that promoted developmental and emotional growth for mother and child. The restorative powers of predictable and consistent sleep helped them to more realistically view and understand their children's emotional and developmental needs. In the case examples of mothers who were at different stages of adult development, infant sleep patterns stimulated and underscored aspects of their own developmental phases. Parental developmental needs can be a factor in reactions to their infant's sleep and should be considered in developing sleep recommendations.

Conclusions Families benefit when an understanding of the developmental and relational needs of both parent and child are applied to treating infant sleep problems. In doing so, parents can learn to more effectively respond to their infants sleep needs and parent-child relationships may be enriched.

**CONGRESS SESSIONS
WEDNESDAY 18TH JUNE**

**MASTER CLASS LECTURES
0800 - 0855**

M15 - FRONTIERS OF PARENTING NEUROSCIENCE: FROM BASIC UNDERSTANDINGS TO TREATMENT OPTIMIZATION

James Swain, University of Michigan, USA

Infant Mental Health will be discussed through the lens of the Parental Brain. A variety of new research approaches will be discussed on the brain basis of parenting behaviors, disorders of parenting, developmental consequences for parenting, and interventions for mothers, fathers and infants.

M16 - ATTACHMENT AND PSYCHOPATHOLOGY: PROGRESS AND NEXT STEPS

Pasco Fearon, University College London, UK

The field of attachment has made a very significant contribution to our understanding of children's adjustment and of the risk and protective mechanisms involved in the development of psychopathology. Much more is now known about the extent, and limits, of attachment as an environmental process influencing children's outcomes. The field has also produced a range of therapeutic and preventative interventions that are being increasingly rigorously tested and implemented. In this lecture, I will provide an overview of the state of play, as I see it, of the clinical implications of attachment theory and research and will discuss some of the major challenges facing the field as we go forwards. In particular, I will draw attention to several key issues that need to be resolved if the field is to take the next substantive steps towards more effective interventions.

M17 - TRAUMA THROUGH THE EYES OF A YOUNG CHILD: PREVENTION, INTERVENTION AND TREATMENT

Joy Osofsky, LSU Health Sciences Center, New Orleans, USA

Children of all ages are traumatized by exposure to community and domestic violence, abuse and neglect, and other adversities such as disasters as both victims and witnesses. When children are traumatized by violence exposure, they will show behavioral, emotional, social, and cognitive effects. Parents and caregivers, especially those living with violence in their environments and homes, who are supposed to protect and nurture their children, are also often traumatized themselves. Prevention of children's exposure is very important, and educating others in their environment related to the negative effects of trauma exposure is crucial. Intervening as early as possible can prevent more serious outcomes. Mental health professionals can help traumatized children by gaining more understanding of developmental implications, being better able to identify and evaluate problems, and learning about effective interventions and therapeutic services. Awareness of the risk of vicarious traumatization and compassion fatigue in intervening with and treating traumatized children is also important.

M18 - REPAIRING THE EFFECTS OF TRAUMA ON INFANTS AND THEIR PARENTS: BENEFITS AND CHALLENGES OF RELATIONSHIP-BASED TREATMENT

Alicia Lieberman, University of California, San Francisco, USA

This talk will describe the theoretical framework, clinical strategies, and research findings on the effectiveness of child-parent psychotherapy to repair the parent-child relationship and restore the mental health of traumatized infants and toddlers. The opportunities and challenges presented by focusing simultaneously on the parent's and the infant's emotional functioning, traumatic experiences, and behaviour will be discussed and illustrated with clinical examples.

**PLENARY LECTURE 5
0900 – 1015**

Moderator: Miri Keren, M.D, President of WAIMH, Israel

ARE YOU MY MOTHER? MATERNAL CARE AS THE SOURCE OF EARLY PSYCHIC LIFE AND SOME CONSEQUENCES ON DYADIC INTERACTIONS AND BRAIN DEVELOPMENT, WITH CLINICAL VIGNETTES OF INFANT-MOTHER PSYCHOTHERAPY

Christine Anzieu-Premmereur, Columbia Psychoanalytic Center for Training and Research, New York Psychoanalytic Institute

In this talk the maternal support and its role on infant mental health will be discussed from a psychological and neurobiological perspective. Sigmund Freud's description of the importance of a maternal protective shield for early psychic life will be reviewed, followed by consideration of how French psychoanalysts have developed this theory and applied it to understanding psychosomatic processes during infancy. Consequences on brain development and emotional regulation in babies will be included in this presentation. Winnicott's theory of primary maternal preoccupation and early trauma will be also discussed, as well as Bion's notion of containment and maternal reverie. The therapeutic technique to promote positive mother-infant relationships will be considered with the example of the treatment of a pregnant woman who suffered from trauma and psychosomatic symptoms. Of particular focus will be the interventions made with this woman's sleepless infant, illustrating how the traumatized mother integrated the analyst's containing function and used this capacity to contain her own child.

AWARD CEREMONY: RENE SPITZ

PARALLEL SESSION 11

1045 – 12.15

PS11.1 - CO-PARENTING DURING PREGNANCY

Chair: Massimo Ammaniti, Sapienza University of Rome

Discussant: Elizabeth Tuters, International Psychoanalytical Association, Toronto, Canada

PS11.1-S1

MATERNAL AND PATERNAL REPRESENTATIONS DURING PREGNANCY: A COMPARISON

Massimo Ammaniti, Renata Tambelli, Flaminia Odorisio

Sapienza University, Rome, Italy

Introduction The study explored maternal and paternal narratives during pregnancy in order to define specific styles of parenting. The aim was to assess possible similarities and differences in the construction of mental representations in women and men expecting their first baby.

Method 624 expectant parents were selected (312 women/ 312 men) in public and private family services which follow parents until the birth of their baby. The age range in this sample was 25-43 years for women; 27-45 years for men. Between the 28th and the 34th week two clinical semi-structured interviews, IRMAG-R (Interview for maternal representations during pregnancy-revised version) and IRPAG (Interview for paternal representations during pregnancy), were administered to both parents.

Results Results seem to support the hypothesis that during the last trimester of pregnancy both women and men have already elaborated a representation of the self as a mother/father and of their baby. Therefore future mothers and fathers already show a different style distribution of parental representations and specific differences in underlying dimensions of self and baby's representations. The majority of parents manifest integrated representations of the self as a parent and of the baby. The minority of parents develop ambivalent or restricted representations of the self as a parent and of the baby. Important differences in distribution of men and woman's styles are found.

Conclusions Fathers tend to develop a higher percentage of restricted representations, characterized by a strong emotional control, with psychological mechanisms of rationalization. By contrast, mothers show a prevalence of ambivalent representations characterized by conflicting behaviors with respect to their own motherhood and/or their baby.

PS11.1-S2

CO-PARENTING DURING PREGNANCY AND ULTRASOUND IMAGE OF THE BABY

Francesca Menozzi, Silvia Mazzoni, Massimo Ammaniti

Sapienza University, Rome, Italy

Introduction Obstetric ultrasound sonography is routinely used in clinical practice and couples are used to seeing the foetal image and movements from the beginning of pregnancy. These images produce strong emotions in parents and inevitably influence their representations (Candelori et al., 1991; Missonnier, 1999).

Method This study aimed to observe co-parenting interactions and parenting behaviors during pregnancy, while parents were watching their baby through the 4D ultrasound. Participants: 20 primiparous couples undergoing 4D ultrasound between weeks 24th and 28th of pregnancy. Couples were asked to review the last 4D ultrasound video and to interact in four distinct parts, as in the prenatal Lausanne Trilogue Play paradigm (LTP, Carneiro et al., 2006). The interactions were video-recorded and coded in order to assess the quality of prenatal co-parental interactions (Carneiro et al., 2006), parental behaviors and dialogues activated by the 4D ultrasound.

Results Analysis of parental interactions during the observational procedure revealed some dimensions of the prenatal co-parenting alliance (Carneiro et al., 2006; Fivaz-Depeursinge, 2010) as *Couple's Cooperation* and *Family Warmth*. The analysis of maternal and paternal dialogues and the microanalysis of parental behaviors clarify that mothers and fathers are able to acknowledge *their* baby in the 4D ultrasound video and show some non-verbal parental behaviors toward the baby (in smiles, imitation and infant-directed speech).

Conclusions These exploratory findings indicate the significant role of obstetric ultrasound in the process of transition to parenthood, evidencing how the foetal image can allow parents to share conscious fantasies about the baby, thus contributing to shape the new co-parenting relationship.

PS11.1-S3

MATERNAL AND PATERNAL ORIENTATIONS TO PREGNANCY AND EARLY PARENTING

Joan Raphael-Leff

University College London, London, UK

Introduction Societies-in-transition offer little traditional continuity across generations leaving new parents free to follow their own 'orientations' (conscious and unconscious inclinations). However, the intensity of dyadic parenting, the complexity of partner

relationships and lack of a supportive framework take an emotional toll, increasing each parent's difficulty of achieving antenatal expectations.

Method Based on in-depth qualitative longitudinal studies, a model of Facilitator, Regulator, and Reciprocator maternal orientations was delineated. This was replicated through questionnaires administered in several independent research on large scale community samples in the UK, Israel, Belgium, Portugal, Mexico, Australia and elsewhere (for details see Raphael-Leff (1991) *Psychological Processes of Childbearing*, London: Chapman & Hall, Fourth edition London:Anna Freud Centre, 2005). Orientations reflect each mother's cluster of beliefs about pregnancy, birth, and parenting style according to the perceived needs and capacities of the baby. Similarly, fathers tend to be Participators, Renouncers, Reciprocators or Conflicted.

Results **Facilitators** tend to relish the pregnancy, plan a 'natural birth', and postnatally, adapt devotedly to the baby; **Regulators** endure the pregnancy, plan a 'civilized' birth, and expect the baby to adapt to the household. **Conflicted** parents veer inconsistently between these two orientations. **Reciprocators** exhibit healthy ambivalence, tolerating uncertainty antenatally, and negotiating with the baby postnatally. When identified antenatally orientations predict future interaction with the newborn, remaining consistent until toddlerhood, although they may change in subsequent pregnancies. The combination of complementary or clashing parental styles contribute to postnatal well-being or distress.

Conclusions Perinatal disturbance arises with failure to fulfill personal expectations. Clinical experience ascribes heightened emotions during pregnancy and early parenthood to reactivated fantasies and unconscious 'contagious arousal' through interaction with the baby and close contact with primal substances retriggering unremembered implicit experience. Defence patterns are orientation-specific: manic, intellectual-obsessional, and over-involved/detached respectively.

PS11.2 - RISK, RESILIENCE, AND REPRESENTATIONS: FINDINGS FROM THE MICHIGAN INFANT RESEARCH CORRIDOR

Chair: Marjorie Beeghly, Wayne State University

Discussant: Catherine Maguire, Mallow Primary Health Care Centre, Mallow, County Cork, Ireland

PS11.2-S1

DIFFERENTIAL IMPACT OF THE GHOSTS IN THE NURSERY: PARENTING RESILIENCE AMONG MOTHERS WITH POSTTRAUMATIC STRESS DISORDER

Erika Bocknek¹, Maria Muzik², Katherine Rosenblum², Marjorie Beeghly¹, Ellen Waxler McGinnis², Lindsay Hamilton²
¹Wayne State University, Detroit, MI, USA, ²University of Michigan, Detroit, MI, USA

Introduction Scientific inquiry in the field of infant mental health has long described the role that mothers' ghosts may play in parenting (e.g., Lieberman, Van Horn, Padron, & Harris, 2005), yet few empirical studies have examined the impact of postpartum posttraumatic stress disorder (PTSD) symptom patterns on parenting and child outcomes.

Method We describe the PTSD symptom trajectories of 250 women oversampled for childhood maltreatment histories from 4 to 18 months postpartum, and study their predictors and consequences. Four distinct symptom groups emerged in latent class growth analysis: Women in groups 1 and 2 had low PTSD symptoms across this time period, and women in groups 3 and 4 had high symptoms. Women in group 3 had fluctuating, high-low PTSD symptom patterns, and women in group 4 had chronically high PTSD symptoms.

Results Women in the healthiest group (group 1) reported greater parenting competence ($F=6.09, p=.00$) and demonstrated more positive engagement with the infant during a teaching task than women in group 2 ($F=4.65, p=.00$). Women in the chronically high symptom group (group 4) exhibited the worst parenting skills. Childhood maltreatment history and lifetime PTSD diagnostic status did not differentiate women in groups 3 and 4 ($\chi^2=1.36, p=.72$), but women in group 4 were more likely to have co-morbid depression and poor bonding with their infants at 4 months, and their children showed more behavior problems in toddlerhood ($F=4.65, p=.00$).

Conclusions Women with histories of childhood maltreatment exhibited variable, distinct PTSD symptom trajectories from 4-18 months postpartum, which predicted different patterns of maternal and child outcomes. Dyads in the fluctuating symptom group exhibited more positive outcomes than dyads in the chronically high symptom group. Potential sources of resilience will be described.

PS11.2-S2

MOTHERS' SECURE BASE SCRIPTS: ASSOCIATIONS WITH PARENTING AND INFANT AND TODDLER SOCIAL-EMOTIONAL FUNCTIONING IN A HIGH-RISK SAMPLE

Alissa Huth-Bocks, Katherine Guyon-Harris, Jessica Riggs, Meredith Merlanti, Erica Rouleau, Emily Gutman
Eastern Michigan University, Ypsilanti, MI, USA

Introduction Waters and Waters (2006) have argued that experiences with secure base support generalize into secure base 'scripts', which may be the cognitive underpinnings of internal working models. Research suggests that secure base scriptedness is related to parenting behavior and child attachment; however, little is known about associations in higher-risk samples.

Method Participants included 120 racially diverse, economically disadvantaged women followed from pregnancy through their child's third birthday; data for the current study come from the 1- and 2- year multi-method interviews. Secure base scripts were measured using the Attachment Script Assessment (Waters & Rodrigues, 2001) at age 1. Maternal interactive behavior was coded from mother-infant play episodes at age 1 and is being coded for age 2. Maternal sensitivity was assessed using the Mini Maternal Behavior Q-Set (Bailey et al., 2009) at age 1 and 2, as was infant/toddler functioning using the Brief Infant-Toddler Social Emotional Assessment (Briggs-Gowan & Carter, 2002).

Results Results indicate that maternal secure base scriptedness was associated with more positive ($r = .20, p < .05$) and less negative ($r = -.31, p < .01$) maternal behavior during free play at age 1, as well as with greater maternal sensitivity at age 1 ($r = .24, p < .05$) and

age 2 ($r = .28, p < .05$). Furthermore, maternal secure base scriptedness was associated with fewer child social-emotional problems at age 1 ($r = -.22, p < .05$) and age 2 ($r = -.29, p < .01$).

Conclusions Results suggest that secure base scripts are an important aspect of a person's representations of attachment, and predict parenting behavior and early child social-emotional functioning in high-risk families. Secure base scripts appear to be a promising avenue for future research, with relevance to interventions aimed at altering representations and behavior.

PS11.2-S3

INFANT EFFECTS ON CAREGIVER MENTALIZATION: CHILD CHARACTERISTICS INFLUENCE PARENTS' AND EDUCATORS' MENTAL STATE LANGUAGE IN A STORY-TELLING TASK

Claire Vallotton¹, Holly Brophy-Herb¹, Tzu-Fen Chang¹, Wen Wang¹, Chamarrita Farkas²

¹Michigan State University, East Lansing, MI, USA, ²Pontificia Universidad Catolica de Chile, Santiago, Chile

Introduction Parents' mental state language (cognitions, desires, emotions) in interactions with children reflects their attribution of thoughts, feelings, and intentions to child behavior, which support secure attachment and children's social-cognitive skills. Although educators also vary in representations and mentalization of children, little is known about their use of mental state language.

Method Although infant characteristics and behaviors contribute to child-caregiver relationships and interactions, little is known about child effects on parents' or educators' mental state talk. The current study examines the relation of infant characteristics ($N=60$) to parents' and educators' mental state talk when telling two open-ended stories about situations that could evoke emotions. Stories were transcribed and coded for emotions, cognitions, desires, attributes, physiological states, links to child's life, factual and causal talk [inter-coder agreement, $Kappa > .75$]. Child characteristics include sex (56% boys), age ($M=12.5$ months), language skills (Bayley exam), three temperament dimensions (parent-reported Infant Behavior Questionnaire), and social skills (parent-reported Bayley).

Results Overall, educators talked more than parents about desires ($t=2.024, p < .05$) and emotions ($t=2.533, p < .01$), and had higher frequency ($t=2.597, p < .05$) and variety ($t=1.723, p < .10$) of mental state talk, controlling story length. Parents used more mental state language with children who were less developmentally advanced (language: $r = -.681, p < .001$; social skills: $r = -.388, p < .05$), but told shorter stories to children with greater negative emotionality ($r = -.328, p < .10$). Conversely, educators told longer stories to the children with greater negativity ($r = .589, p < .01$), but talked less about emotions ($r = -.354, p < .05$) and more about facts ($r = .389, p < .05$). Educators talked more about physiological states with older children ($r = .333, p < .05$).

Conclusions Our findings indicate that children's characteristics affect adult representations: Parent-reported child characteristics influenced educators' mental state talk, and both objective (e.g., age, sex) and examiner-tested child characteristics (language) influenced differences in both parents' and educators' mental state talk. However, parents' and educators' mentalization of infants were altered by different characteristics.

PS11.2-S4

MATERNAL REFLECTIVE FUNCTIONING AS A MODERATOR OF THE RELATIONSHIP BETWEEN INFANT NEGATIVE TEMPERAMENT AND LATER BEHAVIOR PROBLEMS

Kristyn Wong^{1,2}, Ann Stacks^{1,2}, Katherine Rosenblum³, Maria Muzik³

¹Merrill-Palmer Skillman Institute, Detroit, MI, USA, ²Wayne State University, Detroit, MI, USA, ³University of Michigan, Ann Arbor, MI, USA

Introduction Individual differences in negative temperament emerge early, are relatively stable over time, and predict later behavior problems (Rothbart & Derryberry, 1981). However, not all infants with negative temperament exhibit problems. We hypothesized that mothers' level of reflective functioning would moderate the association between infant negative temperament and toddler behavior problems.

Method Analyses were based on data collected from 83 mother-infant dyads participating in a larger longitudinal study of childhood trauma. At 6 months, mothers reported on their infants' temperament using the Infant Behavior Questionnaire (Gartstein & Rothbart, 2003), and at 18 months, their toddlers' internalizing and externalizing behavior problems using the Child Behavior Checklist (Achenbach and Rescorla, 2001). To evaluate reflective functioning, mothers were administered the Parent Development Interview-Revised (Slade, Aber, Bresgi, Berger, & Kaplan, 2004). Interviews were audiorecorded and later transcribed and scored for level of reflective functioning by trained, reliable coders masked to mothers' responses on the self-report measures.

Results Consistent with prior literature, infant negative temperament at 6 months was significantly correlated with total toddler behavior problems at 18 months ($r = .40, p < .01$). Results of moderation analyses revealed that maternal reflective functioning significantly moderated the association between infant negative temperament and total toddler behavior problems, $\Delta R^2 = .215, F(3, 79) = 7.22, p < .001$. Findings suggest that variations in maternal reflective functioning may help explain why early infant negativity does not always lead to later behavior problems.

Conclusions Early IMH interventions that promote parental reflective functioning may prove effective for parents whose children exhibit early behavioral dysregulation. Helping parents reflect on their own and their children's internal experiences may promote more optimal caregiving environments by enhancing sensitive parenting and supporting the growth of positive parent-infant relationships.

PS11.3 - RESEARCH ON THE INTENSIVE CIRCLE OF SECURITY MODEL: PERSPECTIVES FROM FOUR CONTINENTS

Chair & Discussant: Neil Boris, University of Central Florida-Nemours Children's Hospital, Orlando, Florida, USA

PS11.3-S1

IS THE CIRCLE OF SECURITY 20 WEEK INTERVENTION EFFECTIVE IN IMPROVING CHILD ATTACHMENT, REPORTED CHILD BEHAVIORAL AND EMOTIONAL DIFFICULTIES, PARENTING STRESS AND PARENTAL MENTAL HEALTH

Anna Huber^{1,2}, *Cathy McMahon*¹, *Liz Challis*², *Sonia Costello*², *Shweta Baldawa*²

¹Macquarie University, Sydney, Australia, ²Marymead Centre for Early Life Matters, Canberra, Australia

Introduction The Circle of Security 20 week intervention seeks to improve parent relational capacities by improving reflective functioning and challenging maladaptive representations of self as caregiver and of the child. This presentation examines whether COS is effective in reducing parenting stress and child behavior problems, and changing parent-child attachment.

Method Baseline (T1) and post intervention (T2) data were analyzed from 83 dyads referred for child behavior problems or parent-child relationship problems who completed COS in a community based clinical program in Australia. T1 and T2 measures included parent ratings of parenting stress (PSI) parent and child carer/ ratings of child behavioral and emotional difficulties (DECA-C, CBCL). T1 and T2 child attachment was coded for 55 dyads (child age <=4 yrs) from videotaped Strange Situation procedures, with 19% double coded. Maternal reflective functioning and parent representations (caregiver, child) were coded from Circle of Security Interviews (COSI) pre and post intervention.

Results Ratings of parenting stress, parent mental health and child behavioral and emotional problems showed significant improvements post COS, all $ps < .05$, but there were no significant changes in the proportion of children who were securely attached. Associations between reflective functioning and parent representations (caregiver/child) and changes in outcome variables will be examined.

Conclusions COS appears to be effective in reducing perceived child behavioral and emotional difficulties, and parenting stress. Unexpected findings in regard to attachment security will be discussed. All findings will be examined in relation to previously reported changes in caregiver reflective function (PRF) scores after COS (XXXXX et al., 2013)

PS11.3-S2

WHAT ELEMENT OF THE CIRCLE OF SECURITY PROGRAM IS EFFECTIVE? COMPARING THE QUALITY OF PARENT-CHILD RELATIONSHIP AFTER PARENTS RECEIVED THE PSYCHO-EDUCATION WITH AFTER THEY REVIEWED THE TAPE OF THEMSELVES

*Megumi Kitagawa*¹, *Sayaka Iwamoto*¹, *Miyuki Kazu*², *Shimpei Kudo*³, *Hiromi Matsuura*⁴, *Tomo Umemura*⁵

¹Konan, University, Japan, ²Ibaraki, University, Japan, ³Kyoto, University, Japan, ⁴Kyoto Women's, University, Japan, ⁵Mazaryk, University, Japan

Introduction The Circle of Security (COS) 20 week program, developed in the US, has shown to be effective in Japan (Kitagawa & Iwamoto, 2013). Since the COS program is intensive and expensive, the Circle of Security Parenting (COSP) 8 week program was developed, focusing on psycho-education using pre-existing DVD.

Method Seven mothers (from 33 to 42 years old) and their children (from 16 to 74 months old) participated in our program this year (16 more dyads will be recruited next year and the year after). We collected data during the baseline period (Time1), after the psycho-educational session (Time2), and then after the tape review session (Time3). Every time points, we measured child attachment behavior (SSP), parent ratings of parental stress and child's problematic behavior (PSI), parent representations (COSI), and parent response to attachment projective method (PARS). At Time1, AAI was also conducted to parents.

Results Our preliminary analyses found that at Time1 two mothers rated high parental stress and high behavior problems in their child. Six mothers showed high conflict without any solutions when responding to stories in PARS. After completing our analyses, we will also present changes from Time1 to Time2 with regard to the psycho-education, and changes from Time2 to Time3 regarding the tape review. (JSPS KAKENHI Grant Number 25380967)

Conclusions A previous study has demonstrated that the COSP is effective with Japanese dyads (Iwamoto et al., 2013). The present study examines whether the improvement of parent-child relationship quality significantly differs when mothers had only the psycho-education (COSP) and when they had both the psycho-education and their own tape review sessions.

PS11.3-S3

CIRCLE OF SECURITY® INTERVENTION IMPROVES SENSITIVE PARENTING IN MOTHERS WITH MENTAL ILLNESS AND THEIR INFANTS: A RANDOMIZED CONTROL TRIAL

*Briqitte Ramsauer*¹, *Nicola Onur*¹, *Maartje Luijk*²

¹University Medical Center Hamburg-Eppendorf, Hamburg, Germany, ²Erasmus University, Rotterdam, The Netherlands

Introduction The Circle of Security®(COS) 20-week intervention was designed to alter developmental pathways of at-risk parents and their children. One aim is to foster sensitive and to prevent extremely insensitive parenting behavior related to disorganized attachment in the child. Maternal mental illness may decrease sensitive parenting or may trigger insensitive maternal behavior.

Method This study examines in which way the COS intervention might be effective in increasing sensitivity in mentally ill mothers within a randomized control design, compared to the mother-infant standard treatment practice (TAU). The sample consists of 72 mothers with mental illness and their infants aged from 4 to 9 months. Subjects are being randomly assigned into the COS intervention and the control group (TAU). Before and after treatment at the child's age 16 months, maternal sensitivity is assessed by the Maternal Behavior Q-sort and maternal insensitive and/or disconnected behavior by the Disconnected and extremely Insensitive Parenting (DIP) Coding.

Results The main hypothesis is that the COS intervention is more effective in promoting sensitivity over extremely insensitive and/or disconnected behavior in the mothers than the TAU intervention. The results (which are pending) will show whether mothers with mental illness benefit from COS group intervention. These data will specifically focus on improving sensitivity towards the infant in particularly high-risk dyads.

Conclusions Comparative trials of the 20-week COS model are lacking. The data presented here from an ongoing randomized trial in Europe will help delineate which groups require such intensive interventions and the degree to which observable change in maternal sensitivity can be captured.

PS11.4 - INCREASING MATERNAL SENSITIVITY: THE DEVELOPMENT AND EVALUATION OF THE UBUBELE MOTHER-BABY HOME VISITING PROJECT IN ALEXANDRA, JOHANNESBURG

Chair: Katherine Bain, University of the Witwatersrand

PS11.4-S1

SUCCESSSES AND CHALLENGES: IMPACTS OF THE UBUBELE HOME VISITING PROJECT ON MOTHER-INFANT RELATIONSHIPS

Katherine Bain

University of the Witwatersrand, Johannesburg, South Africa

An ongoing randomized controlled trial is being conducted around the Ububele Mother-Baby Home Visiting Project to evaluate the impact of the program on a number of variables related to the quality of the mother-infant relationship. A mixed methods approach was taken. Phase I of the project attempted to measure shifts in maternal sensitivity (Maternal Behavior Q-Sort), shifts in infants' developmental trajectories (Griffiths Scales of Mental Development), and shifts in maternal depression (Edinburgh Postnatal Depression Scale). Findings in Phase I reflected no significant shifts in maternal depression and infant development, however, preliminary findings emerging from analysis of the MBQS videos suggested significant shifts in maternal sensitivity. After project evaluation a number of limitations in the project structure, aims and research design were highlighted. Subsequent changes to the program aims then required that different constructs be measured. Thus, pre- and post-testing in Phase II utilized a measure of maternal anxiety (State Trait Anxiety Inventory), maternal reflective function (Pregnancy Interview & Parent Development Interview), the mothers' perceptions of social support (Interpersonal Social Support Questionnaire), mother-baby relational awareness (Ububele Mother-Baby Awareness Inventory), and the impact on maternal sensitivity (MBQS). Phase II of the project is underway at the time of the writing of this abstract. Results will be available early in 2014 and will be discussed in this presentation. Results of the qualitative research findings, which focus on the mothers' subjective experiences of the home visits, will also be presented, including themes of initial suspicion and fear, experiences of containment and an appreciation of and wish for knowledge. The presentation will be concluded with a brief summary of the possible meanings of the findings and how these might inform the way forward for the project. Findings will be reflected upon with respect to the research challenges presented in a low-income, high-risk, non-western setting.

PS11.4-S2

THE DEVELOPMENT AND IMPLEMENTATION OF THE UBUBELE MOTHER-BABY HOME VISITING PROGRAM IN ALEXANDRA TOWNSHIP, SOUTH AFRICA

Katherine Bain², Melanie Esterhuizen¹, Katharine Frost-van der Walt¹, Celia Hsiao²

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One of the first home-visiting research projects in South Africa was conducted in Cape Town by Cooper et al. (2009) and found that unqualified community-based women could be trained as Home Visitors and make a significant impact on the quality of mother-infant relationships in a disadvantaged urban setting. In 2012, the Ububele Educational and Psychotherapy Trust developed a Home Visiting Project in Alexandra Township, Johannesburg. Funded by the World Childhood Foundation, this project has run from January 2012 to date and has been evaluated twice and adapted in response to recommendations made. The University of the Witwatersrand provided research assistance to the project in order to develop an evidence base toward influencing future government early intervention policies. The presentation will cover the program's aims and content, based on current psychoanalytic, attachment and neurodevelopmental research and discuss how material was selected by a team experienced in clinical intervention within the high-risk context of Alexandra Township. The discussion will include: initial relationship management with the local clinic, the recruitment of Home Visitors, their training, the creation of a containing supervisory structure, the support systems around the project, including documentation and data management, and the integration of independent evaluation and research into the ongoing implementation of the project. The evolution of the project from Phase I to Phase II and how the program responded to challenges encountered and recommendations made will be discussed. Shifts were made in response to a need to foreground the infant more in the minds of both mothers and Home Visitors, and to find cost-effective ways to measure the impact of a short-term community-based intervention.

PS11.4-S3

RECRUITMENT, TRAINING AND SUPERVISION OF HOME VISITORS WITHIN THE UBUBELE MOTHER-BABY HOME VISITING PROGRAM

Katharine Frost

Ububele, Johannesburg, South Africa

Introduction In South Africa there is dire shortage of mental health resources available in the public health sector (Duncan, 2007). This is also true of infant mental health resources (Dugmore, 2012).

Method A chronic shortage of infant mental health workers in South Africa has necessitated the recruitment, training and supervision of community-based lay practitioners. The Khayelitsha Home Visiting program (Tomlinson, et al. 2006) found that lay community-based women were effective in improving mother-infant relationships and attachment in a disadvantaged peri-urban setting (Cooper et al. 2009).

Results Using this as an informative model, The Ububele Educational and Psychotherapy Trust, in 2012, embarked on the process of recruiting, selecting and training a cohort of women from the Alexandra township, Johannesburg in order for them to become Home Visitors. This presentation describes the recruitment, training and supervisory processes utilized in the first two iterations of the Ububele Mother-Baby Home visiting program.

Conclusions It concludes by suggesting that effective intervention is facilitated by rigorous, high-contact, resource-intensive recruitment, selection, training and supervision processes.

PS11.4-S4

UTILITY OF THE MATERNAL BEHAVIOR Q-SORT IN A SOUTH AFRICAN CONTEXT

Celia Hsiao

University of the Witwatersrand, Johannesburg, South Africa

Introduction Maternal sensitivity has been found in developed countries to be highly important to infant behavior and in promoting infants' optimal development. A large body of work has established maternal sensitivity as having a direct impact on the quality of the mother-infant relationship, as frequently reported in the attachment literature.

Method The Maternal Behavior Q-Sort (MBQS; Pederson, Moran, & Bento, 1999) describes mothers' responsiveness during interactions with her infant and is based largely on Mary Ainsworth's concept of maternal sensitivity. The MBQS has been applied to home observations and video-recorded samples of interaction in many countries all over the world. Items on the tap into aspects of maternal interactive behavior such as response to distress, monitoring of infant's behavior, attentiveness to infant cues, and appropriateness of maternal affect.

Results The overarching goal of this presentation will be to discuss the application of the MBQS within the South African research context. In this talk, I will provide a brief overview of the MBQS; I will then present the first application of this tool in South Africa. Specifically, I will discuss challenges and lessons learned from observations of mother-child interactions from the Ububele Home Visiting Project. Contextual issues relating to racial dynamics within this setting called for careful consideration. Lastly, I will address the utility of the MBQS in a South African research context.

Conclusions The MBQS may prove useful in a South African research context. It may be used to assess how the quality of mother-infant or caregiver-infant interactions may have an impact on infant and maternal mental health in high-risk South African dyads.

PS11.5-W1

THE TRANSFERENCES OF INFANTS: WORKING PSYCHODYNAMICALLY WITH INFANTS AND PARENTS

Frances Thomson-Salo¹, Campbell Paul¹, Dilys Daws²

¹Royal Children's Hospital, Melbourne, Victoria, Australia, ²Tavistock Clinic, London, UK

Introduction This workshop will give clinicians a better understanding of engaging with infants, describing psychodynamic interventions with distressed infants and their families that developed in The Royal Children's Hospital 25 years ago, that view the infant as entitled to an intervention in their own right, however young.

Method The aim, whatever the setting, is to understand the infant's experience and re-present the infant to the parents, shaping infant and parent representations and responsive thinking. Videotaped case examples, short and long term, triadic and group work, will be presented. The underlying theoretical developmental and psychoanalytic concepts will emerge as the interventions are described. The clinician's intervention titrates responses to an infant's developmental stage. The workshop differentiates, in 'talking' with infants: gaze, interaction, facial gesture, and words. Infants read the play of facial and hand gestures, prosody and 'unseen' intentions which form part of a clinician's engagement.

Results Clinical intervention may rely on musical prosody with a newborn, or playful communicative gestures, or vocalization. It may appear 'sloppy' (Stern) particularly when it includes touching and holding in an intuitive, mindful way, similar to Shai's parental embodied mentalizing. While it is a flexible frame it is 'holding' psychologically. The clinician's play speaks to the infant and if there are unhelpful transferences tries to resolve them. Can play carry an interpretation of infant transference that is obstructing development? Giving an infant a lengthy adult interpretation may provide containment for parents and clinician and in turn for an infant.

Conclusions Adult interpretation may not be so effective with infants when a clinician may need to intervene urgently when the parents are unable to be present. Age-appropriate play can be as transformational as a verbal interpretation because the infant knows it is for them and feels affirmed and freer.

PS11.6 – POSITION STATEMENT ON PSYCHOSOCIAL ASSESSMENT AND DEPRESSION SCREENING IN PERINATAL WOMEN

Chair: Nine M-C Glangeaud, INSERM

Discussant: Antoine Guedeney, Hôpital Bichat, Paris, France

PS11.6-S1

EARLY INTERVENTION, PREVENTION AND HEALTH PROMOTION IN THE PERINATAL PERIOD IN AUSTRALIA

Bryanne Barnett

Raphael Centre, Blacktown NSW, Australia

Australia originally focused narrowly on use of the EPDS (Cox et al, 1987) to screen for and manage 'postnatal depression' then searched for variables to allow antenatal prediction of the postpartum problem. Subsequent initiatives soon attempted to move recognition and active management of depressive illness to the antenatal stage and to include anxiety disorders, subclinical anxiety and depressive symptoms, stress, reproductive difficulties and other potential risks to the wellbeing of mother, foetus, baby and family. Quantitative data were collected on the pregnant and postnatal women and also qualitative data on acceptance of the program by women and clinicians. In New South Wales, the main impetus derived from collaboration between adult and child psychiatrists and, at Health Department level, between mental health and child health bureaucrats. Progress then involved a working group including obstetricians, paediatricians, and, especially, general practitioners, midwives and early childhood nurses. The inclusion of other disciplines ensured that (i) the emphasis moved from mental illness to the full spectrum of mental health and illness including promotion of resilience, (ii) the various clinicians were committed to ensuring specific undergraduate and postgraduate training in this new field. Academic, political and other vested interest groups were at times helpful and at times a hindrance. Ownership of the program also made transitions. Given that this program involves a wide array of health professionals and other services, from community to tertiary (in-patient) levels, in public and private health services, in provision of enhanced care to families from many cultural backgrounds, it is scarcely surprising that implementation remains incomplete. Reasons for decisions made at various stages, as well as discussion on the journey so far, will be offered. Key areas will be noted.

PS11.6-S2

NORTH AMERICA PERINATAL MENTAL HEALTH SCREENING, CARE, AND POLICY DEVELOPMENT

Angela Bowen

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Introduction North America has the best of health care advances available to its citizens; however, perinatal mental health screening, care, and policy development in Canada and the United States lags that of most other industrialized countries.

Method Therefore, the ongoing tragedies associated with unidentified, untreated, or improperly treated childbearing women with mental health problems continue to make headline news in both countries. Canada lacks a national policy for universal screening or treatment of maternal mental health problems. Professional and mental health associations have not addressed maternal mental health of childbearing women. Some First Nations organizations have addressed comprehensive maternal mental health within their communities, but this is not universally available. Several provinces have developed guidelines, but there is no requirement for health practitioners or regional health authorities to follow them.

Results Consequently, the more immediate and legally compelling physical health of pregnant and postpartum women is usually the priority for care. In the United States, The Melanie Blocker Stokes Act (2001) was the basis for the MOTHERS Act (Mom's Opportunity to Access Help, Education, Research, and Support for Postpartum Depression). Sections of this Act were incorporated The Patient Protection and Affordable Care Act became law in 2010. This legislation requires coverage for perinatal depression screening and provides grants to states to provide services to perinatal women with depression. Despite these efforts, there is still no national guideline for maternal depression.

Conclusions Despite these efforts, there is still no national guideline for maternal depression. A majority of the states do offer assessments and depression screening and treatment for low-income pregnant women. This presentation will explore progress, similarities, differences, and barriers to optimum maternal mental health policy and care in both countries.

PS11.6-S3

SCREENING FOR PERINATAL MENTAL ILLNESS IN THE UNITED KINGDOM

Roch Cantwell^{1, 2}

¹*Southern General Hospital, Maternity Unit, Glasgow, UK,* ²*Perinatal Mental Health Service, Glasgow UK*

Introduction The UK has led the development of specialist maternal mental health services and mother and baby units, but provision remains patchy. Screening for perinatal mood disorders is enshrined in maternity and health visiting clinical practice, informed by evidence-based and professional guidance.

Method A number of recent guidelines from the National Institute for Health and Clinical Excellence (2007), the Scottish Intercollegiate Guidelines Network (2012), and the Royal College of Obstetricians and Gynaecologists (2011), along with the UK Confidential Enquiries into Maternal Deaths (2012), provide templates for risk reduction in relation to perinatal depression and postpartum psychosis.

Results There are differences in tools used and timings of screening interventions, which reflect the limitations of the evidence available. There is agreement however, about the importance of early detection of depression in pregnancy and postnatally, to minimize disability and reduce adverse effects on the infant.

Conclusions How current screening guidance has evolved in the face of a limited evidence base, and the challenges of whole population screening will be discussed in this presentation.

PS11.6-S4

PERINATAL MENTAL HEALTH NATIONAL PLANNING IN FRANCE: SOME TARGETS FOR GOOD PRACTICE

Nine Glangeud-Freudenthal^{1,2}, Michel Dugnat³, Oguz Omay⁴, Anne-Laure Sutter-Dallay^{5,6}

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Introduction There is a great disparity between the regions in France regarding the management of perinatal depression. There are some national guidelines but no national public strategies for the management of perinatal mental health. The French National Perinatal Plans (2005-08), describe good practice for perinatal health networks, and perinatal care management.

Method As part of good practice, they recommend the setting up of regional perinatal health networks that should include maternity departments, Mother and Child Protection Services (PMI), psychiatric departments, and psycho-social-medical community services for children and their parents, to improve collaborations for prevention and care. They also recommend including a medical psycho-social interview with both future parents with a midwife (or doctor), during early pregnancy, to provide information, identify potential difficulties, prepare for childbirth, and to establish continuity of care through pregnancy to postpartum. The inclusion of both parents underscores attention to each future parent and to the familial context.

Results However, this prenatal psychosocial interview is not yet fully integrated in all regional care networks (The National 2010 Perinatal Report reports that less than a quarter of pregnant women had this interview, and that it was mainly women with high educational levels who were included). The French National Perinatal Psychiatric and Mental Health Plan 2005 also mentioned the importance of collaboration with other health professionals within a regional perinatal health care network.

Conclusions Moreover this national plan stresses the importance of training about perinatal mental health disorders, assessment and care, for perinatal primary care givers and other professionals in contact with women. The Marcé Society is editing guidebooks aimed at promoting those topics within the training of perinatal professionals and care givers. <http://www.marce-francophone.fr/publications-de-la-smf-et-autres.html>

PS11.7 - CORRELATES AND CONSEQUENCES OF INTUITIVE PARENTING IN THE PRENATAL LAUSANNE TRILOGUE PLAY (PRENATAL LTP)

Chair: Sarah Schoppe-Sullivan, The Ohio State University, USA

Discussant: Regina Kuersten-Hogan, Assumption College, Worcester, MA, USA

PS11.7-S1

PRENATAL INTUITIVE PARENTING IN FAMILIES CREATED BY ASSISTED REPRODUCTIVE TECHNOLOGIES

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Introduction Couples who conceive through assisted reproductive technology (ART) have to make the transition from infertility to parenthood. Data show that the distress of infertility may persist throughout pregnancy. This study's aim was to assess whether the infertility experience affected the quality of the couple's intuitive parenting behaviors.

Method Thirty-three couples expecting their first child were seen at three assessment times: before ART; at the 5th month of pregnancy; and when the child was 9 months old. Intuitive parenting behaviors were observed during prenatal Lausanne Trilogue Play, an observational task that assesses the developing coparental subsystem (Fivaz-Depeursinge & Corboz-Warnery, 1999). Self-report measures of marital satisfaction (Spanier, 1976) and parent-to-fetus attachment (Condon, 1993) were used. Before ART, the partners also participated in the Reaction to Infertility Interview (Darwiche et al., 2013), which assesses to what extent each partner is able to acknowledge the emotional reality of the infertility diagnosis.

Results Results showed that the quality of the intuitive parenting behaviors during pregnancy was associated with some of the future father's variables. More frequent intuitive parenting behaviors were associated with greater attachment to the fetus ($r_{bp} = 0.36, p = .047$) and greater marital satisfaction ($r_{bp} = 0.30, p = .095$) among fathers. In addition, men's acceptance of their infertility diagnosis before ART predicted more frequent intuitive parental behaviors ($R^2 = .208, p = .008$). The quality of intuitive parental behaviors was not linked to these variables in future mothers.

Conclusions These results indicate the importance of assessing intuitive parenting behaviors during pregnancy, particularly given that they appear to reflect men's overall experience in transitioning from infertility to parenthood.

PS11.7-S2

MATERNAL AND PATERNAL PRENATAL INTUITIVE PARENTING BEHAVIORS: LINKS WITH 3-MONTHS POSTNATAL PARENTAL SCAFFOLDING AND COPARENTING

Chloé Lavanchy Scaiola¹, Hervé Tissot^{1,2}, France Frascarolo¹, Nicolas Favez^{2,1}

¹Center for Family Studies, CHUV, Lausanne, Switzerland, ²Faculty of Psychology and Education Sciences, University of Geneva, Geneva, Switzerland

Introduction Intuitive parenting behaviors (IPB) are of main importance for infant's development (Papousek & Papousek, 2002). IPB have been observed during pregnancy, displayed by fathers as well as mothers (Cameiro et al., 2006). However, the links between prenatal IPB and postnatal family interactions need to be documented.

Method Fifty non-referred families were observed during the sixth month of pregnancy in a Prenatal Lausanne Trilogue Play setting. A maternal and a paternal score of intuitive parenting behaviors were obtained (range: 0-6). Mother-father-baby interactions were assessed with the Family Alliance Assessment Scales (Favez et al., 2011). With this tool, scores of parental scaffolding (range: 0-4) and of coparenting (range: 0-4) were obtained.

Results Findings indicated that paternal score of intuitive parenting behaviors assessed prenatally was correlated with parental scaffolding assessed 3-months postnatal. Maternal score of intuitive parenting behaviors assessed prenatally was correlated with coparenting assessed 3-months postnatal. If we consider child's gender, only paternal prenatal score was associated to 3-months-postnatal parental scaffolding with boys. With girls, only maternal prenatal score was associated with 3-months postnatal coparenting.

Conclusions Intuitive parenting behaviors assessed prenatally forecast early family interactions. Father's prenatal intuitive behaviors forecast the way parents scaffold their child, especially with boys, while mother's prenatal intuitive behaviors shape the support in coparenting, especially with girls. These results highlight different family processes at work according to parent's and child's gender.

PS11.7-S3

WHO ARE INTUITIVE PARENTS?

*Sarah Schoppe-Sullivan, Lauren Altenburger, Theresa Settle, Claire Kamp Dush, Daniel Bower
The Ohio State University, Columbus, OH, USA*

Introduction Little is known about why some expectant parents show greater intuitive parenting than others in the Prenatal LTP (Carnerio, Corboz-Warnery, & Fivaz-Depeursinge, 2006), a rich measure of the developing coparenting relationship. The purpose of this study was to compare and examine correlates of expectant mothers' and fathers' intuitive parenting behavior.

Method Data were drawn from the third-trimester assessment of a longitudinal study of the transition to parenthood for $N = 182$ dual-earner male-female U.S. couples. Intuitive parenting of mothers and fathers was coded from the Prenatal LTP procedure, and surveys were used to assess demographic information of both parents, as well as dyadic adjustment (brief DAS; Sabourin, Valois, & Lussier, 2005), life satisfaction (SLWS; Pavot & Diener, 1993), depressive symptoms (brief CES-D; Radloff, 1977; Bonomi, Kemic, Anderson, Cannon, & Slesnick, 2008), and beliefs about the roles of women and men in families (BCPR; Bonney & Kelley, 1996).

Results Preliminary analyses indicated that expectant mothers showed higher intuitive parenting than expectant fathers, $t(178) = 8.73$, $p < .001$, although intuitive parenting was moderately correlated across parents, $r = .54$, $p < .001$. Older mothers, mothers with more education and greater family income, and those with higher life satisfaction showed higher intuitive parenting; fathers with more education and greater family income, and those with lower levels of depression showed higher intuitive parenting. There was a greater intuitive parenting discrepancy in favor of expectant mothers when expectant fathers held more traditional beliefs about the roles of women and men in families.

Conclusions Both sociodemographic and psychological factors were associated with intuitive parenting. The key roles of parent education and income suggest that the label "intuitive" may need reconsideration. Moreover, the association between expectant mothers' and fathers' intuitive parenting suggests assortative mating (Schwartz, 2013) rather than modeling, because neither had prior parenting experience.

PS11.7-S4

FROM THE INTUITIVE BEHAVIORS TO THE TRIADIC INTERACTIONS AT 9TH MONTH AFTER DELIVERY

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University of Padova, Padova, Italy, Italy*

Introduction The study is focused on the triadic competences: they are early interactive modalities that characterize the child's affective-relational development. They emerge and can be observed during pregnancy, as adult intuitive behaviors (Papousek & Papousek, 1987), and subsequently to the delivery, in the interactions with the baby.

Method The research aims to investigate: a) the role (predictive) of parental intuitive behaviors in pregnancy on the subsequent mother-father-child interaction; b) the correlates of intuitive behaviors, as couple adjustment and child development, and their impact on patterns of stability and change of early triadic interactions in the first year of the child. 90 non-referred primiparous families were recruited at the child-birth courses. The data are collected with the Lausanne Trilogue Play (LTP, Fivaz-Depeursinge & Corboz-Warnery, 1999) and with the Dyadic Adjustment Scale (DAS, Spanier, 1986) at 7th month of pregnancy and at 4th and 9th month after child's birth.

Results Globally, the triadic interactions in pregnancy are predictive of family interactions at 9th month of the child ($R^2 = .07$; $F(1,69) = 5.06$, $p = .028$) and the quality of parental intuitive behavior play a main role in this influence. The couple adjustment is not associated to the intuitive behaviors in pregnancy and it is statistically not related to the quality of the triadic interactions after delivery. Multilevel analysis highlight a linear relation between the time and the quality of family interactions ($t = 4.78$; $p < .001$; $B = 2.36$), that improves in each observational phase and are determined by the child's competences at this developmental stage.

Conclusions The adult interactive skills in pregnancy, particularly the parental intuitive behaviors, represent an interactive matrix for the construction of family relations during the child's first year of life and may be considered as a central factor in the infant's development of early triadic interactive abilities.

PS11.8-C1

PLAY PICNIC AT OULU UNIVERSITY HOSPITAL

Helena Törölä¹, Salla Heikkinen², Merja Luukinen³, Pirjo-Liisa Kurki², Matti Nuutinen¹, Sami Turunen¹

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Introduction A modified application of the play picnic idea, used in Graz by Marguerite Dunitz-Scheer and her team, has been successfully implemented at Oulu University Hospital. The model is based on joint work between pediatrics and child psychiatry. The team consists of gastroenterologist, speech-language therapist (SLT), psychiatric nurse and rehabilitation counselor.

Method Play picnic has been used to treat feeding problems developed due to various somatic, sensory or emotional problems. Children and their parents attend daily picnics for three weeks. The children acquaint themselves on food and eating together with peers in positive atmosphere and weaning from tube feeding is accomplished. Check-up by the gastroenterologist is performed daily. In addition, parents gather together twice a week with the SLT and the nurse discussing their experiences and feelings. Follow-up meeting of the children and the team is held one month after the three weeks' picnic including check-up with the gastroenterologist and a dietitian.

Results During the treatment, the children have either started eating orally and the gastrostomy tube has been removed or the children have increased their oral feeding. Psychologically the children have become subjects of their lives instead of being objects of their lives. The parents have learned to trust their children's spontaneous feeding ability. Families have got more freedom and possibilities for everyday life. Parents' experiences and feed-back of the play picnic treatment have been encouraging since the results have been lasting and positive.

Conclusions Play picnic treatment has proven to be an effective intervention in weaning from tube feeding and treating various kinds of feeding problems in children. Furthermore, it brings remarkable savings in health care due to cessation of tube feeding.

PS11.9-C1

FROM THE USA TO SOUTH AFRICA: IS TRUE COLLABORATION POSSIBLE?

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Introduction In a clinical collaboration between the Universities of Cape Town and Stellenbosch and Yale University, we are adapting Parenting from the Inside Out, an evidence-based therapeutic intervention mothers of young children, for use with at-risk mothers in South Africa (PIO-ZA). The theoretical foundations of PIO are attachment and mentalization theory.

Method Launched in May, 2013, the collaboration between the Yale School of Medicine Departments of Psychiatry and Yale Child Study Center and the Departments of Psychiatry at the Universities of Cape Town and Stellenbosch involves an equal partnership in adapting and evaluating PIO in four hospital settings with at-risk mothers of children ages birth to five. The evolving partnership is guided by the principles of Community-Based Participatory Research (CBPR) which means equal involvement and partnership in all aspects of program development and evaluation and mutual benefit to all partners, especially patients.

Results We will describe the strengths and challenges encountered in this collaborative process to date, and give an update on project status (e.g., research design, intervention plans, targeted outcomes, time line). The inherent flexibility in the model itself plus the openness in both teams to new ideas have made it possible for clinicians from a lower and middle income country such as South Africa to identify with the model and the process and with the wish to implement it locally.

Conclusions Few evidence-based psychosocial interventions are imported into real world settings by community-based therapists. The National Institutes of Health, the largest USA funder of health research, is giving this increasing recognition and now asks researchers to be responsible for ensuring that their interventions are relevant and transportable in real world settings.

PS11.9-C2

BRIDGING THE HOSPITALIZATION GAP: A CASE STUDY OF A MOTHER-INFANT INTERVENTION

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Introduction Prolonged separation of mother and infant, especially during the first months after birth may impact negatively on the formation of their attachment relationship. Moreover, severe psychiatric illnesses like Schizophrenia, affect a mother's ability to accurately perceive her infant's cues and respond to them in an attuned and sensitive manner.

Method Patient A was admitted to a psychiatric hospital four months postpartum and was hospitalized for six months and diagnosed with Schizophrenia. She was seen for therapy along with her infant with the aim of facilitating the attachment between mother and

infant. Particular concerns were raised regarding Patient A's ability to care for her child in the light of intrusive auditory hallucinations that urged her to harm her child. The therapeutic process will be described with videos to illustrate the progress of therapy.

Results During the course of therapy, the mother became more confident in her role as parent and displayed greater interest and awareness of her infant's needs. She was able to interact more spontaneously with her daughter, exhibited greater sensitivity and made warmer contact. Although patient A displayed decreased anxiety around caring for her child, she continued to struggle with symptoms related to her illness, which affected the prognosis of treatment. She also experiences sporadic deterioration in her clinical picture, which impacts directly on her care-giving ability.

Conclusions Focus on mother-infant interaction in conjunction to standard psychiatric care may assist mothers' recovery and development of an attachment relationship between mother and child. Particular challenges are present when working with mothers with severe psychiatric illnesses, especially those with a chronic and debilitating illness that directly affects their parental capacity.

PS11.10 - EARLY IN MIND. MENTALIZATION/RF-BASED PRE-AND POSTNATAL INTERVENTIONS FOR NORMATIVE AND RISK PARENTING: DESCRIPTION AND EVALUATION

Chair: Marjukka Pajulo, University of Turku, Finland

Discussant: Nancy Ellen Suchman, Yale School of Medicine, New Haven, CT, USA

PS11.10-S1

A FOCUSED PRENATAL PARENTING INTERVENTION FOR SUBSTANCE ABUSING WOMEN TO BE USED AT HOSPITAL MATERNITY POLICLINICS

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Introduction Parental mentalization (reflective functioning, RF) refers to capacity to think of the baby as a separate person with own experiences and feelings from early on, necessary for sensitive parental interaction, and associating with secure attachment and healthy development (Slade et al. 2005; Fonagy et al. 2002; Allen et al. 2008).

Method Multidisciplinary expertise is used in developing an effective routine prenatal intervention for alcohol and drug dependent mothers at hospital maternity policlinics. 4D ultrasound imaging and a specific week-by-week pregnancy diary are used in RF focused work to increase the mother's curiosity towards the child, to enhance prenatal attachment and improve her ability to recognize the baby's needs (RF). Sample: substance abusing mothers referred to maternity policlinic before 22 gwk. Evaluation: randomized control group design (n=40+40). Same assessments and time-points with both groups: pre-and post intervention, at delivery, in neonatal phase and at 3 months and 1 year of child's age.

Results Mothers in the intervention group are hypothesized to do better compared to the control group in terms of maternal mental (depression, anxiety) and somatic health, substance abuse, pregnancy and delivery outcome, neonatal status, maternal attitude and early bonding with the child, child development and child protection actions needed. The main mediating factor for the better outcome is hypothesized to be the improved maternal mentalization capacity. Data is collected using hospital records, standardized clinical tests and self-report questionnaires (EPDS, MFAS, STAI, P-PRFQ, PRFQ, SPSQ, PBQ). Data collection ends and data analysis starts in January 2014.

Conclusions Parental RF has been found to be generally weak in psychosocial high risk groups, such as substance abusing parents, but possible to become strengthened through carefully designed interventions. In the current presentation, the intervention elements, research design, experiences and preliminary data will be described and discussed.

PS11.10-S2

FAMILIES FIRST: A MENTALIZATION-BASED GROUP INTERVENTION FOR FIRST-TIME PARENTS TO PROMOTE CHILD DEVELOPMENT AND FAMILY HEALTH

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Introduction Through enhancing the mentalization capacity of first-time parents, the Families First intervention aims at supporting positive parenting and preventing transmission of negative parenting models over generations and thus promoting child social and emotional development and overall family health.

Method The Families First (FF) intervention is based on a 12-session group intervention originally developed at the Yale Child Study Center. The original manual has been adapted for general family health promotion and to suit first-time families with babies/small children. Parents are trained to pay attention to and reflect on their child's experiences, feelings and needs in relation to the child's behavior. At the same time the capacity to reflect on and understand one's own and one's partners feelings and experiences underlying behavior is practised and enhanced.

Results The evaluation of the FF group intervention will be web-based and carried out as a matched-control group design (N=200 intervention families, 1000 control families) measuring mentalization capacity, parental stress, depression, marital satisfaction and overall child development. Groups will be matched on SES, maternal age, geographical region, parental stress level and marital satisfaction. Evaluations are performed for baseline data (third-trimester), at pre-intervention (3-4 months), post-intervention (1-year)

and a follow-up (2-years). Data will be gathered 2013-2016 and analysis and reporting 2014-2018. At present (Sep. 2013), data gathering has commenced and about 655 parents have already agreed to participate.

Conclusions The goal is to offer all first-time parents in Finland the possibility to participate in a Families First group. As the intervention targets parent-child relationships on a large scale in Finland it has the potential for important societal implications on the well-being of children and their families.

PS11.10-S3

THE INTERACTION IMMERSION HELPS PARENTS TO MENTALIZE THROUGH ACTIVITY

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Introduction Turku Association of Mother and Child Home and Shelter has developed mentalization-based intervention method called Interaction Immersion for high-risk families of small babies. This intervention is focusing on parents' ability to empathize and reflect child's experience. The model of intervention will be described in the presentation.

Method In the Interaction Immersion intervention model different activities and experiences are strongly emphasized. This is based on the suggestion that different sensations have a central role in the early interactional experiences. Through Interaction Immersion we help parents to reflect and be more aware of the sensory environment and parents' own actions with the baby (handling and nurturing of the baby, as well as interaction). This mentalization-based intervention include 1) Proactive phase (prediction and imagining), 2) Activity phase (aware use of reflective skills in the ongoing activity) and 3) Reflection phase (connect and reflect the predictions with the observations).

Results The evaluation is done in three assessment points: 1) at the beginning of the intervention, 2) at the end of an intervention and 3) 6 months after the intervention has ended. Study group include 14 families. The parents' psychological well being, self-efficacy, attachment history, reflective functioning and the quality of parent-child relationship is evaluated using widely used and valid research methods including BDI, GAD-7, PBI, PRFQ1, SEPTI-TS, WMCI, PC-ERA. The results of evaluation study will be available later.

Conclusions The Interaction Immersion intervention model seems to be beneficial especially when parents have specific difficulties in the mentalizing of the baby's experience. The intervention seems to increase transparency of the interactional therapy.

PS11.10-S4

NURTURE AND PLAY: A RANDOMIZED STUDY OF MENTALIZATION BASED INTERVENTION FOR PRENATALLY DEPRESSED MOTHERS

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Introduction The purpose is to analyze the efficacy of preventive group intervention designed for prenatally depressed mothers in enhancing mother-infant emotional interaction and maternal reflective functioning. Preliminary results from pretest and from the first follow-up are presented.

Method The sample comprised 37 prenatally low to moderately depressed mothers screened between 22 - 31 gw from a community sample using the EPDS (<7 and >16). Pregnancy Interview (PI), Adult Attachment Interview (AAI) and videotaped prenatal-MIM (Marschak Prenatal Interaction Method) were conducted. All mothers received individual feedback. After randomization 20 mothers participated in Nurture and Play prevention groups which are based on mentalization and play intervention techniques. There were 4 prenatal and 7 postnatal group meetings plus individual home visit after birth. The first posttest (at 7 months) measurement included EPDS, Bayley Socioemotional Scale and Emotional Availability Self-Report.

Results The preliminary results show interrelations of maternal prenatal depression, reflective functioning, attachment status and observed qualities of mother-fetus interaction during pregnancy. Results from the first follow-up are being conducted.

Conclusions Maternal depressive tendencies have been shown to have deleterious effects on infant development, attachment processes, and the mother-infant relationship starting already during pregnancy. Indicated preventive interventions may thus be needed to enhance both maternal reflective functioning as well as interactive behavior.

PS 11.11 – POSTER WORKSHOP 15: REGULATORY AND DEVELOPMENTAL PROBLEMS

Facilitator: Kajja Puura, Tampere University Hospital, Finland

PS11.11-PW1

LESSONS LEARNED: IMPLEMENTING COLLABORATIVE EARLY CHILDHOOD AUTISM INTERVENTION SERVICES IN THE PRIVATE PRACTICE BUBBLE

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Introduction Early clinical presentation ASD impacts many areas of functioning resulting in a varied group of professional and paraprofessionals involved in treatment. The child and family often experience each specialty service in isolation and as separate interventions. However, development does not proceed in a linear manner, creating treatment challenges.

Method Each specialist undoubtedly overlaps into what might be considered the "eminent domain" of another specialist. This can lead to difficulty in treatment response, professional conflict, and effective parent participation. Given the "bubble" of a private practice environment, the challenge to provide truly collaborative ASD services is seemingly monumental. A common difficulty for professionals is the contradictory recommendation, or in the worst situations, the denigration of methods used. Even in the most congenial groups of professionals, one often finds it necessary to spend inordinate amounts of time explaining a treatment method after a well-meaning but uninformed comment by another specialist.

Results We found the richest and most positive outcomes are experienced when the array of professionals are able to fully collaborate in the child and family's treatment. This workshop will provide multiple case examples to illustrate implementation of a collaborative team of private practice professionals for ASD treatment of the young child. At the completion of the workshop, participants should be able to: Describe the difference between collaborative and integrated services, Apply reflective facilitation to develop the skills of a collaborative team and overcome philosophical differences within the team, addressing "specialty snobbery" in one's self and team members.

Conclusions: Improve understanding of treatment overlap and methods to enhance treatment effectiveness, Describe benefits and models of co-treating clients, Create treatment plans which maximize all professional members' expertise and minimize confusion in treatment implementation, Develop a deep understanding of one's role in the intervention and relationship with the family

PS11.11-PW2

DEVELOPMENTAL PSYCHOLOGY INTERVENTION IN A MULTI-DISCIPLINARY CENTER FOR INFANTS AND CHILDREN WITH FEEDING AND EATING DISORDERS

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Introduction Pediatric psychologists are an integral and integrative part in multi-disciplinary feeding clinics. They assess and treat child's objective eating difficulties and parents' feeding practices with varied means and tools. Assessments and treatment address parental feeding patterns, child's development behavior and temperament, and parent-child interactions as well.

Method Psychologists work within the interface between children's and parents' characteristics and temperament. In many cases the interaction is challenged while dealing with feeding difficulties and eating disabilities caused by medical conditions. Many parents experience failure and blame themselves for outcomes in cases of infants suffering from FTT. The main four therapeutic challenges of the pediatric psychologist in a multi-disciplinary setting are meeting parental needs and patterns, promoting children with ongoing physical conditions and psychological needs and monitoring the dyadic or triadic interaction. The psychologist's unique challenges is functioning as part of a holistic attitude, supporting the team.

Results In a multi-disciplinary feeding clinic the child's medical condition is addressed, and the parent's style of parenting during playtime and meal time is considered as well. Many first time parents and others need the therapist's mediation and assistance learning how to honor child's boundaries (as an example). The interaction itself might function as entity calling for intervention, due to differences of child and parent temperament, for instance. Psychologists must integrate psychological needs with other needs as well, overview therapeutic goals within teams and deal with varied paces of progress: psychological vs. other domains, including medical and nutritional achievements.

Conclusions A successful psychological intervention process is best established in a trust base relationship in dyadic and triadic settings, avoiding sense of shame and self parental blame as possible. This is best achieved while keeping in mind the challenges due to a multi-disciplinary team with minimum amount of staff splitting.

PS11.11-PW3

REFLECTIVE NETWORK THERAPY: PSYCHOANALYTIC TREATMENT FOR ASD CHILDREN IN THE PRESCHOOL CLASSROOM

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Introduction Autistic spectrum disorders are increasingly prevalent and present new challenges to clinicians and the families of affected children. "Reflective Network Therapy", a method for providing psychodynamic psychotherapy to ASD children in the preschool classroom offers multiple advantages, including high effectiveness and lower cost and stress on families.

Method The teach-in is chaired by Gilbert Kliman, who developed the RNT, a psychodynamic treatment that takes place in the preschool classroom in multiple short sessions per week; RNT includes the teachers in "briefings" and emphasizes the involvement of families. The symposium presenters include RNT clinicians working in San Francisco, California; Cambridge, MA; Buenos Aires, Argentina; and Michigan. They will describe using the RNT method with ASD preschoolers in their settings, including videotape demonstrations of therapy sessions. Empirical studies demonstrating the effectiveness of RNT will also be presented and compared with studies of other methods for treating ASD.

Results Two prospective studies in the U.S. (1978 and 1999) demonstrated increase in IQ in children treated with this method. The second study, which had a control group and included CGAS assessment, showed significant gains in both IQ and CGAS. Assessments of the children in the Buenos Aires program also showed improved IQ and CGAS after one year of RNT treatment. The programs in Michigan and Cambridge have also demonstrated good outcome in the individual cases treated in the first year.

Conclusions The teach-in participants will be introduced to a method of treating ASD children in intensive psychodynamic psychotherapy that includes teachers and parents and takes place in the preschool classroom. The method is highly effective and its advantages include relatively low cost and reduced stress on families.

PS11.11-PW4

THE ROLE OF BREASTFEEDING IN ESTABLISHING AN ATTACHMENT RELATIONSHIP

Michele Meehan

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Introduction The promotion of breastfeeding as an important factor in mother infant attachment is a universal tenet. But exploring the role of breastfeeding in establishing this relationship, and the contribution of both the mother and the baby, can help anticipate the challenges that may occur in the neonatal period.

Method A review of recent research and literature into breastfeeding establishment, duration, and outcomes show that many factors and challenges of the prenatal and postnatal period, can have considerable affect on mothers breastfeeding success. The quality of the attachment is affected by many factors and helping in the struggle with breastfeeding establishment needs to consider maternal and infant experiences. Understanding the role of hospital policy, breastfeeding education and post natal depression on successful breastfeeding can help to guide best practice.

Results Although the quality of the dyadic interaction in infancy, rather than feeding type, is predictive of attachment security, mothers who choose to breastfeed display enhanced sensitivity during early infancy that, in turn, may foster secure attachment. Among breastfeeding mothers, higher sensitivity is associated with longer duration of breastfeeding during the first postpartum year.

Conclusions Breastfeeding per se is not the factor that establishes the attachment relationship, but rather the quality of the interaction is important and should guide advice and breastfeeding management. Mothers struggling with breastfeeding need to be helped to understand how they can communicate with and contribute to their infant's secure attachment.

PS11.11-PW5

TODDLERS SURVIVING HIGH-TECH MEDICAL INTERVENTIONS: GETTING RID OF THE FEEDING TUBE IS A SIGN OF NORMALITY (DIFFERENT METHODS OF TUBE WEANING)

Monika Strauss, Ilona Maurer, Eva Schwank, Gaby Stoffel

University Children's Hospital, Zürich, Switzerland

Introduction Infants undergoing highly sophisticated medical procedures like major heart surgery or surviving extreme premature birth are often tube-fed over long stretches of time. Once they are no longer in critical conditions their families are facing every day life at home with various nursing measures including tube feeding.

Method Investigation about the quality of life of children after major heart surgery in Zuerich revealed that surprisingly one of the most dominant issues for them seems to be the eating habits (especially tube dependency) of their children. These toddlers and their families need counselling for developmental issues, eating development being one of them. The needs of these families varying greatly, it is necessary to work as a multiprofessional team (Dietician, specialized nurse, speech therapist, gastroenterologist, otolaryngologist, child psychiatrist) offering a thorough assessment of the situation and different approaches for tube weaning, which will be presented and discussed.

Results For most families tube weaning took place at home supported by our multidisciplinary team. A few families underwent counselling via internet by an internationally operating team. The duration and intensity of the process varied greatly. Age of the toddler extent of traumatization to the nasopharynx and duration of time without any oral intake seem to be factors predicting difficulties for the weaning process. In very few cases, it was necessary to admit the child to the clinic to monitor the critical phase. Most children attended our interdisciplinary group therapy (play picnic).

Conclusions Children surviving extreme interventions in early life are at high risk for various developmental delays. The process of learning to eat is part of an often complex child and family development with many possible adversities. Treatment for this issue should be integral part of the multidisciplinary follow-up of these patients.

WAIMH AFFILIATE COUNCIL MEETING

1045 – 1215

POSTER SESSION 4: P4-1 – P4-132

1230 – 1315

PARALLEL SESSION 12

1025 - 1215

PS12.1 - MOTHERS' THOUGHTS ABOUT INFANTS' MINDS: IMPLICATIONS OF MIND-MINDEDNESS RESEARCH FOR PREVENTION AND CLINICAL INTERVENTION

Chair: Ann Easterbrooks, Tufts University

PS12.1-S1

MATERNAL TRAUMA EXPOSURE MODERATES LINKS BETWEEN MIND-MINDEDNESS AND TODDLERS' BEHAVIOR PROBLEMS

*Ann Easterbrooks, Molly Crossman, Alessandra Caruso, Maryna Raskin
Tufts University, Medford, MA, USA*

Introduction Mind-mindedness (MM), a caregiver's tendency to view an infant as having independent mental states, is linked to positive child functioning (e.g., attachment security, theory of mind). Maternal mental health and wellbeing may affect mind-mindedness. This paper examined a prospective model of the relation between trauma, mind-mindedness, and children's behavior problems.

Method Participants were 218 primiparous young mothers (<21) and their toddlers (average age 24 months) enrolled in a longitudinal study (3 assessments, each 1 year apart). Maternal mind-mindedness (T2) was coded from mother-child freeplay (Meins & Fernyhough, 2010). Child behavior problems and competence (T3) were assessed by the standardized Brief Infant Toddler Social and Emotional Assessment (Briggs-Gowan & Carter, 2002). Maternal trauma exposure (e.g., community violence, sexual abuse, family violence) was assessed (T1) with the UCLA PTSD Reaction Index for DSM-IV (PTSD-RI) (Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, 1998).

Results Analyses focused on a) associations between MM and toddlers' behavior competence and behavior problems, and b) the moderating role of trauma. Mind-mindedness was not significantly correlated with BITSEA one year later, but trauma-exposed mothers who reported greater PTSD symptoms were more likely, 2 years later, to use a greater proportion of MM speech in mother-toddler interactions. Regression analyses showed an interaction between MM and extent of trauma exposure in relation to toddler behavior problems.

Conclusions Fewer toddler behavior problems were expected when mothers showed greater MM. This was evident when mothers did not have histories of trauma exposure. Trauma was related to *greater* behavior problems if mothers were more mind-minded. Discussion focuses on effects of trauma on mothers' psychological functioning, parenting (MM) and child development.

PS12.1-S2

MATERNAL FETAL ATTACHMENT PREDICTS MATERNAL-MIND MINDEDNESS AT 7 AND 18 MONTHS POSTPARTUM: FINDINGS FROM AN AUSTRALIAN PROSPECTIVE STUDY

Catherine McMahon¹, Sinead Berry¹, Frances Gibson²

¹Centre for Emotional Health, Macquarie University, Sydney, Australia, ²Institute of Early Childhood, Macquarie University, Sydney, Australia

Introduction This paper prospectively examines associations between maternal fetal attachment, the extent to which pregnant women engage in behaviors indicating an affiliation with their unborn child, and mind-mindedness, the tendency to attribute mental states to an infant and view the infant's behavior as meaningful, in the first and second postnatal years.

Method Participants were 116 primiparous women enrolled in a prospective study of the transition to parenthood. Maternal fetal attachment was assessed at 30 weeks of pregnancy using the Maternal Fetal Attachment Scale (Cranley, 1981) and mind-mindedness (appropriate and non-attuned mental state comments) was coded according to the manual developed by Meins & Fernyhough (2010) from transcripts of maternal language during observed interaction (10 minutes duration) at child age 7 and 18 months.

Results Controlling for maternal education, higher scores for maternal fetal attachment were negatively associated with non-attuned mind-minded comments at 7 months, $F(1, 112) = 5.67, p = .019$, and positively associated with attuned mental state comments at 18 months, $F(1, 112) = 6.06, p = .015$. Effects were significant with total mind-minded descriptors and marginal when proportional scores were used. Number of appropriate mind-minded comments at 7 months was correlated with number of appropriate ($r = .28$) and non-attuned ($r = -.20$) comments at 18 months.

Conclusions Findings provide the first evidence that mothers who report a closer affiliation with their unborn infant make more comments about their infant's cognitions and emotions during interaction in both the first and second postnatal years, supporting the proposition that mind-mindedness is a cognitive behavioral disposition mothers bring to parenting.

PS12.1-S3

A MIND-MINDEDNESS INTERVENTION FOR MOTHERS HOSPITALIZED FOR SEVERE MENTAL ILLNESS

Robin Schacht¹, Elizabeth Meins², Charles Fernyhough¹, Susan Pawlby³

¹Durham University, Durham, UK, ²University of York, York, UK, ³Institute of Psychiatry, King's College London, London, UK

Introduction Longitudinal studies highlighted maternal mind-mindedness (the tendency to comment appropriately on the infant's internal states) as a predictor of various positive aspects of children's development. There is evidence that on admission, mothers hospitalized for depression are less likely than psychologically well mothers to comment appropriately on their infants' internal states.

Method An intervention to facilitate mothers' mind-mindedness was developed and is being administered to women hospitalized with their infants on a mother-and-baby unit. Mothers are filmed interacting with their infants for 5 minutes on admission. The intervention consists of a clinician watching the filmed interaction with each mother individually, asking her to talk about what her baby might be thinking, feeling, experiencing, or wanting at three different points in the interaction. A second 5-minute interaction is filmed at discharge. Both interactions are coded for mind-mindedness.

Results Levels of mind-mindedness at admission and discharge in intervention-group mothers will be compared with those of matched women on the unit who received standard care (also filmed on admission/discharge). If mind-mindedness is higher on discharge in intervention-group mothers, the intervention procedure will have been successful in facilitating mind-mindedness. Duration of stay on the unit in intervention-group and standard care mothers will also be compared to investigate whether the intervention related to speed of recovery. Differences in response to the intervention between diagnostic groups will be explored.

Conclusions These results will help inform clinical practice. If the intervention is successful, this will highlight an effective procedure for helping mothers with a range of severe mental illnesses interact and form relationships with their infants.

PS12.2 - INTERNATIONAL PERSPECTIVES ON SOCIAL EMOTIONAL SCREENING IN 3 YEAR OLDS

Chair: Michael Daubney, Griffith University

Discussant: Helen L Egger, Duke University, Durham, North Carolina, USA

PS12.2-S1

THE EPIDEMIOLOGY AND ECONOMICS OF SOCIAL EMOTIONAL SCREENING IN 3 YEAR OLDS

Michael Daubney, Paul Scuffham

Griffith University, Meadowbrook, Qld, Australia

Introduction When designing and implementing a population screening program, principles of both screening and economics are relevant to consider.

Method This paper will first discuss screening tests and screening programs. Then relevant economic issues will be reviewed including measuring costs and outcomes and the data required to do this. In particular the prevention and early intervention outcome literature will be summarized and existing economic analysis of this literature will be critiqued. To illustrate the economic issues, a worked example will be presented.

Results Past economic analysis needs updating as the baseline is now much higher meaning less potential to make substantial improvements. Benefits of having an understanding of these issues includes that the analysis can be done in different countries allowing for local factors to be included as well as assisting in making policy decisions by increasing the probability that, based on available knowledge, the 3 year olds and families who are most likely to benefit from current early interventions are identified.

Conclusions From an epidemiologic and economic perspective there needs to be a well validated screening instrument with high level evidence on the effectiveness of screening and treatment before embarking on population social emotional screening of 3 year olds.

PS12.2-S2

HOW DATA FROM STUDIES USING THE PRE-SCHOOL AGE PSYCHIATRIC ASSESSMENT (PAPA) IN COMMUNITY STUDIES CAN INFORM METHODS FOR MENTAL HEALTH SCREENING FOR CHILDREN AGES 2-5 YEARS OLD

Helen Egger, Adrian Angold, Lauren Franz

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Introduction Research shows convincingly that the rate of impairing mental health disorders in preschool children is at least 10%. Development of reliable and valid population-level screens for early childhood social and emotional health may be a first step in addressing the mental health needs of pre-schoolers and their families.

Method This paper will describe key studies using PAPA, a structured comprehensive diagnostic parent-report interview that has been used in multiple studies in the US and Europe, as well as other relevant data sources that can inform population screening for social health and emotional well-being in pre-schoolers. Results and psychometrics of PAPA data with commonly used measures such as the SDQ, PSC-17 and CBCL will be presented.

Results The comparison of cut-points, psychometrics, and consideration of other relevant factors suggests that population screening may be feasible and effective. The potential limitations and risks of population screening will be described. Ethical, workforce capacity, service access and other issues will also be addressed.

Conclusions Population screening for preschool year old social health and emotional well-being may well be feasible in populations of pre-schoolers provided that potential limitations, ethical issues and infant mental health workforce capacity are all addressed.

PS12.2-S3

THREE YEAR OLD SOCIAL HEALTH AND EMOTIONAL WELL-BEING CHECK IN AUSTRALIA

Nick Kowalenko

The University of Sydney, Sydney, New South Wales, Australia

Introduction Implementing a national check of social health and emotional well-being in three year olds is an exciting prospect. A national plan offers many challenges and opportunities as a major population health initiative. This paper will examine the pre-conditions required for national implementation of such an initiative in Australia.

Method This paper will describe the key components of service system planning required to support this approach. The importance of building on existing initiatives, developing workforce capacity, clarifying referral pathways, promoting the initiative to the community, linking databases, selecting an appropriate check, managing the expectations of professionals and the public, integrating policy

development, conducting pilots, monitoring progress and providing appropriate resources will be examined. Available data on the acceptability of such a check to parents with young children and primary care practitioners will be provided. Initial data from pilot sites will be provided if available.

Results There have been some unexpected but significant outcomes of this initiative in the planning phase. These have included considerable media coverage, vigorous debate in professional communities and in the public domain. The possible causes of these unexpected will be examined. These issues have had an impact on the discourse about the challenges and opportunities of this national initiative in both public and professional domains and the consequences of this will be explored.

Conclusions Universal population health initiatives in infant mental health may provide a solid foundation for population health initiatives addressing mental health promotion, prevention and early intervention. However, there are significant challenges in communicating with the public and concerned professionals in addition to dealing with scientific, ethical, workforce capacity and resource issues.

PS12.3 - RISK AND RESILIENCE OF POST-INSTITUTIONALIZED CHILDREN

Chair: Rifkat Muhamedrahimov, St. Petersburg State University

Discussant: Christina J. Groark, University of Pittsburgh, Pittsburgh, United States

PS12.3-S1

IMPLICATIONS OF RESULTS OF POST-INSTITUTIONALIZED CHILDREN ON CHILD WELFARE POLICIES AND PRACTICES IN THE USA

Christina Groark

University of Pittsburgh, Pittsburgh, USA

Introduction Policies and practices that promote successful development of children 2-8 years of age are an important part of supporting the welfare of vulnerable children in the USA. Findings from this study of post-institutionalized children provide an immense amount of evidence-based information.

Method This includes characteristics of interventions that can make a positive difference in the future achievements of children experiencing similar chronic stress but produced by a variety of adverse events and environments found in the USA. For example, a large percent of children in the USA live in extreme environments including extreme poverty, neglectful and abusive homes, exposure to neighborhood and family violence, living with parental mental health difficulties or parental drug and alcohol abuse, living in homeless shelters, and foster care. These contexts create situations of chronic stress with characteristics and child outcomes similar to those found in institutionalized children.

Results The environmental characteristics that relate to the orphanages of St. Petersburg primarily include lack of consistency, organization, contingencies, appropriate stimulation, and appropriate social-emotional relationships. Common child outcomes of these negative influences are poor physical development, atypical development of the brain, and a variety of behavioral problems including developmental delays, internalizing or externalizing behaviors, and poor executive functioning skills. Several findings of this study impact policies and practices: focusing on the behavioral environment by providing a stable staffing pattern of caregivers and training them in the importance and implementation of warm, sensitive responsive relationships.

Conclusions Besides, removing children from these situations as soon as possible. And, finally, creating models of care and education that deal directly with reducing stress, providing routines, practicing self-regulation, encouraging persistence, and incorporating family support.

PS12.3-S2

POST-INSTITUTIONALIZED INTERVENTION CHILDREN ADOPTED TO THE USA

Robert McCall¹, Christina Groark¹, Megan Julian¹, Rifkat Muhamedrahimov², Oleg Palmov², Natalia Nikiforova³

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Introduction Children were exposed for at least three months to one of three quasi-experimental interventions in their institutions, one designed to improve sensitive, responsive, caregiver-child interactions and two different control conditions. Children adopted to the USA from the intervention institution were compared with control children who did not experience any intervention.

Method Parents of children adopted between 5-45 months of age who were assessed between 9 months and 8 years of age responded to questionnaires pertaining to attachment, indiscriminate friendliness, executive functioning, social-emotional development, and behavior problems.

Results Intervention children were reported to be more attached to their adoptive parents and display less indiscriminate friendliness. Further, younger intervention children had more social-emotional competencies, and older children had better executive functioning. Children who were older at adoption, regardless of intervention condition, had poorer attachment, more internalizing and externalizing problems, and more dysregulation. In general, the results support the resilience and catch-up of young institutionalized children after being placed into families. Although the intervention children did better on some behaviors, the main result was the catch-up and adjustment of children from unimproved institutions.

Conclusions The literature on children from these same unimproved institutions shows higher rates of executive functioning and behavioral problems among those adopted after 18 months of age who were assessed during adolescence (the current sample was younger than 8 years at assessment). Will the intervention prevent these longer-term problems?

PS12.3-S3

POST-INSTITUTIONALIZED INTERVENTION CHILDREN TRANSFERRED TO DIFFERENT TYPES OF DOMESTIC FAMILIES

Rifkat Muhamedrahimov¹, Oleg Palmov¹, Natalia Nikiforova², Christina Groark³, Robert McCall³

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Introduction The literature suggests that children from the intervention institution should continue their developmental advantages and children transferred to non-relatives should do better. However the overriding result was the resilience of the control children in catching up and adjusting to family life, at least during early and mid-childhood.

Method Children who had been exposed to at least three months of one of three institutions that received a quasi-experimental intervention aimed at improving sensitive, responsive, caregiver interactions or control conditions were assessed after transferring to Russian families. Children were placed into domestic families of relatives or non-relatives where they resided at least one year (average 3-4 years) before the follow-up assessment at approximately 3-8 years of age. Parents of children responded to questionnaires pertaining to attachment, indiscriminate friendliness, and behavior problems.

Results Children from the intervention vs. control institutions displayed no differences in attachment, indicating that attachment to parents appears complete by at least one year in nearly all of these children. Intervention children displayed less indiscriminate friendliness, perhaps because it was needed less in the intervention institution. Intervention children also had more empathy, better attention, and less externalizing behavior. There were few differences associated with family type. As a group, regardless of intervention condition, institutionalized children had more problem behaviors, internalizing behaviors, and social and thought problems the longer they were in their institutions.

Conclusions Results show that the orphanage intervention project designed to improve the sensitivity and stability of caregiving environment could have an effect on some behaviors of post-institutional children being placed into families.

PS12.3-S4

SAINT PETERSBURG BABY HOME INTERVENTION PROGRAM: MAINTAINING SOCIAL-EMOTIONAL ENVIRONMENT SENSITIVITY AND STABILITY FOR CHILDREN

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Introduction 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.

Method Two interventions were used in a quasiexperimental design: (a) training of caregivers to promote warm, responsive caregiving and (b) staffing and structural alterations to support relationship building, especially increasing the consistency of caregivers.

Results Children showed improvements in physical growth, cognition, language, motor, personal-social, and affect, with children having severe disabilities improving the most.

Conclusions The implications of these findings suggest that training staff with modest educational backgrounds and structural changes are effective, can increase socially responsive caregiving behaviors, and improves social interactions of children. Will children from the Baby Home Intervention Project continue their developmental advantages after being placed into the families?

PS12.4 - UNDERSTANDING FATHER-CHILD PLAY INTERACTIONS AND CHILDREN'S BEHAVIOR: MEASUREMENT AND CULTURAL PERSPECTIVES

Chairs: Natasha Cabrera, University of Maryland, USA, Lori Roggman, Utah State University, Logan, Utah, USA, Naama Atzaba-Poria, Gurion University of the Negev, Beer-Sheva, Israel

PS12.4-S1

FATHER AND MOTHER PLAY AND CHILDREN'S SELF-REGULATION IN LOW-INCOME FAMILIES IN THE WESTERN US

Sheila Anderson², Lori Roggman¹

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Introduction To examine the unique influence of early father-child and mother-child play on children's self-regulation, we assessed father-toddler and mother-toddler play interactions and children's later self-regulation for 66 low-income families at one Early Head Start Research and Evaluation Project site in the western US.

Method Fathers were 97% European-American, 90% high school graduates, 70% employed full time, and 86% biological resident fathers. Each parent was observed with the child at 24 months in a 10-minute semi-structured play setting by independent teams of

observers (%agreement > 80%) who coded positive parent behaviors--affection, responsiveness, encouragement, and teaching (PICCOLO, Roggman et al., 2013; PICCOLO-D (dads), Anderson, 2013), and negative behaviors-intrusiveness and negative regard (Parenting Scales, Fuligni & Brooks-Gunn, 2013). Mothers reported their children's self-regulation in 5th grade (~ age 11 years) with the Child Behavior Checklist externalizing and internalizing scales (Achenbach & Rescorla, 2000).

Results Bivariate correlations showed different father and mother play behaviors associated with children's later self-regulation. Two positive aspects of early father play- responsiveness and encouragement, and four positive aspects of early mother play- affection, responsiveness, encouragement, and teaching, were associated with higher child self-regulation. Two aspects of negative father play- intrusiveness and negativity, and one negative aspect of mother play- intrusiveness, were associated with lower self-regulation. Regression models showed negative aspects of father play predicting less self-regulation, and positive aspects of mother play predicting more self-regulation, regardless of child gender or other aspects of play.

Conclusions Distinct aspects of mother-child and father-child play interactions predicted children's long-term self-regulation, suggesting early mother and father play interactions may influence children in different ways. Interventions promoting developmentally supportive parenting by encouraging parent-child play interactions may need to focus on different aspects of play interactions with mothers and fathers.

PS12.4-S2

FATHER-CHILD INTERACTIONS: TAKING A FATHER ORIENTED APPROACH TO ANALYZING DATA

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Introduction Although there is more interest in studying father-child interaction in last decades, researchers lack validated measures and research focusing on fathers typically uses measures that have been developed with mothers. We propose that fathers' interactions with their children need to be examined in a more comprehensive, but yet exploratory manner.

Method Using two valid parent-child interaction coding systems, namely the Emotional Availability Scale (EA; Biringen, 2008) and the Parent-Child Interaction System (PARCHISY; Deater-Deckard et al., 1997), we code the father-child play interaction using data from three studies conducted in Israel (N=90-138) and the UK (N=126). We address three main research questions: Are there differences between mother-child and father-child play interactions? Do father-child and mother-child play interactions differ for boys and girls? Does father-child interaction uniquely contribute to child's development?

Results Preliminary results show that although fathers of 6 months old infants during play interaction, show less sensitivity and structuring and more intrusiveness than mothers during play interactions, these paternal behaviors predict children's early cognitive (Bayley) and social (ESCS) development at 12 months. Furthermore, father-child (but not mother-child) sensitivity, intrusiveness and structuring were linked to 5 years old boys' problem behavior, and paternal intrusiveness predicted children's externalizing problems. Finally, dyadic mutuality when coupled with positive affect predicted school aged children's fewer externalizing problems.

Conclusions Results will be discussed while considering children's gender and developmental age differences. In addition, possible moderators, such as parental affect will be discussed. Findings demonstrate the need to analyze father-child data in a more sensitive, father oriented approach.

PS12.4-S3

MOTHERS AND FATHERS PLAYFUL INTERACTIONS AND CHILDREN'S SELF-REGULATION: A MODERATION APPROACH

*Natasha Cabrera, Elizabeth Karberg, Jenessa Malin, Daniela Aldoney
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Introduction Play is an important developmental context because it can promote children's regulatory and social development. Most research on play has been conducted with mothers and consequently, we know less about the quality of father-child play interactions and what it means for children's behaviors, especially in low-income families.

Method Using a sample of minority low-income parents and their 2-year old children (n=164), we ask these research questions: (1) Is the quality of father- and mother-toddler play interactions (sensitivity, intrusiveness) and the quality of play (degree of playfulness) associated with children's regulatory behaviors pre-kindergarten? (2) Do fathers' affect moderate the association between father-child playfulness and children' regulatory behaviors? And (3) Do children's gender moderate this association? Data come from survey, videotaped parent-child play interactions, and child direct assessments.

Results We use the Parent-Child Interaction System (PARCHISY) to assess the quality of parent-child interactions (e.g., sensitivity) and a scale developed for this project to assess the playfulness (i.e., pretend/creative vs. conventional play) of the interaction. In our sample (N=164), 74% of the fathers are resident, and years of education range from 4-20. Children were between 23-36 months (mean = 28) at the time of the assessment. Preliminary results show that fathers were slightly less sensitive and more intrusive than mothers. Half of the fathers were very playful (more pretend play) and the other half engaged in more conventional play/labeling.

Conclusions The findings will shed light into whether there are differences in mothers' and fathers' play interactions and whether quality of play varies by child gender. Findings will also shed light into whether fathers' and mothers' affect is an important aspect of why father-child and mother-child interactions promote children's regulation.

PS12.4-S4

MEASURING THE QUALITY OF FATHER-CHILD ROUGH AND TUMBLE PLAY (RTP)

Richard Fletcher, Jennifer St George
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Introduction Energetic, competitive, body-contact play (Rough and Tumble Play [RTP]) is commonly observed among young children and reported as an important feature of father-child relationships. However the quality of father-child RTP has been poorly specified. This presentation describes the development and testing of an observation coding scheme that assesses father-child RTP.

Method A coding grid (Rough and Tumble Play Quality, RTP-Q) was developed through a review of the theoretical and empirical literature, along with expert review of items and their operationalization. After trialling, the final RTP-Q consists of 16-items, each with a five-point narrative operationalization (from 'poor' to 'excellent'). In one subsequent study, we used linear regression to examine the association between quality of RTP and pre-schoolers' emotional and behavioral development with 26 father-child dyads. In a second study, we assess 10 welfare-referred fathers' ability to improve the quality of their RTP after four structured play-therapy sessions using video feedback.

Results In the first study, The RTP-Q score was significantly, negatively correlated with parent reports of conduct, emotional and peer problems. The regression model showed RTP-Q score was a significant predictor of problem behaviors over and above the level of father involvement. In the second study, preliminary findings suggest that fathers improve their responsiveness in rough and tumble play across the four-session intervention. Quantitative and qualitative results will be reported.

Conclusions Rough and tumble appears to have an important connection with the developmental trajectory of children's psychology. It is important that researchers carefully document the quality and dimensions of this play in order to better understand the benefits of RTP to father-child relationships, and to children's social and emotional development.

PS12.5 - INVOLVING FATHERS IN PERINATAL AND EARLY CHILDHOOD HOME-VISITING: INTERNATIONAL PERSPECTIVES ON SUCCESSES AND CHALLENGES

Chair: Matthew Thullen, The University of Missouri, USA

Discussant: Jon Korfmacher, Erikson Institute, Chicago, IL, USA

PS12.5-S1

THE INVOLVEMENT OF FATHERS IN THE FAMILY NURSE PARTNERSHIP PROGRAM AND GROUP FAMILY NURSE PARTNERSHIP PROGRAM

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Introduction The Family Nurse Partnership, developed in the USA by David Olds, is a nurse home-visiting program designed to improve the health, well-being and self-sufficiency of young first-time parents and their children. It involves regular, structured home-visits by specially trained nurses from early pregnancy until the child is 2-years old.

Method The program is designed for low-income mothers who have had no previous live births and starts in the second trimester of pregnancy. An important feature of the Family Nurse Partnership is to involve the 'whole family'. Family Nurses aim to work with fathers and partners as part of the program delivery, even if they cannot be present for home visits. A derived version of the program, Group Family Nurse Partnership (gFNP), has been in development in England since 2009 delivering a similar content to FNP to groups of 8 to 10 women and their partners, extending until children's first birthday.

Results Results from the implementation evaluations of both home-based FNP and the group delivered program gFNP will be presented, comparing father presence for each and reporting on fathers', mothers' and nurses' views about father involvement in both programs. For instance more than half of fathers were present for at least one FNP visit during pregnancy and toddlerhood. Similarly the evaluation of gFNP had evidence of the extent of father presence, which has ranged from 16% to 33% of fathers per session, but with differences between sites.

Conclusions Comments from qualitative interviews indicated positive feedback from fathers who were involved with FNP but nurse and client interviews also revealed the complexities and tensions surrounding father involvement. Qualitative interviews with gFNP clients, fathers and nurses provide views about the strengths and limitations of involving fathers in the group-based program.

PS12.5-S2

SEEKING "THAT MAGIC INGREDIENT": INVESTIGATING FATHER INVOLVEMENT IN PREPARING FOR LIFE

Orla Doyle, Judy Lovett

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Introduction Father involvement in home-visiting interventions is often limited. A number of factors have been found to predict paternal involvement including maternal engagement with the program, ethnicity, education, depression, and social support. This study investigates the role of fathers in an early childhood intervention in a highly disadvantaged community of Ireland.

Method *Preparing for Life* aims to improve the life outcomes of children by intervening during pregnancy and working with families until the children start school. The program is evaluated using a mixed-method RCT design whereby families were randomly assigned to a high (n=115) or low (n=118) treatment group. The high treatment group receive regular home visits between pregnancy and school entry from a PFL mentor in order to support parenting and child development using Tip Sheets. The present study draws on focus group with mothers (n=18) and fathers and semi-structured interviews with mentors (n=5). The data were analyzed using thematic analysis.

Results The semi-structured interviews with mentors and focus groups with mothers, yielded contrasting findings about father involvement in the program. While father involvement was perceived as low, mentors reported that a minority of fathers attended some home visits, and a small number of mothers reported active father support for the program and its parenting strategies. Other mothers described father resistance and disinterest due to time pressure, belief that children were the mothers' responsibility, and lack of understanding about the strategies. Once fathers were more involved, they were more likely to work with the mothers in applying the PFL strategies.

Conclusions Facilitated focus groups with fathers are underway to elicit their opinions of the program and the perceived barriers preventing father involvement. The results of these focus groups will inform the development of strategies to promote father involvement.

PS12.5-S3

FATHER ENGAGEMENT IN HOME VISITING PROGRAMS FOR INFANTS AND TODDLERS

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Introduction Early interventions with families often involve home-visiting with mothers and young children, but not always other family members. Father involvement is believed to be important for the effectiveness of these interventions not only for supporting father-child interactions but also because father engagement may increase intervention effectiveness for mothers and children.

Method In an Early Head Start program in the western United States, data were collected from both mothers and fathers enrolled in the program. There were 75 families in the program with research data on both mothers and fathers and the target child, including observed interactions and parent report of demographic factors and parenting experiences. For 72 of these families, home visitors rated both mother and father engagement in home visit reports and home visit quality was observed and coded. These ratings were averaged over time to derive overall engagement scores.

Results Father engagement in home-visiting was predicted not by father demographics, marital status, or other family factors but only by mother engagement in home visiting, which was higher when mothers had more education and fewer risk factors and when home visiting quality was higher and visits were more child development focused. When father engagement was higher, regardless of mother engagement (controlled in regression analyses), negative outcomes were lower for mothers and children: less mom negativity in interactions, less mom parenting stress, and less child aggression. Higher home visit quality also predicted more developmental support by fathers when observed in a free play situation.

Conclusions When fathers were more engaged, better outcomes were more likely for families, including not only the fathers themselves but also mothers and children. These results are consistent with other research on father involvement in family, school, and child caregiving, suggesting an additive effect of father engagement.

PS12.5-S4

MOTHER AND DOULA PERSPECTIVES ON FATHER PARTICIPATION IN A COMMUNITY DOULA HOME-VISITING PROGRAM FOR YOUNG, AFRICAN AMERICAN MOTHERS

*Matthew Thullen¹, Stephen McMillin², Jon Korfmacher³, Marisha Humphries⁵, Sydney Hans⁴
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Introduction Research on father participation in home-visiting has largely studied families in which parents are predominantly married or co-resident, though many home-visiting programs serve unmarried, nonresident parents.

Method Using data from an efficacy trial examining a community doula home-visiting program for young, low-income African American mothers, this paper reports on mothers' and doula home visitors' perceptions of father participation. 124 young African American women (all unmarried, 10% residing with their baby's father) were randomly assigned to have a doula home-visitor. Doula visit records and prenatal interviews with mothers provide data on frequency, setting, content, and correlates of father-present visits. In-depth interviews were done prenatally and postpartum with 12 doula-mother pairs. Content about fathers was coded for themes related to father's participation in doula visits.

Results According to mothers and doulas, fathers were mostly positive about and supportive of the mothers' involvement in the intervention, but some fathers saw the doula as filling a role supporting the mother that they no longer had to fill. Father participation was largely a function of mothers' interest in involving the father in the intervention and birth. Doulas generally followed the mothers lead on including the father, but also developed their own opinions on the father and his involvement with the mother. When fathers attended a visit, involvement was generally low and conflict was very rare.

Conclusions The community doula home-visiting model presents unique opportunities for and challenges to father participation with doulas role in the labor and delivery. Further attention to how fathers are incorporated in this model is needed to capitalize on the benefits of doulas for mothers without reducing potential for father involvement.

PS12.6 - ADULT OUTCOMES OF PRETERM BIRTH: AN INTERNATIONAL PERSPECTIVE

*Chair: Suna Eryigit-Madzwamuse, University Of Warwick
Discussant: Dieter Wolke, University of Warwick, Coventry, UK*

PS12.6-S1

COGNITIVE PROFILE OF VERY PRETERM AND/OR VERY LOW BIRTH WEIGHT BORN ADULTS

Suna Eryigit-Madzwamuse, Dieter Wolke
University of Warwick, Coventry, UK

Introduction It is still unclear whether difficulties very preterm (gestational age at-birth<32weeks) or very low birth weight (birth-weight<1500grams) born individuals experience in cognition reflect developmental delay or a lifelong impairment. We aimed to examine cognitive performance of very preterm and/or very low birth-weight (VP/VLBW) adults in comparison to term-born controls.

Method The sample was drawn from the Bavarian Longitudinal Study (BLS). The BLS is a geographically defined prospective whole population sample of neonatal-risk children born around 1985-86 in the south of Germany. The longitudinal sample comprised of 219 VP/VLBW adults and 196 term-born controls (age=26 years). IQ was measured by the Wechsler-Adult-Intelligence-Scale (WAIS-III). Executive functioning (EF) measures were Colour-Word-Inference Test (Stroop), Visual-Search and Attention-Test (VSAT), Rapid-Automatized-Naming (RAN) and Regensburg-Word-Fluency Test (RWT). First, we looked at the mean differences between the VP/VLBW and control groups. Next, we investigated individuals who had significant problems in IQ and/or EF (scores <-1 SD).

Results VP/VLBW adults scored significantly lower in all IQ and EF tests. The average full-scale IQ of VP/VLBW adults were -0.88 (95% CI= -1.06; -0.71) units lower than the average full-scale IQ of control sample. Regarding EF, VP/VLBW adults' performance on the Stroop, VSAT, and RWT tests was half an SD lower than the performance of controls. Two groups had the smallest difference in the reading numbers scale of RAN with a mean difference of -0.27 (95% CI= -0.46; -0.07). 23.5% of the VP/VLBW sample and 3.4% of the term controls had significant problems in 4 or more areas of cognition.

Conclusions VP/VLBW birth poses a global and long-lasting risk for cognitive performance. Our results indicated no catch up in general cognitive abilities over time. We speculate that the differences might be explained by cognitive workload model.

PS12.6-S2

DEVIATIONS IN BRAIN STRUCTURE RELATE TO COGNITIVE DEFICITS IN VERY LOW BIRTH WEIGHT (VLBW) YOUNG ADULTS

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Introduction Perinatal brain injury in very low birth weight (VLBW) children affects grey and white matter development and is associated with neurocognitive deficits that persist into adulthood. The aim of this study was to investigate the relationship between brain structures and cognitive function in VLBW young adults.

Method 49 VLBW (birth weight ≤ 1500 grams) and 59 term born controls were examined at age 19-20 with Wechsler Adult Intelligence Scale WAIS-III and MRI. An automated MRI technique (Freesurfer 5.1) at 1.5 Tesla for morphometric analyses of cortical surface area and thickness and diffusion tensor imaging using FSL and TBSS to investigate fractional anisotropy (FA) in white matter tracts were performed in both groups.

Results Low IQ was associated with reduced surface area in specific cortical regions in the VLBW young adults. The IQ indices that contributed the most to the associations were the Working Memory Index and the Processing Speed Index. These indices were also related with FA reduction in central white matter tracts like corpus callosum, and association tracts in external capsule and superior longitudinal fascicle leading to the affected cortical areas. Cortical thickness correlated to a lesser degree with IQ.

Conclusions Cognitive deficits in young adults born with VLBW seem to be related with both grey and white matter abnormalities indicating widespread perinatal brain injury that lead to abnormal brain development with permanent consequences for brain structure and functioning.

PS12.6-S3

ADULT MENTAL HEALTH OUTCOMES OF PRETERM BIRTH AND ALTERED NEURODEVELOPMENT

Chiara Nosarti
King's College, London, UK

Introduction Ex-preterm individuals are at risk of developing psychiatric disorder in adulthood, which may be associated with impaired neurodevelopment. This session will describe a series of studies investigating adult mental health outcomes of preterm birth and their relationship with structural brain correlates, with an emphasis on psychosis proneness, anxiety and depression.

Method Study participants were born in 1979-1984 before 33 weeks of gestation and admitted consecutively to the Neonatal Unit of University College London Hospital. All participants had neonatal ultrasonographic scans and were enrolled for follow-up at 1, 4, 8, 14-15 (n=269, 218 with MRI) 18 (n=169, 80 with MRI) and 28-33 years (n=51, currently ongoing). Mental health was measured with the Clinical Interview Schedule-Revised (CIS-R) and the Peters' Delusional Inventory (PDI). Cortical surfaces were extracted from the T1-weighted MRI images using the CIVET pipeline. Tract-specific myelin water fraction (MWF) was measured with McDESPOT.

Results Ex-preterm young adults had an increased risk for psychiatric disorder compared to controls at age 18 (OR=3.1, 95%CI=1.1-8.6, p=0.03). Significant associations were observed between CIS-R and PDI scores and cortical thickness in right temporal-parietal junction, where ex-preterm individuals showed decreased thickness compared to controls, after controlling for age and gender (cluster p<0.05). At age 28-33, measures of myelin along the tract connecting the right caudate nucleus to executive regions of the frontal lobe were associated with psychosis proneness scores (r=-0.544, p=0.002). This tract also showed 32% lower volume in ex-preterm young adults compared to controls.

Conclusions Ex-preterm young adults show an increased vulnerability to psychopathology. The mechanisms underlying this vulnerability may include impaired neurodevelopment, as demonstrated by the association between mental health outcomes and alterations in grey and white matter. Early brain lesions may interact with the developing brain to increase later risk for psychopathology.

PS12.6-S4

GROWTH IN INFANCY AFTER PRETERM BIRTH AND ADULT NEUROCOGNITIVE AND NEUROPSYCHIATRIC OUTCOMES

Katri Räikkönen

University of Helsinki, Helsinki, Finland

Introduction While faster infant growth after preterm birth may benefit neurodevelopment, it remains unclear if these effects persist into adult life. In this presentation we show findings from the Helsinki Study of Very Low Birth Weight Adults (HeSVA).

Method We examined if faster growth from birth to term equivalent age (term, 40 postmenstrual weeks) and during the first year after term was associated with (a) better neurocognitive abilities and (b) a lower risk subclinical traits of autism-spectrum disorders in young adults who were born preterm with very low birth weight (VLBW; <1500 g).

Results Our findings suggest that within a VLBW group with high variability in early growth, faster growth from preterm birth to term equivalent age, but less consistently during the first year after term, is associated with better neurocognitive abilities and a lower risk of subclinical traits of autism-spectrum disorders in young adulthood. Our findings may afford a window of opportunity for targeted interventions.

Conclusions Our findings may afford a window of opportunity for targeted interventions.

PS12.7-C1

"LEARNING TO LISTEN TO A BABY WHO CANNOT HEAR" - INFANT HEARING LOSS AND ATTACHMENT

Valerie Green

Queensland Health, Queensland, Australia

Introduction The Queensland Hearing Loss Family Support Service was established in 2007, as a part of the Healthy Hearing Program (which conducts newborn hearing screening, as well as surveillance screening of older children). This statewide team provides family-centred counselling & support to families of children diagnosed with a permanent hearing loss.

Method This includes emotional support and counselling where required, with regard to parental adjustment to diagnosis, as well as ensuring families gain information about their child's hearing loss & the full range of habilitation options available to support their child's communication, development & health needs. Advocacy on behalf of children with a permanent hearing loss (PHL) & their families, within relevant services and systems, and contributing to the development of research & best practice in this field are additional focal points for our service.

Results Three case examples will be provided, each with a similar degree of hearing loss, but with differing parental reactions to diagnosis. These will be described and discussed through the framework of attachment theory and its implications for our clinical approach to the particular family.

Conclusions This presentation will focus on the effect of the diagnosis of infant hearing loss on early Parent-Child interaction, how the therapeutic relationship, and provision of information and advocacy, can ameliorate this impact and maintain parental capacity to meet the child's needs, emotionally and with regard to early communication and educational needs.

PS12.8-C1

TODDLER AS CATALYST: UNLOCKING THE STORY OF A MOTHER'S EXTREME CHILDHOOD ABUSE, CREATING HOPE TO EMBRACE, LOVE AND LIVE

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Introduction Despite many hopes and dreams that usually accompany the birth of a baby, up to 20% of mothers of newborns struggle with profound symptoms and consequences of postnatal depression. Links between depression and disrupted or disturbed infant-mother relationships are well established, frequently revealing the influence of "ghosts in the nursery."

Method When those ghosts loom, both baby's and mother's emotional wellbeing are fraught with hazards. Even when the depressed mother is engaged in long-term individual treatment, the risks to the baby and the unfolding of the emotional attachment relationship are seldom considered or addressed sufficiently. The presence of the infant can become the precipitating factor in the therapeutic process toward the mother's recovery from major depression, simultaneously addressing the needs of the dyadic relationship. This workshop offers one such clinical story.

Results In the context of youngballymun's targeted community prevention program in Dublin, mother and her baby were carefully monitored and identified as needing more intensive supports to address emerging relationship challenges. An interagency group of professionals partnered to hold this vulnerable family as mother's depression worsened. Her adult therapist and the infant mental health clinician allied on behalf of the safety and wellbeing of toddler and mother. The story includes the unfolding relationship of clinical support between the IMH therapist and her IMH mentor, particularly as the mother begins to unlock horrific abuse she endured in childhood, heretofore hidden from consciousness.

Conclusions The capacity of a clinician to hold the mother's painful remembering is critical; her greater vulnerability necessitates a parallel holding experience. The role and challenges of the IMH clinician and the critical supports to sustain her during such an evocative intervention will be considered.

PS12.8-C2

WHEN WORDS AREN'T ENOUGH: REACHING A TODDLER AND HIS PARENTS THROUGH KITCHEN FLOOR FAMILY YOGA

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Introduction A family of a 17-month-old with a history of acute failure to thrive and food refusal received many services yet remained resource-poor and transient. Referred repeatedly to community support programs, they disengaged quickly. The parents responded to sensory, movement-based IMH intervention to help their son and "be a family."

Method The case overview will focus on expanding nonverbal communication to benefit parent-child relationships. Family members joined in creative, exploratory therapeutic family yoga and infant/toddler massage. The IMH consultant provided experiences of discovery and understanding of the toddler's intense curiosities, fears and need for security, and ways in which his parents could respond. Wordless methods are shown that highlight and promote parent-initiated positive attachment behavior based on child response in semi-structured sessions. We will then discuss nonverbal intervention opportunities via the theoretical lenses of Winnicott's "potential space" and Tronick's interactive attunement, rupture and repair.

Results Whereas many IMH models focus on developing the verbal capacity of parents to reflect upon their and their child's experiences, here we created an opportunity for felt security. The frame of IMH-informed family yoga, predictability and playfulness enabled the child to express his needs for connection and safety. In the first session, the father commented, "He's never let me touch his face!" after the toddler allowed massage of his jaws. In four sessions, parents made significant progress in understanding cues, and the toddler tolerated closer proximity to his parents and receiving touch. His parents agreed to consider parent-child psychotherapy.

Conclusions In highly stressed and reactive family environments, approaching preverbal relationship/developmental challenges with language-based intervention may be premature. By attending to the language of infants and toddlers, we uncover unspoken connections and needs, fostering awareness of possibility, competence and hope.

PS12.9 - MELLOW FUTURES: A PARENTING PROGRAM FROM PREGNANCY TO AGE ONE FOR PARENTS WITH LEARNING DISABILITIES AND/OR DIFFICULTIES

Chair: Raquib Ibrahim, Mellow Parenting

Discussant: Rachel Stephen, Mellow Parenting, London, UK

PS12.9-S1

MELLOW FUTURES: A PARENTING PROGRAM FROM PREGNANCY TO AGE ONE FOR PARENTS WITH LEARNING DISABILITIES AND/OR DIFFICULTIES

Lara Burnett

Mencap, London, UK

Introduction Mellow Futures was developed under the Parent Pioneers project and led by the Royal Mencap Society. A priority of the project was to ensure that it was centred around and developed by people with a learning disability, and that the results were widely disseminated using Mencap's networks and local groups.

Method The Elfrida Society were included as a project partner to run an advisory group of parents with learning disabilities, ensuring the parents were embedded throughout the project. This included a parent representative on the steering group, the group advising on the initial project development and program materials to make them fully accessible, and the parents running LDD awareness training for all internal and external project stakeholders. The original program has been further adapted to make it specific for the needs of beneficiaries, including fully accessible materials and a volunteer mentor scheme to support learning in the home.

Results 'Parents with learning disabilities are up to 50 times more likely than others to have their children placed into care' (Tarleton, Ward and Howarth 2006). The overall aim of this project is for this number to be hugely reduced. By designing a successful program that provides accessible services, we hope to level the playing field for families where a mum has LDD. The lessons learnt from this project will be widely disseminated through Mencap's networks and local groups.

Conclusions By designing a project that can be scaled up to run in all Local Authorities and through increasing the knowledge of early years services, we aim to increase the possibility for parents with LDD to have children, and decrease the chances that the child will be taken in to care.

PS12.9-S2

MELLOW FUTURES: WHAT IS THE MENTORS' ROLE WITHIN A UNIQUE PERINATAL PARENTING PROGRAM FOR PARENTS WITH LEARNING DIFFICULTIES/DISABILITIES (LDD)

Raquib Ibrahim
Mellow Parenting, Glasgow, UK

Introduction The intensive Mellow Futures program is offered in combination with mentoring from local parent volunteer mentors, who will provide a peer support structure to address some of the additional needs of parents with LDD.

Method The role of a Mentor includes assisting parents with the intervention homework exercise during a weekly one hour home visit. As a Parent Volunteer Mentor, I will keep a reflective log of my experience of working with a parent. This will be done in the form of a diary detailing each home visit, including progress, challenges and outcomes. The diary will be used during regular supervision where I will be able to discuss my own personal development as a result of being a mentor.

Results I will report on the experience of working with a family during the postnatal phase of the Mellow Futures program from my reflective log. Qualitative feedback from the family about the experience of participating in the program and working with a Parent Volunteer Mentor will also be provided. Specifically, I will report data pertaining to the parent's understanding of the mentor's role and involvement in the Mellow Futures program, and whether it enhanced their experience and understanding of the course content.

Conclusions We hypothesise the mentor role will have a positive impact on the parents' understanding and ability to apply the course content in their day-to-day life. Hopefully resulting in marked improvements to their mental health and wellbeing in addition to improved parent-infant interaction compared to parents being monitored in a tracker group.

PS12.9-S3

MELLOW FUTURES: CLINICAL PERSPECTIVES

Rachel Stephen
Mellow Parenting, Glasgow, UK

Introduction The existing Mellow Bumps and Mellow Babies parenting programs, which have traditionally been used to target hard to reach vulnerable families arena have been adapted for use with parents who have learning Disabilities/ Difficulties. The speaker will explore the clinical issues that have arisen within the program and the experience of facilitating groups.

Method Six to eight parents with learning disabilities/ difficulties will be recruited onto each group (4 bumps and 4 babies). Parents will initially attend a 6 week group. The program explores infants capacities in vitro and helps parents to see their unborn infant as intentional. The impact of early relationships on infant brain development is also explored. Following the birth of the infant the parents will be invited onto a more intensive 14 week/ full day babies program. Video feedback analysis of the parents own interaction with their children supports the highly visual nature of the program. The program is strengths based and repetition is used.

Results Whilst the empirical data collection/analysis is being carried out by the Norah Fry research centre this component of the symposium will focus on clinical issues from the groups and observed changes in interaction between parents and children. The Mellow Parenting Observation System which has been validated over a number of years will be used to demonstrate explicit changes seen on video footage of families before and after intervention. Video footage will be used within the symposium to bring this alive for attendees.

Conclusions It is hoped however that the pulling together of skills within the partnership and the adjustments which have been made will increase its effect. Due to the fact that this program is currently ongoing we have yet to reach definitive conclusions. However by June 2014 this will in part be possible.

PS12.9-S4

EVALUATING THE IMPACT OF MELLOW FUTURES: A PERINATAL INTERVENTION PROGRAM FOR MOTHERS WITH LEARNING DIFFICULTIES

Beth Tarleton
University of Bristol, Bristol, UK

Introduction This evaluation is looking at the suitability and impact of the Mellow Futures program from a wide variety of perspectives. In addition to focusing on the outcomes for the infants and their mothers, it will investigate the impact of providing this type of early support on the Local Authority contexts.

Method The outcomes for the infants will be judged through analysis of parent-baby interactions at the start and end of the Mellow Babies course as well as any changes in the perceptions of a key professional regarding the families' situations. The mothers, volunteers, volunteer managers, Mellow Futures practitioners and key local professional's perceptions of the suitability and impact of the adapted programs and volunteer support is being investigated through interviews. The mothers are also completing the Adult Well-Being scale and Neo-Natal perception inventory while the volunteers are completing the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) at five points during the program.

Results Initial results from the interviews with mothers who have attended the Mellow Bumps course will be discussed providing an insight into 'if and how' their views have changed regarding how to nurture their baby. The parents' and mentor's views of their developing relationship will also be discussed as well as the mentors' motivations and the mothers' views regarding being provided with a mentor. The initial findings from the Adult Wellbeing scales completed by the mothers at the start and end of the Mellow Bumps program will also be considered.

Conclusions This evaluation is investigating the Mellow Futures program and its impact on the outcomes for the infants as well as their parents. It will eventually draw conclusions on the suitability of the program for this group of parents, the refinements required and organisational learning necessary to implement the program.

PS12.10 - PW1

USING BRITTON'S TRIANGULARITY IN CHILD PROTECTION. A CASE PRESENTATION OF A HIGHLY COMPLEX FAMILY

*Steve Bambrough, Alexandra Marinou
Tavistock Clinic, Tavistock and Portman NHS Foundation, London, UK*

Introduction The practice of care proceedings is changing as a result of The Children and Families Bill 2013. An instruction towards reducing delay in care proceedings is matched with requirements on local authorities for timescales for adoption. The assessment of parental capacity to change has become a core concept in quicker assessments

Method The study explores the concept of *capacity to change* and its application in family assessments. It suggests that the theoretical notion of the *triangular space* (Britton, 1998) can provide with a framework for understanding the experience of the parents who are undergoing therapeutic types of assessment.

Results Following a presentation of the changes in Child Protection, the presenters will provide a theoretical background on triangularity, intersubjectivity, container-contained theory and Video Interaction Guidance. An overview of the background of a highly complex case (with risks to a baby's immediate safety) will be followed by an analysis of a therapeutic assessment

Conclusions The development of intersubjectivity implemented through the Video Interaction Guidance informs clinical practice; the space between the practitioner, the parent and the video involves triangularity (Britton)- the parent seeing himself relating to his ideas around emotional interaction/ child development. The discussion concludes with proposing changes on how family assessments are conducted with highly complex cases

PRESIDENTIAL SYMPOSIUM

1515 – 1645

THE INFANT'S RIGHTS STATEMENT THROUGH THE LENS OF THE HISTORY OF WAIMH

Miri Keren, M.D, President of WAIMH, Israel, Tuula Tamminen, University of Tampere, Finland, Antoine Guedeney, Institut Mutualiste Montsouris, France, Hiram Fitzgerald, Michigan State University, US, Robert Emde, University of Colorado, Denver, Co, USA, Joy Osofsky, LSU Health Sciences Center, New Orleans, USA and Kevin Nugent, Brazelton Institute, Boston, MA, USA

CLOSING PLENARY

1645 – 1730

CLOSING REMARKS *Jane Barlow, Director of Warwick Infant and Family Wellbeing Unit, University of Warwick, Warwick UK and Chair, Local Organising Committee*

PRESENTATION WAIMH 15TH CONGRESS TEL AVIV 2016 *Miri Keren, M.D, President of WAIMH*

Poster Sessions

POSTER SESSION 1 SUNDAY 15TH JUNE: 1230 - 1315

P1-1

EYES TO EYES; MIND TO MIND: PATHWAYS TO CREATIVE THINKING, EMOTION RECOGNITION AND SOCIAL COMPETENCE IN CHILDHOOD

Elif Gocek¹, Deniz Yilmaz², Nevra Buldur³, Dilsad Kologlugil⁴

¹Istanbul Bilgi University, Istanbul, Turkey, ²Middle East Technical University, Ankara, Turkey, ³BUPAM, Istanbul, Turkey, ⁴Psitera, Istanbul, Turkey

Introduction Maternal characteristics are very important in children's socio-emotional development. The aim of this study was to investigate the relationship between mothers' and their children's creativity and emotion recognition ability. The link between creativity, emotion recognition ability of mother-child dyads and children's social competence was also examined by using Path analysis.

Method 194 Turkish nonclinical mother-child dyads participated in the study (Magechild=11.17, SD=2.84; Magemother=38.47, SD=5.90). Participants were recruited on a voluntary basis. Mothers' and their children's verbal creativity were assessed by the "Torrance Tests of Creative Thinking" (Torrance, 1990). Mother-child dyads' emotion recognition ability was evaluated by the "Reading the Mind in the Eyes" Tests (Baron Cohen et al., 2001). For the TTCT and RME, mothers administered the adult version, and children administered the child version of the tests. Additionally, in order to assess children's social competence the Comprehension subtest of the "Wechsler Intelligence Scale for Children-Revised" (WISC-R) was administered (Wechsler, 1974).

Results The questions of the study were examined by using Path analysis. The model good fitted to the data ($\chi^2(3, 194)=3.69, p=.20, RMSEA=.04, NNF=.98, AGFI=.96, CFI=.99$). The results yielded two significant mediational links between study variables. First, mothers' emotion recognition abilities positively predicted children's emotion recognition abilities, in turn; these abilities were positively related to children's comprehension scores on the WISC-R. Second, mothers' verbal creativity (i.e., verbal flexibility) positively associated with children's verbal flexibility. Moreover, children's verbal flexibility predicted children's social competence scores on the WISC-R. There was no significant relationship between emotion recognition abilities and verbal creativity of mother-child dyads.

Conclusions The results suggested that mothers' emotion recognition and verbal creativity predict emotion recognition and verbal creativity of their children respectively. The model showed the positive impacts of emotion recognition and verbal creativity on children's social reasoning. This study uncovers the pathways between emotion recognition, verbal creativity and children's socio-emotional functioning.

P1-2

RELATIONSHIP BASED AND TRANSACTIONAL INTERAGENCY COLLABORATION: THE KEY TO WORKING WITH INFANTS OF HIGH RISK ADOLESCENT PARENTS

Kalpna Kaphle¹, Elizabeth Morton², Elisabeth Hoehn²

¹Brisbane Youth Service, Brisbane, Queensland, Australia, ²Children's Health QLD Hospital & Health Service, Brisbane, Queensland, Australia

Introduction These parents may have difficulty accessing mainstream tertiary infant mental health services, however non-government organizations are well positioned to respond to these high risk parents and their babies. Conversely, non-government agencies may not have the resources or clinical expertise and knowledge to respond to high risk infants.

Method This poster will describe the outcomes of a transactional collaborative relationship in Australia between a tertiary infant mental health service, Future Families, Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service, and a community based youth organization, Brisbane Youth Service, Centre for Young Families. This relationship has been forged over 10 years.

Results The outcomes of this collaboration have been: Centre for Young Families staff have received training, mentoring and supervision from the Future Families clinical team regarding infant mental health knowledge and skills. Primary infant mental health services are available to infants seen by Brisbane Youth Service. Infants who would not otherwise have received any infant mental health intervention are receiving appropriate support within the Centre for Young Families. Referral pathways have been developed to increase timely access to tertiary support and intervention. Future Families have developed skills in engaging high risk adolescents in a tertiary setting.

Conclusions The experience of this collaborative partnership is that it is more than working together; it is a transactional sharing of skills and knowledge between both teams. This has been of direct benefit to staff, families and infants seen by each service.

P1-3

ASSOCIATION BETWEEN MALTREATMENT HISTORY AND ADOLESCENT PREGNANCY: A META-ANALYSIS

Sheri Madigan^{1,2}, Mark Wade¹, George Tarabulsky³, Jennifer Jenkins¹, Michelle Shouldice^{3,1}

¹University of Toronto, Toronto, Canada, ²Hospital for Sick Children, Toronto, Canada, ³Laval University, Quebec City, Canada

Introduction Although a critical risk factor for early pregnancy is maltreatment history, the strength of this association for different forms of maltreatment remains unknown. The purpose of this meta-analysis was to examine the extent to which sexual, physical, and emotional abuse, as well as neglect, increase the risk for adolescent pregnancy.

Method A search of studies through MEDLINE, EMBASE, PsycINFO, Social Work Abstracts and Web of Science was conducted. Studies were retained if they included: (1) women who became pregnant before age 20; (2) a comparison group of non-pregnant adolescents; and (3) maltreatment experience (<18 years old). Thirty-eight independent samples provided 61 estimates of effect sizes, derived from 77304 participants.

Results Sexual and physical abuse were associated with an increased risk of adolescent pregnancy (OR = 1.73 [1.47-2.05]; and OR = 1.63 [1.30-2.07], respectively). The strongest effect was for the co-occurrence of sexual and physical abuse (OR = 3.83 [2.96-4.97]). Non-significant effect sizes were found for emotional abuse (OR = 1.05 [0.73-1.58]) and neglect (OR = 1.29 [0.77-2.17]).

Conclusions Sexual and physical abuse are associated with increased risk for adolescent pregnancy. These results suggest that sexual health counselling is especially important for youth with histories of sexual and/or physical abuse, particularly when these types of maltreatment co-occur. The lack of association for emotional abuse and neglect requires further investigation.

P1-4

COURSE OF DEPRESSION AND ANXIETY SYMPTOMS DURING THE TRANSITION TO PARENTHOOD FOR FEMALE ADOLESCENTS WITH HISTORIES OF MALTREATMENT

Sheri Madigan^{1,2}, Kyla Vaillancourt³, Mark Wade¹, Andre Plamondon¹, Jennifer Jenkins¹, Michelle Shouldice^{2,1}, Diane Benoit^{2,1}

¹University of Toronto, Toronto, ON, Canada, ²Hospital for Sick Children, Toronto, ON, Canada, ³King's College London, London, UK

Introduction The aim of the current study is to increase understanding of how maltreatment history impacts the longitudinal course of depression and anxiety in a sample of adolescents emerging into parenthood.

Method Fifty-five pregnant adolescents were followed from the second trimester of pregnancy to 6 and 12 months postpartum. Adolescents were interviewed about their maltreatment experiences during their second trimester of pregnancy, and interviews were subsequently classified according the Maltreatment Classification Scale (Barnett et al., 1993). Depression and anxiety were measured at each time point using the Beck Depression Inventory and the Screen for Child Anxiety Related Emotional Disorders, respectively.

Results Growth curve modelling revealed that on average there was a steady linear decline in depression and anxiety symptoms across the transition to parenthood, with a rate of change of 25% and 20%, respectively, from the prenatal to 12-month postpartum assessments. Sexual abuse history attenuated the likelihood of a decrease in depressive symptoms over time. Neglect history was associated with higher prenatal levels of anxiety, as well as a steeper decline in anxiety symptoms over time.

Conclusions Future research is needed to determine the role of the co-occurrence of maltreatment types in depression and anxiety symptoms in adolescent mothers. Our findings have the potential to aid in the design of preventative and intervention efforts to reduce risks of mental health difficulties in adolescent parents.

P1-5

EFFECTIVENESS TRIAL OF A BRIEF PERINATAL ATTACHMENT PROGRAM (THE AMPLE PROGRAM) FOR THE ADOLESCENT MOTHER-INFANT RELATIONSHIP: KEY FINDINGS, CURIOSITIES AND CLINICAL IMPACT

Susan Nicolson¹, Fiona Judd², Frances Thomson-Salo³

¹Centre for Women's Mental Health, Royal Women's Hospital, Melbourne, Australia, ²Department of Psychiatry, University of Melbourne, Melbourne, Australia, ³Murdoch Children's Research Institute, Melbourne, Australia

Introduction Affordable and replicable preventive infant mental health interventions are important for adolescent parents and their babies. This effectiveness trial aimed to determine whether the addition of a new, brief, attachment intervention (the AMPLE intervention) to routine care for pregnant adolescents would be associated with a better quality of mother-infant relationship.

Method A convenience sample of 97 pregnant adolescents was recruited at a metropolitan maternity hospital and followed until babies were four months old. Fifty 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. At the home visit, videotapes were made of a 20-minute episode of 'play plus separation and reunion' and blind-coded using the 'Emotional Availability Scales' 4th Edition.

Results The intervention consisted of two infant mental health specialist sessions coinciding with routine hospital attendance: one antenatal and one neonatal. 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. Retention rates were high in the longitudinal study. Statistically significant, post-test differences were found between the intervention and control groups.

Differences in mother-infant relationship quality and maternal self-esteem between control and intervention group recruits will be highlighted and discussed.

Conclusions An overview of the intervention will be presented along with the key positive findings and some curious findings of the trial. The factors important to the early adjustment to adolescent motherhood and the impact of the findings on perinatal clinical practice since completion of the trial will be discussed.

P1-6

PROMOTING EMOTION REGULATION AND ATTACHMENT IN ADOLESCENT MOTHERS AND THEIR INFANTS: A VIDEO INTERVENTION PROGRAM

Cristina Riva Crugnola¹, Elena Ierardi¹, Simona Gazzotti¹, Alessandro Albizzati², George Downing³

¹Department of Psychology, University of Milano-Bicocca, Milan, Italy, ²San Paolo Hospital of Milano, Milan, Italy, ³Hôpital Pitié-Salpêtrière, Paris, France

Introduction Early motherhood is considered a risk factor for the relationship between mother and infant, involving maternal intrusiveness and poor sensitivity, and for the infant's development (Aiello & Lancaster, 2007). There are a number of intervention programs addressed to adolescent mothers: home visiting, community and clinical-based programs (Ruedinger & Cox, 2012).

Method The aim of the study is to evaluate the efficacy of our PRERAYMI intervention based on video-feedback technique, psychological support and developmental guidance carried out in the infant's first year. The participants were 21 adolescent mother-infant dyads who received the intervention and 15 adolescent mother-infant dyads of the control group. At infant 3 and 6 months, mother-infant interaction was coded with the Care-Index (Crittenden, 1994) and a modified version of ICEP (Weinberg & Tronick, 1999). The AAI (Main, Goldwyn & Hesse 2002) was administered to the mothers. The changes in interactions were tested after 3 months of intervention.

Results MANOVA showed that adolescent mothers who participated in the intervention improved their sensitivity ($F=8.66$; $p=.006$) and reduced their controlling style ($F=5.30$; $p=.028$) from 3 to 6 months and their children increased in their cooperative style ($F=4.08$; $p=.049$), while in the control group there were no significant changes. At a descriptive level the dyads of the intervention group spent at 6 months more time in affective matches and less time in mismatches with respect to 3 months, compared to the control group dyads. Moreover, intervention was more effective for adolescent mothers with secure attachment compared to adolescent mother with insecure attachment.

Conclusions The results suggest the efficacy of an early intervention carried out in the first semester of the infant on adolescent mothers' and infants' styles of interaction and emotion regulation. In the next step the efficacy of the intervention will be evaluated at 12 months, including assessment of child's attachment.

P1-7

ADOLESCENT PARENTING IS A SPECIFIC RISK BEYOND THE CONTRIBUTION OF OTHER PSYCHOSOCIAL FACTORS? A STUDY ON MATERNAL REPRESENTATIONS AND CAREGIVER-CHILD INTERACTION

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²Department of Educational Sciences, Psychology, Philosophy, Faculty of Educational Sciences, University of Cagliari, Cagliari, Italy

Introduction The quality of maternal representations seems to strongly effect the experience of parenting (Tambelli et al., 2010). The aim of our study was to assess the specificity of adolescence as a possible risk factor for the development of unbalanced parental representations and for mother-child relationship.

Method 35 pregnant adolescents were compared to two pregnant adult groups: women at high psychosocial risk and single women with low depressive and low anxiety symptomatology. All mothers were assessed - in the 7th month of pregnancy, at 3 and 6 months postpartum - on anxiety (STAI, Spielberger, 1983) and depressive symptomatology (EPDS, Cox et al., 1987), on maternal representations - the Revised Maternal Representation Interview before Birth (Ammaniti, Tambelli, Odorisio 2012), the Adult Attachment Interview (Main & Goldwyn, 1997) the Maternal Representation Interview after Birth (Ammaniti, Tambelli, et al. 1995) - and on parent-child interaction through Biringen's Emotional Availability Scales (2000).

Results As concerns representations, teen mothers showed to be at higher risk to develop maternal restricted/disengaged representations before and after the child's birth. Moreover, they showed a higher frequency of dismissing attachment towards their own parents during their childhood. Finally, teen mothers showed the poorest levels of sensitivity and the highest dysregulation in the interaction with their child, who in turn was scarcely involved and responsive.

Conclusions The study emphasizes the need to understand maternal emotion-regulation style as it manifests in adolescent mothers in order to promote efficacious interventions in the prevention of parent-infant relationship disturbances.

P1-8

SOURCES OF BREASTFEEDING ENCOURAGEMENT FOR YOUNG, AFRICAN AMERICAN MOTHERS

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Introduction Breastfeeding rates among African Americans, particularly adolescents, remain low in the United States. A community doula home-visiting model has shown some impact on breastfeeding initiation and duration. The objective of this study was to examine the extent and effect of other sources of encouragement for breastfeeding on initiation and duration.

Method Part of an RCT examining the efficacy of a community doula home visiting program (n = 248), 221 young African American women were interviewed at 4 months postpartum about whether someone encouraged them to breastfeed and who. Sources of encouragement were coded to create dichotomous variables used in analysis. Fifty-eight percent of mothers attempted to breastfeed at least once (doula - 66%, control group - 51%). Across all mothers who reported at least one source of encouragement for breastfeeding (192 of 221; 87%), the most common sources of encouragement were doulas (47%), doctors (34%), nurses (30%), and mothers (28%).

Results Breastfeeding initiation was more likely among mothers who reported at least one source of encouragement (61% vs. 41%; $p = .04$) and who reported more than one (63% vs. 50%; $p = .05$). Encouragement from the mothers own mother was associated with initiation (70% vs. 55%; $p = .04$) but not duration. Mothers who had a doula and encouragement from their mother initiated breastfeeding more than mothers with one or neither supports (78% vs. 56%; $p = .03$), but were not more likely to breastfeed for 6 weeks. There were no significant findings related to medical personnel.

Conclusions Medical professionals encouraged breastfeeding, but their advice did not impact breastfeeding rates. The support of doulas increased initiation and duration rates, but had the greatest impact in conjunction with support from the teen's mother. This study demonstrates the importance of multiple sources of support for breastfeeding.

P1-9

CHALLENGES ENGAGING AND RETAINING PREGNANT AND PARENTING ADOLESCENTS IN INTERVENTION RESEARCH

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¹Institute of Psychiatry, King's College London, London, UK, ²University of Toronto, Toronto, Canada, ³The Hospital for Sick Children, Toronto, Canada

Introduction There is a paucity of intervention trials aimed at reducing post-partum mental health difficulties in adolescent mothers. The limited existing studies report significant difficulty engaging and retaining adolescents (Logsdon et al., 2010). This is disconcerting given the need for intervention to support adolescent mothers and their infants.

Method To understand possible factors associated with drop-out in adolescent samples, the present study examines potential predictors of attrition in a randomised controlled trial of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) versus treatment as usual, in a sample of 43 pregnant adolescents. Adolescents were recruited in pregnancy where they completed baseline measures and received an experimental or control treatment, and were then followed up at 6 and 12 months postpartum. The following potential predictors of attrition were explored: maternal age, ethnicity, years of education, living circumstance, history of child protection involvement and maltreatment history.

Results Of the 43 adolescents who participated, 31 completed the 6-month protocol (28% drop out) and 26 completed the 12-month protocol (40% drop out). The average number of attempts to contact adolescents to schedule the assessments was 5.6 at 6 months (S.D. = 4.1, range = 2-25) and 9.4 at 12 months (S.D. = 6.7; range = 1-20). Nearly one third of scheduled appointments (32% at 6 months and 40% at 12 months) ended in participants either cancelling or failing to attend. Attrition was not related to treatment assignment or socio-demographic variables but was associated with mothers' physical abuse history.

Conclusions Given the significant challenges faced in this and other studies to retain pregnant or parenting adolescents, our discussion will focus on ways to optimize these subjects' engagement in clinical research. This is of utmost importance so that feasible and effective approaches to intervention for this population can be identified.

P1-10

PROMOTING EARNED ATTACHMENT: PARALLEL DEVELOPMENT WITH TEENAGE PARENTS, THEIR CHILDREN, AND THEIR HOME VISITORS

Nick Wechsler

Ounce of Prevention Fund, Chicago, Illinois, USA

Introduction This poster presentation will address the emotional world shared by teen parents and their young children as well as the world shared by parents and community home visitors who promote early parent child attachment. It will describe methodologies for training, encouraging, and supporting staff to identify, acknowledge, and develop their own roles in IMH services for families with very young children.

Method It will illustrate how programs that serve teen parents have an important opportunity and a critical responsibility to provide mothers and fathers with positive experiences of being in a relationship with others. An adolescent who feels secure and trusting, loved and loving, competent and successful brings those feelings to their role as parent. Parents are more able to give their child what they have experienced themselves.

Results Traditionally IMH services begin when a problem is detected and clinicians are called into action. What often goes unrecognized as IMH services is the work happening in families' homes as a part of community-based home visitation prevention and education programs. Encouraging positive parent-child interactions and promoting healthy relationships from the beginning of life, family support professionals play a critical role in the social and emotional development of infants and toddlers.

Conclusions Using a Promotion, Prevention, and Intervention model, this presentation will depict how the Ounce of Prevention Fund utilizes program development, training, and technical assistance to infuse the philosophy and practices of infant mental health into home visiting prevention programs designed for young families. It will describe a continuity of services from pregnancy through the first

five years of life and how reflective practice is utilized as a tool first for staff and families to promote emotional availability, attunement, and engagement and then between parents and their children to foster secure attachment.

P1-11

HEALTHY FAMILIES ARKANSAS: PROMOTING OPTIMAL PARENTING IN ADOLESCENT MOTHERS

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¹University of Arkansas for Medical Sciences, Little Rock, AR, USA, ²Arkansas Children's Trust Fund, Little Rock, AR, USA

Introduction Studies demonstrate differences in the parenting beliefs of older versus younger mothers. Younger mothers often perceive infants as difficult and hold unrealistic expectations for behavior and development. These perceptions increase the likelihood of child abuse and/or neglect. Home visiting programs for teens aimed at promoting positive parenting can be effective.

Method This study examines 33 teen mothers who received Healthy Families America home visiting using the Parents as Teachers' *Born to Learn* and *Nurturing Parenting Program* curricula. The majority of mothers were African-American (69%) and single (98%). Due to funding cuts, teen mothers received only 7.4 (SD=3) months of intervention. Parenting beliefs were measured pre- and post-intervention using the Adult-Adolescent Parenting Inventory (AAPI-2), a norm-referenced inventory. The AAPI-2 provides five sub-scale scores: (1) inappropriate expectations, (2) lack of empathy towards children's needs, (3) strong belief in the use of corporal punishment, (4) reversing parent-child role, and (5) oppressing children's independence.

Results Paired samples t-tests for each of the five AAPI-2 subscales at enrollment and follow up were conducted. There were two subscales of the AAPI for which there were demonstrated significant improvement from enrollment in the program to the exit interview. At enrollment, the teen moms in the intervention group scored near the cut for beliefs that put one at risk for abusive parenting for Role Reversal and Oppressing Children's Power and Independence. Changes were in the positive direction, indicating that teen mothers had more appropriate parenting beliefs after program participation.

Conclusions While the findings are based solely on an intervention sample, a previous evaluation of the same intervention yielded promising findings in the same parenting beliefs. Further, while the sample for the study was very small, these changes demonstrate program effects for young moms who received even modest intervention.

P1-12

MOTHERS WITH ALCOHOL PROBLEMS' WARMTH AND ACCEPTANCE: ENOUGH TO PROTECT CHILDREN FROM LATER BEHAVIORAL PROBLEMS?

Lorraine McKelvey¹, Nicola Burrow¹, Joy Pemberton¹, Glenn Mesman¹, Khiela Holmes¹, Robert Bradley¹

¹University of Arkansas for Medical Sciences, Little Rock, AR, USA, ²Arizona State University, Tempe, AZ, USA

Introduction Not all children whose parents abuse alcohol (COAs) have documented mental health and behavioral problems. Factors in these families buffer or exacerbate the risks associated with parents' substance abuse. This paper explores how maternal warmth and acceptance moderate the association between maternal alcohol use problems and child behavioral outcomes.

Method This study uses data collected during the US impacts study of Early Head Start. Data were collected by trained interviewers demonstrating at least 85% consistency/reliability with protocols. We used data from 1750 socio-demographically diverse mothers and children collected near entry into kindergarten (Pre-K) and at age 10. At Pre-K, mothers answered the CAGE (problems with alcohol) and CES-Depression screeners. An observation of maternal warmth (affection and praise) and acceptance (avoidance of punishment) using the Home Observation for Measurement of the Environment was also conducted. At age 10, the Child Behavior Checklist Aggression and Rule Breaking subscales were also collected.

Results Linear regression analysis examined the moderating role of maternal warmth and acceptance on children's behavior at age 10. We controlled for program assignment, family demographics, maternal depressive symptoms, and child aggression (at Pre-K). Regression models included main effects of maternal alcohol problems, maternal warmth or acceptance, as and their two-way interaction. Findings suggest that the associations between maternal alcohol problems and both Rule Breaking and Aggressive behaviors at age 10 are buffered by maternal warmth and acceptance. Therefore, alcohol symptoms have greater negative impact on behavior in context of low warmth and acceptance.

Conclusions Children impacted by maternal alcohol problems are often considered 'at-risk' without exploring the mechanisms that may support the child's development. In this community sample, we found positive maternal-child interactions lessened the impact of maternal alcohol problems. These findings highlight the importance of supporting optimal parenting behaviors in these vulnerable families.

P1-13

CHILD-CENTERED INTERVENTIONS WITH FAMILIES WITH SUBSTANCE ABUSE PROBLEMS IN THE FEDERATION OF MOTHER AND CHILD HOMES AND SHELTERS

Maarit Andersson, Hanna Sellergren, Eeva-Kaarina Veijalainen

The Federation of Mother and Child Homes and Shelters, Helsinki, Finland

Introduction The Federation of Mother and Child Homes and Shelters is a national non-profit child protection organization. In Finland around 6% of childbearing mothers have substance-abuse problems. The Holdingtight® treatment program is comprised of mother and child homes and open care units specialized in treating substance abuse. It combines child protection and addiction treatment.

Method Holding tight® - a treatment system includes: support for early interaction, reflective working method, addiction treatment and elements of therapeutic community. It forms a base for child-centered interventions in the Federation. It has resulted in other closely linked projects which are the following: **ICDP-project** aims to develop child-centred working models and builds on the International Child Development Program (ICDP), which aims at improving adults' ability to encounter children in an encouraging, respectful and sensitive way. **What a baby wants** - project aims to developing maternity clinic professionals' skills in identifying and reducing parents' substance use during pregnancy by using the reflective working method.

Results The reflective working method and workers' improved emotional intelligence creates a new kind of culture in addiction treatment. According to studies, when mother and baby pairs undergo treatment together, the mothers reflective functioning improves. Improved reflective functioning increases the mother's ability to handle stress situations, stay sober and put the baby's needs first. Rehabilitation significantly improves the foetus's and the infant's health and development and the parent's wellbeing. Most mothers who were in HoldingTight® -treatment were able to function as their child's primary caregiver when the child was two years old.

Conclusions Pregnancy and infancy provide a special window of opportunity for rehabilitation. According to the mothers' experience, their recovery was aided by a sufficiently long period of treatment and the experience of being respected. Holding Tight® provides a supportive relationship with the professionals and an environment that promotes parenthood and increases motivation to overcome substance abuse problems.

P1-14

PREVALENCE OF SUBSTANCE USE AMONG PREGNANT WOMEN

*Léa Conversy, Odile Hyafil, Antoine Guedeney
Hôpital Bichat, Paris, France*

Introduction The use of psychoactive substances during pregnancy (tobacco, alcohol, psychotropic drugs, illegal drugs) is associated with a higher perinatal morbidity and mortality and represents a major public health problem. However, no reliable data are currently available on the use of psychoactive substances among pregnant women.

Method This study will be conducted during six months in the Bichat Hospital maternity in Paris. All major patients, whatever the pregnancy term, coming at their obstetric consultation will be included in the study after giving their free and informed consent. A self-questionnaire, composed in 4 parts, one including socio-demographic and sanitary considerations, one about criteria concerning the subjective experience of pregnancy, one about the use or dependence of psychoactive substances of women before and during pregnancy and one about the use or dependence of psychoactive substances of their partner, will be given to all women.

Results Data collected will be anonymous. Processing and data analysis will be performed using the software SPSS 17.0.

Conclusions This study will evaluate the prevalence of substance use in the population of pregnant women, the evolution of the consumption of the women according to the term of the pregnancy, the impact of the substances consumption of their partner on their own use.

P1-15

PSYCHO-SOCIAL RISK FACTORS AND BEHAVIORAL DISORDERS ASSOCIATED WITH ALCOHOL CONSUMPTION IN ADOLESCENTS

*Riccardo Fregna¹, Marco Penzo¹, Jessica Lai¹, Sami Schiff², Maria Cristina Gatto Rotondo¹, Marta Sisti¹, Pier Antonio Battistella¹,
Michela Gatta¹*

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Introduction The use/abuse of alcohol in adolescence is constantly increasing, adolescents come into contact with alcohol at an increasingly early age. Our study estimate alcohol consumption in a large student population in Veneto and to identify possible psychosocial factors associated, with attention to the relationship between alcohol consumption and psychopathological vulnerability.

Method Two questionnaires were administered: the Saturday Evening Drinking Questionnaire, specially designed for the study and act to investigate the habits and pattern of consumption of alcohol, and the Youth Self Report 11-18 (Achenbach, 2001) used to assess the possible presence of psychic and behavioral problems. We recruited 10,465 students attending secondary schools in grade I and II of two provinces of Veneto (age range 11-20 years).

Results The research confirmed that the consumption of alcohol is widespread among young people (36.5%), with a higher prevalence among males (59.0%), the frequency of consumption and the amount of alcohol increase with age, in greater measure after the transition to higher education. The consumption of alcohol was associated with: attendance at public places, the late hour of returning home, the greater availability of money and externalizing behavioral problems.

Conclusions This study confirms the worrying literature data on the prevalence of alcohol misuse among young people and the association with psycho-behavioral problems in a large population, putting it in combination with variables that were protective factors and risk factors to be taken into account in the planning of preventive interventions.

P1-16

THE IMPACT OF MATERNAL PSYCHOPATHOLOGY ON CHILDREN'S LANGUAGE DEVELOPMENT

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Introduction Children born to mothers with substance abuse and psychiatric problems may be at risk for aberrant development. The aim of this study was to investigate the relation between maternal psychopathology, maternal substance abuse during pregnancy, mother-infant interaction at 1 year of age, and child language development at age 2.

Method Three groups of pregnant women were enrolled: One group with substance abuse problems admitted to residential treatment ($n=24$), one group admitted to treatment due to mental health problems ($n=22$) and one group with neither substance abuse nor mental health problems ($n=30$). Maternal substance abuse and personality disorders were investigated during pregnancy. Postpartum depression was measured at three months by the Edinburgh Postnatal Depression Scale. Mother-child interaction at 1 year was scored by the Parent Child Early Relational Assessment, and at 2 years child expressive and receptive language was examined with the Mullen Scales of Early Learning.

Results Expressive language differed significantly between groups while group differences in receptive language approached significance. The mothers with substance abuse problems scored significantly higher on antisocial personality disorder than the other groups. Hierarchical regression analysis showed that maternal antisocial personality disorder and maternal intrusive behavior in interaction at 1 year contributed significantly to child expressive language. Only maternal intrusive behavior in interaction had a close to significant contribution on receptive language at 2 years. A mediation analysis revealed that mother-child interaction at 1 year partially mediated the relation between maternal antisocial personality disorder and child expressive language at 2 years.

Conclusions The results suggest that maternal antisocial personality disorder influences child expressive language development through the mother-child interaction. In order to promote the mothers' caregiving capacities and again child language development, it is important to address the enduring psychopathology among mothers with substance abuse problems.

P1-17

MECONIUM SAMPLES ANALYSIS AS AN INFORMATION ABOUT INFANT TOBACCO SMOKE EXPOSURE

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Introduction The cigarette smoking habit and its consequences for a mother-to-be and the foetus she is carrying is one of the many important problems of contemporary obstetrics. It is reported that about one in six pregnant women had smoked cigarettes in pregnancy.

Method In this study, the determination of thiocyanate and other inorganic ions in newborns meconium samples by ion chromatography is described.

Results Thiocyanate ion concentration, used as biomarker of ETS exposure, was the highest in meconium samples of newborns whose mothers were smoking during pregnancy.

Conclusions It has been proved that meconium sample is suitable biological material and may be used for determining biomarkers of ETS exposure.

P1-18

PLACENTA SAMPLES ANALYSIS AS AN INFORMATION ABOUT TOBACCO SMOKE EXPOSURE

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Introduction Environmental tobacco smoke is a mixture of compounds that can be absorbed by an organism of the pregnant woman as a result of smoking or passive smoking. This may cause toxic effects in a fetus which is particularly sensitive to toxins present in ETS.

Method The study presents information about biomarkers present in placenta samples taken from woman using tobacco smoke during pregnancy. Thiocyanate ion as a biomarker of ETS exposure was determined by means of ion chromatography technique.

Results The conducted studies have revealed that placenta is a very good biological material for the evaluation of the exposure of a woman and a fetus to toxic substances during pregnancy because it can be collected in a relatively non-invasive and simple manner, and it can be used for the evaluation of long-term exposure. The concentration of thiocyanate ion in 94% of placenta samples collected from active smokers was at a higher level than that in placenta samples of non-smoking women who were not exposed to the harmful compounds of tobacco smoke in the environment.

Conclusions Based on the obtained results, it can be concluded that, due to maternal smoking harmful compounds may penetrate the placenta and enter the fetal organism. It has been proved that placenta sample is suitable biological material and may be used for determining biomarkers of ETS exposure.

P1-19

MOTHER-INFANT INTERACTION FROM 3 TO 12 MONTHS AMONG DYADS WITH SUBSTANCE ABUSE AND PSYCHIATRIC PROBLEMS

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Introduction The mother-infant interaction during the first year may be impaired by maternal substance abuse and comorbid psychiatric problems. This study investigated the development of mother-infant interaction from 3 to 12 months among mother-baby pairs with substance abuse problems compared to dyads with psychiatric problems and non-clinical comparison dyads.

Method During pregnancy one group was recruited from residential substance abuse treatment (n=28), a second group from psychiatric outpatient treatment (n=22), and a third group from well-baby clinics (n=30). The mother-infant interaction at 3 and 12 months was assessed by the Parent-Child Early Relational Assessment (PCERA), which consists of maternal, child and dyadic subscales (Clark, 2006). Mother-infant interaction at 3 months consisted of free play on the floor, while a semi-structured play situation was administered at 12 months. Linear mixed effects (LME) models were used to analyze group differences and the changes in mother-infant interaction from 3 and 12 months.

Results The results showed significant group differences on all the PCERA subscales at 12 months, while only infant expressed affect differed significantly between groups at 3 months. The substance abuse group had significantly lower scores on all subscales at 12 months compared to the non-clinical group, but also significantly poorer dyadic interaction than the psychiatry group. The psychiatry group showed less maternal affective behavior and dyadic mutuality during interaction than the comparison group. Further analysis showed that the maternal and the dyadic affective behavior in interaction became significantly poorer from 3 to 12 months in the substance abuse group.

Conclusions The mother-infant interaction in the substance abuse group developed in a more negative direction during the first year compared to the two other groups. Mothers-baby pairs with substance abuse and other non-optimal factors are at need for long-term follow up to prevent development of negative interactional circles.

P1-20

IMPULSIVENESS AS A RISK FACTOR FOR TEENAGERS' ALCOHOL MISUSE

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Introduction This study aimed to analyze the growing phenomenon of adolescent alcohol consumption, and particularly its association with behavioral disorders, focusing specifically on the "Impulsiveness" trait, and seeking any gender-related differences.

Method The sample consisted of 273 pupils attending secondary schools (9th to 13th graders), including 140 males and 133 females, with a mean age of 15,4 years \pm 1,1 SD. The following tests were administered: the Barratt Impulsiveness Scale (BIS-11 [Fossati, 2001]) to measure their impulsiveness; the *Youth Self Report 11-18* (YSR) (Achenbach, 2001) to identify any psychobehavioral problems; the Adolescents' Saturday Nights Questionnaire (*Questionario Adolescenti Sabato Sera* [QASS]) (Gallimberti 2011) to obtain information on the modality and quantity of their alcohol consumption.

Results While a greater degree of impulsiveness was clearly associated with a greater alcohol consumption, an increase in alcohol consumption was not associated with a further increase in impulsiveness. Moreover, our data indicates a higher prevalence of behavioral disorders in heavy drinkers than in more moderate drinkers. The 'gender' variable does not influence the relationship between alcohol consumption and impulsiveness, but the two genders seem to differ in their susceptibility to different subdomains of impulsiveness and behavioral disorders, i.e. "non-planning impulsiveness" with conduct disorder in males, and "motor impulsiveness" with oppositional defiant disorder in females.

Conclusions The results confirm the hypothesis that a tendency to be more impulsive predisposes people to drink alcohol. This finding enables us to link the effects of alcohol in adolescence with certain psychopathologies and to identify a possibly alcohol-related tendency of one or other gender to develop a given disorder.

P1-21

THE PREVENTION OF ALCOHOL MISUSE IN ADOLESCENCE: FOCUS GROUP AT SCHOOL AS A THEMATIC ANALYSIS AND PROCESS TOOL

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Introduction Alcohol use/abuse in adolescence is increasing. This is cause for concern, because of the adolescent's tendency to come into contact with alcohol at an increasingly early age, and because of the diffusion of a mode of consumption, binge drinking, which can have dramatic short- and long-term effects on their health.

Method The study analyze focus groups (FGs) used in a prevention-action project targeting students between 14 and 16 years old, in order to identify a prevention strategy capable of modifying adolescents' opinions on alcohol consumption. The FG were semi-structured and conducted by two psychologists plus an observer who wrote detailed reports. Every report has been analyzed by Atlas.ti software. Ten FG have been analyzed (40 reports) involving approximately 300 students. They were divided into two groups: classes

with high percentage of binge drinkers and classes with a low percentage of binge drinkers, in order to analyze eventually different emerging issues.

Results This study has investigated what adolescents think about alcohol consumption, it has identified beliefs and underlying motivations of their alcoholic habits and how their point of view has changed or not over the four FGs' sessions.

Conclusions A qualitative analysis of prevention schemes, like the present one, especially if associated to a quantitative one, can give us a sufficiently in-depth understanding of how and why they may be effective, can emphasize the knowledge about adolescent's alcohol abuse and help us to establish the baseline hypotheses for research.

P1-22

ALCOHOL USE AND ATTITUDES THOUGHT PREGNANCY AND MOTHERHOOD DURING PREGNANCY IN A GROUP OF PORTUGUESE WOMEN

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Introduction Alcohol during pregnancy is a significant health problem with negative prenatal, neonatal and later outcomes. In spite of increase consumption of Portuguese women, data about alcohol during pregnancy is scarce. The objective is to describe patterns of alcohol consumption and related attitudes though pregnancy in group of Portuguese pregnant women.

Method The study group includes 222 women seeking prenatal care (childbirth preparation courses) in public health services in the north of Portugal. After a presentation of the aims of the study, and followed a written informed consent, pregnant women fulfil the Alcohol Use Disorders Identification Test - AUDIT (Babor, 2001) and the Pregnancy and Maternal Attitudes Scale - PMAS (Xavier, Paul & Sousa, 2001).

Results Data concerning descriptive analysis of the group will be present. We found that more than 20% of the pregnant women continue to drink during pregnancy. Among this group who reported consumption, a majority (82.6%) reported a consumption frequency of once/month or less and 17.4% reported use two or four times/month. No one reported a superior amount. Results also indicated that consumptions are related to differences on some dimensions of the psychological experience of pregnancy (PMAS: The Imagined Child and Body Image and Dependency subscales).

Conclusions Despite WHO, European and Portuguese governmental concerns and recommendations, more than 20% of pregnant women continue to drink. If women were not pregnant, this data corresponds to level risk 1- abstinent and low risk drinkers, but during pregnancy must be viewed with concern and indicate a continued need for research.

P1-23

USING CONSCIOUS DISCIPLINE TO BUILD RELATIONSHIPS AND STRENGTHENING FAMILIES

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Introduction Conscious Discipline is a social emotional program that helps us to respond to life events instead of react to them, which can build relationships stronger and can strengthen the family. I will give you the tools you can use today to support families while they become stronger using Conscious Discipline.

Method I use real life events to share methods and tools that you can use in your own life and share with families you work with. I will also use brain research and current studies that show the importance of the relationship between parents, children, and the professionals who facilitate the process of growing stronger together. I will provide handouts along with hands on practice of the skills and tools of Conscious Discipline.

Results Participants in this workshop will leave knowing easy to teach steps in re-gaining composure and also understanding what composure feels like. I will also teach participants how to recognize three different brain states in themselves and those they work with personally and professionally. This will be followed by what they can do when they or a family member slides into a lower brain state. Participants will learn the 7 skills of Conscious Discipline, how to use them and how to share them with families so they can use the life skills that will build their relationship and strengthen their family.

Conclusions At the conclusion of this workshop I will give participants tools they can access on their own as they begin their Conscious Discipline journey. This will include all of my information, websites, power points, handouts, and family friendly brochures that they can share with anyone who will benefit from it.

P1-23

PREMATURITY: DEVELOPMENTAL TRAJECTORIES AND THE INTERPLAY OF BIOLOGICAL AND ENVIRONMENTAL FACTORS

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Introduction Preterm birth is often related to negative consequences for global developments. In this study our aim was to examine the developmental profile and psychopathology of premature children born with low birth weight, and to explore the importance of sociodemographic factors, and clinical antecedents in the developmental trajectory.

Method A cohort of 23 premature (< 32 weeks) and lowbirth weight (< 1500g) babies was assessed with the Griffiths Mental Scales (2004) at the third year (T1, Mean: 32,67 months) and fifth year (T2, Mean: 55,87 months) of life. At fifth year, mothers were asked to complete a questionnaire on emotional and behavioral problems of the child: the Child Behavior Check List (CBCL 1 1/2 - 5; Achenbach & Rescorla, 2000). Sociodemographic (e.g. parental socioeconomic status, preschool attendance) and clinical information (e.g. gestational age, birth weight) were collected from the hospital files.

Results General Quotient (GQ) scores at third year (Mean: 74,78) and at fifth year (Mean: 83,80) are below average, but represent an improvement from T1 to T2. This difference was significant for GQ scores ($p < 0,05$), and was also significant for Personal-social (B), Hearing and Language (C) and Eye-Hand Coordination (D) subscales ($p < 0,05$). Lower birth weight (< 1250g) is significantly correlated with worse GQ at third and fifth year. Regarding emotional and behavioral problems, gestational age is negatively correlated to the CBCL total score ($r = -.519$), Internalizing Problems ($-.539$), Externalizing Problems ($-.451$) and to several empirically based and DSM-oriented scales (e.g. Emotionally reactive; $r = -.692$)

Conclusions Results confirmed the importance of biological risk condition associated with poor results in developmental tests and emotional and behavioral problems. Environmental factors seem to have a growing influence on the developmental trajectory, as shown by the improvement in GQ scores at fifth year possibly related to the preschool attendance.

P1-24

MATERNAL ADJUSTMENT AND MATERNAL ATTITUDES IN ADOLESCENT PREGNANT WOMEN: THE CONTRIBUTION OF DEVELOPMENTAL AND SOCIO-DEMOGRAPHIC ADVERSE CONDITIONS

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Introduction Several psychological challenges have been associated to the transition to parenthood, particularly for adolescent mothers. This study analyzes differences between adolescent and adult pregnant women and the contribution of maternal age to maternal adjustment and maternal attitudes during pregnancy.

Method A sample of 398 Portuguese pregnant women (111 had less than 19 years) was recruited in a Portuguese Maternity Hospital, between the 24th and 36th weeks of gestation, and completed the Maternal Adjustment and Maternal Attitudes (MAMA) Questionnaire. This self-administered questionnaire measures maternal body image, somatic symptoms, marital relationship, attitudes to sex and attitudes to the pregnancy and the baby.

Results Adolescent pregnant women show lower maternal adjustment - as they report poorer body image and worse marital relationship - and poorer maternal attitudes - as they report more negative attitudes to sex - than adult pregnant women. When controlling for socio-demographics, age at pregnancy still predicts poorer body image and more negative attitudes to sex. However, a worse marital relationship was better predicted by living without the partner, and more somatic symptoms and negative attitudes to pregnancy and the baby by higher education.

Conclusions Adolescent pregnant women show lower maternal adjustment and poorer maternal attitudes than adult according to socio-demographics and unfavorable developmental circumstances. To assess maternal attitudes and maternal adjustment enables the identification of women specific psychological difficulties, which may benefit counselling interventions during the transition to parenthood.

P1-25

MOTHER'S ANTENATAL ANXIETY AND DEPRESSION AND ASSOCIATED RISK FACTORS AND NEONATAL OUTCOMES

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Introduction Socio-demographic disadvantage and exposure to drugs affect neonatal outcomes. Less is known about the impact of antenatal psychological symptoms, as well as the cumulative effect of antenatal psychological symptoms in association with socio-demographic disadvantage and substance consumption, on newborn's health and wellbeing.

Method To determine the effect of mother's antenatal anxiety and depressive symptoms on neonatal outcomes, namely the cumulative effect of mother's antenatal anxiety and depressive symptoms, socio-demographic disadvantage and substance consumption. The sample involved 340 newborns born at a Maternity Hospital (Oporto, Portugal). Mother's socio-demographic and substance consumption (tobacco and coffee) data were collected during pregnancy. Repeated measures of women's state-anxiety (STAI-S) and depressive symptoms (EPDS) were obtained at the 1st, 2nd and 3rd pregnancy trimester. Newborn's weight and length and gestational age were collected at birth.

Results 1) Mother's depressive symptoms at the 1st trimester predicted newborn's low birth weight, but this became non significant after adjusting for socio-demographics and substance consumption, with prenatal smoking emerging as the unique predictor of neonatal lower birth weight. 2) Mother's depressive symptoms at the 1st trimester, multiparity and prenatal smoking predicted neonatal lower birth length. 3) Mother's depressive symptoms at the 2nd trimester predicted neonatal lower gestational age, with no significant effects of mother's socio-demographics nor substance consumption.

Conclusions Mother's antenatal depressive symptoms, namely at first half pregnancy, have negative impact on neonatal outcomes. This impact is explained or heightened when substance consumption is present, in relation to newborn's weight and length, but not gestational age. Cumulative effects should be considered when selecting high-risk sample for prevention during pregnancy.

P1-26

TRANSIENT VS ENDURING DISTRESS IN PREGNANCY: DOES TRIMESTER MAKE A DIFFERENCE?

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Introduction Edinburgh Postnatal Depression Scale (EPDS/EDS; Cox et al., 1987) is routinely once administered, but Matthey & Ross-Hamid (2012) showed that, during 2nd pregnancy trimester, initially high EDS scores dropped into the non-distressed range after few weeks. Whether this phenomenon occurs later in pregnancy, when anxiety may remain high, is unknown.

Method This study explored this phenomenon in two samples of pregnant women attending antenatal classes, in Australia and Italy. In the Australian sample, 164 second trimester women (mean gestational age: 14 weeks) completed the EDS and approximately 2-5 weeks later were interviewed by phone and again completed it. In Italy, 80 third trimester women (mean gestational age: 33 wks) completed the EDS and filled it out again in a laboratory setting after approximately 3 weeks. In both samples, 2 cut-off values on the EDS (9/10 and 12/13) were used to classify women as being in the 'distressed' or 'non-distressed' ranges.

Results Regardless of which cut-off score was used to define 'high' scores, approximately 50% of women in both samples scoring initially high, no longer scored 'high' at the second assessment, thus showing 'transient' distress. Various reasons to explain their mood improvement were given by Australian women (e.g. reduced morning sickness) and Italian women (e.g. feeling excited about seeing their baby very soon). Only half the initially high scoring women in both samples continued to score high a few weeks later ('enduring' distress). Among women who reported 'low' scores at the beginning, nearly all continued to score 'low' by the second administration.

Conclusions Regardless of trimester, half the women of both groups initially screened as having emotional distress were likely to just exhibit transient symptoms. A second administration of EPDS is therefore recommended in clinical practice if women initially score 'high' on the EDS, in order to avoid large numbers of unnecessary referrals.

P1-27

PRENATAL ATTACHMENT AND PRENATAL DEPRESSION IN TWIN PREGNANCIES, COMPLICATED BY TWIN-TO-TWIN TRANSFUSION SYNDROME OR NOT COMPLICATED

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Introduction Twin-to-twin transfusion syndrome (TTTS) is a very severe complication in monochorial twins which may require some intrusive medical care during pregnancy. We aimed to explore the impact of chorionicity and TTS diagnosis on prenatal attachment for both twins on the incidence of perinatal depressive disorders.

Method This is a prospective study offered to all twin pregnancies followed up at the Necker Hospital during a 2 months period. The Prenatal attachment and perinatal depression scores of monochorionic pregnancies complicated by TTTS (TTTS-MC), uncomplicated monochorionic diamniotic (uMCDA) and uncomplicated dichorionic (uDC) twin pregnancies were compared respectively. Questionnaires were filled up at diagnosis of the TTTS in TTTS-MC and at matched Gestational Age in the other groups. The prenatal attachment and the perinatal depression were evaluated by the Prenatal Attachment Inventory (PAI) completed for each of the twins and the Edinburgh Perinatal Depression Scale (EPDS) respectively.

Results The prenatal attachment score was significantly different according to the chorionicity ($p=0,007$) but was not influenced by the occurrence of TTTS-MC pregnancies ($p=0,8743$). On the opposite, the prenatal depression score was not significantly influenced by chorionicity ($p=0,56$) while it was affected by the occurrence of TTTS ($p=0,0230$). During pregnancy, 77% of the patients with TTTS-MC presented an EPDS score above the depression cut-off (11.5).

Conclusions Prenatal attachment is significantly influenced by the chorionicity, suggesting that attachment to both twins may be increased in MC twins. The diagnosis of TTTS in monochorionic pregnancies significantly impacts on prenatal depression. This result suggests that prenatal care should include intensive psychological support in those cases with complicated MC pregnancies.

P1-28

FATTY ACID STATUS HAS AN IMPACT ON INFANT DEVELOPMENTAL STATUS: A NORWEGIAN PROSPECTIVE OBSERVATION STUDY

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Introduction The marine n-3 fatty acid docosahexaenoic acid (DHA) and the n-6 fatty acid arachidonic acid (AA) play an important role in the functional development of neural tissue. Recently WHO has confirmed improved neurodevelopmental outcomes in the offspring when fish is consumed by the mother before or during pregnancy.

Method The study addresses the benefit of infants' fatty acid status (DHA and AA) for infants' developmental status, assessed with The Ages and Stages Questionnaire (ASQ). The source population was infants of mothers participating (N=126) in a prospective cohort study on nutrition and mental health. The fatty acid status in red blood cells was assessed at 3- (n=64), 6- (n=67), and 12 (n=63)

months and ASQ was assessed at 6- (n=85) and 12 (n=81) months. We hypothesized that the infants' developmental score was associated with their fatty acid status, but with a threshold effect of the benefits from fatty acid.

Results There was a significant correlation between DHA at 3 months and problem solving at 12 months and a significant nonlinear correlation between DHA and problem solving at 6 months. In addition there was a significant nonlinear positive correlation between the AA content at 3 month and communication, fine motor and ASQ total at 12 months. Infants in the lowest quartile of AA scored lower at ASQ total and fine motor than infants in the third and fourth quartile. Also, infants in the third quartile of AA scored higher on communication than infants in the three other quartiles.

Conclusions Fatty acids status in early infancy had an impact on infant development, but high fatty acid status did not contribute further to the infants' developmental status. The results show that the diet of both mother and infant is important to ensure a satisfactory fatty acid status of DHA and AA.

P1-29

POSTPARTUM BLUES AND EFFECTS ON INFANTS. DYNAMICS OF MATERNAL EMOTION AND NEWBORN REGULATIONS DURING THE IMMEDIATE POST-PARTUM

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Introduction: Postpartum blues may promote a certain openness to emotional exchange between mother and her infant. Groups of mothers were assembled according to various types of emotional expression demonstrated during the early stages of postpartum. Links between mothers' groups and newborns' neuropsychomotor characteristics were assessed.

Method 21 mother-infant dyads were included at maternity wards after birth. A semi-structured interview was established to identify symptoms of blues and classify mothers into clinical groups: ordinary and emotionally mixed postpartum blues; sad, intense and lasting postpartum blues; or without postpartum blues. Newborns were simultaneously examined using the NBAS.

Results The application of a correlation-based filter led to the selection of 11 items in the NBAS. Hierarchical classification on these items revealed a two-class structure, composed of 78% of women with ordinary postpartum blues in one class. Median scores for the two groups were found to differ most notably on the "hand-to-mouth activity"; women with ordinary postpartum blues had babies scoring 6 points below the other group of mothers. Scores observed on the hand-to-mouth activity were mainly correlated self-quieting activity, heightened regulation of awake states, decreased need for adult support, better defensive movements, greater attentiveness and diminished irritability.

Conclusions The acquired faculties demonstrated by newborns whose mothers experience ordinary blues reflect a distinct skillset: organization, coordination and neuropsychomotor maturity. These results highlight the importance of early emotional exchange between mother and infant. The emotional state of the ordinary blues may promote the adaptation of the early development of mother-infant relations.

P1-30

WHEN THE PERINATAL CONVULSIONS RECALL THE FAMILY'S FORBEARS: 2 CLINICAL CASE-STUDIES WITH INFANTS OF ABOUT 12 MONTHS

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Introduction Jeanne and Nathan presented neonatal convulsions. Jeanne is 14 months old. Nathan is 7 months old. Their mothers present intense anxiety. The diagnosis for Jeanne was a cerebro-vascular accident. But at the age of 14 months there is no sequela of the stroke. Her mother presents extreme anxiety.

Method Jeanne's mother is invaded by the representation of a handicapped child. She seeks to detect the sign of a handicap. At each consultation she thinks she has discovered a pathological sign. She attributes to Jeanne troubles that, in fact, Jeanne does not present. For Jeanne's mother the image of the illness of her deceased elder sister frequently appears in front of her. The image helps create the atmosphere of a family secret. Nathan presented perinatal convulsions but there was no diagnosis of a cerebro-vascular accident. Paediatricians in the NICU declared that there were no sequela of his cranial trauma.

Results Nathan's mother presents intense signs of separation anguish. Nathan's mother discovers during the consultation the recurrent representation of a baby who is alone and without his mother. For Nathan's mother, anguish about the death of her baby is, here, circumvented by a representation. This representation is linked to "the child in the maternal grandmother", who herself was a child in mourning. This made Nathan's mother recall the traces of a feeling: she herself was the baby of a mother who considered that she herself risked death. For Nathan's mother the issue of ambivalence towards her child is difficult.

Conclusions For both Jeanne's mother and Nathan's mother the psychic effects of intergenerational transmission are much in evidence. Pluridisciplinary consultations: paediatrician and pedo-psychiatrist, at the hospital, during the first months after the hospitalization, allows to treat these anxiety disorders in infant's mothers and fathers.

P1-31

WOMEN'S EXPERIENCES OF COMMUNICATION WITH MEDICAL STAFF DURING COMPLICATED PREGNANCY

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Introduction Complicated pregnancy is associated with increased likelihood of psychological difficulties. This suggests women and infants might benefit from psychological support. The focus of this study is on women's relationships with medical hospital staff during this time as they are ideally placed to offer relational support, potentially preventing longer term problems.

Method In depth interviews were conducted with 6 women who had experienced serious pregnancy complications and given birth to a healthy infant within the previous 2 years. They were audio-recorded, transcribed and analyzed using interpretive phenomenological analysis. This method was in line with the research aim of giving a voice to women's felt experiences of communication with staff. Validity checks based on the self-correcting strategies of Morse et al., (2002) were employed *during* the process together with a research diary and memo writing to document the multiple levels of the process throughout.

Results Three superordinate themes emerged. These were, 'Empathic failure', 'Information difficulties' and 'Relational impacts'. All participants referred repeatedly to feeling that the majority of staff failed to demonstrate empathy. Women felt isolated and disempowered with staff focused on tasks rather than holistic treatment. Several participants spoke of feeling bullied and afraid of staff. Vital information was withheld, private details were discussed in public spaces and key aspects of women's experiences were omitted from their hospital notes. Finally, women described how their relationships with themselves, partners, health professionals and crucially, their infants had been impacted.

Conclusions Participants' accounts may represent a gap in the care of women who experience the trauma of serious pregnancy complications. Women were not offered emotional support and communication was often at odds with strengthening mental health. Findings suggest a potential role for mental health professionals in training hospital staff.

P1-32

PRENATAL CARING FOR OUR PREGNANT WOMEN WITH A PSYCHIATRIC ILLNESS OR VULNERABILITY AND THEIR FUTURE BABIES: EXPERIENCES OF A POP OUTPATIENT CLINIC IN THE NETHERLANDS

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Introduction Approximately two in ten pregnant women and new mothers have a psychiatric disorder such as a depressive disorder, panic disorder, postpartum psychosis or depression. The Zuwe Hofpoort Hospital and Altrecht RPCW have developed expertise for this group: the POP outpatient clinic; a cooperation of the departments of Psychiatry, Obstetrics and Pediatrics.

Method Pregnant women or women with a desire for pregnancy whom have a psychiatric disorder of vulnerability are invited to come to this prenatal consultation. During a joint multidisciplinary consultation with the pediatrician, gynecologist and psychiatrist advice is given. Information about the pregnancy and its effects on the psychiatric disorder are given. (Side) effects of medication on mother and child are discussed. In addition, advice about mother infant bonding and information about breastfeeding and medication are given. Finally, a plan for delivery and the period after birth is made for mother and child.

Results Since 2010 approximately 200 women have visited the POP outpatient clinic. Depression and anxiety disorders are seen most often in this outpatient clinic. Clinical experience and cases regarding the pregnant women and their babies visiting the POP outpatient clinic in the past four years will be discussed. The emphasis will be on the different psychiatric disorders, outcome of mothers and child and prevention of child maltreatment. In the clinical teach-in a video will be shown to demonstrate this multidisciplinary consultation.

Conclusions Within one hospital visit POP outpatient consultation offers women with a psychiatric illness whom are pregnant or have a desire for pregnancy unique individualized information and if necessary early psychiatric referral. This joint multidisciplinary prenatal consultation and cooperation can lead to better care for our future babies.

P1-33

REFLECTIVE FUNCTIONING, PREGNANCY AND PARENTAL STRESS OF YOUNG MOTHERS (FOLLOWED IN A COMMUNITY CLINIC)

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Introduction Reflective functioning is considered an important protective factor for parent-infant relationships. Early pregnancy risk factors are well documented in the literature, but there are very few studies addressing those mothers reflective functioning. This study will examine the possible link between reflective functioning, parental stress and the history of the pregnancy.

Method Young mothers aged between 18 and 22 years, who became pregnant before their 18th birthday and have a child aged between 4 and 30 months, followed in a community clinic in Montreal (Quebec, Canada) were recruited. We evaluated their parental reflective functioning (PDI), parental stress level (PSI), socioeconomic status, and proceeded to a semi-structured interview to explore the following themes: Child planning, imagined baby, wishes for the baby in future life, baby name choice, resemblance with the baby, wish for baby's gender, worries during pregnancy, feelings about baby's movement during pregnancy, wishes for the baby to be different/like her.

Results Two clinical cases will illustrate the results. Data were analyzed using a qualitative method. Cases will be carefully described by highlighting the main topics of each interview. The parental reflective functioning will be illustrated with the following PDI factors: parental reflection, overall coherence, richness of perceptions, description of relationship, parent discipline style. The PSI's responses through a descriptive analysis will permit to explore the possible link existing between parental stress, parental reflective functioning and personal history. Finally, explicative hypothesis of the parental reflective functioning of those young mothers will be formulated regarding the possible link found through descriptive analysis.

Conclusions Stressful and difficult living environments are not favorable for parental reflective functioning development. Young mothers considered a vulnerable population due to emotional issues (e.g., depression) and often experience conflicted relationships

with key family members, live in such an environment. Learning more about their parental reflective functioning will guide professional intervention.

P1-34

ANTE-NATAL DEPRESSION IN EXPECTING FATHERS: AN EGYPTIAN STUDY

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Introduction Depression in relation to child conception and birth is not limited to mothers. Recently, there has been a growing interest in the study of depression in expecting fathers and post birth; its correlates and its consequences. These studies are relatively rare especially in our culture.

Method 85 Egyptian husbands of healthy Egyptian pregnant women attending for follow up of a stable pregnancy between October 2010 and September 2011. Tools: 1- The Edinburgh Postnatal Depression Scale (EPDS); A self reporting 10-item questionnaire specifically designed to screen for postnatal depression in community samples. It assesses dysphoric mood, anxiety, guilt, suicidal ideation and an inability to cope. 2- Intimate Bond Measure (IBM) It is a 24-item self-report scale assessing the nature of partner relationship. It comprises 2 subscale (care, control) and 4 styles of intimate relationships (Optimal intimacy, Affectionate control, Affectionless control, Absence of intimacy)

Results 31.8% of the expecting fathers scored ≥ 10 on EPDS i.e. possible depression. High percentages of anxiety were found in both depressed and non depressed. A significantly higher percentage of depressed desired and were expecting a boy. Other pregnancy variables (planning, desire; duration; mother's health during pregnancy, previous foetal loss, number of foetuses; method of conception) and sociodemographic variables were not associated with depression. A significantly higher percentage of depressed participants perceived their marital relation as lacking intimacy with only 5% rating their relation as optimum intimacy on IBM. Depression correlated negatively with care but not with control on IBM.

Conclusions Fathers are probably at increased risk of depression in the antenatal period that is related to their perception to marital intimacy. Health providers and mental health providers need to be aware of the importance of screening for depression in expectant fathers. Delineation of cultural and personal contributors needs further research.

P1-35

PERINATAL DYADIC PSYCHOTHERAPY FOR DEPRESSED MOTHERS AND THEIR INFANTS

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Introduction Maternal depression and mother-infant relationship dysfunction have reciprocal effects on each other. An integrated approach addressing both problems simultaneously may improve outcomes. Perinatal Dyadic Psychotherapy (PDP) was developed to prevent/decrease postpartum depression and facilitate optimal mother-infant relationships. This study aimed to determine the feasibility, acceptability, and preliminary efficacy of PDP.

Method Forty-two depressed first-time mothers and their 6-week-old infants were randomized to receive either the PDP intervention or a control condition. The PDP intervention consisted of 8 home-based, nurse-delivered mother-infant sessions consisting of (a) a supportive, relationship-based, mother-infant psychotherapeutic component, and (b) a developmentally based infant-oriented component focused on promoting positive mother-infant interactions. Control mothers received usual care plus depression monitoring by phone. Data was collected at baseline, post-intervention, and 3 month follow-up. Assessments included maternal depression (diagnosis and severity), maternal anxiety severity, parenting stress, and mother-infant interaction in free-play and in response to the Still-Face procedure.

Results Intervention adherence was high, with at least 7/8 sessions completed by all dyads, and all participants completed all study assessments. Repeated measures ANOVA revealed significant decreases in depression and anxiety from baseline to post-intervention for both intervention and control groups, with improvements maintained at follow-up. Of the 12 women (7 intervention, 5 control) who met DSM-IV-TR criteria for major or minor depression at baseline, 10 no longer met criteria at post-intervention and 11 were without depression diagnosis at follow-up. No significant differences were found between groups on parenting stress and aspects of mother-infant interaction measured at post-intervention and follow-up.

Conclusions Results show PDP as a feasible and acceptable intervention with this population. Intervention efficacy was only partially supported however and possible explanations for lack of significant group differences on outcomes are discussed. PDP holds potential for treating depression in the context of the mother-infant relationship, however further research is required.

P1-36

THE USE OF NEONATAL BEHAVIOR OBSERVATION (NBO) IN NORWEGIAN PRIMARY HEALTH CARE

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Introduction Neonatal Behavior Observation (NBO) is a tool used to promote the parent-infant relationship, highlighting the infant's individuality and the capacity to habituate and for self-regulation, the quality of motor tone and activity level, response to stress and visual, auditory, and social-interactive capacities (Nugent et al., 2007).

Method The Neonatal Behavior Observation (NBO) intervention is offered to the parents of newborn infants (0-3 months) at an open day at the primary health service in two Norwegian municipalities. Two trained NBO practitioners from the local Unit of Child and Adolescent Mental Health will carry out the intervention together with the health visitors. The NBO Parent Questionnaire will be given each parent after the session, and used for the parent's evaluation of the intervention. The health visitor's experiences will be evaluated during a semi-structured interview at the end of the project period.

Results This clinical innovative project started in September 2013, and will continue until May 2014. Data from the NBO Parent Questionnaire will be consecutive coded and analyzed.

Conclusions Preliminary results of these questionnaires will be ready for the poster presentation at the WAIMH congress 2014.

P1-37

OSTEOPATHIC TREATMENT DURING PREGNANCY ON WOMEN WITH LOW BACK PAIN AS A SOMATOPSYCHIC APPROACH

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Introduction During pregnancy, the body undergoes tremendous change to accommodate the growing foetus. Apart from the obvious physical changes hormonal releases can affect the function of the body's internal systems. Especially osteopathic treatment as a sensitive method has a supportive affect on pregnant women, their unborn child and bonding.

Method This presentation gives a short insight into osteopathic treatment during pregnancy in private practice. It describes osteopathic methods, interventions and limitations and it illustrates specific characteristics by case studies.

Results As the pregnancy progresses, the extra weight creates a shift in the body's centre of gravity. These factors can cause problems like back pain. Back pain during pregnancy often comes along with fear. The women are afraid to have problems to give birth to their children. Osteopathic manipulative treatment is a form of manual therapy provided by osteopathic physicians. During the treatments in the last three months of the pregnancy the women relax and gain trust in their body. This physical confidence is helpful for the birthing process as a somatopsychic approach.

Conclusions The body feeling increases and the women start to feel their children. This makes it easier for the infant to sink and find the right position for natural birth. And this will be a better start into life and for the relationship between mother and child.

P1-38

AN EVALUATION OF THE IMPACT OF A NOVEL PSYCHOEDUCATIONAL ANTENATAL CLASS FOR PARENTS ON THE COGNITIVE, EMOTIONAL AND SOCIAL DEVELOPMENT OF THEIR CHILDREN

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Introduction This study explores the effectiveness of a novel psychoeducational antenatal intervention on the early cognitive, emotional and social development of the infants involved in this longitudinal trial. Previous studies have evaluated the impact of the intervention on the parent-reported and observed caregiver-infant relationship, antenatally, and at seven to nine months.

Method Participants' who had been involved in the previous studies were contacted. Infants were assessed using the Bayley-III for cognitive development, social-emotional development was assessed using questionnaires from the Ages and Stages Questionnaire.

Results The results compared the infants from the control and intervention groups and differences between the groups are described here.

Conclusions The longer term impact of this antenatal group is described.

P1-39

PERINATALITY: A WAY TO LINK MEDIA AND PSYCHIATRY

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Il Sorrisodeibimbi, Brescia, Lombardia, Italy

Introduction Il Sorrisodeibimbi's team has always included a journalist. He follows every step of the cultural and clinical work in order to be attuned with the aims of the group.

Method He is the head of a task force dedicated to the translation of the activities of the group to the media (newspapers, magazines, radio, television, web). This task force networks with the media in order to check the quality of the information delivered. The point is to be alerted to is the precision and efficacy of the message and to the sensitivity of people receiving it.

Results The guidelines of the methodology underlying this work are presented. Particular attention is paid to how to express scientific ideas in a way that can be understood by the general public as well as to how to prepare a professional message for the editorial staff.

Conclusions Together with them, the most important problems of disclosure in perinatality are discussed.

P1-40

ANTIDEPRESSANT TREATMENT FOR POSTNATAL DEPRESSION: COCHRANE REVIEW

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Introduction Postnatal depression (PND) is associated with deficits in mother-infant interactions and adverse emotional and cognitive development of infants. Despite this, there is limited data on safe and effective treatment of this disorder. This Cochrane review will examine evidence from Randomised Controlled Trials in relation to treatment of PND with Antidepressants.

Method Randomised Controlled Trials (RCTs) comparing antidepressants with any other treatment, placebo or standard care for treatment of PND will be considered for the review. Studies of women with depression in the 6 month post-partum period who are not on anti-depressants at baseline will be included. Trials have been sourced from The Cochrane Depression, Anxiety & Neurosis Controlled Trials Register, an electronic database which is updated weekly with all relevant trials from health-related bibliographic databases e.g. Medline, Embase. Trial data will also be obtained from pharmaceutical companies, expert recommendations and forwards and backwards citation tracking.

Results 101 abstracts were obtained from The Cochrane Depression, Anxiety & Neurosis Trials register and 9 trial reports were provided by pharmaceutical companies. Of these, 87 did not meet inclusion criteria on review of the abstract. Full text screening is currently underway and the review should be completed by the end of 2013. Data from all relevant trials will be presented, including effects on symptoms and adverse outcomes of medications for women and their babies. Findings will be presented on cognitive development of the infant, maternal relationship with the baby, continuation of breastfeeding and neglect or abuse of the baby.

Conclusions Implications of findings will be discussed in relation to mothers with PND and their children. Preliminary searches indicate that the data available on treatment of PND has increased in recent years. This Review will enable National guidance on PND management to be updated, and highlights areas for future research.

P1-41

PRENATAL ATTACHMENT DURING PREGNANCY FOLLOWING A THERAPEUTIC ABORTION

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Introduction To terminate a pregnancy because of severe fetal abnormality is authorized in France until the end of pregnancy. A large proportion of women will become pregnant after this. This pregnancy can lead to a reactivation of the grieving process, which could have an influence on the link with the baby.

Method The subjects of this study are pregnant women who had a therapeutic abortion for fetal pathology, there are not more than two years. They will be evaluated with a semi-structured questionnaire to 17, 25 and 35 weeks of pregnancy. And they fill several questionnaires Edinburgh Postnatal Depression Scale, Perinatal Grief Scale, Dyadic Adjustment Scale, State-Trait Anxiety Inventory, Prenatal Attachment Inventory. The Prenatal Attachment is a way to make objective the dynamic link that is creating with the fetus during pregnancy.

Results At this time of the study 12 women participated in this study. The prenatal attachment tends to be lower than expected at the end of pregnancy, but quantitative results will need more data to be valid. Nevertheless, we will present qualitative results of women who had a negative or a positive feeling after seeing the dead baby and the influence of this event on the next pregnancy. And we will also focus on qualitative results of women whose prenatal attachment is lower at the third trimester than at the second, which is unusual.

Conclusions Pregnancy is the right time for the development of the relationship to the baby to be born. Understanding the dynamics of this construction after a perinatal death will help us provide the best mental health care for these women and their families.

P1-42

DEVELOPMENTAL LINKS BETWEEN PERINATAL MATERNAL DEPRESSION, MATERNAL SLEEP AND INFANT NEUROBEHAVIORAL OUTCOMES

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Introduction Poor quality of sleep is a major symptom of depression. Antidepressants can significantly alter both maternal and fetal sleep patterns. The present study examines the developmental linkage between quality of maternal sleep in pre and postnatal periods and the impact on early and ongoing infant sleep and neurobehavioral outcomes.

Method Findings are part of a longitudinal study examining effects of depression and antidepressant medications on infant outcomes. Pregnant women, ages 18-40, were interviewed using semi-structured interviews for psychiatric diagnoses and medication treatment. Maternal sleep was measured in third-trimester, 1-month and 6-months postpartum using the Pittsburg Sleep Quality Index. Neurobehavioral development was assessed at 1-month with the NICU Network Neurobehavioral Scale and at 6-months with the PFMAI Motor Scales. Infant sleep was measured at 6-months with the Brief infant Sleep Inventory. General linear models were used to assess the impact of maternal depression and quality of sleep on infant outcomes.

Results Mothers with a positive response to SSRI treatment in the third trimester reported a quality of sleep comparable to non-depressed comparisons. Poorer prenatal maternal sleep related to poorer infant neurobehavioral skills at 1 month of age ($r=.18, p<.04$) and decreased amounts of sleep in infants at 6 months of age ($r=.19, p<.04$). Higher quality maternal sleep and positive response to treatment significantly related to better neurobehavioral skills at 6 months ($F=4.3; p<.01$). More optimal neurobehavioral regulation in

newborns($r=.18, p<.02$) and amount of infant sleep at 6 months ($r=.22, p<.01$) positively related to more optimal infant neurobehavioral skills at 6 months.

Conclusions Findings support a longitudinal relationship between response to treatment in the third trimester, maternal quality of sleep and subsequent infant sleep and neurobehavioral outcomes. Results highlight the importance of identifying effective treatments that support quality of sleep and the co-regulatory mechanisms for ongoing maternal and infant functioning.

P1-43

INFLUENCE OF PRENATAL HOSPITALIZATION ON PARENTAL STRESSFUL EXPERIENCE IN THE CASE OF A PREMATURE BIRTH

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Introduction This study investigate the influence of prenatal hospitalization before a premature birth, on the parental perception of environmental stress, parental symptoms of post-traumatic stress and quality of parent-infant interaction during the hospitalization in neonatal intensive care unit.

Method Population: 51 preterm infants born <33 weeks gestational age and 25 full term infants control. Environmental stress assessed with the Parental Stressor Scale: Neonatal Intensive Care Unit (PSS: NICU, Miles & Funk 1993); parental symptoms of post-traumatic stress evaluated with the Perinatal PTSD Questionnaire (PPQ, DeMeir 1996). Four groups of parents were compared: controls, premature without prenatal hospitalization, premature with a short (i.e. <8 days) prenatal hospitalization and premature with a long (i.e. ≥ 8 days) prenatal hospitalization.

Results When prenatal hospitalization of the mother occurred, both mothers and fathers acknowledged increased concerns and stress induced by the environmental factors during the infant's hospitalization. Furthermore, mothers from the group with a short prenatal hospitalization presented significantly more symptoms of post-traumatic stress compared with mothers with long prenatal hospitalization as well as mothers of preterm infants without prenatal hospitalization. Parents presenting more symptoms of post-traumatic stress describe significantly a more difficult interaction with their infant in neonatal intensive care unit.

Conclusions This study highlights the necessity to deliver special care and attention to women hospitalized shortly (<8 days) prior to the delivery of their premature baby. This group is at high risk of presenting post-traumatic stress symptoms which could have a negative impact on the quality of parent-infant interactions.

P1-44

CORRELATES OF MATERNAL ANTENATAL BONDING: AN EGYPTIAN STUDY

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Introduction The study aims to investigate the pattern of maternal-fetal relationship during pregnancy, and its relation to maternal depression as well as to different sociodemographic and pregnancy-related factors, and perception of intimate relation with spouse

Method Subjects: 100 expecting mothers attending the Obstetric outpatient clinics for regular follow up. Tools: 1- A structured information sheet, 2- Maternal-Fetal Attachment Scale (MFAS) (Cranley, 1981), A 22-item scale consists of five subscales: Role Taking, Differentiation of Self from Fetus, Interaction with Fetus, Attributing Characteristics to Fetus and Giving of Self. 3- Edinburgh Postnatal Depression Scale (EPDS) (Cox et al., 1987), A self-reporting ten-item questionnaire specifically designed to screen for postnatal depression in community samples. 4- Intimate Bond Measure (IBM) (Wilhelm & Parker, 1988), It is a 24-item self-reporting scale assessing the nature of partner relationship.

Results Maternal antenatal bonding was significantly higher in primiparous expecting mothers with longer gestational age. Women with assisted pregnancy had significantly higher scores bonding. Women who perceived themselves as being healthy were having significant higher score on the Interaction subscale of MFAS. Intimate relation with the spouse, not the marriage duration, showed significant differences regarding maternal bonding. The study showed that expectant women with previous loss of fetus and those with no depressive symptoms had better bonding despite the lack of significance.

Conclusions The relationship between mother and child develops and progresses throughout the pregnancy period. Maternal antenatal bonding is associated with multiple factors including; parity, assisted pregnancy, perceived good maternal health, and intimacy with partner.

P1-45

ARE SOME INFANTS MORE VULNERABLE TO MATERNAL ANTENATAL DEPRESSION THAN OTHERS? FINDINGS ON INFANT SLEEP FROM THE ALSPAC AND GENERATION R POPULATION COHORTS

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Introduction Antenatal depression predicts a range of adverse child outcomes, including disturbed infant sleep, an important marker of bio-behavioral development. 5-HTTLPR and reactive temperament may moderate the effect of negative early life events on a number of phenotypic outcomes. This study examines whether some infants are more susceptible to environmental influences.

Method We examined whether the association of antenatal depression and infant disturbed sleep at 18 and 30 months in ALSPAC (n=8,318) and at 24 months in Generation R (n=2,241) would be moderated by a) 5-HTTLPR and b) mother-rated reactive temperament. We hypothesized that the association between antenatal depression and infant sleep a) would be stronger in those infants with low activity alleles of 5-HTTLPR compared to those with high activity alleles b) would be stronger in infants with reactive temperament. Infants with more reactive temperament would be more susceptible to the effects of antenatal depression and would exhibit more disturbed sleep.

Results Regression models did not show evidence of a moderating effect of 5-HTTLPR x depression. Reactivity however was found to be a moderator of infant sleep in both cohorts; on nighttime awakenings and sleep problems at 18 and 30 months in ALSPAC ($\beta=-.085$, $p=.013$, $\beta=-.089$, $p=.008$) and on sleep duration in Generation R at 24 months ($\beta=.055$, $p=.030$). Boys with more reactive temperament exhibited the highest number of awakenings and sleep problems, and the shortest sleep duration when exposed to symptoms of maternal antenatal depression.

Conclusions For the first time, these findings highlight, in two large population cohorts, that children with temperamental reactivity may be more vulnerable to antenatal depression, raising the possibility of targeted interventions to improve infant outcomes.

P1-46

SHORT-TERM MUSIC THERAPY WITH IN-PATIENT HIGH-RISK PREGNANT WOMEN AND THEIR UNBORN CHILD IN THE OBSTETRIC UNIT: CHARACTERISTICS AND INTERVENTIONS IN THIS SETTING AND THE OUTCOME OF AN EMPIRICAL STUDY

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Introduction Music has a physiological and emotional effect. Therefore music therapy offers relief to a woman and her unborn child physically and emotionally. Relaxation and insightful awareness supports trusting the body, whilst a touching music strengthens the bonding process and the sensitive connection: Mother's awareness toward her child might increase.

Method This presentation gives a short insight into specific themes of these clients at the obstetric unit. It describes assessment, methods, interventions and limitations of short-term music therapy in this setting and it illustrates specific characteristics by case studies. For the very short-term clients at the unit who follow only one or two sessions, kick-off music therapy has been developed (to reduce fear, to find individual resources and to stand and deal with the - sometimes extremely intense - feelings; further to strengthen the bonding and the women's ability to help themselves).

Results Its effects have been collected in an empirical study with focus on the impact on relaxation and bonding after a specific music therapeutic intervention. After this intervention patients were asked to describe the differences before and after. Further, they were asked whether they experienced awareness towards the child and if yes, whether the character of this experience was as ever before or different.

Conclusions The presentation summarizes with the outcome of this systematic interrogation of the 20 patients personal rating under the music therapeutic session. It proved that even the very short-time patients do profit of music therapeutic treatment if fitting their individual needs of support.

P1-47

MEETING YOUR BABY: ENGAGING MIDWIVES IN INFANT MENTAL HEALTH

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Introduction This poster presents a typology of how first-time mothers look at their newborns. It describes how midwives were engaged in seeking reliability for the typology. This work is part of my PhD research aimed at enhancing the capacity of midwives to support new mothers in their relationship with their newborns.

Method Videotapes were made of mothers with their newborns while still on the post-natal ward. These were micro-analyzed to identify key characteristics of looking. Using an iterative process, behavioral descriptions for six items were created under three broad classifications. This yielded a one page typology of looking. To obtain inter-rater reliability, 30 midwives were recruited and trained in the use of the typology. These midwives then viewed the videotapes and coded them according to the typology. This data was analyzed using a modification of Cohen's Kappa for more than two raters (Fleiss, 1971).

Results This process of seeking inter-rater reliability successfully exposed midwives to infant mental health principles and practices as part of their standard professional development. Interested midwives received additional training in the use of the typology. The typology validates their intuitive knowledge, demonstrates that it can be codified and provides an opportunity to enhance their capacity for early intervention in the actual mother-infant relationship. The outcomes of the inter-rater reliability testing are provided on the poster.

Conclusions How mothers look at their newborns appears to be a reliable indicator of the quality of the relationship with their baby. Using a simple typology, midwives can be engaged to identify the nature of this relationship. They are then well placed to intervene early and influence infant mental health outcomes.

P1-48

PRENATAL ATTACHMENT; CONTRIBUTORS, OBSTACLES, PRE AND PERINATAL CONSEQUENCES

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Introduction Prenatal attachment is a special relationship between mother and her unborn baby. This prospective, naturalistic study evaluates the relationship between maternal demographic and psychosocial variables, attachment related anxiety/avoidance, gestational anxiety, depression and intensity of prenatal attachment along with effects on umbilical cord blood flow, birth weight and adaptation to breastfeeding.

Method 145 women evaluated during routine obstetrical examination between 28th and 40th gestational weeks were recruited. Peak umbilical artery blood flow rates were measured by doppler ultrasound. All mothers were interviewed for sociodemographic data and gestational and birth history, pregnancy wantedness and planning, relationship with her partner. Beck Depression (BDI) and Anxiety (BAI) Inventories, Experiences in Close Relationships and Prenatal Attachment Inventory were applied. Birth weeks and weights, gender, birth types, preferred way of feeding and duration for adapting the breast were obtained from hospital records and contacting the mothers in the first two weeks following birth.

Results Mothers with health problems (32.4%, $p=0.026$), planned conceptions (44.8%, $p=0.015$) and "very good" partnership (40.7%, $p=0.012$) had higher prenatal attachment scores. Higher attachment related anxiety scores were correlated with lower prenatal attachment scores ($p=0.001$, $r=-0.274$). Women with higher depression scores had lower prenatal attachment intensity ($p=0.005$, $r=-0.231$). Higher attachment related avoidance scores were associated with lower birth weights ($p=0.006$, $r=-0.227$). In utero umbilical arterial SD ratio percentile values were lower for mothers who scored 11 or higher on BDI (37.2%, $p=0.040$). Prenatal attachment scores were higher for babies who adapted to breastfeeding before the first week ($p=0.017$ $F=3.492$).

Conclusions This study displays the effects of maternal psychosocial and emotional factors on prenatal attachment, fetal in utero wellness, birth weight and successful breastfeeding, emphasizing the necessity for providing additional support for vulnerable mothers

P1-49

DOES MOTHER'S EMOTIONS EFFECT BREASTMILK CONTENT?

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Introduction Successive decrease in mammary gland permeability, leading reduced levels of breast milk electrolytes, is predictive of successful lactation; known to be effected by psychosocial stress. This study assesses demographic and psychosocial factors related to high levels of electrolytes in breast milk and evaluates consequences for the infants' growth.

Method Mothers of 150 healthy exclusively breastfed babies aged 8-15 days admitting for routine health check are recruited. Following an interview for consent and gathering demographic, psychosocial data, gestational, birth and breastfeeding history, mothers were asked to fill out Edinburg Postnatal Depression Scale (EDS), State (STAI-I) and Trait (STAI-II) Anxiety Inventory and Relationship Scale Questionnaire (RSQ) for the evaluation of postnatal depression, anxiety and adult attachment features, respectively. Breast milk samples were obtained from either breast of all mothers to measure the sodium (Na), potassium (K) or chloride (Cl) content and to calculate Na/K ratio suggestive of mammary gland permeability.

Results From 150 mothers 49 (32.7%) had high Na, 91 (60.7 %) had high K, and 31 (20.7%) had high Cl levels in their breastmilk. Mothers with elevated Na had higher depression and state anxiety scores ($p=0.018$, $p=0.048$, respectively) and Na levels were correlated with depression and anxiety scores ($p=0.008$ $r=0.217$ and $p=0.006$ $r=0.224$, respectively). Higher depression scores were also associated with higher Na/K ratio ($p=0.047$). Babies were the first children ($p=0.021$ for Na and $p=0.013$ for Na/K ratio) and gained significantly less weight at the first month compared to babies of mothers with expected levels of Na ($p=0.002$ for both).

Conclusions Increased mammary gland permeability with no known medical reason, can be associated with maternal depression and state anxiety with consequences for the growth of the infant at the first month. Measuring breast milk electrolytes may help to identify risky mothers and provide adequate perinatal assistance.

P1-50

DURATION OF EXCLUSIVE BREASTFEEDING CORRELATES NEGATIVELY WITH CONNERS' RATING SCORES IN ADHD CHILDREN

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Introduction Breastfeeding is a unique experience which provides several benefits like prevention of infant morbidity-mortality, improvement of mental development and maternal health. Children with ADHD are reported to have insufficient breastfeeding. The aim of this study was explore the relationship of early breastfeeding experience with ADHD symptoms later in life.

Method The study group consisted of 200 children and adolescents, aged 7 to 17 years, diagnosed as having ADHD. The Conners' Parent and Teacher Rating Scales (CPRS and CTRF) were used to assess behavioral disturbances. A questionnaire was developed consisting of items pertaining to perinatal period. The study data was compared to healthy school children after excluding 5% of cases with highest CPRS and CTRF ratings.

Results The children with ADHD were found to have insufficient exclusive breastfeeding (less than 6 months) ($P=0.0001$). In ADHD children with insufficient exclusive breastfeeding, the duration of exclusive breastfeeding correlated negatively with the CPRS and CTRF scores ($P=0.01$). The ADHD children with insufficient exclusive breastfeeding were more likely to have a history of bottle-feeding, longer duration of bottle-feeding and early introduction of bottle-feeding ($P=0.01$).

Conclusions The present results indicate that early in life, the ADHD children are subject to insufficient exclusive breastfeeding and alternative feeding practices. In children with ADHD, the severity of Conners' scores is in relationship with insufficient breastfeeding experience. Increased awareness and attention to these factors are suggested.

P1-51

ART THERAPY IN HIGH-RISK PREGNANCY

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Introduction Continuous anxiety and stress of the mother has an influence on the development of the foetus as well as it affects the relationship between mother and child. Women in hospital, because of complications in pregnancy, experience feelings of anxiety to have a premature birth or even to lose their child.

Method This presentation gives a short insight into specific themes of these clients at the obstetric unit. It describes assessment, methods, interventions and limitations of short-term art therapy in this setting. The focus is laid on the following question: How does Art Therapy affect pregnant women with a tendency to premature birth? Are there certain techniques that are significant or more helpful than others? Special attention is given to art-therapeutic proposals, which accelerate the closer bonding between the mother and her unborn child. Two cases are introduced and afterwards discussed to exemplary show the progress of an art-therapeutic process.

Results The outcome of my thesis (Kunsttherapie in der Schwangerschaft, 2010) has shown how hospitalized pregnant women with a tendency to premature birth are made art-therapeutic offers to improve their personal feelings as well as to stabilize and strengthen the contact towards the unborn child. It was illustrated that during the beginning of a therapist-patient relationship, techniques with stabilized functions are most helpful. Furthermore it was shown, that after a longer and more trustful relationship between therapist and patient, the application of techniques, which focus on actual problems and crises had an improving effect on the personal well-being of the mother.

Conclusions The content of this subscription illustrates effects of the aesthetic drawing practice experienced in critical situations during difficulties in pregnancy. Art Therapy is a relevant complementary therapeutic approach to improve the well-being of the becoming mother and supports the bonding between mother and child as well as the infant's development.

P1-52

A MINDFULNESS-BASED PROGRAM OF PRENATAL AND PERINATAL EDUCATION

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Introduction Today neuroscience focuses on the fundamental role played by emotions and relationships in child development. From pregnancy, loving relationships shape healthy brains and protect a baby from the negative effects of stress and trauma. If maternal stress hormones alter baby's brain development, life-enhancing emotions foster healthy development.

Method Mindfulness practice during pregnancy, childbirth and parenting is being increasingly used as a way of reducing pain, stress and anxiety and promoting a healthier pregnancy, birth outcome, and attuned parent-infant relationship. In this empirical investigation the teaching of mindfulness is integrated with the current knowledge of the psychobiological processes of pregnancy/childbirth, breastfeeding, bonding and the psychobiological needs of the unborn and infant. The focus of this program is the participants' necessary commitment to practice mindfulness also in their daily life. Its uniqueness is that it becomes a transforming way of being and living.

Results By enhancing attentiveness and sense of presence, this program helps parents connect with the unborn baby and infant. Evidence suggests the early parent-infant interactions are foundation for the child's later emotional, social and cognitive development and are undermined by adults' anxiety, stress and depression. When parents become aware that their unborn baby is a sentient being - able to feel, learn, communicate, relate to his environment - they are more receptive to build a loving relationship. By enhancing nurturing emotions, this program not only fosters prenatal bonding and foetal optimal development, it also prevents postnatal depression, a major cause of infant mental issues having its roots in pregnancy.

Conclusions In our modern societies pregnancy and parenting are often a source of stress and depression rather than fulfilment. Therefore, we need to promote nurturing practices fostering mothers' physical/emotional health, fulfilling birth and bonding. A nurturing prenatal relationship favors a smooth transition to parenting and prevention of many problems, with reduced costs of early intervention.

P1-53

MARITAL SATISFACTION AND ATTITUDES TO PREGNANCY AND FETUS IN PREGNANT WOMEN

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Introduction Many scientists believe that the quality of the woman's relationship with her partner is crucial for her state and development of a child. But we can point out the lack of studies on the impact of the relationship with the spouse on attitudes toward fetus, prenatal attachment in pregnant women.

Method The aim of our study was to investigate correlation between the characteristics of the relationship to the fetus and marital relations in pregnant women. Study involved 300 pregnant women living in St.Petersburg (Russia), at pregnancy of 16 to 36 weeks, aged 20 to 40 years old, married. Methods: Demographic questionnaire, test of relationships of pregnant women, marriage satisfaction questionnaire, color test by M. Etkind, projective method "Drawing the family" (for the diagnosis of the emotional contact perception with her husband and fetus).

Results It was found strong links of satisfaction marriage and emotional contact to her husband with the attitude to pregnancy and the fetus: in women with a high level of satisfaction with marriage and with close emotional contact with her husband weekly expressed anxiety and depressive types of experiences related to pregnancy and the fetus, they are also characterized by greater significance of pregnancy, the child and the family, they often showed adequate attitude to the child and positive motivation of pregnancy. But when there is a very high significance of a spouse, there is emotional distance with the child (fetus).

Conclusions Positive relationships with the spouse play a crucial role in the formation and relationship to pregnancy and the fetus of a pregnant woman. But at the same time overestimation of a family member can disrupt relationships with others or be an option for compensation of an already broken relationship.

P1-54

SHAME AND GUILT IN THERAPEUTIC ABORTION: RESEARCH AND CLINICAL IMPLICATIONS

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Introduction The purpose of the present study is to evaluate in which ways shame and guilt feelings are entangled with grief in a pregnancy that follows a therapeutic abortion, to examine their influence in emotional investment in the new pregnancy and fetus and to explore how they can enlighten clinical practices.

Method The participants were 3 pregnant women with a history of therapeutic abortion in the past two years. Perception of the first pregnancy and the abortion, of the dead baby, of the new pregnancy, of the baby they are pregnant with and also of how they feel in society and with themselves, of shame and guilt feelings were explored using semi-structured interviews at the 20th, 27th and 35th week of gestation. They also completed psychometrics instruments: Prenatal Attachment Interview (PAI) and Perinatal Grief Scale (PGS). The interviews were analyzed with a psychoanalytic theoretical support.

Results All three subjects expressed shame and guilt feelings. Shame was observed through three topics: showing-hiding, feeling of exclusion of the community and lower self-esteem. Guilt appeared in relation to thoughts about killing the baby and being pregnant again, but also towards the new baby. Shame and guilt seem to play an important role in the difficulty to invest the new pregnancy and the baby, but also in the relationship of the subjects with themselves and others. The question of groupality is involved with both shame and guilt feelings and appears to be an important concept in comprehension of antenatal death.

Conclusions It appears that the study of shame and guilt during a pregnancy following a therapeutic abortion confirms the interest of bereaved mother's talking groups that enable to live together the feelings of being banned and hidden and thereby to recover a sense of psychic groupality.

P1-55

A COMPREHENSIVE GROUP THERAPY APPROACH TO PERINATAL MENTAL HEALTH

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Introduction Perinatal mood and anxiety disorders affect up to 20% of women in Ontario (Wenzel et al. 2003). It is well established that maternal mental illness has detrimental effects on babies and children (Tronick, 2009) and that effective, comprehensive, "barrier-free" treatment is imperative.

Method The literature strongly supports prevention and early detection (Beardslee et al. 2007), as well as treatment interventions targeting symptom management (Austin et al. 2008), reduction of social isolation (Dennis et al. 2009), and mother-infant interactions (Cohen et al. 1999). To the best of our knowledge, few hospital-based programs offer a comprehensive "one-stop-shop" group therapy program designed to address the continuum of care from prevention to treatment. Our novel program offers 4 group interventions. Each is evaluated using standardized measures. All clients receive a mental health assessment to determine best fit, and may also receive individual pharmacological and/or psychotherapeutic treatment.

Results **Online support group** to prevent emotional difficulties and provide social support for new mothers. Moderators introduce topics and facilitate discussion. Topics include emotional changes, relationship transitions, sleep/feeding challenges, support, and coping skills. **Postpartum group** for women experiencing anxiety and/or depression. IPT informed with focus on transition to motherhood. Facilitated discussion of losses/gains of new role, relationships, body image and sexuality, parenting model, perfectionism and control, affect regulation. **Symptom management group** for perinatal women. Sessions have psychoeducation and practice component (Emotions [i.e. role of feelings, affect regulation skills], Thoughts [i.e. CBT], Relationships [i.e. communication/interpersonal skills] and Mindfulness [i.e. breathing/ observation exercises]).

Conclusions: Mother-infant group for women with mental health and parenting difficulties, with babies 6-12 months. Psychoeducation component followed by "Watch, Wait and Wonder" activity (Muir & Cohen, 1999). Facilitated discussion

focused on mother's experiences during activity, incorporating insights from psychoeducation topic. Topics include affect regulation, parenting model, infant development, expectations, attachment and play).

P1-56

PREGNANCY DENIAL AND MOTHER-DAUGHTER RELATIONSHIP: MOURNING AND POST-NATAL DEPRESSION AFTER INFANT'S DEATH

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Introduction Pregnancy denials often occur in general obstetrical practise and are not necessarily symptomatic of overt psychiatric pathology.

Method In this presentation we report a psychological follow up care of a mother after a total pregnancy denial followed by the baby's death.

Results The mother, after realising she had delivered, showed a real mourning and a post-natal depression. We had the chance to meet her mother's family marked by transgenerational secrets, splitting mechanisms, projective identifications. This young woman showed a pregnancy denial for each three pregnancies as did her mother.

Conclusions We make a hypothesis that maternity in this mother-daughter relationship is marked by censure mechanisms.

P1-57

DEVELOPMENT AND EVALUATION OF COFFIN FOR STILLBORN BABY UNDER 22 WEEKS OF GESTATION IN JAPAN

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Introduction In Japan, artificial abortion for under 22 weeks of gestation is legal. Total stillbirth rate was 23.9/1000 births in 2011. As a part of grieving process, having an appropriate coffin for a stillborn baby may play one of key roles to ease parents' pain.

Method Aim of this study is to evaluate a coffin which developed by researchers for stillborn baby and family in Japan. The coffin is made based on the product's requirements for stillborn babies and families who experiencing perinatal loss. A quantitative study design was conducted 2011 to 2012 to evaluate the coffin. Participants were midwives, nurses who were caring for stillborn babies, and babies' family at eight Japanese maternity hospitals. The self-administered questionnaire developed by researchers comprised functionality assessment, design assessment, material assessment, and comprehensive evaluation using a four-point Likert scale. A content analysis was used for the evaluation comments.

Results 42 coffins were trial- used, and 42(100%) questionnaires were returned. Functionality satisfaction was 39(92.6%), design satisfaction was 41(97.6%), and material satisfaction was 40 (95.2%). 11 coffins used for 24-38weeks gestation because of lack of ready-made appropriate coffin. 18 families expressed favorable impression about the developed coffin. Two-thirds of the hospital staff thought the coffin was grateful product for grief care for families.

Conclusions The coffin received good reports from midwives and nurses. The coffin met product specifications such as appropriate design and materials for a stillborn baby and family. It would be a good coffin for both family members in grief.

P1-58

EXTENDED FAMILY SUPPORT TO PARENTS WITH A NEWBORN CHILD AND THE BABY'S DEVELOPMENT

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Introduction Many parents feel lonely and helpless when they faced with a newborn child. We are currently conducting ongoing research to assess the effects of the family support after a birth, on the construction of parenthood, parental distress, and the psychic life of the baby during his/her first year.

Method This research aims to evaluate the influence of the extended family support to new parents during the first three months of their newborn child. The support is evaluated by comparing two groups of parents, based on their support perception from their family. The tests take place as home-visiting interventions on week 2, 6, then month 3, 6, 9, 12, 15 and 18 of the baby. We evaluate: parental suffering (mother and father) with the EPDS (Cox, 1987) and the STAI-Y (Spielberger, 1983), parental alliance (Abidin, 1991), and the baby's development (NBAS Brazelton 1984; the RBLs, Brunet-Lezine, 2001; ADBB Guedeney, 2001).

Results Before 3 months, family support was not associated with an increase in signs of suffering among the mothers. Then on the 3rd month, weak family support was more strongly associated with signs of maternal distress (EPDS, STAI). One tendency: when family support was poor, the baby exhibited more withdrawal (ADBB) at 3 and 6 months. The statistical analyses show that mothers from the isolated group keep suffering, whereas depression and anxiety drop significantly for non-isolated group. These preliminary results seem to confirm our hypothesis about the impact of family isolation on parental well-being, and more specifically on maternal well-being.

Conclusions Revealing the existence of this risk (the isolation from the extended family) will improve our understanding of the baby's and the parents' needs after the birth. This could have direct repercussions on the practices of professionals and public health programs, and even on family policies.

P1-59

POST NATAL DEPRESSION GROUP TREATMENT IN OXFORDSHIRE - A COLLABORATION BETWEEN HEALTH VISITING, MENTAL HEALTH AND CHILDREN'S CENTRE STAFF

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Introduction The most common perinatal mental health problem is postnatal depression, with rates ranging between 10 and 15% . Studies have documented the profound effect untreated postnatal depression can have on relationships, families and children. In Oxfordshire a treatment pioneered by Health Visitors has been manualised and rolled out over the county.

Method A group treatment program originally started in Bicester in 1996 involving collaborative working between Health Visitors, Mental Health and Children's Centre staff has recently been extended over the county of Oxfordshire. This 10 week program, based on an Australian model and incorporating elements from cognitive behavior therapy and Circle of Security parenting, has been adopted as a treatment method for mothers with mild to moderate postnatal depression.

Results Closed groups, facilitated by specially trained Health Visitors, are run three times a year at Children's Centres. Prior to starting the group baseline measures are taken of the mother's mood using Edinburgh Postnatal Depression Scale and Beck's Depression Inventory. These are repeated at the end of the group and qualitative data is also sought using an evaluation questionnaire. The mothers are able to use the crèche facilities at the Children's Centre where the workers have had training in postnatal depression. Clinical supervision and training is provided by mental health staff. An evening session for fathers is part of the program.

Conclusions Outcome data has been collected from the groups over the past three years which indicates that this is a cost effective intervention with high patient and Health Visitor satisfaction rates. Many group members continue to meet and support each other after the end of treatment.

P1-60

MATERNAL CANCER DIAGNOSED DURING PREGNANCY OR THE POST-PARTUM: REACTIONS TO DIAGNOSTIC AND COPING STRATEGIES

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Introduction Every year, 400 to 600 pregnant women are diagnosed with cancer in France. These women have to deal with two critical life events that usually lie at the opposite ends of the life continuum: while pregnancy brings a new life, cancer is still associated, for most people, with dying.

Method Besides an increasing number of medical studies, there is a lack of psychological research exploring this issue. Data from a prospective ongoing study will be presented. Mothers were diagnosed with any kind of cancer during pregnancy or the 12 months post-partum. Patients whose pregnancy was terminated or who did not give birth to a 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 adjustment, as well as clinical interviews at each time.

Results We will present data on the mothers' reactions to the cancer diagnostic and on their coping strategies, based on their responses to a clinical interview and the Brief Cope and the MAC scales. Results will be discussed in terms of their implications for the choice of supportive and therapeutic intervention for the (future) mother and her family, also taking into account the impact of this situation for the mother-infant relationship.

Conclusions Although rare, a diagnosis of maternal perinatal cancer raises many medical, ethical, and psychological questions for the patient and the professionals. This situation requires a complex set of adjustment strategies from the patient, along with a well-coordinated therapeutic approach in order to support parenthood and parent-child relationship.

P1-61

EMOTIONAL STATES, MATERNAL REPRESENTATIONS AND PRENATAL ATTACHMENT IN WOMEN EXPERIENCING THREATENED PREMATURE DELIVERY

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Introduction Up to 6,5% of pregnant women are diagnosed with threatened premature delivery (TPD) in France. Although well managed from the medical point of view, this condition has been rarely explored in mental health research programs. Pregnancy complications are likely to disturb maternal emotional state and relationship to the future child.

Method Participants are pregnant women, diagnosed with TPD (N= 81). Women were enrolled at the high-risk pregnancy care wards in four hospitals of Paris and its neighbourhoods. A sample of women carrying a normal pregnancy composed the control group (N=51). All women were assessed in the prenatal period for: a) Prenatal Bond to Fetus (PAI; Müller, 1993); b) Representations of the Women as a Mother and of her Future Baby (« R » Interview scales; Stern, et al., 1989); c) Depression (EPDS; Cox, et al., 1987); and d) Anxiety (State Trait Anxiety Inventory - STAI; Bruchon-Schweitzer & Paulhan, 1993).

Results When compared with control, TPD women: a) are older (t-test (130)= -2.04; p=0.44); b) have had more previous gestational complications (Qui2 (2)= 8.05; p=0.18); c) more previous miscarriage (t-test (129)= 2.99; p=0.00); d) more previous medical pregnancy interruptions (t-test (129)= 1.12; p=0.24); e) more State-Anxiety (F (116)= 6.99; p=0.01); but f) less Depression (Qui2 (1)= 8.05; p=0.01). We found no significant differences between groups for: a) Prenatal Bonding to Fetus (F (116)= 0.05; p=0.82); b) Maternal Representations of the Women as a Mother (F (116)= 0.25; p=0.61); c) Maternal Representations of the future Baby (F (116)= 0.13; p=0.72).

Conclusions In the field of perinatal mental health, it is quite remarkable that the impact of pregnancy complications have not been assessed by more systematic research. The findings bring new data on the effects these conditions may have on the pregnancy experience, the transition to parenthood, and the mother-fetus/infant relationship.

P1-62

PRELIMINARY RESULTS OF A STUDY ON THE EFFECT OF PARENTAL VISITATION FOR BABIES PLACED IN RESIDENTIAL INSTITUTIONAL CARE

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Introduction Continuity in parent-child relationship is important but not always beneficial for babies placed in institutional care. Our study aims at assessing the effects of parental visitation on babies' relational withdrawal and general behavior during and after the parent's visits, and understand which factors are involved in their reactions.

Method Video observations of caregiver/parent-babies interactions to assess baby's relational withdrawal and parental sensitivity. Measures of salivary cortisol before, during, after parental visitation will be analyzed. Assessment of the baby's general adaptation in the home, during night and day before and after visit. Other data concerning factors influencing the quality of parenting are collected such as: social support, parent's attachment representation, parental stress and anxiety. Reasons for the placement, length of stay in placement and age of the baby when placed, frequency, regularity of parental visitations, level of development, age and sex of the child will be taken into account.

Results Results from the present study will be discussed in terms of their clinical implications for foster care policies.

Conclusions Assessment procedures can give professionals valuable and objective information in order to take decision about contact between the baby and his/her parents. Long terms expectations are to help professionals respect the best interest of the child, preserve his/her affective development, and to reduce the cost of child placement.

P1-63

ASSESSMENT OF THE EFFECTIVENESS OF A PSYCHO-PEDAGOGICAL INTERVENTION ADDRESSED TO ETHIOPIAN YOUNG GIRLS VICTIMS OF A SEXUAL ABUSE

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Introduction Abuse on children cause negative effects on psycho-physical health in short and long periods. The interventions for abused children are focused on social recovery to reduce emotional stress (Czincz & Romano, 2012). Ethiopian abused children show poor social support, low level of self-confidence and intrusive thoughts (Wondie et al., 2011).

Method The aim of the research is to assess the effectiveness of intervention addressed to Ethiopian abused young girls. 19 Ethiopian young girls (mean age=9.7), victims of a sexual abuse, took part in a psycho-pedagogical intervention for a 12 months at Addis Abeba, consisting in counselling, creative laboratories and medical assistance. Before the intervention and after 12 months from its beginning, the following tests were administered: TSCYC (Briere, 2005) for post-traumatic stress disorder, CESD-DC (Weissman et al., 1980) for depressive symptomatology, CBCL (Achenbach & Rescorla, 2001) for behavioral disorders and CSBI (Friedrich, 1992) for sexualised behaviors.

Results At 12 months from the beginning of the intervention, the young girls showed a decrease in Rage (t=3.02; p=.01), Arousal (t=3.22; p=.01) and Pts-total (t=3.38; p=.01) scores of TSCYC. Moreover, they had lower scores on Internalizing (t=2.38; p=.02), Externalizing (t=2.74; p=.01), Other disorders (t=2.83; p=.01) and Total (t=2.81; p=.01) scales of CBCL and on Depression (t=2.55; p=.02), Social disorder (t=2.72; p=.01), Thought disorders (t=2.36; p=.02), Attention disorders (t=3.14; p=.00) and Aggressive behavior (t=3.12; p=.00) subscales of CBCL. At a descriptive level, CES-D scores decreased in depressive symptomatology after the intervention.

Conclusions The results indicated the effectiveness of the intervention in reducing the indicators of post-traumatic disorder and of behavioral and emotional problems and in increasing the psychological wellness of the Ethiopian young girls victims of sexual abuse.

P1-64

THE MEANING OF THE CHILD TO THE PARENT - AN INTERSUBJECTIVE APPROACH TO ASSESSING REPRESENTATIONS OF CAREGIVING: THE DEVELOPMENT AND VALIDATION OF A NEW METHOD OF ASSESSING RISK AND RESILIENCE IN PARENT-CHILD RELATIONSHIPS USING SEMI-STRUCTURED INTERVIEWS WITH PARENTS

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Introduction The 'Meaning of the Child' is a new method assessing the psychological meaning all children have for their parents, but in cases of risk submerge the child's identity (Reder & Duncan 1995). The method analyses parental discourse using attachment theory, understood inter-subjectively, from the perspective of both parent and child.

Method The method was developed and tested with a sample of 85 mothers and fathers, 62 were parents being assessed in relation to alleged child protection risk. The remaining 23 were drawn from US sample of normative mothers. The Parent Development Interview (PDI: Aber et al. 2003) was used to assess parenting representations and coded for Parental Reflective Functioning (RF: Slade et al. 2005) and the new Meaning of the Child (MotC) system. The parents were also videoed in a short free-play interaction, using the CARE-Index (Crittenden 2007), a dyadically constructed assessment of parental sensitivity.

Results A strong relationship was found between the Meaning of the Child level of Sensitivity/Risk, assessed from how parents spoke about their child, and the nature of their contingent responsiveness assessed using the CARE-Index. Statistically significant correlations were also found between the level of Unresponsiveness and Control in both the MotC and the CARE-Index. The level of Sensitivity/Risk in the Meaning of the Child was also related to parental RF. The results provided good evidence for the Meaning of the Child as a construct, and as an assessment tool to identify and assess the nature of 'at risk' parent-child relationships.

Conclusions In its analysis of parental representations of Caregiving, the MotC integrates an understanding of adult self-protective defensive processes with the concept of 'inter-subjective dialogues', where parent and child co-construct the meaning of the other. It therefore has a unique contribution to make to understanding the shaping of parent-child relationships.

P1-65

QUALITY OF CAREGIVING IN MOTHER INFANT DYADS IS ASSOCIATED WITH CHILD ABUSE POTENTIAL

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Introduction The relationship between quality of caregiving and scores on the Brief Child Abuse Potential Inventory (BCAP) is an important test of the ecological and construct validity of this measure.

Method Mothers recruited from community agencies providing emergency relief (e.g., Salvation Army) completed a series of self-report measures related to child maltreatment risk factors. An interaction was filmed between mother and infant, and coded with the Emotional Availability Scales.

Results Mean age of mothers was 30.44 years, the mean age of children was 23.40 months. Convergent validity of the BCAP with self-report measures assessing known risk factors of child maltreatment was supported. Construct and ecological validity with observed parent-child interactions were supported, where it was found that high child abuse potential was related to lower levels of maternal sensitivity and structuring, and lower level of child involvement and responsiveness. The BCAP was also able to accurately classify those at high-risk of abuse.

Conclusions The BCAP could be used in conjunction with current risk assessment instruments, as well as observations, in the Child Protection field. This would provide a comprehensive risk assessment, thus increasing the accuracy of detection.

P1-66

MENTAL HEALTH IN PRESCHOOL CHILDREN WITH JOINT PHYSICAL CUSTODY – A CROSS-SECTIONAL STUDY ON NORDIC 2-6 YEAR OLDS

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Introduction Joint physical custody, when children alternate residency between their parent's homes, has increased in Sweden and concerns 27% of preschool children with separated parents. Similar increases have occurred in the other Nordic countries. The impact on children of this practice, particularly on the youngest, is debated but scarcely studied.

Method We will use data on children aged 2-6 years old from a Nordic cross-sectional population survey from 2011. The aim with the study is to compare mental health and wellbeing in children with JPC and other living arrangements. Preliminary analysis of the Swedish sample included 446 children 2-6 years. Of these 22 children had JPC, 14 lived mostly or only with one parent and 400 in a nuclear family.

Results The preliminary analysis of the Swedish sample indicates more pronounced symptoms in the children in joint physical custody on the SDQ scale regarding hyperactivity, nervousness and lack of concentration compared with children in nuclear families. Positive aspects, such as having a close friend, being considerate and usually being liked did not differ between groups. We plan to conduct multiple regression analysis in the full Nordic sample of young children, where we also can control for possible confounders.

Conclusions Increasing numbers of young children are moving between their separated parents' homes on a regular basis. This ongoing study can reveal important information on preschool children's mental health in different living arrangements. The results are relevant for both individual families and for counsellors in the social services and child health care.

P1-67

BABIES WHO LIVE IN TWO HOMES-PARENT'S EXPERIENCES AND ADVICE FROM PROFESSIONALS REGARDING JOINT PHYSICAL CUSTODY FOR THE YOUNGEST

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Introduction Joint physical custody (JPC) implies that a child lives equally much in both parent's homes after a separation. JPC is controversial and research is lacking. The aim of this workshop is to present parents' experience of JPC with children <5 years and discuss the advice they have received from professionals.

Method Forty-six parents (18 fathers and 28 mothers) of 51 children (mean age 3 years) with JPC were interviewed. The sample included families who had chosen JPC, who had compromised on the practice and those who were sentenced to JPC in court. The semi-structured interviews were conducted on telephone, recorded and then transcribed. Qualitative text condensation analysis was used. Basic facts regarding schedules and family life, parent's attitudes and experiences were collected and summarized. We also asked the parents what advice they had received from child psychologists and other experts they had consulted during the separation.

Results Children's schedules varied between changes every day to once a week. Parents' attitudes ranged from JPC as self-evident to something they wanted to end for the children's sake. Accordingly, the split-up parents' cooperation ranged from practical co-parenting to no contact at all. Three preliminary themes were identified in the advice from professionals: "JPC is harmful for children under 4 years", "Toddlers can spend as many nights as their age in years away from their mother (1 year=1 night, 2 years=2 nights etc)" and "Modern research support JPC from the start".

Conclusions Of Swedish preschool children with separated parents 27% lives equally much with each parent. We discuss how this is arranged and parent's experiences: pros and cons for themselves and the children. We also discuss attitudes and advice from child psychologists and other experts on joint physical custody for young children.

P1-68

TURKISH VERSION OF THE VINELAND ADAPTIVE BEHAVIOR SCALES (VINELAND-II)

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Introduction Sparrow and her colleagues (2005) published the Vineland-II. In Turkey, Alpas and Akcakin (2002) adapted the Vineland -I for Turkish infants from birth to 4-year-olds. Due to the clinical and research requirements, the authors completed the norm, reliability and validity study of Turkish Vineland-II.

Method The norm sample for the Turkish version consists of 613 children (307 girls and 306 boys) includes 9 age groups from birth through 8 years from three different mothers' education levels (4-years degree or higher, 11th grade, and 5th grade or less). In administration stage, the norm and clinical data were collected by trained and supervised by 20 examiners (5 clinical psychology master students, 14 psychology students, and a child development specialist) in 20 to 40 minutes.

Results The statistical analysis applied for the four domains (Communication, Daily Living Skills, Socialization, and Motor Skills) and 11 sub-domains of Vineland-II. The reliability of the Turkish Vineland -II detected the different methods: Internal-consistency analysis, test-retest, and inter-interviewer reliability. The results showed that the reliability coefficients for domains are generally very high (between .55 and .97). In validity studies, three different methods used for the Turkish Vineland-II: Test content analysis, response process, and criterion validity. Evidence of validity based on test content typically demonstrates a strong theoretical and empirical result for the adaptive behavior structure.

Conclusions The first Turkish edition of the Vineland Adaptive Behavior Scales began to be widely used for diagnosis, assessment and treatment of the Autistic Spectrum Disorders (ASD). In our country, Turkish Vineland-II is thought to be used effectively in the field of child psychology and psychiatry.

P1-69

CLINICAL VALIDITY OF THE TURKISH VINELAND-II

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Introduction Vineland-II used widely for diagnosis, assessment and treatment of the Autistic Spectrum Disorders (ASD) and the other disorders of the child mental health in United States and Europe. In this perspective, we investigated the children with Autistic Spectrum Disorder (ASD) and the children with Specific Learning Disabilities (SLD).

Method Autism group consist of 53 children (15 girls and 38 boys) aged 1 through 8 who had the criteria of DSM-III and DSM-IV of Autism Assessment Form. SLD group selected from the SLD Therapy Group of Ankara University, School of Medicine, Child and Adolescent Psychiatry Department children and they met DSM-IV criteria for ADHD. And SLD group was 68 children (15 girls and 53 boys) aged 6 through 9.

Results The mean scores of children with Autism Spectrum Disorder and Specific Learning Disabilities are lower than norm group for four domains of Vineland-II. The t-test used for comparing the means.

Conclusions The lower mean scores of communication and the socialization domains for Turkish Autistic children supported the original form of Vineland-II. Particularly the writing and reading features of SLD observed in Communication Domain and the impulsivity, attention deficit, and the hyperactivity effects on children with ADHD.

P1-70

TESTING A NEW INSTRUMENT TO SCREEN FOR MENTAL DISORDERS IN INFANCY

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Introduction The Danish CCC2000 study has demonstrated potentials for infant mental health screening. A new instrument that covers the main domains of child mental health at age 9-10 months has been developed. The study aims to investigate the prevalence and factor structure of mental health problems identified by the instrument.

Method Community health nurses in eleven municipalities in the Capital Region of Denmark used the instrument called PUF, as part of their routines at the scheduled home visit at child age 9-10 months. Data on the 27 items in PUF were analyzed by means of descriptive statistics and exploratory factor analysis.

Results A total of 2688 children aged 9-10 month were screened. Among the problems of mental health investigated, problems of attention were the most common (15.4 %), followed by problems of emotional regulation (13.8%) and problems of picky eating (10.4%). A total of 18.1% of the children had 3 or more problems. Factor analysis identified five areas of sufficient loading (>0.35): 1) Eating problems, 2) Emotional problems, 3) Attention problems, 4) Problems of non-verbal contact and 5) Problems of communication. Items about sleep, motor function, curiosity did not fit the factor structure.

Conclusions The PUF measure identifies problems within five main areas of mental health at age 9-10 months with initial data suggesting a clear factor structure. The inter-rater reliability and the predictive validity of PUF regarding the identification of mental disorders at age 1½ years are currently investigated.

P1-71

THE CLINICAL RELEVANCE OF SINGLE SELF-EVALUATION QUESTIONS FOR YOUNG CHILDREN IN RECOGNIZING MENTAL HEALTH PROBLEMS

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Introduction Assessing young children's mental health is a crucial task in primary health care. Children under school-age are rarely asked to self-evaluate their well-being. The aim of the study was to assess the clinical relevance of directly asking a young child to evaluate his/her emotional well-being.

Method The study was a part of a Finnish project "Developing children's mental health work, 2007-2009". Among other procedures of the study, the 4-6-year-old children (n = 1739) completed a self-evaluation enquiry about his/her well-being with the help of the public health nurse during the health check-up. The enquiry consisted of two questions: "How are you?" and "What do you expect for your coming days?" The written answering alternatives had visual analogues in the form of facial expressions. After the check-up visit a stratified proportion of the participating parents were invited to a diagnostic Development and Well-Being Assessment (DAWBA) interview.

Results Of the children 2.6% evaluated themselves to feel often/almost always sad or lousy and 5.7 % suspected that some/many bad things were going to happen to them. For the combined two questions the sensitivity (18%) and positive predictive (19%) values were very low against the DAWBA prevalence of any diagnosis. The combined child's self-evaluation was related to two to three fold risk (p < 0.05) for the DAWBA computer-generated prevalence level of any diagnosis, for any DAWBA-rater assigned diagnosis, for any emotional diagnosis and for negative situational factors.

Conclusions Of the young children 3-6% reported low mood and negative expectations, which was related to risen risks for a psychiatric disorder, emotional disorders and negative situational factors in the family. Thus, the young child's self-evaluation questions brought relevant information on the child's well-being from the child's inner perspective.

P1-72

COGNITIVE EVALUATION IN COMMUNITY MENTAL HEALTH CLINIC -TEST SCORES, CLINICAL IMPRESSIONS, AND SEARCHING FOR RESOURCES

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Introduction This poster discusses the cognitive evaluation of a 63-month-old boy, who was referred with the question of whether advanced cognitive abilities were causing boredom and contributing to school behavior problems. He was seen in a multidisciplinary, community-based early-childhood mental health clinic, and was referred to psychology after initial psychiatric evaluation.

Method The cognitive evaluation included observation of the child in school (Kindergarten), clinical interview with his mother, review of psychiatric records, and standardized testing with the Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI), Peabody Picture Vocabulary Test, Fourth Edition (PPVT4), and Wechsler Preschool and Primary Scale of Intelligence - Third Edition (WPPSI-III).

Results Results found that his cognitive abilities were generally in the average range of functioning. Observations and interview raised concern about symptoms of an autism spectrum disorder, including difficulties with communication, social interaction, and restricted, repetitive interests and behaviors. During the course of the evaluation, the community mental health center where he was being seen was slated for closure due to budget cuts. The psychologist diagnosed him with Pervasive Developmental Disorder – Not Otherwise Specified, and advised his mother that he should receive a more detailed evaluation focused on autism spectrum disorders. Recommendations for the school and other resources were provided.

Conclusions Cognitive evaluation with this child revealed significant concerns about an autism spectrum disorder. Budget cuts and forced closure of the mental health clinic necessitated referral to multiple other agencies for further evaluation and intervention. Mental health consultants at his school were given initial recommendations focused on improving his school functioning.

P1-73

SHIFTING FROM CATEGORICAL TO DIMENSIONAL CONCEPTUALIZATION OF POST-TRAUMATIC STRESS DISORDER (PTSD) IN INFANTS AND YOUNG CHILDREN

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Introduction While infant and early childhood trauma research has blossomed substantially over the past 15 years, better understanding the implications of physiological indicators of trauma (specifically PTSD) will allow us to conceptualize trauma dimensionally instead of categorically. This shift will change how we determine interdisciplinary intervention and organization of funding sources.

Method In 2008, the National Institutes of Mental Health proposed recommendations for using physiological and neurobiological measures to create new dimensional classifications for mental disorders, as opposed to continued reliance on categorical classifications grouped around phenotypical symptomology. Trauma exposure itself is layered and complex, potentially arising from multiple sources, including single incidents, biological predisposition, environmental ambience, and dysynchronous relationships. Though not all children who experience trauma develop diagnosable PTSD, many display an array of behavioral, emotional, and physiological symptoms. Recent retrospective and prospective research implicates the connections between early childhood trauma and later medical diagnosis, mental health diagnosis, and substance use.

Results Though the DSM-5 PTSD diagnosis supports the need for addressing early trauma, it underplays the multifaceted elements of trauma in children 0-5 and perpetuates the dichotomous diagnostic approach, as opposed to viewing trauma along a continuum. By supporting research and treatment that account for heterogeneity across diagnostic criteria, we can better address the necessity for a multidisciplinary and tiered approach in better identifying, diagnosing, and intervening with infants and toddlers who exhibit PTSD symptomology. We aim to address the multiple dimensions underlying the trauma sources and current diagnostic category (PTSD) by exploring regulatory, sensory-motor, emotional, and emerging executive dimensions.

Conclusions Further integrating neurobiological and physiological indicators help link diagnostic categories, such as PTSD, to neural systems, promotes a continuous conceptualization of diagnoses allowing for individual, interdisciplinary differences in treatment. Implications are relevant for potential collaboration among developmental and infant mental health research, interdisciplinary clinical practice, occupational therapy, and public policy.

P1-74

HEART RATE-DEFINED ATTENTION AND LOOKING BEHAVIOR IN INFANTS

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Introduction Infant habituation to a stimulus represents attention change and is measured through heart rate (HR). The HR phase of sustained attention (SA) demonstrates information processing, whereas orienting (OR) and attention termination (AT) demonstrate less engagement. Looks away from the stimulus are hypothesized to occur most often within OR and AT.

Method Infants (n=111, 56 male) were habituated to a single, static adult face using an infant-control procedure at 3, 6, and 9 months of age. Simultaneous ECG recordings measured HR during looks toward the stimulus. From this measurement, the percentage of looking time spent in each HR phase (OR, SA, and AT) was computed. Additionally, looking behavior to and from the stimulus was recorded. The proportion of looks away from the stimulus per minute of looking time was calculated for each of the three HR phases.

Results A repeated-measures ANOVA determined that, as predicted, the proportion of looks away per minute of looking time differed significantly for each of the three HR phases, $F(2, 220) = 20.62, p < .001$, with OR and AT both demonstrating a higher average number of looks away than SA at all three ages. There was also a main effect for age, $F(2, 220) = 16.73, p < .001$, indicating that older infants showed a higher average number of looks away in each HR phase, with 9 month olds demonstrating the highest average number of looks away in all phases.

Conclusions As predicted, looks away from the stimulus occurred most often within OR and AT phases of HR defined attention. This lends further support to the current hypothesis seen in the literature that OR and AT are indicative of less information processing, more disengagement, and higher distractibility than SA.

P1-75

1-MONTH-OLD INFANTS SLEEP PATTERNS

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Introduction In the first weeks of an infant's life, sleep states evolve rapidly. Infants tend to equally distribute their sleep during the day and the night until they establish a circadian rhythm at 10-12-weeks-old. This study aims to explore sleep patterns in infants in the first month of life and associated factors.

Method The sample was composed by 100 infants, whose mothers were recruited in two Public Health Services in Portugal at the 3th gestational trimester and completed an Infant Sleep Chronogram between the 2 weeks and the 1st month postpartum. On the Infant Sleep Chronogram mothers reported the periods in which the infant was sleeping, awake and falling asleep in a 24-hour recall period. Day and night periods were differentiated: "daytime" was defined from 8 a.m. to 8 p.m. and "night-time" from 8 p.m. to 8 a.m. Number of infant's night and day awakenings were also calculated.

Results 1-month-old infants sleep an average (\pm standard deviation) of 13.2 (\pm 1.3) hours in a 24-hour period, equally distributed during the day (6.4 hours) and the night (6.9 hours), and are awake an average of 8.2 (\pm 2) hours during a 24-hour period (4.5 hours during the day and 3.8 hours during the night). The average time period falling asleep was 2.4 (\pm 2.1) hours, equally distributed during the day (1.2 hours) and the night (1.2 hours). The mean number of day awakenings was 3.3 (\pm 0.8), range 2-5, and night awakenings was 3 (\pm 1), range 1-7.

Conclusions 1-month-old infants sleep and are awake the same amount of time during the day and the night, having not yet established a circadian rhythm. Although elevated individual differences, the number of day and night awakenings show that, at this age, infants are not able to sustain long periods of sleep.

P1-76

CONSULTATION FOR PROVIDING INFORMATION AND ORIENTATION FOR MENTALLY ILL WOMEN: CICO OR THE INTEREST OF DOUBLE VIEW ADULT AND CHILD PSYCHIATRIST

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Introduction Taking care of patients suffering from mental illness, and who want to have a child or are pregnant, raises some difficulties that question the care practices. These difficulties can also put forward the coordination's complexity of the perinatal network.

Method Usually, adult psychiatrists are concerned with taking care of their patient, and can forget that she is a mother or mother-to-be. In the meanwhile, child psychiatrists are concerned with the child's development and its care, and can have great difficulties dealing with parents suffering from mental illness. From these observations and from the will to develop a tool that would prevent difficulties for both the mother and the child, an information consultation was created (CICO). This observation brings us to consider a coordination between practitioners that would allow better cares for dyads or families and thus to invent "care's tools".

Results CICO, thus links an adult psychiatry sector with a child psychiatry one in Sainte Anne Hospital, Paris. In this consultation, the women and their spouses are seen in the same time by an adult psychiatrist and a child one. The aim of this consultation is to begin a prenatal work that would go on after the birth in order to: prevent the patients' relapses by adapting the psychotropic treatment; support the early parents-child's interactions; mobilize the social and caring networks; support the referring psychiatrist in an often complex and harrowing care by sending him/her a detailed report.

Conclusions CICO allows a double look and a closer attention to the women's needs and the future ones of the child-to-be. We here present our experience of this co-consultation after three years, and the advantage and limits of coordinated health care circuit concerning mentally ill mothers.

P1-77

EATING PROBLEMS IN PRESCHOOL CHILDREN - A POPULATION-BASED STUDY

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Introduction Eating problems are common in young children. The aim of the study was to analyze the prevalence of atypical eating problems and their associations with anxious or oppositional behaviors in young children.

Method 1090 children (mean age=5.75 years, SD=0.5) examined in the school enrollment test in a defined geographical region were included (544 boys). The parents completed a 25-item-questionnaire regarding their child's eating behavior and anxious or oppositional behaviors.

Results Half of the parents reported that their child avoids certain foods (53%). 23% showed selective eating, 26% showed an aversion against new foods. Children who were underweight avoided more types of food and ate smaller amounts than children with a

normal weight or who were overweight. Three groups could be differentiated. 61% of the children were 'normal eaters' with avoidance of certain foods, normal weight status and low anxious or oppositional behavior. 34% showed selective and/or restrictive eating and 5% worried about their weight. Children with selective eating and with weight concerns were more often affected by anxious and oppositional behaviors.

Conclusions Atypical eating problems are common in young children. Without accompanying weight loss, behavioral or emotional problems, selective eating should be seen as a normal feature in young eating behavior. Parents of young children with selective, restrictive eating or with weight worrying and psychological problems should be offered advice/treatment.

P1-78

REGULATION DISORDERS OF SENSORY PROCESSING - CHARACTERIZATION AND CLINICAL EVALUATION IN AN EARLY CHILDHOOD CONSULTATION IN PORTUGAL

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Introduction Children with Regulation Disorders of Sensory Processing (RDSP) exhibit specific limitations in sensory, motor and behavioral domains which significantly impair their development and functioning. Our aim is to describe the sociodemographic and clinical characteristics of children with this diagnosis and discriminate the clinical approach and intervention performed in our department.

Method This is a descriptive, retrospective study of the children diagnosed with RDSP, according to Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood criteria, followed at the Department of Child and Adolescent Psychiatry of Oporto Hospital Center in the year 2013, aged 0 to 5 years and 364 days by the time the diagnosis was established. The sociodemographic and clinical data were collected through the consultation of clinical processes. We intend to evaluate reasons for referral, RDSP type, comorbidities, differential diagnosis and results of different evaluation tools such as Ruth Griffiths Mental Development Scale and Sensory Profile.

Results Up to the date of submission the clinical sample consisted of 50 children. Since the data collection and evaluation period extends until the end of 2013, the results are still under analysis.

Conclusions With this work we aim to better characterize this clinical population, allowing us to disseminate and reinforce the impact of RDSP which is often underdiagnosed and mistaken for other clinical entities by other medical specialties in Portugal.

P1-79

PICA AND SENSORY PROCESSING – IS THERE A CONNECTION?

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Introduction Ingestion of non-food products constitutes a feeding behavior disturbance with serious health risks. Some conditions have been identified as probable causes of some cases of Pica, but there are no studies in the literature that relate this condition to situations of impairment in regulation of sensory processing.

Method For this work, the authors consulted the clinical information of three children diagnosed with Pica and presenting clinically relevant changes in the regulation of sensory processing. Diagnoses were made according to DC:0-3R (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition).

Results We present the case of three children, aged 2 and 3 years, diagnosed with Pica. We first describe the case of a girl fulfilling criteria for a mixed profile of Regulation Disorder of Sensory Processing, not corresponding to any individual type. Pica behaviors have ceased after 1 year intervention with Sensory Integration Therapy. We also describe the cases of two boys which are still under treatment. The first has a Regulation Disorder of Sensory Processing, Sensory Stimulation-Seeking/Impulsive type. The second doesn't fulfill criteria for a diagnosis but presents with significant food selectivity, evidencing changes in regulation of oral sensory processing.

Conclusions Although there is no reference in scientific literature to a relationship between impairment in regulation of sensory processing and Pica behaviors, the referred clinical cases lead us to admit the possibility of this association in at least some cases of Pica.

P1-80

PRIMARY MOTOR STEREOTYPIES - WHAT'S THEIR PROPAEDEUTIC VALUE?

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Introduction Primary Motor Stereotypies constitute an important and frequently present find in children with normal development. Considering their presence may indicate the presence of a clinical diagnosis, children who present them are frequently referred for medical evaluation, aiming for a better characterization of this sign and its contextualization in a medical diagnosis.

Method Taking this into account, the investigators plan to characterize a sample of children referred to the First Infancy Child and Adolescent Psychiatry Consultation from Centro Hospitalar do Porto for the presence of Motor Stereotypies and suspicion of Autism Spectrum Disorder (ASD), but for whom the posterior evaluation did not confirm this diagnosis. For that effect, the development of these children was evaluated with the use of the Griffiths Scale, analysis of Winnie Dunn Sensory

Profile and application of tests and scales specific for ASD (ADOS, ADI-R, CARS). Data is under analysis. Statistical analysis of data using SPSS v.19.0.

Results Since ASD is excluded, it becomes necessary the simultaneous exclusion of other medical and psychiatric conditions, which may be related to or concurrent with this sort of primary motor stereotypies, seeking the presence of conditions such as negligence/affective deficit, depressive disorder, anxiety disorder, obsessive-compulsive disorder, regulatory disorder, multi-system developmental disorder, and global developmental delay, among others.

Conclusions Therefore and in sum, the goal of this investigation is the evaluation and diagnostic categorization of a sample of children between 0 and 72 months of age, referred to our service for suspicion of ASD due to the presence of motor stereotypies and in which the diagnostic wasn't confirmed.

P1-81

ASSESSING THE QUALITY OF THE PARENT-INFANT RELATIONSHIP: A COMPARISON BETWEEN THE PARENT-INFANT RELATIONAL ASSESSMENT TOOL (PIRAT) AND THE CODING INTERACTIVE BEHAVIOR (CIB) AND THE EMOTIONAL AVAILABILITY SCALE (EAS)

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Introduction The Parent-Infant Relational Assessment Tool (PIRAT) has been developed by the Parent-Infant Project at the Anna Freud Centre for use by a range of health professionals with or without a clinical training as a screening instrument to identify infants at risk.

Method The PIRAT is already manualized and a training of health professionals from different disciplines has shown that it can be used as a screening tool in practice. Unlike other instruments which have been developed and validated to measure the quality of parent-infant interactions in older children, the PIRAT has been specifically adapted to young infants. A preliminary study has shown the PIRAT coding scheme to be highly effective in helping health professionals pinpoint difficulties in the parent-infant relationship (Broughton, C., 2009a,b).

Results A major PIRAT validation study aims to validate the risk assessment tool for use by professionals in the field of infant development in order to identify parents and infants where the primary relationship is in difficulties at the earliest possible opportunity, using data from the Randomized Controlled Trial of Parent-Infant Psychotherapy at the Anna Freud Centre (N=140). The preliminary research findings presented here focus on the evaluation of the validity of the PIRAT compared with well-known and widely used measures such as the Emotional Availability Scales (EAS) (Biringen, Z. et al., 2000) and Coding Interactive Behavior (CIB) (Feldman, R., 1998).

Conclusions Concurrent findings and differences will be presented, clinical implications will be discussed and the possibilities for further research will be outlined.

P1-82

FEEDING AND EATING DISORDER DIAGNOSED AT HOSPITAL IN CHILDREN AGED 0-3 YEARS - A NATIONWIDE REGISTERSTUDY OF PREVALENCE, PSYCHIATRIC COMORBIDITY AND PERINATAL RISKFACTORS

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Introduction The epidemiology of feeding and eating disorders in the early childhood is under-researched, and knowledge on the prevalence and early risk factors are scarce. The study aims to investigate the prevalence and associates of disorders of feeding and eating in 0-3 years old children diagnosed at hospital in Denmark.

Method Participants are children born in Denmark in the period 1.1.1997-31.12.2010. The children were identified through the Danish Civil Registration System, which covers all citizens in the country. Data on pregnancy and birth were obtained from the Medical Birth register and linked to data on disorders of feeding, eating and other mental disorders from the Danish National Patient Register, which includes all discharge diagnoses from paediatric and child psychiatric departments. The incidence rates of feeding, eating disorders and other mental disorders in age 0-3 years were calculated by log-linear Poisson regression analysis. Odds ratios for comorbidity were estimated by logistic regression.

Results The study population comprises a total of 918.310 children aged 0-3 years, of which 1863 (0,2%) have been diagnosed at hospital with an ICD-10 eating disorder (F 50, F 98.2) and a total of 15.271 (1,66%) have been diagnosed with failure of thrive (F62.8). The incidence rate (IR) for feeding and eating disorder was 60 per 100.000 years (95% CI 58,0-63,0). Ratio boys:girls was 0,9:1. Comorbid mental health diagnoses were general developmental disorder, adjustment reactions and disorders of social functioning. Analysis of risk associations will be presented at the congress.

Conclusions The preliminary results show that 0,2% of the child population are diagnosed with a feeding and eating disorder. The findings suggest two major groups of eating disorders in early childhood: one is associated with developmental delay, whereas another seems to be associated with mental disorders of not primary developmental origin.

P1-83

INCIDENCE OF ICD-10 MENTAL HEALTH DISORDERS WITH ONSET IN EARLY CHILDHOOD (0-3 YEARS) - A NATIONWIDE REGISTER BASED STUDY

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Introduction Mental health disorders with onset in early childhood is an area of increasing interest as accumulating evidence point to an early origin of mental health disorders. The aim was to estimate incidence and co-morbidity of ICD-10 mental health disorders in children aged 0-3 years in the Danish population.

Method All children born in Denmark in the period 1.1.1997-31.12.10 were identified in the Danish Civil Registration System. From the Medical Birth Register and the Danish National Patient Register data on pregnancy and birth characteristics and psychiatric diagnoses according to ICD-10 (all F-diagnosis, R41.8, R62, R62.0, R62.9) were obtained for the same period. We calculated the distribution of risk factors for mental health and developmental disorders. Incidence rates (IR) of first diagnoses of mental health disorders in children aged 0-3 years were calculated by log-linear Poisson regression analysis. Odds ratios for co-morbidity were estimated by logistic regression analysis.

Results The cohort included 918.310 children aged 0-3 years of which a total of 16.080 (1.75%) were diagnosed with a mental health disorder. IR for any ICD-10 mental health diagnosis was 527 per 100.000 (95% confidence interval (CI) 519-536) with a male: female ratio 1.4:1. Most frequent diagnoses for children aged 0-2 years were eating disorders (IR 60 per 100.000, 95% CI 58-63) and adjustment reactions (IR 55 per 100.000, 95% CI 52-57), whereas specific disorders of neurodevelopment, e.g. pervasive developmental disorders (PDD) and disorders of hyperactivity and inattention (AD/HD) were diagnosed with increasing age. 9% had comorbid mental health disorders.

Conclusions This study confirms that mental health disorders like those seen among older children are already present in children aged 0-3 years in the Danish general population. Eating and adjustment disorders are most frequent among the youngest children, whereas neurodevelopmental disorders are diagnosed with increasing age.

P1-84

FEEDING AND EATING DISORDERS IN AN INFANT AND TODDLER PSYCHIATRIC POPULATION

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Introduction Infants with feeding and eating problems are increasingly referred to treatment. Knowledge on onset, presenting symptoms and co-morbidity is crucial to ensure early identification and sufficient treatment. The study aims to describe biological and psycho-social risk factors and co-morbidity in clinically referred children with feeding and eating disorders.

Method Records of all children 0-3 years of age referred to a community based infant psychiatric clinic in 10 years were systematically reviewed, and ICD 10 and DC:0-3 diagnoses assigned at the time of assessment were supplied with DC:0-3R diagnoses. Referred children have been assessed and diagnosed by a child and adolescent psychiatrist and a senior psychologist, as outpatients or inpatients. Diagnostic assessments include video-recordings and ratings of child behavior and of parent-child interaction (PC-ERA), psychological assessment of cognitive development (BSID-II) and parent interviews.

Results Girls were significantly more often diagnosed with a FED: OR 5.2 (CI 2.5-10.5) compared to boys. Pregnancy and perinatal complications, low birth weight (<2500 g), and early onset of feeding problems (age 0-1 month) were all significantly associated with FED compared to other psychiatric syndromes in the clinical cohort. The FED patients had significantly lower mean GA, birth weight and length. Socio-demographic risk factors were parents of foreign ethnicity and mother with a psychiatric illness. An ICD10 diagnosis of any somatic illness, including Failure to Thrive (FTT) and DC:0-3 axis II diagnosis of parent-child relationship-disorder were significantly associated with FED.

Conclusions The significant associations between FED and parent-child relationship disorder and mothers' mental illness found in referred children underscore the needs to integrate the assessment and interventions of both the child, the relationship and the parents' psycho-social background in the treatment of infants referred because of feeding and eating problems.

P1-85

DISTRESSING MATERNAL INTRUSIVE THOUGHTS OF HARM TO THEIR INFANT IN THE CONTEXT OF POSTNATAL DEPRESSION

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Introduction Distressing maternal intrusive thoughts of harm to their baby are reported to be common in clinical samples. However there is little information about these phenomena especially to inform clinical practice. We report a clinical case series of unwanted intrusive thoughts occurring in the context of treatment for postnatal depression.

Method In the context of a treatment trial for postnatal depression, we report a case series of mothers experiencing unwanted intrusive thoughts of harm to their baby. We describe specific cognitive techniques used to help mothers manage these thoughts.

Results Most mothers only reported these thoughts during the course of therapy, and the majority had not acknowledged these thoughts to other health care professionals including during routine postnatal care. Mothers feared that acknowledgement would lead to

the removal of their baby from their care. We describe specific cognitive techniques using an imagery focus which were found to be acceptable, and generally led to the thoughts diminishing considerably.

Conclusions Parents with postnatal depression or anxiety should routinely be asked about intrusive thoughts of harm to their baby. Future work should systematically explore the potential benefits of imagery based interventions for the effects on parents and on the mother infant relationship.

P1-86

BEHAVIOR AND RESTING-STATE ACTIVITY IN NEWBORNS (BRAIN) STUDY

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Introduction Lifelong neurodisability remains a significant problem in infants with brain-injury. Neonates with normal brain scans still occasionally develop learning difficulties or behavioral problems. This study aims to investigate the relationship between brain structure, function, and behavior by developing indicators of early abnormal function in babies with brain injury.

Method The Neonatal Behavioral Assessment Scale (NBAS) evaluates infant behavior at term. A novel optically-based functional brain-imaging system will measure spontaneous brain activity, known as resting-state functional connectivity (RSFC). Three studies are in progress to address the following objectives: (1) To establish normal RSFC in healthy term and near-term infants; (2) To investigate the impact of extreme prematurity on behavior and RSFC in infants <32 weeks gestation; (3) To investigate the impact of brain-injury on behavior and RSFC in infants with hypoxic-ischaemic brain-injury. Participating infants will be enrolled into a follow-up program to compare early biomarkers with longer-term neurodevelopment.

Results Eleven infants were recruited in a preliminary study in the development of the functional brain-imaging system and RSFC brain mapping techniques. Five healthy term infants, two healthy near-term and four diagnosed with hypoxic-ischaemic encephalopathy (HIE) were scanned at median corrected gestational ages of 38+4, 36+4 and 40+5 weeks respectively. The overall results demonstrate functional connectivity brain maps of intra- and inter-hemispheric connections between disparate cortical regions, and bilateral homologous temporal regions in individual term infants. Our results also verify the feasibility of scanning a vulnerable population of infants in the challenging NICU environment.

Conclusions This study will represent the first comprehensive investigation of newborn brain function and behavior by combining the NBAS with functional brain-imaging. Ultimately we anticipate helping elucidate the effects of prematurity and hypoxic ischaemic brain-injury on brain function, behavior, and long-term neurodevelopmental outcome in the infant.

P1-87

THE ASSOCIATION BETWEEN ANTENATAL DOPPLER FINDINGS AND COGNITIVE DEVELOPMENTAL PROBLEMS IN CHILDHOOD - A SYSTEMATIC REVIEW

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Introduction Infants born small-for-gestational-age (SGA) with intrauterine growth retardation is a leading cause of premature mortality and morbidity. Studies on the association between high-risk fetuses detected by Doppler ultrasonography and cognitive developmental outcomes had inconclusive results. This systematic review aims to assess such association between Antenatal findings and postnatal cognitive development.

Method A systematic review of published articles was carried out with a goal of having a better understanding of Doppler findings and long term prediction on cognitive developmental outcomes among infants and toddlers. The search strategy, the selection process for identifying relevant studies, the method of extracting data from eligible studies, assessing the methodological quality of individual studies, and methods of data synthesis were all carried out according to the framework of Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA).

Results 14 studies with a cohort of 2101 infants from 5 different continents were found to be eligible for this systematic review in accordance to predefined inclusion and exclusion criteria. Following quality assessments and qualitative summaries of each study, 7 studies showed a positive association between SGA babies having abnormal antenatal findings and poorer cognitive development outcomes in learning abilities, intellectual development, development of language capabilities, and personal-social skills among children from 2 to 18 years old. However, the remaining studies showed a weak association between normal-size babies having intrauterine growth retardation and severe intellectual development delay after birth.

Conclusions This review demonstrated that SGA infants have poorer cognitive developmental outcomes than normal babies. However, no link was found between pre-natally detected SGA babies and postnatal cognitive delay. Further research is needed with more evidence. Results of this review could be used to recommend long-term public health policies.

P1-88

ASSESSMENT OF YOUNG CHILDREN'S PLAY USING THE DEVELOPMENTAL PLAY ASSESSMENT (DPA)

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Introduction During the infant through pre-school years, use of traditional psycho-educational assessment instruments is problematic because of children's limited receptive or attention skills, vocabulary, and ability to express what they know or feel, especially for children with delays. This workshop presents an assessment using observations of children's natural play with toys.

Method Observations of one- to five-year-old children, with and without disabilities, playing with a familiar caregiver are being videotaped, with a sample goal of 820 children. The Battelle Developmental Inventory-Screening Test and Vineland Adaptive Behavior Scales were administered for comparisons. Two versions of the play assessment were developed. One focused on activities coded from the videotapes based on occurrence, category membership, and whether embedded in an ordered event. The second was a user-friendly version for practitioners, who took an on-line training program. The versions were compared for reliability, agreement, and degree of mastery of play categories.

Results For typically developing children, results revealed increased complexity in the development of ordered events. For children with delays/disabilities, greater amounts of activities occurred (1) in the relatively simpler categories and (2) independently of ordered events. Nevertheless, all children displayed large amounts of play activities that could be evaluated. Comparisons between versions revealed the user-friendly one to be a valid and reliable standardized measurement instrument for generating a profile of a child's progress in play, and for diagnosing delays in play for instructional purposes. This work is supported by an award from the United States Department of Education.

Conclusions Results expand earlier studies by providing: descriptions of children from a wider age range and backgrounds; and, support for some, but not all, of play categories identified in earlier work. Discussion includes use of findings from typically developing children to evaluate and inform interventions for children with delays and disabilities.

P1-89

ASSESSING INFANT MENTAL HEALTH: THE FEASIBILITY OF THE INFANT MENTAL HEALTH ASSESSMENT FORM

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Introduction Suitable, valid and easy-to-use methods to assess mental health of young children in primary health care are needed. Infant Mental Health Assessment (Infant MHA) form for young children under five is developed for this purpose. In the present study the feasibility of the method is examined.

Method The feedback questionnaires (n = 167) completed by the professionals who used the Infant MHA during the validation process were examined. The professionals were asked, e.g., the time they spent on completing the form, the suitability of the form in assessing infant mental health as well as the clarity and helpfulness of the included explanatory notes for each question. They were also asked to assess the importance and functionality of each question and how successful they found each question in Infant MHA.

Results Of the respondents 70% felt that the Infant MHA was a good or very good assessment method. The explanatory notes on each question were found helpful or very helpful by 89% of the respondents. Thirty nine percent needed 5 minutes or less to complete the form and 78% completed the form in a maximum of 10 minutes. Over 50% found each question of Infant MHA to be good or very good; scores 9 to 10 reflecting well or very well-functioning questions were rated by 54% - 68% of the respondents, depending on the question.

Conclusions Infant Mental Health Assessment is a feasible and easy-to-use method for primary health care professionals to assess the mental health of young children and to decide whether there is need for an intervention in primary care or whether the child should be referred to specialized care.

P1-90

PSYCHIATRIC DISORDERS IN CHILDREN AGED 0-3 YEARS REFERRED TO A CHILD PSYCHIATRIC CLINIC

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Introduction The aim of this study is to describe the presentation of psychiatric disorders in 0-3 years old children referred to an infant –toddler psychiatric clinic during a period of 13 years.

Method Children 0-47 months of age referred to infant-toddler psychiatric clinic, Child and Adolescent Psychiatric Centre Glostrup in the period 1997 -2010 are systematically described on the basis of a clinical database and retrospective chart reviews. All children with first admission are included and their data is entered into a database consisting of 96 variables. Subjects are diagnosed according to ICD-10, DSM-IV, DC: 0-3/DC 0-3 R. We use descriptive statistics to describe the clinical population, distribution of ICD-10 and DC:0-3/DC:0-3 R diagnoses and comorbidity. A random general population sample from the same geographic area are used for comparison.

Results Mean age for referred children is 19 months. Compared to boys, the referred girls are younger, and more often referred because of eating or relational problems including mother's mental illness, whereas boys are more often referred because of developmental or behavioral problems. The most common ICD-10 axis 1 diagnoses are pervasive developmental disorders, eating disorders and adjustment disorders. Comorbid ICD-10 psychiatric diagnoses are found in 30%. The DC:0-3/ DC 0-3 R axis 2 diagnoses of relationship disorders are the most frequent diagnosis of all, found in 62%.

Conclusions Girls present symptoms of eating disturbances and relationship disturbances very early in life compared to boys. In contrast, the gender-specific risk of neurodevelopmental disorders in boys, known from studies including older children, seems to be manifest already in the very early age.

P1-91

SIBLING RIVALRY DISORDER: DIAGNOSTIC ISSUES AND MANAGEMENT THROUGH PARENT CHILD INTERACTION

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Introduction The birth of a sibling is a major source of stress in the life of a child. Child's emotional and behavioral reaction to this event and effort to cope with ambivalent feeling depends on his/her interactions with parents before, and after the birth of a second child.

Method A four years and eleven months old female child, brought by grandmother with the complaints of sleep disturbances, episodes of disorientation, seeing images of ghost and insects, and behavioral problems for last 10 months. She was referred to neuropsychology OPD with initial impression of generalized epilepsy with hallucination for which she received treatment without any improvement. Clinical interview with parents along with psychological assessment shed light to conceive the case as Sibling Rivalry Disorder. Intervention with the child was focused to achieve conflict resolution, emotional regulation, and behavior modification; including improving the quality of interaction with parent and grandmother.

Results Thorough clinical interview with mother and grandmother led to the understanding that all the complaints started immediately after the birth of sibling and the reports of seeing images were recollection of scenes from television. As the child had problem adjusting with the arrival of her baby sister, and difficulty in adjusting with new parent roles, Parent-Child Interaction Therapy helped in conflict resolution and better adjustment with the new environment. Play therapy focusing on modelling helped in acceptance of new sibling. Child recovered with no reports of seeing images or sleep disturbances. After 6 months follows up reported no complaints.

Conclusions It is to be noted that in children, the presenting complaints can give different picture of the case; thorough interview with the parents is needed to come into proper diagnosis. Effective parenting skills especially parent child interaction is an important factor in child's mental health.

P1-92

ADHD AND ADDICTIVE USE OF COMPUTER GAME PLAYING IN PRESCHOOL CHILDREN

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Introduction During the past decade, mass media became a common activity for children. As the association between computer game playing and ADHD has not been studied in young children, the aim of this study is to analyze video game/computer game playing and ADHD in a population-based sample of preschool children.

Method In the mandatory school-entry medical examination, all 1531 children were examined by community care paediatricians. Parents filled out a standardized ADHD questionnaire (19 items), a media use questionnaire (9 items) and 11 items acquiring addictive computer use in preschool. The response rate was 85.4 % (N = 1308). The mean age was 5.7 years (SD 0.38).

Results The study showed that of children played computer games daily or several times per week, boys were more affected than girls. Addictive video game playing, time duration of computer playing and ADHD symptom scores are correlated significantly. Children with elevated ADHD scores show significant higher play time and computer addiction scores. In a multiple regression analysis, problem game playing is explained the best by a combination of usage frequency, gender, attention deficit score and hyperactivity-impulsivity score ($p < .001$; $R^2 = .307$).

Conclusions In children with ADHD, the use of video games and addictive game playing should be considered in history and assessment. This information is highly relevant for treatment planning.

P1-93A

ASSESSING SENSORY AND BEHAVIORAL CRITERIA OF REGULATORY DISORDERS OF SENSORY PROCESSING IN A CLINICAL SETTING

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Introduction Regulatory Disorders of Sensory Processing (RDSP) is a clinical diagnosis in the *Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood Revised edition: DC:0-3R* (Zero to Three, 2005). Data regarding RDSP validity are scant. We explored the effectiveness of the sensory and behavioral criteria for RDSP.

Method A sample of 78 toddlers was examined in a clinical setting, searching for: (1) the severity of sensory modulation deficits and the behavioral symptoms of RDSP; (2) the associations between sensory and behavioral symptoms; and (3) the specific role of sensory

modulation deficits on RDSP diagnosis. Based on clinical observations, toddlers were classified as having RDSP (N = 18) or having "other diagnoses in Axis I/II in DC: 0-3R" (OD3R; N =60). Their parents completed the Sensory Profile and the Achenbach Checklist. Mann-Whitney test (Bonferroni correction), Spearman's correlations (Fisher's Z test comparisons) and logistic regression were applied.

Results The RDSP group had: 1) significantly more severe sensory modulation deficits and specific behavioral symptoms; 2) stronger, although not significant, associations between most sensory and behavioral symptoms; and 3) a significant effect of sensory modulation deficits on RDSP diagnosis (with an average increment of three times the possibility of RDSP being diagnosed in the presence of sensory modulation dysfunction on auditory, visual or oral areas). A convergent validity between the instruments and the diagnostic criteria was found.

Conclusions These results demonstrate the discriminative capacity of RDSP criteria in clinical settings, the independent role of both sensory and behavioral criteria and the key role of sensory criteria for differential diagnosis. Identifying RDSP may be important to improve the sensory capacities of children and to prevent later clinical conditions.

P1-93B

USING DCI: 0-3r/AXIS II FOR ASSESSING ABUSE AND NEGLECT IN TODDLERS: VALIDITY FROM A PILOT STUDY IN SPAIN

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Introduction. As a part of a collaborative study in six countries (Greece, Italy, Portugal, Spain, Cyprus, and UK)-JUST/2011-2012/DAP/AG/3283, in order to analyse the applicability and utility of some of the diagnostic criteria in Axis II (Relationship Diagnostic) of the "Diagnostic Classification for Mental Health and Developmental Disorders of Infancy and Early Childhood" (Zero to Three, 1994, 2005) in European populations a pilot study was carried out in each country.

Method: In Spain, 10 parents from attending to pediatric primary care with children up to 4 years old (Group 1) and 10 parents referred for abusive relationships patterns (Group 2) were included in the sample. The results obtained by the assessment with the DC: 0-3 were, then, compared to the results obtained by the application to the same families of other independent validated instruments, which have already been proven effective on detecting caregiver-infant/toddler relationship difficulties and, especially, infant/toddler abuse and neglect.

Results: The results included the characteristics of Group 1 and Group 2; the analyses of the more discriminative items of the instruments among groups; and the PIR-GAS inter-observer reliability.

Conclusions: The use of DC: 0-3R diagnostic criteria with Spanish population, as well as the Manual's contribution to detecting infant and toddler abuse and neglect are discussed.

P1-94

VALIDATION OF THE DANISH VERSION OF THE KARITANE PARENTING CONFIDENCE SCALE (KPCS) WITH PARENTS OF CHILDREN AGED 0-12 MONTHS

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Introduction Parenting confidence is believed to be a key factor in predicting a range of child and parent outcomes and has also been shown to act as a protective factor against well known risk factors such as parental depression, stress and anxiety (Črnčec et al., 2008).

Method When offering parents of infants interventions to enhance their parenting skills and the relationship between the parents and the infant, it is important to be able to both screen the initial level of parenting self-efficacy and monitor the development over time. As very few instruments are available in Danish, we set out to translate the KPCS into Danish and validate the instrument in a Danish context. The translation process was carried out according to the WHO standards for translation and adaptation of instruments.

Results The KPCS was developed in Australia (Črnčec et al., 2008) to provide professionals working with parents of infants 0-12 months old with a short and psychometrically sound instrument to measure perceived parenting self-efficacy. The KPCS is theoretically derived and item wording and response format is straightforward and userfriendly to accommodate a diverse group of parents. The instrument consists of 15 questions with four response categories. The instrument can be used for screening, assessment and outcome evaluation. To validate the instrument a representative sample of parents with children 0-12 months old were asked to fill out the KPCS.

Conclusions Parents also completed the Parental Stress Scale (PSS), Sense of Coherence (SOC13), and a number of background questions. In total 339 parents completed the questionnaire. The poster will present the preliminary results of the study.

P1-95

CRITICAL EXAMINATION OF EXCESSIVE INFANT CRYING CLASSIFICATION AND ITS EFFECTS ON MATERNAL MENTAL HEALTH

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Introduction International consensus on the criteria for excessive amounts of crying in otherwise healthy infants comes from Wessel and colleagues' (1954) "rule of 3s": crying and fussing for >3 hours a day, >3 days a week, >3 weeks. The present study re-evaluates this criteria to classify excessive infant crying.

Method Data was collected from 108 mothers recruited from urban hospitals (anticipated n ~200 mothers). Demographic results show at the time of enrollment mothers were on average 33 years old, married/living with their partners, and worked part time; their infants (average age 11 weeks; 47% male) were largely healthy, full-term infants (86%) only 16% of whom spent portions of their days in non-familial childcare. Mothers completed the demographic survey followed by the Percieved Stress Scale, Warwick-Edinburgh Mental Well-Being Scale, Dialectical Behavioral Therapy-Ways of Coping Checklist, Difficulties in Emotion Regulation Scale, and the Baby Day Diary.

Results 7(6%) infants met the clinically relevant level of excessive crying as measured by Wessel's criteria. Mothers of such infants were more likely to report higher levels of frustration ($t=3.45$, $p<0.05$). However, when the criterion for group inclusion is relaxed from the conservative 3 hour/day mark, significant group differences exist across more mental state variables. Mothers of infants who cried for an above average duration (>60min/day) reported significantly greater frustration ($t=6.76$, $p<0.001$) and stress ($t=-2.13$, $p<0.05$), and decreased coping ($t=1.96$, $p<0.05$) and well-being ($t=2.41$, $p<0.05$).

Conclusions Results indicate clinical guidelines following the rule of 3s may be too stringent. 35(32%) mothers experience significant mental health and well-being impacts from their baby's cries; yet, their infants do not meet Wessel's criteria for excessive crying, leaving them without any assistance toward understanding or normalizing their experience as parents.

P1-96

SCANDINAVIAN PERSPECTIVES ON THE DC:0-3R SYSTEM. REPORT FROM THE NORDIC AFFILIATION OF THE WORLD ASSOCIATION OF INFANT MENTAL HEALTH –NFSU PRE-CONGRESS SYMPOSIUM 12TH OF MARCH 2014

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Introduction Integration of cultural perspectives and discussions of political challenges concerning the DC:0-3R system has been called for (Emde 2011). DC:0-3R itself can be viewed as a framework for discussions of similarities and differences in diagnostic assessment and treatment planning. Such discussions may highlight system challenges and needs for further revision.

Method The Nordic countries collaborate through the Nordic Affiliation of WAIMH – NFSU. A DC:0-3R pre-congress symposium was arranged at the annual NFSU congress in Copenhagen in March 2014: 1) Delegates from Denmark, Sweden and Norway presented status reports from their respective countries. 2) A clinical case was presented and tentatively diagnosed on the basis of plenary discussions. The aim was to highlight intercultural similarities and differences in perspectives and reflections. 3) A panel of Scandinavian experts representing research, infant mental health specialist services and community services discussed key issues. 4) Final plenary discussion.

Results DC:0-3R has for years been considered a useful tool in treatment planning, and a much needed supplement to the ICD-10. However, there are significant cultural and political challenges. Key issues from the symposium discussions are presented.

Conclusions It is important to map how the DC:0-3R converge with the Nordic clinical challenges. Similar discussions should also be initiated and systematized in other parts of the world to move the global validation process forward.

P1-97

SCHOOL-BASED MENTAL HEALTH CONSULTATION FOR A CHILD ON THE AUTISM SPECTRUM

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Introduction X was identified by his school as a child in need of the assistance of a mental health consultant. School-based mental health consultation is an important service used specifically for making unique recommendations geared toward the needs of children in their classroom environments.

Method This specific consultation began with a meeting between the psychologist and parent. Multiple classroom observations were utilized to develop specific recommendations that will address any behavioral and social-emotional problems that were occurring in the classroom. This specific model of consultation was on-going and allowed for the consultant to tweak the recommendations from week to week if necessary.

Results Some of the specific recommendations that were made are described in this section. X was no longer expected to follow the class behavior management card system. He was allowed to wander around the room during large class instruction time. He was given a specific job to carry out daily as opposed to rotating. He used a pair of contractor-grade headphones to address some of his auditory sensitivities. He was allowed to miss some of the chaos of the school cafeteria. A "calm down" area was created for him in the classroom. And finally, he was given some individual classroom instruction.

Conclusions X did much better in the classroom with the addition of these recommendations. He had no suspensions or behavior write-ups during the second half of the school year, once the recommendations were put into place. School-based mental health consultation has proven to be successful in X's case.

P1-98

"ANGRY BIRDS CAN FLY": THE AUTISM SPECTRUM DISORDER DIAGNOSTIC PROCESS

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Introduction X was referred to the Tulane Center for Autism and Related Disorders following his evaluation by the Community Mental Health Service. He was referred for a specific evaluation to determine the level of Autism Spectrum Disorder symptoms present.

Method A comprehensive evaluation for an ASD should include pertinent information related to general development, communication/language development, and social interactions. An extensive history was gathered from X's mother regarding pregnancy, birth, early development, medical history, and educational history. Informal observations were made as the patient's mother was interviewed using a modified version of the Autism Diagnostic Interview-Revised Edition (ADI-R). On the day of the evaluation, X was administered the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and his mother completed the Vineland Adaptive Behaviors Scales, Second Edition (VABS-2).

Results The evaluation revealed delays in communication. Specifically, X used stereotyped language and he could not sustain conversation. His descriptions of events seemed unlikely to be real. He did use gestures and facial expressions appropriately. He had several moments of shared enjoyment with the examiner. His social overtures and responses were inappropriate and were focused on his preoccupations (e.g., Angry Birds). His mother responded to the questions on the VABS-2, indicating that he has adequate communication and daily living skills. She reported deficits in socialization skills and motor skills.

Conclusions Information gathered through informal observation, parent interview, and formal assessments indicated that X does meet criteria for the diagnosis of Autism Spectrum Disorder. X was referred into another community-based mental health program for young children to begin receiving treatment until a grant-funded ABA therapy program could be started.

P1-99

RELIABILITY AND VALIDITY OF A COMPUTERIZED 3D MULTIMEDIA COGNITIVE TASK BATTERY FOR PRESCHOOL-AGED CHILDREN: TARGETING ATTENTION AND IMPULSE-CONTROL

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Introduction Computerized neuropsychological tasks represent a viable method for rapidly screening children's cognition. Given that attention and impulse-control abilities are important cognitive skills linked to academic success, this study evaluated the reliability and validity of novel cognitive tasks, attention and impulse-control tasks using 3-dimensional (3D) multimedia for preschool-aged children.

Method Twenty 5- to 7-year-old children attending a local kindergarten were recruited. We administered to them a newly developed, 3D multimedia (virtual reality) cognitive task battery consisting of four domains: (1) auditory continuous attention, (2) visual continuous attention, (3) attention shifting, and (4) inhibition and impulse-control. To determine the concurrent validity of these tasks, we conducted a correlation analysis between the participants' scores and scores on well-known measures used to assess each component construct: auditory and visual tasks of Advanced Test of Attention (ATA), Children's Color Trails Test (CCTT), and the Stroop test. We also examined 8-week test-retest reliability.

Results There were high correlations between scores of 3D cognitive tasks and corresponding scores from existing standardized measures. Results also revealed that the 3D cognitive tasks were reliable instruments for assessing attention and impulse-control abilities among preschool-aged children.

Conclusions This study provides promising evidence for the utility of a 3D multimedia cognitive task battery, which has excellent reliability and validity for preschool-aged children. These tests could be used to evaluate cognitive training effects in preschool-aged children.

P1-100

THE DEVELOPMENT OF PSYCHOPATHOLOGY FROM INFANCY TO PRESCHOOL AGE - RESULTS FROM THE GENERAL POPULATION BIRTH COHORT STUDY, THE COPENHAGEN CHILD COHORT (CCC2000)

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Introduction Knowledge about the early risk mechanisms and developmental pathways of mental disorders is necessary for treatment as well as intervention, but epidemiological studies of mental health problems and psychopathology in very early childhood is still scarce.

Method The CCC200 is a prospective general population birth cohort on 6090 Danish children born in 2010. Data from infancy were recorded by community health nurses and based on standardized assessments of child health and development, mother-infant relations and mother's self-reports on psychological problems. Data from the perinatal period were obtained from Danish National Registers. At age 1½ year, a sub-cohort (N=297) was diagnostically assessed (DC:0-3, ICD-10). Follow-up at age 5-7 years (N= 1585) included diagnostic assessments (ICD-10 and DSM-IV diagnoses) and assessments of functional somatic symptoms (FSS).

Results Oral motor problems were predictive of autism spectrum disorders (OR 5.0; 1.6-15.4). Disturbances in activity and interests predicted ASD (OR 5.3; 1.5-19.7) and ADHD (OR 4.7; 1.3-17.4). Regulatory problems of sleep, eating and tactile reactivity were predictive of FSS at age 5-7 years (OR 3.3; 1.4-7.6). Maternal mental health problems in the perinatal period were significantly associated with overall child mental disorder at age 5-7 years. Mother-infant relationship problems were associated with overall mental

disorder both at age 11/2 and 5-7 years, but only with ADHD when maternal mental problems were included in the logistic regressions (OR 2.0; 1.1-4.5).

Conclusions Developmental, regulatory and relationship problems in infancy are early markers of preschool psychopathology. The risk mechanisms include disturbances in neuro-development and regulation and maternal and relationship problems which seem to initiate pathways of developmental psychopathology. The findings suggest areas of early preventive intervention in the general child health surveillance.

P1-101

THE ASSESSMENT OF REPRESENTATIONAL RISK: DEVELOPMENT AND VALIDATION OF A NEW TOOL FOR ASSESSING RISK IN THE PARENT-INFANT RELATIONSHIP

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Introduction Parents' representations of their relationship with their infant can provide a useful window for assessing potential risk in the parent-infant relationship. However, most existing coding systems for assessing parental representations require extensive background knowledge and training, and tend to reduce complex representational patterns into single scores or categories.

Method A new multidimensional coding system, the Assessment of Representational Risk (ARR), was developed and applied to 184 Parent Development Interview transcripts from mothers in high-risk and normative parenting samples. The dimensions were derived from the most recent research into the correlates of relational trauma and attachment disorganization. The factor structure of the measure was examined, and the validity was assessed against ratings of parental Reflective Functioning, parental psychopathology, adult attachment, and parent-infant interactions rated on the Emotional Availability Scales. The criterion validity of the measure was also assessed via its sensitivity to discriminate between high and low-risk parenting groups.

Results The ARR showed three latent states of mind that parents have regarding their relationships with their infants ("Hostile", "Helpless" and "Narcissistic") which indicated disruptions in the relationship. All three subscales and the total risk score were significantly higher in the high risk groups than the normative sample. Hostile and Narcissistic states of mind were related to poor levels of reflective functioning and poorer quality parent-infant interactions, while Helpless states of mind were related to maternal psychopathology and adult attachment anxiety and avoidance. The prediction of Emotional Availability one year later from maternal Reflective Functioning was moderated by the total ARR score.

Conclusions The ARR, which is accessible to a range of professionals with different levels of background knowledge, was found to be a valid instrument for the assessment of early relational disruptions. The multidimensional coding system identified three problematic maternal states of mind, making it sensitive to a broad range of disruptions which may be missed by other instruments.

P1-102

A CLINICAL EXPERIENCE OF PSYCHIATRIC DIAGNOSTIC ASSESSMENT IN EPILEPTIC PATIENTS OF PEDIATRIC AGE: PROSPECTIVE STUDY TWO YEARS AFTER EPILEPSY ONSET

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Introduction According to the scientific literature, the psychiatric comorbidity in children with epilepsy increase if compared to general paediatric population, with a prevalence of anxiety-depressive disorders, thought, attentional, and social problems. The numerous studies on the temporal relationship between epilepsy and psychopathology speculate about common etiopathogenic pathways to both disorders.

Method A sample of 50 children (age 4-18) with new-onset epilepsy (CNOE), in the absence of mental retardation and non-neurological comorbidities, were subjected to periodical psychiatric and psychological diagnostic assessment (every 6 months) by clinical interview, dimensional and categorical psychometric instruments and, where necessary, specific psychometric tests. The evaluation also explored the cognitive and temperamental profile, family dynamics, and quality of life. The perspective design of the study allowed to analyze the sample from the demographic, psychosocial and epileptologic profile, by following the natural evolution of factors involved with a potential psychiatric comorbidity.

Results Baseline data (T0) show psychiatric comorbidity with higher rates for anxiety-depressive disorders (16% with a dominant anxiety component), attentional problems (13%) and thought problems (13%). A reduction of social skills also emerged. Data at 6 months (T6) show a reduction of some of the raised issues and an improvement in social skills, suggesting a stressor role of epilepsy itself. Data to the conclusion of the follow-up remain to be analyzed (end of recruitment in June 2013). Nevertheless analysis at T0 and T6 show numerous associations between psychopathology and neurologic, demographic, and psychosocial variables.

Conclusions The high prevalence of psychiatric comorbidity in CNOE and its relationship with the variables here considered support the hypothesis of a possible CNS dysfunction common to both pathological processes: epilepsy and psychopathology. However, the importance of stressing factors at the time of diagnosis in the evolution of psychopathology cannot be ignored.

P1-103

ALEXITHYmia, PSYCHOPATHOLOGY VULNERABILITY AND FAMILY DYNAMICS IN ADOLESCENCE

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Introduction Alexithymia is considered a risk factor across the whole psychopathology and it seems to be connected with several psychopathological problems in adolescence. Farther, recent studies are investigating the connection existing between alexithymia and interactive family pattern assuming a link between the quality of family relationships and the child emotional competence.

Method This study aims to confirm the presence of alexithymia and its relationship with psychopathological problems comparing a group of psychiatric adolescents with a group of "healthy" adolescents. Secondly, the study highlights any relationship between psychopathology, alexithymia and interactive family pattern considering the sample of psychiatric adolescents. Experimental group is composed of 41 psychiatric adolescents and the control group of 41 matched by gender and age students. We used the TAS-20 to identify any alexithymic traits, the YSR 11-18 and the CBCL to detect any psycho-behavioral problems and the LTP to analyze interactive families pattern.

Results From case control study it results a prevalence of alexithymia in adolescents with mental health problems versus control group and a correlation between internalizing problems and alexithymia's scorings. From experimental group study, it results that adolescents with internalizing problems, somatic complains and attention difficulty belong to those families where there is a high level of parental conflict. Concerning alexithymia, the results show a significant correlation than the difficulty of identifying emotions in children and their mothers, confirming other literature' data.

Conclusions The study showed an association between psychopathological problems and high levels of alexithymia in agreement with the recent literature. The study confirms the hypothesis that the parenting difficulties have a role in children's symptom expression and vice versa, endorsing the importance of combining work with adolescents with intervention on parenting.

P1-104

DIR/FLOORTIME™ - DIAGNOSTIC AND THERAPEUTIC APPROACH

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Introduction DIR@Floortime™ (Developmental, Individual Difference, Relationship - S. Greenspan) is a developmental interdisciplinary model that aids in comprehensive evaluation and intervention on children with special needs. Main principles are building healthy foundations to children's social, emotional and intellectual development, by interaction, following their natural interests, challenging them in acquisition of capabilities.

Method Our sample comprises all children under 6 years old, who benefited from DIR/Floortime program in Child and Adolescent Psychiatry Department - Oporto Medical Centre, since 2008 up to now. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R) has been used to assess children's Clinical Diagnoses (axis I) and Social and Emotional Functioning (axis V). The authors' purpose is to evaluate and compare DC0-3R's axis V before and after DIR/floortime intervention. SPSS 17.0 have been used to statistic analysis.

Results We have a sample of 79 children, 66 male and 33 female. The remaining data are under analysis.

Conclusions We expect to found a Social Emocional function improvement in our sample.

P1-105

PREVALENCE OF DEPRESSIVE SYMPTOMS AND ASSOCIATED DEVELOPMENTAL DISORDERS IN PRESCHOOL CHILDREN: A POPULATION-BASED STUDY

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Introduction Depression is an incapacitating disorder, which is often overlooked in preschool children. The aim of this study was to analyse the prevalence of depressive symptoms and co-occurring risk factors in a large, population-based sample of preschool children.

Method All 653 children (of a total of 731) in a defined geographical area were assessed during the school-entry examination by community care paediatricians. In addition to clinical appraisal, parents filled out the Preschool Feelings Checklist, a 16-item screening instrument with good psychometric properties. The mean age was 6.2 years (range 5.0-7.6 years) and the sample included 344 boys and 305 girls.

Results The prevalence of depressive symptoms of clinical relevance was 5.7 %. There were no differences between boys and girls, and between younger (≤ 6 years) and older (> 6 years) children. Depressive symptoms were associated with parental separation and comorbid behavioral problems, but especially with developmental motor and speech problems and disorders. Migration to Germany had no influence.

Conclusions Depressive symptoms are common in preschool children and associated with developmental problems. Depression should be considered in children with speech and motor problems who are at special risk. Early detection and treatment are recommended.

P1-106

FUNCTIONAL ABDOMINAL PAIN IN PRESCHOOL CHILDREN - A POPULATION-BASED STUDY

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Introduction Functional abdominal pain (FAP) is a common disorder. The aim of the study was to analyse the association of FAP according to Rome-III criteria and incontinence in a large, representative sample of preschool children.

Method Of 1130 children in a defined geographical area examined before school-entry, 951 participated (84.2%). A questionnaire with 11 FAP and incontinence items was administered. The study included 55.6% (529) boys and 44.4% (422) girls. The mean age was 6.2 years.

Results 14.0% fulfilled the criteria for a Rome-III FAP disorder: one child had Functional dyspepsia (FD), 2.6% Irritable bowel syndrome (IBS) and 12.8% Childhood functional abdominal pain (CFAP). 3.9% were affected by constipation, 3.0% by faecal incontinence (FI), 3.0% by daytime urinary incontinence (DI) and 8.6% by nocturnal enuresis (NE). Overall, FAP was significantly more common in children with constipation (7.4%, n=21; OR 3.4), but not with FI, DI or NE. Of the subgroups, only CFAP and FI (OR 2.8) and DI (OR 2.7) were associated. Children with IBS had the highest rate of constipation (33.3%; n=3; OR 24.5).

Conclusions Preschool children have high rates of FAP - comparable to school children. Rome-III FAP disorders are associated with constipation, but not with DI or NE. Exact assessment and treatment of both FAP and constipation are recommended.

P1-107

IS THERE A LINK BETWEEN PARENTS' SENSORY MODALITIES AND THEIR CHILDRENS' LEARNING STYLES?

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Introduction Learning style is the way a person processes and studies new and challenging material. Most people have their own unique ways of mastering new and difficult subject matter. Since parents are aware of their children's preferred way of studying at home, they can support them to learn through tailor-made activities and excel at school.

Method Lately, parenting styles and/or learning styles of parents' gain interest among the researchers in Greece. The present study examines the impact of parents' learning styles on their children's learning preferences. The learning styles of 200 parents of primary school aged children (6 to 12 years old) were identified using "Questionnaire Investigating Sensory Modalities" (Zenakou, 2011), while their children completed "Learning Styles Analysis" (Junior Version) (clc.co.nz). The "Questionnaire Investigating Sensory Modalities" (Zenakou, 2011) evaluates sensory modalities, Visual, Auditory and Kinaesthetic (VAK). The "Learning Style Analysis" (Junior Version) identifies environmental, emotional, sociological, physiological, and psychological factors that influence pupils' learning preferences.

Results Although, the present study is an ongoing research, the primary results reveal that parents' preferred sensory modalities, can be used to increase their children's self-awareness regarding their strengths and weaknesses as learners. Environmental preferences, where pupils learn best, emotional, what motivates them to learn, sociological, with whom they concentrate best, physiological, when and how they physically engage most in learning and psychological, how they process and respond to information and ideas affect their preferred learning styles.

Conclusions The results of this research are supposed to show which type or types of parents' sensory modalities (Visual, Auditory or Kinaesthetic) interact or influence children's environmental, emotional, sociological, physiological and psychological learning preferences. The primary results reveal that some parents have false beliefs such as seating arrangements, following instructions, time of day.

P1-108

IS THERE ANY RELATIONSHIP BETWEEN CHILDREN PSYCHOPATHOLOGY AND INTERACTIVE FAMILY PATTERN?

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Introduction The study "LTP used as a psychodiagnostic and therapeutic tool for psychiatric children and adolescents" is part of a Neuropsychiatric Unit project (NPU), aiming to find out significant relationships between children psychopathology and interactive families pattern in order to set up a functional therapeutic intervention.

Method The target group evaluated by the NPIA was composed of 20 families with school-age children. During the evaluation psychodiagnostic assessment the Child Behavior Checklist (CBCL, Achenbach 2000-2001) and the LTP (Fivaz-Depeursinge and Corboz-Warnery, 1999) were administered. In order to test the hypothesis we have made the following statistical analysis: a) LTP score flow (during the different phases) comparison between the clinical-borderline and non-clinical CBCL groups (generalized linear model). b) parental LTP variable scores (in each phases) comparison between clinical-borderline and non-clinical CBCL groups (t-test for independent groups). c) correlations between LTP and CBCL scores.

Results Statistical differences both in LTP scores flow and in LTP variables scores in each part between clinical-borderline and non-clinical CBCL groups only in some specific psychopathological areas (attention, social and total problems, externalizing, anxious-depressed, withdrawn-depressed and somatic complaints). It is interesting that these differences are due to some of the LTP variables

concerning parental abilities (co-construction, scaffolding, conflict and interferences, affective warmth, validation, activities errors). Finally better parental abilities in LTP affective warmth and validation, activities errors, parental support, scaffolding and co-construction are related to elevated scores in somatic complaints, total and social problems or viceversa (positive correlations).

Conclusions These results indicated a relationship between psychopathological children symptoms and parental abilities to manage triadic interactions supporting recent developmental theories which stressed the importance to involve the global family system in diagnostic assessment in order to propose an intervention that could best fit to the patient family context.

P1-109

ALEXITHYMIA AND BEHAVIORAL DISORDERS AS RISK FACTORS FOR ALCOHOL MISUSE IN ADOLESCENCE

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Introduction Alcohol is the psychoactive substance most used by adolescents, lately their alcohol abuse has become internationally a serious public health concern. Psychobehavioral factors research relating to alcohol abuse has led to various studies identifying several psychopathological disorders and alexithymic traits in adults. This relationship has to be analyzed in adolescents however.

Method The present study aimed to assess alcohol consumption and its possible relationship with psychological vulnerability, in terms of psychobehavioral problems and alexithymia. The study was conducted on a sample of 1466 pupils attending secondary school (grades 6 to 13), consisting of 53,6% males and 46,4 % females, with a mean age of 13,5 years \pm 1,7 SD. These adolescents were administered the Adolescents' Saturday Nights Questionnaire to quantify their alcohol consumption, the Toronto Alexithymic Scale for developmental age to identify any alexithymic traits, the Strengths and Difficulties Questionnaire, and the Youth Self-Report 11-18 to detect any psychobehavioral problems.

Results Males drank more alcohol than females, and their consumption increased with age. Alexithymia was more widespread and stable among females, and tended to increase from 11 to 13 years old, then decreased gradually from 14 to 17 years old. An association between alcohol consumption and psychobehavioral problems was identified in the whole sample, while a statistically significant correlation between alcohol consumption and alexithymia only emerged in the subsample of 6th- to 8th-graders. Among this younger group, those returning the highest scores for alexithymia and psychobehavioral problems also reported significantly higher alcohol consumption than their peers without such psychological issues.

Conclusions Alexithymic traits are a risk factor for alcohol consumption in preadolescence, especially when associated with psychobehavioral problems. Preventive measures designed for such young adolescents should therefore concentrate on improving their emotional awareness.

P1-110

ENHANCING MOTHERS' INTERACTIONS WITH TODDLERS WHO HAVE REGULATION DISORDERS OF SENSORY-PROCESSING: EFFECTS ON THE CHILD'S SELF-REGULATION

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Introduction The objective of the current study was to examine the effects of a brief intervention (MISC-SP) designed to enhance the quality of mothers' interaction with their toddlers who have regulation disorders of Sensory Processing (RDSP).

Method The effects of the intervention in the MISC-SP group were compared to those found in two other groups; a group receiving another intervention designed to enhance children's sensory functioning and a control group (no intervention). Participants were 86 toddlers (12-18 months old) with early signs of Sensory Processing difficulties and their mothers, who were randomly assigned to the three research groups.

Results Mothers in the MISC-SP group improved their emotional, communication and teaching behavior and their children improved their mutual regulation behavior and motor adaptive behavior, as a result of the intervention. Hierarchical regression analysis revealed that the change in mothers' behavior explained a significant amount of the variance in toddlers' improvements.

Conclusions This study confirms that a brief intervention targeting mother-child interaction with toddlers who have RDSP may lead to a significant improvement in children's adaptive and regulatory functioning, that are basic for their future social-emotional and cognitive development.

P1-111

PEDIATRICIANS' AND HEALTH VISITORS' VIEWS TOWARDS DETECTION AND MANAGEMENT OF MATERNAL DEPRESSION: A QUALITATIVE STUDY

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Introduction Maternal depression has negative impact on child's physical and mental health, while also impairs parenting skills and pediatric health care utilization. The present study aimed to explore the views of pediatric primary health care providers for the recognition and management of maternal depression within a weak primary health care system.

Method Twenty six pediatricians and health visitors were selected by using purposive sampling. Personal in-depth interviews of approximately 45 minute duration were conducted. The data were analyzed by using the framework analysis approach which includes five main steps: familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation.

Results Fear of stigmatization came across as a key barrier for detection and management of maternal depression. Pediatric primary health care providers linked their hesitation to start a conversation about depression with stigma. They highlighted that mothers were not receptive to discussing depression and accepting a referral. It was also revealed that the fragmented primary health care system and the lack of collaboration between health and mental health services have resulted in an unfavorable situation towards maternal mental health.

Conclusions Although pediatricians and health visitors are aware about maternal depression and its importance for maternal mental health and child health and development, however they fail to implement detection and management practices successfully. Organizational barriers but also stigmatization and misconceptions about maternal depression prevent providers from implementing detection and management practices. The study is co-funded by the European Union (European Social Fund - ESF) and Greek national funds through the Program THALIS-UoA of the Operational Program "Education and Lifelong Learning" of the National Strategic Reference Framework (NSRF).

P1-112

THE CHILD IN THE MEDICAL CURRICULUM: AN EDUCATIONAL EXPERIENCE FROM THE FIRST TO THE SIXTH YEAR OF THE FACULTY OF MEDICINE OF LISBON

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Introduction Teaching healthy child development is not only essential to the pediatric education, but also a useful opportunity to promote the humanization of medicine in the medical schools. In the academic year 2009-2010 the Faculty of Medicine of Lisbon integrated the issue of the child in all years of its curriculum.

Method We describe a vertical educational strategy in which we introduced new topics about the child in some existing disciplines, created new disciplines focusing on child and family before the traditional teaching of pediatrics, provided practical opportunities for learning in the community, and evaluated the students' satisfaction.

Results In the first-year we introduced the relational model in medicine in which we assumed the child as a paradigm and the students visited institutions that give support to disabled or socially vulnerable children. In the second-year we created a discipline that introduced the biopsychosocial model of child development and the attachment theory, and the students followed a family in order to identify their risk and protective factors. In the third year we created the discipline that focused on the Brazelton Touchpoints approach and the students developed and implemented an intervention in the community to promote health and development of children.

Conclusions The vertical integration of the child issue throughout the medical curriculum provided a global perspective of pediatrics inscribed in an assumption of the humanization of medicine. The practical opportunities for learning in the community were evaluated by the students as highly satisfactory.

P1-113

WHAT DOES AN EARLY CHILDHOOD MENTAL HEALTH (ECMH) CONSULTANT DO IN THE CLASSROOM? ESTABLISHING PRACTICE STANDARDS FOR DELIVERING ECMH CONSULTATION

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Introduction Early Childhood Mental Health Consultation (ECMHC) is an emerging field that builds the capacity of families, caregivers/programs, and systems to address the impact of mental health problems among children. A clear understanding of consultant level activities within effective program models is needed to establish best-practice standards to guide the field.

Method Establish a set of overarching ECMHC **delivery strategies** (i.e.-coaching) based on consultant activities (i.e.-Guides teacher to adapt....) within classrooms that can be effectively implemented across model programs. Work within an existing evidence-based ECMHC model to generate subsets of preschool and infant-toddler classroom Activity Cards, through a synthesis of consultation visits from 10 ECMH Consultants. Utilize Open and Closed card sorting methods to determine: Different *delivery strategy categories* that emerge in the consultation; Differences in *delivery strategies* utilized in infant-toddler and preschool classrooms; If *delivery category* results within one program model are replicable by a consultant from another program model.

Results: Within the projects consultation inclusion criteria, 9 preschool and 10 infant-toddler *Strategy Delivery Categories* were established, with 8 of the same categories found in both. The primary differences between preschool and infant/toddler consultation were not found at the *Delivery Category* level. Differences were noted at the activity level and determined by the participants' indication of key differences between the shared *Delivery Categories* for preschool and infant/toddler. An independent card sort resulted in *Delivery Category* matches of 80% for preschool and 76% for infant-toddler consultations based on criteria of 62% or higher activity card match within each *category*.

Conclusions ECMHC *delivery categories* were established and found to be similar between infant-toddler and preschool consultations. The replication shared several *categories*, suggesting the possibility that the *category* structure developed may be implemented across program models. These promising results can support the development of best practice standards to guide the field.

P1-114

ESTABLISHING RECOMMENDED PRACTICES FOR EARLY CHILDHOOD INTERVENTION TRAINING AND PROFESSIONAL DEVELOPMENT - A STUDY ON TRAINING CONDUCTED IN PORTUGAL AND THE UK

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Introduction This post-doctoral research aims to establish Recommended Practices for high quality training in Early Childhood Intervention (ECI), supported on (a) evidence-based practice, (b) the review of training programs in two countries, Portugal and UK, and (c) on the recommendations for quality training, generated by its key stakeholders families, practitioners and experts.

Method Methods include: (1) Comprehensive literature review, analyzing the evidence supporting ECI training practices in which training led to better results in intervention, (2) Detailed analysis of 91 courses in the domains of Inclusion, Special Education, Learning Support, Specific Conditions/Disabilities and Early Childhood Education, from 15 UK Universities and Colleges (UniCs), (3) An impact study of the innovative in-service training for Key Working (KW) developing from the concept of Key worker, involving three different training contexts, diverse training observations, interviews and focus groups with trainers, training participants and families they work with (total=86 participants). Portugal ECI training will be studied in 2014.

Results First results in the UK (2013), considering the 91 courses analyzed, point to the lack of specific UniC courses in ECI, although linked contents and processes can be found in related courses (as above). The In-service KW training showed that overwhelmingly participants find KW very important, but some gaps between the trainings vision/intentions and reality emerged, namely in participant's recruitment and follow up. Other aspects involving the training's structure/contents and the relevance of KW training for more experienced and knowledgeable training participants were also documented.

Conclusions UniC courses considering professionals work with young children (0 to 5) with disabilities and/or Special Educational Needs should be developed based on the best evidence for training in ECI. KW is potentially a very positive way to enhance ECI subject to revision indicated by this first evaluation.

P1-116

THE I-CAMHS INFANT MENTAL HEALTH PROJECT IN THE SOUTHERN HEALTH AND SOCIAL CARE TRUST IN NORTHERN IRELAND

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Introduction: The first three years of life are the most influential upon brain development. This process is conditioned by interaction between the infant and their parents or care-givers, and the caregiving environment in which they live.

Method: Research indicates that a policy of the earliest possible intervention is the most effective in terms of supporting the emotional wellbeing of infants, and the promotion of effective parenting that ensures the security of attachment that can last across the life-span. In response to the overwhelming evidence base for this, in 2012, the Southern Health and Social Care Trust (SHSCT) created the **i-Camhs** project. They appointed a specialist practitioner, Majella Connolly, in order to address infant mental health issues throughout the Trust. The project, an integral part of Camhs, also links directly into the early intervention Tier 2 Camhs structure within the SHSCT. The project provides direct support to infants up to three years of age and their families, working collaboratively with other health professionals and organisations. The presentation will outline the setting up of the **i-CAMHS program**, the role of the multidisciplinary Guidance Group, the professional links forged in the project's infancy, and how it fits within current Northern Ireland policy and the developments within the project from an ante-natal and Hidden Harm perspective.

Results: Forms of intervention utilizing current research, and based on systemic, cognitive, and child developmental understandings as well as parenting and video training will be discussed.

Conclusions: Finally an outline of the positive outcomes experienced for infants and their primary carers attending the project to date will be discussed – this includes improved parental and infant emotional well-being, improved parent child relationships, secure care giving and prevention of family breakdown. It is envisaged that such early intervention will prevent emotional problems escalating later in life into broader mental health issues.

P1-117

THE CELTIC CONNECTION - INFANT MENTAL HEALTH SERVICES IN THE WESTERN HEALTH AND SOCIAL CARE TRUST (WHST)

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Introduction The WHST in Northern Ireland covers an area of 4,842 square kilometres and serves a population of just under 300,000 individuals. The trust is totally committed to the needs of its youngest members and this was illustrated by the development and launch of the WHSCT Infant Mental Health Strategy in 2011.

Method The WHSCT was the first in Northern Ireland to adopt such a strategy. Clear links and influence exist with our Celtic cousins in Scotland. The trust embarked on a program of internal awareness raising and engagement with key stakeholders. There has been education and training across all levels of staff in the trust from management down and tier 1 workers up. This includes generic training

on the importance of infant mental health, key messages disseminated to all and leading on programs such as Roots of Empathy and Family Nurse Partnership where the trust was chosen as the Northern Ireland tester site.

Results The WHSCT recognizes that to deliver on a holistic model of support for infant mental health involves an awareness of the range of services and disciplines who have a role to play in delivering this agenda. It involves joint working and cross-disciplinary co-operation on an ongoing basis. Work occurs in partnership with colleagues in community and voluntary sectors. It involves mental health being integrated into a care model across all services which have a role to play. It involves all those involved in service delivery to children and families embracing the infant mental health agenda as a core element of their practice.

Conclusions The presentation shall detail the Infant Mental Health Strategy and the ongoing work of the WHSCT in promoting and leading on Infant Mental Health in Northern Ireland in conjunction with the other key agencies for the benefit of all.

P1-118

INTEGRATING PLAY THERAPY AND INFANT MENTAL HEALTH IN COMMUNITY MENTAL HEALTH SETTINGS

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Introduction Integrating relational play therapy within an infant mental health context allows clinicians and parents to utilize play therapy techniques to focus and enhance the parent-child attachment relationship. The relational play therapy approach when combined with core infant mental components can meet the needs of high-risk children and their parents.

Method A program evaluation is currently being conducted on a home-based community mental health program that services families with children three to five years of age. This program utilizes an infant mental approach while integrating play therapy techniques. In order to gain an in-depth understanding of this treatment process, twenty-seven interviews with clinical staff (4) and parents (21) were conducted. Questions were structured around core infant mental health components, use of play therapy techniques, parental involvement, and the parent-therapist relationship. Additional data to measure treatment fidelity will be collected along with data to measure client satisfaction and program outcomes.

Results Preliminary results indicate a majority of parents report a positive and trusting relationship with their therapist. The majority of parents are involved in home-based sessions, and many participate in play activities with their child, however, some parents report uncertainty about the therapeutic value of play. Parents who reported the use of play as valuable also reported a decrease in parenting stressors. Clinical staff reported frequent use of play increased parental understanding and sensitivity in parent-child relationship. All clinical staff reported adherence to the infant mental health model and found the integration of play therapy inclusive and effective with families.

Conclusions Thus far, preliminary results suggest play therapy in combination with infant mental health can provide an effective relationship-based approach for treatment programs servicing high-risk toddlers, preschoolers and their families.

P1-119

A NORWEGIAN TWO-YEAR ADVANCED EDUCATION IN INFANT MENTAL HEALTH: THEORY, ASSESSMENT AND INTERVENTION

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Introduction A substantial number of new intervention methods for infants and their families are available today. The big challenge is the implementation in the health care systems. The Regional Centre for Child and Youth Mental Health and Child Welfare Western Norway offers a part-time advanced education in infant mental health.

Method The main goal is that the students master assessment and intervention methods for infants and to develop their own sensitivity and reflective functioning. First part of the education is an introduction to topics such as biological risk factors, transactional processes, the attachment to caregivers, and family adversities. Second part is to enhance the students' empathy and reflective capacity through infant observation. Third part is training in methods for observation of the parent-child interaction and of the internal working models of the parent. In the last part the students are trained in different intervention methods.

Results About 40% of the students come from the community services and the rest from the specialist health care system. They receive training in the Crowell procedure, in the Internal Working Model of the Child Interview, to screen postpartum depression and various developmental problems in infants, and to know the principles of DC:0-3R as a diagnostic classification tool. They receive training in the Parents' Diary (Dozier et al.) and have a thorough introduction to the Video Intervention Therapy (Downing). Also, the students follow mandatory supervision in small groups which focus on how to integrate new knowledge into own clinical work.

Conclusions Two classes of students have finished their training. Evaluations during the training and at the end of the training are positive. The students underline the pedagogic structure of how different parts of education are organized. Infant observation seems to especially enhance sensitivity and reflections in the students.

P1-120

PUBLIC HEALTH NURSES' OBSERVATIONS AND CONCERNS ON PSYCHOSOCIAL DEVELOPMENT OF CHILDREN IN EARLY CHILDHOOD

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Introduction In Finland most families (99.5%) of children under school age visit the public child health clinics. In this study the public health nurses' observations on interaction skills of the infants and parent-infant interaction, as well as their concerns on the psychosocial development of 0-3-year-old children were examined.

Method Information was collected during regular health check-up visits in 10 child health clinics representing diverse populations and demographic regions in Finland. The results for infants aged six months, one year and three years are presented (n = 659). The methods the public health nurse used during a check-up visit for assessing the psychosocial development and health of the participating infants were observation of the infant and the parent-infant interaction. The public health nurses also rated their possible concerns about the infant's psychosocial development and health, nurturing and rearing, family situation and parent-child interaction.

Results Eye contact and smile contact or expressiveness of infants in all three age groups was almost always recognized by the public health nurses. The speaking of infants aged three years was recognized, but in every third infant aged six months and one year the gurgling or talking was not observed. The parent-infant interaction was good enough in 97 % of infants aged six months and one year. The public health nurses' most frequent object of concern was the infants' family situation. The nurses were in all areas most worried about infants whose average parent-infant interaction was inadequate.

Conclusions Inadequate parent-infant interaction is associated with nurse's concerns on family situation, nurturing and rearing, and psychosocial development of the child. It is thus important to assess both interaction skills of the infant and parent-infant interaction during health check-up visits.

P1-121

A PRELIMINARY PARENTING SUPPORT PROJECT BASED ON EPPP IN JAPAN: A TRAINING PROGRAM FOR NURSES

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Introduction Social networks within communities, family size, and relationships have considerably decreased in Japan. Thus, nurses need to support families with infants. This project was a preliminary attempt by nurses to develop an effective training program for nurses, and is the first training program based on the European Early Promotion Project (EPPP) in Japan.

Method Trainers included eight nurses with Masters and Doctoral degrees, and trainees included 22 nurses. The training program was provided three times to the trainees, as per EPPP guidelines. Initially, five training sessions were provided at a municipal health care center by two facilitators, where seven PHNs routinely participated from 9 am to 5 pm, once every two weeks. Two subsequent courses, similar to the first, were held at a college. A course evaluation form was completed by trainees on the last day, consisting of 14 items rated on 4-5 point Likert scales and five open-ended questions.

Results The mean score on the scale was 6.5 (best score: 0; worst score: 45). Respondents gave scores of 6 (strongly agree), 14 (agree), and 2 (neutral) to the question, "Do you recommend the course to your colleagues?" Active listening and positive feedback to respondents' comments were cited as the most beneficial aspects of the course. Shortcomings included duration, taking up trainees' leave, and the large number and high difficulty of assignments. Several trainees suggested revisions to the training.

Conclusions The training course was positively accepted overall and considered useful by the trainees. However, its effects on infants and their families have not been studied yet. Furthermore, the training program must be customized for Japanese nurses.

P1-122

IMPROVING ORPHANAGE CARE THROUGHOUT CHINA: IS IT POSSIBLE AND IS IT WISE?

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Introduction Since 1998, Half the Sky Foundation (HTS) has worked to improve care for one million institutionalized Chinese children, the largest such population in the world. HTS's approach, adapted to each developmental stage, offers continuity of nurturing care, from birth to young adulthood in 51 centers.

Method The Rainbow Program, a collaboration with the Chinese Ministry of Civil Affairs, is designed to reach every institutionalized child by training caregivers across the country. Model centers in each province are supported by child development experts and a variety of web-based services that permit institutional caregivers to exchange information and access an extensive library of written and video training materials. Rainbow elements addressing the needs of young children include; an infant nurture program (0-23m) offering appropriate contingent care from consistent caregivers and a preschool program (24-72m) designed to prepare children to enter community schools at a level with their peers.

Results Since the Rainbow Program's inception in 2011, training has been carried out in 15 provinces and Beijing, Chongqing and Tianjin. An independent evaluation of the environment in two child welfare institutions pre- and post-establishment of HTS programs confirmed that the infant nurture and preschool programs significantly improved caregiver-child interactions, accommodations for

children with disabilities and child problematic behaviors. Support for the program from institutional directors and government officials has been exceptional.

Conclusions While the goal of eliminating the need for orphanages is laudable, institutions will continue to exist in countries without well-developed alternatives. HTS programs demonstrate that deterioration in child social and emotional well-being can be lessened or prevented in the millions of children who continue to languish within institutional care worldwide.

P1-123

DEVELOPMENT OF A SERVICE FOR DISTURBED PARENT INFANT RELATIONSHIP IN ICELAND

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Introduction Information regarding development of a parent infant centre in Iceland with focus on treating disturbed parent-infant relationship.

Method Several models of therapy are used to support parents and infants in order to strengthen their affectionate bonds. Modes of working with the families and the challenges and successes in setting up the service will be described in the poster.

Results The purpose of the centre is to improve mental health of parents and infants and strengthen disturbed parents- infant relationships in vulnerable families during pregnancy and 1 year after birth, in Reykjavik Iceland.

Conclusions In the midst of the financial crisis in Iceland a multidisciplinary group of four women in the health profession (psychiatry, psychotherapy, nursing, midwifery) developed a parent-infant centre with focus on treating disturbed parent-infant relationship.

P1-124

RECOVERY FROM EARLY ADVERSITY: RESEARCH PERSPECTIVE ON BUILDING A CLINICAL MODEL

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Introduction Multiple risk factors, known to interrupt neurodevelopment, are associated with institutional care. This paper will present an overview of the results of the longitudinal study that explored the association between risk factors such as micronutrient deficiencies and compromised physical growth on the process of neurodevelopmental recovery.

Method This study was done at the University of Minnesota, Department of Pediatrics. A group of 122 internationally adopted children from Eastern European Institutions were recruited for this study, mean age 20.7 months at adoption. They were seen within one month, 6 months and 30 months of post adoption. The information regarding health and nutritional status, physical growth, Growth Hormone System and Hypothalamic-pituitary-adrenal axis (HPA) was collected at the time of clinical and research visits. Neurodevelopmental and social-emotional status of the child was assessed using standardized (Mullen Scales of Early Learning, 1995) and research instruments.

Results We have found that a combination of risk factors, including nutritional deficiencies, to be associated with long-term neurodevelopmental problems. Moreover the research data shows that initial growth failure and a compromised Growth Hormone System puts at risk normal brain development. Recovery post-early adversity in multiple domains, including the Growth and Stress Sensitive system (HPA), were found to be associated with a prolonged period of time and outcomes in the neurodevelopmental domain. Rapid recovery in rate of physical growth was also associated with an increased risk for nutritional deficiency and in turn put neurodevelopmental recovery at risk.

Conclusions In summary, the period of recovery from early adverse experience/institutional care is a sensitive time and a child's health and neurodevelopment have to be monitored during this critical period. We will discuss how these research findings can help us build an integrated, science-based approach to clinical practice.

P1-125

A PROGRAM TRAINING FOR FIRST LINE PROFESSIONALS TO ESTABLISH AND IMPROVE THE MOTHER-INFANT RELATIONSHIP IN HIGH-RISK GROUP

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Introduction In 2005 we were asked by the Health and Social Agency to develop a training on attachment for professionals who are working with high-risk mothers receiving services from the Quebec program "Services intégrés en périnatalité et en petite enfance (SIPPE)". This training program will be explained in this poster.

Method Maternal sensitivity is considered to be the primary factor for attachment security in the infant. Video-feedback has been well documented as an effective tool to increase maternal sensitivity and infant attachment security. Thus we decided to include this technique in our training program. The program consists of a full day of learning about attachment theory, and three half-day of video-feedback intervention training. This later training uses the Bell model (Bell *et al.*, 2002) to observe maternal sensitivity. This program will be described in more detail in this poster.

Results Our interdisciplinary team has been using this training program for more than 8 years. We have trained over 100 professionals from five different disciplines (psychoeducators, specialized educators, social workers, nurses and speech therapists). This approach

has been implemented in first line social and health community services. A study on the acceptability, feasibility and the effects of the approach is currently being conducted.

Conclusions We have developed an approach for first line professionals to establish and improve mother-infant relationships who are considered at risk. This approach is an efficient way for such professionals to help mothers and is the object of a current study and of others studies to come.

P1-126

INTEGRATING CREATIVITY, OBSERVATION AND EVIDENCE BASED METHODS IN TRAINING SOCIAL WORK STUDENTS ON INFANT MENTAL HEALTH IN THE UNITED STATES

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Introduction Training professionals in the United States to address the social and emotional needs of children under five continues to be a priority in Infant Mental Health. This workshop describes how one university utilized empirically-based Infant Mental Health Therapist Competency Framework to develop and offer an Infant Mental Health graduate course.

Method The presenter will share examples of class topics, readings and activities developed to provide students with foundational knowledge for working with children under the age of five. Emphasis will be given to the creative course assignments, use of 'live interviews with children and parents', use of video clips, guest speakers from other disciplines and collaborative student presentations. Participants will learn how the teaching methods are utilized to introduce students to developmental milestones, assessment and treatment planning using the DC:0-3R, the collaborative process in Infant Mental Health and to familiarize them with screening tools, observation forms, and interview techniques with parents.

Results Materials that will enable workshop participants to learn how to replicate the course will include references, sample assignments, and experiential exercises. Overall results include: 1. Describing how the empirically-based Infant Mental Health Therapist Competency Framework (published in the *Infant Mental Health Journal*) can guide the content and teaching of a didactic Infant Mental Health course. 2. Identifying examples of creative assignments, speakers and experiential activities to promote learning in an Infant Mental Health course. 3. Identifying the essential ingredients for developing and offering a graduate level Infant Mental Health course.

Conclusions The workshop will highlight the course's integration and analysis of evidence based intervention models (i.e. Parent Child Psychotherapy and Watch, Wait and Wonder). Discussion will include integration and application of concepts such as reflective supervision, the strengths perspective, and the role of cultural diversity in Infant Mental Health.

P1-127

TAKING BOTH THE HIGH ROAD AND THE LOW ROAD – HOW AIMH IN NORTHERN IRELAND SUPPORTS BOTH A BOTTOM UP AND TOP DOWN APPROACH TO THE DEVELOPMENT OF INFANT MENTAL HEALTH SERVICES

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Introduction. We will describe how, from its inception, AIMN(NI) was committed to a broader systemic, multi-agency and community developmental perspective to help achieve our vision that 'Northern Ireland was the best place in the world to come into the world. Our committee was formed therefore not just of specialist clinicians and psychotherapists, but also included managers and practitioners from other statutory sectors, and from the voluntary and community sector.

Method We outline our program of networking, lobbying and education, including conferences and seminars, to improve understanding of Infant Mental Health (IMH) and to support service development. Practitioners invariably reacted with enthusiasm – they wanted more, and most of all they wanted to be doing this work themselves. The Solihull Approach training in particular, which we introduced to Ireland for the first time, was immediately inspirational. We have successfully lobbied for this training, as well as VIG training, to be commissioned for all relevant practitioners in N. Ireland.

Results: In this way a strong momentum has been build 'from the bottom up', by practitioners themselves, to encourage policy makers, managers and commissioners to think IMH. We also describe how, with the establishment of our own regional parliament as part of the peace process, AIMH(NI) have had access to the most senior levels of government, and have been able to influence policy change, to participate in regional planning and commissioning bodies like the Public Health Agency, and to make the case for a regional IMH strategy and an IMH training plan.

Conclusion: We outline the proposals that we have presented. These call for the development of workforce competency in IMH, for the recognition of 'developmental vulnerability', and for IMH to be part of core services with an integrated pathway from universal to more targeted. In this way a 'top down' strategy has also been successfully pursued.

P1-128

STARTING SERVICES FOR ADOPTIVE AND FOSTER FAMILIES – WHAT DO PARENTS AND PROFESSIONALS NEED

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Introduction Russia continues to rely on institutional care due to the lack of support services for families in crisis, children with disabilities, and foster and adoptive parents. "From Institutional Care to Family Support: Development of Effective Early Intervention Network in the Nizhny Novgorod Region" project was started to bridge this gap.

Method The educational needs of the specialists, adoptive and foster care families and children were initially assessed in the region. The training system was designed based on these results and consisted of teaching, practice and supervision throughout the two-year program as the specialists started to implement their new skills and knowledge into their work. Instructors included US and Russian experts. Participant's progress was systematically documented and evaluated. One of the outcome measures was the number of early intervention (EI) services and the number of visits from adoptive and foster care families to participating sites in the region.

Results Initially, there were essentially no EI services for families with children under 3 years of age. Over the course of this project more than 300 specialists attended open lectures and seminars and 75 specialists employed by the ministries participated regularly in the project. Specialists who regularly attended the training program showed significant improvement in their understanding and utilization of the concepts as measured through their descriptions of clinical cases and with the inclusion of new materials into clinical practice, their scores significantly increased. The number of visits to mental health professionals steadily increased to almost 1,000/month in participating sites.

Conclusions The objective of this in-depth training program was to provide mental health specialists with knowledge and skills. The presented results showed that changes within the child welfare system in countries with primary institutional systems like Russia are possible but require a knowledgeable, adequately funded and supported program.

P1-129

PARTNERING WITH PARENTS AND SUPPORTING EARLY RELATIONSHIPS: DEVELOPING MUTUALLY SATISFYING RELATIONSHIPS BY ENHANCING PARENTAL CAPACITIES THROUGH INFANT MENTAL HEALTH

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Introduction Our Infant Mental Health program infuses evidence based practices to promote skill building, increase reflective functioning, and offer opportunities for socio-emotional connections within the context of relationships. Through case vignettes we will highlight the importance of reflective supervision, understanding parallel process, and addressing challenges that inhibit mutually satisfying relationships.

Method Families live in Detroit-Wayne County and are referred through community partners. Parents and infants receive assessments at the beginning of services to identify needs and begin building an alliance. To support developing attachment relationships we create a space for curiosity, shared attention, and joy. Together we partner with parents to think about what it is like to be an infant in this home and parent to this child. In addition to home visiting, we offer Baby Power a group intervention that promotes self-care and responsive caregiving, and Parent Child Interaction Therapy to increase parental capacity and change parent-child interaction patterns.

Results Through reflective supervision the clinician supports caregivers in having an increased ability to alter parenting behaviors and tolerate their child's range of emotions. Parents are better able to advocate for themselves and their child, feel less isolated, and balance comfort and exploration to support self-regulation. Baby Power participants demonstrate an increase in affectionate and nurturing caregiving characterized by increased understanding of infant/toddler cues through video observations. Parent-child dyads receiving PCIT increase the quality of their social interactions making their time together more enjoyable. Parents use positive behavior management strategies to discipline appropriately without resorting to physical punishment.

Conclusions Impoverished communities are best served by multiple interventions to address numerous risk factors. We sit with painful feelings creating an environment to explore longings, suspending judgment so that the dyad will begin to feel seen. We support parental capacity, identify cues, delight in development, and expand understanding of relationships.

P1-130

DIALECTICAL BEHAVIOR THERAPY (DBT) BASED PARENTING SKILLS TRAINING GROUP FOR FAMILIES WITH EMOTIONAL REGULATION PROBLEMS

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Introduction DBT is an integrative treatment that blends the change-based strategies of cognitive behavioral therapy with Eastern philosophies and acceptance-based approaches. Self-destructive behaviors are viewed as the patient's attempt to cope with painful emotions. DBT teaches patients more adaptive ways of coping with emotions and interpersonal situations without maladaptive behaviors.

Method This project was designed to adapt the original DBT group skills training program for parents who have 0-6 yo children with emotion regulation problems. Group targets affective and behavioral dysregulation by teaching parents coping skills and problem solving and how to create validating environment. DBT Parenting skills group intervention consisted of 12 weekly 120-min sessions which taught parents psychoeducation about mood and behavioral disorders, DBT skills, mindfulness and general parenting guidance. Every session included lecture, discussions, exercises and home assignments. This pilot sample consisted of ten parents who completed pre- and postprocess survey.

Results Parents completed pre- and postprocess survey with rating scale questions and gave free feedback anonymously. According to the results the parents experienced that after the parenting skills training group process: 1) Their own behavior had a greater impact on the child's behavioral symptoms, 2) Their child obeyed them better than before, 3) They had more information about their child

behavioral and emotional symptoms affecting factors and 4) Their own negative emotional reactions (when their child behaves in an intractable way) had reduced. New skills, information and support from other parents were seen as key factors affecting the change. **Conclusions** DBT parenting skills training group seems to be promising intervention. This intervention is short and cost-effective way to help families with emotional regulation and interpersonal problems. This intervention activates parents to change their own and child's maladaptive behaviors and increases their own and child's ability to control their emotions.

P1-131

ESTABLISHING A TEAM FOR INFANTS AND TODDLERS IN SPECIALIZED HEALTH SERVICES. A POSSIBLE MODEL

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Introduction Based on current knowledge on how mothers' mental symptoms influence their child's mental health, there has been little attention on *how* to help these children within the Norwegian specialist health services. We demonstrate the possibilities for a small outpatient clinic to provide clinical treatment for the youngest children and their mothers.

Method The following topics are shown to be important: 1. Training of public health nurses to use EPDS to identify mothers in need of treatment for depression. 2. Establishing regular cooperative meetings between the public health nurses, the child protective services and the outpatient clinic to discuss difficult cases. 3. Expanding knowledge and competence in the outpatient clinic on identification and treatment of infants and toddlers of mothers with psychological problems.

Results The number of admissions to the clinic increased from 3 children in the age range 0-3 years in 2007 to 22 children in 2010. The majority of the references came from the public health nurses who used EPDS, and merely counted the mothers' psychosocial risk factors. This proved to be a simple but useful screening method. When using a cutoff of 10 points for EPDS, along with not more than 2 risk factors in the mothers, 60% of the admissions needed treatment at the clinic. When cutoff was set to *three* risk factors, all the mothers were treated at the clinic.

Conclusions This way of organizing a specialist health care in close collaboration with the primary health care, was an efficient way to identify mothers and infants who were in need for treatment. It is also possible for a small outpatient clinic to establish such a clinical treatment for the youngest children without big costs.

P1-132

BELIEVING IN RELATIONSHIPS: CONNECTING TO MEET THE NEEDS OF BABIES AND THEIR FAMILIES IN WESTERN AUSTRALIA

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Introduction In Perth, Western Australia (WA) the Mental Health Commission (MHC) recognized the field of perinatal and infant mental health required further development. In 2010, the Commission established the Infant Mental Health Planning Group (IMHPG).

Method The IMHPG aims to respond to the needs of babies and their families. Agencies include the Departments of Health, Local Government and Communities, Child Protection and Family Support and the Australian Association for Infant Mental Health WA. It was felt the quality of relationships formed between individuals and agencies would impact on outcomes, in much the same way that the quality of parent-infant relationships impacts on better life outcomes. Definable 'quality' aspects of the relationships include: For individuals, characteristics which facilitate collaboration i.e. passion, leadership, commitment, open communication and respect; and for agencies, an enduring commitment to IMHPG membership.

Results The presence of the group meant that a focus on infants was maintained within the wider MHC agenda. The IMHPG have undertaken a number of strategic projects: Nearly \$600,000 over 2 years in Infant Mental Health Scholarships; Two Community Integrated Service Models to demonstrate the benefits of integrated services on the mental health and wellbeing of infants and families; An Infant Mental Health Competency Based Training Framework to articulate infant mental health workforce sector competencies and training needs; Relationships are galvanised under a strong purpose where members are responsible for overseeing projects and directly impacting on infants and families.

Conclusions Individual and agency commitment to the IMHPG has meant that strategic decisions can be made and followed through. Group longevity has seen the practice of maintaining quality relationships become a cultural norm and endure outside the context of the group to have wider ranging positive impacts.

P1-133

DESCRIPTIVE ANALYSIS OF INTERVENTION FOR YOUNG CHILDREN'S SLEEP PROBLEMS

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Introduction The aim is to describe the intervention given to parents at a clinical nurse specialist-led outpatient clinic for children 6 months to 2 years with sleep problems.

Method Qualitative study. Data was gathered from 10 families. Intervention sessions were digitally voice recorded. The nurse specialist providing the intervention also wrote field notes and kept a recorded reflection diary about the interventions. The data was coded in a search for categories of meaning and then grouped and raised to a higher level of abstraction to describe the intervention.

Results Seven themes were constructed. They were establishing working relationship, good history-taking, empowering parents, education, environmental intervention, behavioral intervention and review. The themes were not sequential and some did not appear in all interviews. The theme, “empowering parents”, was the strongest theme and appeared in all interviews. The theme “education” was also in all the interviews but always in concert with other themes. “Behavioral intervention” had less emphasis than expected, especially with the children with health problems. “Environmental intervention” was unexpected and surprisingly relevant. “Establishing working relationship” occurred in all interviews.

Conclusions This systematic analysis of the intervention can be used to design a protocol for an experimental study. It can also be used to design teaching materials for professionals working with families with infant sleep problems.

P1-134

FACIAL EXPRESSIONS OF YOUNG CHILDREN AND THEIR PRIMARY CAREGIVERS BEFORE AND AFTER AN INTERVENTION PROGRAM IN AN ORPHANAGE

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Introduction This research was a part of the first Intervention Project in Russian orphanages that included structural changes and caregiver training. The intervention program aimed to increase stability, sensitivity and responsibility of caregivers in an institutional environment and assess the effectiveness of intervention on a child’s social emotional status.

Method Participants included children from 3 months old to 6 years old with no major health and neurological issues and their primary caregivers who were from three different orphanages (St. Petersburg, Russian Federation). Children’s and caregiver’s facial expressions were measured before and after the intervention. For analyzing facial expressions before and after an early-intervention program, we used the Dyadic Affect Manual (DAM) (Osofsky, Muhamedrahimov, Hammer, 1998).

Results The results of the study showed a positive impact of the intervention on the intensity of the child’s emotions, and no association with gender. It was found that before intervention there was a correlation between the age of the child and the intensity of positive tone in the caregiver whereas after intervention, not one emotional characteristic in caregivers correlated with the age of children. Post-intervention caregivers behaved more predictably paid more attention to a child’s emotional tone and met the children’s emotional needs during interactions. In turn, children’s emotional reactions to their caregivers were more predictable and unified.

Conclusions Post-intervention observations showed an “emotional attunement” in the type and intensity of emotions between children and caregivers in the intervention program. We hope that, children who had experience of more sensitive and predictable caregivers will be more successful in adapting to their social environments including adoptive families.

P1-135

EMPOWERING FATHERS OF INFANTS WITH DOWN SYNDROME: OVERCOMING THE INITIAL SHOCK OF BREAKING THE NEWS

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Introduction Parents who look forward to seeing their healthy baby experience a great shock when told that it has Down syndrome. Especially in Japan where stigma is pervasive, doctors need to carefully explore ways to tell each mother to prevent undue sufferings such as postpartum depression.

Method In Eiju General Hospital, Tokyo from 2006 to 2013, we saw 12 cases in which parents had a baby with Down syndrome. In 5 cases out of 12, doctors told the fathers first, then the fathers decided the timing of breaking the news to the mothers and spent the night with mothers in hospital. We retrospectively examined the effect of this process.

Results Out of 5 cases, one mother fell into severe postpartum depression. We broke the news to the father on the first day and he cried. He then decided to tell the mother on the fifth day. They stayed together in the hospital crying throughout the night. After a month, the mother lapsed into severe depression unable to form attachment with her baby. We worked with a psychiatrist and she recovered after 3 years with psychotropic medication. In the remaining 4 cases, mothers’ mental state and the mother-infant attachment were good enough and fathers were cooperative in child rearing.

Conclusions Usually in Japan, doctors break the news to both parents together without any aftercare by the hospital. Fathers taking the initiative in facing the grim fact and protecting their spouse enhances their capacity as fathers leading to couple solidarity as well as good paternal care of their babies.

P1-136

PARENT-CHILD INTERACTION THERAPY: AN INTERNATIONAL INTERVENTION IMPLEMENTATION MODEL

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Introduction Parent Child Interaction Therapy (PCIT), is a clinic-based intervention for young children with disruptive behavior problems, with a strong evidence base. This presentation describes the PCIT program, its evidence, and data on a large-scale implementation effort with study of community agencies.

Method This presentation describes development of a Trainer-of-Trainers (ToT) model for implementation of PCIT. Data was collected from a community implementation project of PCIT 22 community mental health agencies in which selected agency staff were trained in PCIT, then trained to train two generations of staff. Fidelity data were collected on all three waves of therapists. In addition, parent and child outcome data were collected on clients treated by all three groups (ToTs, 1st/2nd generation). For each generation, we examined group differences in pre/post-treatment changes in observed parent-child relationship quality, parenting behavior, and parent reports of child functioning and parenting stress.

Results Results showed that strong satisfaction in all three groups in treatment acceptance. In addition, all three groups demonstrated good treatment fidelity. Finally, client outcomes for all three generations of therapists were positive - with expected pre/post-treatment changes in observed parent-child relationship quality, parenting behavior, and parent reports of child functioning and parenting stress. No significant reduction in parent, child, or parent-child relationship changes were noted in a comparison of clients treated by the three generations of therapists.

Conclusions Similar to other evidence-based practices, PCIT is a well-researched parenting intervention for young children with disruptive behavior. This is the first large-scale examination of a ToT parenting implementation model. This is a call for future research should focus on continued development of implementation models.

P1-137

CREATING AN INFANT MENTAL HEALTH ECOSYSTEM IN RURAL AMERICA: TEN YEARS OF SYSTEMS BUILDING IN THE COLORADO MOUNTAINS AND THE IMPLICATIONS FOR THE DEVELOPMENT OF INFANT MENTAL HEALTH SYSTEMS IN OTHER PARTS OF THE WORLD

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Introduction In 2001, Eagle County, Colorado decided to try a new idea--for the time--the provision of mental health consultation services to early care centers dealing with unmanageable behaviors. This was the first of many bold steps that has resulted in an advanced web of care for such a small area.

Method This poster will detail the evolution of an infant mental health system from the creation of the "Coaching and Consultation Project" which assigns both an early childhood education specialist and a mental health consultant to each participating preschool (a unique model) to the development of a reflective supervision practice with Spanish-speaking home visitation paraprofessionals to the launching of a support group for the parents of children with special needs who suffered from isolation in such a rural area. An 18-month needs assessment that included a large parent and a professional survey helped determine what intervention programs needed to be born.

Results The poster will catalogue not just the successes of this longterm effort, but also its stunning challenges such as the overwhelming defeat by voters of a ballot measure that would have created a sustainable funding mechanism for the early care and education system. The kinds of evaluation tools, local partnerships, and external resources relied upon by the programmatic innovators will also be detailed as will the exportability of this model to places in the developing world that are seeking to build their own infant mental health ecosystems. A discussion of other IMH models that might be exported is most welcome.

Conclusions Because of her experiences in rural America, the author of this poster is in the process of creating an international fund that could offer small seed grants to interested professionals in the developing world seeking to promote the birth of an infant mental health ecosystem in their own country.

P1-138

SOUTHEAST SAFE NET: IDENTIFICATION, REGISTRY, AND SUPPORT PROVISION TO MINORS VICTIMS OF TRAFFICKING

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Introduction Greece is a transit and destination country for a large number of minor victims of trafficking or/and unaccompanied minors at risk of becoming victims of trafficking. A good part of these children enter from Turkey, and a significant number are infants and toddlers.

Method A registry of those children would allow a better cooperation between law enforcement mechanisms and social services provision, as well as a better follow-up of those children while in Greece. Southeast Safe Net project creates a protocol to facilitate the identification of minors-victims of trafficking, and a National database for registering identified cases of trafficked/unaccompanied minors, in order to facilitate follow up of each of these children. It also supports children already hosted in shelters in Greece, and trains the shelters' staff on how to better satisfy the needs of those children.

Results The process of developing appropriate child-centred services for supporting young victims of trafficking and unaccompanied minors in Greece is described. In addition, the current situation of providing shelter and support to such young victims of trafficking and/or unaccompanied minors is also presented, together with the interventions applied to this population in the context of the Southeast Safe Net project.

Conclusions Trafficking of children has increased due to social and political changes in the countries around the Mediterranean Sea, as well as in North Africa. Infant and toddler mental health services need to adapt themselves to this heterogeneous population and become more effective in managing such traumatic experiences in young ages.

P1-139

IDENTIFYING EARLY ABUSIVE RELATIONSHIPS USING THE DC: 0-3/AXIS II RELATIONSHIP DISORDERS CRITERIA AND THE ICAST-P QUESTIONNAIRE

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Introduction With the aim to develop a screening tool for infant and toddler abuse and neglect in Greece, the DC: 0-3/Axis II Relationship Disorders criteria were tested on whether are applicable to the Greek population, in order for this instrument to inform the building up of the new tool.

Method For this purpose, 10 families from the general population and 10 families referred for violence problems were recruited and evaluated with both tools. The results obtained by the DC: 0-3 were compared to the results obtained by the ICAST-P questionnaire; the latter was recently used in two large research projects in Greece and has been appropriately adapted.

Results The DC: 0-3 had very good inter-rater reliability results, and both tools agreed on which mother-infant/toddler dyads presented a relationship of an abusive pattern.

Conclusions The contribution of the DC: 0-3/Axis II Relationship Disorders criteria to the development of the screening tool for infant and toddler abuse and neglect in Greece is discussed, while suggestions for further development of the aforementioned diagnostic scheme are also made.

P1-140

ENGAGING THE WHOLE LEARNER: EMOTIONAL AND COGNITIVE CONNECTIONS IN INFANT MENTAL HEALTH TRAINING

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Introduction Training professionals in infant mental health presents challenges, including engaging adult learners, addressing emotional reactions to materials, and dedicating the time and funding necessary for sub-specialization. Here, we explore a range of tools trainers may employ to support effective learning, drawing from fields as varied as adult learning and psychotherapy.

Method Professionals who attend Infant Mental Health Trainings come with a range of mental health experiences, learning styles, self-awareness, and skills. Methods for assessing learners' knowledge and skill base at the outset of training, as well as at the end of training and post-training will be discussed. Theories regarding teaching adults in a developmentally appropriate manner will be reviewed; ideas for engaging learners will be shared. We will discuss the challenges of managing countertransference and bias in various training contexts; the value of on-going consultation and reflective supervision to monitor trainees' emotional responses to information and experiences will be presented.

Results Professionals who attend trainings to build or extend their competence in Infant Mental Health have more positive experiences when trainers consider developmental and emotional factors of learning. When the emotional and cognitive impact of material is attended to, trainees are more likely to discuss challenges to their learning. Consultation and reflective supervision increase trainees' satisfaction and their ability to demonstrate fidelity to theory and practice. Adult learners tend to be more experiential learners, and respond well to multi-media presentation of material. Attention to technical issues, both in local and distance learning, increases the satisfaction of the learners.

Conclusions Training professionals in Infant Mental Health requires understanding adult learning so that training can take place in a meaningful way. Trainers who respond to trainees' cognitive and emotional responses are more likely to understand the challenges experienced by the trainees, and have more accurate assessments of trainees' progress.

P1-141

INTERDISCIPLINARY COLLABORATION: ASSESSMENT, DIAGNOSIS AND TREATMENT OF A YOUNG CHILD

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Introduction A case study of a young child who presented at an infant mental health clinic. The child was dismissed from his child care center due to aggression towards other children. An interdisciplinary team comprised of a social worker, psychiatrist, and a psychologist collaborated to achieve a diagnosis and implement interventions.

Method The parent and child participated in extensive assessment in order to clarify the diagnosis. The assessment included parent-child interaction procedures, parent perception interview, psychiatric interview, school observations, and cognitive and personality psychological assessment. The diagnosis was arrived at over several months. Several interventions were implemented including parent-child interaction therapy, cognitive-behavior therapy, medication and parent education. The team members were available to the parent for consultation between sessions. The team members met on a regular basis to evaluate the effectiveness of interventions.

Results An accurate diagnosis was achieved using an interdisciplinary approach and multi-modal assessment. Treatment initially had mixed results, but as the diagnosis became clearer, the interventions were adjusted and were highly effective. The child was able to resume and maintain a regular school schedule as he transitioned from day care to kindergarten. The use of the interdisciplinary approach not only enhanced the diagnosis and treatment response for the family, it also provided support to the team members while they managed with a sensitive and complex case. Diagnosis withheld to encourage discussion during presentation.

Conclusions This presentation illustrates the use of an interdisciplinary team approach for diagnosing and treating a toddler and his family who had a complex presentation. The process for completing the infant mental health assessment and intervening with a number of therapies with a positive outcome is discussed.

P1-142

B.A.S.E.[®] - BABYWATCHING IN ENGLAND, NEW ZEALAND AND GERMANY: A PREVENTION PROGRAM TO COUNTER AGGRESSION AND ANXIETY AND TO PROMOTE EMPATHY AND SENSITIVITY

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Introduction This workshop introduces the cross-cultural prevention program B.A.S.E.[®] - Babywatching - in preschool and school. Theoretical information necessary to conduct B.A.S.E.[®] Babywatching sessions as well as information about the history of the program and about important aspects of attachment theory will be given.

Method Powerpoint presentation, videotaped examples and photos

Results The workshop provides an insight in clinical sessions of the department of Pediatric Psychosomatic Medicine and Psychosomatic at the University of Munich, where B.A.S.E.[®] is conducted in a group of traumatized children. The presentation will also introduce the work of B.A.S.E.[®] Babywatching within the UK context. The particular needs and demands of the UK educational context will be briefly outlined. Furthermore, insights will be given in the use of B.A.S.E.[®] - Babywatching in New Zealand, working with children from different ethnic backgrounds, and in classes with children for special needs, e.g. with speech disorders.

Conclusions In conclusion you will receive a brief overview on experienced behavioral based changes and research results and methods that are disposed to evaluate the prevention program in a pretest posttest control group design.

P1-143

PIKLER APPROACH TRAINING AND REFLECTIVE SUPERVISION FOR PRIMARY CAREGIVERS IN POST INTERVENTION ORPHANAGE IN ST. PETERSBURG (RUSSIA)

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Introduction Pikler approach focuses on the infant's internal resources and on the facilitating characteristics of their environment and routines promoting the infant's autonomy, initiative, spontaneous activity (Tardos, 2007; Signal 3-4, 2012).

Method Pikler approach training aimed to improve caregiver - child interaction during care procedures (changing, bathing) became a new step of positive changes in Baby Home (orphanage) #13 in Saint-Petersburg after the St. Petersburg orphanage research project (The St. Petersburg-USA Orphanage Research Team, 2008). Child observation skills, following the child's lead, caregiver - child cooperation were the main focus of the training as well as respect and giving the child time for spontaneous activity and participation in regime routines organized by caregiver. Reflective supervision followed the training. Caregiver-child interaction was assessed before and after training and reflective supervision intervention. "Parent Child Early Relations Assessment" (PCERA) (Clark, 1985) and "Contact & Cooperation" scale to observe specific behaviors during care procedure were used.

Results Positive results of the Pikler Approach training and reflective supervision were found for caregivers' behavior and children's involvement into cooperation and own activity during care procedures.

Conclusions **Poster presentation** will reflect Pikler approach principles, post intervention conditions of the orphanage in Saint-Petersburg, present the details of the training and supervision program as well as the evaluation results.

P1-144

PARENTING WITH FEELING: A TARGETED INTERVENTION FOR PARENTS WITH SUBSTANCE USE PROBLEMS

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Introduction Parents who present with substance use disorders often experience a complex array of long term problems (including psychosocial risks, trauma and parenting concerns), increasing the likelihood of their children's needs being unmet, impacting adversely on child development and heightening the risk of maltreatment. There are few evidence-based parenting interventions developed for this target group.

Method This poster will outline preliminary findings from the implementation of a 10 week outpatient, targeted group intervention, 'Parenting with Feeling' (PWF) in Newcastle, NSW, Australia. The PWF intervention aims to develop the concept of mentalization and parental reflective functioning. Analysis of demographics to date demonstrated participants (M_{age} = 28.9, SD = 7.1 years), gender 80%

female, 20% male and 52% reported 'less than Year 10' level of education and had current substance use disorders and significant child protection concerns.

Results Pre and post intervention results from the PWF pilot study will include mental health and substance use measures and child development, with a particular focus on parent-infant relationships and parenting abilities (Global Assessment of Functioning, Global Assessment of Relational Functioning, Emotional Availability Scale, Mother Infant Relationship Scale, Parent Development Interview, Parental Reflective Functioning Questionnaire, Infant and Toddler Social and Emotional Assessment, Borderline Symptom Checklist, Parenting Stress Index) from the PWF pilot study will be presented.

Conclusions Advanced clinical skills are required in providing interventions to parents with substance use disorders. The PWF research project will contribute to an urgently required need to build an evidence base for effective interventions for this at risk group.

P1-145

BIRDS NEST DRAWING: ASSESSING FAMILY ATTACHMENT IN PARENTS WITH MENTAL HEALTH AND SUBSTANCE USE PROBLEMS

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Introduction Bird's Nest Drawing (BND) is an art-based method developed to assess attachment security. This tool is being utilized as part of an assessment battery to a clinical trial of a 10 week group based attachment parenting intervention, Parenting with Feeling (PWF), for parents with mental health and substances use problems who have infants at risk of abuse and neglect. The program has been developed to improve parental emotional availability and parental reflective capacity. Parents with substance use and/or mental health problems may experience challenges in engaging with clinicians and discussing issues related to attachment. BND is an alternative technique that can help elucidate family of origin and attachment discussion in this population.

Method This poster will present the data and images obtained using BND as an instrument with that target population. Quantitative preliminary data from PWF participants will be discussed. Parent's BND's were scored on the presence or absence of attachment related indicators defined according to Francis & Kaiser (2003). The results for several indicators are comparable to other BND research by Francis et al., (2003) in substance using populations. Qualitative data regarding family/attachment themes and attachment security will also be outlined. Most participants were able to recognize the link to family and discuss accordingly. 8% linked BND to their family of origin and 92% to current family with their own children.

Results These preliminary results indicate that the birds nest drawing is an effective and therapeutic way to individually create the environment for discussing family of origin and current family issues for parents with dual diagnosis.

Conclusions Future research should focus on the convergent validity with other reputable attachment measures and the qualitative element with larger sample sizes. This novel approach to explore attachment in an in-treatment population may help elucidate attachment issues in this often difficult to engage cohort.

P1-146

'CLICK' PARENTING: A ONE OFF ANTENATAL CLASS IMPROVES MENTALIZATION SKILLS IN PARENTS

Tejinder Konde!

ClickParenting, Radwinter, UK

Introduction This study explored the impact of a new mentalization based antenatal class, designed to support and develop the attachment relationship between parents and infant before birth.

Method Participants who had attended the class and standard NHS antenatal classes (intervention group, N=21) were compared to those who had only attended standard NHS antenatal classes (control group, N=19).

Results The study showed that participants in the intervention group used significantly more appropriate mind-minded comments than those in the control group. The intervention group also scored significantly higher than the control group on the Absence of Hostility subscale of the Maternal Postnatal Attachment Scale (MPAS, Condon & Corkindale, 1998). There was a non-significant trend of the intervention group scoring higher than the control group on the overall MPAS score as well as the Pleasure in Interaction subscale of the MPAS.

Conclusions The results illustrate significant impact on the way parents relate to their infants when using mentalization based methods, antenatally. The implications for change in public policy regarding antenatal care are discussed.

P1-147

PARENTAL PERCEPTION OF DEVELOPMENTAL VULNERABILITY AFTER INTER-COUNTRY ADOPTION: A 12-YEAR FOLLOW-UP STUDY

Gary Diamond^{1,2}, Yehuda Senecky¹, Jay Zuckerman¹, Dov Inbar^{1,2}, Yael Dlugatch², Ilana Winer-Ribke², Hadar Reichman³, Gabriel Chodick³

Introduction Institutionalized "orphaned" children are at risk for developmental disabilities, both in the short and long term. Adoptive parents perceive them as vulnerable, especially in development and mental health, which increases over time, in contrast to expected trends toward moderation. The study sought to identify developmental problems and evaluate the utility of pre-adoption screening.

Method Parents of the 191 adopted children (81% of those originally screened before adoption) were asked to complete the Parents' Evaluation of Developmental Status (PEDS) questionnaire. Responses were analyzed for the reported presence of developmental academic, social, behavioral and emotional dysfunction in 137 children at three arbitrary points in time: 2000, 2004, and 2009.

Results Parental response rates ranged from 55% to 74.4% at different junctures; 20 parents participated at all three time points and 52 at two of them. Most of the children were less than two years-old at the time of adoption. The predominant concerns of the parents evolved from the children's physical health, immediately after adoption, to developmental issues as they grew older. The cumulative incidence of reported concerns over developmental and behavioral problems at last follow-up (12 years post-adoption) was 79%. Children adopted after the age of one-year were more likely to have reported behavioral problems than those adopted earlier (RR=4.62; 95%CI: 0.97-22.07).

Conclusions Parents perceive international adoption as being associated with a substantial risk for developmental and behavioral problems. The risk is slightly lower when children are adopted before the age of one-year. Even meticulous pre-adoption screening cannot identify or predict behavioral or developmental problems that may appear later in childhood.

**POSTER SESSION 2
MONDAY 16TH JUNE: 1230 - 1315**

P2-1

FAMILY SUBSTANCE USE AND HEAD START TEACHERS' PERCEPTIONS OF PREKINDERGARTEN CHILDREN'S BEHAVIOR

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Introduction Considerable literature supports heightened risk for poor health among very young children who receive secondary exposure to parental smoking and drinking. Less attention has been given to the combined effects of parental substance use and to its influence on children's social-emotional behavior.

Method Using community based participatory research approaches in a population-based study of children enrolled in all Tribal Head Start programs in Michigan. We assessed the effects of parental alcohol, tobacco and other drug use (176 parents; 156 mothers, 20 fathers) on 271 preschool age children's social-emotional behaviors (126 boys, 145 girls). Children's behavior was assessed by teachers who were unaware of parental behavior or the overall purposes of the multi-year study. Teachers completed the Behavioral Assessment Scale for Children, a nationally standardized measure of children's behavior problems, in both the Fall (time 1) and Spring (time 2).

Results Teachers rated children who were exposed to high levels of parental smoking and drinking (binge) as having significantly higher levels of externalizing behaviors (aggression, depression, bullying, developmental social disorder, hyperactivity, negative emotionality, and lower resiliency and social skills) than children who were not exposed. There were no differences in attention, anxiety, somatization, withdrawal or atypicality. Exposed children showed significant changes in somatization and adaptability from time 1 to time 2, whereas non-exposed children showed significant changes in anger control.

Conclusions Evaluations of the effectiveness of Head Start children's social-emotional development must take into account the effects of secondary exposure to parental risky health behaviors such as smoking (more than 1/2 pack per day) and drinking (binge drinking). Implications for assessing program influences on children's performance are discussed.

P2-2

GROUP WORK USING SUPPORT PART OF THE ATTACHMENT STYLE INTERVIEW (ASI) METHOD FOR POSTNATAL MOTHERS

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Introduction Mothers who worry about baby care tend not to confide in their feeling in their husbands or partners. Group work to share feelings and situations with postnatal mothers could improve their attitude to get emotional support. The support part of the ASI could be useful in group work.

Method Health visitors in our city recommended mothers whose Edinburgh Postnatal Depression Scale was 9 or more to attend a structured group work using support part of the ASI applied if the mother 1) felt very anxious in baby care, 2) had family discord and no support in baby care, and 3) had difficulties in attending non structured free talk mother's group. A recruitment was continued until the fifth mothers agreed. The chair person and facilitator explained the mothers how to seek support by introducing the support part of the ASI. One month later their behavior changes were monitored by mail.

Results The five subjects were from 6 to 11 month-postnatal mothers. After the group work, the mother 1 who felt irritable with her husband tried to express her emotion which led to improve her husband's response. The mother 2 realized how she had not confided any feelings in her husband. The mother 3 found that her husband actually gave emotional support to her by listening the other mothers' situation. The mother 4 and 5 learned how to confide their worries in their husbands and had insight. All five mothers felt positive change in their attitudes.

Conclusions Group work using a semi-structured ASI method could be a useful approach for mothers who are reluctant to participate in free attendance and free talk style group meeting. It is also important to have more evidence to show its efficacy.

P2-3

PRETERM BIRTH. A "DIFFICULT START ON LIFE?". A LONGITUDINAL STUDY ABOUT THE PREVENTION OF LANGUAGE-SPEECH DIFFICULTIES IN PRETERM BABIES

Eleftheria Avramidou¹, Franesca Basiolla¹, Paraskevi Karagianni², Petros Kechayas¹, Konstantinos Tzanas³, Nikolaos Nikolaidis², Konstantinos Fokas¹, Flora Michalopoulou¹
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Introduction The need for psychological support to parents, whose infants are hospitalized because of premature birth, is well established has been manifested through the clinical experience. Medical attention and early consultative intervention to the family can prevent parent-child bonding problems and language and communication difficulties.

Method In this longitudinal study, the participants are infants born prematurely and both of their parents. Initial assessment of the infants included the following: language and communication, possible divergences from the typical development, autism spectrum, social development, parent-child interaction. At the same time, data was collected concerning the difficulties the parents may encounter in regard to the care of the infant. Psychosomatic symptoms, stress levels and the quality of parent-infant bonding is assessed. The assessment starts from the baby's stay at the neonatal intensive care unit and goes on every six months, until the baby's first two years of his life.

Results This study is currently in the data collection process. Due to the longitudinal character of our study, the first concrete, reliable data will be available in six months from now, that is, at the time of the first re-evaluation. The researchers' intention is to establish how different types of attachment can interact with various facets of the child's course through development. Additionally, our principle intend is to collect sufficient and detailed data from every phase of the infant's development, in order to create a database with information regarding to the quality of preterm babies' development.

Conclusions In the current socioeconomic conditions, we assumed that parents will be experiencing high levels of stress. This stress combined to the anxiety regarding the preterm birth of their child, may have detrimental effects. Therefore, early detection, assessment and intervention are considered crucial.

P2-4

THE IMPORTANCE OF EARLY TRAUMATIC EXPERIENCES IN ADHD

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Introduction Through the experimental research utilizing animal models but also through studies in humans we better understand how early life stress and trauma induce alterations in epigenetic programming and development of aggressiveness / hyperactive behavior. The objective of our cross-sectional study was to investigate the association between traumatic experience, PTSD-Symptoms and ADHD-Symptoms in 5-9 years oldboys.

Method Multiple information on pre- and postnatal risk factors as well as on traumatic events of the child (LITE-P; Greenwald, 2004) and its post-traumatic symptoms (PROPS; Greenwald, 2005) was collected in a group of 65 boys with ADHD and compared to 50 age-matched controls.

Results Boys with ADHD have a significantly higher rate of possibly traumatic and loss experiences, especially of interpersonal events like 'being beaten' or 'threatened by somebody'. We discovered a high correlation between the number of interpersonal traumatic events and ADHD-Symptoms (parent report: Spearman's $Rho=0.296^*$, $p=0.001$, $N=115$; teacher report: Spearman's $Rho=0.348$, $p=0.000$, $N=103$). ADHD-patients also showed significantly more post-traumatic symptoms, so that those were discovered to be a strong predictor of attention deficit (parent report: $R^2=0.439^{**}$, $\beta=0.530^{**}$, $N=115$; teacher report: $corr.R^2=0.237^{**}$, $\beta=0.401^{**}$, $N=107$).

Conclusions The research data will be used as a general framework to discuss the hypothesis, that traumatic experiences in close relationships may play an important role in development of ADHD. The importance of this concept in diagnostic processes as well as its possible implementation in prevention and therapeutic programs for ADHD in children shall be discussed.

P2-5

IS DISORGANIZED ATTACHMENT IN INFANTS ASSOCIATED WITH HIGHER CHILD-RELATED STRESS IN MOTHERS?

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Introduction In organized attachment relationships children show adaptive stress reactions that are associated either with secure or insecure attachment qualities, whereas disorganized attached children lack strategies to cope with attachment-related stress. We hypothesize, that mothers of children with disorganized attachment report higher child-related stress than those of children with organized attachment.

Method A non-clinical sample of $N=104$ toddlers aged between 12 and 15 months derived from the SAFE® (Secure Attachment Formation for Educators) evaluation study went through the Strange Situation Procedure (Ainsworth et al., 1978) with their mothers in order to assess the children's attachment qualities. Additionally, the Parenting Stress Index (PSI; Abidin, 1993) was used to assess self-reported maternal stress resulting from specific child behavior characteristics (such as hyperactivity or demandingness). Statistical analyses were used to investigate differences between organized and disorganized attachment groups (disorganized vs. secure and disorganized vs. insecure).

Results In our sample 60% of the children are classified as secure, 31% as insecure and 9% as disorganized in terms of attachment qualities. In the PSI mothers of disorganized attached children ($n=9$; $m=99.22$; $SD=18.45$) report higher stress on the "Child Domain" than mothers of securely attached children ($n=63$; $m=85.08$; $SD=16.44$). According to the calculated fairness criteria a significant group difference in the Child Domain sum score was found ($t=-2.38$; $p=0.02$; $d=0.84$). There is no clear statistical evidence for a group difference between mothers' ratings of disorganized and those of insecurely attached children ($n=32$; $M=86.28$; $SD=17.88$; n.s.).

Conclusions Results support our hypothesis that disorganized attachment in addition to child behavior that causes higher levels of parental stress could result in a vicious circle: stressful child behavior of disorganized children triggers parents even more and intensifies their unpredictable behavior towards their child, thus rigidifying disorganized attachment in the child.

P2-6

ATTACHMENT THERAPY: PSYCHOPATHOLOGY, DIAGNOSIS AND TREATMENT OF DEVELOPMENTAL TRAUMA DISORDERS

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Introduction In the past years, many studies have shown how attachment theory can be a basic theory for the understanding of developmental psychopathology. The development of an attachment-oriented classification system of attachment disorders proved to be very helpful in the diagnosis and attachment based treatment of clinical cases.

Method Bowlby already had developed guidelines for the application of attachment theory in the treatment of special mental disorders. The presenter has developed a form of attachment therapy with a special impact on early experiences of loss, separation and trauma, and he will demonstrate how it can be usefully applied in the treatment of different developmental trauma disorders in children of different age groups.

Results The theoretical background and the various video-demonstrations of diagnostics and treatments will help to understand the attachment based approach and the phases of treatment as well as the changes in the attachment representations and the symptomatology of clinical cases.

Conclusions Attachment theory is a useful framework for diagnostics and attachment therapy of severe developmental disorders of traumatized infants and children.

P2-7

INFANT CAREGIVING, ATTACHMENT REPRESENTATIONS, AND PEER PROBLEMS AMONG RURAL, LOW-INCOME, AFRICAN AMERICAN CHILDREN

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Introduction Few studies have investigated the mechanisms by which mother-infant interactions are carried into new contexts and relationships among low-income and ethnic minority children. This study examined relations between maternal care during infancy, children's attachment representations, and subsequent peer problems during the transition to school in an understudied population.

Method The sample consisted of 276 low-income, African American mother-child dyads in the rural United States. Maternal care was coded from mother-infant observations at 6, 15, and 24 months of age. Representations of attachment relationships were assessed using the Manchester Child Attachment Story Task (Green et al., 2000) when the child was six years old. Children's peer problems were reported by teachers using the Strengths and Difficulties Questionnaire (Goodman, 1999) six months later.

Results Structural equation models revealed significant associations between harsh-intrusive parenting (but not sensitive parenting) in infancy and children's representations of attachment security and disorganization. Children who experienced harsh-intrusive parenting as infants were more likely to represent relationships with caregivers as insecure ($\beta = .31, p < .01$) and disorganized ($\beta = .24, p = .02$). In a mediational model, insecure attachment representations were directly related to higher levels of problematic peer behavior ($\beta = .24, p < .01$), and mediated the association between harsh-intrusive parenting in infancy and problematic peer behavior at school (indirect effect = .09, $p < .05$).

Conclusions Findings provide evidence for the critical, long-term legacy of harsh-intrusive parenting in infancy among rural, low-income, African American children. Specifically, adverse caregiving experiences during infancy may be carried forward by children's representations of insecure attachment relationships, and then reflected in maladaptive peer functioning in the school years.

P2-8

INHIBITED ATTACHMENT BEHAVIOR IN INSTITUTIONALIZED CHILDREN: CONTRIBUTIONS OF CHILD'S CHARACTERISTICS AND CAREGIVER'S QUALITY OF RELATIONAL CARE

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Introduction Institutional rearing constitutes an adverse setting associated with strong negative effects on attachment relationships. This study aimed to identify inhibited attachment behavior's predictors, in a sample of 72 (41 boys, 57%) Portuguese institutionalized children, aged 3-6 years old ($M = 53.08$; $SD = 10.72$).

Method A semi-structured interview - Disturbances of Attachment Interview (Smyke & Zeanah, 1999) - and an observational measure developed by our team were used to assess inhibited attachment behavior. Measures included Griffith's Mental Development Scales (1984) to assess child mental development, Child Behavior Checklist (CBCL 1 ½ - 5; Achenbach & Rescorla, 2000; Portuguese version Gonçalves, Dias, & Machado, 2007) to assess emotional/behavioral problems, and the Children Behavior Questionnaire (Rothbart et al., 2001; Portuguese version, Lopes, 2011) to measure different temperament dimensions. Caregiver's quality of relational care was measured using a structured interaction situation coded with Ainsworth's Sensitivity Scales (Ainsworth et al., 1978).

Results The results showed that, as hypothesized, IAB was negatively associated with child's developmental level, and positively related to internalizing and externalizing behavior problems. Additionally, IAB was also associated with child temperament, in terms of less effortful control and more negative affectivity. Caregiver's sensitive responsiveness, a composite of sensitivity and cooperation, and the existence of a preferred caregiver were significantly related to lower scores of IAB. Subsequent regression analysis revealed that

child's emotional/behavioral problems, effortful control, negative affectivity, and the existence of a preferred caregiver were significant predictors of IAB.

Conclusions Results will be discussed within a developmental psychopathology framework.

P2-9

RELATIONSHIP OF MOTHERS' INSECURE FEARFUL ATTACHMENT STYLE AND THEIR MALTREATMENT

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Introduction Insecure attachment style in adults are related to low self-esteem, poor support and adverse childhood experiences. The aim of this study is to investigate relationship between mother's maltreatment and the insecure attachment style.

Method The participants of the study were 22 maltreating mothers (19-48 years old, average 30.0) who were referred to the psychiatrist for the child abuse prevention program of a general hospital. The Attachment style interviews (ASI) were administered to them. The ASI is semi-structured interview method to measure the degree of security of attachment through an ability to make and maintain emotionally supportive close relationships. Five mothers had major depression, 4 had depressive disorder not otherwise specified, 4 had dysthymic disorder, and 6 had other diagnosis and 3 were diagnostically unidentified.

Results Twenty two maltreating mothers (90.9%) had insecure attachment style and 8 (32%) had disorganized style, while among the 276 normal women (18-58 years old, average 30.8), had insecure and disorganized style were 119(43.1%) and 5(1.8%) respectively. The types of attachment style among the 22 maltreating mothers were fearful 13(59.1%), angry-dismissive 2(9.1%), withdrawal 2(9.1%), enmeshed 1(4.5%) and clearly secure 2(9.1%). In the ASI, disorganized style is defined as dual attachment types. All mothers of disorganized style had fearful type. In contrast, in their types of attachment were fearful 69(25.0%), angry-dismissive 20(7.2%), withdrawal 62(22.5%), enmeshed 9(3.2%), and clearly secure 116 (42.0%).

Conclusions Many maltreating mothers have disorganized and fearful attachment style. It is difficult for them to seek and maintain the supportive relationships with their close others. Mental care experts should approach them to improve their poor attachment behavior to others and to support their parenting.

P2-10

THE CIRCLE OF SECURITY (COS-P) IN ADULT MENTAL HEALTH SERVICES

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Introduction A number of studies show that there is a relationship between parental mental health and child development. It is therefore essential that the adult mental health services have knowledge and methodology that can help strengthen parental functioning that will help to prevent problems in the next generation.

Method The Circle of Security (COS-P) is a psycho-educational parent tutoring program built on attachment theory and other research. Its primary goal is to improve parental functioning by increasing parents' ability to mentalize the child. This presentation will review the implementation of COS-P in adult mental health services in Norway. The implementation has been assessed using patients' evaluation of the course as measured by the COS Parent Feedback Questionnaire. In addition, changes in parental functioning have been measured by the following instruments: Caregiving Helplessness Questionnaire (CHQ); Parenting Stress Index (PSI); and the Parental Reflective Functioning Questionnaire-1 (PRFQ-1).

Results Clinical experience and patient evaluation indicates that COS-P is beneficial for parental functioning for parents with mental disorders. Benefits are observed in terms of decreased parenting stress, as well as increased reflective functioning and caregiving self-efficacy.

Conclusions The experience so far is that COS-P is a very useful program for adult mental health services.

P2-11

INHIBITED REACTIVE ATTACHMENT DISORDER: PREVALENCE AND PERSISTENCE OF SYMPTOMS IN MALTREATED PRE-SCHOOLERS

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Introduction Inhibited Reactive Attachment Disorder (I-RAD) is a serious disorder associated with abuse and neglect in early childhood. Symptoms include emotional withdrawal and fearful hypervigilance. It is thought to be extremely rare, but the prevalence in either maltreated or general populations is unknown.

Method Our questions were: what is the prevalence of I-RAD symptoms in maltreated pre-school children and does this prevalence diminish after 1 year? 100 maltreated children aged 6-60 months were recruited shortly after entry to foster care (as part of a randomised controlled trial not further discussed here). At first assessment, 4-12 weeks after entry to foster care, and 1 year later, children were observed in a videotaped playtime and mealtime scenario with their carer. Using the I-RAD observational rating system developed by Soares and colleagues, we estimated the number of I-RAD symptoms in each child at both time points.

Results We have recruited 83 children and 34 have already been seen at both time points. By the time of the conference, we will have data on prevalence of I-RAD symptoms at 4-12 weeks after placement in foster care and 1 year later.

Conclusions I-RAD symptoms can be detected in maltreated pre-schoolers in mealtime and playtime video scenarios with caregivers.

P2-12

THE RELATIONSHIP BETWEEN WOMEN'S ATTACHMENT STYLE AND POSTNATAL DEPRESSION

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Introduction Insecure attachment styles involving attitudes of Enmeshment, Fearfulness, Angry-dismissiveness and Withdrawn-avoidance are expected to be significantly higher in women with depression than comparison women (Bifulco, 2002). The aim of this study is to investigate attachment style among Japanese pregnant women and outcome of having postnatal depression.

Method During the 32nd week of pregnancy, 84 women were interviewed using the Attachment Style Interview (ASI). Participants completed self-reported questionnaires assessing family relationships, current life stresses, and symptoms of depression and anxiety. At one month postnatal, the participants were contacted again, and were given Edinburgh Postnatal Depression Scale (EPDS) and were assessed with the Mini-International Neuropsychiatric Interview for Depressive Disorder. The content analyses were carried out for the ASI transcript of those classified as Depressive Disorder postnatally.

Results Eighty two women completed the study and 76 gave eligible data. Sixteen women were classified as Postnatal Depression (PND). A multiple logistic regression analysis showed significant effects for insecure attachment, social economic status, and antenatal depression on PND. A receiver operating characteristic analysis found that the logistic model that predicts postnatal depression excluding insecure attachment style had an area under the curve of 0.85. Adding insecure attachment style increased to 0.87 ($p < .05$). Sixteen women with PND had poor support or sympathy from their partners, no talk about pregnancy or delivery, had over-self-reliance and low dependency and not living together.

Conclusions The ASI is a good assessment tool to predict PND. Furthermore, giving back the results of the ASI to those vulnerable women would be useful for supportive psychotherapy starting from pregnant period.

P2-13

HOW PRIMIPARAS RECOGNIZE BABIES' FACIAL EXPRESSIONS- THE RELATION BETWEEN THEIR RESPONSES TO THE JAPANESE IFEEL PICTURES AND THEIR STYLE OF ATTACHMENT

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Introduction Although most of primiparas sympathetically read the emotions from the Japanese IFEEL Pictures, 30 photos of babies facial expressions, some tended to read more anger and less complex and differentiated emotions. In this study, we explored the factors affecting recognition of babies' emotion using the Attachment Style Scale.

Method Participants: 92 first-time pregnant women who visited a medical institution for prenatal checkup. Over 90% were married, and most of them were working. Procedures: During the occasion of prenatal checkup, the Japanese IFEEL Pictures and a questionnaire were conducted. The tester presented the IFEEL Pictures booklet to the participant, asked to describe what sort of emotion the infant in each photo showed. Responses were recorded and coded by two raters, using the Relationship Assessment Categories. The questionnaire comprised demographic data and the Attachment Style Scale (Takuma & Toda, 1988). The relationship between responses of the IFEEL and Attachment Style were analyzed.

Results From eighteen Attachment Style Scale items, three factors were extracted, namely, "secure tendencies," "anxious/ambivalent tendencies," and "avoidant tendencies." A relationship was seen between each of these styles and the IFEEL Pictures' responses that were coded into eight categories: Deviated Response, Object Seeking, Satisfaction/Frustration of Needs, Basic Emotions, Psychological Needs, Attention/Concentrated States, Simple Description of the Picture, and Rejection. Results showed relation between attachment style tendencies and IFEEL responses.

Conclusions The study confirms the influence of attachment style among primiparas, to recognize babies' facial expression adequately. The IFEEL Pictures is a useful tool for pregnant women to understand their tendencies to recognize babies' emotions and consequently, be aware of their child rearing way by themselves and by others.

P2-14

ATTACHMENT STYLE OF POSTNATAL MOTHERS, MOTHER-INFANT INTERACTION AND THEIR TODDLERS' OUTCOME (2) CLINICAL REPORT; A MOTHER WITH FEARFUL ATTACHMENT STYLE

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Introduction Maternal mental health problems can have effects on mother-child interactions. However little is known about difference in interaction between mother and infant where a mother has psychological problems but has no formal psychiatric diagnosis. This case study examined poor interaction from the ASI point of view.

Method The case was picked up from the control mothers in community (N =26) at 7-9 months in face-to-face interactions with their infants using Global Mother-Infant Interaction (GMII; Murray et al., 1997) as mentioned in the previous poster 3 (Yamashita et al). The pick-up was done from the cases in which the mother's psychiatric assessment showed no psychiatric disorder but assessed as poor mother-infant interaction. The case was summarized and examined based on the Attachment Style Interview (ASI).

Results The case of Mrs.A is a housewife living with her husband and two children. Her parents divorced when she was an adult. Her husband has full time work and supports his family financially. Mrs. A has only one close friend but they seldom meet. Her child care and the baby's development are not deviant. However, both Mrs. A and her baby are quiet and less active in interaction by our video based analysis and assessment. The result of her attachment style is "moderately fearful" with a high score of mistrust, constraints on closeness, and fear of rejection.

Conclusions Regardless Mrs. A has no psychiatric disorder, she has difficulty in making and maintaining her social relationship with others, which might affect less active interaction between the mother and the baby.

P2-15

CULTURAL ISSUES TO DISSEMINATION OF " VIDEO-FEEDBACK INTERVENTION TO PROMOTE TO POSITIVE PARENTING(VIPP)" TO JAPANESE MOTHERS

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Introduction VIPP is attachment-based intervention and validated by randomized control trial in several samples in the Western countries. However, it should be cautious to adapt the intervention technique to other cultural contexts. As a preliminary trial, this study examined whether VIPP is culturally adaptable in Japanese mothers.

Method Four mother-child pairs agreed to participate in this study through written announcement in preschools. VIPP was conducted according to the manual every 3-4 weeks for 90-120 min. per a session. Evaluations of pre- and post-intervention were made by behavioral observation (free play, clean-up, and separation-reunion) and questionnaire (mother's child-rearing stress and child's behavioral problems).

Results The results indicated that the mothers expressed their satisfaction in VIPP and had a lot of "discoveries" during video-feedback. Their sensitivity to their children increased. One of them praised her child more and the other stopped teasing her child roughly. Two children showed disorganized attachment behaviors before intervention. But these behaviors disappeared after intervention. However, some cultural issues to adapt VIPP to Japanese mothers emerged as follows: Embarrassment of video-filming in front of home visitors especially on children's side, mother's feeling of guilty for children not to obey the instruction during filming and children's separation anxiety during intervention.

Conclusions This study showed the efficacy of VIPP in Japanese sample. However, some considerations for cultural issues are needed to conduct VIPP in video-filming and arrangements for children during intervention session.

P2-16

EXPLORING THE IMPACT OF CHILD BIRTH ON MOTHERS' ATTACHMENT REPRESENTATIONS

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Introduction The transition to parenthood is explored regarding its impact on mothers' attachment representation measured with the Adult Attachment Projective Picture System (George & West, 2001) considering influencing variables like birth complications/experience, parenting stress and postnatal depression. Further the vulnerability of attachment acquisition to life events is investigated.

Method Attachment representations of 54 mothers of the treatment-as-usual group (common birth preparation course) of the SAFE ® (Secure Attachment Formation for Educators) evaluation study conducted at the Dr. von Hauner Children Hospital was assessed with the AAP before and one year after birth and categorized into secure (F), dismissive (Ds), enmeshed (E) or unresolved (U) by a trained rater. Participants also completed self-report measures regarding depression, trauma, parenting stress and pregnancy/birth experience. The changes in attachment representations and the stories told are examined using statistical analysis and detailed comparison of content and structure of the two AAPs of each participant.

Results Preliminary data shows that there are shifts between the prenatal and postnatal maternal representations. Results will be presented.

Conclusions Results are discussed addressing the influence of life-changing events like birth on mothers' attachment representation. The use of the Adult Attachment Projective Picture System (George & West, 2011) is discussed regarding its vulnerability to life circumstances at the moment of acquisition and its test-retest reliability.

P2-17

INFANT TEMPERAMENT AND PARENTAL PARENTING STYLE: DIFFERENTIAL FINDINGS ON FOSTER CHILDREN'S ATTACHMENT AND MENTAL HEALTH

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Introduction Due to previous experiences foster children often suffer from attachment and mental health problems (Oosterman & Schuengel, 2008). A nurturing environment in foster care, however, is supposed to have positive effects on foster children's adjustment (Ponciano, 2010), while genetic variance concerning the susceptibility for environmental influences is proposed (Belsky, 2005).

Method Presented data are part of a longitudinal study with 55 foster parents and their 1 to 6 year old foster children. Foster families were accompanied over the first year after placement in three waves (direct after placement, after 6 & 12 months). Parenting was rated from different videotaped parent-child interactions (Lang et al., 2012) and foster children's attachment was measured with the Attachment Q-Sort (Waters & Deane, 1985). Foster children's externalizing symptoms and temperament were assessed by questionnaires (Child Behavior Checklist, Achenbach, 1991; Children's Behavior Questionnaire, Putnam et al., 2006).

Results While foster children's attachment security increased during the first year in placement, externalizing symptoms remained on an overall constant level. Analyses revealed parenting to be more predictive for attachment security while foster children's temperament predicted later externalizing problems. Children with difficult temperament were found to be more susceptible to parenting experiences during the first year of placement compared to children with easy temperament. Introverted children's attachment security especially flourished under the condition of authoritative parenting. Furthermore authoritative parenting buffered the adverse effects of negative affectivity on externalizing symptoms.

Conclusions These findings imply the need for particular sensitivity in placing temperamentally vulnerable children. Future foster parent training and selection should focus on skills in authoritative parenting as this kind of "greenhouse environment" fosters positive development among these vulnerable children.

P2-18

META-ANALYSIS OF POSTNATAL (BIRTH TO ONE YEAR) INTERVENTIONS AIMING TO IMPROVE MATERNAL-INFANT ATTACHMENT

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Introduction Early secure maternal-child attachment relationships lay the foundation for children's healthy social and mental development, while insecure or disorganized attachment predicts a host of internalizing and externalizing behavioral problems. Targeting the components of maternal-child attachment, namely maternal sensitivity and maternal reflective function, may be the key to promoting secure attachment.

Method Via narrative and meta-analysis, we examined the effectiveness of interventions aimed at promoting maternal sensitivity and reflective function during infants' first year of life on maternal-child attachment security, measured by the Strange Situation (Ainsworth, Blehar, Waters & Wall, 1978) and Q-set (Waters & Deane, 1985). Trials were identified from electronic database searches and included randomized or quasi-randomized controlled parallel-group designs. Participants included mothers and infants followed up to 36 months postpartum. Studies examining mothers and infants affected by a variety of risk factors (e.g. low-income, lone parenthood, infant irritability) were included, while those examining children with neurodevelopmental disabilities were excluded.

Results Ten trials, involving 1628 mother-infant pairs were included. Examination of the trials that provided sufficient data for combination in meta-analysis, revealed that interventions of both types increased the odds of secure maternal-infant attachment compared with no intervention or standard intervention (n=7 trials; OR: 2.77; 95% CI: 1.69, 4.53, n=965). Interventions that focused on maternal sensitivity alone also increased the odds of secure attachment (n=5 trials, OR: 2.82; 95% CI: 1.65, 4.83, n=405), as did the interventions focused on both increasing maternal sensitivity and reflective function (n=3 trials, OR: 3.39; 95% CI: .90-12.74, n=158).

Conclusions We conclude that interventions aimed at improving maternal sensitivity alone or in combination with maternal reflection, implemented in the first year postpartum, are effective in promoting secure maternal-child attachments. This systematic review included only randomized controlled trials and one quasi-randomized, controlled trial, thus reducing bias.

P2-19

DISCOVERING THE HEALTH AND WELLBEING BENEFITS GAINED BY MOTHER AND BABY, FROM ATTENDING BABY MASSAGE CLASSES HELD IN THE LOCAL COMMUNITY

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Introduction Touch is the universal language of babies. It is their means of communication which is established in the womb and continues after birth. Discover how baby massage classes helped to enrich the relationship between mother and her infant, and appreciate the benefits derived by parents and babies, from 'positive touch'.

Method Baby Massage Course conducted at a local leisure centre comprising 4 weekly baby massage sessions of one hour. Leaflets and posters are placed in the local community advertising the baby massage course to parents. A maximum of 8 mothers (plus their babies) can attend the group sessions. Provisos are that all infants must be under 12 months and any medical conditions should first be

assessed by a GP. Each week a qualified baby massage instructor teaches parents how to massage different parts of their baby's body. The final week, parents are asked to complete a questionnaire (anonymous) with their feedback.

Results 8 mothers (plus their babies) attended the four week baby massage course. Identities of mother and baby were ascertained upon arrival at the first baby massage session. Attendees included mothers with twins, premature babies and foster children. Mothers enrolled onto the course to help their babies with infantile ailments such as colic and constipation, medical conditions such as Hydrocephalus or to enhance bonding. Mothers carried out massage routines with their babies through instructor led sessions. As the course progressed, mothers reported they felt relaxed and safe in the environment and felt more confident in understanding and handling their babies.

Conclusions The Questionnaire Form provided surprising feedback. Mothers had varied reasons for attending baby massage classes. Some attend for baby's benefit i.e. colic, constipation and others attend for their own personal benefit i.e. to socialize. The results illustrate that parents felt more confident and babies were happier because of baby massage.

P2-20

THE STILL-FACE PARADIGM AND BIDIRECTIONALITY: ASSOCIATIONS WITH MATERNAL SENSITIVITY, SELF-ESTEEM AND INFANT EMOTIONAL REACTIVITY

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Introduction The Still-Face Paradigm (SFP) is a uniquely stressful situation used for examining mother-infant relationship quality within differing contexts. The Mutual Regulation Model (MRM), which posits that mother-infant relationships are driven by moment-to-moment actions and affections, is a framework for probing the evidence from investigations involving the SFP.

Method The present study examines bidirectional influences of mother and infant during and immediately following the SFP. A sample (N =31) of low-income mothers and infants participated in a structured videotaped interaction at 12-weeks postpartum. The interaction consisted of the three segments of the SFP, introductory play, the still-face, and the reunion phase, as well as toy play immediately following the reunion phase. Videos were coded along the following dimensions: maternal sensitivity during introductory and toy play, infant emotional reactivity during the still-face, and infant resistance during the reunion. Mothers' self-reported global self-esteem was examined as a predictor of infant behavior.

Results Path analysis in MPlus 7.0 examined direct and indirect effects of maternal and infant behaviors and maternal self-esteem. Results revealed significant bi-directional influences such that maternal self-esteem predicted infant emotional reactivity ($\beta = .46, p < .001$), maternal sensitivity during introductory play predicted infant resistance during the reunion phase ($\beta = -.51, p < .001$), and infant resistance predicted subsequent levels of maternal sensitivity ($\beta = -.57, p < .01$). The relationship between maternal sensitivity during introductory play and post-SFP toy play was mediated by infant resistance ($\beta = .29, p < .01$).

Conclusions This study is among the first to observe mother-infant dyads beyond the SFP. Through this extension, we provide evidence for the MRM; maternal sensitivity influenced infant willingness to reengage during the reunion phase, and this reaction, in turn, influenced maternal sensitivity. Implications for clinical practice and intervention are discussed.

P2-21

ATTACHMENT IS ABOUT SAFETY AND PROTECTION IN A CLOSE RELATIONSHIP, INTERSUBJECTIVITY IS ABOUT SHARING AND COLLABORATION IN PEOPLE: THE DIFFERENCE BETWEEN ATTACHMENT AND INTERSUBJECTIVITY

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Introduction Intersubjectivity (IS) and attachment (AT) are two major socio-emotional factors of parent-child relationship in human development. However, not only are there relations uninvestigated fully, but also different interpretations of their functions and relations are proposed from several different theoretical positions.

Method I review recent researches on both AT and IS from a viewpoint of a) the Narrow/Broader concept of AT, b) academic positions to advocate/reject innate IS in younger infants, c) proponents and opponents of a fraternal relation between AT and IS.

Results Discussions about those issue are specially focused on IS as Companionship, a general ability to promote corroborations and belongingness in an intimate social group.

Conclusions Finally tasks to be solved to understand multiple aspects of IS and AT are proposed.

P2-22

THE AFFECTIVE RELATIONSHIP OF THE PREGNANT WOMAN WITH THE FETUS: PREGNANCY THROUGH ASSISTED REPRODUCTIVE TECHNOLOGY

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Introduction The study of prenatal bond -one of the main predictors of mother-child attachment created after birth- enables to detect possible difficulties for the mother when establishing an affective relationship with the fetus. This may affect the fetus proper development, delivery and future mother-child relationship.

Method A research study with a cross-correlational design was used to evaluate 50 pregnant women through Assisted Reproductive Technology. They were all between the sixth and seventh week of gestation, after it had been confirmed heartbeat of the fetus by diagnostic sonography. The following tools were used: a questionnaire about the women reproductive history specifically developed for this study, the Prenatal Bond Assessment Scale, subscales Anxiety, Depression and Somatization of the Symptom Checklist-90-Revised, and the ENRICH Marital Satisfaction Scale.

Results The results show that even in this early moment of pregnancy, women have already established an affective relationship with the fetus: they fantasize, protect the fetus selflessly, interact with the fetus and feel anxiety about their real or imagined loss. On the contrary, they barely recognize the fetus as an independent individual. Both anxious and depressive symptoms are very low and they are not related to prenatal attachment. It is remarkable somatization and there is satisfaction with the relationship with the partner. These two variables are not related to the mother-fetus relationship at this early time of pregnancy.

Conclusions It is necessary to keep studying the prenatal bond and the link between this affective relationship and the identified variables by analyzing them over the three trimesters of pregnancy and after birth.

P2-23

CASE REPORT: FEEDING DISORDER (FD) OF INFANCY AND MATERNAL ATTACHMENT STYLE

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Introduction FD of infancy can occur as a result of various contributing factors in multiple domains, such as difficult infant temperament, parental psychological problems, and low mother-infant dyadic reciprocity. Understanding maternal attachment style, which can be related to her parenting behavior, will be useful in intervention to feeding problems.

Method A case of a young child with FD was studied. We present a clinical course of a 2-year-old girl who had avoided eating foods since six months of age, receiving only breast feeding with poor physical growth. Also she showed severe separation anxiety to her mother. For the diagnosis and holistic treatment strategy of the child, the last version of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised-DC: 0-3R was used. To understand the mother's psychological mechanism of having difficulties in feeding her child, Attachment Style Interview (ASI) was used.

Results The diagnosis of the child was FD of Caregiver-Infant Reciprocity and Infantile Anorexia. As for her family history, her parents got divorced when she was one year old. At that time, she had already avoided eating foods under her mother's care. The mother had insecure attachment from the result of the ASI, so that she required support on parenting. Through the treatment of our multidisciplinary team, the child could get adequate emotional experiences and started eating well, resulting in the improvement of her weight from 7kg(81.4% of the ideal weight for Japanese female in infancy) to 9.6kg (96.8%).

Conclusions The child's difficult temperament, the problems of family discord, and the mother's psychological problems could act as predisposing and perpetuating factors in this case. Assessment of mother's attachment style by using the ASI could help therapists to make a decision for management plan.

P2-24

USE AND MISUSE OF ATTACHMENT DISORDER DIAGNOSIS

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Introduction Attachment theory provided precious insights in developmental processes. Its concepts have become popular among different professions. Yet they are often used imprecisely. Reason for concern is the inappropriate extensive use of the diagnosis attachment disorder. The present work aims to elaborate a discussion basis for interdisciplinary consensus on established knowledge.

Method A sub-group - as part of a larger GAIMH-Project on „Describing psychic and psychosomatic disorders in early childhood" - composed by child psychiatrists, psychologist, developmental counselors working and teaching in different institutions, collected among colleagues and other professionals references relevant in their formation regarding the topics attachment patterns/attachment disorders and deprivation/posttraumatic reactions. The literature list was completed by own focused research. The material was reviewed with the objective to provide a foundation for further interdisciplinary discussion in the german-speaking area, in view of consensus in assessing attachment problems and in understanding the broader clinical picture following deprivation/maltreatment.

Results The diagnosis of RAD entered classification manuals in the 80es and is founded in clinical experience. The concept of attachment disorder was expanded in attachment literature in the 90es; the idea of alternative classification of attachment pathology was proposed. Actual classification manuals define as pathology just two well-described patterns (inhibited and disinhibited). Many attachment patterns and representations from academic research can be considered risk factors, are not necessarily pathological. Some special attachment patterns (secure base distortions) deserve clinical attention and further research. The concept of developmental trauma disorder, based on developmental psychopathology, is clinically relevant and deserves more attention.

Conclusions The discussion raises out of practical experience in german-speaking Europe (Germany, Switzerland, Austria). These are preliminary results. The presentation at WAIMH should broaden our view and inform us about the situation in regard of the problem of indiscriminate use of attachment disorder diagnosis and his serious consequences in other countries

P2-25

PRESCHOOLER PSYCHOPATHOLOGY: CONTRIBUTION OF THE IMMUNE GENES AND MATERNAL INTERACTIVE BEHAVIORS

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Introduction Several studies suggest that genetic alterations in immune modulators, including the cytokine genes, are associated with psychopathology, namely in depression. However, these genes have never been studied in regard to children psychopathological symptoms. This study aims to examine the contribution of child's immune genes and maternal sensitivity to child psychopathology.

Method Participants were 72 preschool children (59.7% girls) with a mean age of 57.9 months (SD = 7.56) and their mothers. Mothers were asked to complete a sociodemographic questionnaire and the Child Behavior Checklist ½-5 (Achenbach, & Rescorla, 2000; Gonçalves, Dias, & Machado, 2007). Additionally, a 15-minute interactive task was used to assess maternal sensitivity. Child's DNA from buccal cells was collected for genetic analysis of the cytokine polymorphism (rs1800896) in Interleukin-10 gene. Informed consent was also obtained from the mothers.

Results CBCL½-5 results showed a mean score of 13.00 (SD 6.75) for internalization, 13.62 (SD 6.27) for externalization and 39.70 (SD 16.53) for total problems. Considering omnicultural cut-off scores, 31.9% of the participants scored high in internalization, 23.6% in externalization and 27.8% in the total problems dimensions. Genotype distribution for SNP of IL-10 (rs1800896) gene was: 26.5% have AA, 41.0% AG and 19.3% GG, and demonstrated to be in Hardy-Weinberg equilibrium ($\chi^2(2)=.22$). Internalizing problems was correlated with presence of the A allele, $r_{pb}=-.239$, $p=.044$. In subgroup of 59 children, maternal sensitivity was negatively correlated with internalizing problems, $r=-.324$, $p=.012$.

Conclusions Results demonstrated that IL-10 polymorphisms was associated with internalizing problems, this results provide news insights on the role of the immune genes to the field of developmental psychopathology. Data collection is still in progress and we hope that increasing the sample size will be able to elucidate about GxE interactions.

P2-26

YOUNG CHILDREN OF INCARCERATED PARENTS: CHAOS IN THE HOME

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Introduction The United States has the highest incarceration rate in the world (PEW, 2008). Approximately 2.7 million American children have an incarcerated parent and incarceration disproportionately affects disadvantaged families. Children of incarcerated parents are at high-risk for living in poverty and experiencing caregiver instability; effects are particularly marked for young children.

Method Although it is suggested that children's experiences with caregivers during parental incarceration are associated with the relationship between parental incarceration and child outcomes, research has not examined chaos in the caregiving environment for these children. This study examined household chaos in relation to children's cognitive and socioemotional outcomes in 50 low-income children aged 3-6 (M=4.06 years, SD=1.51 years; 59% female; 48% African American; 74% below poverty threshold) with at least one jailed parent. A home visit was conducted with the child and his or her caregiver while the parent was jailed.

Results We conceptualized chaos as the aggregate between turbulence (e.g. caregiver instability) and disorder (e.g. crowding) in the home. Items from the LEQ (Masten, et al., 1988), the CHAOS Scale (Matheny, et al., 1995), and the Family Instability Index (Vernon-Feagans, et al., 2012) were selected to create a new scale reflecting lifetime social and physical risk factors in the lives of young children. The Attachment Q-sort and the CBCL were used to assess socioemotional outcomes and the Peabody Picture Vocabulary Test and the Stanford-Binet (5th ed.) assessed cognitive functioning. We will examine the relation between household chaos, poverty, and child outcomes.

Conclusions We hypothesize that: (1) Family income will be positively correlated with chaos (with higher chaos reflecting more risk), (2) Children with higher chaos in the home will have more deleterious developmental outcomes and, (3) Turbulence items will closely associate with socioemotional outcomes, while disorder items will correlate with cognitive functioning.

P2-27

REALTA: RETROSPECTIVE STUDY OF ATTACHMENT AND SOCIAL-EMOTIONAL DEVELOPMENT OF FIVE- AND SIX-YEAR-OLD CHILDREN BORN PRETERM

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Introduction Preterm infants are at risk of neurodevelopmental and adverse mental health outcomes. Parents of preterm infants may experience significant psychological distress and trauma in the perinatal period, which may be enduring. Preterm infant-parent interaction may be affected and this may impact on the quality of the developing attachment relationship.

Method This is a retrospective study of attachment representations of preterm and full term children at age five and six. Preterm infants (gestational age < 30 weeks) and full term infants born at normal birth weight in the National Maternity Hospital in Dublin, Ireland, between July 2006 to December 2008 were identified and recruited to the study. Neonatal data is collected on each child and a

clinical assessment carried out. The assessment includes the Manchester Child Attachment Story Task (MCAST), a child cognitive assessment and language screen and parent questionnaires.

Results Data collection for this study is underway and data analysis will be commencing in Spring 2014. Attachment representations will be compared for preterm and term children and will be presented at the 14th World Association for Infant Mental Health World Congress. The study will also aim to identify factors that influence risk and resilience in children who are born preterm.

Conclusions Preterm infants may be at risk of insecure attachment, however research findings have been equivocal. In view of the increased survival of extremely low birth weight preterm infants, further research is required to explore their social-emotional development. It is important to identify factors that confer risk and resilience.

P2-28

MATERNAL ATTACHMENT REPRESENTATIONS OF FIVE- AND SIX-YEAR-OLD CHILDREN BORN PRETERM

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Introduction Parents of preterm infants may experience significant psychological distress in the perinatal period. Early trauma and the infant's immaturity may affect parent-infant interaction. The effects of premature birth on attachment have mostly been examined from the infant's perspective with a lack of data concerning maternal attachment representations following preterm birth.

Method The ReAlta study (Retrospective Study of Attachment and Social-Emotional Development of Children Born Preterm) assesses attachment representations of preterm (gestational age < 30 weeks) and full term children at age five and six. Neonatal data is collected and a clinical assessment carried out. The assessment includes the Manchester Child Attachment Story Task (MCAST), a child cognitive assessment and language screen and parent questionnaires. As part of the study the Working Model of the Child Interview (WMCI) will be conducted with approximately 45 mothers.

Results Data collection for this study is underway and data analysis will be commencing in Spring 2014. WMCI classifications of maternal attachment representations will be correlated with children's attachment classifications. Our findings will be presented at the 14th World Association for Infant Mental Health World Congress.

Conclusions Previous research has shown that attachment representations are affected in mothers of both low-risk and high-risk preterm infants. Further research is required to explore maternal attachment representations of premature children and this will help to develop early interventions to support these vulnerable dyads.

P2-29

POSTPARTUM DEPRESSION AFTER THE GREAT EAST JAPAN EARTHQUAKE

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Introduction Tsunami caused by the Great East Japan Earthquake took approximately 400,000 houses and lives over 15,000. Although the situation was severe, 19,126 babies were born in Miyagi in 2011 and mothers have taken care of them in the unusual living environment like at temporary housing.

Method Perinatal women are known to be a high risk of depression, even if in a daily life. Especially postpartum depression would lead to an attachment disorder to both mother and child. The purpose of this study was to clarify the mental health situation of them and the factor which influenced that. We conducted postal questionnaires including Edinburgh Postnatal Depression Scale and the General Health Questionnaire 28 at the time of ten months and sixteen months after the disaster of perinatal women who lived in Miyagi at that time. This study was approved by the ethic committee of Tohoku University.

Results The questionnaire were answered by 677, of whom 135 were primiparas, 542 were multiparas. Their mean age was 31.86 ± 4.92 at 5.42 ± 2.49 months postpartum. On our study, the rate of mothers who got over the cutoff value of Edinburgh Postnatal Depression Scale was high as 21.5% more than the average as 10–15%, and that of General Health Questionnaire 28 was also high as 46.2% compared with 14% as average. Mothers who got a high score had had completely collapsed house or received a damage by tsunami or lost the job of them.

Conclusions Our findings verify life events caused by the tsunami are strongly associated with postpartum depression, and suggest a long-term support of houses and mental health is helpful in order not to let them have an attachment disorder. Additional research is needed to follow them from now on and to ensure support.

P2-30

MEANING OF BODY CONTACT THAT IS FOUND IN INFANTS' PLAY: FROM THE VIEWPOINT OF APPROACHING

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Introduction Regarding the meaning of the body contacts which infants perform in play, a longitudinal observation on body contacts was carried out with 3, 4, and 5 years-old children (Tukazaki, 2011). Recently, it is suggested that an approaching behavior to other influences our personal space (Yamamoto, 2008). Then, we investigated the differences among ages.

Method: The subject for this study were 30 children from 3 age groups daily attending a kindergarten in Yamagata, Japan. They were 4, 5 and 6 years-old (18 boys, 12 girls). All children were mobile and could walk or run freely through playrooms. Behavioral Variables and Data: Collection of children's position were recorded by digital video camera. To locate the positions of children and other children or caregivers, a large screen was marked off in a grid corresponding to 100 x 100-cm squares laid across the floor of the playrooms. The position of every child and caregiver could be plotted on scale maps of the classroom.

Results: Age differences in Social Distances Distances with caregiver increased with age. 4 years-old children stayed closer to their caregiver than older children. However, distances to nearby play mates decreased with age. Older children (6 years-old) use body contacts implicitly, but skilfully as a tool and a means than younger children (4 years-old). The duration time of approaching behavior to another child decreased with age. Younger children often used longer approaching behavior to participate in play than older children.

Conclusions These findings indicate that the spacing of young children follows a typical pattern: infants initially stay close to caregivers, gradually taking up positions farther from them and closer to peers in play. In conclusion, we need to analyze the context before and after the body contacts of children arise to investigate their meaning.

P2-31

DISTURBED ATTACHMENT BEHAVIOR IN YOUNG HOME-REARED CHILDREN

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Introduction Inhibited and disinhibited symptoms of disorders of attachment and social engagement have mostly been studied in foster care and institutionalization. This study focused on the prevalence of disturbed attachment behavior in clinically referred young home-reared children and links between these symptoms and maltreatment, parenting stress and child externalizing and internalizing behavior.

Method Participants were 141 home-reared children, aged 2-7 years (mean 4.4y, SD 1.3), 74% boys, referred for treatment of emotional or behavioral problems. Disturbed attachment behavior was measured using the Disturbances of Attachment Interview (DAI). Inhibited behavior and disinhibited behavior was separately examined. Maltreatment was classified using the Maltreatment Classification System (MCS), which codes information from patient records on abuse, maltreatment and neglect. Parental stress was measured using the Dutch version (NOSI) of the Parental Stress Index (PSI). Child externalizing and internalizing behavior was measured using the Child Behavior Checklist (CBCL).

Results The prevalence rate of inhibited behavior was 11%, but when only selecting children without a preferred caregiver the prevalence was 1.4%. The prevalence rate of disinhibited behavior was 32%. Physical abuse was found in 17%, physical neglect in 25% and emotional maltreatment in 54%. Inhibited behavior was not associated with physical abuse, physical neglect or emotional maltreatment. Also, disinhibited behavior was not associated with physical abuse, physical neglect or emotional maltreatment. Disinhibited behavior was however related to more parental stress ($r=.171$ $p<0.05$) and associated with more externalizing problem behavior ($r=.219$ $p<0.01$) in children.

Conclusions Disinhibited behavior and maltreatment are relatively common but not associated with each other in clinically referred young home-reared children living with biological parents. Disinhibited behavior is however related to more parental stress and more externalizing behavior in these children. Therefore, disinhibited behavior seems relevant as a disorder in home-reared children.

P2-32

GOODNESS OF FIT BETWEEN MATERNAL AND INFANT SLEEP IS ASSOCIATED WITH MATERNAL POSTPARTUM DEPRESSIVE SYMPTOMS AND ATTACHMENT SECURITY

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Introduction Goodness of fit between infants and their mothers has important implications for maternal psychopathology and subsequent infant mental health. We know little in the domain of mothers' and infants' sleep. We examined patterns of mother and infant sleep as a predictor of maternal postpartum depressive symptoms and mother-infant relationship status.

Method One hundred and one families who participated in a larger study of infant sleep and goodness of fit are considered. Most mothers were white (88%), completed college (58%), and married (80%). Half of infants were female. Mothers self-reported on their sleep in the prenatal period. Infant sleep at 8 months was measured using actigraph monitoring; we examined variability in infant sleep across at least 5 days. The Hamilton Rating Scale for Depression was administered by a clinician prenatally and at 12 months. Following multiple home visits, research assistants completed the Attachment Behavior Q-Sort at 12 and 30 months to assess attachment security.

Results Analyses yielded several conclusions (controlling for prenatal depressive symptoms and socioeconomic status): (a) Maternal sleep moderated the influence of infant sleep on maternal postpartum depressive symptoms ($B=.21^*$) such that (b) variability in infant sleep was associated with more postpartum depressive symptoms among mothers who reported more sleep ($B=.30^{**}$) but not among mothers who reported less sleep ($B=.00$, ns); and (c) more maternal depressive symptoms predicted declines in infant attachment security between 12 and 30 months ($B=-.27^{**}$).

Conclusions Short maternal sleep and unpredictable infant sleep contributes to maternal postpartum depressive symptoms, which in turn is associated with disturbances in infant mental health (security of attachment relationship). Disturbance of the mutual sleep regulatory process (i.e., poor fit of infant and mother) may have lasting consequence for the emerging relationship.

P2-33

ATTACHMENT STYLE IN FRENCH CHILDREN ADMITTED TO DAY CARE CENTERS BEFORE THE AGE OF 6 MONTHS

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Introduction In France, birth rate is one of the highest in Europe: 2.01 per woman (2010). Infants are admitted to day care centers very early, from the age of 2 months upwards. The impact of early care in day care centers on attachment quality has never been studied yet in France.

Method In an exploratory study, attachment quality will be studied in N=60 children aged 12 to 18 months using the Strange Situation (Ainsworth et al, 1978): N=30 children who have been admitted to day care centers before the age of 6 months and N=30 who are exclusively cared for by their parents. Children will be filmed in the strange situation following standard protocol and videos will be evaluated blindly by an expert team in Munich, Germany. Prevalence of secure / insecure attachment style will be compared between the two groups.

Results The hypothesis is that there will be more infants with an insecure avoidant attachment quality in the group of very early care in day.

Conclusions Preliminary data will be presented.

P2-34

MOVEMENT ANALYSIS OF PARENT-INFANT INTERACTION: WINDOWS INTO MEANING-MAKING

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Introduction Advances in the study of infant development and infant-caregiver interaction have been made with increasing appreciation for the nuanced ways in which nonverbal behavior in body and face reflect state and affect. These behaviors gain semiotic functions as they communicate need and intentionality.

Method Codable behaviors have been identified regarding such features as gaze, orientation, and distress, and neural processes are implicated in encoding and decoding processes. The Kestenberg Movement Profile (KMP) is reintroduced as a developmentally anchored, Laban-based, system that evolved along parallel paths: 1) as a complex ethogrammatic "movement language" identifying rhythms and qualities of change in tension and shape both within the contours of the body as well as in the surrounding kinespheres of each interacting partner; 2) a system interlaced with specific psychoanalytic propositions regarding stage-theory, self- and object-relations, intrapersonal harmony and conflict, and interpersonal concordance and discordance.

Results The KMP contributes to case formulations regarding primary prevention/infant-parent psychotherapy. Recent and ongoing studies explore movement patterns in relation to personality features of the parent, stress, emotional-availability, infant temperament, and maternal depression in consideration of the KMP as a research tool and as a clinical framework. Meanings attributed to nonverbal patterns will be considered as a function of patterns-constellations. The data-approach of tapping movement pattern frequencies will be considered alongside time-series approaches, e.g. frame-by-frame lag sequential analysis. Meanings attributed to individual movement patterns are compared to meanings attributed to "phrases" of nonverbal patterns, and to self- and interactive-contingencies.

Conclusions Predictabilities in distinct movement/nonverbal channels are linked to the experience and disruption of empathy, trust, and embodied intentionality. Methodological and conceptual challenges are reviewed. Clinical implications for at-risk parent-infant relationships are considered.

P2-35

CAPEDP-AN INTERVENTION PROGRAM: MOTHERS' ATTACHMENT STYLE ON FOLLOW-UP ASSESSMENT AT INFANTS' 48 MONTHS

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Introduction CAPEDP is the first controlled French study on early prevention, based on attachment principles, aiming to reduce the incidence of infant mental health problems in a sample of 440 multi-risk mother-infant dyads, implemented in Paris from 2006 to 2011. The CAPEDP-A (Attachment) study phase II, is a follow-up study.

Method The study intends to assess attachment quality on a subsample of 120 of these families when infants are 48 months of age. We present preliminary data on mothers' attachment style (N=63; Intervention group=33, Control group=30). For this we use two

different measures: Relationship Scale Questionnaire (RSQ; Bartholomew & Horowitz, 1991; French version: Guedeney, N. et al., 2010) and Adult Attachment Narratives (AAN; Waters, H., & Rodrigues, 2007; French version: Tereno, Verissimo, Guedeney, A. et al., 2011). **Results** Mothers' attachment quality as assessed by the RSQ has showed that, two years after, intervention group mothers have less frequently a preoccupied attachment style ($t(61) = -2.74$; $p = 0.008$) than the control group. Coding and statistical analysis of the AAN is still in progress. We will present and discuss results describing mothers' attachment quality using this qualitative method and then compare them with the RSQ.

Conclusions Follow-up studies are essential to validate the stability of prevention programs effects. They may also clarify sleeper effects of the intervention and emphasize their importance to enhancing children's well-being.

P2-36

A CASE STUDY OF A PROGRAM WITH A FOCUS ON ATTACHMENT BETWEEN A FOSTER PARENT AND A FOSTER CHILD WITH ATTACHMENT ISSUES

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Introduction Many children entering child welfare institutions exhibit behavior that is psychologically and socially problematic (Chisholm 1998). However, in Japan, support systems and methods for foster parents have yet to be established. This paper details a case study involving an attachment-based program (hereafter "ABP") that provides support for foster parents.

Method: Participants: A foster child aged 3 years and 8 months who was sent to an infant home immediately upon birth, and a foster mother aged 56 years. Major issues: Although the child never parts from the foster mother, violent behavior such as kicking and pulling hair is directed at her. The child also has difficulty sleeping. Intervention methods: ABP: Ten sessions over 5 months, a consultation for the parent, and play sessions involving physical activities which promote interaction between the child, the parent, and the therapist.. Procedures: Behavior observation, an interview with the foster parent, and questionnaire surveys

Results After completion, the child became capable of making honest demands to the foster mother. The sleeping difficulty, as well as the violent and problematic behavior directed at the foster mother, started occurring less frequently. The foster mother said that things became easier since she learned how to handle the situations. She began to use emotional expressions such as "endearing" to describe the child, and she admitted she had felt stress stemming from confusion over raising the child before the start of the intervention; however, she eventually learned various ways to handle problematic behavior. She also reported feeling less stress.

Conclusions Before the intervention, the child's behavior troubled the foster parent; however, the relationship stabilized through the creation of an emotional bond and the adoption of methods to handle problematic behavior, such as by repeatedly ignoring it and imposing "time outs." The parent also made a positive change in her image.

P2-37

ATTACHMENT REPRESENTATIONS OF MOTHERS OF PRETERM INFANTS IN THE PERINATAL PERIOD

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Introduction Maternal attachment representations are associated with infant security of attachment and a range of developmental outcomes for normative and at risk populations. While comparable in distribution to samples of full-term infants, qualitative differences in maternal representations of preterm infants has been found. Little is known about maternal attachment representations of preterm infants in the perinatal period.

Method In this study the Working Model of the Child Interview (WMCI Zeanah et al., 1986) was conducted with 40 mothers of babies born between 23 and 32 weeks gestation during the baby's admission in the Neonatal Intensive Care as part of a prospective randomised controlled trial of a brief attachment focused intervention. Coding of the WMCI will be undertaken and classification of attachment representations presented.

Results The results of the analyses of the WMCI will be presented and discussed.

Conclusions Maternal attachment representations of preterm infants in the first and second year are associated with negative feelings about the baby in the perinatal period and the quality of mother-infant interaction. Elucidating attachments representations of the baby in the perinatal period may contribute to identifying dyads at risk for later relationship problems.

P2-38

THE INFLUENCE OF AN UNPLANNED CAESAREAN SECTION ON INITIAL MOTHER-INFANT BONDING: MOTHERS' SUBJECTIVE EXPERIENCES

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Introduction Birth by unplanned Caesarean section has been identified as a potentially traumatic experience; one that can negatively influence a woman's transition to motherhood by hindering her ability to bond with her baby. This study aimed to explore the subjectively perceived impact of an unplanned Caesarean section on initial mother-infant bonding.

Method This study was approached from a phenomenological perspective. Through purposeful, snowball sampling, ten mothers who had delivered their babies by unplanned Caesarean section were selected as the study sample. Aspects of their birth experiences were explored in in-depth phenomenological interviews. A semi-structured, open-ended approach allowed for the exploration of relevant opinions, perceptions, feelings, and comments in relation to the women's unplanned Caesarean experiences. The transcribed data were analyzed thematically. Phenomenological theory served as a broad framework for the structuring, organizing and categorizing of data. Findings were contextualized in attachment and bonding theory, as well as current literature on the topic.

Results In this study, mothers described their different bonding experiences during the pre-natal period, during the Caesarean section, and post-Caesarean. Delivery by unplanned Caesarean section left mothers feeling detached from the birthing process and disconnected from their infants. Passivity, initial separation, and delayed physical contact further compromised mother-infant interaction. Post-partum physical complications and emotional disturbances had important implications for the women's perceptions of themselves as mothers and their abilities to provide for their infants, their self-esteem, and feelings of relatedness with their babies.

Conclusions Adverse responses to a traumatic birth experience could influence the establishment of a maternal role identity, the formation of balanced maternal attachment representations, a mother's maternal sensitivity and responsiveness towards her infant, the caregiving system, and ultimately the engagement and bonding process in initial mother-infant interaction.

P2-39

SCREENING OF AUTISM SPECTRUM SYMPTOMS IN INFANTS AND TODDLERS

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Introduction ASD is a lifelong neurodevelopmental condition, with (A) persistent deficits in social communication and social interaction, and (B) restricted, repetitive patterns of behavior, interests and activities. As a part of COST action BM 1004 - Enhancing the Scientific Study of Early Autism (ESSEA), different screening methods are studied.

Method Parents of 477 infants completed Brief Infant Toddler Social Emotional Scale, (BITSEA, Briggs-Gowan et al. 2004) and (2) Early Screening of Autistic Trait Questionnaire (ESAT, Swinkels et al 2006) at their child's 12-month check-up at Children's Health Care Centres. Four *Problem Subscales* (Externalizing, Internalizing, Dysregulation and ASD) and the *Competence subscale* of the BITSEA were examined. Health care nurses completed a questionnaire on social interaction, shared interest and abnormal sensory reactions. 19 screened babies were assessed on development, behavior and social interaction with the ERA (Clark 1985), ADI-R (Lord et al 1995) and ADOS (Lord et al 2000).

Results In mother-rated questionnaires, infants with high ESAT total scores (> 3) (when compared with those who scored "low" on the ESAT, < 3) demonstrated elevated BITSEA total problem scores (7.07 vs. 5.43), increased dysregulation (3.71 vs. 2.86) and ASD subscales (5.54 vs. 3.54), and decreased BITSEA competence scores (11.46 vs. 15.77). In father-rated questionnaires, though the overall differences were smaller, the largest group differences were found in the ASD (5.76 vs. 4.22) and competence subscores (12.94 vs. 15.28). Examination of infants with ESAT >3, did not yet yield clinical ASD; the most common finding was delayed reciprocal vocalization.

Conclusions Due to the complexity and heterogeneity of ASD, multi-informant (e.g., parents, health care nurses) assessment is needed. A protocol for early recognition of ASD will be presented, beginning with identifying developmental concerns in children's health care centres and proceeding via local multi-professional teams up to tertiary health care level.

P2-40

ATTACHMENT STYLE OF POSTNATAL MOTHERS, MOTHER-INFANT INTERACTION AND THEIR TODDLERS' OUTCOME(1) RESEARCH REPORT

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Introduction Parenting behaviors and parent-infant emotional bonding during the postpartum period might play a critical role in infant development. However, maternal psychopathology and mother-infant interaction have received less research. The aim of the present study is to examine the psychosocial risk factors during perinatal period and its impact on socio-emotional development.

Method We assessed index mothers with mood and/or anxiety disorder (N =16) and control mothers (N =26) at 7-9 months in face-to-face interactions with their infants using Global Mother-Infant Interaction (GMII; Murray et al., 1997). We examined the contribution to mother-infant interaction of maternal psychopathology based on the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), as well as maternal bonding assessed by the Mother-to-Infant Bonding Scale (MIBS-J; Yoshida et al., 2012) and Attachment style by relationship questionnaire (RQ; Bartholomew, 1991). Infant developmental outcome were assessed using Child Behavior Checklist (CBCL2-3; Achenbach 1991) during 24-36 months of age.

Results Index mothers were more intrusive and expressed more negative emotion to their infants during face-to-face interaction even after their psychiatric symptoms were remitted (Low EPDS score and no SCID diagnosis). Infants of control mothers who indicated poor mother-infant interaction showed reduced social responsiveness. No developmental delay was observed in both groups and two infants of index group showed above clinical threshold in CBCL2-3.

Conclusions Mothers with anxiety/depressive symptoms show poorer mother-infant interaction, and their infants show early signs of reduced social responsiveness that are related to both individual infant differences and a lack of maternal sensitivity to engage in social interactions.

P2-41

INDISCRIMINATE SOCIAL BEHAVIOR IN HIGH-RISK CHILDREN: EFFECTS OF AN ATTACHMENT-BASED VIDEO INTERVENTION

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Introduction Indiscriminate social behavior (ISB) increases the risk for profound disturbances in the psycho-social adjustment of children. However, there are almost no prospective studies analyzing the etiological mechanism of ISB in home-reared children. Moreover, it remains unclear if attachment-based intervention approaches may contribute to positive changes in ISB as well.

Method In the current study, the effectiveness of an attachment-based video-feedback intervention was investigated. 50 high-risk mother-child dyads were randomly assigned to either the intervention group (N=32) receiving video-feedback during the first three months after delivery, or to a control group (N=18). At 12 months, the strange situation was used to assess infants' ISB using the Rating of Infant Stranger Engagement (RISE, Riley et al., 2005) as well as infants' attachment (Ainsworth et al., 1978). Maternal sensitivity and maternal subjective strains were assessed at 1, 3, 6 and 12 months after delivery and psycho-social risk factors were assessed at baseline.

Results Results reveal a positive intervention effect on ISB as the prevalence of ISB at 12 months was significantly lower in the IG (12.5%) than in the CG (38.9%), $p=.04$. This effect was not mediated by maternal sensitivity. Risk factors for ISB could be identified in the sub-group of adolescent mothers (N=28), as a cumulation of objective (e.g. socio-economic risks, unwanted pregnancy) and subjective risks (e.g. psychological symptoms, parental strain) significantly predicted infant ISB ($M=5.10$, $SD=1.35$; $M=3.04$, $SD=1.66$), $t(26)=3.62$, $p=.001$. Still running analysis will reveal associations between ISB and attachment security and disorganization.

Conclusions These results indicate that the intervention is effective in preventing ISB in high-risk children. However, especially in the highly vulnerable group of adolescent mothers infants' ISB was predicted by a cumulation of maternal strains. In these cases, additional interventions focusing on the reduction of maternal strains should be provided.

P2-42

MATERNAL RESOLUTION OF PRETERM BIRTH AT 1 MONTH POST TERM

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Introduction Preterm birth is often experienced by mothers as traumatic and stressful, physically and emotionally. Mothers have expectations regarding birth and becoming a mother, which may be challenged due to preterm birth. To be resolved, mothers need to adjust inner working models and come to terms with the new reality.

Method Mothers' state of resolution with preterm birth at one month post-term was examined using the Resolution with Diagnosis Interview. 55 Mothers of singleton, preterm babies participated. Medical data regarding pregnancy, delivery and postnatal hospitalization were obtained from hospital records. Mothers completed the Depression, Anxiety and Stress questionnaire. Interviews were held at infants' corrected age of 1 month ($M=34$ days, $SD=6.7$, Range= 23-50). Interviews were coded by 2 trained and reliable coders. Mothers' age ranged between 21-41 years, ($M=31$, $SD=5.5$). Duration from water break to birth ranged from 0 to 43 days ($M=4.3$, $SD=10$).

Results: The interviews of 21 mothers (38%) were coded as resolved whereas the interviews of 34 (62%) were coded as unresolved. Resolved mother experienced a longer duration of time from water-break to delivery ($M= 9$, $SD = 14.7$) compared to unresolved mothers ($M = 1.38$, $SD = 3.2$), $t(22) = 2.34$, $p = .029$. Resolved mothers reported significantly lower stress levels upon hospital discharge ($N = 17$ of 21, 81%), than unresolved mothers ($N = 18$ of 34, 52.9%), $\chi^2(1, N = 55) = 4.4$, $p = .036$. The severity of child medical and neurodevelopmental condition was not associated with maternal resolution.

Conclusions: Only 38% of mothers were resolved, possibly due to proximity to the delivery. Mothers are less resolved when preterm birth is experienced as surprising and precipitated. Maternal resolution is not associated with severity of baby's condition, indicating resolution as a subjective process of mothers

P2-43

SOCIAL-COMMUNICATION DEVELOPMENT OF PRETERM INFANTS DURING THE FIRST YEAR OF LIFE

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Introduction Preterm born infants are at risk for neurodevelopmental disorders, including social-communicational difficulties and Autism Spectrum Disorders (ASD). High rates of ASD symptoms in extremely preterm cohorts most often relies on retrospective parental reports and/or on later diagnoses. Early identification is important for early prevention/intervention.

Method Participants included 79 infants, born at 34 weeks gestation or earlier ($M = 31.12$ weeks, $SD = 2.67$; Range = 24-34 weeks). Nineteen infants were born at 24-29 weeks, 27 at 31-32 weeks and 33 at 33-34 weeks. Infants were assessed with the Autism Observation Scale for Infants (AOSI), designed to detect early signs of ASD. The AOSI was administered at 8 and 12 months of age,

corrected for prematurity. At 8 and 12 months, AOSI total scores ranged from 0 to 22 (M=5.42, SD=3.95) and from 0 to 13 (M=3.65, SD=2.52), respectively.

Results AOSI scores decreased from 8 to 12 months, ($t_{78} = 4.07, p < 0.001$). Lower gestation age (GA) was significantly associated with higher AOSI scores at 8 ($r = -.38, p < .01$) and 12 ($r = -.23, p < .05$) months. ANOVA comparing week of birth and the infant's age at test yielded significant main effects of age of test ($F_{1,76} = 19.15, p < 0.001$) and prematurity ($F_{2,76} = 4.36, p < 0.05$). Fifteen infants scored above 9 at 8 months, 4 infants at 12 months, and 2 infants at both assessments.

Conclusions Gestational age is associated with elevated AOSI scores, especially in extremely preterm infants. These scores tend to decrease during the first year. Social/communication difficulties presented at 8 months require follow-up, yet some infants may catch-up and by age 1 year no longer reveal difficulties as assessed by the AOSI.

P2-44

PARENTAL AND CHILD CONTRIBUTIONS TO PARENT-CHILD INTERACTIONS AMONG MOTHERS AND FATHERS AND THEIR CHILD WITH AN AUTISM SPECTRUM DISORDER

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Introduction The role of responsive maternal interaction style in fostering optimal developmental gains in children with ASD is of great research and clinical interest. Yet, not much is known about the reverse effects of children's characteristics (communication skills, severity of symptoms) on parental interaction style, especially in the case of fathers.

Method Fifty-five families with a child with ASD participated (child age: M = 7.5 years). Mothers and fathers were asked to interact separately with their child for 15-20 minutes using different toys/art materials. The Parent-Child Interaction Rating Scales were used to code the videotaped interactions. Exploratory factor analysis of the 24 ratings yielded four interaction scores of parental sensitivity, parental communication, child's positive engagement with parent and child's positive affect, computed for the first and second play activity, and separately for mothers and fathers. Children's cognitive abilities and severity of symptoms were assessed using the ADI-R, ADOS, Vineland-II and developmental/IQ test.

Results Linear regression analyses were used to examine whether the behavior of one partner in the first interaction predicted the behavior of the other partner in the second interaction, controlling for parental IQ, child's mental age, and symptom severity. Maternal and paternal communication (but not sensitivity) in the first interaction significantly predicted child's positive engagement and positive affect in the second interaction. For the reverse 'child on parent' direction, child's positive engagement and positive affect in the first interaction did not predict maternal sensitivity and communication in the second interaction, however child's positive affect and mental age significantly predicted paternal communication.

Conclusions The quality of maternal and paternal behaviors predicted children's behaviors, whereas children's positive affect and mental age contributed only to communicative paternal interaction style. Understanding the transactional nature of mother/father interactions with their child with ASD is important for clinical intervention.

P2-45

PRETERM CHILDREN WITH AUTISM: WHO ARE THEY?

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Introduction In April 2010, Samantha Johnson, Neil Marlow and colleagues, report the latest results of the Epicure study in Britain: in very preterm, the risk of developing autism syndrome is multiplied by 65. However, if epidemiological studies are now many, there are few clinical studies on the psychopathological profile of these children.

Method A retrospective study was conducted on cases of premature babies and having received an ASD diagnosis for five years in the child psychiatry department of the University Hospital of Caen. This data was cross-checked with data from the neonatal neonatology. The study focuses on 26 children. Preterm children with ASD characteristics are described from neonatal, socio-cultural, psychopathological and neuropsychological data.

Results We have undertake a comparison with children with ASD and born at full term. There shall be a demonstration of specific signs in the population of preterm children with ASD. Hypotheses are proposed on the autistic process in these children.

Conclusions Monitoring of preterm infants should include attention to early signs of relational withdrawal in these children and a coordinated multidisciplinary response.

P2-46

JEALOUSY AND SOCIAL ENGAGEMENT IN VERY YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Introduction Jealousy is experienced in a triadic context, where a potential threat exists that a valued relationship will be lost to a rival. Thus, expression of jealousy requires children to intersubjectively share with others. Intersubjective sharing is a core deficit in ASD-leading to speculation concerning their ability to express jealousy.

Method In an attempt to illuminate the nature of autism's affective deficit, the present study aimed to conduct assessment of jealousy in very young children with ASD (personal-mother and nonpersonal-stranger) and to identify jealousy's linkage with experimenter-child's social engagement. Participants included 19 toddlers with ASD (CA=23.16, months). To provoke jealousy we manipulated two triadic conditions (personal mother-child-baby doll scenario and nonpersonal stranger-child-baby doll scenario), consisting of the mother/stranger putting a "life-like newborn-baby doll" on her lap, and cuddling the newborn-baby doll. Social engagement was tested through 3 interactive social tasks including bubble play; peek-a-boo and playing with a Balloon.

Results Main results included more protest behaviors in the jealousy personal situation (mother-holding the baby-doll) versus the non-personal situation (stranger holding the baby-doll). Furthermore, eye gazes, physical proximity behaviors and verbal gestures were directed more towards the mother in both the personal and non-personal situations versus the stranger. Higher levels of social engagement were linked with more eye gazes, physical proximity behaviors and verbal gestures in the jealousy personal situation.

Conclusions The fact that jealousy expressions were higher in the personal-mother condition than in the nonpersonal - stranger situation and the link between jealousy and social engagement in very young children with ASD holds significant implications for understanding ASD children's intersubjective capabilities.

P2-47

EFFECTIVE RESPONSES FOR PRIMARY AND SECONDARY AGE CHILDREN WHO HAVE DEVELOPED BEHAVIOR, SOCIAL AND EMOTIONAL DIFFICULTIES THROUGH NON-VERBAL COMMUNICATION (NVC) DEVELOPMENT

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Introduction See the impact of social and technological changes over the last thirty years on NVC development in children. Understand the causal relationship between limited NVC skills and the consequent increase in social and emotional difficulties associated with anti-social behavior. Hear about the simple solutions to these problems.

Method Children learn language and can talk well but on school entry and particularly at the change to secondary school they may present many difficulties. These are usually noticed in their behavior and social skills. However parents and professionals tend to think there is not a communication problem because the child has adequate or better than average language skills. To communicate effectively, we need to use NVC equally with language skills. Failure to develop sufficient NVC will impact throughout the child's life and create challenges for schools, parents, carers and friends, as well as being a major cause of anti-social behavior.

Results Well-developed NVC skills help a child communicate effectively; learn how to behave; understand and use emotions; socialize confidently, and benefit from schooling. Promoting language skills if NVC is at a pre-three year level is detrimental and in the long term causes worse behavior. Parents and professionals who shift the focus of their attention away from language promotion and behaviorist techniques and instead direct it to the development of NVC skills will reap benefits and the child will become an independent communicator. NVC is a life-long learning process. Children with good NVC become adults with good conversational skills.

Conclusions Simple strategies for parents and carers will help children cope better in all conversations. Participants will: understand the impact on child and family; identify situations and activities detrimental to the development of NVC; see the positive effect of NVC intervention and understand the effect in other areas of special needs.

P2-48

EMOTIONAL AVAILABILITY IN EARLY MOTHER-CHILD INTERACTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS, OTHER PSYCHIATRIC DISORDERS AND DEVELOPMENTAL DELAY

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Introduction Emotional Availability (EA) is a method to assess dyadic interactions between an adult and a child. The goal of the study was to provide descriptive information regarding the EA scales for children with Autism Spectrum Disorders (ASDs), Other Psychiatric Disorders (OPD) and Developmental Delay (DD).

Method 340 children, aged 12-57 months, diagnosed with ASD (38,8%), OPD (28,8%) and DD (32,4%) and their mothers admitted to Ankara University, Child and Adolescent Psychiatry Department, Infant Mental Health Unit were assessed using the EA scales. The EA scales consist of six dimensions of the emotional availability of an adult to the child and of the child toward the adult. Adult dimensions are: sensitivity, structuring, nonintrusiveness and nonhostility. The child dimensions are: responsiveness to the adult and involvement of the adult. Three episodes were observed: free play and clean-up, semistructured play, and separation-reunion situations.

Results One-way ANOVA was used to compare the groups. There were no significant differences on adult scales between parents of children with ASDs, OPD and DD. However, significant group differences were noted in child scales. The child's ability to respond to the parent in interaction was lowest in children with ASD, followed by children with DD and children with OPD. Children with ASD were found to be significantly less involved in the interactions than children in the other groups. However, there is no significant difference between OPD and DD regarding involvement of the parent in the interaction.

Conclusions Interventions that enhance the sensitivity of the mothers that interact with children with ASD, OPD, DD may foster the responsiveness of the children and the children's involvement of others.

P2-49

PSYCHO-EDUCATIONAL RIDING: AN INTEGRATIVE PSYCHOLOGICAL PERSPECTIVE AS A PATHWAY IN DEALING WITH AUTISTIC SPECTRUM DISORDERS

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Introduction Supported on a scientific study (Leitão, 2003) and grounded on a theoretical framework based on an integrative perspective (Psychoanalytic Theory; Cognitive-Behavioral, Systemic, Intersubjective and Touchpoints Models) this work aims to present a psychological based early intervention program developed by our team in Lisbon, Portugal.

Method Based on scientific evidence about the importance that this kind of setting may have on autistic children behavioral, cognitive and socio-emotional development, we have chosen to intervene on children as well as on their families. Our primary goal is concerned with reinforcing the relationship quality between parents and their children in order to promote attunement, empathy and wellbeing, *i.e.*, in order to support them facing everyday hard challenges. Using the horse, Video Interaction Guidance, children and parents skills, our team integrates different working dimensions: therapeutic (family groups), home visiting, scientific, social (entertainments) and cultural activities (exhibitions), sportive, courses and lectures.

Results Results obtained through our clinical observation point out the effectiveness of the treatment not only on specific developmental areas on children (Cognitive Verbal/Preverbal; Expressive Language; Receptive Language; Fine Motor; Gross Motor; Visual-Motor Imitation; Affective Expression; Social Reciprocity; Characteristic Motor Behaviors; Characteristic Verbal Behaviors) but also on parents, mainly in regard to dealing with feelings of helplessness and hopelessness. This intervention program states the importance of the family as a vehicle to reach out a healthy development.

Conclusions Finally we hope to conclude stressing the importance of this integrative intervention as a mean to promote both children and families development without false delusions but above all without false disillusion.

P2-50

DEVELOPMENTAL COURSE OF CHILDREN WHO INDICATED RISKS OF SOCIAL COGNITIVE DISORDER ON PREFERENTIAL LOOKING TEST (PLT) IN INFANCY

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Introduction We followed up the developmental course of the risk infants who once showed the features of social cognitive disorder on our own PLT in the early stages of development and discussed the possibility to forecast the early symptoms of social cognitive disorder such as Autism Spectrum Disorders (ASD).

Method Our PLT was conducted on 188 6 to 12-month-old infants. The infants who indicated the risks of social cognitive disorder in point of the duration of attention to the facial expressions were selected as our follow-up observation subject. We carried out the Checklists for Development of Early Social Cognition (DESK) 18 months after our PLT, and the Theory of Mind (TOM) and WPPSI on infants who agreed with the pre-school (at 4 to 5 years of age) assessment. After the test subjects had entered a primary school, the Rating Scale for ASD (PARS) and WISC were implemented on them.

Results The test subject infants who had showed the risks of social cognitive disorder on our Preferential Looking Test in infancy, received our follow-up observation and took DESK, TOM, intelligence test and PARS were eventually diagnosed as ASD during or after the follow-up observation.

Conclusions It has been suggested that the duration of attention to the facial expressions on our Preferential Looking Test can be a possible indicator of the early symptoms of social cognitive disorder such as ASD.

P2-51

CLINICAL STUDIES OF READING ABILITY IN JAPANESE PRESCHOOLERS WITH BEHAVIORAL, EMOTIONAL AND/OR COMMUNICATION PROBLEMS, SUSPECT OF AUTISM SPECTRUM

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Introduction Developmental dyslexia is such a common educational problem in western countries, sometimes coexist with other developmental disorders. Otherwise it has not been recognized well by Japanese primary school teachers. We evaluated both cognitive and reading abilities in 130 children, suspect of high functioning Autism spectrum.

Method Before starting elementary education, we assessed their intellectual quotient (IQ) and cognitive abilities by Kaufman Assessment Battery for Children (K-ABC), which identify sequential processing and simultaneous processing abilities. We divided children into three groups, AVERAGE reading ability (with reading skills scores in K-ABC, from 85 to 115), DYSLEXIC (less than 85), and HYPERLEXIC (more than 115). Furthermore, by using the standardized reading ability tests for Japanese children, we prospectively revealed the percentage of developmental dyslexia in each group after 1-3 years of educational experience in public primary schools.

Results: 1) Children could be divided into 61 children (46.9%) in average, 45 (34.6%) in dyslexic and 24 (18.5%) in hyperlexic group. 2) IQ level of the dyslexic group (mean: 90.7) is statistically lower than the average (98.0) and the hyperlexic group (99.0). 3) Sequential processing scale of the dyslexic group (mean: 86.4) is statistically lower than the average (101.9) and the hyperlexic group (104.4).

4) There is no difference between simultaneous processing scale between dyslexic group (mean: 88.4) and the average group (91.4), otherwise lower than the hyperlexic group (96.0). 5) 60 of children (46.2%) were diagnosed as developmental dyslexia afterward. **Conclusions** More than one third of autistic preschoolers have dyslexic symptoms, and 80% of them were diagnosed with dyslexia afterward. We noticed that intellectual development and sequential ability might be important for the reading abilities. When autistic children are entering primary school, we should pay attention for their school achievements.

P2-52

THERAPLAY AS A FLEXIBLE INTERVENTION WITH AN AUTISTIC CHILD - A CASE STUDY

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Introduction A case study in Theraplay with an autistic child. Case study follows the therapy process from the age of 2.5 years to 6 years of age. Tara is first of the family's two children. Parents are originally from Romania but living and working/studying in Finland.

Method Theraplay therapy, first individual therapy with Tara and the parents. Then family Theraplay with Tara, parents and a sibling. After that group Theraplay at daycare center with four other special needs children. In the beginning the therapist did not have a common language with Tara but with Theraplay method was able to make contact and start working with her. In individual therapy two therapist models were used (one therapist for parents and one for Tara), with family Theraplay a one therapist model was used, in group Theraplay one therapist with an assistant model was used.

Results During the therapy process Tara has been able to connect in new ways with her parents, sibling and peers in daycare. Although her autism impairs her capability to interact and communicate, with playful and empathetic intervention as therapy she has been able to share and enjoy interactional experiences with both family and peers. Carrying out therapy in her everyday environments has been an important factor in this process. Children with autism have sometimes difficulties to transfer new skills in different environments so going to the child's natural surroundings can be of importance to help generalize skills.

Conclusions Theraplay can be an effective way to transfer effects of therapy to everyday environments because of its flexibility. Also by going to child's natural surroundings therapy can be beneficial to a larger population and thus help the child to cope better in everyday life.

P2-53

SLEEP PROBLEMS AND MATERNAL STRESS IN AUTISM SPECTRUM DISORDERS (ASD)

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Introduction Sleep problems are among the concerns of many parents. Parents of children with Autism Spectrum Disorder (ASD) experience high levels of parenting stress. The objective of the present study was to examine the contribution of sleep problems of ASD and Typically Developing (TD) toddlers to maternal stress.

Method 34 mothers with a child with ASD and 34 mothers of TD children aged 25-48 months completed a series of questionnaires measuring the level of stress they experience in the parental role (*Parenting Stress Index- Short Form*), their child's sleep problems (*Infant Sleep Questionnaire* and *The Children's Sleep Habits Questionnaire*) and their sleep-related cognitions (*Maternal Cognitions about Infant Sleep Questionnaire*) and behaviors (*The Parental Interactive Bedtime Behavior Scale*). In addition, *Gilliam Autism Rating Scale* was used to measure symptom severity in the ASD group.

Results Sleep problems were associated with parenting stress ($n=65$, $r=.62$, $p=0.000$). Compared to TD, children with ASD had more sleep problems [$F(1,63)=5.29$, $p=0.025$] and their mothers reported higher levels of stress [$F(1,63)=38.66$, $p=0.000$]. There were no group differences with respect to maternal cognitions and bedtime behaviors; across groups, these cognitions were associated with sleep problems ($n=65$, $r=.65$, $p=0.000$). Importantly, in ASD group, sleep problems made a unique contribution to the experience of maternal stress, over and above symptom severity, explaining 39% out of 50% explained variance in maternal stress.

Conclusions The results suggest that sleep problems of children with ASD or TD relate significantly to maternal stress and sleep-related cognitions and bedtime interactions. As sleep problems in ASD children are common and a source of parental stress, clinicians should incorporate sleep in their interventions.

P2-54

ATTACHMENT PATTERNS IN CHILDREN WITH AUTISM SPECTRUM DISORDERS AND THEIR PARENTS

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Introduction Children later diagnosed with an *autism spectrum disorder* are in infancy described uninterested in social interaction. Even if they smile and vocalize, these behaviors lack interactive qualities. The parents feel confused and disappointed and unsure how to stimulate and regulate their child. The developmental pathways of attachment are threatened.

Method Since 2012, we have offered parents to children with ASD to join a Circle of Security - Parenting program (COS-P). Parents of 8 children have attended the program. We plan to run one or two groups during winter-spring 2013-14. COS-P has been developed to help parents observe and react adapted to their child's attachment behaviors. During the COS-P program we focus on the parents'

descriptions of their children's characteristic behaviors on top and on bottom of the circle, the parents' feelings and strategies to support and organize their child.

Results During the COS-P program the parents described their children's social behaviors and shared experiences and feelings trying to help the child on top and bottom of the circle. The parents described their children's inadequate coping strategies when stressed and their lack of social-emotional strategies in relationships. The program has been promising as the focus on the ASD child's complicated attachment behaviors helped the parents to understand the autistic way of communicating attachment needs. The parents felt they got tools to handle the child's special needs.

Conclusions The presentation concentrates on characteristic features in ASD children's attachment behaviors and their parent's difficulties trying to meet their children's needs. The COS-P program has been a promising method helping parents understand and react to the child in a way that promotes the child's capability of being with their parents.

P2-55

PSYCHOANALYSIS, AUTISM AND PUBLIC HEALTH MOVEMENT

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Introduction Psychoanalysis, Autism and Public Health Movement was established in December 2012 in Brazil, as a reaction to recent attempts to exclude the psychoanalytic practice of public policies for the care of people with autism.

Method Until now the Psychoanalysis, Autism and Public Health Movement was able to reverse the government's draft legislation that would fund only institutions with behavioral approach for the treatment of the person with autism. We actively participated in the preparation, along with other professionals, in the Health Ministry the document called "Lines of Care for the Person with Autism and their Families in the Psychosocial Care Network". After hearings with the health minister an oversight committee secured plural and multidisciplinary actions for the public with autism.

Results The Movement currently has 500 participants and 101 institutions over the country. In terms of scientific production, from February until September 2013, 25 articles have already been published in the Brazilian news media, and three day long working meetings were held with various professionals, plus a blog on the internet was created.

Conclusions One of the main axes constructed by the Psychoanalysis, Autism and Public Health Movement has been the detection and early intervention to minimize the effects of early "diagnosis" with iatrogenic effects of false positives.

P2-56

PERINATAL ATTACHMENT IN MOTHERS OF PRETERM BABIES: A PRELIMINARY STUDY

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Introduction Maternal attachment in the postpartum period is a predictor of later parenting behaviors (Britton et al. 2001, Tilokskulchai et al. 2002). Preterm birth may be a potential risk because the unexpectedly early birth and early separation may impair the mother's caregiving system aimed to provide protection to her child.

Method The aim of the present study was to evaluate the difference between maternal attachment in 74 mothers of preterm infants and 84 mothers of full-term infants, recruited at the Puericulture Institute and Neonatal Section in Cagliari, Italy. Mothers, all of whom in a stable relationship, belonged to a medium socioeconomic status and had a mean age of 33,3 (s.d.= 3,9). They were assessed within the first 10 days of life of their infant through a 20 item adapted form of the Prenatal Attachment Inventory (Muller, 1993) designed to evaluate maternal bond to the baby on a four-point likert scale.

Results A oneway ANOVA showed that both groups of mothers formed an attachment bond with their child; nonetheless, significant differences emerged with respect to specific items that seem linked to mothers' difficulties in their affective involvement: *I enjoy looking at my child moving; I like to look at my child while asleep; I feel love for my baby; I try to imagine what the child is doing while I am not there; I like to be with him; I dream about the baby; I caress my baby; I know the baby listens to me.*

Conclusions The study emphasizes the importance for professionals working with preterm babies and with their families to support parents in enhancing interpersonal and intersubjective relationships, emotional communication and interactive regulation, at the core of attachment. Such functions strongly contribute to promoting the infant's later psychological and physical wellbeing.

P2-57

PARENTS AS BEHAVIORAL THERAPISTS FOR THEIR YOUNG CHILDREN WITH AUTISM: IMPROVEMENTS IN PARENT FUNCTIONING OVER TIME

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Introduction Aggression and other disruptive behaviors are quite stressful for caregivers of children with autism. Functional Communication Training (FCT) is a behavioral therapy frequently employed to treat these behaviors. In this study, we hypothesize caregiver stress and depression will decrease and caregiver self-efficacy will increase across the course of caregiver-led FCT.

Method Approximately 55 children (ages 1-6) with autism and their caregivers will be participating in this intervention study. Caregivers are coached live by behavioral interventionists via Skype while conducting FCT in their home. The Parenting Stress Index, 3rd Edition (PSI), Patient Health Questionnaire (PHQ; Depression Module), and Parenting Sense of Competence (PSOC) efficacy items are completed by the caregiver primarily involved with the treatment prior to the start of FCT, at the completion of FCT, and then again 6 months later. To date, 44 families have enrolled and 7 caregivers have completed these ratings through the 6-month follow-up.

Results With respect to the limited data obtained to date (n=7), mean PSI scores and mean PHQ scores decreased between pre- and post-treatment, and further decreased at the 6-month follow-up. Mean PSI total stress scores were: 258.14 (pre-treatment), 247.00 (post-treatment), and 231.43 (6-month follow up). Mean PHQ total scores were: 4.57 (pre-treatment), 3.29 (post-treatment), and 2.86 (6-month follow up). Mean PSOC efficacy total scores increased across those same time periods; 30.14 (pre-treatment), 32.71 (post-treatment), and 33.86 (6-month follow up). We anticipate being able to analyze PSI, PHQ, and PSOC data from an additional 8-13 caregivers prior to June 2014.

Conclusions Preliminary results suggest caregiver stress and depression may decrease and caregiver self-efficacy may increase during parent-led FCT. This intervention may not only help children with autism, but also their caregivers. Over time, we aim to understand how parent functioning moderates outcome and what intervention components affect parent functioning over time.

P2-58

HYBRID THERAPY FOR TODDLERS NEWLY-DIAGNOSED WITH HIGH FUNCTIONING AUTISTIC SPECTRUM DISORDER

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Introduction Children newly-diagnosed with High Functioning Autistic Spectrum Disorder (HF-ASD) often wait long periods of time till placement in therapeutic pre-schools, thereby losing a valuable window of opportunity for treatment. A pilot study examined the therapeutic gains from an intensive hybrid communication and movement program in the public health system.

Method Over a 2-year period 63 children, age 15 months to 3 years, were treated twice a week for a maximum of 5 months in a public child development clinic by a team of speech pathologists, occupational therapists and psychologists. Parents of the children were counseled and encouraged to actively participate in the therapies, stressing empowerment and their contribution to their child's progress. Skill acquisition and reduction in stereotyped behaviors were assessed by repeated measures on the ADOS, M-CHAT, and Grey Scales.

Results All participants showed improvement in social communication skills with significant gains in eye contact, gesturing and decreased self-stimulation behaviors (p<0.05). Language and reciprocity measures did not significantly improve over such a short period of time. Six children (9%) later proved not to be HF-ASD, but rather suffer from a combination of attention, dyspraxia and language impairments.

Conclusions Short-term intensive hybrid therapy for children with HF-ASD within the public health system is a viable therapeutic venue and capitalizes on an important window of opportunity in the treatment of young children with communication disorders. Gains accrued are expected to augment progress in their eventual therapeutic pre-school setting.

P2-59

PROPOSAL OF A METAPHOR: "THE BOY AND THE DRAGON -THE FIRST TELLING. "BUILDING A STORY BOOK FOR CHILDREN AND FAMILIES

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Introduction The Story or Metaphor is based on the actual happenings of a 'Recovery Story'. The Source material: 'home-made' journaling and video's in a box -on the cupboard. The Book is written to help set-up a 'people-interactive-structure' for sharing viewpoints by play-full exploration. **Objective:** Using the metaphorical framework as a platform to explore the process followed (it's successes, failures, weak points; as well as the thoughts behind). Creating links between people: a) At the conference: to improve the 'source-of-knowledge' structure. b) Linking the 'core-people'. Child to parent (in reading the book); Children to peers, community and friends (playing and sharing the story). By Collectively exploring the themes of intervention (and happy life); by re-working in metaphor continuously, hopefully we are taking steps toward building healthy community-values. Another main idea for the book is to give inspiration that 'recovery is an option'-because: 'It has been done'.

Method: Exploring the themes playfully while reading the book. Some theme examples (in-metaphor) of "The Boy and The Dragon-the first telling": The Boy and The Dragon - exploring the relation between child and behavior (or disease). Finding the Child in the forest- ways of connecting to the child - fun. Fighting the Dragon - Expanding experience framework; Guiding interest; Finding communication; other skills & empowerment. Return to the Island: Consider approaches to the core-people so they can be assisted in co-developing the child's potential (and interests) with continuous emotional integration. Preventing 'Dragons' from threatening life of the sea of people.

Conclusions It is important that people are supported emotionally while playfully exploring and designing their and their children's capabilities. Recovery sometimes happens where people believed that it couldn't. Support, fun and sharing while believing 'it can be' is perhaps deciding factors in the outcome.

MATERNAL MEDICAL CONDITIONS, PERINATAL CHARACTERISTICS AND THE RISK OF AUTISM SPECTRUM DISORDERS

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Introduction Autism spectrum disorders (ASDs) are a neuro-developmental diseases characterized by social, communication impairments and stereotyped patterns of behavior. Recent studies suggests that obstetric conditions are associated with an increased risk of ASD. Although not proven as independent risk factors for ASD, assessment of potential confounders scarcely have been investigated.

Method The present retrospective cross-sectional study was designed to assess the effect of maternal age, medical conditions, pregnancy outcomes on the risk of ASD. A total of 43 children with ASD clinically diagnosed with ADI ADOS according to the DSM IV criteria between 2010 and 2012 were recruited. The following data was collected: psychiatric data, results of cognitive tests, obstetric history direct from mother's medical files including, socio-demographic characteristic, ultrasonographic measurements each trimester of pregnancy and perinatal outcomes. Statistical comparisons of different parameters on the case group (n=43) and the neuropsychiatrically healthy control group (n=182) were assessed.

Results The average age of the case and control group were 29.53±5.1 years and 29.67±8.54, respectively. Ultrasonographic parameters (NT:1.35±0.42; CRL:53.64±11.48; thorax: 23.38±7.39; length of humerus: 13.56±7.57; length of femur:13.76±7.1) were in the normal range in both groups. Pre-existing hypertension and diabetes mellitus were more prevalent among the case group than among the healthy women p=0.007; p<0.001. The rate of miscarriages, "per vias naturales" delivery and pre-eclampsia were significantly higher among the case group than among the control group (p=0.001; p=0.023; p=0.021). However no significant difference between the two groups from the aspects of the low birth weight and caesarean section.

Conclusions Our results are in accordance with those of previous studies from the aspect of the risk of diabetes mellitus, the elevated risk of miscarriages and caesarean section. In contrast with recent publications, there were significant differences in pre-existing hypertension, preeclampsia between the two groups.

P2-61

PROMOTE QUALITY OF INTERACTIONS BETWEEN PARENTS AND A CHILD WITH AUTISTIC SPECTRUM DISORDER: A CLINICAL CASE

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Introduction Children with autism are often described as having unusual eating habits, ranging from slight abnormalities in eating to clinically significant feeding problems (Cornish, 1998). In this case the video-feedback technique is effective in parent-child treatment and has a positive effect both on parental skills and on child development (Feldman, 2012).

Method This study aimed to explore quality of dyadic and triadic interactions in a family with a child affected by Autism. Repeated interactions were video-recorded and coded before and after a video-feedback based intervention, in order to evaluate the change of interactive patterns between parents and child. Mother-child interactions during feeding were observed and coded with the Coding Interactive Behavior (CIB; Feldman, 1998); triadic mother-father-child interactions were observed and coded with the Clinical Lausanne Trilogue Play (LTPc; Malagoli Togliatti & Mazzoni, 2008). Video-feedback sessions with parents aimed to improve their recognition of child's signal and to promote their sensitivity and responsivity.

Results Statistical analysis of the coding systems have evidenced an improvement of the quality of dyadic and triadic relationship between parents and child after video-feedback interventions. Less maternal intrusivity, more dyadic reciprocity, maternal sensibility and child autonomy during feeding are observed; more co-parental coordination and child participation during triadic play are observed.

Conclusions Findings have put in evidence the importance of a family-based intervention with Autistic children, in order to improve the active role of parents to promote child's interactive skills and the expression of positive emotions.

P2-62

SYMPTOMS OF REACTIVE ATTACHMENT DISORDER AND DISINHIBITED SOCIAL ENGAGEMENT DISORDER IN FOSTER CHILDREN: CONTRIBUTIONS OF EARLY ADVERSITY, PLACEMENT CHARACTERISTICS AND EXPERIENCES IN FOSTER HOMES

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Introduction Currently, the concept of attachment disorder is re-defined as in DSM-5, reactive attachment disorder (RAD) and disinhibited social engagement disorder are defined as two distinct disorders. Although both disorders are the result of early

deprivation, recent studies investigating institutionalized children found differences in correlates, course, and positive changes in environment.

Method The current longitudinal study investigates changes in both disorders in a sample of 55 foster children being placed in foster care between 9 and 72 months of age. Foster families were contacted three times in the first year of placement. Symptoms of RAD and disinhibited social engagement disorder were assessed by the Disturbances of Attachment Interview (DAI). Moreover, attachment behavior was assessed by the Attachment Q-set (AQS). Finally, early adversity, placement characteristics and foster parent's sensitivity were assessed.

Results Findings reveal a significant reduction of both RAD symptoms and symptoms of disinhibited social engagement disorders throughout the first year of placement. 12 months after placement, the level of RAD symptoms are comparable to those of non-risk samples whereas symptoms of disinhibited social engagement disorders still remain elevated compared to low-risk samples. No correlations were found with attachment security. Foster parent's sensitivity significantly predicted attachment security, but was neither related to RAD nor to disinhibited social engagement disorder. However, age at placement and placement characteristics predicted symptoms of disinhibited social engagement disorder and RAD.

Conclusions In sum, results reveal positive changes in symptoms of RAD and disinhibited social engagement disorder over the first year of placement. However, both disorders seem to differ from attachment formation in correlates and response to positive caregiving experiences indicating that different and various interventions are necessary addressing foster children's needs.

P2-63

EXPLORING THE ROLE OF ATTACHMENT AND THE CAREGIVING BACKGROUND IN THE BEHAVIORAL AND NEURAL RESPONSES TO FAMILIAR AND UNFAMILIAR PERSONS. AN ERP STUDY WITH FOSTER CHILDREN AND A CONTROL GROUP

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Introduction Differences in ERP components sensitive to facial familiarity have been associated with infants' attachment behavior. Since the caregiving background influences the development of this relationship we expect children growing up in foster care to differ from a control group in behavioral and neural responses to their caregiver and a stranger.

Method Our sample consisted of 15 children (3-6 yrs.) currently placed in foster care and a control group of 15 children growing up with their biological parents. Children's social approach behavior was videotaped during a ten minute scripted stranger interaction and coded with respect to indiscriminate behavior and attachment related behavior. Subsequently EEG was recorded while children viewed pictures of their caregiver's and a stranger's face. Within this paradigm ERP components related to the processing of familiar and unfamiliar faces were assessed.

Results Analyzing the behavioral assessment we found that foster children showed more attachment related behavior towards their caregiver and different behavioral patterns towards the stranger as compared to children from the control group. ERP analysis showed clear effects of familiarity as well as lateralization effects depending on group affiliation. Still running analysis will investigate associations between behavioral and neural responses.

Conclusions Our findings give rise to the assumption that different caregiving backgrounds influence not only children's behavior towards the caregiver and a stranger but also the neural processing of their facial images. Furthermore, the quality of the attachment relationship seems to play an important role on both levels.

P2-64

CHALLENGING BEHAVIORS IN INFANT AND TODDLER NON-PARENTAL CARE: AN EXPLORATION OF CAREGIVER BELIEFS AND RESPONSE STRATEGIES

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Introduction This study investigates non-parental caregiver beliefs about infant and toddler challenging behaviors. Program and caregiver characteristics including child care type, caregiver expertise, job stress and structural program quality are explored in relationship to caregiver responses to challenging behaviors.

Method The study analysis survey data from 272 caregivers in Washington state. Survey items focus on experience with aggression, disruptive behaviors, and challenging behaviors of infancy. Qualitative responses were coded using both inductive and deductive categories. Multiple linear regression is used to determine the influence of predictor variables (e.g. provider expertise, stress, and program characteristics) on responses to challenging behaviors. The caregiver Strategy Support Score (SSS) is a measure of strategies used by caregivers and serves as the outcome variable. Descriptive data related to frequency of behaviors, beliefs about behaviors, and the rate of expulsion is discussed.

Results The results indicate that aggressive behaviors are common and identified as difficult to work with by caregivers. There appear to be differences in the ways that family childcare and center caregivers experience these behaviors. Families are often identified as the cause of challenging behaviors. While caregivers use a mix of strategies working with families appears to be infrequent, particularly in response to aggressive behaviors. Children under the age of three appear to be expelled at lower rates than their older peers. Access to training, level of caregiver education, and class size appear to have the most robust influences on SSS.

Conclusions Caregiver-child relationships are influenced by challenging behaviors. In order to off-set the impact of these behaviors caregivers may benefit from smaller class sizes and more support for partnering with families. Caregiver access to education and training are important components of providing supportive and nurturing relationships.

P2-65

THE RELATIONSHIP OF PARENT/TEACHER EFFICACY AND CROSS-ACADEMIC DOMAINS THROUGH LEARNING MOTIVATION FOR PRESCHOOLERS

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Introduction Teacher and parental self-efficacy have rarely been examined together in one cross-academic domain model (i.e., literacy, math and science) for preschoolers. This study explored a mediation model with child learning motivation (perceived by parents and teachers) as mediators of relations between parent/teacher efficacy and children's academic domains.

Method Data utilized were from baseline assessments collected in the Head Start on Science (HSOS) project (n=164; M age children=47.3 months; low-income population). Teachers' and parents' self-efficacy were measured by the self-reported Attitude Toward Literacy/Math/Science Survey. The Competence Motivation from the Preschool Learning Behaviors Scale (reported by teachers and parents) was used to assess child learning motivation. Child's literacy, math and science outcomes were measured by direct assessment via the Peabody Picture Vocabulary Test, Expressive Vocabulary Test, Test of Early Mathematics Ability, and Scientific Reasoning and Knowledge Scale. Multilevel analysis (nesting children within classrooms; n=29 classrooms) were utilized.

Results Parental efficacy for teaching literacy had positive indirect effects on the child literacy through child learning motivation as perceived by parents. Teacher efficacy for teaching literacy, however, showed both negative direct and indirect effects on child literacy scores through child learning motivation as perceived by teachers. For math, there was a positive effect of parental math-efficacy on children's learning motivation (as perceived by parents). For science, both parents' and teachers' science efficacy did not significantly predict child science achievement directly or indirectly.

Conclusions Higher parental self-efficacy may allow parents to better promote their children's early literacy development. Negative relations between teacher literacy self-efficacy and children's literacy outcomes may reflect challenges in classroom teaching, particularly in classrooms serving children from economically-vulnerable families who are at higher risk of early delays in literacy.

P2-66

THE REFLECTIVE FUNCTIONING OF ADOPTIVE MOTHERS AND ATTACHMENT PATTERNS OF THEIR LATE-ADOPTED CHILDREN

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Introduction Several studies with biological dyads have shown that high level of maternal reflective functioning can predict secure attachments of their children. The aim of the current study is to assess whether the high level of adoptive mothers' reflective functioning could promote security of their late-adopted children's attachment patterns.

Method *Participants:* Our pilot-study involved 28 late-adopted children –who were placed when they were between four and seven years old- and their 20 adoptive mothers who were recruited by Social Services and International Adoption Agencies. *Measures:* The levels of reflective functioning of the adoptive mothers were assessed by the Adult Attachment Interview using the Reflective Functioning Scale on the AAI. The attachment patterns of late-adopted children were evaluated by two different measures: 1) the Manchester Child Attachment Story Task used to assess children's attachment verbal representations, 2) the Separation-Reunion Procedure, used in order to classify the children's attachment behaviors.

Results At representational level, we found that higher scores of reflective functioning of adoptive mothers were significantly correlated with late-adopted children's higher scores on coherence's scale (Spearman $\rho=0.438$, $p=0.010$) and lower scores on disorganization's scale (Spearman $\rho=-0.332$, $p=0.042$) measured by the Manchester Child Attachment Story Task. Moreover, at behavioral level, a significant correlation was emerged between higher scores of maternal reflective functioning and late-adopted children's higher scores on security's scale ($\rho=0.456$, $p=0.006$) measured by the Separation-Reunion Procedure.

Conclusions This data would suggest that also among adoptive dyads, such as in biological ones, mothers with sophisticated abilities to understand and reflect on their/others mental states (high reflective functioning) could represent a protective factor able to promote coherence and security and reduce disorganization of the attachment patterns of their children.

P2-67

RELATIONSHIP BASED COURSE FOR FOSTER CARERS: EVALUATION OF 2 COHORTS ON THE SOLIHULL APPROACH COURSE

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Introduction The Solihull Approach model has been applied to creating a course for foster carers. This course integrates an understanding of relationships and attachment with more traditional behavior management. In some areas it is being used as the foundation course for foster carers.

Method Pre and post measures have been applied to two cohorts of foster carers. The measures are: the Strengths and Difficulties Questionnaire (SDQ), Parental Stress Index - Short Form (PSI- SF) and the Carer Questionnaire developed by Kim Golding. The first cohort specialized in children on the cusp of residential care. The second cohort comprised 'general' foster carers.

Results The first cohort showed a significant reduction in stress levels. One would posit that in turn this would support them in fostering children with high levels of difficulty. The second cohort demonstrated significantly lower levels of hyperactivity and attentional disorders in their foster children. In terms of acceptability to foster carers, the Solihull Approach rated highly in 'usefulness', with recommendations that all foster carers would benefit from the course.

Conclusions Further research is being carried out. The plan for the future is to include follow-ups. Foster carers seemed to appreciate the integration of understanding relationships with their previous knowledge.

P2-68

THE CONTRIBUTION OF HOLISTIC, NATURALISTIC METHODS OF OBSERVATION TO UNDERSTANDING INFANT-CAREGIVER INTERACTIONS IN CENTRE-BASED CHILDCARE

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Introduction Holistic approaches to facilitating babies' interactions in centre-based care have increased internationally. Inter-subjectivity theory and psychoanalytic theory, as both dyadic and dialogic, converge in their focus on the dynamic interplay between the emotions of the infant and those of the adult (Beebe et al 2003).

Method A mixed group of six infant researchers and caregivers, trained in psychoanalytically informed infant observation methods, compiled detailed naturalistic observations of infant-caregiver interactions in six contrasting nurseries. The narratives include recording of the minutiae of the observed infant's behaviors and interactions with close attention to timing and sequence. Crucially the data includes notes of the observer's feelings, as these fluctuate and change during the observation. The group then critically reviewed these narratives to search for interpretations and connections which highlight the multifaceted world of infants and caregivers in centre based settings.

Results Caregivers ability to think about, understand and respond to communication of emotion is crucial. Research in centre based settings has given little attention to the emotional dynamics of interactions and the part played by the internal emotional resources of professional caregivers. Extracts of observation narrative; show how emotional responses of caregivers can be recorded and understood as an essential part of a professional centre based caregiving. The data emphasizes the significance of subtle interactions in the nursery and the fleeting, but easily overlooked emotional responses of the infant.

Conclusions The aim of this observational method is to refocus the pedagogic lens to develop an innovative research approach to shine new light on the fleeting but highly significant moments of infant caregiver interactions. These findings intend to support in-service practice reflection and to complement existing evaluative methodologies.

P2-69

GAY AND HETEROSEXUAL MEN'S PSYCHOPHYSIOLOGICAL RESPONSES TO NON-DISTRESSED INFANT CRY

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Introduction Crying aims infants to express negative emotions and thus, is an indicator of need for parental care that helps to establish and maintain the parent-child bond. The present study aims to verify if patterns of psychophysiological reactivity to non-distressed infant cries among non-fathers are associated to sexual orientation.

Method 52 non-fathers were divided in two groups according to their sexual orientation: gay (n=27) and heterosexual (n=25). Both groups saw two videos intercalated with an inter-stimuli period after a baseline period. The first video consisted on a practice trial, with a video without baby related elements. The second video consisted on seven non-distressed pre-term infant crying videos (phonated cries with an average of 550Hz) that was presented in a random order. Respiratory Sinus Arrhythmia reactivity (RSA) and Heart Rate reactivity (HR) were recorded throughout the stimulus session.

Results Cluster analysis revealed two patterns of psychophysiological responses to non-distressed infant cries ($R^2=0.51$): 29 men had HR deceleration (Mean=-1.42, S.D.=3.72) with RSA increase (Mean=10.29, S.D.=14.31) – called Deactivated group; 23 men had HR increase (Mean=1.92, S.D.=2.50) with RSA withdrawal (Mean=-20.97, S.D.=16.14) – called Activated group. There were not found differences or association between groups in term of sociodemographic (e.g. relationship status, education level) or anthropometric measures (e.g. age, body mass index). Chi-square analysis showed no association between psychophysiological profiles and sexual orientation groups ($\chi^2(1)=1.32, p=.278$).

Conclusions There were two distinct patterns found of psychophysiological reactivity to non-distressed infant cries with non-fathers. However, those patterns were not associated to sexual orientation. Other psychological variables could better explain those patterns of psychophysiological reactivity.

P2-70

GROWING UP BEHIND BARS - DESCRIPTION OF A SAMPLE OF CHILDREN LIVING WITH THEIR INMATE MOTHERS

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Introduction According to the literature, children living with their inmate mothers are at risk for developing psychopathology, which is related to both maternal and institutional factors. This work aims to describe sociodemographic characteristics, psychomotor development and psychopathology in a group of children residing in a Portuguese prison.

Method The researchers collected data on all children who lived in a Portuguese prison (n = 16 up to the date of submission, extendable until the presentation of this work) and were evaluated clinically with preventive and interventional targets, according to each situation. We describe the sociodemographic data relative to each child and his/her mother. The psychopathology and diagnosis framework for children is based on diagnostic classification DC:0-3R. Psychomotor development is evaluated through Ruth Griffiths Mental Development Scale. To better understand the findings, we also identified maternal psychiatric diagnoses according to DSM-5.

Results In this female prison, children can reside with their mothers until the 5 years of age, attending the nursery establishment from 6 months onwards. Children observed to date were aged between 10 months and 4 years and 4 months, with a median age of 30 months. Fifty six percent were female. Seven of the 16 children had at least one developmental area in delay. Data related to the existence of psychopathology in children and their mothers was still under review at the time of submission of this abstract.

Conclusions The literature on this subject is limited, with most studies evaluating the profile of the mothers rather than the children's. This work intends to increment and disseminate the knowledge on this subject as well as understand how changes can be made to improve the conditions in which these children live.

P2-71

DIFFERENT CHILDHOODS - COMPARISON OF A SAMPLE OF CHILDREN LIVING WITH THEIR INMATE MOTHERS WITH A SAMPLE OF INSTITUTIONALIZED CHILDREN

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Introduction In Portugal, it's possible for children to reside with their inmate mothers until the 5 years of age. For many, the alternative would be institutionalization. We aim to compare psychopathology and psychomotor development in a sample of children living with their inmate mothers with a sample of institutionalized children.

Method The researchers collected data on children living in a Portuguese prison at Santa Cruz do Bispo (n = 16 at the date of submission, extendable until the end of 2013) and were evaluated clinically with preventive and interventional targets, according to each situation. Secondly, we will select a sample of institutionalized children, so that the two groups are homogeneous regarding sex and age. We describe the sociodemographic data relative to each child and his/her mother. The psychopathology and diagnosis framework for children is based on diagnostic classification DC:0-3R. Psychomotor development is evaluated through Ruth Griffiths Mental Development Scale.

Results Children observed to date were aged between 10 months and 4 years and 4 months, with a median age of 30 months. Fifty six percent were female. Seven of the 16 children had at least one developmental area in delay. In most cases, both parents were incarcerated and children had older siblings cared for by other family members or institutionalizations. Data relating to the existence of psychopathology in these children is still under review at the time of submission. The sample of institutionalized children is still to be selected and subsequently analyzed.

Conclusions There are few studies comparing the psychomotor development and psychopathology of institutionalized children to those living in prison. We intend to broaden the knowledge on this subject, making it possible to infer what conditions we can offer to these children so they can grow according to their full potential.

P2-72

BASED CENTER CHILD CARE IN PARENTS PERSPECTIVE

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Introduction Good practices in (Child-Care)CC have a positive impact on infants' development. Parents-provider partnerships predict more sensitive, supportive and stimulating interactions with children. Moreover, parents-teachers communication and mutual support affect CC quality. Yet, some CC-teachers report daily difficulties in interacting with parents. In turn, parents avoid to share their concerns with teachers.

Method We aim to study parent's representations concerning CC practices and about their participation in school. Learning more about parent's representations is essential to promote teachers-parents collaboration and to improve teachers' practices. Participants were 300 Portuguese families recruited in 7 Based-Center Child Care in Lisbon District and their 8-32 months infants (M age = 18 months; 148 boys; 162 first born) . A questionnaire was designed based on 40 interviews (40 minutes each) and tested in preliminary sample of 100 parents for statistical validation. Factors with less statistics power were excluded and 25 items were gathered. Parents expressed their agreement on 25 statements using Lickert scale.

Results Parents in this study value CC practices, look for education with quality (e.g., with good affective environment, trained teachers, good educative activities) and want to engage in a good, respectful and trustable relationship with teachers (especially mothers when compared to fathers). Parents whose children attended private CC (middle-up middle class) trust more than other parents that CC have a positive impact on child development. In turn, parents from funded CC belief more than other parents that school profits infants socialization and tolerance (acceptance for diversity). First time parents present more concerns than other parents about teacher practices.

Conclusions These results were presented to 40 CC-teachers and discussed using *focus-group sessions*. Most professionals had negative expectations about parent's representations and were surprised with results. This work opens a window to understand parent's main concerns and expectations about CC. The information collected can be used by teachers to enhance their relationship with parents.

P2-73

“LOS MOMENTOS MAGICOS”: A PRACTICAL MODEL FOR CHILD MENTAL HEALTH PROFESSIONALS TO VOLUNTEER BY SUPPORTING CAREGIVERS IN ORPHANAGES IN DEVELOPING COUNTRIES

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Introduction The goal of the project is to develop a model for child mental health professionals to volunteer their time supporting child caregivers in institutions in developing countries, in the context of a long-term relationship, with videotape workshops for caregivers during episodic visits, followed up with weekly skype contact.

Method In 2004 the author initiated a relationship with an orphanage in El Salvador. In subsequent visits of 1-3 times a year, the author has given workshops to the caregivers organized around their consultation questions and including information about child development, early trauma, and the importance of the relationship, illustrated with videotapes of positive child-caregivers interactions from the orphanage and including participant discussion and workshop evaluations. More recently she began weekly skype sessions with the director of caregiving. In January, 2013 the author visited an orphanage in India with the intention of developing the model in this new cultural context.

Results The results of evaluations filled out by the caregivers during the years that the author has conducted workshops have demonstrated a significant increase in knowledge about 1) the importance of the relationship in child development; 2) the effects of early trauma and neglect on the developing brain; 3) techniques of gaining the child's compliance in necessary tasks; 4) methods of directors supporting caregivers and caregivers supporting one another; 5) identifying children's cognitive and regulatory challenges and ways to address them. The author has also noted the powerful positive influence of the long term relationship she has built with the institution.

Conclusions Child mental health professionals might wish to volunteer their services to support the early caregiving relationship in institutions in developing countries, but are unable to make the necessary long-term commitment. This model, consisting of consultation in episodic visits and weekly skyping may allow utilization of this pool of professional volunteers.

P2-74

HOW DO BABIES CONTRIBUTE TO A 'CULTURE OF BELONGING' IN CENTRE-BASED CHILDCARE?

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Introduction The Australian Governments' new curriculum document, *Belonging, Being & Becoming: The Early Years Learning Framework* requires educators to promote a sense of belonging in young children. However, despite a wide acceptance of the importance of belonging, theoretical and empirical investigations of belonging in childcare settings are scarce.

Method Because belonging is a multi-faceted phenomenon constructed in diverse ways (Sumsion & Wong, 2011), we apply different disciplinary lenses to gather and co-assemble multiple accounts of belonging in childcare. Child temperament, attachment relationships with caregivers, and triadic relationships within groups of same-age and older peers are analyzed to study the development of babies' sense of belonging in childcare and their ability to engender a sense of belonging in others. Data include still and video photography, gathered in four childcare centres in metropolitan, regional, and rural New South Wales. Educators' reflections on videoed 'key moments' are also collected.

Results Our analyses have examined babies' contribution to a wider culture of belonging in group-based childcare. Examples will be presented to illustrate how belonging can be understood through the ways that babies: manage their attachment needs; affect and are affected by peer groups; and negotiate the systems and daily rituals of the childcare centre.

Conclusions Our results will support the development of staff expertise in understanding and fostering positive, responsive dyadic and group relationships, and through this, engender a new appreciation of belonging as a collective outcome in the culture of group care.

P2-75

HOW INFANTS SPEND THEIR TIME IN CHILDCARE: CHILD VS TYPE OF CARE EFFECTS

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Introduction Over 50% of Australian children under two attend a childcare centre or family day care home each week, but their experience of care is not well understood. Most research has relied on educators' reports of children's behavior or on selected observations of children's play. Neither approach provides a complete picture.

Method Participants were 47 infants, aged between 6 and 24 months, of whom half attended a child care centre and half attended a family day care home. Parents reported the child's attendance pattern (days, hours per week) and completed the Short Temperament Scale. Each child was observed continuously from arrival to departure using the Time Use Diary for Infant-Toddler Childcare (TUD).

The TUD records 'what the child is doing' (e.g., quiet play, active play, talking/being talked to, crying, being comforted), 'where the child is' (eg., inside, outside), and 'who the child is with' (e.g., alone, educator, parent, other child, sibling).

Results The time children spent in each of 30 different activities was calculated as a percentage of the total time attended. While positive interaction (talking/being talked to) occurred regularly throughout the day, many educational (reading books, singing/engaging in music) and emotionally salient (laughing/being silly, conflict/disagreement) activities occurred only briefly (< 5% of total time). Time spent in each activity was analyzed to examine child effects (age, sex, easy-difficult temperament) and type of care effects (centre vs family day care). Initial analyses suggest more child effects than type of care effects. Final analysis will test for temperament and possible interaction effects.

Conclusions Our assessment of how children spend their time in childcare has identified some expected as well as some surprising results. Conclusions will raise issues for educators to consider when planning for infants and toddlers in childcare, including giving greater attention to the contribution that children make to their childcare experience.

P2-76

HOW INFANTS RECOVER FROM DIFFERENTIAL TREATMENT IN A TRIADIC SOCIAL CONTEXT

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Introduction Following reports that infants are disturbed by exposure to favoritism by their parents and reports that these disturbances last beyond the eliciting condition, we examined influences associated with infants' recovery from differential treatment. We probed the contributions of mothers' didactic and social overtures and intrusiveness within challenging and non-challenging contexts.

Method N= 84 mothers (*M* age = 29.3) and their infants (*M* age = 42.1 weeks) were videotaped in a laboratory setting during three interaction episodes: Baseline Floor Play (Bl), Differential Treatment (DT), and Reunion Floor Play (Re). During each of the two-minute floor play episodes the dyads played together with toys. During the one-minute DT episode mother ignored her child and directed full attention toward a lifelike doll as if it were a real infant. Maternal behavior in Bl and Re was coded for Didactic Attention, Socially-focused Attention, and Physical Intrusiveness. Infant behavior was coded for Distress in each episode.

Results Compared with Bl, Re was associated with greater infant Distress ($t=6.23, p <.001$), greater maternal Socially-focused Responses ($t=2.07, p <.05$), and fewer maternal Didactic Responses ($t=4.93, p <.001$). Greater decline in Distress following DT was observed during Re among infants whose mothers demonstrated greater Socially-focused Responses during Re ($r=.35, p <.01$). It was also lower among infants of mothers who had displayed lower Physical Intrusiveness ($r= 0.24, p <.05$) and greater Socially-focused Responses ($r=.23, p <.05$) during Bl. *In sum, correlations revealed that decreases in distress following differential treatment depended on infants' current and prior exposure to mothers' intrusive and socially-focused responses.*

Conclusions Findings suggest that distress resulting from exposure to differential treatment in triadic contexts is modulated through infants' deployment of regulatory skills that differ with the quality of dyadic interactions with mother as these occur under challenging and non-challenging conditions which reflect the general, affective climate of the caregiver-infant relationship.

P2-77

HELPING MOTHERS WITH AFFECTIVE DISORDERS RECLAIM THEIR MATERNAL ROLE: AN OCCUPATIONAL THERAPY INTERVENTION

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Introduction Mothers with affective disorders (AD) experience difficulties in committing to therapeutic processes centered on the maternal role for fear of being judged or losing their children. Psychiatric interventions often overlook the maternal role or multiproblem environment of mothers. Services in Quebec provide various poorly coordinated programs tailored mainly to children.

Method This communication presents the preliminary results of an ongoing study examining occupational therapy (OT) interventions—individual, group sessions and home visits—for mothers with AD. These interventions are aimed at enhancing and supporting maternal identity and competencies. This theory building methodological research is based on six in-depth case studies of mothers suffering from anxiety or depression who have children under six years of age. Qualitative data collected through interviews, group interventions, meetings with care providers and fieldnotes are analyzed using grounded theory procedures. It will lead to the elaboration of a multidimensional model for treating mothers with AD.

Results Mothers had difficulties maintaining their commitment in the suggested interventions. Early explanations indicate that these difficulties are linked to 1) previous experiences of participants—negative experiences with therapists or treatment strategies; cultural factors; psychosocial issues—and 2) the health care system—fragmentation of services; discordance between roles, mandates and priorities of caregivers; confrontations induced by interventions. OT interventions had to be reorganized 1) by adding individual and home sessions to reinforce trust and commitment, and 2) by using daily life occupations or other mobilizing activities to better fulfill the participating mothers' needs and preferences, and reduce confrontations induced by group interventions.

Conclusions Mothers with AD necessitate health care programs that are flexible and enable cooperation between providers in order to better adapt services to their needs. Centered on significant occupations and mobilizing group activities, OT can help mothers further their commitment in their own treatment and reclaim their maternal and social roles.

P2-78

CHALLENGING COMMON NOTION OF INFANT TEACHERS AS HOLDING POWER TO "CARE AND EDUCATE" INFANTS AND ENVISIONING NEW POSSIBILITIES IN INFANT TEACHERS' PRACTICE OF SHARING POWER WITH INFANTS

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Introduction Researchers have depicted infants as always having needs to be met by adults, focusing on what infants are not capable of. Also infants' intellectual aspects are taken precedence over physical and emotional needs in research, implying that infants' learning is not of importance due to their lack of intelligence.

Method Infant teachers' practice in infants' play is examined through incorporating the notion of 'power' in post-structural lens. In infant-teacher relationships, teachers may view themselves as an agent of power in infant play and learning, and seldom have a chance to view their interactions with infants more than one perspective even though infant-teacher play presents the context where teachers and infants can negotiate and share the power with each other. Under this unequal power relationship with teachers, infants are deprived of their power and their right to pursue their own interest and to control their own learning through play.

Results The purpose of the presentation is to challenge the common notion of infant teachers as holding power to "care and educate" infants, and to explore new possibilities in infant teachers' practice of sharing power with infants to care and educate infants. By looking at the real teachers' stories and practices in infants' play, the present session will re-examine the constructs of dominant discourse that undergird infant teachers' care-"giving" practice, which place infants as powerless receiver of care and debilitate their capability as independent learners.

Conclusions This paper suggest that teachers may need to acknowledge themselves as power holders and consciously and intellectually strive to find space where teachers and infants both become equal play partners, thereby sharing, mediating and negotiating power with each other in play.

P2-79

CHILDREN'S LIFE HISTORIES AND THEIR RESPONSES TO PICTURE BOOKS

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Introduction Children love picture books although each child may prefer different ones. Even so, there are some books that are loved by almost all children and their parents. The picture books of Ryoji Arai are famous in this respect. It is said that his books stimulate all five senses.

Method In the case of his book, "Here, There Comes the Sun" it was found that some abused children in infant care facilities rejected the book. This was reported by Takako Ozone, a clinical psychologist who also noted that the reactions were similar to the responses of abused children who showed rejection responses to colored card Rorschach Tests. It was decided to carry out two studies centered on the book. I hypothesized that reactions to the book might suggest different emotional conditions in children, according to whether they had experienced trauma or not, and could somehow reveal the child's unconscious feelings.

Results I analyzed the characteristics of the book from the standpoint of clinical psychology. I also compared the responses of two groups of children to the book. The first group was made up of children residing in infant care facilities and the second, children living at home with their parents.

Conclusions I laid out my conclusions from the study of the characteristics of the book and showed the differences between the two groups of children. The author also set out her conclusions as to the utilization of this study to introduce treatments which will result in the increase of emotional stability.

P2-80

WHAT IS THE QUALITY OF THE PHYSICAL AND SOCIAL ENVIRONMENT FOR INFANTS AND TODDLERS LIVING IN RESIDENTIAL CARE FACILITIES IN JOHANNESBURG, SOUTH AFRICA?

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Introduction In recent years there has been an increase in the amount of children needing care outside of the home environment, especially in sub-Saharan Africa, which has refocused attention on alternative childcare models, such as residential childcare facilities. However, there is little knowledge on the quality of residential childcare environments.

Method To address this knowledge gap, a quantitative descriptive research protocol with a cross-sectional study design was employed to survey residential childcare facilities in greater Johannesburg. The Infant-Toddler Environmental Rating Scale - revised edition (ITERS-R) was used to describe the quality of the social and physical environments provided to infants and toddlers (0-30 months) residing in 18 facilities. In addition, demographic information from all facilities and 45 caregivers were gathered in order to determine whether there was an association between three structural aspects of the environments (caregiver education, training, and child to caregiver ratios) and the overall ITERS-R quality score.

Results The results showed that the total overall quality scores of the environments within the facilities fell within the low/inadequate quality indicator when compared to the ITERS-R standards. On average smaller facilities (<20 children) scored higher than larger facilities (>20 children). The data indicated high variability in quality scores between facilities and for different subsections of the test within the same facility. Majority of caregivers were female (95.56%) with basic education and not specifically trained to care for infants and toddlers (62.22%). No statistical significant correlations were found between structural aspects and overall quality scores.

Conclusions The results indicated that the environment quality in residential childcare facilities in Johannesburg was inadequate, and not conducive to the promotion of normative child development. These results highlight the need to conduct further research and implement interventions to enable a more beneficial and supportive environment for caregivers and residential children.

P2-82

THE PROCESS OF THE BABY'S ATTACHMENT FORMATION IN THE BABY HOME - FROM THE VIEWPOINT OF THE RELATIONSHIP BETWEEN A BABY AND NURSING STAFF

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Introduction The Baby home is an important space for babies who have suffered from the deprivation or have experienced abuse by their parents and lost their family.

Method At the home, the baby can try to regain his own life with the nursing staff as good objects. This study focused on the relationship between a baby and nursing staff, found a defective process in the baby's attachment formation. The nurse responsible for the baby accepted baby's anxiety, but was very distressed by the conflictive situation. Other staff were also worried about the situation hard to understand. I tried to observe closely the relationship between the baby and the nursing staff, to comprehend the baby's internal world and discuss with staff how to take care of the baby.

Results Through this process, I concluded there were some essential factors for the stable relationship between baby and nursing staff: (1)the understanding of the nursing staff's countertransference: (2)the support through discussion among colleagues: (3)the correct interpretation of the baby's internal world and his object seeking demands revealed through his behavior or symptom: and (4) the need for secure environment in the whole working space.

Conclusions This secure environment is important to prevent the vicious circle of inter-nursing staff spread, allow staff to use their ability to the full, and support the normal process of baby's attachment formation.

P2-83

COCARING: HOW DO PARENTS AND INFANT-TODDLER TEACHERS CONCEIVE THEIR RELATIONSHIPS WITH EACH OTHER?

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Introduction Coparenting research has demonstrated supportive relationships between parents are important for children's development (Teubert & Pinquart, 2010). However, we know far less about other key relationships in young children's lives, i.e., the nature of relationships between caregivers and parents (cocaring) and what these mean for families, children and home-school connections.

Method Recruited from full-time childcare centers serving children from low-income families in a large, Midwestern city in the United States, 10 lead teachers and 10 parents of 12-to-36-month-old children participated in semi-structured interviews about their relationships. To capture a dyadic perspective, parents and teachers were recruited as dyads, however participants were individually interviewed. Sample questions: "Please tell me about your impressions of a typical relationship between a parent and childcare teacher? What has it been like for you and _____? Please describe an interaction with _____ that went really well? Please describe an interaction with _____ that did not go well?"

Results Our project has been enthusiastically approved by our university's ethics board (IRB). We are currently conducting interviews, audio-taping and transcribing them (this will be completed by December 2013). We are utilizing grounded theory and constant comparison thematic coding (Charmaz, 2006) with the help of QSR International's NVivo software to identify common themes within the participants' responses. We are currently focused on themes of support versus undermining and agreement in child-rearing practices (Feinberg, 2003), as well as external factors (e.g., work or family stressors) that impact how well these relationships function.

Conclusions Our research extends upon co-parenting conceptualizations, identifying a multidimensional framework for understanding relationships between parents and caregivers (cocaring). It is a critical first step in ascertaining areas for intervention within parent-caregiver relationships to support stronger home-school connections, increase parental involvement, and children's healthy adjustment to childcare, especially for low-income families.

P2-84

PRENATAL DISTRESS, TEMPERAMENT, AND INFANT CORTISOL REGULATION IN LOW-INCOME MEXICAN AMERICAN FAMILIES

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Introduction For low-income ethnic minority women, prenatal depressive symptoms can have negative consequences for the infant including dysregulated neurobiological activity, and associated behavioral and emotional disturbances. These consequences may be exacerbated for infants with increased biological sensitivity to context. However, prenatal social support may provide protection from poor outcomes.

Method We evaluated interactive influences of prenatal depression, prenatal support, and infant temperamental negativity at 6 weeks of age (a marker of biological sensitivity) on infant cortisol reactivity at 12 weeks of age. Participants included 181 low-income Mexican American mother-infant dyads (mother age 18-42; 84% Spanish-speaking; 89% foreign born; modal family income \$10,000-\$15,000). Mother reported depressive symptoms and social support in the prenatal period (26-38 weeks gestation), and infant negative temperament at 6 weeks of age. Salivary cortisol was collected from infants before and at 3 time points after mildly challenging mother-infant interaction tasks at 6 and 12 weeks of age.

Results Higher prenatal depressive symptoms predicted higher infant temperamental negativity ($R = .25$, $p = .001$), but prenatal support was not correlated with temperament. Results from repeated measures GLM analysis suggested that prenatal depressive symptoms interacted with temperamental negativity to predict higher 12-week cortisol, controlling for 6-week cortisol, mother's negative mood at 6-weeks, and time of day ($p = .006$), while prenatal support interacted with temperamental negativity to predict lower 12-week cortisol ($p = .009$). Infant negative temperament at 6 weeks, however, predicted increasing maternal distress ($p = .004$) and decreasing social support ($p = .04$) at 12 weeks.

Conclusions In combination, our results suggest suggesting reciprocal influences between biological susceptibility and social-contextual factors that may influence the development of neurobiological regulation and promote or strain infant adaptation over time.

P2-85

CONSTRAINING MOTHERS' PRESENCE AND COMFORT WITH ADAPTING NIGHTTIME CARE TO INFANTS' CUES MAY CREATE MORE CONCERN THAN COMFORT

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Introduction Best practices for night-time care focus on limiting infants' wakings and signaling during night-time sleep--outcomes commonly achieved by limiting parental presence and responsiveness to infant cues. Given the importance of synchrony in care, this advice could have detrimental outcomes for mothers' and infants' experiences of the night-time care routines.

Method We begin to explore this question based on an infant sleep routine study involving mothers and infants living in New Zealand [infant age: 6 to 12 months, mean 8.7 months]. We examined whether mothers' comfort with the idea of a shared sleep routine, was related to mothers' or infants' levels of cortisol during infants' transition to sleep--particularly in the presence of infants' nightwakings. We forwarded this rating as an indication of mothers' comfort with adaptability in night-time care practices given that the majority of mothers were not engaged in shared routines.

Results Bivariate correlation identified a significantly positive association between mothers' levels of physiological stress and number of infants' nightwakings for mothers ($r(16) = .54$, $p = .03$ at initiation of routine; $r(16) = .66$, $p = .01$ after infants' transition to sleep), and for infants ($r(13)$, $p = .03$) only when mothers rated themselves as not comfortable with the idea of shared sleep.

Conclusions These findings suggest further attention to importance of adaptability in night-time care practices may be important--particularly as it examines potential risks that may be associated with focusing on sleep outcomes focused on one sleep approach achieved through limiting parental presence or responsiveness during night-time care.

P2-86

FORMULATING FOSTER CARE FOR INFANT MENTAL HEALTH: A SCOPING STUDY

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Introduction This paper reports on a scoping study into the extent to which the way foster care in Scotland is conceived and supported provides the basis for meeting the mental health and emotional needs of infants.

Method The research comprises two literature reviews on; the landscape of foster care in Scotland since 1970 and foster children's emotional and mental health needs and supportive interventions in their day to day care. There is also a systematic analysis of documents of a representative sample of 50% of local authorities and main foster organisations in Scotland to establish the requirements of, and support for, foster carers process including recruitment, selection and training.

Results The literature review of empirical studies on the emotional and mental health of infants in foster care reveals a significant minority are insecurely attached and can show dysregulation in emotional and behavioral patterns. The foster carers understanding of attachment and responsiveness can impact positively on the relationship with the infant. Some conclusions were contrary to expectations, for example identifying more experienced foster carers and a wish to adopt as associated with insecure attachment. These factors provided a framework through which to assess the aspects of foster care in Scotland that support infant mental health.

Conclusions The research illuminates where there are synergies between foster caring and meeting the mental health needs of infants. Studies suggest there are particular complexities in this field and point to the necessity of evaluating current foster infants experience and gaining evidence from well-designed interventions to improve outcomes for such infants.

P2-87

POSTPARTUM DEPRESSION AND CHILD ADAPTATION - FOLLOW-UP SURVEY FIVE YEARS AFTER CHILDBEARING

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Introduction The purpose of this study was to discuss how to establish a support system for mothers and children in the local community. This survey is a follow up study on mother's mental health and child adaptation was conducted five years after childbearing.

Method The survey on the postpartum depression at one month and three months after childbearing. Then, 1.5- and 3-years-olds, the subject mothers had been asked about child's development and child-rearing conditions. The present survey to check the mother's depression and the child's adaptation based on the Beck Depression Inventory (BDI) and Strength and Difficulties Questionnaire (SDQ) on the occasion of group vaccination. All the mothers (n=165) having given birth in 2004/05 at Minami-Chita City in Japan are the survey subjects.

Results In this survey, the children's average age in month was 67 ± 3.92 , and the mothers' average age was 33.31 ± 4.72 (n=142). The ratios of mothers whose BDI score was 13 or more and 20 or more were respectively 19.5% and 8.3%. Of those mothers, the ratio of subjects who had scored above 9 in the EPDS three months after childbearing was found to be 5.9%. A positive correlation between EPDS and BDI scores was recognized. The EPDS score was not significantly correlated with the total SDQ score, but correlated with the score of one lower scale, "emotional symptoms"

Conclusions The depression degree of the mothers involved in child rearing was more than the degree of postpartum depression. The degrees of mother's depression were found to be related with 5-year-old child's emotional problems. It is considered to be necessary to support system for those mothers.

P2-88

EMBRACING EACH OTHER AND GROWING TOGETHER: REDEFINING THE MEANING OF CAREGIVING EXPERIENCE OF A CHILD WITH DISABILITIES

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Introduction When children are born with disabilities, their parents' caregiving is unique and different from parents of typically developing children. Their journey as parents start with an initial discovery of their child's disability, and this unique early experience has significantly powerful impacts on personal, in some cases professional lives of parents.

Method In this study, eight mothers who had children with significant disabilities aged from 8 to 37 were interviewed in a small group setting. Listening to the stories of parents of children with disabilities is particularly meaningful as caregiving can be viewed as a dynamic process that involves numerous stages of reconstructing perceptions of self as a caregiver and of the child's disability over time (Knestrict & Kuchey, 2009; Gray, 2002).

Results These parents described how they came to embrace their child's disabilities over time. Even though they came from different SES and cultural backgrounds, they all shared the time of initial diagnosis, usually when they were babies with in-depth details as if these events just occurred yesterday. The emphasis on early memories in these mothers' stories showed how these memories were a backdrop of their transformation process as parents, reconstructing perception of a self as a caregiver. This study took an unconventional approach when addressing infants' contribution and caregivers' responsibilities by redefining the meaning of care "giving" a child with disabilities.

Conclusions This study strengthens the current understanding of parenting children with disabilities by highlighting that the adult parents continue to mature and develop through the experience of parenting. Such reciprocal nature of parenting has important implications for professionals working with families of children with disabilities.

P2-89

EARLY CHILDHOOD TEACHERS' BELIEFS AND EDUCATIONAL PRACTICE: DEVELOPMENT AND VALIDATION OF A SELF-REPORT QUESTIONNAIRE

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Introduction Quality of early education and care - especially process quality - is strongly associated with children's developmental outcomes. Most studies investigated the impact of structural indicators on observed process quality and its impact on children. Less research was concerned about the impact of teachers' beliefs on their educational practice.

Method The aim of the current study was to develop and to validate a self-report questionnaire to assess "teacher beliefs" of caregivers and educators of 0-4-year-old children in different settings (family and centre-based daycare, educational playgroups). The questionnaire is aimed to investigate the impact of teacher beliefs (attitudes and self-efficacy) on caregivers' and educators' self-reported and observed educational practice. Study 1 was conducted to establish the questionnaires' construct validity using confirmatory factor analysis (N=200) and expert validation. In Study 2 the predictive validity of teacher beliefs on observed process quality (using the CLASS toddler, LaParo et al.) was analyzed (N=25).

Results Confirmatory factor analysis show that the questionnaire assesses (a) child-oriented caregiver/teacher-child relationship (characterized by warmth, sensitivity, child participation) and (b) child-oriented educational orientation (child as active learner; supportive learning environments). Moreover, several scales assessing active collaboration were identified: Partnership with parents; observation and documentation; dealing with cultural diversity; promoting successful transitions. Caregivers' and teachers' attitudes and self-efficacy in the respective domains were positively associated with their educational practice. The expert validation indicates that the questionnaire corresponds to the "Orientierungsrahmen" (Wustmann & Simoni, 2012) - a reference document currently used for professional development in early education and care in Switzerland.

Conclusions The paper will discuss strengths and limitations of the newly developed questionnaire. We will also present the questionnaire's practical applications, e.g. the questionnaire will be used to evaluate the effectiveness of continuing education of early education and care professionals in Switzerland.

P2-90

DELIVERY MODULE AND A NEWBORN'S NEUROBEHAVIORAL STATES

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Introduction Childbirth is a vital experience to both a woman and her child. Thanks to vaginal delivery and experiencing birth canal limitations, a newborn may gauge their physicality. Cesarean section involves surgical, obstetric and anesthesiologic interventions, mother-child contacts hindrance and delayed lactation. Early experiences with carers influence infants' further ontogenic development.

Method The study was conducted at the Clinic of Neonatology, Pomeranian Medical University in Szczecin (Poland) in 2009-2010. Subjects were children born naturally (n=92) and via c-section (n=108) and their mothers. Inclusion criteria: absence of systemic diseases in mothers, delivery after 35 Hbd, consent to examine a child via Brazelton's method (NBAS). Mothers filled out the author questionnaire. Questions included: sociodemographic data, breastfeeding, postnatal contact with a newborn or its lack. Bioethics Commission permission was granted (BN-001/108/08). Statistical analyses included the Shapiro-Wilk and the U Mann-Whitney tests and Spearman's rank correlation coefficient. The accepted significantly level was $p < 0,05$.

Results Infants born via c-section with their father present had significantly different weight (Me=3750g) from those born without an accompanying person ($p=0,01$). Women delivering physiologically had a postnatal contact with their newborn significantly more frequently than in the case of c-section ($p=0,01$). Women delivering via c-section rarely breastfed ($p=0,003$). Significant differences were noted between children born vaginally and via c-section in terms of habituation ($p=0,02$), social interaction ($p < 0,00001$), motor maturity ($p < 0,00001$), defence reactions ($p=0,01$), state regulation ($p=0,02$) and self-soothing ($p=0,0002$) in favor of the former. Reflexes were normal in both groups.

Conclusions Newborns delivered via c-section may require appeasing interventions sight and sound stimulation (animate or inanimate stimuli) by parents and nurses. Women after a c-section should have direct contact with their child as they had it less frequently.

P2-91

TEACHERS' PERCEPTIONS OF SAME-SEX PARENTING

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Introduction This research focuses on the teachers' perceptions about different and same-sex parenting, as some stereotypes prevail. Although studies show that there are no significant differences between different-sex and same-sex parenting skills and in children's development, most people still think negative consequences will result in the children's development of homosexual parents.

Method The study goal was to explore the perception of teachers towards caregivers' sexual orientation (heterosexual or homosexual) and several fictional family compositions with a young male child. After presented a stimulus-situation (Gato, Fontaine & Carneiro, s.d.) the participants were asked to complete two scales on the parenting skills (Gato & Fontaine, adapted from Crawford, Mcleod, Zamboni & Jordan, 1999) and developmental outcomes of children. Participants were 163 teachers of 1st through 12th grades, aged between 23 and 61 years of age ($M = 40.77$, $SD = 9.474$). There were 82.2% women and 17.8% men.

Results Results were analyzed using ANOVA's, with sexual orientation, sex (female/male) and couple/single types as independent variables. Mothers were considered good caregivers, so that, in general, were better assessed on the exercise of parenting; significant differences were found in relation to fathers. Single homosexual men were perceived as less competent in their parental profile. The results also indicated that female teachers, in general, express more favorable attitudes toward same-sex parenthood than male teachers, in that significant differences were found in the overall assessment of the family.

Conclusions A gender effect was found for all dependent variables. Women receiving higher results than males. Parental skills were perceived as higher for women, particularly when heterosexual and as part of a couple. Generally, same sex parenting was assessed slightly lower; however, interaction effects were not found to be statistically significant.

P2-92

ADOPTING A CHILD-CENTERED PERSPECTIVE IN EARLY CHILD CARE AND EDUCATION: LINKING PROFESSIONAL DEVELOPMENT AND RESEARCH

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Introduction Theoretical accounts and empirical findings about day-care suggest that alternating caregivers and instable peer-groups may have an adverse effect on infants and toddlers. The flexible day-care organization in Swiss day-care centres results in a discontinuity of care and group. Our study aims to develop practical recommendations to improve day-care quality.

Method The first explorative study investigated how flexible day-care organization is actually handled, by focusing on essential situations related to care, relationship and education. Second, results have been used to conduct focus group discussions with experts from science and practice, discussing potential challenges from different perspectives (children, parents, day-care centres/teachers). Findings from study 1 and 2 have been used to compile recommendations for educational practice and day-care organization specifically taking into account children's needs. In a third study, these recommendations have been validated (with respect to their relevance and priority) by teachers working in early day-care institutions (N=60).

Results Preliminary results suggest that a stronger focus is needed on a continuous reflexion of concepts and daily routines, with respect and beyond the amount of time children spent in institutional day-care. Essential needs of young children have to be considered regarding the following challenges: How to guarantee continuity of close and supportive teacher-child relationships? How to provide a stimulating learning environment for all children? How to ensure that care ensures children's physical integrity and safety? Challenges related to these questions differ depending on the amount a child spends in the institutional day-care setting.

Conclusions Flexible day-care organization primarily focuses parents' needs. But educational practice and organization needs to mediate between interests of parents and children. The study showed that there is a rather low awareness of the challenges ensued by current organizational forms. Recommendations developed from our research will be used for professional development.

P2-93

ENHANCING OUR UNDERSTANDING OF INFANT CARE AND EDUCATION: REVIEWING THE HISTORICAL EVOLUTION OF INFANT STUDIES FROM 2000 TO 2011

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Introduction This study was undertaken to provide an overview of the historical evolution of research ideas and practice, relevant to infant care and education from the year of 2000 to 2011 (considering maximum 18 months of embargo).

Method This systematic literature review focused on peer-reviewed articles as well as doctoral dissertations, which were published internationally and written in English over the last twelve years (from 2000 to 2011). A total of 131 research literatures, consisting of 88 articles and 43 dissertations, were identified and analyzed in terms of 4 areas: topics, publication years, subjects (participants), and research methods. Through a careful analysis of topics and key words of the research literatures, both authors identified 6 major topic categories.

Results First, the most researched topics were teaching and teacher (35.9%), childcare (19.8%), relationship (19.1%), and development (16.0%). Second, it was interesting to note that 34.1 % of the articles had been published between 2010 and 2011, while the dissertations were published most in the years of 2005 (16.3%), 2008 (14%), and 2009 (14%). Third, both infants (37.6%) and teachers (37.0%) participated in the studies most. The articles focused more on mixed aged infants and childcare itself, while the dissertations focused more on teachers and babies (0-12 month olds). Finally, regarding research methods, 47.3% of the literatures employed quantitative research methods.

Conclusions The findings are discussed in terms of the implications for practice as well as directions for future research, reflecting contributions of babies and responsibilities of caregivers (parents, teachers) and researchers.

P2-94

FOR THE BENEFIT OF INFANTS 0-2: COOPERATION BETWEEN AN OUTPATIENT INFANT MENTAL HEALTH CLINIC AND ADULT PSYCHIATRY

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Introduction Caregiver function and early relational experiences play a pivotal role in the development of the infant's mental and social functions. The caregiver's capacity to mentalize, to regulate the infant's affective states and to engage in emotionally attuned interaction with the child, are crucial for the infant to develop his own capacity to mentalize and regulate affect, and to attain secure attachment. Caregivers who suffer from diverse psychiatric illnesses or problems often experiences a temporary collapse of reflective function, resulting in less attuned and adaptive interaction with the infant, and parental affect-mirroring, essential for the infant's mental representations of himself and others, will be distorted. The parent's regulation of stress states in both himself and the infant will also be impaired, leading to overwhelming experiences of affect and stress in the infant. Children of parents with mentalization deficits often develop restrictive and maladaptive affective and social patterns themselves.

Method: Therefore, for the infant, prevention of these outcomes is crucial. In addition, research shows that treatment of the caregiver and the dyad caregiver - infant reinforce each other. Early therapeutic intervention for dyads where caregivers suffer psychiatric conditions is therefore decisive. Effective interventions must therefore address and include this perspective. In Southern Norway a cooperation project between an outpatient infant mental health clinic and adult psychiatry was initiated in January 2013 in order to prevent develop methods and models for joint treatment to prevent detrimental outcome in infants when their main caregivers suffers psychiatric illness.

Results In this poster we will present the results of this project so far.

P2-94B

MATERNAL AND PATERNAL INFANT-DIRECTED SPEECH: EXAMPLES OF INNATE INTERSUBJECTIVITY

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Introduction Research comparing maternal and paternal speech to preverbal infant is virtually rare. This comparison is important because it will expand our understanding of the social use of parental language in adult-infant communication. This study aims to compare the focus, content, complexity and speech acts of maternal and paternal infant-directed speech.

Method Towards this goal, eleven infant-mother and eleven infant-father dyads were video-recorded in spontaneous interactions at home from the 2nd to the 6th month of infants' life. Within well-defined units and subunits of analysis, maternal and paternal infant-directed speech was structured and then classified into focus (infant-focus, parent-focus, dyad-focus or other-focus parental utterances), content (thematic sequences, non-speech sounds, vocal expressions, vocal and verbal games, songs), complexity categories (numeric, semantic or no repetition) and speech act classifications [questions (open-ended, close-ended, two-alternative, questions followed by answers)].

Results The following *similarities* between maternal and paternal infant-directed speech were found: (a) infant-focused maternal and paternal speech accompanied by infant attention and emotional thematic sequences were dominant; (b) dyad-focused maternal and paternal speech accompanied by clarification requests and "sharing" of behaviors thematic sequences were dominant, (b) maternal and paternal infant-directed thematic sequences were expressed through numeric repetitions and in open-ended questions more often than any other complexity and speech act category, (c) relationships were found between infant age, infant- and dyad-focused thematic sequences, complexity and speech acts. *Differences* between maternal and paternal infant-directed speech refer to the structure of it.

Conclusions Maternal and paternal infant-directed speech share common features in content, though they are organized in different temporal patterns. It is assumed that the temporal patterns, the content, complexity and speech acts of maternal and paternal infant-directed speech provide examples of innate intersubjectivity.

P2-95

ASSESSMENT OF CHILDREN'S EARLY LEARNING AND ITS EFFECTS ON PROFESSIONAL DEVELOPMENT AND CHILD CARE QUALITY

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Introduction Continuous assessment of children's early learning is understood as a quality criterion of professional practice. However, up to now there are no evidence-based findings on the extent to which systematic observation and documentation of children's learning further develop the quality in the early childhood education and care system.

Method The present study is based on a control and comparison group design with two respectively three measurement points: prior to the beginning of implementing systematic observation and documentation, at the end and one year after (only intervention group). The sample consists of 38 child care centres: 12 as intervention group working with the "Learning stories" (Carr, 2001), 13 as waiting control group and 13 as comparison group using the German "Infans concept of early education" (Andres & Laewen, 2011). Data was collected via standardized questionnaires by the teaching personnel and parents (only intervention group) and via standardized external observations.

Results Results demonstrate significant effects of systematic observation and documentation of children's learning on different levels of child care quality: for example on early childhood teachers' understanding of children's learning and their professional identity, on parental involvement and the cooperation between childcare centres and families, on dialogues with children as well as on process quality in the early child care settings, especially within the dimensions of teaching and interactions, professional key tasks and diversity. After two years of working with the "Learning stories" in everyday practice process quality has significantly increased.

Conclusions The fact that there are distinct differences between child care settings working with systematic observation and documentation of children's learning compared to the control group and longitudinal effects shows the importance of continuous assessment as a tool for enhancing early child care quality and professional development for early childhood teachers.

P2-96

BRINGING AN UNDERSTANDING OF ATTACHMENT THEORY TO LIFE IN WORK WITH FOSTER PARENTS OF MALTREATED CHILDREN

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Introduction Caring for young children who have a history of maltreatment is often a complex task for foster parents. Attuned and responsive care from foster parents is likely to promote the child's emotional and mental health and avoid compounding children's negative experience of self and relationships.

Method The New Orleans Intervention is a program for children up to 60 months who are in foster care as a result of maltreatment. These children often display a range of maladaptive, often contradictory and disorganised, strategies in their communication of emotional needs. This is often at odds with foster parents' expectations and may undermine their sense of confidence and self-efficacy.

Knowing that the child's emotional and developmental needs are being well met by the foster parent(s) is important both in its own right and as a context for work with birth parents towards safe rehabilitation.

Results We describe work undertaken in Glasgow, Scotland, with foster parents in these circumstances. Tailored interventions, using a number of evidenced treatment models, are provided to foster parents, as part of a study of the implementation of the New Orleans model. Supporting foster parents to better understand the impact of children's early experiences on their emotional development and subsequent functioning within an attachment framework appears to have implications for the success of the foster placement and has the potential to influence the child's longer-term mental health outcomes.

Conclusions Young children in foster care need safe care within a relationship which helps them to manage their internal world. Helping foster carers to develop an understanding of how attachment theory applies to the emotional development of the child in their care can contribute helpfully to this process.

P2-97

BORDERS AND OVERLAPS: EXPLORING THE CO-LOCATION OF PAID CHILD CARE WORK AND PERSONAL FAMILY CAREGIVING UPON THE EXPERIENCES OF HOME-BASED CHILD CARE PROVIDERS

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Introduction Home-based childcare is a common caregiving context for infants and toddlers. Research in the United States indicates that these settings are of moderate to low quality, particularly for subsidized care. Home-based caregivers participate in training at lower rates than center-based caregivers, creating challenges for programs aiming to improve caregiving quality.

Method This research employed an ecocultural approach and examined the psychosocial wellness of home-based child care providers using mixed methods. The two main goals of this study were to explore psychosocial influences upon workforce participation and psychosocial influences upon professional development participation. The implications of the co-location of childcare work and personal family life upon the daily experiences of caregivers were also examined. Analysis of an administrative survey of caregivers (N = 1392) were paired with analysis of qualitative interviews (N = 24) in an explanatory sequential design.

Results Analysis of survey data revealed that higher levels of psychosocial stress predicted greater likelihood of consideration of exit from home-based childcare work. The strength of respondents' identity as caregiving professionals and their perception of peer support were associated with their training participation. In the qualitative data, the dimensions of providers' identities as caregiving professionals and family members in relation to their child care work seemed to influence their routines, social support networks, and participation in training. Difficulty balancing the demands of child care work and personal family also appeared to influence FCC routines and professional development participation.

Conclusions Understanding the culture of home-based childcare could help training and support providers to tailor training to this group of caregiver. Tailored outreach engaging the home-based childcare workforce could help to boost the quality of these caregiving settings for infants and toddlers by building training relationships that support their caregivers.

P2-98

EXAMINATION ABOUT A FEELING OF DIFFICULTY AND THE INFLUENCE FACTOR WHEN THE DEVELOPMENTAL DISORDER CHILD AND THE FAMILY CONSULT A GENERAL HOSPITAL

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Introduction The purpose of this study is to clarify that the feeling of difficulty to hold when the parent of the developmental disorder child consulted a general hospital.

Method The object of the study is 860 families belonging to the meeting of the parent of the developmental disorder child. The investigation used a questionnaire. Return rate was 45.6%, and the number of the effective answers was 376. Most respondents were mothers (93.6%). 79.3% of the sample were boys, 20.7 % were girls. The kind of illness was 31.6% of high-functioning pervasive developmental disorders, 31.6% of pervasive developmental disorder with intellectual disabilities, and 31.3% of high-functioning pervasive developmental disorders.

Results 85.2% of high-functioning pervasive developmental disorder children did not report problems consulting the public hospital. In addition, the parent didn't convey the obstacle of the child for a doctor when they consulted a general hospital. When they consulted a general hospital, 76.3% of parents of the developmental disorder child had medical examinations with uneasiness. 50.4% of parents of the pervasive developmental disorder child with intellectual disabilities had the experience that cancelled medical treatment because their child refused inspection and treatment. 50.5% of parents of developmental disorder child had dissatisfaction for the correspondence of the medical stuff.

Conclusions When a developmentally disabled child is brought to a hospital for treatment, parents employed many strategies to assure that their child received treatment. In addition, they expressed concerns about the degree to which the medical staff were prepared to provide clear and useful information to them about the child's medical condition. Therefore, it is necessary for the medical staff to do more understanding and consideration.

P2-99

EARLY EXPOSURE TO GROUP CHILDCARE, BEHAVIOR PROBLEMS AND SOCIAL COMPETENCE: A STUDY WITH PORTUGUESE CHILDREN

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Introduction In the last 30 years evidence has suggested that many hours of non-maternal child care could pose risks for the child-mother relationship and for the psychological and behavioral adjustment during preschool years. However, after decades of scientific controversy on the effects of non-maternal childcare there are still many unanswered issues.

Method Participants were both parents and teachers of 543 children, with a mean age of 4.5 years, 50.6% girls. Externalizing and Pro-social behavior with peers was assessed with the Social Competence and Behavior Evaluation Scale- Short Form (SCBE-30). Control variables included family socio-demographics and educational level, mothering styles assessed with the Parenting Styles and Dimensions Questionnaire (PSDQ) and mothering stress assessed with the Parenting Experiences questionnaire.

Results Data from preschool centers were used to examine the relationship between quantity of exposure to early group child care, the levels of externalizing behavior and pro-social behaviors, and the frequency of severe externalizing behaviors. The childcare centers' classrooms had an adult/child ratio between 5-8.7 and group sizes between 15-26 children. Results show that quantity of childcare and earlier timing of childcare had a significant but modest effect on dimensional scores of externalizing behavior according to teachers' but not according to mothers' and fathers' , suggesting that externalizing behavior with peers could be regarded as context-specific to the group childcare setting.

Conclusions There was no evidence that quantity of exposure to childcare per se could be a substantial risk factor for severe levels of externalizing behavior. Quantity of childcare did not show a significant effect on pro-social behavior with peers.

P2-100

A 3-STEP TREATMENT MODEL OF SLEEPING PROBLEMS IN NORTH CARELIAN DISTRICT, FINLAND

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Introduction Infant sleeping problems are very common in families. Early interventions before parents are exhausted are important and when successful support relationships and interaction. In North Carelian central hospital infant family unit we created a three step treatment model- phone calls, home visits, night time treatment in hospital.

Method During the phone consultation we evaluate the situation in the family, try to find out what parents do when their child is not sleeping, reinforce the working methods which parents are using and offer new ways to manage problem moments. Soon it comes clear if the problems can be solved by phone.

Results Second step of treatment model is home visits. The worker goes to the family's home to see the psychical environment, infant-parent interaction, and to give possibility to speak about problems on the family's own ground. It is important to hear the opinion about the situation from both parents, to encourage parents to support each other, and to increase understanding among the parents.

Conclusions The third step is to invite infant and parent to night-time treatment. Infant and parents spend few nights on special ward and nurse is following them through the video system. During the night it is possible to see different difficulties making up the problems and find solutions to them.

P2-101

MARTE MEO IN NURSING OF MOTHERLESS INFANTS IN AN INSTITUTIONAL SETTING IN TANZANIA: A SPOONFUL OF FOOD AND A SPOONFUL OF LOVE

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Introduction Newborn children's mental health is at risk due to caregiver insufficiency, such as parental mental illness or traumatic experiences in the perinatal period, and even maternal death. The parent or caregivers capacity to mentalize and to regulate both physiological and emotional stress in the infant is crucial.

Method This prospective longitudinal qualitative process study aims at exploring the working mechanisms of Marte Meo in an institutional setting for infants in Tanzania, by studying how their caregivers' representations of infancy develop during a Marte Meo counseling process. It also seeks to identify features of Marte Meo in a Tanzanian institutional setting and contribute to raised awareness of infants' mental needs. The design is: assessment of qualitative data - intervention - 1. process assessment - 2. process assessment, to describe interactive mechanisms in concurrent and longitudinal perspectives.

Results Early relational experiences play a key role in the development of childrens' mental structures. Caregiver insufficiency places infant health at risk, therefore feasible methods for early intervention are a crucial factor. Marte Meo video guidance is in broad use worldwide and clinically well estimated; however, its range of usage areas and potential universal working mechanisms needs to be scientifically documented. The results will be important in deciding whether there are any *universal* working mechanisms of the Marte Meo method.

Conclusions Norway is becoming an increasingly multicultural society, and research on Marte Meo in a socio-cultural perspective is important to improve the method and its usefulness in preventive mental health work. Further, the study will provide a knowledge base for the future implementation of Marte Meo worldwide.

P2-102

HIGH-STAKES ASSESSMENTS OF EARLY CHILDHOOD TEACHER QUALITY: IMPLICATIONS FOR RELIABILITY

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Introduction Early education programs have made important efforts to assess teacher quality; these can affect funding. Large-scale rater training on the CLASS measure has been implemented in the U.S., but training is brief compared the requirements for acceptable research reliability. We compared reliability of (a) federal review and (b) research raters.

Method As part of a larger study, Head Start classrooms were videotaped throughout a half-day session by trained data collectors. Tapes (N = 24) were each coded using the Classroom Assessment Scoring System (Pianta, Hamre, & Paro, 2007) by four raters. Two raters were trained through the federal rating training process, which requires two days of training and raters to pass a reliability test of 80% agreement within 1-point. Two raters were trained by attending the federal rating training and passing reliability, and then participating in an iterative series of coding and discussions. Intraclass correlations were conducted to examine reliability.

Results Preliminary results indicate that coders trained according to research protocols had substantially greater interrater reliability than coders trained through the official training protocol used to develop raters for federal review; in fact, ratings of coders trained for federal review were unrelated to each other or to the ratings of the research-trained coders. The degree of reliability, including for research-trained coders, varied according to the dimension being rated.

Conclusions Programmatic decisions in U.S. Head Start programs depend in part on classroom quality ratings, but the results suggest that reliability between raters trained through standard means may be questionable. As quality rating systems develop, it becomes increasingly important to examine how to achieve reliable, valid ratings on a large scale.

P2-103

THE PLAY PROJECT: IMPROVEMENTS IN AUTISM DIAGNOSIS AND BEHAVIORS THROUGH PARENTAL INTERVENTION

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Introduction Intensive intervention with children diagnosed with autism spectrum disorders can be effective in reducing autism severity and improving child outcomes, but tends to be cost-prohibitive and lack trained personnel. The PLAY Project taught parents to provide intensive relationship-based manualized intervention with their children and assessed child and parent outcomes.

Method Families of children aged 2:10 to 5:11 diagnosed with autism or autism spectrum disorder (N=112) were randomly assigned to treatment or control conditions. For one year, treatment families received monthly half-day visits from a home consultant providing structured activities and video feedback emphasizing sensitivity, responsiveness, and contingency. Parents were instructed to play with their children 2-3 hrs/day using the PLAY approach. Data were collected prior to and following intervention. Child measures included autism diagnosis (ADOS), development (Mullen), and language (McArthur-Bates). Parent measures included parenting stress and depression. Children and parent interactions were videotaped and coded (Mahoney CBRS/ MBRS, FEAS).

Results PLAY children were 2.41 times more likely than control children to improve in diagnostic category. PLAY and control children did not differ in change in Mullen developmental outcomes and language development; however, compared to control children, PLAY children showed significant large increases in observed attention and initiation and in observed developmental behaviors (FEAS). Change in parenting stress did not differ by group, and depression tended to decline more in PLAY than control parents. PLAY parents improved significantly more than control parents in interaction, especially responsiveness and affect.

Conclusions Results indicate that the PLAY project was effective in providing intensive intervention for young children with autism through parents. Parent and child interactional behavior improved substantially, and many children moved into less severe diagnostic categories. The substantial demands of the PLAY project did not appear to increase parents' overall stress.

P2-104

WHAT'S INVOLVED WHEN TRANSFERRING A MODEL OF A MULTI-DISCIPLINARY FAMILY-CENTRED EARLY INTERVENTION PRACTICE FROM ONE CULTURE TO ANOTHER

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Introduction The author was involved in a successful multi-disciplinary Family-Centred Early Intervention (EI) program in New Zealand. Then on moving to live in Switzerland there was not only a language barrier, but also a philosophical difference on what constitutes best practice in EI. How does one align the two together?

Method The author currently practises within a 'Stiftung' (Foundation) - a centre for art and music therapists and their clients. While working independently and with individual families, parents have expressed their concerns and frustrations. Primarily the families who have a child with special needs wish for greater collaboration between the different disciplines/personnel involved. With contacts within the Swiss health and education therapeutic system, the author is being encouraged to put a proposal together towards setting up a multi-disciplinary Family-Centred EI Centre. Establishing what is already in the community regarding EI services will be part of the process.

Results At the time of submitting this abstract, the author is gathering information on work practices and protocols from an EI centre in NZ, and standards of practice from the Special Education and EI services in NZ. Also ongoing is the gathering of data on what

constitutes EI practice in Switzerland. It is anticipated that by the time of the WAIMH congress, a proposal to set up a multi-disciplinary Family-Centred EI centre will be on the table. The task of getting there will be discussed as will the feasibility of the next step.

Conclusions Research shows that multi-disciplinary Family-Centred EI programmes are cost effective, efficient, and beneficial for families who have a child with special needs. A program in NZ is proving this to be the case. There is no such program in Basel, Switzerland. The process in setting one up has begun.

P2-105

EFFECTS OF A CULTURALLY SENSITIVE INTERVENTION ON THE EMOTIONAL-REGULATIVE PROCESSES IN CAREGIVER-INFANT DYADS IN INSTITUTIONALISED AT-RISK LIFEWORLD CONDITIONS IN LUSHOTO, TANZANIA

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Introduction In an ongoing DAAD project in close collaboration between Leibniz University Hanover and the Sebatian Kolowa Memorial University (SEKOMU) in Lushoto, Tanzania we investigate precursors of speech in protoconversation in 1 – 3 months old children in an orphanage in the Usmabara mountains.

Method: 1. We do micro analysis of voice and movements of caretaker infant interactions in a pretest – posttest design with support of a special camera system for in-vivo-recordings which allows to capture facial expression and movement patterns of both communication partners synchronously in three perspectives. 2. We use Bayley Scales III and the in-vivo camera system during the test. We want to investigate cultural specificities and the temporal fine structure under the condition of an institutionalized setting. The relevant questionnaires and parts of the Bayley III are translated into Kiswaheli, and a further cultural adaption is on the way.

Results The project has started in June 2012 and will present intermediate results of this research project.

P2-106

"I FELT A BIT LEFT OUT TO BE HONEST BUT THEN I HAVE JUST ACCEPTED IT, I'M A FOREIGNER" PARTICIPATORY METHODS FOR EXPLORING NEW MOTHERS' WELLBEING IN A CULTURE OUTSIDE THEIR OWN

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Introduction: Participatory research is one way of contributing to NHS practice where service user involvement in service delivery is becoming recognized as essential to improve quality. Women from black and minority ethnic backgrounds in the UK use multiple services during the perinatal period but little is known about their experience of them.

Method: Five co-researchers were recruited to design and conduct this exploration of the experience of mothers from other cultures of having a baby in the UK. A questionnaire and interview schedule were collaboratively designed with 18 questionnaire respondents, 15 interviewees and one focus group of six Jewish mothers. Data were analyzed thematically as a group.

Results: The analysis showed that their experiences of becoming a mother were diverse, and related to the level of comfort mothers felt about their difference, and how much this was respected. Seven parent themes were identified including feeling like a foreigner, isolation, the pull of the motherland, the neglect of mums' emotions, satisfaction and complaint, doing as you're told, and public vs. private.

Conclusions: Participatory research is an ethical and forward-thinking approach that in this case gave the research an extra layer of meaning, authenticity and applicability. Mothers' experiences of perinatal services here are varied and there is room for some improvement in meeting their cultural (and other) needs. There is some overlap with the needs of White British mothers, as well as some distinctive areas of difference. The methodological limitations, clinical implications and areas for further research are considered.

P2-107

UTILIZING BACK-TRANSLATION IN THE DEVELOPMENT OF AN ASSESSMENT TOOL FOR FIRST WEEK BABBIES AND MOTHERS, AND OBSERVATIONS OF DIFFERENCES IN AMERICAN AND JAPANESE BREASTFEEDING CARE

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Introduction The aim of this study is to clarify differences in the breastfeeding care between Japan and America. In addition, verify proper linguistic expressions by checking their equivalence via back-translation for LATCH (Breastfeeding Documentation System : D.Jensen.2007).

Method The focus is on reviewing 5 items and 26 sub-items of ("L","A","T","C","H") in LATCH2007. Clarified differences of care structures are descriptive contents of a translation of the assessment tool by using the back-translation technique for English-Japanese to ensure equivalence in tool use between countries.

Results There have been some differences in meaning of "A"(AUDIBLE SWALLOWING), "C"(COMFORT), observation techniques and attitude for mothers with pain regarding breastfeeding in development process of assessment tool for the early stage of breastfeeding. In comparing Japan and America, "A" is observed with "stethoscopes" in America. In Japan, "A" is an auditory

observation. In regard to "C", Mother Centered Care System is common especially mothers with pain in their breastfeeding in America. However it is believe that successful breastfeeding is the top priority so mothers should be patient with pain in Japan. Therefore, Mother Centered Care System in Japan is not prevalent.

Conclusions There are some indications that the differences in care structure have impact on care processes and are reflected in care outcomes. It is essential that we understand languages to utilize assessment tools from other countries or cultures.

P2-108

THE PREVALENCE OF TRAUMATIC EXPERIENCES AMONG KOREAN YOUTH; IMPLICATIONS OF PSYCHIC TRAUMA FOR IMPROVING STUDENT MENTAL HEALTH IN KOREA

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Introduction Youths who have experienced trauma are susceptible to psychiatric symptoms such as suicide, depression and anxiety compared to youths without trauma (Cogle et al., 2009). This study was to identify the prevalence of past traumatic experiences of the youths in Korea and what experiences of incidences were high in frequency.

Method One middle school and two high schools in the Daegu area were surveyed from July to August of 2013. A total of 2,805 young people (1,469 males and 1,336 females; 1,367 middle and 1,440 high school students) participated after signing an informed consent. The demographic characteristics and the Lifetime Incidence of Traumatic Events (LITE) were measured. The average age of was 15.02 ± 1.53 years old. The SPSS 18.0 version was used to perform cross-analysis of the results.

Results The traumatized group by the LITE showed that 47.3% students answered "There definitely was an apparent prominent trauma or loss." 10.6% of "There is no prominent trauma or loss". For traumatized group, high school students have undergone traumatic experiences more than middle school students in both sex ($\chi^2 = 9.271$, $p < 0.01$). High school students have had more experiences of accidents, injury, loss, school violence and family problems than middle school students. Male students have had more experiences of injury and natural disasters than females. Female students had had more experiences of loss, family problems and sex problems.

Conclusions For improving student's mental health in Korea, it is recommended for mental health professionals to focus on prevalent traumatic experiences among Korean youths. It is as high as 47.3% among the middle and high school students and they have experienced different types of trauma according to their sex.

P2-109

DOES CULTURAL DIVERSITY BECOME MORE PREVALENT AS INFANTS DEVELOP? INFANTS' COMMUNICATIVE GESTURES IN THE U.S, GERMANY, AND TAIWAN

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Introduction Research on gesture has revealed cross-cultural differences in older children and adults, ¹ and universalities in infancy². However, research has not yet described the diversification of gesture as children become socialized in their cultures. Since children internalize sociocultural knowledge as they acquire language³, cultural diversity may appear distinctly as language develops.

Method We ask whether gestures children use in three cultures are different among three age groups: Preverbal (9-12 month), one-word (12-18 month), and vocabulary-spurt stage (18-24 month). Parents of young children from U.S. (n=104), Germany (n=199), and Taiwan (n=137) responded to a parenting survey as part of a larger study on early communication with gestures and infant signs. Parents indicated whether their child used each of a list of gestures (e.g. pointing, nodding, waving, etc.) that appear in different cultures. This list was generated by investigators from six cultures and includes gestures that are culturally specific and those common across cultures⁴.

Results Overall, there were cultural differences in 8 out of 14 gestures examined. One-way ANOVAs revealed differences across countries in 3 gestures for the 9-12 month group, 4 gestures for the 12-18 month group, and 8 gestures for the 18-24 month group. Clapping (U.S. > Germany) and quiet ("finger to lips"; Taiwan > Germany) showed cultural differences in every age group. Reaching (U.S. > Taiwan) and showing (U.S > Taiwan; Germany > Taiwan) showed cultural differences for the older two groups. For pointing (U.S. > Taiwan), cultural differences emerged only during 18-24 months.

Conclusions While some gestures show cultural differences consistently across early childhood, cultural differences in infants' gesture use become more prevalent as they develop. A previous study² focused on 10-14 months identified cultural universality in infants' pointing, and our study found differences in the prevalence of pointing after 18 months.

P2-110

PARENTAL MEASURES OF PRE-K CHILDREN'S BEHAVIOR: CULTURAL VARIATIONS

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Introduction The latent structure of the Behavior Assessment System for Children was designed to represent the general norm population with respect to social economic status and race/ethnicity. The study investigated whether normative structures of the BASC psychometrically fit for a sample of American Indian children using Bayesian structural equation modeling.

Method The ten-factor model was investigated in a Native American Indian sample (N=209) using BSEM. The flexible and innovative BSEM approach replaces parameter specifications of exact zeros with approximate zero cross-loading and residual correlations using zero-mean, small variance informative model priors. The model comparison was based on the posterior predictive p-value (PPP) and the Bayesian information criterion (BIC).

Results The original latent structure of BASC-2 model provided the 5% reject proportion for the PPP with 0, which tells us that the model did not fit adequately for Native American Indian sample. Therefore, more model specifications were required. Leaving out small factor loading items (<.3) and then the BSEM 10-factor model with approximate zero cross-loadings and residual correlations provides better fit to the sample.

Conclusions The findings indicated the normative factor structure did not fit well and only fit when excluding specific items within various BASC scales. The results support continued study of the adequate assessment tools for use with populations with markedly different cultural traditions than those of dominant cultures involved in standardization studies.

P2-111

MEDIA HEAVY USE OF KOREAN INFANTS AGED 0-3 YEARS OLD AND THEIR MENTAL HEALTH

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Introduction This study aims to examine relationship between media heavy use of Korean infants aged 0-3 years old and their mental health. Also mental health of their parents, parent-infant relationship, and parenting style were examined.

Method A total of 826 Korean infants (463 Boys, 363 Girls) aged 0-3 years old (M=2.78, SD=.77) and their mothers were recruited from 5 metropolitan inner-city areas in South Korea. Media use of infants, infants' and their mothers' mental health, parenting, parenting stress, and parent-child relationship were evaluated. Developed scale of media heavy use of infants, Korean version of ASQ, Short sensory profile, IBQ-R, M-CHAT, CARS, Korean version of PSI, CES-D, STAI, P-CIPA were assessed.

Results 97% infants of a total sample watched media every day and 38% of them started to watch media from the age of 11 months. Average watching time per a day was 2.55 hours. 94.5% infants of a total sample were using smartphones to watch comics or games and 51.6% of them started to use them from the age between 12 to 35 months. 11.1% infants were sorted as a heavy media using population. A heavy media using population was more impulsive, aggressive, depressive, and hyperactive than normal infants. A heavy media using infants' mothers were more depressive, anxious, highly stressed in parenting and showed more dysfunctional parenting style than normal infants.

Conclusions A heavy use of media of Korean infants aged 0-3 years old negatively affects not only infants' and their mothers' mental health but also parenting and parent-infant relationship. We discussed an intervention program focused on heavy media using infants and a preventive parenting education program focused on a proper media use of infants.

P2-112

A STUDY ON SOCIAL, EMOTIONAL, AND BEHAVIORAL DEVELOPMENT OF YOUNG CHILDREN DEPENDING ON THEIR EARLY CHILD CARE EXPERIENCE

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Introduction This study was intended to investigate the current state of early child care and examine the effect of the beginning time of child care and the total period of using day care centers on general development and social, emotional, behavioral development of young children.

Method The subjects included 524 young children aged 0-6 years who were attending day care centers or kindergartens located in Gwangmyeong City. K-ASQ and Child behavior checklist were used to measure socioemotional behaviors of young children. The beginning time of early child care was divided into four groups: below age one, age one to below age two, age two to below age three, and age three or above. The total period of attending to day care centers was also divided into four groups: below one year, one year to below two years, two years to below three years, and three years or above.

Results The average beginning time of using day care centers was 23.2 months and 245 children started to go to day care centers before age two. A significant relationship was found between the general development level of the children and the time of beginning to go to day care centers and the total period of using day care centers. The children exposed to day care centers at very early age suffered less problems of maladjustment to strange environments, anxiety, and sensitivity. The children who used day care centers for a long period of time experienced problems such as contraction, depression, anxiety, somatization, and internalization.

Conclusions The results verified that early use of day care centers had a positive effect on social skills of young children and a negative effect on emotional stability. We discussed a guideline for mothers who want to send their children to day care centers at early age.

P2-113

PERINATAL MENTAL HEALTH IN DEVELOPING COUNTRIES: USE AND EFFICACY OF EDINBURGH POSTNATAL DEPRESSION SCALE AND SPECIFIC RISK FACTORS

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Introduction The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) is a reliable and validated measure widely used in western countries for the screening of perinatal depression (Boyd et al., 2005). However, its applicability in developing countries has not been thoroughly studied (Hanlon et al, 2008; Tesfaye et al, 2010).

Method In order to investigate use and efficacy of the EPDS in developing countries, a review of literature was carried out, through research in several main databases (IsiWeb, Pub Med, PsychInfo). Articles selection criteria were: 1) the use of the EPDS in the perinatal period in countries with a low Human Development Index (HDI; UN, 2013); 2) sensitivity, specificity and cut-off values were available; 3) measured outcomes and obtained results were clearly described; 4) no limits of publishing year. A focus also concerned the detection of specific risk factors associated with perinatal depression in these countries.

Results Twenty-four articles were selected regarding 12 developing countries. The data underlined a great heterogeneity regarding the prevalence of antenatal (8,3 - 48,4%) and postnatal depressive symptoms (4,9 - 64%), due to the different sample's socio-economic backgrounds and to the different time of administration of the EPDS. A few studies evidenced some difficulties regarding the understanding of items 6 and 10. The review also underlined a strong influence of specific risk factors for perinatal depression in the developing countries, compared to western ones, among which: husband's physical violence and complicated relationships between woman and husband's family.

Conclusions On the light of these results, the use and applicability of the EPDS outside the western context is questioned. Findings suggest the need to explore other possibilities and use Ad Hoc measures for the assessment and detection of perinatal depression in developing countries.

P2-114

WHAT ARE YOUNG CHILDREN WATCHING? DOES CONCORDANT TV VIEWING EXPLAIN DISPARITIES IN EARLY VIEWING?

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Introduction (1) To examine associations between race/ethnicity and viewing habits of young children (2) To assess if children are watching concordant shows, e.g. shows containing primary characters that "look like them".

Method Community-based sample of 591 parents of children 3-5 years. Parents completed demographic survey assessing child/family characteristics and 1-week media diaries recording program names and screen time the index child watched. Concordance programming was defined as shows with primary characters of the same race/ethnicity as child. English-speaking families with age-eligible children (3-5 years) were recruited from 2 metropolitan Seattle pediatric clinics and a pediatric practice network, that served a diverse population of patients. Attempts were made to oversample low-income families. Inclusion criteria included children's consumption of some media each week.

Results "Only White" children spent 395.81 (SD=264.17) minutes watching TV/DVDs/week vs 454.41 (SD=329.50) minutes for "Any Non-White" children. Of the "Any Non-White" group, the breakdown for TV/DVD viewing was: "Any Black" 549.35 (SD=377.10) minutes, "Any Asian" 412.38 (SD=287.44) minutes, & "Any Hispanic" 429.06(SD=346.62) minutes/week. Overall, children in the "Any Non-White" group, spent the same fraction of time 24% (SD=24%) watching concordant shows. All of the children's top 5 shows included shows with predominant racially/ethnically diverse characters, with *Dora the Explorer* and *Sesame Street* present in every child's top 5 programs.

Conclusions Ethnically/racially diverse children watch more shows with diverse characters (concordant & "Non white" shows) than shows with "Only White" characters, which is not true for "Only White" children. This may help explain disparities in early viewing, but more research is needed to understand the cultural nuances of the observed differences.

P2-115

SOLIHULL SPEAKS PORTUGUESE: THE EXPERIENCE OF THE SOLIHULL APPROACH IN LISBON, PORTUGAL VS LONDON, ENGLAND

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Introduction The system in Portugal is different from the UK because although there is a National Health Service, there are very few resources for mental health. In the education system, there are very few mental health resources available to help both teachers and pupils.

Method Two trainings were done in a private nursery and a primary school in Lisbon, where most families are middle to upper middle class. The first training was targeting nursery teachers and their assistants who work with children from 1-4 years old. The second training was targeting school teachers and their assistants from 5-11 years old. After the trainings the participants were given some questionnaires to measure the impact of the training.

Results The feedback from the training was quite positive. Its content seemed very relevant for the trainees. The presentation from the trainers also had positive feedback. However if done again a few changes could be made, for example, maybe less activities with longer duration could be more useful to increase participants' reflections. In addition, some of the main ideas behind the Solihull Approach were understood by participants because when participants were asked about how they will use SA back in their workplace the answers included not only the Solihull's main concepts but also more reflection and more attention on the child's behavior.

Conclusions In Lisbon, the groups tended to be enthusiastic and to engage easily in discussion. It took a long time to join people into groups to start working and to bring them back into the big group. This could be a cultural difference, so fewer, longer activities might work better.

P2-116

ELAL D'AVICENNE: A NEW TOOL TO EXPLORE MOTHER TONGUE IN MIGRANT'S CHILDREN

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Introduction Avicenna language Centre is located in a multicultural suburb of Paris and deals with a great number of migrant's children. Research has shown that parents' migration can be linked with vulnerability among children.

Method Mastering the mother tongue in a bilingual context is a protective factor. Some of the children are referred to our centre for evaluation and care related to complex language disorders. Our team had to face the lack of tool to evaluate the mother tongue in bilingual children. It leads us to create the ELAL d'Avicenne a transcultural test for mother tongue.

Results This transcultural tool is in the process of validation. 150 children have been tested in three languages: tamil, arabic and soninke

Conclusions Its use opens a new window in the evaluation and care process for the migrant's children with complex language disorders.

P2-117

CULTURAL VARIATIONS IN PARENTS' PRAGMATIC PRIORITIES: COMMUNICATIVE PURPOSES OF INFANT SIGNS IN THE U.S. AND TAIWAN

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Introduction There are cultural differences in the content of parents' speech with young children¹, children's first words², and parents' pragmatic priorities, i.e. supporting children's expressions¹ or guiding children's behavior³. The use of infant signs as a parenting practice with preverbal children may elucidate these cultural differences in communication prior to words.

Method This study investigates cultural variations in parents' pragmatic communication priorities with preverbal children. We examined the pragmatic aspects of parents' communication with their preverbal children (age≤36 months) in the U.S. (n=131) and Taiwan (n=281), by asking about the importance parents placed on seven pragmatic uses of infant signs (making requests, expressing emotion, politeness, labeling objects, describing, greeting/departing, naming people). In addition to cultural differences, we explore whether variations in pragmatic priorities were explained by parenting values (27 possible motivations). Hierarchical regression models were used to investigate relations between parents' motivations and communicative purposes and moderation effects of culture.

Results Results showed significant cultural differences in parents' priorities for communication. Making requests and labeling objects were more important to U.S. than Taiwanese parents, while greeting others and expressing emotions were more important to Taiwanese than U.S. parents. However, when Taiwanese parents were more motivated by parent-child mutuality, they placed higher priority on children's use of signs to make requests and emotion expression, while U.S. parents value their children asserting their requests regardless of their motivation for mutuality. Interestingly, U.S. parents placed less emphasis on children's emotional expression as a communication priority when they were highly motivated by mutuality.

Conclusions Parents in both cultures encourage children to express themselves, a priority motivated by parent-child mutuality. However, emphasis differs culturally in what is expressed (requests versus emotions), and in communicating about objects versus communicating within social routines (greeting/ departing). Cultural socialization via communication indeed begins prior to children's first words.

P2-118

OUR RESPONSIBILITIES TO BABIES: PACIFISM COLLOQUIA TOWARDS A PEACEFUL WORLD!

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Introduction Babies' dependency needs conjoint with early childhood professionals' "collective obligation to advocate for the best interests of children within...the larger community" ought hasten the latter towards robust pacifism. Beyond war-zone devastation, war's consequences span deployment and soldier death or injury (including PTSD and TBI) with impact upon infants' attachment bonds.

Method For this preliminary study, teachers of and/or childcare providers (N = 25) for very young children were recruited via flyers or in-person for 90-minute motivation-based tutorials on robust pacifism [a unified stance that all persons innately seek to live peaceably; human conflict is not inevitable; any disputes must be settled without force, coercion, or sabotage; and no violence—including war—is ever justifiable] that underscores the National Association for the Education of Young Children's "Ethical Responsibilities to Community and Society" call "to serve as a voice for young children everywhere" (NAEYC, 2011, p. 6). Participants completed pre- and post-training questionnaires.

Results Self-reported knowledge about and attitudes regarding robust pacifism—including its relevance to and juxtaposition with the NAEYC Code of Ethical Conduct (2011)—comprise results for this preliminary study of the public health efficacy of a motivationally-rooted educational initiative to further sustainable human peaceableness. Survey data in particular tapped the concepts of: 1) altruistic chagrin regarding all war and military domination; and 2) the virtue of multiculturalism or "openness to the other" (Fower & Davidov, 2006). Outcomes were limited to within-subjects parameters; qualitative data per open-ended responses are also reported.

Conclusions Early childhood professionals—responsible to "work ...toward an environmentally safe world in which all children receive health care, food, and shelter; are nurtured; and live free from violence" (NAEYC, 2011, p. 6)—have exceptional potential as global peace-making leaders. Results lay groundwork for ongoing pacifism education with this professional group.

P2-119

MATERNAL POSTNATAL DEPRESSION AND CHILD PSYCHOLOGICAL OUTCOMES AT 10 YEARS: A DEVELOPING WORLD COHORT

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Introduction Studies from high-income countries have shown that maternal postnatal depression (PND) is associated with a range of adverse child outcomes. However, few studies have explored this relationship in low and middle income countries (LAMIC) and, to our knowledge, this the first study to follow up such cohorts into middle childhood.

Method Birth to Twenty (BT20) is a large, prospective, longitudinal birth cohort study based in Soweto-Johannesburg, South Africa, which has followed up families and children to the age of 10 years and beyond. Maternal mood was measured at six months and 10 years postnatally and child psychological development was assessed at 10 years using interviews with validated questionnaires. Statistical regression models were used to examine associations between high level postnatal maternal depressive symptoms and child psychological outcomes adjusting for socio-economic status (SEI) and concurrent maternal depression.

Results 453/1866 (24.3%) women scored above the threshold for depression. Behavioral scores were completed for 1111 children and 1012 mothers completed a depression questionnaire when their children were 10 years old. Data for both maternal depression at age six months and child psychological outcomes at age 10 years were available for 644 dyads. Children whose mothers had high levels of depressive symptoms postnatally had higher levels of psychological problems at age 10 years compared to children of non-depressed mothers (adjusted OR 2.49 (95%CI 1.4-4.42), controlling for both SEI and concurrent maternal depression. There was no significant interaction with gender.

Conclusions This is the first time that maternal postnatal depression has been reported to be associated with adverse child psychological outcomes up to 10 years later in LAMIC. This study highlights the impact of maternal depression on infant's early development, and has potential important implications for policy and intervention.

P2-120

SOCIAL AND EMOTIONAL DEVELOPMENT OF INFANTS AND YOUNG CHILDREN: THE IMPACT OF EARLY EXPERIENCE, AND HOW WE CAN PROMOTE POSITIVE RELATIONSHIPS - A 5-DAY COURSE OVER A 3-MONTH PERIOD

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Introduction In 2011, North Bristol NHS Trust management commissioned Rachel Pardoe to develop the course to raise awareness of the factors contributing to positive mental health/emotional wellbeing in infants and young children. For professionals employed within Health, Education and Social Care, with a minimum of NVQ Level 3 qualifications.

Method The course has been delivered 5 times to date in Bristol and Swindon by Rachel Pardoe and Caroline Church (Child and Adolescent Psychotherapists). Learning Outcomes: Knowledge and understanding (• Knowledge of children's emotional and social development in the family, • Understanding of theoretical concepts in child development, • Understanding of the behavior and communication of infants and children). Learning Outcomes: • Skills in close observation of infants and children, and detailed recording (providing a basis for effective assessment and intervention), • Application of theoretical concepts, • Capacity to build positive relationships with infants/children, • Capacity to support parents/carers in building positive relationships with their child.

Results: Course Content. • Theoretical Workshops: include: Infant Brain Development and impact of early trauma; Attachment and Mentalization; Play as Communication; Separations, Loss and Emotional Containment. • Reflective Practice and Observation: students bring detailed accounts of their work for group discussion. Thinking about our work is essential to good practice. Given space to reflect on our contact with children and parents/carers, our interactions and our own emotional responses, we can increase our understanding of relationships, and become more effective, ensuring that we observe vital signs of potential or actual harm to children, identify parents/carers in need of help, and offer appropriate intervention.

Conclusions The course consistently receives excellent feedback. This course may be unique amongst CPD training for Health, Education and Social Care professionals in the UK, in being multi-disciplinary and providing the opportunity for students to link theory with practice during Reflective Practice. The course can be delivered outside Bristol.

P3-1

THE DEVELOPMENT AND TESTING OF A NEW POSITIVE PARENTING MEASURE- PARENT INFANT PLAY OBSERVATION CODE

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Introduction The limited availability of a suitable observation tool that evaluates parental sensitivity to, and encouragement of, their infants prompted the development of a new positive parenting observation code.

Method The Parent Infant Play Observation code (PIPOc) was developed and tested in a pilot study of a group intervention and mothers were filmed in their homes playing with their infants at two time points six months apart. This measure was designed to be developmentally appropriate for infants, brief and easy to code after training, and potentially suitable for clinical and research use. To assess validity and reliability, the six target behaviors within the PIPOc were correlated and inter-rater reliability was calculated on a subsample of the videos. Independently coded partial interval data were further analyzed using exploratory Factor Analysis.

Results Results yielded three positive parenting components: physical encouragement, sensitive parenting and verbal engagement. Concurrent validity of the three composite factors with subscale scores from the Home Environment Inventory items (IT HOME, Bradley & Caldwell, 1976; Caldwell & Bradley, 2003) will be discussed.

Conclusions The PIPOc shows promising psychometric properties and analysis comparing observations of intervention and control mothers interacting with their babies indicate that the code is sensitive to change over time in the first year.

P3-2

HEALTH PROFESSIONALS' AND MOTHERS' PERCEPTIONS OF INFANT'S BEHAVIOR

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Introduction Mothers' perceptions of infant's behavior and maternal confidence influence the way mothers take care of their infants. The maternity ward represents a great opportunity for mothers and health professionals share their perceptions. The aim of this study was to compare the health professionals' and mothers' perceptions of their infant's behavior.

Method 113 mothers answered the Mother and Baby Scales (MABS) during their maternity ward and their infants were assessed with the Neonatal Behavioral Assessment Scale (NBAS) in their first days of life (M = 42.7 hours) by psychologists.

Results The results showed a little correlation between the psychologists' and mothers' perceptions of infants' behavior. The infants with low scores in state organization and state regulation in NBAS were perceived by their mothers as more unsettled-irregular. The infants with high scores in attention/social interaction in NBAS were perceived by their mothers as being easier. There was no correlation between high scores in attention/social interaction in NBAS and the mothers' perceptions of infants' alertness-responsiveness, or the infants' neurobehavioral characteristics assessed by NBAS and maternal confidence. Primiparous mothers reported more lack of global confidence and confidence in caretaking than multiparous mothers.

Conclusions Although psychologists' and mothers' perceptions concurred on unsettled-irregular dimension, there were others dimensions which were not correlated. This reflects the potential space for a shared discovery and understanding of the baby. Using NBAS can help parents to know better the infant neurobehavioral profile by demonstrate the newborn infant's behavioral capacities.

P3-3

NEUROBEHAVIORAL PREDICTORS OF NEONATAL IMITATION

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Introduction Research has shown newborns' capacity to imitate adult facial movements in the first hours of life. However, there is variability in the way they imitate, and some do not demonstrate this ability. The aim of this study was to determine whether newborns' capacity to imitate is predicted by their neurobehavioral profile.

Method 89 newborn infants (gestational age M = 39.71 weeks) were assessed with the Neonatal Behavioral Assessment Scale (NBAS) in the first days of life (M = 42.26 hours, Max = 84, Min = 12). During the NBAS administration, and when the newborns were in alert state, the examiner introduced an item - tongue protrusion - to assess newborns' capacity to imitate. Both NBAS and neonatal imitation of tongue protrusion were video recorded and scored. It was excluded 12 cases in which newborns only did slight movements with their mouth and 15 cases missing or out of range group codes.

Results A discriminant analysis resulted in a function which distinguished significantly between two groups (imitate and do not imitate), $\chi^2(7) = 15.49, p = .03$. Into this function the most important predictors of neonatal imitation were high scores in attention/social

interaction (.62), low scores in autonomic/physiological regulation (-.56), less abnormal reflexes (-.47) and high scores in state organization.

Conclusions The majority of newborns imitated the tongue protrusion. The neurobehavioral profile that predicted the neonatal imitation was characterized by newborns with higher capacity to maintain levels of attention and to respond to social stimuli, to maintain higher levels of state organization and autonomic/physiological regulation, and demonstrated better elicited responses.

P3-4

A 9 YEAR-OLD GIRL WHO DEVELOPED KLEINE-LEVIN SYNDROME AFTER SEVERAL COURSES OF PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDERS ASSOCIATED WITH STREPTOCOCCAL INFECTIONS

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Introduction Kleine-Levin syndrome (KLS) is a rare neurological disorder characterized by periods of excessive sleeping and altered behavior. Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are also rare. We present a case developing KLS after several episodes of PANDAS.

Method Case. A 9 year-old girl suffered from PANDAS, which had developed suddenly after a hemolytic streptococcus infection. She developed various forms of psychoneurosis, such as involution, affective incontinence, articulation disorder, obsessive compulsive disorder, garrulity, pseudopsia, disorientation, and chorea. During the fourth episode, KLS was diagnosed, because she had no symptoms of PANDAS, but showed repeated hypersomnia with periodic overeating and sexual activity. She was awake only to eat or go to the bathroom, and was not able to attend school. However, she was completely normal between episodes, with no evidence of abnormal behavior or neuropsychiatric disorders.

Results The symptomatic duration of KLS (9-13 days, 9 episodes) was approximately the same as that of PANDAS (9-12 days, 3 episodes). However, the intervals between episodes of KLS gradually become longer. The symptoms of both PANDAS and KLS improved spontaneously. There has been only one report on overlapping of PANDAS and KLS. However, our case did not show overlap of these two disorders. Thus, this is the first report documenting a switch from PANDAS to KLS.

Conclusions PANDAS and KLS have thus far been regarded as distinct diseases. Given the clinical course of our case, however, there is a possibility that these two diseases are related. Therefore, we need to pursue detailed investigations of whether KLS has a pathogenesis similar to that of PANDAS.

P3-5

PERSONOLOGICAL AND FUNCTIONAL PROFILES IN EXTERNALIZING DISORDERS IN ADOLESCENCE

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Introduction This work aims to analyze, in a clinical population of individuals with externalizing disorders (Attention Deficit Hyperactivity Disorder, Defiant Oppositional Disorder, Conduct Disorder), eventual differences upon the clinical, global and psychological functioning, and the personological profile.

Method The multicenter study involved different clinical units of Child Neuropsychiatry in Lombardy (Italy) on a sample of patients occurred for the first access. We performed clinical investigations and test at 0, 6 and 12 months on 101 subjects. The inclusion criteria are: age between 11-17, diagnostic confirmation of externalizing disorder (ADHD, ODD, CD) with Dawba clinical interview, clinical confirm of selected exclusion criteria: IQ <70; DGS; neurological problems; pharmacological therapy, not enough understanding of the Italian language). Instruments: Child Behavior Check List and Youth Self Reported, C-GAS, SR Honosca, assessment questionnaires of psychological functioning self reported for children and for parents.

Results The results allow us to differentiate significantly the clinical populations of our study on many of the variables considered. In particular, the ADHD group and CD group are different according to clinical, psychological and functional criteria. The group ODD does not present, unlike the other two groups, significant differences, except for the overall functioning, according to the judgment of the clinician.

Conclusions The study confirms importance of variables related to psychological and personological characterization in clinical populations of patients with externalizing disorders in childhood, to provide etiopathogenetic speculation about nature of these disorders, and to improve the diagnostic classification in order to optimize the management in prevention and planning of therapeutic strategies.

P3-6

EARLY CHILDHOOD BEHAVIORAL QUESTIONNAIRE IN AN INFANT/PRESCHOOL CLINIC SAMPLE: WHAT CAN IT TELL US?

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Introduction Non-clinical preschoolers demonstrate three groupings from 15 temperament areas. (Rothbart 2001) Lemery (2002) reported that later internalizing disorders associated with high scores on the Early Childhood Behavior Questionnaire (ECBQ) (shyness, sadness, fear). High anger associated with Externalizing Disorders. Gartstein (2012) found links for internalizing problems with negative affect on the ECBQ.

Method Parents of children age 3-5 completed an ECBQ as part of the initial assessment in an teaching Infant Preschool Clinic. The data was analyzed using Horn's Parallel Analysis for principle components with a P95 estimate. Two factors had Eigenvalues in the significant range.

Results Preliminary analysis of the ECBQ data demonstrates two significant factors which follow the Extroversion and Negative affectivity factors seen in non-clinical samples. The clinical group which follows negative affectivity has affect scores well above those seen in non-clinical populations. Perceptual sensitivity was also associated with the negative affectivity and was well above the highest level in Rothbart's normal developmental sample. Extraversion in the clinic sample has similar results for high intense pleasure, activity and impulsivity as a non-clinic sample in the literature. Negative fear and shyness do not co-occur. Negative inhibition, attention scores and low intensity pleasure co-occured.

Conclusions Larger clinic samples may help differentiate how temperament measures may help inform patterns in preschoolers with mental health disorders. Rothbart, M.K., Ahadi, S.A., Hershey, K.L., Fisher, P. Investigating of Temperament at Three to Seven Years: The Children's Behavior Questionnaire. *Child Development*, September/October 2001, Vol 72, No 5, 1394-1408.

P3-7

MATERNAL INFLUENCES ON EMOTIONAL CONTAGION IN INFANCY

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Introduction Empathy is central to social functioning due to implications for prosocial behaviors. Emotional contagion, a precursor to empathy, can be measured in infancy. Indeed, infancy may be a sensitive and critical period for maternal nurturing of empathy development. The impact maternal behaviors have on early empathy development is addressed here.

Method Infants (n=37, 14 males, primarily breastfed) were assessed at 3, 6, and 9 months of age. The majority of mothers were Caucasian, married, and highly educated with an average age of 28.3. Emotional contagion was measured through latency, duration, and intensity of behavioral distress as measured via facial and vocal responses to the recorded cries of another infant. Baseline heart rate (BSHR) and HR reactivity were assessed. Baseline salivary cortisol was assessed at 6 and 9 months only. Finally, mothers were given parenting questionnaires including demographics, Parenting Stress Index, Parenting Styles and Dimensions Questionnaire, and Adult and Adolescent Parenting Inventory.

Results Baseline physiology and behavioral distress correlated with, and were predicted by, supportive parenting measures. High BSHR (associated with later prosocial behaviors) correlated negatively with Permissive parenting ($r=-.461$, $p=.018$) and positively with mother's empathy ($r=.462$, $p=.008$). Cortisol negatively correlated with parental distress ($r=-.470$, $p=.015$) indicating a down-regulation of the hypothalamic-pituitary-adrenal axis possibly due to chronic stress from the mother. Duration and latency of distress correlated with Permissive parenting ($r=-.544$, $p=.001$) and Parent-Child Roles ($r=.392$, $p=.047$) accounting for 53% of the latency variance, $F(2, 23)=12.91$, $p<.001$, $R=.727$. This suggests that emotional contagion and emotional sensitivity are strongly influenced by positive maternal interactions.

Conclusions The importance of mother-child interactions in socioemotional development cannot be overstated. The current study demonstrates the strong predictive influence that positive, supportive maternal behaviors can have on an infant's emotional responding and early empathy development, thus potentially having an effect on empathic and prosocial behaviors later in the child's life.

P3-8

EXCESSIVE INFANT CRYING: SHOULD WE SCREEN FOR MATERNAL MENTAL ILLNESS IN THE PEDIATRIC CLINIC?

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Introduction Excessive crying occurs in 2.5% of the 2-months-old children in the Netherlands. It often leads to consultation of a pediatrician. As excessive infant crying is associated with parental depression, we retrospectively studied the prevalence of maternal mental illness in these infants hospitalized during the years 2010-2013.

Method Approximately one third of the infants we see in our outpatient clinic with excessive crying are hospitalized. **Since** 2010 their mothers are offered a consultation of a psychiatrist. We retrospectively studied their psychiatric reports in excessively crying infants that were hospitalized during the years 2010-2013.

Results 94 infants were admitted for excessive crying. **34 (36%)** of their mothers either had a history of mental illness or current mental illness, mainly postnatal depression. This rate was even higher in the mothers of infants that were hospitalized for excessive crying more than once; this occurred in 26 (28%) of the patients. Within this group **14 (54%)**; over half of their mothers had previous or current mental illness.

Conclusions In this sample of hospitalized infants with excessive infant crying, a relatively high rate of maternal mental illness was observed. Pediatric health care workers should be aware of this, so that they can screen for this problem, especially in the mothers of infants who are admitted more than once.

P3-9

FEEDING DIFFICULTIES AND TEMPERAMENT AT 8 MONTHS: DO THEY PREDICT WEIGHT GAIN AT 2 YEARS OF LIFE?

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Introduction Literature (Worobey et al., 2012) has recently suggested that difficult temperament in infancy may be associated with rapid weight gain (RWG). However, it is still not clear whether the temperament plays a mediation role between early feeding difficulties and the RWG.

Method The purpose of the present study is: 1) to examine the relationship between temperament traits, and feeding difficulties; 2) and to evaluate whether their link may in turn lead to RWG. The sample is made up by 18 dyads. Measures at 8 months of the baby: Feeding Observational Scale (Ammaniti et al., 2002), Baby Behavior Questionnaire (Hagekull and Bohlin, 1985). RWG was reported by the mother at 2 years of age of the baby.

Results Findings have shown the affective state of the dyad during mealtime predicts the following RWG of the baby at 2 (Rho= .49, $p = .041$). Temperament has shown no correlation with the RWG, but a medium effect size (Rho= .39, $p = .11$). No correlation emerges between feeding interaction and temperament.

Conclusions The early dyadic relationship plays a key role in affecting the risk for childhood obesity.

P3-10

BABIES' GESTURAL EXPRESSION OF EMOTIONS AND ITS RELATIONSHIP WITH CHILDREN'S AND ADULTS' CHARACTERISTICS

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Introduction Gestures are important communication tools, promoting interpersonal interaction and social-emotional development. Very young children use facial and corporal gestural expressions to manifest their emotions, an important social-emotional skill that supports bonding with adults. Research shows the emotional expressions in infancy, but little is known about the sources of individual differences.

Method 100 Infants between 10-14 months were observed during an experimental situation (2 successful tasks and 2 frustrating tasks) and their temperament, social-emotional and language development were assessed. Their parents and teachers were assessed in sensitivity, mental-state talk, and representation of 6 emotions through facial and bodily gestures following story-based prompts. Analyses describe the intensity of children's expressions of pleasure and discomfort, global expressiveness, and variation in the types of facial and corporal gestures used. Next, we describe the relationships of these expressions to child gender, temperament, social-emotional development, as well as their relationship with caregivers' characteristics and family socioeconomic status.

Results Children as young as 1 year differ in intensity of their expressions of pleasure and discomfort through face and body. Children's facial expressions of discomfort are more intensive than their expression of pleasure ($t = -5.695$, $p = .000$) and they express more intensity with their faces than with their bodies, in both pleasure ($t = 10.351$, $p = .000$) and discomfort ($t = 13.982$, $p = .000$). Significant differences in expression were observed related to child temperament, language, and social development, but not child gender. Family SES and adults' sensitivity, mentalization and representation also predicted variation in infants' expressions.

Conclusions Results show that meaningful variation in expression of emotions begins very early, and by the age of one year is already related to both child and adults characteristics.

P3-11

EMOTION REGULATION PROBLEMS IN A 2.5 YEARS OLD GIRL WHO HAD A COLIC HISTORY

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Introduction Emotion regulation refers to the psychological and interpersonal processes through which individuals consciously or unconsciously alter their emotional experiences or expressions. Emotion regulation in relationships refers to these processes as they occur during interactions with relationship partners, such as friends, family members, or spouses.

Method A 2 years and 9 month old girl who had a colic history presented lability of emotion expressions to family members that she could rapidly switch to violent outbursts or reactions manifested as fussing, aggression or negativity, was assessed in Child and Adolescent Psychiatry Department.

Results The case was discussed for her diagnosis about the regulation disorders of sensory processing (hypersensitive) with colic history.

Conclusions Emotion Regulation Disorders can be seen in toddlers with some etiologic reasons. In this paper, her regulation problems were assessed with her colic problems which could be stressful event for the past.

P3-12

PRENATAL STRESS AND INFANT BRAIN EMOTION SYSTEM DEVELOPMENT IN THE FINNBRAIN BIRTH COHORT STUDY

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Introduction Early life stress influences child neurodevelopment, while less is known about the mechanisms mediating the effects. We will investigate how parental prenatal stress affects infant brain emotion system structural and functional development.

Method *The study population* is from a Focus Cohort (aim n=500 + 500 families) within the FinnBrain Birth Cohort Study (www.finnbrain.fi). Consecutive pregnant women and their spouses are recruited at the gestational week 12. *The Focus Cohort* is identified from self-report questionnaires on anxiety and depression. *Brain imaging* is performed for 200 + 200 infants by using 3.0T magnetic resonance imaging (MRI) at 4 weeks. Near-infrared spectroscopy (NIRS) is performed in response to emotional auditory stimuli at 8 weeks. *Immune activation measurements* are based on blood cytokine assessments and gut microbiota analysis of parental and infant samples.

Results Pre-existing pilot data shows that the study is feasible and can be performed within the FinnBrain Cohort. We expect that maternal prenatal stress is associated with 1. Maternal and infant immune system activation patterns, 2. Infant brain morphology in cortico-limbic networks, and 3. Infant responses to negative auditory emotional stimuli. 4. Paternal prenatal stress affects the infant outcomes both independently and via maternal stress.

Conclusions These data will provide new information on the mechanisms linking prenatal stress and child outcomes through combining a variety of methods in a longitudinal design.

P3-13

THE FINNBRAIN -BIRTH COHORT STUDY: ATTENTION SHIFTING AND DISENGAGEMENT IN THE CONTEXT OF EMOTIONALLY SALIENT STIMULI AT THE AGE OF 8-MONTHS

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Introduction Emotion-recognition plays a crucial role in the early self-regulation processes, and is important for psychological well-being. Early-life stress potentially alters the trajectory of neurodevelopment and may lead to developmental/neuropsychiatric disorders. This study examines the connections between maternal stress during pregnancy and the emotion regulation development of the child.

Method The study sample (n=200) consists of the FinnBrain –birth cohort/Focus Cohort mothers and their children. Experimental group (n=100): mothers suffering from significant depression/anxiety symptoms during pregnancy. Control group (n=100): mothers with no depression/anxiety during pregnancy. Mothers` stress is evaluated by Edinburgh pre- and postnatal depression scale (EPDS), Pregnancy-Related Anxiety (PRAQ)- and Symptom Checklist -90 (SCL-90/anxiety scale) during pregnancy. Mothers` neurocognitive profile is assessed with WAIS-IV and/or The CogState – test battery during pregnancy. Children are assessed for their emotion-recognition skills at the age of 8-months with an eye-movement tracking experiment (Attention and looking time for fearful faces - paradigm).

Results: Mothers`depression/anxiety during pregnancy has a connection to the development of child's emotion-recognition skills. Mothers` neurocognitive capacity can act as a risk or protective factor in the context of child exposure to early life stress. Individual differences in children (for instance temperamental dimensions and executive functioning abilities) relate to their emotion-recognition skills. Preliminary results of this experiment will be presented at the congress.

Conclusions Our aim is to investigate early, elementary cognitive processes that start to develop during infancy, and provide a foundation for more advanced cognitive/emotional abilities. Moreover, we are interested in tracing the mechanisms behind the adaptive development of the early emotion-attention interaction. More information of the study: www.finnbrain.fi

P3-14

GROUP INTERVENTION FOR PARENTS OF CHILDREN WITH COMPLEX DEVELOPMENTAL DIFFICULTIES AND EMOTIONAL REGULATION CONCERNS

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Introduction Early Intervention Teams in Ireland provide a service to children under six with two or more areas of developmental need. Children with motor, sensory, speech or language delay are at risk for compromised emotional and social development. Difficulties in early parent- infant relationships may also impact a child's developmental trajectory.

Method A pilot three session group intervention was offered to parents to help them understand their child's emotions and behaviors in the context of their developmental difficulties. The short course introduced parents to the following concepts: how emotional regulation develops in infancy and toddlerhood; the parent- child relationship as key to co- regulation; the importance of parental reflection; how all behavior has meaning and occurs in the context of relationships; the role of parental self- regulation.

Results Consistently, positive qualitative feedback was received with high ratings provided for all learning objectives. Parents reported reduced sense of isolation and increased peer support. Behavior difficulties were re- formulated in terms of a child's regulatory capacity, relationship to developmental delays, and parent- child interactions. Parents reported greater understanding of the importance of self-regulation. Interest in attending future groups/workshops was strongly expressed. Parents also reported greater understanding of the importance of working through the parent-child relationship to bring about change in a child's emotional and behavioral presentation.

Conclusions Traditional models of intervention for children with behavior difficulties, particularly those with developmental delay, are often lacking in an understanding of the importance of the parent-child relationship. Providing such an intervention in a multi disciplinary setting also helped to increase workforce competencies in infant mental health frameworks.

P3-15

EMOTION EXPRESSION: THE DEVELOPMENTAL TRAJECTORY OF GENDERED DISPLAY RULES

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Introduction In response to negative stimuli, men are socialized to respond with anger, and women with sadness. Preschoolers are shown to have internalized these stereotypes and infants are treated differently based solely on their gender. The current study evaluates if pre-verbal infants associate anger with men and sadness with women.

Method Thirty-two 15-month-olds and 31 5-month-olds were habituated to a series of facial images which were either consistent with gender display rules—women expressed sadness and males expressed anger—or inconsistent with gender display rules—women expressed anger and men expressed sadness. It was hypothesized that if infants associate women with sadness and men with anger, stimuli inconsistent with this association (angry women, sad men) should be more difficult to process, leading to slower rates of habituation. "Rate of habituation" was operationalized as the number of trials it took for an infant's attention to decrease by 50%.

Results On average, 15-month-olds in the *Consistent Condition* 9.06 trials (0.82) to reach habituation criterion, and 11.88 (0.93) trials in the *Inconsistent Condition*; univariate ANOVA $F(1,29)=5.12, p=.031, \eta^2_p=.15$. Mean number of habituation trials for those in the *Consistent Condition* was 7.9 (0.86), and mean number of habituation trials for the *Inconsistent Condition* was 11.8 (1.00); univariate ANOVA $F(1,29)=6.57, p=.016, \eta^2_p=.24$.

Conclusions Results indicate that infants as young as 5-months show evidence of a gender-expression stereotype; this is only one month after their ability to distinguish angry from sad faces. Categorizing men and women so early on might serve to enforce gender stereotypes and shape infant's own gender development later in life.

P3-16

"AN EXAMINATION OF EVIDENCE BASED PRACTICE ON THE IMPACT OF DOMESTIC VIOLENCE ON INFANT MENTAL HEALTH IN PRIMARY AND SECONDARY CARE SETTINGS IN AUSTRALIA"

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Introduction The Impact of domestic violence on infant mental health in Australia was funded by the Florence Nightingale Scholarship Fund. It involved a study tour to Perth WA and Melbourne to examine the current practice and research in the area of domestic violence.

Method This involved visiting St John of God hospital in Perth to investigate the effects of PND on infant mental health and in Melbourne, a women's refuges which used a model of " infant centred care" and undertaking observations of families in Melbourne Children's hospital under the care of Campbell Paul a renowned infant psychiatrist. The tour enabled me to study the effects of domestic violence in detail and I was able to gain expert knowledge from skilled clinicians in this area.

Results In the post natal period the mother is unable to be available to the baby as she is occupied with thoughts of her abusive partner who may make it impossible for her to care for her baby. Threats of violence can lead to the mother using drugs or alcohol as a coping mechanism and depression can occur in 40% of DV cases. If the mother is unable to be available to her infant emotionally the baby is left feeling unable to cope and in a state of constant stress. This can lead to hypervigilance or dissociation.

Conclusions The lessons to be learnt from Australia are that infants cannot wait and work needs to be infant focused. Infant mental health is paramount for the baby to develop into a secure adult. . The babies brain develops in the first two years and DV can seriously damage this growth.

P3-17

EMOTIONAL AVAILABILITY, PARENTING BEHAVIOR PERCEPTIONS, CHILD TEMPERAMENT AND PARENT PERSONALITY CHARACTERISTICS IN MOTHERS AND THEIR 8 TO 16 MONTH OLDS

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Introduction We examined patterns of emotional availability among mothers and their 8 to 16 month-old infants. Specifically, this study brings together important factors from the mother-child dyad: the child's temperament, and the mother's personality, considered individually and as combined, together with mothers' perceptions of their parent roles and their emotional availability.

Method Infants and mothers participated in videotaped 20-minute free-play sessions which were coded using the Emotional Availability Scales-4th Edition (Biringen, 2008). The sample consisted of 35 mother-child dyads, recruited from within the New York City area. Sessions were conducted with two of the five study team members, all doctoral students in Pace University's program. Mothers completed the Infant Behavior Questionnaire-Revised (IBQ-R) (Gartstein & Rothbart, 2003), the NEO-Five Factor Inventory 3 (NEO-FFI-3) (Costa & McCrae, 2003), and the Parent Behavior Importance Questionnaire-Revised (rates importance of 73 parenting behaviors related to bonding, discipline, education, general welfare, responsiveness and sensitivity) (Mowder & Shamah, 2011).

Results A key finding of this study was that values mothers reported for their parenting behavior were also observed with the EA observational system. In addition, moderate relationships were found between maternal personality factors and EA. Further, significant relationships were found between maternal EA factors and child temperament. In an interaction with personality and maternal emotional availability, features of child temperament were found to evoke different parenting responses from caregivers with different levels of neuroticism. The maternal personality trait neuroticism and child positive affectivity differentially corresponded to how mothers respond to their children as measured by the Emotional Availability Scales sensitivity.

Conclusions Mothers who indicated valuing perceiving infants' communication, matching the response to infants' needs, and displaying positive affect were indeed found to display authentic affect and respect the infant need for autonomy. Central to the EA consideration of the parent-child relationship, each influences the other in an evolving process of interaction.

P3-18

THE FINNBRAIN BIRTH COHORT STUDY: EFFECTS OF MATERNAL PRENATAL STRESS ON INFANT SELF-REGULATION AND THE MEDIATING EFFECT OF MOTHER NEUROCOGNITIVE PROFILE

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Introduction According to several studies, maternal prenatal stress (PS) is related to the development of child self-regulatory systems and higher cognitive abilities. In turn, these predict children's later mental health and positive development. This study examines the effect of PS on infant temperament and executive function in birth cohort study sample.

Method Study sample (target enrollment=600, current n=60) comes from FinnBrain Focus Cohort (n= c.a. 1000). Sample will consist of the experimental group of 300 mothers with self-reported severe stress during pregnancy and a comparison group of 300 mothers reporting low stress during pregnancy and their babies. Mothers' neurocognitive profiles are assessed with WAIS-IV/CogState. Furthermore, infant temperament and executive function are studied with IBQ-R at the age of 6 months and with Lab-TAB (fearfulness) at the age of 8 months. Executive function of the infant is assessed at 8 months using Piagetian A-not-B protocol which demands working memory and inhibitory abilities.

Results The data is gathered during the years 2013-2014 and initial analysis will be made during autumn 2013. We expect that: 1. Maternal prenatal stress will be associated with higher infant fearfulness observed at 8 months postpartum. 2. Maternal prenatal stress will be related to less effective executive function in infants. 3. Higher infant fearfulness will be associated with less effective executive function. 4. Mother neuropsychological functioning, thus maternal self-regulation, will be associated with better infant self-regulation, and have a compensatory effect on infant temperament and/or executive function patterns.

Conclusions The results of this study will offer new information about the development of self-regulation in life course and give a possibility to design interventions and assessment methods for early self-regulation deficits. The study will also start a unique neuropsychological following that will continue until the infants' adulthood. (More information: www.finnbrain.fi)

P3-19

THE EFFECT OF MOTHER-INFANT INTERACTION THAT INVALIDATE INFANT'S NEGATIVE EMOTION ON THE DEVELOPMENT OF EMOTION REGULATION: THE HYPOTHESIS MODEL ABOUT ATTACHMENT AS A BRAIN FUNCTIONAL SYSTEM

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Introduction The development of emotion regulation depends on the progress of vertical integration between the limbic system and the prefrontal cortex under the sound- attachment system. A diagram of the hypothesis model about the mother-infant interaction as a brain functional system will be shown in my poster presentation.

Method The model explains that invalidating infant's negative emotion leads to under- developed emotion regulation. Two surveys for infant's mothers were conducted in order to validate this model. First, it was investigated how the mother's negative cognition about "crying" and the dysfunctional attachment system during the lactation period affect the mother's attitude to control infant's expression of negative emotion (N=234). Second, the relationship between "cognition of being victimized" by the mother's infant and the mother's own childhood memories of her mother-infant interaction about the expression of her negative emotion was investigated (N=1160).

Results It was found that this model was validated. The mechanism about the effect of the mother-infant interaction that invalidates the infant's negative emotion on the development of emotion regulation is common all over the world. However, the way of invalidating infant's negative emotion is different in each culture. In Japan, the relationship between mother and infant is very strong, and the boundaries are less clear between them. This nature about ego boundary causes a unique Japanese way of invalidating infant's negative emotion. People generally believe that crying isn't good behavior in Japan. It is leading to children's mental problem.

Conclusions The infant's brain system chooses 'dialectically' to dissociate under the conflict between the limbic system and the prefrontal cortex in order to adjust him/her to his/her family system. Clinicians can use this model for the treatment by focusing the mother's negative emotion on her limbic system.

P3-20

I CAN'T TELL YOU, BUT I CAN SHOW YOU: PREVERBAL CHILDREN'S UNDERSTANDING AND REPRESENTATION OF EMOTIONS THROUGH GESTURE

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Introduction Despite extensive research on emotion knowledge in infants and preschoolers, little is known about how toddlers understand and represent emotions. By analyzing children's gestures and facial expressions at 18 and 24 months, this study aims to determine which, if any, emotions preverbal children are able to understand and represent.

Method Thirty toddlers and their parents were each told a series of short stories, eliciting different emotions (happiness, sadness, anger, fear at 18 months; added proud and embarrassed for 24-month olds and parents). Responses were videotaped as participants were asked how each character feels, and to show how the character feels. Parent videos were coded to determine whether stories elicited the expected emotions, and how parents represented emotions via gestures and affect. Toddler videos were coded to determine whether toddlers responded to prompts with gestures and facial expressions, and which, if any emotions they represented at 18 and 24 months.

Results Participants' representations are coded using a modified version of the Facial Action Coding System[1] to capture facial expressions and bodily gestures. Data from 24 parents indicates these stories elicited the intended emotions, and that adults represented the six emotions in a distinct, expressive manner via affect and gestures. Adults labeled the emotions correctly 73.6% of the time, and represented an emotion 97.9% of the time. Data from children at 18 and 24 months are forthcoming, but preliminary results suggest the majority of children attend to the stories, and approximately 15% can represent basic emotions with facial representations at 18 months.

Conclusions Gestures are a prevalent but understudied mode for representing and communicating emotions. Our results indicate parents represent emotions distinctly through both gestures and facial expressions, which provides a way to measure children's understanding and representation of emotions at an age when emotion knowledge and receptive language skills outpace expressive language.

P3-21

ABOVE AND BEYOND PERSONALITY: MOTHERS' TEMPERAMENT AND PARENTING BEHAVIORS

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Introduction Researchers use the terms 'temperament' and 'personality' interchangeably when describing parents' characteristics, although they are likely related but different constructs. Given that temperament likely shapes personality and that both likely are related to parenting, research should examine the differential importance of these constructs in the context of parenting young children.

Method As a result, this study sought to extend the research literature by examining collectively parents' temperament and personality and the relationship of these constructs to parenting behaviors. For this study, 214 mothers rated their young children who ranged in age from 2- to 6-years. These young children (46.3% boys, 53.7% girls) had a mean age of 3.85-years (SD=1.38-years), and mothers had a mean age of 31.45-years (SD= 7.13-years). Mothers completed the Dimensions of Temperament Scale-Revised for Adults, NEO Five-Factor Inventory-3, and Alabama Parenting Questionnaire-Preschool Revision as well as other measures not examined here.

Results Results of an exploratory factor analysis supported the hypothesis that parents' temperament and personality are related but unique constructs. Specifically, three factors were derived: General Life Approach (i.e., Neuroticism, Extraversion, Openness to Experience, Agreeableness, Activity Level-General, Flexibility/Rigidity, Mood Quality, and Approach/Withdrawal), Rhythmicity (i.e., Activity Level-Sleep, Rhythmicity-Sleep, Rhythmicity-Eating, and Rhythmicity- Daily Habits), and Distractibility/Goal-Directedness (i.e., Conscientiousness, Distractibility, and Persistence). Additional analyses indicated that parents' distractibility/goal-directedness fully mediated the relationship between parents' rhythmicity and positive parenting behaviors ($p < .001$). Further, parents' general approach to life partially mediated the relationship between distractibility/goal-directedness and positive parenting behaviors ($p < .02$).

Conclusions The findings of this study suggested that both parents' temperament and personality play a significant role in the parenting behaviors used by mothers for their young children. Such findings, in the context of parents and young children's unique characteristics, should be considered when tailoring interventions to address mothers' parenting behaviors.

P3-22

TEMPERAMENT AND CHILD MALTREATMENT: A CLOSER LOOK AT THE INTERACTIONS AMONG PARENT AND CHILD TEMPERAMENT, STRESS AND COPING, EMOTIONAL AND BEHAVIORAL REGULATION, AND CHILD MALTREATMENT POTENTIAL

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Introduction Over the past several decades, many theoretical risk models have emerged in an attempt to predict child maltreatment potential. Nonetheless, research has overlooked the roles of parent and child temperament and emotional and behavioral regulation in the context of previous transactional theories of child maltreatment potential.

Method In an attempt to examine the relationships among parents' temperament, parents' emotional and behavioral regulation abilities, stress and coping, young children's temperament, and child maltreatment potential, data are being collected from parents with children who range in age from 1.5- to 5-years. It is expected that 250 participants will be recruited in total. Parents will complete the Dimensions of Temperament Scale - Revised for Adults, Emotion Regulation Questionnaire, Difficulties in Emotion Regulation Scale, Parenting Stress Index, Hassles Scale, Ways of Coping Questionnaire, Dimensions of Temperament Scale - Revised for Children, and Child Abuse Potential Inventory via an online survey.

Results A series of regression analysis will be conducted to determine whether parents' emotional and behavioral regulation abilities mediate the relationship between parents' temperament and child maltreatment potential. Next, hierarchical regression analysis will be used to determine which variables will be significant predictors of child maltreatment potential. In these analyses, parents'

temperament, parents' emotional and behavioral regulation abilities, stress, coping, and young children's temperament will serve as predictor variables, and child maltreatment potential will serve as the criterion variable. It is hoped that these analyses will shed light on the predictive relationships among these variables.

Conclusions The current study seeks to enhance and clarify transactional theories of child maltreatment with a new proposed model. By identifying the relationships among these variables, such findings will enhance our ability to predict child maltreatment so that better intervention and prevention efforts can be targeted and tailored for at-risk parents.

P3-23

PARENTS' TEMPERAMENT AND PERSONALITY: THEIR ROLES IN PARENTING BEHAVIORS AND CHILDREN'S TEMPERAMENT

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Introduction Heritable characteristics inherited by young children from parents often are described with the term temperament. Nonetheless, research has neglected parents' temperament, instead examining parents' personality. Given the heritability of young children's difficult temperament and consequent effects on parenting, examining the relationship between parents and young children's temperament is critical.

Method As a result, the current study examined the relationships among parents' temperament and personality, parenting behaviors, and the temperament of young children. In this study, 240 young children (44.4% boys, 55.6% girls) were rated by one of their parents (88.8% mothers, 10.8% fathers). These young children ranged in age from 2- to 6-years ($M=3.86$, $SD=1.38$). Parents had a mean age of 31.69-years ($SD=7.77$). Parents completed the Dimensions of Temperament Scale-Revised for Adults, NEO Five-Factor Inventory-3, Alabama Parenting Questionnaire-Preschool Revision, and Dimensions of Temperament Scale-Revised for Children, as well as other measures not examined here.

Results Results suggested that parents' temperament and personality, parenting behaviors, and young children's temperament demonstrated significant relationships. In particular, parents' mood and inconsistent parenting predicted significantly young children's mood ($p < .001$). Additionally, parents' flexibility/rigidity and positive parenting predicted significantly young children's flexibility/rigidity ($p < .001$). Finally, parents' general activity level and openness to experience predicted significantly young children's general activity level ($p < .001$). Overall, these results suggested that both parents' temperament and personality prove important to understanding their parenting behaviors and their young children's temperament.

Conclusions This study provided information that will be valuable to future interventions for parents struggling to parent adequately their young children. In particular, future interventions may prove more beneficial when they address parents' temperament as well as parenting behaviors in an effort to foster more positive outcomes for young children.

P3-24

THE "LITTLE EMPEROR SYNDROME": DIFFERENCES BETWEEN EMOTIONAL DEVELOPMENT OF ONLY CHILDREN AND CHILDREN WITH SIBLINGS

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Introduction Only-children have been described as egocentric, predisposed to difficulties in social relationships and prone to become aggressive. The authors evaluated differences between the emotional aspects of only children and children with siblings and the influence of parental concerns in child development.

Method This was a cross-sectional comparative study. We contacted the families of premature children, aged between 3 years and 5 years and 364 days, who had a Global Development coefficient equal to or greater than 90 on Griffiths Mental Development Scale. Families who agreed to participate gave their written informed consent. It was used a socio-demographic questionnaire to the caregiver responsible for the child and a Portuguese Parental Concerns Scale. Self-concept was assessed with the pictorial scale of perceived competence and social acceptance, developed by Harper and Pike. The Statistical analysis was performed using the SPSS v.20.0.

Results The study included 30 families. Parents of only children showed higher levels of concern with their children (C.I.95%). We found statistically significant differences on subscales Family Problems, School Problems and Preparation. The differences were not dependent of age, sex, gestational age or birth weight of the children. Regarding Personal Self-Perception, 54% of children evaluated had values greater than or equal to the average population, with no difference between groups. When grouping children who scored normal or above average on Social acceptance perception, it appears that only children have significantly lower values of Social Relations Self-Perception.

Conclusions The analysis showed that only-children exhibit significant drawbacks in terms of parents and peers Relations Self-perception, which can be related to over-protective parenting styles. These data reveal themselves worrying at a time when the percentage of Portuguese families with a single child is increasing exponentially, due to economic instability.

P3-25

MUMS 4 MUMS: STRUCTURED TELEPHONE PEER-SUPPORT FOR WOMEN EXPERIENCING POSTNATAL DEPRESSION. PILOT AND EXPLORATORY RCT OF ITS CLINICAL AND COST EFFECTIVENESS

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Introduction Postnatal depression can be experienced by 13% of women who experience a range of disabling symptoms that can have a negative effect on the mother and infant relationship, and impact on the child's later mental health. Research has shown that providing support to mothers can help reduce their depressive symptoms.

Method The study design adopted the MRC framework for the development and evaluation of complex interventions. Health visitors in Warwickshire and Coventry Primary Care Trusts screened potential participants at the 8-week postnatal check using the Edinburgh Postnatal Depression Scale (EPDS \geq 10). The Mums4Mums telephone support intervention was delivered by trained peer-supporters over a period of four months. The primary outcome was depressive symptomatology as measured by the Edinburgh Postnatal Depression Scale. Secondary outcomes include mother-child interaction, dyadic adjustment, parenting stress, and self-efficacy. Maternal perceptions of the telephone peer-support were being assessed using semi-structured interviews following the completion of the intervention.

Results Twenty-eight participants were recruited to the study and there was a fifty-percent drop-out rate (intervention group n=6, control group n=8). Whilst there was no difference in EPDS scores between the two groups at post intervention, the intervention group continued to improve at six month follow-up whereas the control group showed signs of relapse. In-depth interview data show that women valued the support that was provided.

Conclusions These findings suggest a positive impact of telephone-based peer support, which is consistent with the results of other peer-based interventions for postnatal depression. More research needs to be carried out to explore better recruitment and retention strategies in providing support to new mums.

P3-26

POSTNATAL DEPRESSION AND ANXIETY AND CHILD EMOTIONAL REGULATION

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Introduction There is some evidence that postnatal depression is associated with problems in emotion regulation (ER) in children. However, it is unclear whether briefer episodes of postnatal depression are associated with disturbances in ER or does this only occur if the depression persists? Maternal anxiety has received little attention.

Method Thus, our aims were to examine whether postnatal maternal disorders, major depressive disorder (MDD) and generalized anxiety disorder (GAD), are associated with children's ER at 24 months, and whether the persistence of these maternal conditions affect child outcome. Mothers (MDD n = 49; GAD n = 78) and their infants were followed over 24 months, with maternal mental health assessed at 3, 6, 10, 14, 24 months postnatally and children's ER measured at 24 months by independent observation and maternal report.

Results We found that difficulties in infant emotional regulatory capacity, as reported by mothers, were only significant in cases where maternal MDD and GAD persisted over the first two years of the child's life. However, only maternal MDD, but not maternal GAD, was related to observational evidence for poorer child ER at the 24 month stage.

Conclusions This data suggests that child ER is more likely to be affected by prolonged exposure to a maternal psychological disorder.

P3-27

EMOTIONAL & BEHAVIORAL REGULATION IN THE FIRST YEAR OF LIFE: WHAT DOES THIS MEAN AS A PREDICTOR OF EARLY CHILDHOOD MENTAL HEALTH; PRELIMINARY ANALYSIS OF EARLY DATA FROM THE BARWON INFANT STUDY

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Introduction For some infants crying and sleep problems are associated with childhood emotional and behavioral problems. The factors that mediate this association, and those that modify the trajectory, may identify opportunities for preventative mental health intervention. We explore this in early data from the Barwon Infant Study (BIS).

Method BIS is an Australian population-derived pre-birth cohort of 1159 pregnant women recruited in 2010-2013. Longitudinal data on crying and sleep patterns is collected prospectively in the cohort. We will present preliminary findings from the first year of follow-up of children now aged 2 years. We will examine the trajectory from infant crying and sleep difficulties to emotional and behavioral problems reported on the CBCL, using repeated measures analyses to account for intra-individual correlation. Determinants of these trajectories will then be examined, with consideration of socio-demographic factors, infant temperament & executive function, parenting behaviors and longitudinal maternal stress & mental health.

Conclusions We present preliminary findings from the Barwon Infant Study. Completion of data collection at 2 years of age is anticipated by December 2015. Future directions of research will include the longitudinal and interactional relationship between maternal stress and infant mental health symptomatology, and early biological determinants of infant mental health.

P3-28

MANIFESTATIONS OF CONFORMITY AND COMMUNICATIVE SKILLS IN THE PERIOD OF THE «THREE YEAR OLD CHILD'S CRISIS»

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Introduction Psychological content of the «three year old child's crisis» is child's desire for independence. At the same time, children tend to imitation and conformal behavior. Present research aims to identify the relationships between manifestations of conformity, communicative skills and symptoms of the «three year old child's crisis».

Method The study, conducted in 2012, involved 40 children from Saint-Petersburg (including 23 boys and 17 girls, 34 children from complete families and 6 children from one-parent families, 15 children with siblings and 25 children without siblings; Mage =3.5 years), 40 mothers and 4 educators. Methods used were: specifically developed for this study series of experimental techniques with children and questionnaires for parents and educators to detect conformality in children; "Questionnaire of communicative skills" by G.Uruntaeva, J.Afonkina; methods "Do together" by R. Kalinina; "Symptoms of the three year old child's crisis questionnaire" by V.Vasilenko.

Results The study revealed that 70% of children demonstrated conformal behavior in the experiment with no significant gender differences. The conformity also manifested among children with different levels of communicative skills. In the sample of boys negativism, obstinacy and contrariness were more pronounced at higher rates of conformity, while in the sample of girls these symptoms and «pride achievement» were less pronounced in this case. In both samples neurotic reactions were more pronounced at higher rates of conformity and at low rates of communicative skills. In the sample of boys negativistic symptoms also were more pronounced in less developed communicative skills.

Conclusions Thus, gender differences in correlations between conformity and symptoms of the «three year old child's crisis» were identified. Perhaps this is due to gender attitudes - traditionally conformal behavior is encouraged for girls. More developed communicative skills can be regarded as resources for the successful flow of the age crisis.

P3-29

COMMUNICATIVE SKILLS, MANIFESTATIONS OF THE «THREE YEAR OLD CHILD'S CRISIS» AND MATERNAL ATTITUDE TO A CHILD

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Introduction Actual question for psychology of age crises - specific crisis manifestations and features of communication in relation to the nature of parent-child relationships. Present research aims to identify the relationships between child's communicative skills, manifestations of the «three year old child's crisis» and characteristics of maternal attitude to a child.

Method The study, conducted in 2012, involved 40 children from Saint-Petersburg (including 18 boys and 22 girls, 31 children from complete families and 9 children from one-parent families, 25 children with siblings and 15 children without siblings; Mage =3.2 years), 40 mothers and 8 educators. Methods used were: "Questionnaire of communicative skills" by G.Uruntaeva, J.Afonkina; methods "Do together" by R. Kalinina; "Symptoms of the three year old child's crisis questionnaire" by V.Vasilenko; "Questionnaire of child-parent emotional interaction" by E.Zakharova; "Analysis of family relationships" questionnaire by E. Eidemiller and V. Yustitskis (for children 3-10 years old).

Results The study revealed that somatic reactions were less pronounced in more developed communicative skills. Negativistic and neurotic symptoms were less pronounced while constructive component was more developed at higher rates of self-acceptance as a parent, child acceptance, aspiration to physical contact, ability to influence child's condition and at low rates of acquiescing, ignoring the needs of a child. Regression analysis revealed that the «three year old child's crisis» was more pronounced in case of less child acceptance, mother's projection of their own undesirable traits on a child and better understanding of the reasons of a child's condition.

Conclusions Thus, the emotional well-being in parent-child relationships and greater maturity of parenting styles can be regarded as resources for the successful flow of the age crisis: the formation of constructive component and less intensity of neurotic reactions. The data can be used to optimize parent-child relationships during the crisis.

P3-30

FAMILY COLLECTIVE INTERSUBJECTIVITY VS EXTERNALIZING/INTERNALIZING SYMPTOMS IN CHILDREN

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Introduction According to Developmental Psychopathology's paradigm, family interactions (triad mother-father-child) represent the intersubjective matrix where the Self emerges. Relational factors have to be considered both as risk factors—that influence dysfunctional developmental trajectories- and as protective factors that moderate risk factors.

Method This study focuses on the comparison between family relational diagnosis and children's functionality with externalizing and internalizing symptoms. The Child Behavior Check List has been administered to parents for the evaluation of children's emotional and behavioral functionality, while Lausanne Triadic Play has been used to assess family functionality. The sample is composed of: 10 families with child with Affective Disorder; 10 families with child with Behavioral Disorder; 10 families not referred.

Results The distributions of family alliances indicates a correspondence between children's symptomatology and family dysfunctionality; this distribution is rather homogeneous in all diagnostic categories presented. CBCL scores indicate that parents

referred more concerns for: affective and relational problems; inattention and hyperactivity; rule-breaking behaviors. These symptoms influence relational quality and can give a contribution to make stable interactive pattern dysfunctional for collective intersubjectivity. The data presented stimulate research focused on risk and protective factors at the level of family relationships that can be associated with different forms of dysfunction in childhood.

Conclusions Family coordination represents a behavioral feature of collective intersubjectivity associated with the sharing of meanings and emotions evident in joint experience. It isn't possible to examine causal model characterizing the relation between family functionality and children symptomatology, the observation of limited sample allows to formulate the same hypothesis for future research.

P3-31

WHEN THEY CAN'T FIND THEIR WORDS: TODDLERS' USE OF SYMBOLIC GESTURES TO PARTICIPATE IN EMOTION REGULATION DURING ACUTE DISTRESS

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Introduction As young children gain language skills, they take an active role in regulatory interactions with caregivers[1], and in guiding their own behavior[2]. However, since children's abilities to represent and communicate ideas symbolically begin prior to words, we ask whether toddlers can use symbolic gestures to participate in regulating their emotions.

Method We observed 17 typically-developing toddlers (11-24 months) over three months in a childcare where caregivers intentionally use symbolic gestures ("infant signs") to promote bi-directional communication with pre-verbal children. We filmed 90 observations during naturally occurring routines that could elicit distress: separation from parents, diaper change, and conflict with peers. We coded child gestures, vocalizations, and affect. We coded the content of each word and gesture (e.g. "no," "mom," "eat"), and the emotion regulation strategy employed through each communicative behavior (e.g. "initiate coping routine," "draw attention to something outside interaction [distraction]," "refer to attachment figure," "control own behavior") (inter-coder reliabilities: Kappa>.75).

Results Children as young as 11 months used symbolic gestures to employ a variety of emotion regulation strategies. Younger toddlers (<18m) used an average of 2.2 different emotion regulation strategies via symbolic gestures when they were upset, in contrast to 0.5 strategies via words. When older toddlers (>18m) were upset, they used 2 different strategies on average with gestures, and 1.3 with words. When distress was particularly acute (indicated by whimpering or screaming), toddlers did not use words, but both younger and older toddlers still used symbolic gestures in 20% of instances.

Conclusions Symbolic gestures enable pre- or newly-verbal toddlers to employ four times the emotion regulation strategies than they can use with words when distressed. Further, for both younger and older toddlers, when they can't find their words, they can still use symbolic gestures to participate in regulating their emotions and behavior.

P3-32

DO PARENTS USE DIFFERENT MENTAL STATE LANGUAGE WITH INFANT GIRLS AND BOYS?

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Introduction Research on older children found parents converse more frequently about emotions/physical states with girls than boys [1], and less about desires/thoughts and causation [2]. To understand whether gendered socialization practices emerge as early as infancy in the U.S., we examine whether parents' mental state talk varies according to child gender.

Method The present sample was drawn from the US data from an on-going longitudinal project on relations between young children's emotional development and parents' expression of emotions. The current sample consisted of 32 parents (23 mothers) with 12-month infants (15 girls). Parents were asked to tell their infants two open-ended stories, from which we coded mental state talk in cognition (e.g., think and know), causation (e.g., because and if), desire (e.g., want and like), emotion (e.g., sad and happy), and physical states (e.g., sleepy and hungry).

Results Negative binomial regressions were used to compare the frequency of each type of parents' mental state talk with boys and girls controlling for parents' gender and education level. Results indicate that while the frequencies of parents' mental state talk in cognition, desire, emotion, and physical states were similar for both infant genders, parents talked 2.3 times more frequently about causation with girls than boys ($\beta_s = 1.20$ and -2.11 for girls and boys, respectively; $p < .02$).

Conclusions Contrast to the previous research suggesting prevalent gendered socialization practices among US parents, our finding suggests US parents tend not to exercise gendered socialization practices through language with infants, but do tend to socialize girls with more cognitively demanding language (e.g., causal explanations).

P3-33

PARENTHOOD AND BIPOLARITY.HOW TO PREVENT CHILD PERTURBATION WITH EARLY INTERVENTION

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Introduction 1% of childbearing women are affected by bipolar mood disorder. However pregnancy is a risk period for these women. Bipolarity impacts mother's pathology (deterioration during pregnancy), adaptation of drug treatment for mother and child is delicate, mother's fetal investment and quality of early mother child interaction are impacted.

Method We analyze the different levels of psychopathology and therapeutic possibilities from a paradigmatic clinical case of a woman followed from her teenage after her mother's suicide to her first pregnancy. Issues are proposed for transgenerational traumatism with frequent loss, deterioration of the mood disorder during pregnancy, balance of drug between mother and child interests, post-partum care for mother and child, child investment worked in prepartum, interactive care with intensive protocol in postpartum. Multidisciplinary collaboration between adult and child psychiatrist, obstetrician, pediatrician, nurse, educational therapist, and social worker are analyzed to understand how to propose a healthcare network to this dyad.

Results After birth some of these women are hospitalized in mother infant unit, but most of them are treated by psychiatrist and mother child separation are frequent with an important impact on child development and insecure attachment. At first woman accept the prenatal follow addressed by her psychiatrist but don't feel needs for her or her baby. With a prenatal work, mother can accept care in post partum. After 6 months of weekly therapeutic group and cotherapy, mother elaborates her needs. Quality of interaction is better in mother's sensitivity and adjustment. Attachment behavior of the baby is more secure.

Conclusions Actually it is important not to neglect the impact of bipolarity disorder on child development and mother infant interaction. A good collaboration between adult and child psychiatrist and between obstetrical and perinatal care give a possibility to prevent these impacts.

P3-34

THERAPEUTIC GROUP FOR SEVERE EMOTIONAL NEGLECT PARENTHOOD AND MALTREATMENT PREVENTION EVALUATION AND THEORICAL LINES

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Introduction The literature suggests the early and intensive care in cases with emotional neglect parenthood may prevent child abuse. However classical psychoanalytic therapy is difficult to implement in this population due particularly to the parental psychopathology that involves: denial of symptoms, poor elaboration skill, poor insightfulness and discontinue behavior.

Method In 20 cases affected by severe interaction disorder, we developed a new setting using the model of therapeutic group and guidance therapy theory. We focused on 3 issues: child development, early relationship/ attachment, parental psychopathology. The group was structured in 5 periods: separation and reunion times to attachment skills, children time to stimulate development and socialisation, parental group time for guidance therapy and parental elaboration, and dyadic time. Outcome was evaluated at inclusion and 6 months after treatment with child and parent evaluation (DC 0-3, CGI, BITSEA /DSM IV R, SCL 90R, IA), interaction evaluation (PIRGAS, CIB) and Home scale.

Results The structuration of the weekly group provided parents with a psychic support and a social network. The therapeutic alliance and the regularity were better than what has been reported using therapy in an individual setting. Improvement of child development and interaction were good (20 point on CGI and PIRGAS). Child attachment is more secure. Quality of interaction improved as for mother sensitivity, dyadic reciprocity and adjustment. But the impact on parental psychopathology is moderate, but may have been a first contact to seek individual care.

Conclusions Although it has a moderate impact on parental psychopathology, the groupal approach is potentially beneficial in treating and preventing child abuse and neglect parenthood and should be more often considered in this indication. Positive results on child development, attachment and interaction may contribute to avoid separating children from their parents.

P3-35

THE EXPERIENCE OF WOMEN WHO HAVE RECEIVED A DIAGNOSIS OF PUERPERAL PSYCHOSIS AND THEIR SIGNIFICANT OTHERS: EXPLORING THE ROLE OF RELATIONSHIPS

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Introduction For a small number of women, the post-birth period is characterized by extreme levels of emotional distress and unusual perceptual experiences such as hearing voices or seeing visions. These frequently take the form of delusions about the baby and can have huge implications for the emotional and physical safety of mother and child. In such cases the mother often receives a diagnosis of puerperal psychosis, a label given to one to two women in every 1000. Such extreme experiences of distress are likely to have a wide-ranging impact on mothers and their significant others. It is acknowledged that relationships may be affected by experiences of emotional distress after childbirth. Additionally, the post-natal experience may be affected by the quality and nature of mothers' relationships. This study aims to explore participants' experiences of relationships in the context of living through a period of extreme emotional distress after childbirth and consequently receiving a diagnosis of puerperal psychosis.

Method As relationships are experienced by both parties, participants will be interviewed as dyads. Semi-structured interviews will be conducted with women who have received a diagnosis of puerperal psychosis and a significant other of their choosing. The data will be

analyzed using IPA or thematic analysis, depending on the homogeneity of the sample. The findings will be available in May 2014. **Results** The themes generated through the analysis will be discussed in detail. It is anticipated that the results will inform future research and clinical practice. It is hoped that, through representing women and their significant others' stories, we can enrich professionals' understanding of the context within which they care for women and their infants. It may also highlight whether particular aspects of relationships should be a focus of clinical care, and assist professionals to consider how they can utilize close relationships within interventions.

P3-36

THE BRAZELTON NEONATAL BEHAVIORAL ASSESSMENT SCALE AS AN INTERVENTION FOR ENHANCING CAREGIVER RESPONSIVENESS, INVOLVEMENT, CONFIDENCE, AND SATISFACTION: A SYSTEMATIC REVIEW OF STUDIES PUBLISHED BETWEEN 1973 AND 2013

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Introduction Enhanced caregiver responsiveness, confidence, satisfaction and involvement have been cited as potential benefits of the NBAS when used as an intervention. This review seeks to clarify whether these proposed intervention effectiveness and benefits have been empirically demonstrated over the last forty years.

Method Four research questions queried how and how often the NBAS has been used in studies as an intervention and whether its effectiveness in improving the outcomes of interest is empirically demonstrated. The literature search (13 June—19 July, 2013) included pilot and formal phases. Final search terms for the nine databases were ["Brazelton" AND "Intervention*"] or "Brazelton Neonatal Behavioral Assessment Scale" depending on database specifications. Google Scholar, Edinburgh Searcher and reference lists in the NBAS manuals, of previous reviews, and of eligible studies were also searched. The fifteen included studies were assessed for reporting and methodological quality 24—31 July, 2013.

Results Results were synthesized narratively around the four research questions. The NBAS has been employed in full or in part as an intervention, and also as part of intervention packages. Variables such as participant demographics, sample size, methodological and reporting quality, length of follow-up, and participant levels of risk for disrupted interaction were found to differ widely amongst the fifteen included studies. Due to the small number of eligible studies, the disparity in conclusions drawn by the studies, and the highly variant quality of the studies, no definitive conclusions could be drawn overall or for specific outcomes about the NBAS' effectiveness.

Conclusions The published evidence base for the NBAS as an intervention to enhance caregiver responsiveness, confidence, satisfaction and involvement remains inconclusive. A more thorough systematic review incorporating unpublished evidence, and studies in languages other than English, may allow us to draw more informative conclusions.

P3-37

EVALUATING PARENT-INFANT PSYCHOTHERAPY AT THE OUTPATIENT UNIT FOR INFANT PSYCHIATRY IN ST.GALLEN, SWITZERLAND

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Introduction From 2004 450 cases were assessed following DC 0-3R and treated in the outpatient unit. Aim of our ongoing outcome-study since November 2011 is to evaluate our intervention by parental reports on children's behavior, paternal self-confidence and wellbeing and parent-child-relationship by observation of parent-child-interaction and clinical judgement through the therapist.

Method At the beginning of treatment (T0) parents complete: questionnaire on burden of problem and expectation regarding our treatment, BITSEA (1-3 years), KPCS (0-1 year) and EPDS (0-3). Axis 2 of DC: 0-3R and M-ADDBB (3 - 24 months) are assessed by the psychotherapist after the first session. At the end of treatment (t1) and six month post treatment (t2) parents complete questionnaires on burden of problem and treatment satisfaction as well as BITSEA, KPCS and EPDS. At the end of treatment (t1) the psychotherapist assesses all axis of DC: 0-3R including axis 2 relationship classification for the second time and M-ADDBB.

Results By the time of submission we included 65 cases in the study sample (t0), 16 cases at the end of treatment (t1) and 6 cases six month post treatment (t2). Further data will be collected until June 2014. Preliminary results on the above listed outcome variables at t1 and t2 will be available in June 2014.

Conclusions Conclusions can be made in June 2014.

P3-38

THE STORY OF THE 'PEEK A BOO CLUB': AN INSPIRATIONAL INTERVENTION FOR INFANTS AND THEIR MOTHERS AFFECTED BY FAMILY VIOLENCE

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Introduction This presentation intends to inspire. It describes an innovative 'infant led', award winning group work intervention delivered over the past 8 years to infants and their mothers affected by family violence. Developed within an Australian child and adolescent mental health service, it has worked collaboratively with multiple metropolitan Melbourne community based organisations.

Method An overview will be provided on how this intervention was initially developed and delivered, including its initial funding through philanthropy and despite the cessation of the program within a Child and Adolescent Mental Health Service (CAMHS) in 2011, how the program has been able to continue on privately through the work of the team who originally helped to implement this initiative. What occurs within the program itself will be described in detail and the findings of a comprehensive evaluation will be provided.

Results Against the odds, this work with some of our most vulnerable infants has seen grass roots agencies not traditionally associated with CAMHS embrace and incorporate infant mental health ideas into their practice. Additionally, as part of our quality assurance process an evaluation of the program found significant improvement in maternal-infant interactions, the maternal-infant relationship and the quality of their attachment post intervention. This workshop demonstrates the capacity for an innovative approach to develop, take form and grow into a highly respected approach in working with extremely vulnerable infants well beyond the setting within which it was originally conceived.

Conclusions This workshop will inspire those interested in working with infants affected by family violence to 'think outside the box' with regards to accessing funding, working collaboratively with a range of grass roots services and developing resources to assist the the infant affected by family violence with being both 'seen' and 'heard'.

P3-39

CHANGES IN CHILDREN'S MENTAL DEVELOPMENT IN JAPAN SINCE 1954 - AN ANALYSIS OF PASSING RATES ON DEVELOPMENTAL ITEMS OF THE KYOTO SCALE OF PSYCHOLOGICAL DEVELOPMENT

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Introduction The environments in which children grow up have changed dramatically in recent years. To understand the effects these changes have on children, we investigated trends in the mental development of children for the past 50 years in Japan.

Method We gathered data using a standardized test called the Kyoto Scale of Psychological Development (KSPD). These data were individual assessments for 1415 children in 1954, 986 in 1983, and 1474 in 2001, aged 1-11 years old. We compared the passing rates of standardization test data of the KSPD. Passing rates were percentages of children that have passed each item at each age.

Results The passing rates of developmental items increased in the cases of acceleration of mental development and decreased in the cases of delayed mental development. Graphs of passing rates of each age shifted to the left in cases of acceleration of development and shifted to the right in the cases of decline, but there was no definitive change of inclination. The color naming item has been accelerating since 1954 continuously, so the range of ages shifted forward. In contrast, the origami task item has been delaying since 1954 continuously, so the range of ages shifted backward.

Conclusions These items showed dramatic changes, indicating that children's developmental patterns have undergone a transformation over the past 50 years. Since this transformation has not been recognized, further research is needed for the comprehension of the meaning of the change.

P3-40

VIDEO-INTERCTION GUIDANCE FOR MOTHERS WITH SUBSTANCE ABUSE DISORDER IN INTERACTION WITH THEIR INFANTS

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Introduction In Norway more than 1000 substance misusing women are parenting their children. The children have to be considered at great risk of developing insecure attachment strategies, poor neuropsychological development and behavioral problems. Good methods for how to give help and support to this group of women are few and undocumented.

Method All pregnant women attending a Special Child Welfare Clinic in Kristiansand in a two year period will be asked to participate in the study. Reflective functioning will be assessed in the last trimester. After the child is born, the mothers will be offered Marte Meo video guidance, starting within the child's fourth month. At six and 18 months the mothers will be presented for the Ages and Stages SE. The Strange situation test will be performed when the child is 18 months old. The mother's reflective functioning will also be assessed at this time. Focus group interview of some mothers.

Results The study will provide information about differences in the mother's reflective functioning assessed in late pregnancy and when the child is 18 months. The development of the child will be followed using Ages and Stages SE. The mother/child attachment pattern will be assessed using Stange Situation Test. The number of mothers who will accept Marte Meo Video guidance will be recorded. By Focus group interviews the mothers experience with the Marte Meo guidance will be explored.

Conclusions The study aims to find good methods of early intervention and stimulation. Further to promote reflective functioning in the mother and good early mother/child attachment. This is a key component in the cognitive and socio-emotional development.

P3-41

EMOTIONAL FIRST AID (EFA) - EMOTIONELLE ERSTE HILFE (EEH) - EVALUATION OF A THERAPY FOR THE REGULATION DISORDER OF EXCESSIVE INFANT CRYING

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Introduction The therapy for excessive infant crying "Emotional First Aid" (EFA), developed by Harms (2008), was evaluated in a prospective study. EFA determines Bonding failure as the underlying cause of the parent and infant regulation disorder, while presuming three different kinds of early bonding regulation.

Method Symptoms of infants and parents were obtained in an ambulant setting by parent rated questionnaires, including Burnout- and PTSD-instruments and scales to examine parental sensitivity, aggressive behavior and negative emotions, both before and after treatment (latest after 7 sessions). To investigate EFA, scales like "compensatory contact" were developed. For the first survey, 53 mothers and 6 fathers returned questionnaires and 40 data sets were evaluated in the prospective design. Analysis of variances with repeated measurement were conducted to examine therapy outcomes, while correlations and linear regression analysis were computed to prove postulated propositions of EFA.

Results All scales apart from "social support" changed significantly in the postulated direction. Infant crying decreased from 6.02 to 2.13 hours after the treatment. Other pediatric symptoms and maternal Burnout- and PTSD-symptoms also improved significantly over time. Mothers rated themselves as significantly more sensitive to their infants. They reported fewer feelings of alienation, negative emotions and aggressive behavior against their children and felt less threatened by the crying. Due to limited reliability of some scales and insufficient measurement of symptoms, paired with the only information source being self-reported data, hypotheses about EFA could only be partially proved.

Conclusions This study resembles a first try to evaluate the efficacy of EFA in a naturalistic ambulant setting. The positive results obtained should encourage more studies investigating this therapy. EFA proved to be a hopeful method to facilitate adaptive paths of development for both infants and parents.

P3-42

EARLY PARENT-INFANT RELATIONS: ARE HEALTH VISITORS' JUDGMENTS RELIABLE? CROSS-SECTIONAL STUDY OF DANISH HEALTH VISITORS' COMPETENCE

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Introduction The quality of early parent-child relations is essential for infant's development, and its assessment of home visiting public health nurses is important to promote healthy early relations. The objectives of this study are to explore if Danish nurses knowledge, self-efficacy, education, experience and intention influences their judgment of infant-mother relations.

Method Study population are 127 Danish public health nurses, who work with new families in a community setting. They all have one year education in addition to registered nursing. 26 of the nurses are furthermore certified as Marte Meo-therapists (a parenting program), and 91 nurses have no special education in parenting programs.

Measurements A self-reported questionnaire assessing nurses' education, experiences, self-efficacy, intention and knowledge about early relations. A competence test in observation of 5 video recorded mother-infants interactions compared with a standardized coding with the Infant-CARE Index.

Results The videos represent different patterns of mothers' interactions (sensitive, controlling or unresponsive) to infants' cues. The nurses are asked to assess mothers' sensitivity, infant-mothers interaction and if the family does need support or treatment in early relations. **Data analysis:** The hypotheses are: Public health nurses who are certificated as Marte Meo therapists have higher agreement in coding mother-infant relations (Infant CARE-Index). If public health nurses competence to identify problems in early mother-infant interaction is associated with their education, knowledge, experience, self-efficacy and intention to work with early relations. Data will be analyzed in STATA comparing 36 nurses trained as Marte Meo therapists and 91 non-trained nurses. Type of analysis: Comparing video observations to a hypothetical value and comparing trained and non-trained nurses.

Conclusions Data will be analyzed in late 2013 and the abstract reversed as soon as possible.

P3-43

SUPPORTING THE PARENT-CHILD RELATIONSHIPS FOR CHILDREN IN FOSTER CARE

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Introduction Infants or young children who had been exposed to severe caregiving trouble parental psychopathology are referred to child welfare and foster care services by decision of the judge. The judge often reduced the rights of the parents in their contact with their children by ordering that visits be mediatized.

Method The objective is to precise: - The adequate timing and setting of the mediatized visits, - Observation of the relationships between child and parents and try to define as exactly as possible their characteristics (difficulties, failures, negative projections but also positive aspects and resiliency), - Closely observing the infant tell us about his her needs and about the limits of what he or she cannot sustain, - goal of the work with parents is to try to establish a working alliance in the interest of the child, - adapt the adequate set of assessment situations and refer to the judge.

Results When the mediatized visits were able to be set up for some sufficient time without inconvenient decisions, and when the parents succeed in seeing them more as a help than a constraint, the some evolution of the parent-child relation becomes possible. This in turn allows for avoiding the disappearance of the parent (the most frequent risk during early placement) and in some cases situations for the re opening of the parental rights to live with the child.

Conclusions The mediatized visits must be led in a rigorous way and according to criteria defined. They are not just times of meetings where the safety of the child is guaranteed.

P3-44

AFFECT REGULATION AND ITS INCIDENCE IN DEVELOPMENT AND PERSONALITY ORGANIZATION

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Introduction The present study seeks to deepen in affect regulation and its impact on the organization of personality, based on both conceptual and empirical research. Several aspects are presented as key determinants of dysregulation throughout childhood: environment, primary bonds, history of development and conditions leading to internalization.

Method A qualitative-quantitative design was employed, collecting data using the following instruments. Child Behavior Check List & Teacher's Report Form (Achenbach, 1991), Macarthur Story Stem Battery (Emde, Wolf & Oppenheim, 2004), FIRE (Miller, 2009), a protocolized developmental history of the child and psychophysiological measures. This study was applied on a sample of 82 children, 5 to 8 years old, living in Montevideo, belonging to different socio-economic groups (low, medium, high). A longitudinal study completed the data with applications of the instruments four years later, when children were 9 to 13 years old.

Results Considering the total sample (which excluded children diagnosed with serious intellectual deficits, psychosis or pervasive developmental disorders) and according to what parents and teachers reported, 27% of children were in the clinical range of emotional and behavioral problems, and 9% were at risk. Children in the clinical range were mostly characterized by aggression, anxiety-depression and attention problems, all of them indicators of affective dysregulation. The study also showed a high prevalence of emotionally dysregulated children (18.9%), most of them males (65%), from a disadvantaged socio-economic environment (78.5%) part of single parent families, with background of psychiatric disorders.

Conclusions According to this study affective dysregulation is associated with important developmental disturbances that worsen over time. Correlations between criminal behavior and thought problems were also found through psychophysiological measures. Video sequences will be provided evidencing kind and effects of dysregulation. We end suggesting plan of action, particularly for most disadvantaged.

P3-45

PSYCHOANALYTIC CHILD THERAPY (PACT)

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Introduction Psychoanalytic Child Therapy (PaCT) for the treatment of children aged 4-10 with emotional disorders like depressive and anxiety disorders was developed as an innovative guide to brief outpatient treatment of children and their parents.

Method Consisting of 20-25 psychotherapy sessions, PACT is held in a variety of settings (parent-child, child alone, parents alone), in which a relational theme that has led to the development of a symptom is uncovered and worked through. Psychoanalytically oriented short-term interventions are based on the paradoxical need to establish rapidly an understanding that normally develops over a much longer period. Through a small number of initial discussions therapists must sense the burgeoning transference between parents, child and themselves, while at the same time sustaining a conversation with the parents, reflecting the emerging counter-transference, absorbing and understanding the child's closures.

Results Results regarding diagnostic remission, symptom reduction and children's self-report on emotional and social-cognitive development will be as well presented as results regarding parental mentalization about their child.

Conclusions The effectiveness of PaCT has been substantiated in a controlled clinical trial yielding strong effects across a range of psychological domains.

P3-46

EFFECTIVENESS OF AN ATTACHMENT-BASED DYADIC INTERVENTION FOR MOTHERS OF YOUNG CHILDREN IN SUBSTANCE USE TREATMENT

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Introduction Studies of mothers with Substance Use Disorders (SUDs) often show elevated psychological distress and trauma exposure, decreased child-focused reflective functioning (RF), and sub-optimal parenting practices and attitudes. This study examined the effectiveness of BRIGHT, an adaptation of Child-Parent Psychotherapy, developed for mothers with young children in treatment for SUDs.

Method Study participants were 66 mothers in BRIGHT treatment with a child birth to five (M= 19 months). Most were in SUD treatment for addiction to heroin and other opiates. All had severe histories of multiple trauma exposures and high levels of psychological distress. BRIGHT offered an attachment-based dyadic parenting intervention over and above treatment for SUDs. Data collected with standardized measures at baseline and post-treatment were used to assess change in mothers' self-reported psychological distress, parental RF and attitudes, and observer ratings of parent-child interactions. T-tests and repeated measures ANOVAs were computed to assess change over time.

Results To understand differential benefits from treatment among high, moderate, and low psychologically distressed participants, the group was divided by their baseline level of distress, as determined by the BSI (Derogatis, 1975). Women who showed the highest pre-treatment levels of distress had significant improvements in their psychological functioning post-treatment, as well as moderate improvements in parenting attitudes and RF capacities. Whereby, women with pre-treatment moderate to low levels of distress showed improvement on observer-rated parent-child interactions, but not in psychological functioning, parenting attitudes and RF, even though baseline scores were similar to the highly distressed group on select measures.

Conclusions Findings suggest that pre-treatment psychological distress was connected to the type of benefits associated with the BRIGHT intervention (i.e. improved distress vs. improved parent-child interactions). Use of self-report and observer ratings strengthen the findings and draw attention to the challenges of linking improvement in emotions and attitudes with behaviors.

P3-47

MATERNAL WELL-BEING IN THE CONTEXT OF COUNSELING

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Introduction The birth of a child transforms the lifestyles of couples and forces families to undergo dramatic changes. As new parents become receptive to their parental roles, the family system needs to make adjustments. But how do mothers feel and what are their problems and difficulties in the transition to motherhood?

Method Health related Quality of Life (HrQoL) can be understood as the self-evaluation report on social, psychological, bodily, and everyday-life aspects of wellbeing and functioning ability. So far there is only little research done about HrQoL in the transition to motherhood. Therefore in this study new mothers give information about their condition and their ability to function as a mother in the context of counseling. Before (T0) and again right after (T1) and three months after (T2) counseling 198 mothers were asked to fill out several questionnaires, concerning their Quality of Life (SF-8) as well as Depression (BDI) and Parenting Stress (PSI)

Results As expected the self-reported HrQoL of young mothers increased while Depression and Stress decreased significantly

Conclusions The present study contributes to our current understanding of maternal well-being of new mom's. Future research, methodological issues, and clinical and theoretical implications are to be discussed

P3-48

INVOLVING PARENTS INSTEAD OF DOING IT FOR THEM - POSSIBILITIES OF PSYCHIATRIC-PSYCHOTHERAPEUTIC TREATMENT AT THE PARENT-CHILD UNIT OF THE UNIVERSITY HOSPITAL MAGDEBURG

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Introduction In December 2008 the first psychiatric parent-child unit of Saxony-Anhalt was established at the University Department of Child and Adolescent Psychiatry in Magdeburg.

Method Until now this type of psychiatric treatment has only been established in few psychiatric clinics for children and adolescents throughout Germany. Since October 2010 standardized data have been collected in the framework of a pilot study to further evaluate the therapeutically effective parameters of this approach. The study includes the measurement of problematic child behavior (CBCL), parental stress and parenting style (ESF) at six consecutive time points (t0-t5).

Results The first assessment is done during the psychological assessment phase before admission (t0). The second measurement is at the beginning of treatment (t1) and the third at the end of the treatment phase (t2). The fourth (t3), fifth (t4) and sixth (t5) measuring time points are part of the out-patient follow-up care two, six and twelve months after discharge. The findings after therapy indicate a significant reduction of children's symptom burden and a substantial decrease in parental stress experience.

Conclusions While the child's behavioral problems after end of treatment remain low at a stable level, parental experience of stress increases again after discharge. The contribution will present further findings from a sample of 40 families up to the fourth measurement time (t4) six months after discharge.

P3-49

MARTE MEO GUIDANCE IN INFANT MENTAL HEALTH WORK - GUIDING PARENTS WITH IMPAIRED MENTALIZATION CAPACITY

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Introduction Parents with impaired mentalization capacity need specialized treatment to improve mentalization (reflective functioning, RF) towards their infants, as their impairment is a high risk factor for mental health problems in the child. Marte Meo video-guidance enhances mentalization in community samples and changes relational patterns.

Method More knowledge is needed about how it works for parents with impaired RF and how it can be adapted to clinical use, thereby also expanding the theoretical model. The study aims at 1) determining relevant aspects of Marte Meo guidance for parents with low RF, and 2) expanding the theoretical model by overarching inferences about the function of the method regarding mentalization, change of relational patterns and the therapeutic relation

Results A sequential mixed model design systematically assesses RF in all consenting caregivers referred to the infant mental health team (IMT) during the study (ca. 75) and draws a strategic sample with impaired RF for intervention and exploration of their experience. Data from RF assessment, video-guidance and exploration are analyzed for structures and relating patterns, with focus on relational and defensive templates, which open up or close for mentalization, to adapt the method for parents with impaired RF. The complex data integration is aided by NVivo software.

Conclusions Results are expected to have direct implications for therapy and clinical work, and can found hypotheses tested in further research on this clinical group.

P3-50

UNDERSTANDING MARTE MEO THERAPY IN THE LIGHT OF SCHEMAS OF BEING WITH

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Introduction We present an overview of basic Marte Meo video interaction guidance concepts and describe the therapeutic performance of the method applied in the context of early mother-infant interaction and postnatal depression. Weight is put upon the importance of the therapeutic relationship. Further we examine Marte Meo therapy in the light of Daniel Stern's theory of 'schemas of being with'. We illustrate with clinical vignettes from therapy sessions.

Method The material is a study of postnatal depression, mother-infant interaction and Marte Meo carried out in Southern Norway, where Marte Meo was examined from a phenomenological perspective in in-depth interviews.

Results The participants reported that the Marte Meo method, 'from the outside looking in', increased their reflections about their infants and their own mental states as well as their sensitive interaction with their newborn. Their mothering was improved and they reported feeling less depressed.

Conclusions We argue that Marte Meo methodology can guide new mothers with depressive symptoms, and contribute to the creation of new schemas of being together.

P3-51

SENSITIVE PARENT-CHILD INTERACTION; MARTE MEO AS A THERAPEUTIC MEANS FOR VULNERABLE INFANTS AND TODDLERS

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Introduction Early parent-child relations play an important role in children's development. Therapeutic intervention towards infants and toddlers at high-risk intends to prevent later mental health problems. In this work, the parent-infant/toddler-dyad is crucial. The video interaction guidance method, Marte Meo, is one among different methods used in an outpatient infant mental health clinic. The method is mentalization based, but purely documented scientifically. More knowledge is needed about the properties of Marte Meo in mental health work of vulnerable infants and toddlers, and how it affects parents' inner representations of their child. Parental sensitivity towards infants and toddlers needs is considered significant in developing secure attachment. Secure attachment is further considered decisive for the extent to which children is at risk for developing mental health problems. Different treatment methods aim at strengthening parents' sensitivity towards their infants or toddlers. Sensitivity is considered the ability to discover, understand and adjust towards child's needs. This study aims at investigating how the Marte Meo-Method affects parental sensitivity in interaction with vulnerable infant and toddlers aged 0-3 in a clinical population. This will be looked upon from an attachment-theoretical point of view.

Method This cross-sectional phenomenological hermeneutical study aims at studying parents' descriptions and experiences of the Marte Meo treatment and their representations of their infants and toddlers through the treatment-process. Semi structured interviews with parents will be collected.

Results Data will be analyzed early 2014.

Conclusions Results and conclusions will then be presented in a poster presentation at the WAIMH congress in 2014.

P3-52

PSYCHOANALYTIC PARENT-CHILD-PSYCHOTHERAPY OF TWO 3-YEAR OLD BOYS AND OUTCOME IN RELATION TO PARENTAL PSYCHIC HEALTH AND ABILITY OF SEPARATION AND TRIANGULATION

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Introduction We compare the psychoanalytic parent-child-psychotherapy of two 3-year-old boys and their parents taking into account psychic problems of the parents such as their ability of separation and triangulation.

Method Two descriptive case reports. One short-term-psychotherapy with 6 sessions and one long-term-treatment with more than 20 sessions. Comparison of the course of treatment with psychoanalytic parent-child-psychotherapy by the same therapist in an outpatient clinic. Reflections on the meaning of parental ability for separation and triangulation as a function of psychic health and as a condition to encourage the child's development. Further reflections about therapeutic influence on these parental and familiar parameters. Evaluation of the outcome by the questionnaires and instruments itemized in abstract No 69 (Symposium).

Results The short-term-psychotherapy shows a very positive result regarding the symptoms of the boy, his relation to his mother and the mothers wellbeing. The long-term-treatment with more than 20 sessions and a depressed parental couple brings slightly positive results regarding the symptoms of the boy and the development of the relation between child and parents. But the parental feeling of self efficacy and the parental wellbeing stays instable, their critical look on the boy continues. The treatment is still going on, further results are expected before June 2014.

Conclusions The two case reports support the theories and findings about the major importance of the parental capacity for separation and triangulation regarding the healthy development of the young child. Further they illustrate the difference between favorable and adverse conditions regarding these parameters.

P3-53

UNDERSTANDING MARTE MEO THERAPY IN THE LIGHT OF MENTALIZING

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Introduction Parental Reflective Functioning has been identified as a significant predictor of parenting capacity. The capacity to mentalize is an important component of this. In this paper we will give a very brief overview of mentalizing. We will then use case studies to demonstrate mother's experiences of Marte Meo and present what this may tell us about Marte Meo increasing Mentalizing.

Method Exit interviews with mothers are being used to hear the voice of the mother about their experience of Marte Meo. The mothers are asked what their experience has been, if it has made a difference to their parenting and how they see their child.

Results In gathering information in this way it appears that one of the benefits is their increased capacity for reflective functioning. Alongside this helps them to 'see' their child and 'go into their world'.

Conclusions The capacity for mentalization is based on the experience of having been mentalized. The question this raises then is does Marte Meo give to the child the experience of being mentalized? We hypothesise that Marte Meo can play a significant contribution to developing mentalizing in parents and thereby can play a significant role in the transmission of good mental health in infants.

P3-54

TREATMENT OF INFANTS WITH SOCIAL-COMMUNICATION PROBLEMS, INTERACTION PROBLEMS AND A FEEDING DISORDER: INTERACTIVE WORKSHOP WITH THE FOCUS ON THE THERAPEUTIC USE OF THE FUNCTIONAL AND EMOTIONAL ASSESSMENT SCALE (FEAS) AND FEEDING SCALE (CHATOOR)

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Introduction This workshop deals with the use of the functional emotional assessment scale and the Feeding Scale as part of the treatment and evaluation of treatment in an infant psychiatry. During this workshop we will discuss the use of these instruments during treatment of infants with social/communication problems and/or feeding disorders.

Method The FEAS is an instrument used to assess a child and his/her caregivers' functional and emotional capacities. The Feeding Scale is an instrument used to evaluate the feeding or eating process of a child and his/her caregiver. Both scales can be used during a diagnostic process but also during therapy. Floortime is an intervention for children with developmental disorders or delays. It focuses on enhancing children's development and improving the relationship between caregiver and child. Distinctive for this treatment is that caregivers are involved as co-therapists. Video material obtained during play sessions and mealtimes will be scored and evaluated.

Results In our setting both scales are used to assess treatment goals, method of treatment and progress of treatment. Furthermore, the video material can be used as a therapeutic aid: parents can observe themselves in interaction with their child together with their therapist. This gives the opportunity to discuss the effect of their behavior and gives new insights in finding alternative ways of interaction and/or reacting. Special attention will be given to the value of the combination of both instruments. In this workshop, video material will be used and there will be time to exchange experiences and ask questions.

Conclusions The combination of both scales is an opportunity in the treatment of parents and their infants with a developmental disorder and feeding problems. It enhances interaction, relationship and insights.

P3-55

PARENTS WITH SEVERE PSYCHIATRIC DISORDERS AND INFANT DEVELOPMENT. BUILDING THE THERAPEUTIC SETTING

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Introduction How do babies and infants cope with parents presenting psychiatric conditions which create a "not good enough" environment, or even a disorganizing and destructive one? That is, what competencies do they need to avoid falling into dereliction and/or annihilation, and how can these competencies be protected and developed?

Method At the Vivaldi Parent-Infant Mental Health Unit, we have developed both a specific intervention model and a therapeutic setting for these situations. In such complex parenthood situations, highly inadequate care patterns obliterate all landmarks: visual and corporeal contacts are random at best, genuine verbal exchanges are nonexistent, and paradoxical interactions are the rule. This desynchronization leads to severe relational distortions and is likely to pave the way for later child psychopathology. These complex situations require a therapeutic setting combining flexibility, stability and availability in order to achieve the family's compliance, along with a steady institutional support.

Results The therapeutic approach is not directed to treat the parent's mental disorder. That would neglect the new and specific parental and infant needs. While keeping the baby at the center of the treatment, parent-infant co-therapy is the preferred treatment designed to meet the needs of these high-risk families. A psychotherapist and a pediatric nurse or infant/young child educator are brought to combine their interventions into one setting. This triadic space opens up the possibility for protection, reparation and prevention of disorganizing behavior and gives space for mentalization and guidance towards the forming of an alternative relationship.

Conclusions Only a shared therapeutic approach allows the practitioners to take into account both the parental and the infant's needs for care. These complex movements need to be integrated and elaborated during regular team discussions. This intervention setting, while extremely demanding, allow for a re-balancing of highly damaging family contexts.

P3-56

SUPPORTING SECURITY; EVALUATION OF A PREVENTIVE PARENT-GROUP INTERVENTION FOCUSED ON ATTACHMENT RELATIONSHIPS IN HIGH RISK COMMUNITIES

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Introduction Supporting Security is a brief, preventive, attachment-focused intervention for groups of parents/caregivers and babies up to one year of age. It is based on empirical findings, designed to be delivered by local healthcare personnel and to be adapted to the culture, values and traditions of the local community.

Method The feasibility of training local workers (nurses, community health representatives, etc.) and having them deliver the intervention was successfully tested in numerous sites including remote aboriginal communities of northern Ontario. A pre/post study using questionnaires, interviews and videotaped observational data included measures of maternal sensitivity, parental reflective functioning, attachment risk, attachment knowledge, parental stress, parental psychopathology and social supports.

Results Parent and group leader feedback was strongly positive. Group interventions as well as outcome studies were difficult to conduct in remote sites but for those caregivers, who attended at least half of the 12 sessions, there were significant increases in maternal sensitivity as measured by the Maternal Behavior Q Sort and a strong trend to increase in reflective functioning as measured by the Parent Development Interview. Delivering the intervention to these sites has led to the establishment of a strong collaborative relationship and an invitation to develop child and family mental health services more generally to these high-risk communities.

Conclusions A RCT of the group format is being conducted in urban child centres (Ontario Early Years Centres) and preliminary data will be available by the time of the WAIMH meeting. Adaptations from group to individual format and the development of a community education initiative for remote sites are being tested.

P3-57

EARLY PARENT-INFANT INTERACTIONS AFTER ASSISTED REPRODUCTIVE TECHNOLOGY CONCEIVED PREGNANCIES

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Introduction Pregnancies following infertility treatments (ART) have been reported to show high levels of depression, anxiety and parenting stress, other than difficulties in transition to parenthood. Despite that, the quality of parent-infant interactions in ART couples is understudied. This study aimed to analyze this issue, considering both mother-infant and father-infant interactions.

Method Eighteen pairs of parents with a spontaneous conception and 15 pairs of parents who have had a conception through medically assisted procreation were involved in the research. At 3 months after birth, all parents completed the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), to assess the postnatal depressive symptoms, and parent-infant interactions were assessed using the CARE Index (Crittenden, 2002). The CARE-Index assesses the quality of parent-infant interactions (0-2 years) based on a videotaped play interaction of 3-5 minutes; it measures parent's behavior (Sensitivity, Control and Unresponsiveness) and infant's one (Cooperativeness, Compulsivity, Difficultness and Passivity).

Results After controlling for the effect of postnatal depression, which was entered in the model as covariate, significant differences in Care-Index scales emerged according to conception modality (ART/natural) and parental role (mother/father): ART couples presented higher levels of Control ($p < .01$) and lower levels of Non-Responsiveness ($p < .05$) compared to non-ART couples, but showed similar levels of Sensitivity. Moreover, mothers showed higher Control ($p = .001$) and lower Non-Responsiveness ($p < .05$) levels compared to fathers. The interaction between conception modality and parental role did not show a significant effect. With respect to infant dimensions, no significant differences emerged.

Conclusions The conception through ART seems to influence parents' interactive behavior in terms of a more controlling pattern, but it does not affect their degree of sensitivity and the infant's global interactive behavior. The clinical implications are in the direction of a promising basis for a secure child attachment.

P3-58

SO CLOSE AND YET SO FAR AWAY - DESCRIPTION OF A CLINICAL SAMPLE OF CHILDREN WITH UNDERINVOLVED CHILD-CAREGIVER RELATIONSHIPS AND THEIR DEVELOPMENTAL PROFILES

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Introduction The failure of a caregiver to respond to his infant's needs in a positive, affectional, regulated and consistent manner is stated to negatively influence the infant's global development, including cognitive-intellectual functioning. These insufficient interactions are frequently observed in our clinical practice and we aim to characterize a clinical sample.

Method Retrospective analysis of the assessment of 253 children according to DC: 0-3R classification system admitted to our Child and Adolescent Department's 0-6 years Unit, from June 2012 to June 2013, aged between 0 to 4 years and 364 days. Further selection of a sample of children with caregiver interaction that meet clinical criteria for Axis II *Underinvolved Relationship Disorder* or relationship with *Tendency to be Underinvolved*. Sample characterization through children's socio-demographic features, reasons for referral, primary diagnosis, developmental profile (Ruth Griffiths Mental Development Scale) and Parent-Infant Relationship Global Assessment Scale (PIR-GAS) scores. Statistical analysis of data using SPSS v.19.0.

Results From our preliminary selection and evaluation, completed at the date of submission, we studied a sample of 253 children aged between 2 and 48 months of age (average 34.66 months) at the date of admission to our unit. Sixty-four percent of these children were male, the mean age at referral was 31.2 months, and thirty-six percent were female, with a mean age at referral of 27.1 months. The remaining data is under analysis.

Conclusions Our clinical experience together with the existing literature and the available data suggest that decrease in parental stimulation and relational involvement with their children will have impact in their development especially in the early years of life. Therefore, recognizing underinvolved relationship patterns provides the clinician an opportunity for early intervention.

P3-59

PATERNAL DEPRESSION AND 2-YEAR-OLD EMOTIONAL REGULATION

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Introduction The negative effects of maternal depression on children's development are well-documented, but much less is known about the influence of paternal depression. The present study builds on research linking paternal depression to school age children's emotional problems to examine the role of paternal depression in two-year-old's emotional regulation.

Method Participants included 64 low-income families in the US. Mothers and fathers engaged in semi-structured play separately with their 24 month old children. Mothers and fathers were rated on their regulation with their children where high scores reflected amplifying and expanding on children's emotions and low scores reflected ignoring or withdrawing from children's emotions. Mothers responded to a depression screener when their children were 18 months and fathers when their children were 24 months. Mothers also completed the attachment Q-sort when their children were 18 months. Children's emotion regulation was rated during a developmental assessment when the children were 24 months.

Results Correlations among parent and child variables suggest a significant association of paternal depression on both parental and child behaviors. Specifically, paternal depression was significantly negatively related to paternal regulation ($r = -.27, p = .03$), maternal regulation ($r = -.27, p = .03$), and children's emotional regulation ($r = -.34, p = .01$). A regression model predicting children's emotional regulation from both maternal and paternal depression, attachment security, and both maternal and paternal regulation ($F = 2.61, p = .03$) accounted for 19% of the variance, but only paternal depression was a significant predictor ($\beta = -.33, p = .01$) independent of other predictors.

Conclusions Paternal depression influenced children's emotional regulation over and above attachment security, maternal depression, and maternal and paternal support of regulation in our sample. Implications will be discussed for early intervention efforts related to identifying and working with fathers with depression to improve children's emotional and behavioral outcomes.

P3-60

PREVENTING BEHAVIOR, SOCIAL AND EMOTIONAL DIFFICULTIES THROUGH NON-VERBAL COMMUNICATION (NVC) DEVELOPMENT 0-3 YEARS

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Introduction I will illustrate how social and technological **changes** over the last thirty years are limiting the development of non-verbal communication in babies and children. I will explain the **causal effect** of failure to develop sufficient NVC skills on the increase in social and emotional difficulties associated with anti-social behavior.

Method It is assumed that children who can learn language and talk well do not have a communication problem. I will show how communication development starts with non-verbal understanding **at birth** and how failure to develop sufficiently in this area will impact on the child throughout their life and create challenges for schools, parents, carers and friends. **Parents** who shift the focus of their attention away from language promotion and onto the development of non-verbal understanding and conversational skills are giving their children a precious gift.

Results With well-developed **non-verbal ability** a child can communicate effectively, learn how to behave, understand and use emotions, socialize confidently and benefit from schooling. While language development stops around five years of age, NVC is a life-long learning process and children with good NVC become adults with good conversational skills. I will show how to help parents and carers develop NVC skills in children. Participants will learn **simple techniques** (from birth to three years) to help children grow up able to participate effectively in all conversations.

Conclusions Participants will be able to identify and avoid situations and activities detrimental to the development of NVC. They will also learn how it is possible to diagnose **autistic spectrum disorders** in the first few months of life and give parents of autistic children something positive and achievable to work on.

P3-61

PARENTAL ATTITUDES AND PARENTAL SENSITIVITY IN INFANCY: IMPLICATIONS FOR INFANT-FATHER ATTACHMENT RELATIONSHIPS

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Introduction The discrepancy or convergence between 1) the ways in which parents discuss their parenting role and 2) their actual parenting behaviors may have implications for infant attachment. This investigation examined contributions of parental attitudes and parenting behaviors (and the convergence between them) to attachment security in infant-mother and infant-father dyads.

Method Participants were 131 12-month-old infants and their married parents in the United States. Parents participated in an interview assessing their emotional investment in parenting, and the pleasure they took in their parenting role. Interviews were coded for reported parental positivity, which was the degree to which parents expressed sensitivity toward their children and took delight/pleasure in their parenting role. Mother-child and father-child interactions were coded for parental sensitivity. Discrepancy scores were calculated by subtracting standardized sensitivity scores from standardized scores of reported parental positivity. Infants also participated in the Strange Situation Procedure (Ainsworth et al., 1978) with mother and father.

Results Results revealed that reported parental positivity was significantly related to observed parental sensitivity for fathers ($r = .41, p < .05$) but not for mothers. Furthermore, ANOVAs indicated differences in the discrepancy score at 12 months among infant-father (but not infant-mother) attachment classifications ($F = 4.71, p < .01$). Follow-up analysis confirmed an association between discrepancy score group membership and infant-father attachment classification ($\chi^2 = 17.02, p < .05$). In Secure infant-father dyads, fathers' observed sensitivity was similar to reported parental positivity. In Avoidant dyads, observed sensitivity exceeded reported positivity. In disorganized dyads, observed sensitivity was less than reported positivity.

Conclusions Findings suggest that fathers' parenting behaviors in infancy might be particularly reliant on their attitudes toward the parental role. Moreover, discrepancies between the attitudes and behaviors of fathers may adversely affect the quality of the early infant-father attachment relationship.

P3-62

PATERNAL MENTALIZING

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Introduction Past research on the care of infants has been mostly with mothers. More research is therefore needed on the father-infant relationship. This study examined a self-report measure of fathers' mentalizing or parental reflective functioning (PRF): the parental capacity to reason about their own and their child's behaviors by taking into consideration intentional mental states. Increasingly, researchers and practitioners are utilizing the concept of parental mentalizing as a means to conceptualize the infant-parent relationship. Measurement of this capacity with interview methods is costly and impractical for large investigations. The recently developed Parental Reflective Functioning Questionnaire (PRFQ) is a promising instrument that provides insights into the father-infant relationship. Three subscales of the PRFQ assess subdimensions of PRF, i.e., interest and curiosity in mental states, certainty of mental states and pre-mentalizing modes.

Method Mothers and fathers of one-year old children ($N = 120$ couples) completed the PRFQ as part of a birth cohort population study: the Peel Child Health Study in Western Australia. Correlations were performed between the PRFQ subscales, parent/family demographics and ratings of family functioning. These correlations were examined for differences between mothers and fathers.

Results Father mentalizing was more closely associated with demographic and family characteristics than mother mentalizing. Of particular interest was a moderating effect of the child's gender on the association between father PRF and mother rating of family functioning, such that only for parents of boys did higher levels of PRF correspond with mother reports of healthier family functioning. Also, fathers who spent longer time with their infants tended to score higher for interest and curiosity in mental states and lower for pre-mentalizing modes.

Conclusions Father mentalizing with his infant appears to be more influenced by demographic and family characteristics than mother-infant mentalizing.

P3-63

MELLOW DADS IN AOTEAROA NEW ZEALAND

Introduction A feasibility and effectiveness study of a culturally adapted Mellow Dads program has been completed in South Auckland, New Zealand. Over thirty fathers - indigenous and Pacific, were enrolled, completed and were available at three months follow up. The results are extremely positive and will be presented along with interviews.

Method The Counties Manukau District Health Board catchment area in South Auckland was the community where parents were recruited from for this evaluation of Hoki ki te Rito - Oranga Whanau. Maori and Pacific program facilitators administered the GHQ, PDH, ASQ to Maori, Pacific and other families consenting to participate in the parenting program after having program requirements discussed with them. Families were eligible if their child/ren (0-4years) lived with them, or were well into having their child transitioned back into their family home, and the caregiver was available to, and wanted to attend the group sessions.

Results Comparisons between points in time were taken, and paired T tests showed the significance of the time effect ie whether the change occurred between baseline and start, or between start and post intervention, or between post intervention and the point of follow up, represent statistically significant changes. Effect sizes ranged between 0.4 – 1.4 across all dimensions when considering start – post group comparisons. They ranged between 0.3 – 0.8 for post group and follow up comparison.

Conclusions This intervention was received well by Maori and Pacific fathers and mothers - they engaged and questionnaire results show they benefitted at post group, and at 3 month follow up. Data from 12 month follow up should be available by the time the conference is held.

P3-64

THE IMPACT OF PARENTS SENSITIVITY AND PARENTAL RESPONSIBILITIES IN INFANT CARE ON MOTHER-INFANT AND FATHER-INFANT ATTACHMENT

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Introduction Early infant attachment affects their later development and future relationships. In this study, we investigated attachment quality in mother-infant and father-infant dyads, and whether such quality is related with parent's sensitivity and with parents sharing responsibilities in infant welfare and care (e.g., feeding, bathing, walking in the park, napping, health-care).

Method A sample of 82 healthy full term infants (30 girls, 53 boys, 48 first born), their mothers and their fathers from Portuguese middle class households was gathered. At 9 and 15 months, in order to assess parent's sensitivity, mothers and fathers were independently observed playing with their infants and the videos were scored with Crittenden Care-Index. After the free play observation, parents described their family routines with McBride & Mills Parent Responsibility Scale. At 12 and 18 months, mother-infant dyads and father-infant dyads were observed in an adaptation of Ainsworth Strange Situation.

Results Mothers were more sensitive than fathers in free play at 9 and 15-months. Secure attachment was more likely in mother-infant dyads than father-infant dyads (at 12 and 18-months). Mothers that spend more time playing or promenade their infant in the park were more likely to develop a secure attachment with their infant than mothers less occupied. Fathers' involvement in child care was associated with father-infant secure attachment. Father-infant secure attachment was predicted by fathers' involvement in child care, child behavior and infant health. Mother-infant secure attachment was predicted by dyadic interactive factors and maternal involvement in play and care activities.

Conclusions The amount of time parents spent with their infants was not critical in shaping attachment. What parents did during the time they spent with infants predicts attachment security. This study adds new elements for attachment field and for the debate of mothers versus fathers roles in infant welfare and care.

P3-65

NON-FATHERS' PSYCHOPHYSIOLOGICAL RESPONSES TO NON-DISTRESSED INFANT CRY

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Introduction Crying is the main form of communication a newborn baby has to promote their survival. The present study aims to identify patterns of psychophysiological reactivity to non-distressed infant cries among non-fathers and to identify potential psychological predictors of those patterns.

Method 47 non-fathers saw two videos intercalated with an inter-stimuli period after a baseline period. The first video consisted on a practice trial, with a video without baby related elements. The second video consisted on seven non-distressed pre-term infant crying videos (phonated cries with an average of 550Hz) that was presented in a random order. Respiratory Sinus Arrhythmia reactivity (RSA) and Heart Rate reactivity (HR) were recorded throughout the stimulus session. Self-administered questionnaires were also applied: the Egnä Minnen Beträffande Uppfostran, the Trait Anxiety Inventory, and The Experiences in Close Relationships.

Results Cluster analysis revealed two patterns of psychophysiological responses to infant cries ($R^2=0.35$): 24 men had HR deceleration (Mean=-2.28, S.D.=2.94) with RSA increase (Mean=9.63, S.D.=13.55) – called Deactivated group; 23 men had HR increase (Mean=1.94, S.D.=2.59) with RSA withdrawal (Mean=-17.50, S.D.=16.10) – called Activated group. The last cluster were found to score higher for anxiety trait ($t(44)=1.75$, $P=0.09$), maternal rejection ($t(45)=1.77$, $P=0.08$) and paternal rejection ($t(42)=2.06$, $P=0.05$), attachment anxiety ($t(45)=1.70$, $P=0.10$), and showed lower scores for paternal emotional support ($t(41)=-1.88$, $P=0.067$). Logistic regression revealed maternal rejection the best predictor of activated cluster.

Conclusions Non-fathers who react with higher physiological arousal to infant cries are those with the worst perception of childhood parental behaviors, higher general anxiety and higher scores for anxiety on their attachment relationships. Psychological and developmental characteristics seem to shape non-fathers responses to infant cries yet before the fatherhood experience.

P3-66

THE RELATIONSHIP BETWEEN FATHERS AND THEIR TERM OR PRETERM INFANT

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Introduction The quality of the father-infant relationship contributes significantly to the infant's development. Vulnerable infants, such as preterm infants, benefit greatly from an optimal parent-infant relationship. We examined whether paternal attachment representations about the infant were influenced by preterm birth. Further, we examined whether representations predicted father-infant interaction at two years.

Method A total of 146 fathers with a preterm (n = 83) and term (n = 63) born infants participated in this study and were followed over a two-year period. Child-specific attachment representations were assessed using the Working Model of Child Interview (WMCI-(D)) at 6 months postpartum. Interaction behaviors of fathers and infants were observed at infant age of two years and were analyzed by the National Institute of Child Health and Human Development (NICHD) coding system.

Results Results indicate that prematurity did not affect fathers' early representation of the infant; the percentage of balanced representations was comparable among fathers of term and preterm infants. Furthermore, paternal representations at 6 months predicted the quality of father-infant interaction at the infant's age of two, with unbalanced and disrupted representations predicting a significantly lower quality of interaction (i.e. more intrusiveness and/or more detachment).

Conclusions These results underline the importance of early identification of negative paternal attachment representations, because they seem to exert a long-lasting effect on the quality of father-infant interaction, in both term and preterm dyads.

P3-67

THE STATE OF DEPRESSION AND RELATED FACTORS IN FATHERS WITH 1-MONTH-OLD CHILDREN IN JAPAN

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Introduction The purpose of this study was to comprehend the state of depression and related factors in fathers with 1-month-old children through a questionnaire survey.

Method The survey contained questions on basic attributes, state during birth of the child, work environment, job description, level of satisfaction regarding salary, and depression. Depression was measured using The Center for Epidemiologic Studies Depression Scale. The ethics committee of the affiliated institution approved this study.

Results 166 individuals (28.04%) responded to the survey, of which 18.67% were fathers with depression. Factors related to depression were job description, work environment, salary, and experience of depression. No association was seen with state during birth of the child.

Conclusions The results of this study suggest that psychological support for fathers should aim to assist fathers in acquiring a parental role, taking into account the possibility of depression developing as a result of life events in those who have experience of depression, in addition to considering work-life balance.

P3-68

PATERNAL INVOLVEMENT, BIOLOGICAL RISK FACTORS, AND SHARING ATTENTION IN INTERACTIONS OF PRETERM INFANTS WITH FATHERS

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Introduction This study was aimed at exploring fathers' experience of parenting a premature infant as well as describing the relationship between paternal involvement and child's capacity for coordinated joint attention. The interplay of biological and relational factors was analyzed in order to explain the processes of sharing attention in father-infant dyads.

Method Fifty nine father-infant dyads were selected from the initial group of ninety families participating in a larger, prospective study. Twelve month old children were divided into three groups according to their gestational age (extremely premature, very premature and full term). Fathers' involvement was assessed with the use of daily diary method and on the basis of data from semi-structured interviews with both parents. Parent-infant interactions were recorded with the use of two cameras in a lab. Macro- and microanalysis of the video recordings was performed in order to discern episodes of joint attention. Statistical analysis was performed with STATISTICA 10.0.

Results Interviews with fathers revealed qualitatively distinct features of the experience of parenting a preterm baby, especially with extreme prematurity. No statistically significant differences were found in the level of paternal involvement between fathers of preterm versus full term infants. Four groups of dyads were empirically distinguished on the basis of k-means cluster analysis. They were distinct with reference to the following variables: interactive attention sharing, child's developmental status, and measures of father's

involvement and biological risk. In addition, the amount of interactive attention sharing could best be explained by a model of variables including paternal involvement and biological risk measures.

Conclusions Father's involvement can be an important predictor of preterm infant's social competence as expressed in episodes of coordinated joint attention. Further studies are needed to better understand fathers' perspective on premature birth and a phenomenon of their parental involvement and engagement. The poster will be illustrated with short clinical vignettes.

P3-69

MELLOW DADS IN SCOTLAND

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Introduction With funding from BIG, Partnering with external agencies Mellow Parenting have been training practitioners and supporting delivery of Mellow Dads groups in order to thoroughly evaluate the program effectiveness. 6 groups are running, engaging over 30 fathers across Scotland.

Method Fathers and male carers with additional social care needs were recruited to the study. Men were eligible for recruitment if they are a care giver to a child under 5 and lived within the catchment area of the agency delivering the groups. Pre and post measures were taken from the male carers, the measures applied were: Strength and Difficulties Questionnaire, Adult Wellbeing Scale, Parental Daily Hassles and Child Behavioral Checklist. Pre and post videos were taken of the interaction between carer and child during a care giving task. The videos were coded using the Mellow Parenting Observation System (MPOS).

Results This is an ongoing study, therefore data is yet to be collected and collated. Year 1 of the study will end on March 31st 2014, results from year 1 will be discussed in this symposium. Fathers and Male carers have been partaking in pre group assessments and the feedback from practitioners is very positive.

Conclusions Engagement levels have been encouraging, the hope is that the results will evidence an improvement in the relationship between father and child, improved adult mental health and in turn improved outcomes for the child.

P3-70

CONTRIBUTIONS OF FATHER INVOLVEMENT AND EXPERIENCES FOR CHILDREN'S ADJUSTMENT TO PRE-SCHOOL

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Introduction The aims of this study were: 1) Analyze father's level of participation in family daily lives 2) Understand how their level of participation is related to their experiences as fathers. 3) Analyze Paternal Experiences as a mediator variable to explain the impact of father's involvement in their children's social adaptation.

Method 343 fathers (bi-parental families) and their children (154 boys and 189 girls) participated. They attended private pre-school programs and their professional caregivers were also enrolled in the Project. To assess paternal participation (relative measure) fathers responded to the Parental Involvement scale: Care and socialization activities (Monteiro et al., 2008; Monteiro et al., 2010). They also reported on their paternal experiences using the Parent Role Quality Scale (NICHD, 1991; Martins et al., 2007). Pre-school teachers described children's adjustment to the peer group using the Social Competence and Behavior Evaluation Scale-Short Form (LaFreniere & Dumas, 1996, Santos & Verissimo, 2008).

Results Results show that fathers participate equally in Teaching/Discipline; Play Indoors; and Play Outdoors activities, while in the domains of Direct and Indirect Care, mothers are still more involved than fathers. Father's participation were positively associated with Parental Experiences of Reward. On the other hand, Parental Experiences of reward were negatively associated with Social Withdrawal and Aggressive behaviors in the context of peer interactions, as reported by the professional caregivers. Results suggest that higher relative father involvement both in Care and Play activities can have an indirect effect on their social competence with peers being mediated by positive paternal experiences

Conclusions Father involvement seems to promote higher positive parental experiences which in their turn are associated with less social withdrawal and less aggressiveness with other children. These findings will be discussed using father's involvement literature as well as social competence, withdrawal and aggression theories.

P3-71

CHARACTER OF THE PATERNAL ROLE IN A FAMILY WITH A VLBW INFANT IN NICU

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Introduction The purpose of this study was to present the character of the paternal role in family with very low birth weight (VLBW) infants in the neonatal intensive care unit (NICU). Due to maternal post partum care, the father is the main visitor of VLBW infants during the first week.

Method We conducted a pilot study using the questionnaire on a 4-point scale that was composed by a previous study (Nakatomi, 2011). The questionnaire measures fathers' action or feelings to his infant, wife, and work in NICU. Subjects were seventeen fathers of VLBW infants when their infants were in NICU. Data was collected by the infant approximately 1 month after discharge from NICU of

two university hospitals and one public hospital using the answered questionnaire by the fathers when their infant was in NICU. The questionnaire was mailed by the fathers to the hospital.

Results Fathers take on the following roles: feeling affection to the infant, share about suffering with wife, understanding each other with wife, meeting with wife and infant when possible, consideration for bonds of mother-infant when mother-infant were in the hospital, and seeking explanation about infant situation, seeking weight and amount of milk for infant, emphasize the infant's situation, cheer-up infant, share about their infant topics with wife when only the infant is in the hospital. The correlation between Establish father-infant relation and Consideration about wife was $r=0.72$ and that between Establish father-infant relation and overcome survival with infant was $r=0.70$.

Conclusions Fathers involvement in the NICU help to maintain family bonds during the mothers separation from the NICU. Furthermore fathers care about coordination in daily life and preparation for child care after discharge. These paternal roles influence the functional family system.

P3-72

PARENTAL INSIGHTFULNESS REGARDING THE CHILD'S INNER WORLD: ITS CONTRIBUTION TO THE FAMILY ALLIANCE IN FAMILIES WITH TODDLERS

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Introduction Parental insightfulness contributes to parental sensitivity, but heretofore has only been studied in mother-child dyads. The mother-father-child triad is thought to have unique contributions to the child, and therefore in this study we assessed the insightfulness of both mothers and fathers in order to examine their association with triadic interactions.

Method Seventy seven families of 18 month old toddlers were observed in the Lausanne Trilogue Play (LTP) assessment in order to measure their alliance. The family alliance reflects the degree of family coordination and is classified as either Cooperative (most optimal), Conflictual, or Disordered (least optimal). Insightfulness was assessed using the Insightfulness Assessment procedure, a video-replay procedure in which parents are interviewed regarding their children's thoughts and feelings after watching brief video segments of their children. Transcripts of the interviews are classified into one insightful and three non-insightful categories.

Results As expected, when both parents were insightful the families were most likely to have a Cooperative alliance; when only one parent was insightful the families were most likely to have a Conflictual alliance; and when both parents were non-insightful the families were most likely to have a Disordered alliance.

Conclusions The results show that the insightfulness assessments is applicable to fathers as well as mothers, and they provide support to the link between parental insightfulness and the family alliance at the triadic level. In addition, they highlight the risk for children in families in which both parents are non-insightful.

P3-73

MINOR STRUCTURAL ABNORMALITIES IN THE INFANT FACE DISRUPT BRAIN PROCESSING: A UNIQUE WINDOW INTO CAREGIVING RESPONSES

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Introduction Both Darwin and Lorenz argued that infant faces play an important role in eliciting responsive care from adults. Infant faces have been shown to elicit early, specific activity in the orbitofrontal cortex (OFC), a key cortical region for reward and affective processing.

Method A causal test of the relationship between infant facial configuration and early OFC activity is provided by naturally-occurring changes to the infant facial structure. One such change is cleft lip, which represents a relatively limited, localized abnormality, associated with disruption to early parenting. We investigated brain activity in response to briefly presented (300ms) infant faces with cleft lip and typical infant and adult faces using magnetoencephalography.

Results Source reconstruction revealed the previously-described OFC activity at 140msec in response to infant faces, but reduced activity to adult faces and infant faces with cleft lip. In addition, the face-selective M170, localized to the fusiform face area, was similar for adult and healthy infant faces, but was substantially attenuated for infant faces with cleft lip.

Conclusions This is the first evidence that a minor change to the otherwise unaffected facial structure can disrupt the robust neural activity usually seen in response to infant faces. This may have implications for caregiving, at least before surgical repair of the cleft lip.

P3-74

READY FOR ACTION: A ROLE FOR THE HUMAN MIDBRAIN IN RESPONDING TO INFANT VOCALIZATIONS

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Introduction Infant vocalizations are among the most biologically salient sounds in our environment. They attract attention and promote responses from parents and non-parents alike in both times of distress and joy. A region of the midbrain, the periaqueductal gray (PAG), has long been implicated in the control of urgent, survival-related behaviors.

Method We tested whether the PAG is involved in the neural processing underlying responses to infant vocalizations. Local field potentials (LFPs) were recorded from macroelectrodes implanted in this region in four patients who had undergone Deep Brain Stimulation. Recordings were performed while patients listened to infant vocalizations as well as other emotionally or acoustically similar sounds.

Results We found a significant difference in activity in the PAG occurring as early as 49ms after listening to infant vocalizations compared to acoustically similar sounds. We also found significant differences at around 80ms between responses to infant vocalizations and adult and animal affective vocalizations. These differences were not present in recordings from thalamic electrodes implanted in three of the patients. Time frequency analyses revealed distinct patterns of activity in the PAG for the three sound categories.

Conclusions These results suggest that infant vocalizations can be rapidly discriminated from other similar sounds subcortically, at an earlier stage of the auditory pathway than previously examined. We propose that this specific, rapid activity in response to infant vocalizations reflects the initiation of a state of heightened alertness, promoting sensitive parenting.

P3-75

PATERNAL REPRESENTATIONS' EVOLUTION DURING OBSTETRICAL ULTRASOUND AND AT THE BIRTH OF THE CHILD: A LONGITUDINAL STUDY FROM PRE TO POSTPARTUM

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Introduction The ultrasound examination is one of the best periods for perinatal medical and psychological prevention. Clinical research on pregnant women and ultrasound ritual are abundant (Soulé, 1999; Missonnier, 2004). The fathers' side still remains an unanswered question although their involvement in the prenatal care during the pregnancy is increasing.

Method The present study aims to explore the concepts of paternal, maternal and triadic representations (father-mother-baby) during the usual three obstetrical ultrasound examinations and in post-partum, at the birth of the child. We will follow 20 couples expecting a child for the first time. After each of the three obstetrical observations, parents will be asked to realize a drawing of the image they saw on the monitor during the examination. To investigate the triadic interactions, we will use the standardized situation of the Lausanne Trilogue Play (LTP) (Favez, 2006), with a semi-structured interview of parents (Interview for Maternal Representations during Pregnancy).

Results In line with a previous research, carried out during my Master's degree, about the "projective mechanism" at work during the ultrasound examination of primiparous pregnant women, we suppose that the echographic situation, carrying an image of the future child, is a help to the father and to his fatherhood's construction. The ultrasound image would set-up the paternal representations of the child and of himself as a father. Moreover, we assume that this moment in medical imagery plays an important part in triadic and familial prenatal dynamic, as an initial three-way encounter occurs in this moment.

Conclusions In a preventive referred medicopsychological perinatal, this study will strengthen collaboration between psyche and soma, considering now parenthood as a whole, which is expressed both by the woman who becomes a mother and by the man who becomes a father. This latter having now its full place in the ultrasound.

P3-76

REPRESENTATION OF EMOTION THROUGH WORDS AND GESTURES: DIFFERENCES IN FATHERS AND MOTHERS

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Introduction Research suggests it is less acceptable for men than women to express vulnerable emotions: sadness, fear, and embarrassment[1]. Our study examines differences between mothers' and fathers' (a) mental state language, (b) labeling/comprehension of children's emotions, and (c) intensity of gestural representations of emotion[2]. We expect lower intensity expressions from fathers.

Method This study uses data from an on-going project on relations between young children's emotional development and parents' expression of emotions. The current sample consists of 12 fathers and 12 mothers from the U.S. with comparable ethnicities and education levels. Parents participated in the following tasks: (1) parents told their 12-month infants two open-ended stories, from which we coded emotion talk, and (2) parents were told a series of 6 stories about events that might elicit emotions (i.e., happiness, sadness, anger, fear, pride, embarrassment) from children and asked to label, explain, and represent the emotions in their face and body.

Results Using t-tests, we found no gender differences in the frequency of parents' emotion talk in the open-ended stories, nor in parents' abilities to comprehend (accurately label) or coherently represent the basic emotions (happiness, sadness, anger, fear). Yet we did find that mothers and fathers differed in their responses to stories eliciting the self-conscious emotions. Specifically, mothers showed better comprehension of the story eliciting pride ($M_s = 2.08$ and 1.67 for mothers and fathers, respectively, $t(22) = -1.74$, $p < .096$), and fathers showed less intensity when expressing embarrassment ($M_s = 2.00$ and 3.40 for mothers and fathers, respectively, $t(22) = 1.81$, $p < .089$).

Conclusions These results confirm our hypothesis and extend prior research[1] on the socialization of males and females to differentially express emotions, particularly those related to vulnerability. These findings have implications for the socialization of young children's expressions of emotion, as well as their understanding of emotional situations.

P3-77

THE RELATIONAL HEALTH SCREEN: A NEW SCREENING INSTRUMENT FOR ASSESSING DYADIC QUALITY IN PARENT-CHILD INTERACTIONS

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Introduction Assessing dyadic quality during parent-child interaction is often time-consuming and expensive, and more feasible instruments are needed in large scale studies. In this study we aimed to investigate the use of a new screening tool, the Relational Health Screen (RHS), to assess parent-child interaction in early childhood.

Method In this Norwegian prospective study 1041 pregnant women and their partners were recruited at public health centers during their second trimester. This study includes multiple data-collection points during pregnancy and after birth. The RHS, a video-based screening instrument, was used to assess repeatedly several dyadic dimensions in the mother-infant / father-infant interaction at child ages 6, 12 and 18 months. The interaction consisted of five minutes of free play with a specified set of toys. The number of dyadic dimensions increased from five to 11 as the child grew older; each dimension was scored on a 3 point scale.

Results In this large cohort study that includes more than 3000 video-recordings of parent-child interactions, we have found the RHS to be an efficient and accessible instrument to use, and initial evaluations show promising results. The longitudinal design allows for assessing change in interactional quality over time, as well as investigating associations between interactional quality and other developmental factors. The training of a group of five raters has been feasible. Intraclass correlations were calculated to measure inter-rater reliability, and the reliability score averaged across pairs of raters was acceptable. Preliminary results will be presented.

Conclusions The RHS shows encouraging results in assessing parent-child interactional quality, and might be especially suited for large studies. Further validation of this instrument is needed. Additionally, further investigations of the use of the RHS in clinical practice to detect relational difficulties and monitor relational interventions in infancy may be promising.

P3-78

THE ROLE OF PARENTAL STATUS ON THE PROCESSING OF INFANT FACIAL EXPRESSIONS IN MEN: EVENT-RELATED POTENTIALS AND AFFECT REGULATION STRATEGIES

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Introduction In the last years, research has provided a large body of knowledge about neural correlates of parental behavior. Compared to the remarkable amount of neuroscientific data on maternal emotional responsivity, to date, much less is known about paternal brain responses to infant affective cues.

Method We used ERP recording to explore how parental status affects the temporal patterns related to the processing of infant facial expressions in men. ERPs were recorded with 8 fathers and 11 men without children (non-fathers), while observing different facial expressions (joy, distress, ambiguous, and neutral) of unfamiliar pre-verbal infants. Electrophysiological data were correlated with the measures of empathic ability (IRI, Davis, 1996; BEES, Mehrabian, 1996), affect regulation (TAS-20, Taylor et al., 1992; DERS, Gratz & Roemer, 2004), and - only for fathers - parental stress (PSI-sf, Abidin, 1995).

Results Preliminary analyses evidenced interesting differences between groups in early and late ERP components. In particular, the occipital-temporal N170 elicited by joy, distress and neutral infant expressions was significantly larger in fathers than in non-fathers. Even at later latency, distress, ambiguous and neutral expressions elicited a P300 component in central sites which was larger in fathers than in non-fathers. Furthermore, for both fathers and non-fathers, some significant correlations were found between early and late ERP components and psychodynamic measures, concerning empathic responsivity and affect regulation.

Conclusions Preliminary data suggests that parental status affects the early visual decoding and the late attention allocation to infant facial expressions in men. This study may contribute to enrich the knowledge about the correspondences between the neural correlates and the psychodynamic aspects of responsivity to infant emotions in fathers.

P3-79

EARLY EMOTIONAL DEPRIVATION IN INFANTS SIX WEEKS OLD

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Objectives Moving beyond the observations of Henri Spitz and Charles Zeanah who wrote of the effects on child development of long-term institutionalization, we have become interested in worrisome signs of emotional deprivation that appear within a matter of one to two months even with regular staff and, often, family presence.

Methods As perinatal consult-liaison psychiatrists at a large academic medical center, we regularly consult to specialized pediatrics units that serve a range of high-risk infants. The developmental pediatrics ward treats most premature infants who require care, feeding, and developmental support as well as babies born in drug withdrawal due to maternal dependence and babies from families with other psychosocial risks. In this paper, we qualitatively describe the clinical evolution of a challenging dyad that was observed both through use of structured assessment (NBAS) as well as semi-structured weekly infant observations by infant psychiatrists and nursing staff.

Results When these at-risk infants cannot build a special emotional bond with an attachment figure, such as in cases in which the mother is emotionally unable to provide a safe, predictable and adequately sensitive caregiving environment, we observe a pattern of signs and symptoms that signal an insidious and precocious form of emotional deprivation within 4-6 weeks of hospitalization.

Conclusions Our clinical observations are particularly salient given the infant mental health literature on the development of primary and secondary intersubjectivity. Our observations may be useful to create guidelines for pediatricians, nursing staff and mental health professionals in training and to make more efficient treatment-planning.

P3-80

HISTORY OF TRAUMA IN INFANCY-ONSET TRICHOTILLOMANIA- 3 CASE-REPORTS

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Introduction Infancy-Onset Trichotillomania is a rare condition and frequently under-diagnosed. Though some research postulate that trauma may be implicated in the etiology of Trichotillomania, there is very little understanding of the nature of hair-pulling behavior in infancy. Besides, very few infancy-onset cases have been described.

Method We present three cases of infants with Trichotillomania as the presenting symptom. The clinical features are highlighted considering the implications of the further understanding of the disorder on infant's development.

Results In all cases, a history of trauma has been identified, often accompanied by parent's separation. Trichotillomania was as a temporary symptom and its successful treatment depended upon the associated clinical features with which it presented.

Conclusions Our cases revealed how important a careful evaluation of the infancy-onset Trichotillomania is as it may represent a manifestation of concrete reality and emotional sequelae of the trauma in this age.

P3-81

A PROSPECTIVE STUDY OF BEHAVIORAL AND EMOTIONAL SYMPTOMS IN PRESCHOOLERS

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Introduction A substantial number of preschool children exhibit psychological symptoms that have an impact on their own and their families' lives. The aim of the current study was to investigate the prevalence, stability and increase/decrease in emotional and behavioral symptoms and the resultant impairment at two assessment points at preschool age.

Method The sample consisted of 1034 children drawn from the general population with a mean age of 51 months at t1 and 72 months at t2. Parents completed the Strengths and Difficulties Questionnaire extended version (SDQ; Goodman, 1997; 1999) and basic demographic information. At t1 6.9% of the preschoolers had a total difficulties and 6.8% a total impact score within the abnormal range. At t2, these scores were 5.7% and 6.2% respectively.

Results We found moderate stability of symptoms. From t1 to t2, emotional symptoms and prosocial behavior significantly increased, while hyperactivity, conduct problems, peer problems and total difficulties decreased. The mean total impact score did not change. Boys showed higher levels of symptoms (except emotional symptoms) and impact, and lower prosocial behavior, than girls. Moreover, there was a significant time x gender interaction, with girls showing a larger decrease in hyperactivity and in total difficulties than boys. Impairment at follow-up was predicted by impairment at baseline, male gender, conduct problems, hyperactivity and peer problems.

Conclusions Our findings support the need for early detection of children with mental health problems and intervention.

P3-82

EARLY CHILDHOOD FEEDING DISORDERS: AN INTEGRATIVE TREATMENT MODEL

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Introduction Early childhood feeding difficulties occur in 20 to 40 % of normally developing children. One to three percent of children present serious forms of feeding disorder. In Seinäjoki Hospital we have developed a treatment model of feeding disorders, emphasizing parent-infant interaction and integrating different psychotherapeutic orientations and methods.

Method Our sample consists of 25 children with feeding disorders and referred to our clinic between 2009 and 2013. Assessment includes examination of infant physical and mental health, Child Behavior Checklist for young children, Teacher Report Form of day care, interview of family history, video observation of infant-parent interaction. Families were met in our clinic and at home. Some of the families had short term day hospital care with follow-up intervention. Relationship treatment involved parent-infant, parent and family

sessions. The transgenerational perspective of parenting and family history was considered. Collaboration meetings were organized at the end of the treatment.

Results Parents benefit from guidance of feeding problems, concrete and emotional support to mealtimes, to themselves as parents but especially to the relationship with their infants. Observing mealtime and analyzing it with parents, paying attention both to the setting and the emotional climate of mealtime proved to be very important in improvement. Therapists helped parents to enhance parenting and mentalizing abilities. They examined the emotional climate via counter transference feelings and reflecting each other. In our treatment model, psychoeducation, nursing, treatment of parent-infant relationship (e.g. Theraplay), cognitive, psychoanalytic and family psychotherapy were used.

Conclusions In a clinical model for feeding disorders understanding multifactorial causes of feeding disorders and using multidisciplinary approach are important. Integrating various methods and psychotherapeutic orientations is recommendable. Our integrative model in feeding disorders combining different frames of reference proved to help children and their parents.

P3-83

FEEDING PROBLEMS IN A COMMUNITY SAMPLE OF 2-YEAR-OLDS: EARLY FEEDING DIFFICULTIES AND MOTHER-CHILD INTERACTION

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Introduction Feeding problems are common in early childhood and show continuity to later stages of development. More information is needed on whether feeding difficulties already in early infancy persist. Difficulties in mother-child interaction in feeding disorders are described but studies on feeding problems and mother-child interaction in community samples are scant.

Method The sample (n = 137, 51% boys) was drawn from the Finnish sample of the European Early Promotion Project, a longitudinal early intervention study. The participants had data of feeding difficulties at early infancy, assessed in T1 (at 2 months) interview. They also had data from T2 (at 2 years) assessment, including an interview and a video-observation of a feeding situation. In the interview, mothers were asked about their child's eating using the questions of the Behavioral Screening Questionnaire. The feeding situation was analyzed using Emotional Availability Scales (2nd edition) and examining moments of shared pleasure during the feeding.

Results Among 2-year-olds, 20% had feeding problems (FP). Among the FP group, 37% had experienced feeding difficulties at infancy, compared to 12% among those with no feeding problems (NFP) (p = 0.004). Early difficulties that were reported statistically significantly more often in the FP group were refusal, regurgitation and sleeping during feeds. In the FP group, there were fewer moments of shared pleasure, mothers were less sensitive and poorer in structuring, with 48% of mothers structuring optimally, 41% under-structuring/withdrawn and 11% over-structuring/intrusive, compared to 76%, 23% and 2%, respectively, in the NFP group, p = 0.006.

Conclusions In the community sample feeding problems among 2-year-olds are common and continue from early infancy. They are associated with problematic mother-child interactions. In addition to mothers' insensitivity and intrusiveness emphasized in earlier studies, mothers' withdrawn behavior and lack of shared pleasure should be considered when planning interventions.

P3-84

FEEDING DIFFICULTIES AND SOMNOLENCE IN A 4-WEEK-OLD NEWBORN WHOSE MOTHER HAD DEPRESSIVE SYMPTOMS

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Introduction Regulation disorders in early childhood usually occur as nutritional and sleeping difficulties. The examination of parents' mental state is essential to evaluate the baby's status. The aim of our study was to introduce the necessity of using mental state questionnaires in the clinical routine practice.

Method We demonstrate a case of a 4-week-old newborn with the symptoms of breastfeeding inability and weakness. The look of mother's face was rigid and she told us that she did not believe in the recovery of her baby. In determining the diagnosis, the mental state of the mother was measured by a validated Hungarian questionnaire.

Results It was verified that the baby had gastro oesophageal reflux and helicobacter pylori infections well as a muscle tone disorder. The mother was referred to a psychologist, who diagnosed her with depression and started to give her treatment. To treat the newborn's organic diseases, medication and physiotherapy were used combined with parent-infant consultations. The newborn became progressively more active and able to breastfeed. Her muscle tone improved as well. In the mother's mental state, fair signs were shown.

Conclusions In the organic symptoms of infants, screening the mothers' mental state is important in addition to the child's physical examination. Rehabilitating a mother's mental state is needed in order to successfully treat the infants.

P3-85

PATHWAYS FROM EARLY MALTREATMENT TO INTERNALIZING SYMPTOMS AND DISORDERS

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Introduction Effective interventions for maltreated children are still impeded by gaps in the understanding of the mechanisms leading from maltreatment to internalizing disorders. There is a lack of knowledge about how psychosocial and neurobiological factors act jointly to help a child thrive or make development go awry in the aftermath of maltreatment.

Method This poster presents the first results of the large-scale, multi-site, research project AMIS, investigating the long-term impact of maltreatment in infancy, toddlerhood and the preschool period on endocrine, metabolomic, and genomic neurobiological stress response patterns alongside cognitive-emotional/social factors and developmental outcome. Specifically, we seek to study the interplay of early maltreatment, individual cognitive-emotional coping styles (narratives and self-report measures), and endocrinological response patterns (hair cortisol) which give rise to higher risk of depression and anxiety disorders in later childhood and adolescence.

Results We are collecting data in large samples of children and adolescents aged 4 to 16 years, with and without a known history of early maltreatment as well as with and without internalizing symptoms and disorders. Our preliminary data analyses are based on a sample of approximately 450 participants.

Conclusions By comparing the development of different groups of children and adolescents with and without clinical symptoms and early adversity, we aim to specify which facets of child abuse and neglect are of particular relevance to HPA axis responsivity and the processing of chronic stress.

P3-86

PREDICTORS OF DIAGNOSIS OF CHILD PSYCHIATRIC DISORDERS IN ADULT-INFANT VOCALIZATIONS AND SOCIAL-COMMUNICATIVE INTERACTIONS AT 12 MONTHS

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Introduction Effective early intervention to prevent disruptive behavior disorders (DBD) requires early identification of children at risk. Identifying some of the early indicators could assist the development of targeted intervention programs. Here we report on patterns of vocal interaction between mother and infant.

Method Study 1. Interactive behaviors for both the mother and the one year old infant were coded from the videos according to eight holistic categories of interpersonal engagement: Well-being, Contingent Responsiveness, Cooperativeness, Involvement, Activity, Playfulness, Fussiness, and Speech. Study 2. Associations between infant and parent vocalizations and later psychiatric diagnoses were investigated. Study 3. We shall report on the sequencing of the infant and adult vocalization behaviors we have already obtained with a view to establishing if there are temporal patterns of disruption of social interaction which can be characterised objectively and which are associated with psychopathology.

Results Study 1. Lower levels of adult activity and lower levels of adult speech significantly predicted most notably disruptive behavior disorders. No predictors were found in the interactive behaviors of the child. Study 2. Low frequencies of maternal vocalization predicted later development of infant psychopathology. No association was observed between infant vocalizations and overall case status. Study 3. There is a strong a priori case that abnormalities will be found in cases of autism as well as some cases of ADHD.

Conclusions Predictors of diagnosis of child psychiatric disorder can be found in mother-infant social interactive behaviors at one year. The findings so far suggest that further investigation into parental vocalization behaviors early in life may be of clinical importance.

P3-87

A TESTABLE MODEL FOR THE PREDICTION OF PSYCHIATRIC DISORDER AT SEVEN YEARS

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Introduction Using a variety of different types of direct observation of mother-infant interaction at one year, using videos sampled from within the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort, a number of interesting and surprising associations with later childhood psychiatric diagnosis at seven years were identified.

Method All significant predictors of later childhood psychiatric diagnosis found across seven separate investigations were combined with the aim to develop a model which could be tested in prediction of psychiatric disorder at seven years. Factor analysis examined whether the previously found predictors shared an underlying structure. Linear regression models were used to explore associations between the factor scores and a range of infant and parental characteristics adjusting for infant gender. Logistic regression models examined whether the factor scores predicted the case-control status overall and within a pre-specified hierarchy of sub-diagnoses, adjusting for infant gender and other identified potential confounding variables.

Results The predictor variables found to cluster together shared some similarities: factor 1 described the movement of the infant; factor 2 the level of maternal involvement in the activity; factor 3 measures of shared cooperativeness between the mother and infant and factor 4 described the infant vocalizations. Only factor 2 was significantly associated with diagnostic outcomes. Increased maternal involvement (increased vocalizing and activity), was associated with reduced odds of being case diagnosed. ROC plot analysis indicated that this factor alone has some discrimination of case-control status, most notably its ability to predict a later diagnosis of disruptive behavior disorders

Conclusions This study highlights the potential for using parent-infant observations to supplement demographic factors in predicting risk.

P3-88

COMMON MENTAL DISORDERS DURING PREGNANCY AND BABY'S DEVELOPMENT IN THE FIRST YEAR OF LIFE

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Introduction Evidence shows that pregnancy and early postpartum periods are crucial to the development of the mother-baby relationship. The aim of this study was to evaluate the impact of Common Mental Disorders (CMD) during pregnancy on child's mental development during the first year.

Method To assess the presence of CMD, the Brief Symptom Inventory (BSI) and the Inventory of the Clinical Evaluation of Depression (IACLIDE) were used. Evaluation of the babies' mental development and the socio-emotional state was carried out using the Griffiths Mental Scale (0-2) and the Brief Infant Toddler Social and Emotional Assessment (BITSEA).

Results We observed 20 babies born to women with a positive diagnose for CMD and who presented a positive screen in the BITSEA. We also observed a statistically significant relationship regarding the diminished development in certain Griffith's sub-Scales of babies whose mothers showed presence of psychotic, anxiety, hostility and depressive symptoms, during pregnancy.

Conclusions We conclude that the presence of CMD influences the mental, social and emotional development levels of infants in their first year.

P3-89

INFANTS ATTENDING THE MATERNAL & CHILD HEALTH NURSE OF A TERTIARY PAEDIATRIC HOSPITAL: INCORPORATING SOCIAL-EMOTIONAL ASSESSMENT

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Introduction This study explores a population of infants referred to a Tertiary Paediatric Hospital. An insight into the social-emotional wellbeing of the infant and the experience for the help-seeking parent was achieved. A description of a population of infants not previously studied in relation to their social-emotional health is provided.

Method The Ages & Stages Questionnaire: social-emotional (ASQ:SE), and researcher initiated questions, were completed by parents of infant's referred to the Maternal & Child Health Nurse (MCHN), The Royal Children's Hospital. Demographic data was collected for all infants referred over the study month, the ASQ:SE was applied for infants over 3 months of age. Quantitative findings were analyzed and relationships between variables explored. Qualitative findings were explored for themes and sub themes. Elaboration of findings and themes enabled a comprehensive description of the infants' social-emotional development and the route taken to referral.

Results The mean number other professionals consulted in relation to the presenting problem was 5.25. Thirty-one participants returned completed ASQ:SE. Seventeen infants returned scores above the cut off indicating potential social-emotional problems. A moderate positive correlation was found between the ASQ:SE score and the number of prior professionals consulted, which was statistically significant ($\rho=0.48$, $p=0.006$). That is, the more professionals consulted the higher the ASQ:SE score. Themes of frustration, not being heard and conflicting opinions amongst health professionals arose within the study, as did a greater capacity to see the infant.

Conclusions Providing parents with an opportunity to complete the ASQ:SE, and affording them an opportunity to discuss the findings, served to help parents consider their infant's emotional state. This study highlights the benefit of social-emotional screening for infants for whom parents are seeking help.

P3-90

VIDEO-FEEDBACK INTERVENTION TO SUPPORT THE ESTABLISHMENT OF THE MOTHER-INFANT RELATIONSHIP IN HIGH-RISK MOTHERS

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Introduction Study's aim is to describe the feasibility and acceptability of a video-feedback intervention among high-risk mothers. Objectives are to describe the feasibility and acceptability of the intervention for high-risk mothers and nurses in a community setting and to describe the effects of the intervention on maternal sensitivity and breastfeeding duration.

Method A pragmatic randomized trial was used with 20 mothers enrolled in a high-risk mother community program ($n=10$ in EG, $n=10$ in CG) and 8 nurses. Mothers completed the *Échelle de sensibilité maternelle* (Bell et al., 2004), a socio-demographic questionnaire and a breastfeeding questionnaire before and after the intervention and participated in a semi-structured interview to document acceptability. Nurses completed a socio-demographic questionnaire and a semi-structured interview.

Results Data collection and analysis will end in December 2013. Preliminary results show that video-feedback intervention is feasible and acceptable for high-risk mothers and nurses working in a community setting. Mothers' perception of the intervention is positive for

their relationship with their infant, to reinforce perception of competence and to support breastfeeding. The effects of the intervention on maternal sensitivity and breastfeeding are upcoming results.

Conclusions Preliminary results for this study supports the use of video-feedback intervention with mothers enrolled in a high-risk program in a community setting.

P3-91

DEVELOPMENTAL PROBLEMS IN CHILDREN EXPOSED TO BIOLOGICAL AND ENVIRONMENTAL RISK FACTORS

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Introduction Some children are more exposed to risk factors that might impair their development. In this study we will analyze the prevalence of psychomotor developmental problems in infants and toddlers exposed to risk factors.

Method 109 mothers, fathers and infants were evaluated. In order to evaluate the sociodemographic and clinical circumstances, the parental symptomatology psychopathologic, depressive, anxious, stress and substance consumption were used self-administrated questionnaires. For the measurement of the infants development it was applied the "Escala do Desenvolvimento Psicomotor da Primeira Infância" (Brunet & Lézine, 1951).

Results Infants with a biphasic sleep patterns have a superior visual-motor development quotient when compared with infants with a monophasic sleep pattern, $F(1,107) = 7.13$, $p = .009$, $\eta^2 = .06$. Infants whose mothers do not smoke have a superior language development quotient when compared with infants whose mothers smoke, $F(1,107) = 5.51$, $p = .021$, $\eta^2 = .05$.

Conclusions This research contributes to the identification of risk factors for developmental problems in infants and toddlers.

P3-92

EXPOSURE TO PARENTAL PSYCHOPATHOLOGY AND DEVELOPMENT OF SOCIAL WITHDRAWN BEHAVIORS

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Introduction The aim of this study is to determine whether there is a relation between parental psychopathological symptoms and social withdrawal behavior of the child.

Method 64 fathers, 71 mothers and 71 children aged up to 24 months were evaluated. To evaluate the socio-demographic and clinical characteristics of the sample self-administered questionnaires were used, the Brief Symptom Inventory was use for parental psychopathological symptomatology. The social withdrawal behavior of the child was assessed using the Alarm Distress Baby Scale.

Results There is a significant association between paternal and maternal psychopathological symptomatology. Parental psychopathological symptomatology is associated with infant social withdrawal behavior. Younger children, with younger mothers, who are the couple's first child, who live only with the father or only with the mother only, who were born premature and who have shorter breastfeeding have higher social withdrawal behavior.

Conclusions There is an association between parental psychopathological symptomatology and social withdrawal behavior of the child; social support and co-parenting seem to play mediating role in this association.

P3-93

ENVIRONMENTAL AND GENETIC FACTORS INVOLVED ON CHILD DEVELOPMENT OUTCOMES

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Introduction The aim of this paper is to present a longitudinal study to detect early signs of developmental and mental health problems, namely among infants who were exposed to environmental risk factors. Gene-environment interaction on the vulnerability and resilience to developmental and mental health problems is the core of this study.

Method We are studying 400 families from 28 weeks of gestation up to 18 months after childbirth. During the gestational period, socio-demographic and substance abuse information is collected. At 6 weeks postpartum data on perinatal background and parental mental health is collected. Salivary samples are collected from infants for 5-HTT genotype analysis. The infant's regulation of arousal, activity, affect and attention is assessed. At 6, 12 and 18 months postpartum several measures of infant development and temperament take place, as well as parental psychopathology and stress.

Results We expect to provide data on families in which the parent's condition and life circumstances or the characteristics of the child threaten the social, emotional, behavioral and cognitive development of the child.

Conclusions The detection of nature vs nurture factors involved on child development outcomes allow the conception of early intervention programs.

P3-94

THE ROLE OF PHYSIOLOGICAL AND BEHAVIORAL FEATURES OF MOTHER-INFANT AND FATHER-INFANT INTERACTION ON CHILD DEVELOPMENT OUTCOMES

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Introduction Parent-infant interaction characterized by mutual engagement difficulties and low parental sensitivity and responsiveness are associated with child developmental difficulties. The aim of this study is to understand the behavioral and physiological features of difficulties in situations of mutual engagement, low parental sensitivity and responsiveness.

Method A longitudinal study from 6 weeks to 18 months of the child's life is being conducted. At 6 weeks, parental mental health and perinatal health is assessed. Separate face-to-face interactions between the infant and each parent is conducted and followed by the face-to-face still-face paradigm and during these interactions parental respiratory sinus arrhythmia, heart rate and skin conductance are monitored. At 6 and 18 months the infant social withdrawal and the infant psychomotor and mental development are conducted.

Results We expect to provide data on the behavioral and physiological features of early interactions and to discuss methodological options.

Conclusions The comprehension of the mechanisms on the basis of difficulties in the interaction is fundamental for the development of primary prevention programs and early intervention.

P3-95

MOTHER-INFANT RELATIONSHIP DURING PREGNANCY AND BABIES' DEVELOPMENT IN THE FIRST YEAR

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Introduction The need to establish emotional ties is vital to the human being. As we create our relationship with the world, we do so by developing an emotional bond with those who care for us, thus creating and developing our internal working models.

Method Two hundred and four pregnant women and their babies, outpatients of the Obstetrics and Gynecology and Pediatrics Departments of the Hospital Pedro Hispano in Matosinhos, Oporto, Portugal, were the subjects of this study.

Results Our results demonstrated a statistical significance in the Locomotor subscale, babies born to women who have a high MFA during pregnancy have a high mean value.

Conclusions Studies show that mothers who provided more affection during pregnancy and that, in general, fantasized about their unborn babies, showed a greater global involvement in the interaction by being more active, especially in stimulating their babies (Siddiqui & Hagglof, 2000).

P3-96

VERBAL AND EMBODIED PARENTAL MENTALIZING: RELATED OR INDEPENDENT CONCEPTS?

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Introduction Parental mentalizing—parents' capacity to appreciate the infant's mental states and their role in motivating behavior—can be assessed verbally (PDI-R2-S, Slade et al., 2003) or via nonverbal observation (Shai & Fonagy, 2013). This study examined to what extent verbal and nonverbal parental mentalizing capacities are related to orthogonal phenomena.

Method Sixty eight mothers and their 3-6 months old infants participated in the study. Parental Reflective Functioning (PRF, Slade, 2002, 2005) were assessed by administering the PDI-R-SF to the mothers. Parental Embodied Mentalizing (Shai & Fonagy, 2013) was assessed by coding mother-infant interactions with the PEM scoring system (PEM, Shai & Belsky, 2011a, b). Mother-infant interactions were also coded with the Coding Interactive Behavior system (CIB, Feldman, 1998) and mothers completed the Infant Characteristics Questionnaire (ICQ, Bates et al., 1979) and the Parent Alliance Inventory (PAI, Abidin, 1995).

Results Results indicated that PRF and PEM were associated, yet somewhat independent capacities, where mothers higher on PRF also scored higher on PEM. This association remained significant above and beyond CIB Maternal Sensitivity. PEM was also found to be related to Maternal Sensitivity (CIB) and PAI reports, and unrelated to the child's or the mother's characteristics (such as infant temperament, birth order, birth weight, maternal age, education, number of children or marital status).

Conclusions The parent's capacity to mentalize verbally about the child mental states and the capacity to implicitly conceive, comprehend, and extrapolate the infant's mental states from the infant's body movement and to adjust her own kinesthetic patterns accordingly are related yet distinct capacities. These findings have clinical and empirical implications.

P3-97

VERBAL AND EMBODIED PARENTAL MENTALIZING: RELATED OR INDEPENDENT CONCEPTS?

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assessed by coding mother-infant interactions with the PEM scoring system (PEM, Shai & Belsky, 2011a, b). Mother-infant interactions were also coded with the Coding Interactive Behavior system (CIB, Feldman, 1998) and mothers completed the Infant Characteristics Questionnaire (ICQ, Bates et al., 1979) and the Parent Alliance Inventory (PAI, Abidin, 1995).

Results Results indicated that PRF and PEM were associated, yet somewhat independent capacities, where mothers higher on PRF also scored higher on PEM. This association remained significant above and beyond CIB Maternal Sensitivity. PEM was also found to be related to Maternal Sensitivity (CIB) and Parental Alliance reports (PAI, Abidin, 1995), and unrelated to the child's or the mother's characteristics (such as infant temperament, birth order, birth weight, maternal age, education, number of children or marital status).

Conclusions The parent's capacity to mentalize verbally about the child and own mental states and the capacity to implicitly conceive and extrapolate the infant's mental states from the infant's body movement and to adjust her own kinesthetic patterns accordingly are related yet distinct capacities. These findings have clinical and empirical implications.

P3-98

HOW PARENTS 'WIRE UP' THEIR BABY'S BRAIN

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Introduction Neuroscience is an expanding field and gives insight into many conditions. How can findings from research be communicated effectively at the grass roots? GroBrain is a new range of attractive educational tools to help parents respond sensitively to their babies' cues. Evidence shows this leads to better bonding and brain development.

Method Practitioners select a visual aid or interactive activity from the GroBrain range to help the client explore an issue such as infant brain development, the stress response, bonding and attunement. Because a picture is worth a thousand words, this approach works well with low level readers and non-English speakers. Training is available in the underpinning theory and use of the resources.

Results GroBrain resources are now being used effectively in the UK by health visitors, midwives, infant mental health professionals, children's centres, parent support workers and tutors.

Conclusions If you are working in the infant mental health field, GroBrain tools will add significantly to your practice. They have proved successful in a wide range of settings, and can be adapted for other cultures and languages. Feedback from a practitioner: "I show parents the diagram, working one to one, and explain it, how baby's brain develops and how this links in with their behavior. These ideas are very helpful in helping parents understand their babies better." Feedback from a parent: "I have learnt how important it is to communicate with my baby and listen and look out for her cues to 'wire up' her brain."

P3-99

ARE PARENTING INTERVENTIONS EFFECTIVE IN IMPROVING THE RELATIONSHIP BETWEEN MOTHERS AND THEIR PRETERM INFANTS?

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Introduction The primary aim of this systematic review was to assess the efficacy of parenting interventions for improving the quality of the relationship between mothers and their preterm infants. The secondary aim was to identify if delivery location, content, intensity, duration or delivery mode determined which interventions were most effective.

Method Databases searched were: The Cochrane Library, PubMed, CINAHL, PsycINFO and Web of Science. Studies met the following inclusion criteria: (i) randomised controlled trials (RCT) or quasi-RCT: (ii) preterm infants born < 37 weeks gestation with no major congenital abnormalities, and the mothers of these infants; (iii) studies using parenting interventions (iv) studies that measured mother to infant and/or infant to mother attachment and/or relationship outcomes (v) studies with available mother-preterm infant relationship data; (vi) studies with standardized mother-preterm infant relationship outcome measures; (vii) articles written in English. Means and standard deviations, or numbers of occurrences were extracted for variables.

Results The database search revealed 536 results. Seventeen studies met the inclusion criteria, 14 with strong methodological quality using the Physiotherapy Evidence Database (PEDro) Scale. Results were reported for 1817 participants (927 intervention, 890 control). Measures used included observation, self-report questionnaire, interview or a combination of these. Results were reported for mother-infant dyadic outcomes, maternal outcomes and infant outcomes. Eight different parenting interventions were found to improve the quality of the mother-preterm infant relationship. Large effect sizes were found for five of these interventions, all of which included the promotion of cue-based responsive maternal care.

Conclusions The review revealed the heterogeneity of the current parenting interventions. This calls for an integrated new parenting program focusing on cue-based, responsive care from the mother to her preterm infant to improve the quality of the relationship for these mother-preterm infant dyads.

P3-100

PREMATURITY: IMPACT OF EARLY MOTHER-INFANT INTERACTIONS ON MOTHER AND CHILD REPRESENTATIONS, 11 YEARS AFTER THE CHILD'S BIRTH

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Introduction Premature birth and maternal traumatic stress have an impact on maternal subjective experience, maternal interactive behavior and dyadic mother-infant behavior in perinatal period (Forcada-Guex, 2006). Little is known about the influence of maternal post-traumatic stress, quality of dyadic interaction in perinatal period on mother and child representations in the long run.

Method 37 preterm infant (< 33 weeks gestational) and 22 full-term controls participated in a 11 years follow-up. Perinatal risk was assessed in neonatal period with Perinatal Risk Inventory (Scheiner, Sexton, 1991). Parental posttraumatic stress was assessed with the Perinatal PTS Questionnaire (Quinnell, Hynan, 1999) at 18 months and 11 years old. Mother-child interactions were assessed when infant was 18 months and coded according to the Care Index (Crittenden, 2005). At 11 years old, child's representations and mentalization were assessed with Card Attachment (CAME, Borghini, al., in progress), parental representations were assessed with Card Attachment and Mentalization for Parents (CAMP, Borghini, al., in progress).

Results Analysis is currently in progress. Previous data showed that mother-preterm infant interactions at 18 months, when mothers present symptoms of post-traumatic stress, were often of a mother controlling-infant compliance quality, according to the Care-Index, although in the full-term group it was of a mother sensitive-infant cooperative quality. The presentation will address the outcome of these different mother-infant interactional quality, and their correlation with maternal and children representation at 11 years old, also on the dyadic quality of the representations.

Conclusions The identification of a correlations between early dyadic interactions, post-traumatic symptoms in the perinatal period and representations 11 years later, would give important information on the stability and duration of mother-infant dyadic difficulties and their specificities, in the case of a premature birth.

P3-101

ASSESSING CHANGE IN FATHER-CHILD PLAY USING PICCOLO-D

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Introduction Parent-child interactions influence children's executive functions, developing rapidly during the preschool period and underlying creativity, flexibility and self-control (Diamond & Lee, 2011). Recent evidence underlines the importance of fathers for children's attachment (Grossman et al 2002; Paquette 2004), self-regulation (Kochanska & Kim 2013), and school readiness (StGeorge & Fletcher 2012).

Method Supporting fathers to optimize their children's development is thus critical to children's future. There are numerous interventions for parents that aim to improve parent-child interactions, yet most are explicitly or implicitly targeted at mothers. An intervention specifically for fathers that also includes typical father-child interactions has the potential to strengthen men's positive parenting interactions. The Dads Connecting program offers father-preschool child pairs, who have been referred by welfare services, a structured program of play-based interactions that are videotaped and replayed to the father.

Results The components of Dads Connecting, which include puzzle play, reading, and 'rough and tumble play' elements (Fletcher et al 2012), were selected to allow observation of all four of the PICCOLO domains: affection, responsiveness, encouragement, and teaching. The video feedback process with the father was developed from the Video-feedback Intervention to Promote Positive Parenting (VIPP) program, which has demonstrated significant increases in mothers' sensitivity in randomized controlled trials (Kalinauskienė et al., 2009). The change in fathers' quality of play will be measured using PICCOLO-D, the 21-item scale adapted from PICCOLO (Anderson et al., 2013).

Conclusions Videotapes of father-child interaction from first and last sessions are randomly allocated to trained coders for assessment against the PICCOLO-D items. This is the first intervention to our knowledge to use the PICCOLO-D to evaluate an intervention aimed at enhancing positive father-child interactions.

P3-102

THE PROCESS OF OBSERVATION AND POSITIVE AFFIRMATION USING THE NEWBORN BEHAVIORAL OBSERVATION (NBO) SYSTEM FACILITATED A 3 MONTH OLD TO BECOME MORE ENGAGED WITH HER MOTHER

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Introduction The NBO was developed by Kevin Nugent (2007) as a relationship-building tool and an introduction to infant behavior. It is a structured observation focusing on the infant's social interaction, reflexes, self-soothing, activity emphasising the infant's strengths. The practitioner uses positive attitudes and thinking to help parents connect with their baby.

Method This case study presents an example of using the NBO with a mother who reported that her baby could not 'see or hear normally'. The baby had been born at 36 weeks following her mother's traumatic obstetric history. Using the NBO initially, the practitioner found no response to her face, voice and the rattle, primarily related to the baby being in a sleep state. But using the baby's brief state of alertness, the practitioner noticed that the baby was able to look at her mother and become animated. The practitioner noticed this out loud with the mother who noticed too.

Results Two follow-up home visits were made where the practitioner continued to encourage the mother to observe her baby's states and gently touch and engage with her baby, talking softly face to face when the baby was in brief alert periods. Helping the mother to observe and pace her interactions allowed her baby to engage with her. There was a complex history and other reasons for the behavior. This will be discussed.

Conclusions Using the NBO the mother's concerns were recognized and contained with additional positive affirmation of her and her baby by the practitioner. This facilitated an immediate change in the baby's behavior and the parent-infant interaction improved.

P3-103

VIDEOTAPE PRESENTATION OF DYADIC TREATMENT WITH 3-YEAR TODDLER WITH AUTISM AND HIS MOTHER

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Introduction Professionals in many disciplines interact with infants and their caregivers. Their interventions - - whether focused on problems with speech, behavior, learning, parent guidance, or specific mental health issues - - can be enhanced by training in current, sophisticated developmental research and the application of that research to clinical practice.

Method This talk will describe the use of psychodynamic dyadic therapy of a 3-year old with autism spectrum disorders and his mother. Infant research and insights from related fields such as neurobiology, occupational therapy, and speech pathology, are incorporated into the therapist's technique. Video clips of therapy will illustrate through specific examples how research informs the therapist of the toddler's moment to moment issues and how to address them.

Results Subjective and objective measures of the dyadic psychotherapeutic setting will be described. Objective scenario-based measures of change during treatment such as enhancement of competencies of interactive play between mother and child will be discussed.

Conclusions Discussions will provide additional information about ongoing therapies and how similar techniques and uses could be established in other clinical situations.

P3-104

INTERACTION BETWEEN SEXUALLY ABUSED MOTHERS AND THEIR CHILDREN: THE INFLUENCE OF MATERNAL TRAUMA

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Introduction A nurse researcher at a parenting support clinic in Tokyo intervened with 4 mothers who had been sexually abused by male family members or acquaintances. The mothers' experiences affected their interactions with their children. This study found sexual abuse-specific influences on their interactions, onto which the mothers projected their experiences.

Method Subjects were 4 mothers who had been sexually abused by their fathers, stepfathers, older brothers, and/or acquaintances from preschool through early adolescence. They also had been physically and psychologically abused and neglected. Subjects visited the clinic once a week or every 2 weeks, and were intervened with the nurse for a period of a few months to 2 years. Their ages were 28, 30, 31, and 36 years. Interactions between the mothers and children were observed by Nursing Child Feeding Assessment (NCAFS) during feeding session. They also completed the Adverse Childhood Experience (ACE) and Self-Esteem Scale questionnaires.

Results The mothers had 3 male (ages 1, 3, and 18 months) and 4 female (ages 3, 6, and 20 months) children in total. Children's intake symptoms included low weight gain, overweight, temper tantrums, and soothing difficulty. All mothers scored low on self-esteem and NCAFS sensitivity to cues and contingency scales. The boys' mothers said that their sons disliked them, and that they did not want the boys to grow up. The girls' mothers showed feelings of disgust, anger, and pity for their female children. In addition, only mothers with girls physically and psychologically abused them.

Conclusions Mothers' unconscious, uncontrollable feelings of intense anger and frustration were directed toward their babies, while the mothers' guilt and shame over their sexual abuse led to isolated parenting without support. The mothers projected their sexual abuse experiences onto their children. Maternal perceptions hindered mother-infant interactions since birth.

P3-105

WOMEN'S EXPERIENCES OF THEIR PREGNANCY AND POSTPARTUM BODY AND THEIR TRANSITION TO MOTHERHOOD

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Introduction The complexities and impact of women's body image during pregnancy are under-researched. In this metasynthesis we explored women's experiences of their pregnant and postpartum body, and determined whether their responses to these changes were indicative of maternal orientation, adjustment to motherhood, and bonding with their baby.

Method The metasynthesis included studies of women's body image and experiences of their pregnant and postpartum body published between January 1992 and June 2012. PsycINFO, MEDLINE, Web of Knowledge, and Embase were systematically searched. The resulting papers were screened for relevance and methodological quality, leaving 17 studies (N=487 women).

Results After synthesising studies from various disciplines, three main themes were identified: "Fatness' vs. Pregnancy" encapsulated women's views of pregnancy as a transgression of social norms, and the way they legitimized this by delineating between

pregnancy and other weight gain. Societal pressures drove most women to wish to reclaim their postpartum body for themselves and get it back to normal. “*Nature vs. Self*” conceptualised women’s perception of their struggle against nature to control their body, and the “invasion” of the foetus. “*Woman vs. Mother*” explored the way women perceived the integration and conflict of the mothering identity with their other roles.

Conclusions These findings reflect the importance of identifying pregnant and postpartum women experiencing body dissatisfaction, and supporting them to adjust to their bodily changes and the presence of the foetus. Pregnancy is an opportunity to intervene and provide women with advice, hence various interventions suggestions will be outlined in this presentation.

P3-106

EFFICACY OF A COMMUNITY-BASED HOME VISITATION INTERVENTION TO REDUCE THE RISK OF INFANT OBESITY IN LOW-INCOME POPULATIONS

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Introduction As infants transition to solid foods, certain feeding practices can interfere with feeding self-regulation and healthy growth. The aim was to determine the efficacy of a randomized controlled trial (RCT) of an in-home visitation intervention with low-income mother-infant dyads in the prevention of early onset childhood obesity.

Method This multisite RCT was conducted with 514 low-income African American (AA), Hispanic (H), and Non-Hispanic white (NHW) mother-infant dyads in two states in the United States. The Healthy Babies (HB) intervention was designed to promote the development of healthy infant feeding practices through nutrition and parenting education. Six home visits were delivered by paraprofessional instructors. Data were collected at three time points [baseline, and when the infant was six (Time 2) and 12 months old (Time 3)], using observational, self-report, and anthropometric measures. This paper reports data from baseline and Time 2 analyzed using repeated measures ANCOVA.

Results Mothers (n = 345) ranged in age from 17-45 years (M = 24, SD = 5); 87.5% (n =302) mothers reported ever breastfeeding, 86% (n =283) did not introduce any solid foods before 4 months of age, with Hispanic mothers more likely to use recommended feeding practices. Over time, the intervention showed positive (minimum $p < .05$) impacts on mothers’ beliefs about introduction of cereal, feeding to soothe, feeding unhealthy foods, and infant awareness of satiety; knowledge about feeding; and behaviors related to social and cognitive growth fostering.

Conclusions Mothers are primarily responsible for infant feeding and have profound influences on the development of infant feeding self-regulation and ultimately infant growth patterns. Results suggest that the intervention had a positive impact on mothers’ infant feeding knowledge and self-reported positive feeding behaviors, including greater responsiveness to infant feeding satiation cues.

P3-107

HOW MATERNAL STYLE OF EMOTIONAL COGNITION AND DEPRESSIVE TENDENCY AFFECT MOTHER-INFANT INTERACTIONS?

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Introduction In public health efforts to prevent maternal psychopathology and child maltreatment, it is important to identify the factors that affect mother-infant interactions and to develop tools to assess them. The aim of this study is to examine how maternal style of emotional cognition and depression affect mother infant interactions.

Method The subjects of this study were 31 mother-infant dyads. The mothers gave informed written consent to participate in this study. We employed the Japanese version of IFEEL Pictures test (JIFP) to assess maternal style of emotional cognition and the Japanese version of Zung Self-Rating Depression Scale (SDS) to evaluate maternal depressive tendency. The JIFP and the SDS were administered to the mothers in the third trimester of their pregnancy and three months after birth of their infants. Mother-infant interactions were evaluated through video observation of behaviors of the mother and the infant three months after the birth.

Results The mothers who read in the JIFP fewer Object Seeking in the third trimester or more frequent Satisfaction/Frustration three months after the birth or more frequent Simple Description of the pictures three months after the birth were significantly more depressive in the SDS. The mother-infant dyads in which the mothers read more Object Seeking or more Physiological States in the third trimester made significantly higher scores in the mother-infant interactions. The dyads in which the mothers read more Satisfaction/Frustration or fewer Physiological States three months after the birth made significantly lower scores in the mother-infant interactions.

Conclusions This results suggested that maternal style of emotional cognition was correlated with maternal depressive tendency and was correlated with quality of mother-infant interactions. It was suggested that IFEEL Pictures test can be a useful clinical tool to assess maternal emotional availability.

P3-108

MATERNAL SENSITIVITY MEDIATES THE ASSOCIATION BETWEEN BREASTFEEDING AND INFANT TEMPERAMENT. A PROSPECTIVE COHORT STUDY

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Introduction Breastfeeding plays a major role in maternal care and has beneficial health effects for mothers and infants. Evidence is accumulating that breastfeeding may also contribute to infant psychological development. Less is known about the role of breastfeeding regarding the mother-infant relationship and the development of infant temperament.

Method We examined the relationship between breastfeeding at 3 months, the mother's responsiveness to her infant at 6 months and her infant's temperament at 18 months postpartum. We also explored whether anxiety at 3 months moderated this potential relationship. Participants (n=170, Hamilton site) derive from the Maternal adversity, Vulnerability and Neurodevelopment study (MAVAN), a Canadian study following mothers and children from pregnancy and up to 7 years of age. Breastfeeding at 3, maternal sensitivity at 6 (measured by Ainsworth sensitivity scales), infant temperament at 18 (Early Childhood Behavior Questionnaire) and maternal anxiety at 3 months (measured by the STAI) were established.

Results We found that that mothers who breastfeed their infants at 3 months were more sensitive at 6 months, and more sensitive mothers had infants who at 18 months show reduced negative affectivity. This mediation persisted after controlling for confounding variables (effect $ab = -.0312$ (.020), 95% CI = -.088 to -.003). A subsequent moderated mediation model showed that this relationship only occurred in women with higher anxiety (STAI scores ≥ 33.56 at 3 months) ($ab = -.025$ (.017), 95% CI = -.075 to -.001) and not in women with lower STAI scores.

Conclusions These results contribute to clarifying the role of breastfeeding in the mother-infant relationship and add to the current literature by showing that in comparison to less anxious mothers, mothers with moderate to higher levels of anxiety and their infants may experience additional benefits of breastfeeding.

P3-109

EARLY VOCAL COMMUNICATION IN MOTHER-PRETERM AND MOTHER-FULL TERM INFANT DYADS

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Introduction Human infants are born with innate communicative competences which are intuitively supported by parents. The trauma of premature birth, however, can have negative consequences for the quality of parent-infant communication. The aim of the study was to explore early mother-infant vocal interactions in groups of preterm and full term babies.

Method A total of 30 mother-preterm* and 30 mother-full term infant dyads were enrolled in the study. Mothers were asked to play with their babies "as they usually do" and video recordings of parent-child interactions were made. One minute long episodes of spontaneous vocal interactions were then selected and subsequently presented in the form of spectrograms with the application of the Praat software. Time and prosody analysis of co-constructed mother-infant vocal communication as well as content analysis of maternal infant-directed speech were conducted. * Corrected age in the case of preterm infants

Results At present, the study is in progress. Preliminary analyses show group differences with regard to the maternal pitch height and to the proportion of time mother and infant vocalized during their protoconversations. Preterm infants vocalize less and their vocalizations have shorter duration in comparison to full term infants. Additionally, vocal imitations as well as episodes of joyful play were found significantly more often in mother-full term infant interactions.

Conclusions Preterm infants at the age of three months are more challenging vocal interaction partners in comparison to full term infants. Acoustic and prosodic features of infant directed speech in the group of mothers of premature infants may indicate a possible adaptive value of intuitive maternal vocal behaviors.

P3-110

FEEDING ONE'S BABY: A STUDY OF SHARED SENSORY EXCHANGE

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Introduction The research aims to understand the process of sensory exchange between mother and child during feeding, during the first few days after the birth. These exchanges have begun in utero; in what manner do they continue when the mother feeds her baby by breast or bottle?

Method We meet mothers and new-born child in Maternity. Procedure is to be as natural as possible. - Observation of a feeding sequence, codified according to the Prague Scale of Eva Sulcova. Observation and evaluation of the behavior of both mother and baby during and after feeding. The study concerns both the psychic dimension and the physiological details of the process. - A clinical interview. - An appropriate questionnaire based on the Facilitator and Regulator Questionnaire of Joan Raphael Leff. The author has defined different parental orientations in the manner of conceiving adjustments required in respect of the baby.

Results The research should take place this year. We hope to have the first results for the conference. The analyses of the films and of the mothers discourse will be based on a psychodynamic interpretation of the observed phenomena. Are there "maternal styles" in feeding babies such as those defined by Joan Raphael Leff? Shall we also be able to witness "forms of dynamic vitality" (D. Stern)?

Conclusions The mother's personal history influences the way in which she presents her body to the child. The feeding experience seems to us in paradigmatic relation with the manner of "togetherness" [D. N. Stern]. Each participant sends to the other sensory messages indicating their feelings, comfort or discomfort, rhythm...

P3-111

MOTHER-CHILD INTERACTIONS AND EARLY SOCIAL COMMUNICATIVE COMPETENCIES

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Introduction The relevance of the early mother-child interactions for the development of the infants' social communication is well documented, either during feeding or playing (Stern, 1995, 1998; Biringen, 2000). However, little is known about the influence of these interactions on the infants' socio-communicative abilities per se, namely without their mother scaffolding.

Method This study investigated, in 36 dyads, the relationship between mother-child interactions during feeding and playing, through the "Feeding Scale" (Chatoor et al., 1998; Ammaniti et al., 2006), and "Play Scale" (Chatoor et al., 1997), and socio-communicative abilities of young children in interaction with an unfamiliar adult in the course of a structured observation, through the "Early Social Communication Scales" (Mundy et al., 2003). The children, aged between 9 and 24 months (19M), all born at term, had a development within the typical range, and their mothers did not show psycho-pathological symptoms as indicated by the Psychiatric Symptom Checklist-90-Revised (Derogatis, 1994).

Results The dyads were distinguished into dyads with functional interaction (62%) and dyads with transient interactional dysfunction (38%). The infants belonging to dyads with transient interactional dysfunction were significantly lower in Responding to Joint Attention (RJA) in interaction with an unfamiliar adult, compared to the infants belonging to dyads with functional interaction [$t(33) = 2.073$; $p < .05$]. Interactional Conflict during feeding, higher in the dyads with transient interactional dysfunction, was inversely correlated with the infants' socio-communicative competence of RJA in interaction with an unfamiliar adult ($r = -0.340$; $p < .05$). Moreover, RJA significantly predicted interdyadic differences (Exp B=0.972; S.E.=0.14; $p < .05$).

Conclusions This study showed that the natural mother-child interactions may contribute to the development of the infant's social communicative competencies in extra-dyadic interactions with an unfamiliar adult, especially at a receptive level. Due to the novelty of this research in the field, more studies are needed to further explore this phenomenon.

P3-112

HOW DO MOTHERS TALK TO THEIR BABIES AFTER AN EARLY HOSPITALIZATION? A LONGITUDINAL STUDY

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Introduction The purpose of this longitudinal study is to know to what extent early parenting have an effect in the process of language acquisition in infants aged from 3 to 30 months.

Method The analyses of the infant-directed language (LAB) from mothers, as well the mother-directed language (LAM) from infants were carried out within the PILE Program which are based on eight video sessions at different ages (3, 6, 9, 12, 15, 18, 24 and 30 months). The sessions were coded and then analyzed with the PRAAT and CLAN programs on the following variables: fundamental frequency, mean time of phonation, emotional and linguistic prosody, lexical and grammar productivity measured by Mean Length of Utterance.

Results The results show a developmental change in the LAB with a higher percentage of joyful prosody than in the control group. The developmental changes in the LAB noticed in the pre-linguistic period and the 3-month gap in the developmental path of language in the experimental group were found at the age of 24 months and confirmed at 30 months.

Conclusions Such findings mean that early parenting is a process of mutual adaptation of mothers and infants allowing this adjustment.

P3-113

COMFORT ZONE (CZ): AN INTERVENTION DESIGNED TO HELP PARENTS ATTUNE THEIR EMOTIONAL RESPONSES TO THEIR CHILD.

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Introduction A colour and temperature scale, designed to guide parental responses to their child. Avoidant patterns can develop with intrusive responses, represented as hot / red (left). Ambivalent patterns can develop with neglectful responses, represented as cold/ blue (right). Secure patterns can develop with sensitive responses, represented by yellow /warm (centre).

Method A pilot study was conducted to see if CZ was feasible, acceptable and useful to staff and parents. Children's Centre staff were trained to use CZ intervention. This included: ABC model of attachment (Ainsworth 1978), hypothesized links between the 'colour'/ 'temperature' of parental responses and attachment patterns (CZ assigns meaning as stated above to a linear colour scale), how to use CZ to guide parents to rate their responses to their child and use the CZ strategies to change these if necessary. Data were collected pre and post intervention. Independent focus groups were facilitated for staff and parents' feedback.

Results Full data sets were available on 26 parents, all mothers. In the pre intervention data 13 parents rated their responses to their child as toward the red/hot side and 13 toward the cold/blue side of the scale. No parents rated their responses as yellow/warm (centre). In the post intervention data most parents rated their response in the central zone (N=21). Parents said the colours helped them to 'see' and moderate their responses to their children. Staff reported that it was a useful addition to have a 'tool' which focuses on emotional responses as this complemented their behavioral work.

Conclusions Although the study was limited, initial data were encouraging. Parental ratings of their emotional responses to their child changed after the intervention. This result warrants further investigation. If valid and reliable, this intervention could be used by health and education staff to guide parental attunement to their child.

P3-114

MATERNAL RESPONSIVENESS, EXHIBITED BY INTERACTIVE OBJECT HOLDING, PROMOTES SUSTAINED ATTENTION AND WORD LEARNING IN INFANTS

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Introduction Parent-infant play supports attention and language learning, and manual engagement is critical in sustaining attention and inviting parents to name objects (Parrinello & Ruff, 1988; Yu & Smith, 2012). The present study examined parent activity around naming and infant learning to investigate if naming an object and pausing allows learning.

Method 18-month old infants (n=18) played with their mothers for 3 minutes using six novel objects, in two sets of three. The mother was given a list of names for the objects, but she was not instructed to teach object names. Mother and child wore a head mounted camera (Supercircuits PC207XP miniature color video camera) and an eye tracker (positive science, LLC) (Yu & Smith, 2012) so the moment-to-moment visual attention of both parent and infant during play could be captured. A test of the object names was administered after the interaction to assess the child's object name learning.

Results Analyses concern properties of naming associated with learned and unlearned object names. Successful naming was characterized by the child holding an object, the mother naming it, and pausing for 2-4 seconds. During pauses, the child displayed sustained attention by continuing to hold the object (with child holding after the naming event related to learning ($r=0.70$, $p<0.05$). Low learners (learned 0/6 object names) had mothers who named objects once every second. The more naming events, the less the child learned ($r=-.95$, $p<0.01$). These mothers held objects more ($p<0.01$) than the child and named objects that she held.

Conclusions Responsive mothers encourage attention by naming an object while not disrupting patterns of concentration, by following the child's lead and pausing (Ruff & Rothbart, 1996). Potential implications include providing interventions that promote optimal mother-child interactions for language acquisition and emphasizing sustained attention as a critical predictive factor for learning.

P3-115

MOTHER-INFANT INTERACTION AT 9 MONTHS AND CHILD'S ATTENTION PROBLEMS AT SCHOOL AGE

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Introduction Poor-quality infancy parenting is a risk factor for externalizing problems in developmental periods (Lorber & Egeland, 2009). Maternal hostile and intrusive parenting was associated with infant emotional dysregulation in the first year and conduct disorder symptoms and hyperactivity at 5 and 8 years olds (Morrel & Murray, 2003).

Method Aim of research is to evaluate association between quality of mother-infant interaction at 9 months and child's attention disorders at school age. The participants were 29 mother-child dyads (Female infant=10; mother's mean age=34.5). At infant 9 months, mother-infant interactions were video-recorded and codified by the *Neuropsychomotor video analysis for parent and infant interaction* (NVA; Moiola et al., 2010). At 6 years, *Conners' Rating Scales-Revised* (CRS-R; Conners, 1970) was administered to the mothers to assess attention-deficit/hyperactivity disorder.

Results The analysis showed that children who were insensitive with their mothers in interaction at 9 months compared to infants who were sensitive had higher scores in Conners' global index at 6 years ($U=5$; $p=.002$). Conners Inattention scale was negatively correlated to sensitive children ($r=-.042$; $p=.021$) and was positively correlated to passive/avoidant children ($r=0.46$; $p=.010$). Moreover, insensitive mothers compared to sensitive mothers had children who had higher scores in Conners' Global index at 6 years ($U=3$; $p=.000$). Conners Hyperactivity scale was positively correlated to intrusive/aggressive mothers ($r=0.43$; $p=.019$), and Inattention scale was negatively correlated to sensitive mothers ($r=-0.45$; $p=.013$).

Conclusions The results indicate that the quality of early dyadic interaction is related to attention disorders in subsequent development. Maternal and child nonresponsive interactive style are risk factors for child's attention problems at school age. It's necessary to carry out early screening and intervention to prevent behavior problem in children.

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MOTHER-INFANT INTERACTION AT 9 MONTHS AND CHILD'S INTERNALIZING PROBLEMS AND BEHAVIORAL INHIBITION AT PRE-SCHOOL AGE

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Introduction Overly warm, intrusive, and derisive maternal parenting influenced child shyness, behavioral inhibition and reticence with unfamiliar peers at pre-school age (Rubin et al., 1997, 2002). Conversely, more sensitive parenting in infancy predicted less inhibited behavior and internalizing problems in adolescence (van der Voort et al., 2013).

Method Aim of this study is to evaluate the relation between quality of mother-infant interaction at 9 months and child's internalizing problems and behavioral inhibition at pre-school age. The participants were 61 mother-child dyads (mother's mean age=34.3). At infant 9 months, mother-infant interactions were video-recorded and codified by the *Neuropsychomotor video analysis for parent and infant interaction* (NVA; Moiola et al., 2010). At 5 years, *Child Behavioral Checklist ½-6* (CBCL; Achenbach, 2001) to assess internalizing problems and *Behavioral Inhibition Questionnaire* (BIQ; Bishop et al., 2003) to assess psychomotor inhibition were administered to the mothers.

Results Pearson correlation analysis showed a positive association between passive mothers at 9 months and CBCL Somatic problems scale ($r=0.49$; $p=.001$) at 5 years old, and expulsive mothers and CBCL Internalizing ($r=0.28$; $p=.03$) and Total ($r=0.30$; $p=.02$) scales. Furthermore, passive children at 9 months was positively correlated with BIQ unfamiliar adults scales ($r=.42$; $p=.02$); avoidant children was positively correlated with BIQ Peers ($r=0.49$; $p=.007$), Performance, ($r=0.44$; $p=.01$), Unfamiliar situations ($r=0.40$; $p=.03$), and Situation novelty ($r=0.39$; $p=.04$) scales. Moreover, CBCL Internalizing scale was positively correlated with BIQ Unfamiliar situations ($r=0.42$; $p=.02$), and Situation novelty ($r=0.43$; $p=.02$) scales.

Conclusions The results suggest that the quality of early dyadic interaction characterized by infants with passive and avoidant behaviors and by unresponsive, passive mothers is associated to internalizing problems and behavioral inhibition at pre-school age. Supporting sensitive parenting in the first years may protect children from developing internalizing behavior problems.

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THE GIFT: PARENT-INFANT INTERACTIONS STRENGTHENED THROUGH LOVING TOUCH(R)

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Introduction This workshop will focus on the benefits of touch as it promotes positive interactions between parents and babies. Touch is natural, necessary, and instinctive; it is a gift both given and received. The history, contributions, and perspectives of touch will be explored to better grasp its vitality.

Method The art of touch is an intimate interchange of communication between an infant and their parent, creating unique opportunities to support and develop a synchronous balance in mother-baby attachment. The sense of touch is well developed at birth and is one of the main ways in which infants learn about their environment and bond with other people. Among various ways of providing touch is infant massage. The International Loving Touch Foundation (ILTF) provides specialized training in the art of touch. Parents are taught how to naturally and systematically massage their babies to strengthen their relationship and understand their unique language.

Results There is a critical window of opportunity to build therapeutic relationships with infants at the beginning of life, both healthy and medically fragile. Neuroscientific research shows that brain development is impacted as the neuronal pathways 'fire' in response to the experiences a baby encounters in relation to being cared for. Parent-infant interactions are strengthened as parents share loving touch in meaningful and positive ways. Therefore, the concept of touch and attachment is vital in predicting the later social and emotional outcomes.

Conclusions Infants thrive from nurturing touch, enriching all domains of infant development. There is a responsibility to listen to cues, respond to needs, and provide preventative care. By acknowledging the intricacy of infant language, relationships are influenced by the balance of what the parent and infant can provide each other.

P3-118

GROUP WORK FOR MOTHERS WITH CHILDREARING DIFFICULTIES: AN ATTEMPT TO UNDERSTAND MOTHERS' REPRESENTATION OF THEIR CHILDREN, USING PICTURES OF INFANTS' FACIAL EXPRESSIONS

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Introduction Relationship assessment categories of the Japanese IFEEL Pictures have shown a clear relationship between a mother's childrearing attitudes and her emotional availability. This study describes our attempt to understand the participants' representation of their children by using IFEEL Pictures, conducted during the Group Work with mothers with childrearing difficulties.

Method Participants: Eight mothers of preschool children who had received public childrearing support services provided at childcare centers, as they had childrearing difficulties and/or anxieties, as well as at risk of physical abuse. Procedures: Before starting Group Work, mothers were interviewed and the Japanese IFEEL Pictures were conducted individually. During the Group Work, which composed by three to five participants and three staff members, the IFEEL Pictures were spread on the desk and the participants were asked to choose pictures according to several themes. Then they explained the reason for selecting each picture, as well as their specific feelings.

Results Mothers who took part in the Group Work voluntarily commented on their interpretation of the children's emotions from the pictures—in most cases, negative emotions—in the hope of sharing such emotions with others, and received sympathetic support. On the other hand, they showed a tendency to contradict the staff members' unconscious positive readings of emotions. It became clear

that, in mothers who suffered childcare anxieties and became abusive, emotions such as anger and anxiety were triggered by the child's facial expressions, which might lead to abusive actions and behaviors.

Conclusions The IFEEL Pictures were shown to help encourage self-disclosure in the participants without making them anxious, and, because of this feature, when used in Group Work, it proved to be an effective tool for promoting the understanding of mothers' own reactions to their children.

P3-119

MICRO-ANALYSIS OF INTERACTIVE FEEDING BEHAVIORS BETWEEN JAPANESE MOTHERS AND THEIR INFANTS AT 6 AND 9 MONTHS OF AGE

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Introduction Feeding involves strong mother-infant communication and interaction requiring cooperation based on intention-reading. Development of feeding is important to understanding the mother-infant relationship. Movement of the mothers' feeding hand, the timing of infant mouth opening and of mother's empathetic mouth movement at 6 and 9 months of age were analyzed.

Method Eleven Japanese mother-infant pairs (6 first-born, 9 girls) were observed once at 6 months (Stage 1) and again at 9 months (Stage 2). Mothers brought their infants into our lab for normal solid-food feeding at lunch time, and the pairs were recorded using a motion capture system and a video camera. The first 5 spoonfuls of food being delivered to and taken in by the infant were analyzed at each Stage. Onset time and duration of behaviors were measured by micro-analysis of video data, and the movement of feeding hand was analyzed from motion capture data.

Results Each feeding took similar sequence in Stages 1 and 2, but the spoon stayed for a longer time in and near the infant mouth in Stage 1. Decrease in the speed of feeding hand approach after its peak was greater in Stage 2 than in Stage 1. Infant opened their mouth just before a spoon arrived, and the timing became more precise in Stage 2. Mother empathetically opened (and closed) their mouth after the infant's food-taking, but the behavior also occurred before the spoon arrival suggesting the mother's high motivation to feed the younger infant.

Conclusions This work demonstrates rich communication between mother and infant at feeding. Coordination of their behaviors became more precise at 9 months than at 6 months that appear to be the result of a reduction in the mother's initiative and an improvement in the infant's attunement of behavior to her feeding.

P3-120

WORD LEARNING AND EARLY GRAMMAR IN TYPICAL AND ATYPICAL POPULATIONS: EVIDENCE FROM THE PILE DATABASE

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Introduction Making differential diagnosis between late talkers (LT) and atypical populations is a great challenge for clinicians. LT are slow to process the statistical regularities of speech and language, to learn new words. By contrast, language impaired children might have deficits to perceive and process speech and language addressed to them.

Method The French MacArthur-Bates Communicative Development Inventory (CDI), Kern & Gayraud, 2010 and a spontaneous language sample (Le Normand et al, 2013) were used to assess speech and language from the PILE database, a large sample of typical and atypical French speaking children aged from 8 to 30 months. Regression analyses were conducted to determine whether Mean Length of Utterance (MLU), Vocabulary (VOC) at 30 months are predictors to developmental changes found in CDI at 12, 18 or 24 months.

Results Results shows that MLU were the best predictors suggesting that LT develop at a slower rate but follow a similar process of language learning like Typical Developing children (TD). This was not the case for atypical populations such as West Syndrome and Prematurity.

Conclusions The impact of different speech and language input on atypical populations not only supports the statistical account of language learning but also promotes early grammar assessment and preventive intervention.

P3-121

JOINT ATTENTION, PREVERBAL LANGUAGE, AND DEVELOPMENTAL AND LANGUAGE OUTCOME AMONG INFANTS WITH EARLY EPILEPSY: EARLY PREDICTORS OF DEVELOPMENTAL DISORDERS?

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Introduction Infants with early epilepsy in the first year of life (West syndrome, WS) are known to be at risk for Autism Spectrum Disorders (ASD, 7 to 30%, Ouss 2013) and developmental delay. We aim to identify early preverbal markers which are linked with autistic and developmental disorders.

Method Prospective study (9, 12, 36 months) in 19 children with WS, and controls. - joint attention (Bakeman Adamson 1984) (9, 12 months) - MacArthur-Bates Communicative Development Inventory (CDI, Kern 2010), language production at 12, 18, 24, 30, 36 months;

- standardized tests and speech corpus at 36 months (French standardized tests : phonology, vocabulary, syntax ; comprehension and expression : ECOSSE, Lecocq 1996; BEPL, Chevrie-Muller 1988; BREV, Billard 2004); transcription of movies of mother/child interactions (Computerized Language Analysis, CLAN) from Child Language Data Exchange System (CHILDES, MacWhinney 1984); - ASD (CARS, ADI R, ECAR); - development (Brunet Lezine scale, WPPSI)

Results Results show: - that the quality of interactions at 12 months in children with WS are predictive for the level of language at 36 months, and for ASD disorders; - Delay in speech development and ASD disorders appear to be more related to the level of relational disengagement than to the total duration of episodes of joint attention at 12 months. - at 36 months, WS verbal children with ASD show a higher delay for pragmatic words than for lexical or grammatical ones.

Conclusions Results show that early cues like impairment in joint attention during ecological situations (interactive free play in standardized setting) are related to the later evolution of quantity and quality of language, to developmental and ASD disorders. We have to study if these early cues are specific for ASD.

P3-122

USING DATA ON MOTHER-CHILD INTERACTIONS TO GUIDE INTERVENTION STRATEGIES

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Introduction Enhancing parent-child interactions to promote early child development has become a central focus for family support programs. Observational tools that help practitioners target intervention strategies around parent-child interactions are desperately needed. The PICCOLO, an observational measure designed to examine parent-child interactions, has been used with older infants and toddlers.

Method This study examines the utility of PICCOLO for developing interventions for parents of young infants. PICCOLO observations were used to examine mothers' interactions with younger infants (4-6 months old) compared with older infants (14-16 months old). Observations were made of mothers with 50 infants 4-6 months and 95 infants 14-16 months. Mothers were asked to engage their infants in play and interact with them as they would typically; the play sessions were video-taped and coded by research assistants. Specifically, the PICCOLO was used to rate mothers' behaviors in four areas: affection, responsiveness, encouragement, and teaching.

Results Both similarities and differences in mothers' behaviors with infants from the two age groups were found. For example, mothers with younger children talked to their babies very infrequently and engaged in very few instances of teaching behaviors but showed more types of affection and were encouraging of their young infants. Mothers of older infants engaged in more types of teaching behaviors and were more conversational with their children.

Conclusions Discussion will focus on research and practice implications of these findings, specifically how practitioners can best use PICCOLO data to inform intervention practices and strategies and how researchers can use the PICCOLO to enhance projects that focus on providing support to practitioners around parent-child interactions.

P3-123

PREDICTORS OF BOTH CHILD PSYCHIATRIC DISORDERS AND POSITIVE AND NEGATIVE PARENTING USING THE MELLOW PARENTING OBSERVATIONAL SYSTEM

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Introduction Mother-infant interactions are likely to feature in causal pathways for disruptive behavior disorders (DBD). Tools are needed to assist in identification of features of early mother-infant interactions associated with later DBDs. We report here on the impact of both positive and negative interactions as well as on their determinants.

Method Study 1. To examine whether the Mellow Parenting Observational System (MPOS), used to assess parent-infant interactions at one year, was associated with psychopathology at age 7. The MPOS assesses positive and negative interactions between parent and child. Study 2. To establish the predictors of positive and negative parenting behaviors in a United Kingdom population sample. Regression analysis was undertaken to model parenting behaviors at 12 months as measured by the MPOS. Study 3. Mother-infant joint attention (JA) behaviors (shared look rate, shared attention rate and shared attention intensity) were investigated.

Results Study 1. A negative association between positive interactions and DBDs was found. Study 2. Positive parenting increased with maternal age at delivery, levels of education and prenatal anxiety. Fewer negative interactions were observed among older mothers, mothers with female infants, with pre-natal smokers and mothers who perceived they had a good support structure. Study 3. None of the JA behaviors showed a significant association with the primary outcome of case-control status. However, shared look was positively associated with later DBDs. This suggests that some features of JA may be early markers of later psychopathology.

Conclusions Positive parenting, as measured by the MPOS, may be useful in the early detection of risk for DBDs. Risk factors for negative parenting behaviors include younger maternal age at delivery and lack of social support during pregnancy. JA behaviors did not, in general, predict later psychopathology.

P3-124

MATERNAL INTERPERSONAL SENSITIVITY AND DEPRESSIVE SYMPTOMS, MOTHER-INFANT RELATIONAL QUALITY AND INFANT/PRESCHOOLER ATTACHMENT

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Introduction Maternal attachment moderates the impact of postnatal depression on infant attachment. High interpersonal sensitivity during pregnancy is strongly associated with an increased risk for and recurrence of postnatal depression. Individuals who were overly sensitive to the behavior and feelings of others have been shown to be vulnerable to developing depression.

Method This 'overly sensitive' personality characteristic has been measured through a scale of interpersonal sensitivity, the interpersonal sensitivity measure (IPSM). The case study presentation will explore mother-infant relationship quality and infant/preschooler mental health and attachment status in the context of maternal interpersonal sensitivity and depressive symptoms. Case study data will include: IPSM; Edinburgh Perinatal Depression Scale (EPDS); adult attachment interview (AAI); maternal structured clinical interview for DSM (SCID); mother-infant relationship (Child Adult Relations Experimental (CARE)-Index - infant and toddler scales, including frustration task); preschool assessment of attachment (PAA) and preschool age psychiatric assessment (PAPA).

Results The case study integrates and extracts key concepts from a larger population study (n = 14,000) and focused current study (n = 50). The combined studies aim to assess the efficacy of including the IPSM into universal perinatal depression screening. Results from combined studies will be available in 2016 and will inform: how interpersonal sensitivity and depressive symptoms measured in pregnancy map onto mother-infant interaction at 12 months; the association between maternal interpersonal sensitivity and attachment status, and therefore; the accuracy of interpersonal sensitivity measured during pregnancy for predicting mother-infant relationship and infant/preschooler attachment and mental health problems.

Conclusions Improving accuracy of antenatal screening to distinguish transient from more serious mental health and relational problems will enhance opportunities for optimal child development. Enduring problems may be averted. The value of greater accuracy in antenatal screening is both reduced child and family personal costs and improved health service efficiency.

P3-125

PERINATAL PSYCHIATRY AND ART PSYCHOTHERAPY: INTERVENTIONS ON A MOTHER AND BABY UNIT

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Introduction Facilitation of an art therapy studio on a psychiatric mother and baby unit provides an accessible psychological therapy to a culturally diverse community of mothers and babies with unique treatment options for the mother-infant dyad, to strengthen their emotional ties through a creative process of art making and imaginative play.

Method A contemporary clinical practice informed by dyadic mother-child art therapy, psychoanalytic theories, attachment theory, neurobiology and infant mental health provide the backdrop for early intervention work. Outcomes from empirical infant research are translated into a developing creative conversation which strengthens processes of emotional regulation for the mother-infant dyad.

Results MBU mothers who accessed the art therapy studio developed a visual language and representation of their inner world through metaphor, motif and symbolism expressed through the image/art object as a primary mode of communication. Mother-infant dyad art therapy strengthened the emotional capacity and identity formation of the relationship through a collaborative art production, where the infant is encouraged to lead the dyadic dance of mark making which enhances attachment and maternal sensitivity. Relational capacity building processes through use of art materials and in the context of a therapeutic relationship allowed for maternal disturbances to be expressed safely.

Conclusions Provision of art psychotherapy in a perinatal setting opens up a window for the mother-infant dyad to discover new ways of thriving through visual expression. Treatment enhances the mothers understanding of her infant whilst increasing the many social and emotional benefits that a creative process brings within a therapeutic relationship.

P3-126

INFANTS EMOTIONAL WELLBEING AND EARLY GROSS MOTOR SKILLS

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Introduction Physiotherapists are concerned with movements, coordination, posture and the cardio respiratory system. When working in Paediatrics with infants, the Physiotherapy service is provided to the infant in the presence of or via his/her primary caregiver. Paediatric physiotherapy usually involves a mother, father or both and the infant who are in the very early stages of their relational journey together.

Method 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.

Results Physiotherapists can enhance the developing relationship between mother, father and infant by collaborating with mothers & fathers to develop positioning and handling skills that make both the infants feel physically secure and the caregivers more confident in

their parenting role. Physiotherapists can create environments that allow infants to explore and experience new movements. They can role model and encourage parents to delight in their infant's explorations and teach parents a variety of ways to help their infants without doing the tasks for them.

Conclusions It is the contention of the author that paediatric physiotherapists are in a unique position to positively influence the mother/father-infant relationship while improving the infant's movements, coordination, and posture or cardio respiratory system. If skilled and aware Physiotherapists have the opportunity to detect severe relationship difficulties at a very early stage and refer families to more specialist Infant Mental Health Services.

P3-127

EARLY PARENTING, EARLY CHILD ATTENTION, & LATER SCHOOL SUCCESS

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Introduction Infant attention is a strong predictor of child cognitive and academic abilities (Bornstein, 1998). Likewise, early parenting, especially cognitive stimulation, predicts long-term academic success (e.g. Hart & Risley, 1995). This paper examines early parenting and child attention in relation to child academic outcomes in middle childhood in a low-income population.

Method We examined children's early attention regulation during testing and a puzzle task and later academic outcomes in 5th grade reading and math in relation to two different parenting behavior coding schemes, one requiring extensive training and highly educated coders (Brady-Smith, Fauth, & Brooks-Gunn, 2005; Barnard & Kelly, 1990) and another, designed for practitioners and requiring only brief training of non-college graduates (PICCOLO; Roggman et al, 2013). Multiple regression path analyses controlled for site, child ethnicity, child gender, family cumulative risk (low, medium, high), and elementary school poverty level (% free or reduced lunch).

Results Both models found that early parenting had indirect effects significantly mediated by child focused attention ($R = .60$; $R^2 = .36$, $F(751, 22) = 23.75$, $p < .001$; indirect effect = 8.83, $p < .001$ for more intensive codes and $R = .56$; $R^2 = .32$, $p < .001$; $F(726, 23) = 11.74$, $p < .001$; Indirect effect = 7.55, $p < .001$ for the PICCOLO). Together parent cognitive stimulation and child focused attention accounted for about a third of the variability in academic achievement in fifth grade.

Conclusions These analyses show that parenting in infancy predicts children's academic success in fifth grade, with influence carried primarily by children's early attention regulation. Importantly, both coding schemes yielded similar results, suggesting that para-professional practitioners could be tracking these aspects of parenting during their work with families.

P3-128

WHEN GOOD ENOUGH MOTHERING IS NOT GOOD ENOUGH: A STUDY OF MOTHERS' SECURE BASE SCRIPTS, ATYPICAL AND DISRUPTED CAREGIVING AND THE TRANSMISSION OF INFANT ATTACHMENT QUALITY

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Introduction A novel framework for understanding the intergenerational transmission of attachment is proposed. Specifically the role of a mother's attachment representations of secure base support as seen through her secure base scripts and the separate role of her atypical and disrupted caregiving behaviors and associations to infant attachment quality are examined.

Method A secondary data analysis was performed using data from 52 mothers-infant dyads. Through use of the Attachment Script Assessment mothers produced narrative stories. Each dyad participated in the laboratory observational assessment procedure the Ainsworth Strange Situation. Narratives were coded with the scriptedness scoring system (Waters and Rodrigues-Doolabh, 2001). Infant attachment quality was coded using the Ainsworth, Blehar, Waters and Wall (1978) coding system for security and the Main and Solomon (1985) coding system for disorganization. Mothers' behavior during the Strange Situation is coded using the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE) measure (Bronfman, Madigan, & Lyons-Ruth, 2011).

Results Maternal secure base support measured by the Attachment Script Assessment significantly predicted infant attachment quality across the four infant attachment groups. The AMBIANCE measure predicted infant attachment quality. Mothers' overall level of disrupted communication, affective communication errors, intrusive/negative behavior and role boundary confusion were associated with ambivalent attachment. Mother's intrusive/negative behavior was associated with avoidant attachment. Contrary to expectations, mothers' of disorganized infants exhibited significantly less intrusive/negative behavior and role boundary confusion than mothers of secure, avoidant or ambivalent infants. No correlation was found between mother's secure base scripts and their disrupted caregiving behavior, thus no mediation model was tested.

Conclusions These findings are preliminary and may increase practitioners' ability to provide comprehensive assessment of early relational impairments and overall program effectiveness. Research that leads to the development of measurement tools that help assess change within the individual, dyad, and programs has vast implications for improving the quality of IMH services.

P3-129

A CONDITIONAL PROBABILITY ANALYSIS OF MOTHER-INFANT INTERACTIVE CONTINGENCY PROCESS: CONTRIBUTIONS FROM MOTHER AND INFANT AFFECT

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Introduction Infants experience responsiveness from mothers, and also regulate mothers' behaviors in the interaction. To unpack the interactive contingency processes in mother-infant communication, the current study focused on infants' and mothers' affect states in free play and examined whether mother affect predicts the subsequent occurrence of infant affect or vice versa.

Method A 3-minute one-on-one free play between 80 mothers and their 6-month-old infants was videotaped and coded on a 2-second basis for maternal affect and infant affect (Beebe et al., 2010), which was grouped into negative, neutral, and positive affect. The paired coders (10% overlap) agreed on 81% of samples in infant affect ($Kappa = 0.71$) and 76% of samples in mother affect ($Kappa = 0.67$). The probability of specific infant affect occurring during the 4 seconds following specific mother affect, and the probability of specific mother affect during the 4 seconds following specific infant affect was calculated.

Results Paired samples t-tests showed that mothers tended to display matched, not unmatched, affect prior to specific infant affect, suggesting the contingency of infants' affect upon the prior mother affect. Meanwhile, given specific maternal affect prior, infants were more likely to demonstrate matched than unmatched affect in the following period. Reciprocally, it was more likely for matched than unmatched infant affect to occur prior to specific maternal affect. However, the prior infant affect was not followed by more matched than unmatched mother affect, for mothers tended to be more neutral than not, given all types of infant affect prior.

Conclusions The results supported a mother-infant emotional mutuality: maternal affect influences subsequent infant affect, and is responsive to infant affect occurring prior. However, mothers' affect was more neutral and less susceptible to infant affect than vice versa, suggesting the active role of mothers in orienting the affective tone of mother-infant interaction.

P3-130

CAREGIVING WITH THE CHILD IN MIND: RELATIONS BETWEEN MATERNAL REFLECTIVE FUNCTIONING AND TODDLER SELF-REGULATION

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Introduction Reflective Function (RF) is a mentalization capacity which enables a caregiver to make sense of her own and others' mental states (Slade, 2005), and to recognize her child as a distinct psychological being. This study identifies behavioral indicators of RF and its relation to toddlers' self-regulation (SR) in low-income families.

Method Ninety-five mothers (M age = 28.32, $SD = 7.45$) of toddlers (Male=44; M age = 25.33 months, $SD = 4.26$) participated. Maternal RF was operationalized as total internal state words (e.g. sad), total internal state links (e.g. "she is sad because her bird is lost") measured using a Wordless Book Sharing and mothers' total mental descriptors of child (e.g. curious). Toddlers' SR was operationalized as Early Head Start home-visitor ratings of the BITSEA (Briggs-Gowan & Carter, 2002) and Early Coping Inventory (Zeitlin, Williamson, & Szczepanski, 1988) and direct assessment via a delay of gratification task (Kochanska et al., 1996).

Results RF, as indicated by internal state words, links and mental descriptors, emerged as a significant predictor of home visitor's ratings of self-regulation ($\beta = 0.42$, $p = .000$) with excellent model fit ($\chi^2 = 14.49$, $df = 12$, $p = .27$; RMSEA = .05; CLI = .99; TLI = .98). Additionally, RF emerged as a significant predictor of delay of gratification ($\beta = -0.53$, $p = .003$) with excellent model fit ($\chi^2 = 3.95$, $df = 8$, $p = .86$; RMSEA = .00; CLI = 1.00; TLI = 1.21). Covariates in both models included cumulative demographic risk and maternal depression.

Conclusions Results suggest that (1) mothers' internal state language and mental descriptors can be measured as direct manifestations of a mother's capacity to practice awareness of her own and her child's mental states and (2) intervention and education programs may target manifestations of RF as capacities to promote in mothers.

P3-131

MODALITY-SPECIFIC ASSOCIATIONS BETWEEN MOTHER BODY POSITION AND INFANT AFFECT

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Introduction Mother body position provides an important modality-specific mechanism that might impact infant affect. Different infant affect states may also evoke change and adjustment in mothers' body position. The study examined mothers' body position in relation to their infants' affect, which could contribute to the knowledge about mother-infant bi-directional interaction processes.

Method Eighty mothers were videotaped while playing with their 6-month infant in an infant seat for 3 minutes. Videotapes were micro-coded every 2 seconds for maternal body position (upright, forward, and looming; agreement proportion = 88%, $Kappa = 0.77$) and infant affect (agreement proportion = 81%, $Kappa = 0.67$; Beebe et al., 2010), which was further grouped into positive, neutral and negative affect. To determine temporal sequence, we calculated the probability of specific infant affect in the four seconds following specific mother body position as well as the probability of mother body position in the four seconds following specific infant affect.

Results We found that the infant was more likely to become positive than negative in affect given mothers' looming in prior episodes, suggesting maternal influence on infants. Meanwhile, mothers tended to loom if prior infant affect is more positive than not, suggesting that mothers' body position was also driven by the infant. When mothers sat upright, the following infant affect was more neutral than not, which is consistent with a positive correlation between the frequency of parents' upright position and frequency of neutral affect in infants. Thus, mothers' body position and infant affect are reciprocally related to each other.

Conclusions Maternal looming is reciprocally associated with positive infant affect, as mothers and their infants often enjoy kissing and intimacy during free play. The infants' affect is weakened and flat while the mother is upright, suggesting that an appropriately close distance between infants and mothers is necessary in their emotional communication.

P3-132

THE ASSOCIATION BETWEEN INFANT DEVELOPMENT AND MOTHER-INFANT QUALITY OF INTERACTION IN FREE PLAY

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Introduction Past studies show associations between maternal play (e.g., styles of play and amount) and infant development. In this study, we investigated the relation between mother-infant quality of interaction in free play, infant development (e.g., locomotion, manipulative, visual, hearing and language, speech and language, interactive social, self-care social) and family factors.

Method The sample consists of 42 healthy infants (19 girls, 23 boys, 14 first born) and their parents from Portuguese families. At 11 months, mothers described their infants' temperament using a Portuguese scale, identified their family resources with Family Support Scale Family Inventory, Family Needs Survey and Parents Responsibility. In order to assess child development, The Schedule of Growing Skills II was used at 11 months. At 12 months, mothers were observed playing with their infants and the videos were scored with Care-Index.

Results The quality of mother-child interaction is strongly related with infant development. The infants with better development outcomes on locomotion, manipulative, visual, hearing and language, speech and language, interactive social (but not self-care social) tend to be more cooperative and have more sensitive mothers in free play. Infant's autonomy is negatively correlated with maternal control. Social interaction and speech-language are negatively associated with maternal passivity. Mothers with more years of formal education and that received more help from infants fathers tend to be sensitive in free play.

Conclusions Infant development and mother-infant quality interaction are mutually affected. We speculated that in transactional process, mothers play and sensitivity behavior contribute for infants development and in turn infant with better development are more engage in play. Moreover, contextual and family factors contribute for maternal sensitivity (maternal education and fathers support).

P3-133

MOTHERS WITH POSTPARTUM DEPRESSION WHO SEEK CHILD PSYCHIATRIC CARE FOR THEIR INFANTS: A SERIES OF FOUR CASES

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Introduction Postpartum depression is the most frequent maternal psychiatric disorder. It represents a potent risk factor in the development of childhood psychopathology via: genetic predisposition, mother-child interaction, and quality of physical and emotional care. Depressed mothers show less positive affection and tend to interpret infant overall expression and behavior negatively.

Method This is a case report about four mothers of children under one year of age who were consulted in our clinic in 2013. The reason to seek child psychiatric care is common for all of them - "My baby has autism!". These mothers were extremely anxious and wanted to be seen immediately. A series of consultations were conducted with the mothers, their babies and their enlarged family. Follow up and supportive sessions for every family are still provided in all four cases.

Results Symptoms of postpartum depression were identified in all cases and the women were referred to the adult psychiatric care. No symptoms of developmental delay were registered in babies. In one family one sibling subsequently was diagnosed with ASD.

Conclusions Overlooking the symptoms of maternal depression may represent a missed opportunity to intervene in time, prevent future complications and improve the well-being of children and families. Based on these cases we discuss some ethical and therapeutic issues that arise in managing the well-being of both the infant and the mother.

P3-134

WHOSE CLOCK MAKES YOURS TICK? MATERNAL-INFANT PHYSIOLOGICAL ADAPTATIONS DURING THE FIRST MONTHS OF LIFE

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Introduction In this longitudinal study, we examined the existence of a direct maternal-infant physiological relationship in the synchrony of respiratory sinus arrhythmia (RSA) between mothers and infants. RSA is considered an essential physiological index of the capacity to self-regulate and is a required developmental factor for later social participation (Friedman, 2007).

Method We conducted paced breathing experiments with 11 mother-infant dyads when the infant was 1, 2, 4, 8 and 12 weeks old. We instructed mothers to breathe at 5 different rates (6-12-15-20-6 cycles per minute) with their infant lying on their body. Maternal-infant ECG and respiration were registered with simultaneous video recording. RR-interval (RRI), respiratory sinus arrhythmia (RSA) and respiration frequency (Fresp) were calculated. We analyzed mother-infant RSA response profiles, using an ANOVA approach followed by post-hoc testing of interaction terms. Polynomial and Helmert contrasts were used to evaluate respectively maternal-infant paced-breathing response differences and developmental differences.

Results Results showed that a maternal-infant physiological relationship is manifest during the first two months of life. During this period, an infant is more susceptible to fluctuations in the RSA curves of their mother than on a later age. At the age of 3 months, maternal-infant differences in RSA were too large to determine a relationship.

Conclusions These results are in line with the developmental shift from dominant simple attentive behavior to complex socially oriented behavior and might reflect a shift from intra-uterine to extra-uterine environment, likewise to the adaptations on the level of motor and sensory systems.

P3-135

THE RELEVANCE OF PHYSIOLOGICAL AND SOCIAL-AFFECTIVE ASPECTS OF TONAL SYNCHRONY IN A CONTEXT OF POSTNATAL DEPRESSION

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Introduction Martine Van Puyvelde will demonstrate tonal synchrony between mothers and infants as a specific expression of spontaneous mother-infant musicality on the level of their vocal dialogues (Van Puyvelde et al., 2010).

Method She will show the relevance of tonal synchrony in the flow of social engagement between mothers and infants and its relatedness with affect repair on a social-affective micro-level (Van Puyvelde et al., 2013).

Results Furthermore, new research will be presented that shows how specific musical ratios of tonal synchrony, as they occur in maternal-infant dialogues, are related with maternal-infant physiological regulation processes in the synchrony of respiratory sinus arrhythmia (RSA) (Van Puyvelde et al., 2013, submitted). The importance of RSA for infants' maturation and its relatedness with maternal interactive processes and communicative musicality will be explained.

Conclusions Finally, she will explain the relevance of tonal synchrony and its physiological events for postnatal depression and how these ideas were integrated in the mother-infant group therapy.

P3-136

GASTRO-OESOPHAGEAL REFLUX DISEASE (GERD) IN INFANTS: WHAT LINK WITH PARENT-INFANT INTERACTION TROUBLE? A RETROSPECTIVE STUDY

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Introduction GERD (when reflux of gastric contents causes some symptoms and/ or pathologic complications) affects 25% of infants less than 2 years old in France. It is considered resistant when it is not cured by paediatric measures (hygienic, dietetic and medication).

Method Our hypothesis is that GERD disrupts early parent-infant interactions, which in turn have an impact on the symptoms of GERD. Such a link will be explored by looking at common environmental data, interactive style, and infant psychomotor development. Procedure: brief retrospective descriptive study, based on a questionnaire we elaborated after a review of the literature, filled by consultants (child psychiatrist or psychologist) in 4 perinatal psychiatric centres in Paris and the suburbs. Population: 24 cases: children under 2 years old, consulting for GERD resistant, excluding other medical or psychiatric disease, over a period of three months.

Results -Environmental factors: 18 cases among 24 had maternal psychiatric antecedents; 12 among 24 mothers had obstetrical complications; 6 among 24 babies had perinatal complications. -Interaction style: 16 among 24 dyads had discontinued interactions; 16 among 24 had a problem of relational adjustment, and 12 of corporal adjustment; 9 mothers among 24 had an intrusive behavior, 8 were distant, 8 poorly affective and 7 unavailable; 14 mother's speech expresses guilt and 8 fear of death. -Psychomotor development: 18 among 24 had tonic trouble; 20 among 24 had self-regulation disability complications, discontinuous interactions and particular psychomotor development.

Conclusions. Our results suggest that GERD resistant needs early global care, including collaboration between paediatrician and child psychiatrist to better manage the treatment of the triad. Limitations: small sample, no control group.

P3-137

PRENATAL TEACHING MODEL IMAGINED PRENATALLY BY USG AND EMOTIVE EPOC NEUROHEADSET TO THE ANALYSIS OF EEG SIGNALS, BSID-III AND POSTNATAL ULTRASONOGRAPHY OF THE BRAIN

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The article describes a new model of teaching children before birth. We want to check the influence of this teaching method pre and postnatal. The few conducted studies show that children subjected to teaching in the prenatal period were characterized by better development of brain structures, which later increased their intellectual ability thereby improving their quality of life. This may contribute to an increase in the parents' sense of the influence on the child's future and thus strengthen the emotional bond between them and improve the quality of long-term care of the child. Readily available education in terms of prenatal teaching will increase public awareness of the effects that some factors have on the fetus and will effectively enhance the quality of life of the planned offspring. The research project will be attended by three groups of women in the 24th week of pregnancy. All subjects will agree to participate in the project and to document education until the baby is 36-month-old. To minimize the internal variance of the Criterion group and Control Groups, the research project will be attended by women with a basic level of English, A1. The suggested study can provide the missing link in the understanding of the entire spectrum of teaching and to bridge the gap in studies conducted to date.

P3-138

TEMPERAMENT AND BREASTFEEDING

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Introduction Thomas and Chess assume the existence of two-way influence between the child's temperament and the environment. Although temperamental traits are determined biologically, they are formed under the influence of the environment. One of the most important elements of child's early environment is the type of feed.

Method The studies involved 98 mothers with children aged 3 to 5 months. In the group of approximately 64% of mothers breastfeeding. Children were examined using Pediatric Developmental Scale, which is one of the two parts of observational scale used for measuring temperament: vigor, adaptability, rhythmicity and sensitivity. Mother filled the scale of the Mother and Child (Mother and Baby Scale (MABS) - Wolke and St. James-Roberts, 1987, for: Brazelton and Nugent, 1995), which assesses the child's maternal behavior during feeding in such dimensions as: baby's vigilance during feeding, baby's irritability during feeding and mother's lack of confidence during breastfeeding.

Results The results show that breastfed infants were at higher vigor, including the activity and the reaction force versus bottle-fed infants. However, bottle-fed children exhibit greater rhythmicity as compared to breast-fed children. Further analysis was conducted to answer the question whether the method of feeding the child by the mother has anything to do with perceptions of themselves and the child's mother during breastfeeding. And yes, it turns out that mothers who bottle feed perceive themselves as less confident in feeding activity compared with mothers nursing mothers.

Conclusions The results on the one hand show gender differences in the expression of children's temperament traits. Infant's sex does not matter to the perception by the mother the baby during feeding. Child's temperament may be, regarded as one of the barriers to making decisions how to feed.

POSTER SESSION 4

WEDNESDAY 18TH JUNE: 1230 - 1315

P4-1

MOTHERS' OBJECT RELATIONS SCALES (MORS): A METHOD OF SCREENING EARLY PARENT-INFANT RELATIONSHIPS RECOMMENDED FOR PRACTITIONERS IN THE FIELD OF INFANT MENTAL HEALTH

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Introduction The Mothers' Object Relations Scales (MORS) was developed by Oates in the late 1990s. MORS is an appropriate instrument for assessing a parent's internal representation of their child's relationship with them. The questionnaire's short form was improved and validated in British and Hungarian moderate-sized samples in the 2000s.

Method The 'FOR HEALTHY OFFSPRING' Project was the first Hungarian research examining the significance of risk and protective factors behind early childhood behavior regulation problems. The diverse social-demographic characteristics of the large sample (n=1164) allowed further testing of the reliability and validity of the MORS' Hungarian short-form (H-MORS-SF). High internal consistency was found in the original and the imputed data obtained from parents of 0–3-year old children for both H-MORS-SF dimensions: Invasion and Warmth. The scales had interpretable and systematic cross-correlations ($p < 0.001$) with measures of infant temperament (IBQ-R, ECBQ) and mental state (DS1K) of both parents.

Results While these constructs were only moderately correlated within the whole sample ($Rho = 0.15-0.37$), the existence of a number of parental subgroups was hypothesized. K-mean cluster-analysis (n=828) identified five interpretable clusters. One cluster comprised high level maternal depressive mood ($F[4.823] = 261.25$; $p < 0.001$), perceptions of high infant invasiveness and negative feelings towards the parent ($F[4.823] = 380.51$ and 16.34 , respectively; $p < 0.001$), and low self-control ($F[4.823] = 43.73$; $p < 0.001$). 10% of the mother-infant pairs belonged to this cluster. In this subgroup the combined factors of poor maternal mental state and negative perceptions of the child suggest heightened risk for disrupted early parent-infant relationships.

Conclusions Our results confirm and extend previous results based on smaller samples. Given the convincing psychometric indicators and its ease of administration, the MORS-SF (with mental state screening tests: e.g. BDI or HADS) can be considered for use as an effective screening method for monitoring developing parent-infant relationships.

P4-2

FALLING ASLEEP AND NIGHTWAKING PROBLEMS IN INFANCY AND TODDLERHOOD: RESULTS OF A LARGE HUNGARIAN COMMUNITY RESEARCH

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Introduction The 'FOR HEALTHY OFFSPRING' Project was the first Hungarian large-sample research (n=1164) examining the prevalence of early childhood behavior regulation problems (e.g. infant sleep difficulties) and the significance of different risk and protective factors behind them.

Method Data were gathered across questionnaires, diagnostic assessments, individual and small-group consultations. In our questionnaires, we asked parents detailed questions about sleeping habits of their 0-3-year-old infants and toddlers. Descriptive statistics showed, that until 18 months, children generally wake up two times a night and then during the third year, it decreases to only once a night. In our sample, 10% of children wake up 4 times or more a night, and 52% of children need long evening routines and/or close body contact in order to fall asleep.

Results Fifteen different evening habits for falling asleep were categorized. Different strategies are significant at different ages, but there are always two main subgroups: those who generally after evening family rituals (tales, songs, talks etc.) fall asleep alone (with or without any self-soothing strategies) and those who only can fall asleep with the active help of parents. Falling asleep and night waking problems are not independent. The number of nightwakes are significantly higher for children who need long routines and/or close body contact than for those who fall asleep alone without this help (Mann-Whitney-test: $Z = -9.23$, $p < 0.001$).

Conclusions Because long evening routines and frequent nightwakes are stressful both for children and parents, promoting continuous, sensitive parental help for infants in order to find self-soothing strategies and ways of falling asleep alone is an important issue for pediatricians and practitioners in the field of infant mental health.

P4-3

FEEDING DIFFICULTIES DURING BREAST FEEDING AND WEANING IN INFANCY AND TODDLERHOOD

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Introduction The 'FOR HEALTHY OFFSPRING' Project was the first Hungarian large-sample research (n=1164) examining the prevalence of early childhood behavior regulation problems (e.g. feeding difficulties) and the significance of different risk and protective factors behind them. Data were gathered across questionnaires, diagnostic assessments, individual and small-group consultations.

Method In questionnaires, mothers of 0-3-year-old children (n=1133) were asked about breastfeeding, weaning and later eating habits. 97% of the mothers had breastfed. Those who had already stopped, generally breastfed their children until 7.58 ± 6.75 (min: 0, max: 38) months. 56.6% of mothers stopped in the first half year, and 92.1% during the first 18 months. Mothers with higher education had breastfed 2.5 months longer than lower educated mothers ($Z = -5.15$; $p < 0.00$). Weaning generally began at 5.54 ± 2.09 months. Number of breastfed children were linearly less with age. For those who were still breastfeeding, children's age widely varied (max: 45.6 months).

Results The mothers questioned generally liked breastfeeding (M: 4.22 ± 1.08 in a 1-5 Likert scale), but 20% of them had significant repugnance towards it. 54.8% of the mothers had some breastfeeding problems. Most frequent complaints were: not enough milk, illnesses and taking medicines, impatience of the child, inflammation of the breast, sore/cracked nipples and some other non-medical based beliefs. In 16% of the families children had some feeding and growth difficulties during the first 3 years, but only 10% of mothers thought that feeding was a serious problem. Higher educated mothers mentioned feeding was a little bit more of a problematic process.

Conclusions Because the frequency of problems have varied across the breastfeeding-weaning process (most serious problems were shown after complete weaning, while the least in only-breastfeeding), promoting unstressful transitions from breastfeeding to general eating is an important issue for pediatricians and practitioners in the field of infant mental health.

P4-4

NEW MODES OF ACCESS TO PARENTHOOD AND NEW PARENTHOOD CONFIGURATIONS: PROPOSALS FOR A THEORETICAL MODEL AND METHOD OF INVESTIGATION

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Introduction During recent decades the portrait of parenthood has become radically diversified. New psychological dynamics and challenges associated with new modes of access to parenthood (medically assisted procreation, MAP) that result into new parenthood configurations need to be understood. Traditional clinical frameworks are inadequate for thinking about those dynamics and challenges.

Method In order to develop a new framework, two literature reviews were undertaken. The first examined the traditional conceptualization of parenting dynamics and identifies the new dynamics specific to new types of parenthood. The second focused on the interviews used in research with parents. Key themes were identified and used to construct a semi-structured interview. The interview was subsequently reviewed by 6 experts in the area of MAP, perinatality and homoparentality, as well as 7 parents using MAP (heterosexual and homosexual couples and a single mother) as well as homosexual fathers who had adopted a child, and suggestions integrated where necessary.

Results A theoretical model of the psychological dynamics and challenges associated with contemporary parenthood is proposed that integrates the traditional framework (Benedek, 1959; Bydlowski, 2008; Colarusso, 1990; Houzel, 1999) as well as the dynamics associated with the new modes of access to parenthood (Faure-Pragier, 2003) and new types of parenthood (Ducousso-Lacaze, 2009; Naziri, 2011). Using this theoretical model together with the research approach focusing on mental representations of parents (Ammaniti, 1999; Stern, 1995) a method of investigation based on the semi-structured interview was developed with the aim of exploring the manifest and latent dynamics of each type of parenthood.

Conclusions The conceptualization of a theoretical and empirically informed framework for understanding the dynamics and development of new parenthood configurations and access to parenting is an important step. The semi-structured interview will enable us to obtain further insights into the experiences of these parents and sensitize clinicians working with them.

P4-5

POSTPARTUM DEPRESSION AMONG FATHERS: COURSE AND RELATIONSHIP TO DEPRESSION AMONG MOTHERS

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Introduction Postpartum depression in fathers, which is said to follow the onset of postpartum depression in their partners, has been recognized. However, it has not yet been studied in Japan. Thus, we examined the prevalence and course of postpartum depression among fathers and to examine correlations between mothers' and fathers' depression.

Method A total of 786 mothers and 561 fathers participated in the longitudinal study. They were recruited at a perinatal center from August 2009 to March 2001. Questionnaires were completed and returned via mail during pregnancy and at 5 weeks, 3 months, 6 months and 12 months postpartum. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depression. We used a cut-off of 8/9 for our Japanese sample, which is lower than that used in European countries as Japanese individuals tend to score lower on this measure.

Results The data showed that the number of fathers with EPDS scores higher than cut-off were 43 (7.7%) during pregnancy, and 36 (8.6%) at 5 weeks, 32 (8.4%) at 3 months, 21 (6.7%) at 6 months, and 11 (4.6%) at 12 months postpartum. A two-way (parent, time) mixed-design ANOVA revealed an interaction between time and parent ($F(3.73, 92.34) = 126.97$, $p < .001$). Among fathers with EPDS scores higher than the cut-off at 5 months postpartum, EPDS score in 5 months correlate significantly with mothers' EPDS score of 5 months, 3 months, 6 months, 12 months of postpartum.

Conclusions As about 8% of fathers suffered from postpartum depression, we should screen fathers as well as mothers during the postnatal period to prevent maltreatment and ensure the healthy development of children.

P4-6

THE HOME ENVIRONMENT OF INFANTS & TODDLERS OF LEGAL IMMIGRANTS IN THE US: FINDINGS FROM THE NEW IMMIGRANT STUDY

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Introduction The New Immigrant Study (NIS) affords an opportunity to more fully characterize the home experiences young children of legal immigrants to the USA. This study documents the frequency of exposure to stimulating materials and activities and socio-emotional support from parents. We provide breakdowns by country of origin and parents' education.

Method NIS is a nationally representative multi-cohort longitudinal study of new legal immigrants to the US, conducted in 2003-04 with a follow-up in 2007-09 (N=8573). Background information on family background and household affordances were gathered from all families. For children living with the focal adult, the home environment was assessed using the HOME-SF Inventory. Data were available on 904 children, ages birth to 3, clustered into 4 country (Mexico, El Salvador, India, Philippines) and 4 regional (East Asia, Europe, Caribbean, Africa) groups. Breakdowns were also made according to the roster adult's years of education (0, 1-8, 9-13, 14-17, 18+).

Results There were variations in how frequently children had certain materials available or experiences (80% had children's books, 83% mothers spoke to the child, 48% watched < 3 hours of TV per day). There were marked country differences (home computer: 48% Mexico, 91% Philippines; kept child in view: 69% India, 100% Philippines; read stories to child every week: 67% El Salvador, 87% Europe). There were also differences as a function of parent education, particularly for items like receiving newspapers and having 50+ books, but education interacted with country/region of origin.

Conclusions NIS makes clear there are differences in what children of legal US immigrants experience by way of materials, enriching activities, parental supportive behaviors and household affordances. Documenting these experiences increases understanding of the lives of recent immigrants and establishes a foundation for several lines of inquiry pertaining to children's development.

P4-7

THE LONG-TERM IMPACT OF LOW-LEVEL MATERNAL DEPRESSIVE SYMPTOMS IN EARLY CHILDHOOD ON CHILD BEHAVIORAL OUTCOMES

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Introduction Research suggests that mothers who are diagnosed with depression are more likely to have problems in parenting and their children are at risk for poor developmental and behavioral outcomes. However, the impact of low-level depressive symptoms on child outcomes is unclear and is the focus of this paper.

Method This study uses data collected during the Early Head Start (EHS) Research and Evaluation Project, a multi-site, longitudinal study of 3,001 EHS eligible families. We used data from study enrollment as well as parent interviews when the child was 14 and 36 months of age and in 5th grade, including standardized measures of maternal depression and child behavior. We examined differences in children's fifth grade internalizing and externalizing behavior problems for mothers with no depressive symptoms, low-level symptoms, and clinically elevated symptoms in early childhood. We controlled for demographic variables and 14 month child emotional regulation.

Results Fifth-grade children whose mothers had low-level depressive symptoms had significantly more problems with internalizing and externalizing behavior compared to mothers with no symptoms (as expected, children of mothers with clinically elevated symptoms had most problems). We repeated the analysis including data from both 14 and 36 months, to identify three groups: 1) mothers never depressed, 2) only low-level symptoms, and 3) clinically elevated symptoms at one or both assessments. Results were similar, with significant increases in child behavior problems for mothers with low-level symptoms compared to mothers with no symptoms.

Conclusions Results suggest that even low-level maternal depressive symptoms are associated with poorer child outcomes, including increases in problems with behavior. These findings may have implications for depression screening processes for mothers as well as new approaches to supporting mothers with low-level symptoms.

P4-8

PREVENTION, EARLY INTERVENTION PARENT-INFANT-TODDLER GROUPS: ATTACHMENT, EMPATHY AND ENHANCING THE EMOTIONAL BOND

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Introduction Teaching parents emotional development from birth to 4 years is the goal. Parents learn to observe and understand their growing child's behaviors. The focus is on enhancing attachment, empathy and communication within the dyad. Parents develop appropriate expectations and positive responses to their child's emotional needs, resulting in self-regulated children.

Method Educational material is based on Mahler's Separation-Individuation theory, Fraiberg's "ghosts in the nursery" and Henri Parens work on aggression in early childhood. Presenters are infant mental health/child development specialists trained by Parens. Group process utilizes psychodynamic theories of development explicated by Anna Freud. Groups are ongoing and parents attend with children under age 4. As parents observe behavior and hear explanations, it is easier for them to assimilate information. Parents are

guided to respond to children in growth promoting ways. As parent's self esteem is heightened, the difficult job of raising small children eased.

Results Parents bring their "ghosts", conscious and unconscious, emotionally derived attachment experiences, fears and desires regarding parenting. Babies bring their emerging selves; personality, temperament, drives; need to attach; and within the relationship, to explore the world beyond the dyad. Parents' responding to children's emotional needs in 'growth promoting' ways, strengthens emotional connectedness resulting in secure attachment. Children gain ability to regulate affect, empathize and negotiate co-operate with others. Securely attached children build positive relationships with peers and other adults. These attachments impact all aspects of their lives: academics, finding adaptive solutions to internal and interpersonal conflicts, minimizing need for aggressive behaviors.

Conclusions Groups positively supporting the earliest relationship between parent and child can prevent problems that result in attachment disorders, child abuse, juvenile delinquency. Groups adapted for adoptive families focus on adoption issues, children's understanding of adoption and adoption dialogue. Discussion includes anecdotal reports from parents whose children are adolescents or older.

P4-9

PARENTING CHILDREN WITH DISABILITIES. SOME CLINICAL EVIDENCES ABOUT THE EFFECT OF CHILD' DISABILITY ON PARENTAL PERCEPTION OF THEIR OWN OFFSPRINGS

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Introduction The birth of a child with disability as well an accident provoking disability breaks the continuity between external reality and internal world in parents; between different kinds and levels of parental representation and surprisingly on the direct perception of his own children.

Method This paper concerns the parental accuracy in reporting the capacities of their children; and whether their emotional and affective perception is comparable to external observer. A sample of 50 children (0 to 17 y.o.) with disabilities has been split in three age groups (0-3; 4-11; 12-17) to compare the cognitive, motor, sensor, neuropsychological, communicative, emotional and relational functioning of children by an ICF assessment ("b" and "d" categories) with the parental perception of child's personal, domestic and community ability evaluated by VABS. We will compare also parental and observer perception of social orientation and emotional regulation by using the QUIT.

Results For many parents, making sense of 'being together' with their disabled child is a very difficult undertaking, sometimes due to the objective complications in decoding the child signals, sometimes due to the parental phantasmization of the child. So, the brutal impact of disability on parents can generate dissociation between the perception of the child and the (emotional and affective) meaning of the experience. We are expecting significant differences between: 1) the child functioning and the level of his/her abilities as reported by the parents and 2) the child's emotional evaluations coming from parents and professionals.

Conclusions Grasso (2012) considers the experience of a child with disability as a major trauma in the parents' life, which in some cases can generate misrepresentations of real children by parents like post-traumatic symptoms. This paper analyzes specific data on parental child's perception that may or may not confirm this assumption.

P4-10

INCREDIBLE YEARS BASIC PARENT INTERVENTION IN CLINICAL AND COMMUNITY SETTINGS

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Introduction Analyze the differential impact of the Parent Intervention Program on mother-child interactions; mother's discipline practices and children's social skills and externalizing behavior problems, on two groups of interventioned families: families referred from several ways, in the community (Community Group; N=36) and referred by pediatricians, children's psychiatrists (Clinical Group; N=33).

Method Mixed between-within subjects analyses of variance were conducted. One-way repeated measures ANOVAs were conducted to compare scores at Time 1 (prior to the intervention), Time 2 (post intervention, 6 months after 1st assessment) and at Time 3 (Follow-up, 12 months after 1st assessment). Two-way between-groups analyses of variance were conducted to explore the impact of the Time and Type of Referral (Community or Clinical) on the above mentioned variables.

Results No baseline differences between groups were found. On all the variables assessed, there were significant effects for time, with small to medium effect sizes. Post-hoc comparisons using the Bonferroni test indicated that the mean scores for Time 2 and Time 3 were significantly higher than Time 1, on both the Community and Clinical Groups, and there are no differences between Time 2 and Time 3. A statistically significant main effect was found for Type of Referral, on Positive Parenting, at Time 3, indicating that at that moment, the Clinical Group shows more Positive Parenting Strategies than the Community Group.

Conclusions Parent intervention programs like Incredible Years Program are a very important resource as a prevention and as a clinical intervention in child mental health. Developing a positive parenting atmosphere and preventing behavior problems from developing is our main goal.

P4-11

ON THE ROLLER-COASTER: PARENT STRESS IN INFANT LIVER DISEASE

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Introduction Although serious liver disease in infants is rare, these children often experience long periods of hospitalization, multiple medical and surgical procedures, lifelong complex medication regimens and the possibility of transplantation, leading to extreme stress for parents.

Method This mixed-methods study examines parent stress in families who have an infant with serious liver disease. Each parent of 42 infants recently diagnosed with serious liver disease completed a set of validated questionnaires: Family Assessment Device; Depression Anxiety and Stress Scale; Impact on Family Scale; and Dads' Active Disease Support Scale. Parents were interviewed together about the effects of the infant's liver disease on the family. Descriptive data from the initial assessment period of a prospective one-year follow-up cohort study currently underway are reported.

Results 78.6% percent of mothers and 71.4% of fathers reported at least one area of disturbed family functioning, while 38.1% of mothers and 23.8% of fathers scored in the clinical range for depression, anxiety or stress. Perceived helpfulness of fathers' involvement in the care of the child was negatively correlated with mothers' depression, while more involved fathers reported greater levels of anxiety. Many parents reported that their experience was like an emotional roller-coaster and some fathers experienced the hospital environment as traumatic or even unwelcoming. However, most parents described closer family relationships due to the child's illness.

Conclusions Having an infant with liver disease is stressful for families. Anxious fathers are more likely to be involved in the child's care and their involvement appears to lessen mothers' depression. Psychosocial care for the family and including fathers are important elements in the health care of these infants.

P4-12

BEYOND POSTPARTUM: OFFERING PARENTING SUPPORT IN A WOMEN'S MENTAL HEALTH DEPARTMENT

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Introduction Mental illness can create and exacerbate parenting challenges. Children of mentally-ill mothers tend to display more difficult behavior, and face higher risk for mental illness themselves. Unfortunately, adult psychiatry rarely addresses parenting and children beyond acute safety concerns. We report on a pilot study designed to seize this missed opportunity.

Method We are piloting a novel model of parenting support at the point of care geared specifically for mothers affected by mental illness. The Parenting Support Centre is a welcoming space for all patients of the Women's Mental Health Program who have children. Staffed three half-days per week by a parent support worker trained in maternal mental health and the evidence-based Triple-P Positive Parenting Program, clients self-refer to the centre, and attend by drop-in, telephone or appointment. Parenting support is enhanced by collaboration with the parent's psychiatrist/therapists. To our knowledge, no comparable model currently exists in adult mental health treatment.

Results We will report on our experience, challenges and successes introducing this new model of supporting the parenting role within an adult mental health department. Patients' experience and feedback, including the acceptability and perceived need for this novel approach will be described. Quantified data from attendance records, as well as results of user surveys, and Parenting Stress Index - Short Form (PSI-SF) scores will be described in aggregate to relate the use and users of this novel program. We will additionally employ qualitative methods to report in aggregate on clients' subjective experience of the program as gleaned from semi-structured interviews.

Conclusions Parenting needs are routinely neglected in adult mental healthcare, despite known risks and effects on children. We will demonstrate the feasibility and acceptability of integrating mental-health-informed, evidence-based parenting support at the point of care, partnered with adult mental healthcare provision, as a step towards decreasing intergenerational transmission of mental illness.

P4-13

TELLING A CHILD THE FACT OF HAVING BEEN BORN WITH CLEFT LIP AND PALATE: FROM A CHILD'S VIEWPOINT

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Introduction Parents experience various difficulties concerning the notice of cleft lip and palate (CLP) to their children. Even if parents hesitate to tell the fact of CLP, children will begin to bear doubt sooner or later. This poster will present good-enough conditions supporting children while they develop self-cognition including being CLP.

Method The subject of this research is an adult CLP person who has gone through a series of the medical treatments and now engages in dental care as a professional (named M, male, age 28). The process of forming self-cognition was investigated with semi-structured interviews of his life story. Collected data were analyzed using the Trajectory Equifinality Model (TEM), aiming to describe the trajectory how M's self-image has changed in response to the notice from the parents and the subsequent changes in the interpersonal relationships, especially with his mother.

Results The meaning of the scar on M's face has completely changed after being informed of CLP by his mother when he was a junior high school student. Insight into M's own personality occurred, and he felt that the reason for the discipline of the family had been revealed all at once. Being overwhelmed with emotional impact, M had a touch with not only his mother's grief but also her strong affection, and the perspective of future-self that purposed to heal her sorrow manifested itself. Through the repetition of reinterpretation on mother's experience, M defined himself as being a CLP person.

Conclusions This poster demonstrates the background factors which sustain the process of adaptation to the impact on parents and children which is derived from congenital condition of CLP. Further investigations on the psychological resilience are planned in the context of social direction and social guidance at the presentation.

P4-14

EROAVUXI - SERVICE FOR DIVORCED COUPLES AND THEIR CHILDREN

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Introduction The purpose of the service is to help parents to hear children's needs and support parents to communicate with each other in a constructive way considering especially children's benefit. According to research results and practical evidence, a good cooperation between parents after divorce benefits children and their recovery after divorce.

Method Our service consists of 3-5 counselling meetings with the family. We offer a possibility to discuss the questions of shared parenthood after divorce and how to consider the child's point of view and needs. We offer separate workers for children and for parents. The psychologist meets children separately, in order to hear child's individual concerns. Children agree on which issues can be told further to parents. Parents have their session with their worker at the same time. During the last meeting parents hear children's concerns and get material about other possible services and a list of literature about divorce.

Results We have collected feedback and evaluation of this service from all the parents. The feedback has been very positive. Parents have appreciated this service and the possibility to support their children through constructive practices of shared parenthood.

Conclusions Regarding to parent's feedback and our experience this kind of service seems to be very useful and important in the challenging process of divorce in families with children. Services of this kind should be available and affordable for every divorced family.

P4-15

PARENTS INFANT MESSAGE CLASSES AS A FUNCTION OF ADULT EDUCATION: AN ENABLING CONTEXT FOR PARENTS DEVELOPMENT

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Introduction This paper is focused on parents' training in infant massage as a function of adult education. The purpose is to address the importance of parents' participation in infant massage classes for their own development. This innovative adult learning experience is exploring new ways of thinking, feeling and meaning making.

Method Through Social Constructionism Theory (Berger & Luckmann, 1966) we focused on specific characteristics of adult education which are adults' belief system/ethnotheories (Rokeach, 1968), perspective transformation (Mezirow, 1981) and mindful learning (Langer, 1997), in order to explore how parents are making sense of their personal and social world. In this sense, the version of "reality" that parents experience in their everyday life is a constructed one, based on the culture's canonical ways of meaning making and interpretation (Bruner, 1996). Attention to the above characteristics may reflect parents' inter-subjective learning and meaning making in the context of adult education.

Results Parents Infant Massage Classes support basic aspects of adult education: a) Parents' beliefs systems or ethnotheories (Harkness & Super, 2004) are correlated with different developmental goals and parenting styles and expectations (Keller et al., 2005), b) Parents' perspective transformation (Mezirow, 1981) as they are provided with an alternative cultural "toolkit" in order to mutually explore new perspectives on parenting and human development by experiencing the benefits of Infant Massage philosophy and c) Parents' mindful learning as they are mindfully prepared to stay attuned to each parent-child unique relationship and become aware of their inner experiences and assumptions (Siegel, 2007).

Conclusions In lifelong learning, adults are encouraged to explore ways of human interaction and meaning making. Parent classes as adult learning process provide them with an in-depth understanding of meanings, relationships and practices and ensure opportunities for more useful, inclusive insights and informed choices and actions.

P4-16

AN INTERDISCIPLINARY GROUP WELL-CHILD CARE MODEL PRESENTERS: MARY ANN MARCHEL, PH D., MSW; HEATHER WINESETT, MD; KATIE HALL, RN; CASEY LADD, LICSW, LMFT

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Introduction The proposed poster provides a description of lessons learned from the pilot of a 24-month long, co-facilitated group well-child visit model. A pediatrician, pediatric nurse, and infant mental health provider partnered to create a “holding” environment for a cohort of caregivers and their children during regularly scheduled well-child visits.

Method A cohort of three sets of parents and their children who share the same natal month were invited to participate in a group well-child visit model. Similar to other Group Well-child visit models (Page, et.al, 2010) the routine preventative schedule developed by the American Academy of Pediatrics was applied. Visits lasted 90-120 minutes and were conducted in early evening hours. Prior to completion of typical individual well-child care visits, the group well-child care visits included a 30-45 minute group interaction time for parent questions and concerns. Interdisciplinary co-facilitation allowed response through the lens of medicine and mental health.

Results At the 24-month well-child visit an informal focus group with the participants yielded that parents were highly satisfied with the group well-child visit model. Specifically noted were the following: a) access to other parents who were experiencing similar challenges and successes in parenting; b) adequate time to talk with professionals about parenting concerns; c) access to a safe place to share; and d) the provision of experiences that create positive perceptions of medical visits for their child. These preliminary findings suggest that families believe the group well-child visit model demystified the experience of clinic visits for their children.

Conclusions Information rendered from the pilot of the Interdisciplinary Group Well-child Visit Model merits further investigation. The pilot group included families who had minimal stressors in their lives. Replication of this model with families of diverse socio-economic backgrounds and stress-levels may present effective, preventative care beneficial to increased well-being.

P4-17

THE IMPACT OF LOW MATERNAL DEPRESSION ON HOME SAFETY FOR INFANTS AND TODDLERS

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Introduction Serious depression in the first years after the birth of a child impacts about 22% of women and has been documented up 37% of low-income women with an additional 19% identified with minor depressive disorder. It is not clear if low levels of depression impacting parenting during infancy and toddlerhood.

Method Data come from 235 mothers' interviews by Early Head Start teachers trained in the use of an inventory tool called The Family Map (FMI). Children were 26.1 months old (SD = 24.6) and lived in rural Arkansas. The FMI identifies environmental risk for children in twelve domains including maternal mental health, home and vehicle safety, supervision, non-maternal childcare safety, and exposure to violence. Parents with serious depression were excluded. Comparisons were made between the 12% of mothers reporting low depressive symptoms (MD) and mother reporting no symptoms (ND). Logistic regression controlled for parent education level and child age.

Results No differences in risk were seen in the infant sleep environment (e.g., crib), supervision (e.g., bath time), risk of injury (e.g., choke hazards), vehicle safety (e.g., car seats), or fire safety (e.g., smoke alarms). More MD parents (41%) reported using inappropriate child care (e.g., caregiver less than 13 years of age) than ND parents (20%). Children (27%) with MD parents were more likely to be exposed to violence (e.g., someone in home physically hurt by another) than children of ND (8%) parents.

Conclusions Mild maternal depression in mothers was linked to parenting behaviors and environments that exposed infants and toddlers to risks in the environment. However, some common risks for unintended injury were not more common in families with MD parents than ND families.

P4-18

PARENTING STRESS IN INFANCY AND TODDLERHOOD IN NORTHERN FINNISH FAMILIES

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Introduction Parenting stress derives from inequality between the demands of parenting and available personal resources to achieve those demands (Abidin 1995, Ammerman et al 2013). High levels of parenting stress affects negatively in parent-child interaction and diminishes the mental resources reserved for the child.

Method The aim was to explore parenting stress and its correlation with parents' estimation of their children. Data consists of 209 children at the age of 18 months who lived in city of Oulu in Northern Finland during years 2008-2009, and 230 children at 12 month's age in 2010-11. Parenting stress was evaluated by Parenting Stress Index-Short Form (Abidin 1995) and children's socio-emotional development by the Brief Infant Toddler Social and Emotional Assessment (Briggs-Gowan & Carter 2004). Nurses in Children's Health Care Centres in Oulu administered PSI and BITSEA to parents in children's check-up visit. Parents posted filled forms to researchers.

Results In 12 month-old infants (boys and girls), mothers had higher PSI Total Scores and Difficult Child Subscores than fathers. When compared paired parents' PSI Scores separately with boys and girls, mothers of boys had higher Difficult Child Subscores than fathers. In all 18 month-old toddlers, there was no statistical difference between parents' PSI Scores. When compared with children's sex, mothers had higher PSI Total Score and all the Subscores with boys than girls. When compared paired parents' PSI Scores with boys and girls, mothers of boys had higher Total PSI scores, Parental Distress and Difficult Child Subscores than their fathers.

Conclusions Parenting stress changes both quantitatively and qualitatively along child's growth. Boys' parenting might be especially challenging for mothers who generally tend to be more strained with parenting stress than fathers in early years. Impact of high parental stress on parents' estimation of their children will be presented in the poster.

P4-19

MATERNAL MENTALIZATION ABILITIES IN THE TRANSITION TO MOTHERHOOD

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Introduction The relationship that exists between human infants and their primary caregivers and the interactions that occur within this relationship are crucial to the infant's development. There are many studies about the early relationship between mothers and babies and the concept of reflective functioning and mentalization became more and more important.

Method But why are some mothers more aware of their babies' experiences and of the links between their own thoughts and feelings and those of their children than other mothers? What impact has their well-being and possible psychological disorders such as depression on their ability to gain insight into their babies thoughts & feelings? To find out more about this, this study examined associations between the mothers' mentalization abilities, - depression and - quality of life in a non-clinical sample of mothers. It employed a correlational design.

Results 188 mothers completed the Mentalization Questionnaire, the Becks Depression Inventory and the SF-8 Health Survey with significance results showing that mothers with a lower quality of life, scored higher in the BDI and reported impaired mentalization capacities.

Conclusions The present study contributes to our current understanding of maternal mentalization abilities in the transition to motherhood. Future research, methodological issues, and clinical and theoretical implications especially for early intervention-programs are to be discussed.

P4-20

SUPPORT TO PARENTHOOD AND FUTURE PARENT'S EXPECTATIONS

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Introduction The concern to provide an early prevention in mental care now leads to recommend the setting up of parenthood education at the start of the prenatal period (e.g. the french "plan périnatalité"2005-2007). Are future parents really interested and receptive? Is the efficiency of these programs known and proved?

Method Our study draws on a research in progress, Prevention in perinatal care. An intercultural comparative research about men's and women's expectations during the perinatal period, in a preventive approach of parental education' explores future parent's expectations and early manifestations of parenthood. The analysis is based on interviews conducted during the perinatal period in several countries (Québec (Canada), France, Brazil, China).Participants (N=161 women at first assesment point) responded to a semi-structured interview at four assesments points: at each trimester of pregnancy and early post-partum(6-10 weeks).

Results The results suggest that, in the prenatal period, the participant and their partner rarely focus their training expectations, as expressed to their entourage and to the professionnals, on their "becoming parent".When training expectations exist and are expressed, it's usually at the end of pregnancy and they are about technical know-hows on nursing the baby and not about parenthood. However, the study reveals an important demand from parents, especially expecting mothers, to be listened to by attentive and respectful professionals and more generally by their entourage.This demand is present regardless of the cultural or geographic origins of participants.

Conclusions In light of these results, the project to establish parenthood education programs is likely to garner only limited support from future parents.It is nonetheless appropriate to offer, from the first quarter of the pregnancy, meetings with well-trained professionals who are attentive and ready to answer their questions.

P4-21

PSYCHOSOCIAL RISK FACTORS AND NEED OF SUPPORT: THE PERSPECTIVE OF FAMILY MIDWIVES

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Introduction In 2012 the *Federal Initiative of Early Prevention* was set up. The initiative promotes diverse measures including family midwives to cope with family dysfunction. To further develop family midwife support more data concerning families' risk factors and specific needs for help - as assessed by family midwives themselves - is needed.

Method The German National Centre on Early Prevention has developed an online questionnaire for family midwives and similar professionals. By this questionnaire data about families' risk factors and specific needs for help - as assessed by family midwives - is collected. We expect about 500 professionals and about 5000 families to take part in the study.

Results Data collection is still in progress and will be finished in early 2015. First intermediary results including questionnaire data on the prevalence of families' risk factors and their specific needs for support will be presented.

Conclusions The study was designed to provide reliable data on psychosocial risks and specific needs of families who are supported by family midwives. The data should contribute to further develop the Early Prevention System in Germany. The impact of our results for early prevention practice will be discussed.

P4-22

COPARENTING IN STEPFAMILIES: THE IMPACT OF STEPPARENT'S INVOLVEMENT ON CHILD DEVELOPMENT AND MARITAL SATISFACTION

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Introduction The number of stepfamilies is increasing. However, Europe lacks empirical research. Available data shows that stepfamilies function differently than traditional families: differences are observed in marital satisfaction, stepparent's involvement and child difficulties (Bray, 2005). We hypothesized that the quality of coparenting is as important in stepfamilies as in traditional families.

Method This study aims to investigate non-clinical stepfamilies from 6 months to 5 years after remarriage or cohabitation, having at least one child from a previous relationship. Child behavioral and emotional problems (CBCL, Achenbach, 1991), coparenting (McHale et al, 2000) and marital functioning (DAS, Spanier, 1976; QCS, Beaudry, 2001) were assessed. An observational task was included to evaluate coparenting interactions (Baker et al, 2010). During this task, the couples were asked to talk about an area of pride and then about an area of difficulties concerning their child.

Results Pilot results will be presented for two stepfamilies. Data collected by questionnaires and through the observational task allow providing information about the stepparent's involvement in coparenting. The association between coparental involvement, child outcomes and marital functioning will also be presented.

Conclusions To be a stepfamily implies an important adaptation from all the individuals living together, including stepparent. Children are the most vulnerable ones and show frequent developmental difficulties. To work as a team within the coparental subsystem should have a positive impact on the child's development and on reinforcing marital satisfaction.

P4-23

HOW PERINATAL FACTORS AND PSYCHOSOCIAL FACTORS IN THE OBSTETRIC WARD AFFECT THE INTELLIGENCE AND BEHAVIORAL PROBLEMS AT THE AGE OF THREE YEARS AMONG THE VERYLOW BIRTH WEIGHT CHILDREN?

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Introduction Many researchers investigated how very low birth weight (VLBW) affect the development of the children. The aim of this study was to examine how perinatal factors and psychosocial factors in the obstetric ward affect the intelligence and behavioral problems at the age of three years among the VLBW children.

Method The subjects of this study were the twenty seven VLBW children (11 boys and 16 girls, mean age 3.8 years) who were born at the Yamagata Prefectural Central Hospital from 2001 to 2010 and administered the CBCL and the Tanaka-Binet Intelligence Test V at the outpatient clinic. The mean gestational age at the birth was 26.8 weeks and the mean birth weight was 789.3g. We investigate the medical records of the subjects and acquire the perinatal (gestational week, birth weight) and the psychosocial data (use of the Family Room to prepare for discharge, frequency of family visit to the ward).

Results There are no correlations between gestational week and the scores in the CBCL and between frequency of family visit and the scores in the CBCL. Children of lower birth weight scored significantly more on the aggressive behavior scale in CBCL. Use of the Family Room was correlated significantly and inversely with anxiety scale. There was no significant difference in gestational week, birth weight, frequency of family visit, and use of the Family Room between the children who were in the clinical area and the borderline area of total problems score in CBCL and those who were in the normal area.

Conclusions The results suggested that intensive care and support to the mothers in NICU could influence the child behaviors at the age of three years and that intelligence could correlate with behavioral problems at the age of three years. Further research will be needed to evaluate child attachment in VLBW children.

P4-24

THE BRAZELTON'S CHILD DEVELOPMENT MODEL IN SPECIALTY COURSES OF INFANT HEALTH NURSING AND PEDIATRICS IN PORTUGAL

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Introduction This paper represents the first part of a research project that pretends to understand in what way education in the matters related to the Brazelton's child development model could contribute to the impact of the nurse's role on the transition to parenthood.

Method This paper aims to explore how the matters related to the Brazelton's child development model are approached, in theory, in curricula of specialty courses of infant health nursing and pediatrics. Contacts were made with the all of Scientific Boards of Portuguese teaching institutions (n=14) with Ordem dos Enfermeiros' (Nursing Council) approval and authorization to provide the said course. They were questioned about the inclusion of subjects concerning the Touchpoints model, skills of the newborn, the Neonatal Behavioral Assessment Scale and the Newborn Behavioral Observation System, namely in which curricular units they are inserted and the time dedicated to them.

Results Eleven answers were collected from fourteen established contacts (78.5%), revealing that 90.9% of these curricula include thematic issues related with the newborn's capabilities, 63.6% include matters related with the Neonatal Behavioral Assessment Scale and the Newborn Behavioral Observation and that 72.7% familiarizes students with Touchpoints model.

Conclusions The results show that teaching establishments showed concern with the referred matters. They also indicate the importance given to newborn's characteristics and the importance given to the influence of parent-professional relationship in the child's development.

P4-25

IS GREATER FATHER INVOLVEMENT IN THE PERINATAL PERIOD ASSOCIATED WITH POSITIVE CHILD OUTCOMES AND RESILIENCE?

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Introduction Previous research on parenting and its influence on child development has largely emphasized the role of the mother. However, father involvement has been shown to contribute to positive child developmental outcomes. This study aims to determine whether greater father involvement in the perinatal period is associated with positive child outcomes.

Method Data are from a prospective cohort study, the Avon Longitudinal Study of Parents and Children. The main focus of the study is the impact of paternal characteristics, paternal relationships with mother and child, and paternal involvement in parenting. Self-report questionnaire data were collected during the child's first 2 years regarding paternal views of parenting and perception of the child. The Strengths and Difficulties Questionnaire (SDQ) was completed at age 11 years. Structural equation modeling is used to investigate the relationship between paternal involvement, perceptions of parenting and developmental outcome.

Results Analyses are currently ongoing and results will be presented at WAIMH 2014.

Conclusions Conclusions of the study and policy implications will be discussed.

P4-26

THE POST PARTUM DEPRESSIVE SYMPTOMS AND THEIR INFLUENCE ON THE QUALITY OF COUPLE ADJUSTMENT AND EARLY TRIADIC INTERACTIONS IN THE FIRST YEAR OF CHILD LIFE

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Introduction Postpartum maternal depressive symptoms, even when they are not related to a clinical diagnosis of depression, are the most studied issue as potential risk factor for child development and for the construction of early adult-child interactions and couple adjustment.

Method Following a longitudinal research design, this study aims at investigating the development of mother-father-child interactions in families with mothers with and without post-partum depressive symptoms and the association between maternal symptoms and couple adjustment. N = 61 non-referred primiparous families was split in two groups: Families with mothers with depressive symptoms (N = 13) and a control group (N = 48). Data were collected with: Lausanne Triogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999), Edinburgh Postnatal Depression Scale (Cox, et al., 1987), Dyadic Adjustment Scale (Spanier, 1986) at 7th month of pregnancy and at 1th, 4th and 9th month of child's life.

Results The data show no statistical differences between the two sample with respect to the quality of triadic interactions. The quality of family interactions improves in each observational phase, from pregnancy to parenthood, both in families with and without mothers with post-partum depressive symptoms. With respect to the couple relationship, the mothers with depressive symptoms show a lower level of marital satisfaction than the control group, at each time point. Results also show a linear decrease of the level of couple adjustment from pregnancy to 9th month of child's life.

Conclusions The post partum depressive symptoms seem to have no influence on the quality of early family interactions in the first child's year. The presence of the father in the triadic interactions could be a protective factor and a source of support for the mother in their parental role.

P4-27

THE MAKING OF A FATHER AND A MOTHER THROUGH THE FAMILY ROMANCE IN THE CONTEXT OF GAMETE DONATION PSYCHOLOGICAL CONSULTATION

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Introduction Psychological consultation for gamete donation, often unique, sometimes renewable, is always proposed to couples awaiting to receive a gift of gametes. Allowing the couple to delve into the experience and the meaning of the gamete donation procedure, it is equally an opportunity for them to begin making plans for their family.

Method During this particular time, between issues kept unsaid and painful avowals, ambivalence outweighs the enunciation of what would allow them to withstand the test of infertility. During these emotionally charged consultations, we identify an explicit language, the uttered one, and an implicit language, the underlying one, challenging the clinician's ability to embrace what is half-said, in order to make of it a speech affirmed by the subject.

Results Under the weight of transmission, assisted reproduction procedures invite us to rearrange, renegotiate each one's place within the transgenerational link: consultations are thus impregnated by these psychic reorganizations. Among family secrets, surgical operations in infancy, weighing causative genetic factors and traumatic personal stories of abandonment, psychological consultation opens a breach where everything seemed to have been put aside, so that meaning can flow in.

Conclusions Therefore, in order to allow for the couple to elaborate their position in relation to medical procedures, the clinician will have to demonstrate their capacity to accommodate the patient's discourse between what is said and what is signified.

P4-28

THE SOCIAL SUPPORT NETWORK OF MOTHERS WITH HIV/AIDS OR HIV/AIDS AND PSYCHOSIS

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Introduction Social support decreases HIV/AIDS associated stressors and emotional distress, which improves parent-child relationships (Sandelowski & Barroso, 2003). Faccincani et al. (1990) found that social support for persons with schizophrenia enhanced interpersonal relationships. What are the areas in which mothers with the combination of psychosis and HIV/AIDS need specific support?

Method Eighty five South African mothers participated in this study, 41 mothers with HIV/AIDS and 44 mothers with HIV/AIDS and psychosis. The Support Interview Guide (SIG; Llewellyn & McConnell, 1999), a semi-structured interview, was conducted to assess their social networks and the kind of support. General information from the demographic questionnaire indicated no significant differences between the two groups for general background variables as age, number of children, financial problems, mother using alcohol or drugs, father using alcohol or drugs, the level of education of mother and of father, experiencing conflict in the environment and having an occupation.

Results The social network for the HIV/AIDS (M=6) and HIV/AIDS and psychosis (M=5.55) mothers is smaller than the average of 13 persons for mothers without illness. No significant difference was found between the two groups in size of network, nor for kind of support. However, mothers with psychoses were significantly more often single parent ($X^2(1, N=85)=8.327, p=.004$), less often receive financial ($X^2(1, N=85)=.308, p=.038$) and social ($X^2(1, N=85)=12.959, p=.000$) support from their spouse than HIV/AIDS mothers. With 20% predictability ($r=.197$) HIV/AIDS mothers are significantly more likely to receive social support from their spouse ($\beta=-1.7, p=0.001$) than mothers with psychosis.

Conclusions All the mothers have someone from who they get social support but they are socially isolated and financially dependent on others. Psycho-education for the spouses of mothers with HIV/AIDS and psychosis may support the mother and may contribute to father involvement with their young child, which will enhance parenting.

P4-29

DEPRESSIVE SYMPTOMS, PARENTAL SENSITIVITY AND MOTHER-FATHER-CHILD FAMILY ALLIANCE IN THE FIRST 18 MONTHS

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Introduction The negative influence of parental depressive symptoms on dyadic parent-child relations is widely known, whereas their effect on the construction of family-level relationships has been less studied. This study aimed at comparing the impact of both parents' depressive symptoms on the quality of mother-child, father-child, and mother-father-child interactions.

Method Data were gathered in a low-risk community sample of N = 69 biparental families when the child was 3 (T1), 9 (T2), and 18 months old (T3), with repeated assessments of (a) maternal and paternal depressive symptoms with a self-report questionnaire (EPDS), (b) maternal and paternal sensitivity during separate sessions of dyadic mother-child and father-child free play, and (c) mother-father-child family alliance in the Lausanne Trilogue Play.

Results For mothers, results revealed a weak impact of depressive symptoms on sensitive parenting during dyadic free play. However, increased maternal depressive symptoms at T1 were negatively linked with family alliance from T1 to T3. For fathers, no significant links were found.

Conclusions These results stress the importance of assessing family-level relationships in the context of increased depressive symptoms in new mothers.

P4-30

RELATIONSHIP BETWEEN YOUNG CHILDREN'S SELF-ESTEEM, EMOTIONAL DEVELOPMENT AND MOTHERS' ATTITUDES

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Introduction The aim of the study was to examine the quality of mothers' parental attitudes and emotional development and self-esteem of their 3 years old children. Researchers suggest that emotional intelligence and self-esteem are important for individuals to meeting environmental demands. For children the parent's child-rearing behavior contributes to their development.

Method The question, then, is how children's recognition and understanding emotions correspond with self-esteem and how both correlate with mothers' parent attitudes. The experiments for young children's recognition and understanding emotions included matching, identification, and detection tasks featuring faces expressing different emotions as well as explanation the causes for these kinds of emotions. Children's self-esteem was measured by asking about how they feel in different aspects of their life such as physical appearance, intelligence, character, competence. Mothers' attitudes about child-rearing, parent-child relationships, and roles of family members were measured by PARI (Parent Attitude Research Instrument).

Results The results showed that children's self-esteem has negative correlation with emotional recognition abilities, but has not any correlation with ability to understand the causes for emotions. These aspects of emotional development connected with different mother's attitudes. The highest level of recognition emotions is developed when mother has attitudes for power, intrusion, and dependent child. In such kind of relationships a child has to develop high ability to recognize emotions to adapt better to mother's demands and pressures. On the contrary mother's democratic attitudes impact on high level of self-esteem, high level of understanding emotions, and average level of recognition emotions.

Conclusions In conclusion, an essential element for a psychological development of the three-years-olds is high self-esteem. In relationship with authority, intrusive mother the young child can develop the ability to accurately read emotional states in others as coping strategy, but at the high price of healthy self-esteem.

P4-31

DO CAREGIVERS MENTALIZE INFANTS DIFFERENTLY BASED ON THEIR ROLES AND EDUCATION LEVELS?

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Introduction Previous studies on parental mentalizing (capacity to understand infant mental states) have found correlations with maternal education[1]. However, few studies investigate mentalization capacities of early child educators, who also play a critical role in children's development, and whether their specific education in child development influences their mental state talk.

Method This study examines similarities and differences between parents and educators in the frequency of different categories of mental state language; and whether education level influences parents' and educators' mental state talk. Thirty-two 12-month infants (15 boys) and their caregivers (parents, educators) participated. Caregivers were asked to tell two open-ended stories to the child, from a story prompt. Parents' and educators' language was transcribed and coded into five categories: causality (e.g., because), physical feelings (e.g., hungry), desires (e.g., want), cognitions (e.g., think), and emotions (e.g., happy).

Results Negative binomial regressions showed, after controlling education level, educators talked 1.14 times more than parents about desires ($\beta=4.819$, $p=0.006$) and 3.15 times more about emotions ($\beta=1.705$, $p<0.001$). Higher educated teachers used more cognitive ($p=0.004$) and emotional ($p<0.001$) mental state language. On average, teachers with high school education and below used 0.55 and 1.39 words about cognition and emotion during the storytelling process; and teachers with bachelor's degrees used 3.25 words and 6.08 words about the two categories respectively. Further, higher educated mothers talked more about causal relationships ($p=0.009$) and desires ($p=0.013$) with their children.

Conclusions Caregivers' mental state talk varies based on caregivers' roles and education levels, with educators talking more about mental states than parents, particularly educators with higher education. Future studies will focus on caregivers' adjustment of mental state talk based on the characteristics of the children with whom they are communicating.

P4-32

EARLY SYMBOL IS A MIRROR OF CULTURE: DIFFERENCES IN THE CONTENTS OF INFANT SIGNS IN THE U.S., TAIWAN, AND GERMAN

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Introduction The words people use in their daily lives reveal their social worlds[1], and may reflect culture. Cultural transmission from generation to generation is revealed by cultural differences in children's first words [2]. Thus, prior to speech, do infant signs reveal cultural differences in syntax, reflecting infants' social worlds through preverbal symbols?

Method Parents' and children's use of infant signs (intentionally taught symbolic gestures) were examined in U.S., Taiwan, and Germany to investigate cultural differences in the contents of communication. Parents of children under 3 years (U.S. $n=220$; Taiwanese, $n=263$; German, $n=387$) completed a survey, describing which signs they taught and which children used. Answers were coded into 11 primary categories: noun, verb, emotions (e.g., happy), request (e.g., want, more), greetings (e.g., hello), etc. Sub-categories included: noun: food, animal; verb: care routines (e.g., change diaper), commands (e.g., come), affection and touch (e.g., kiss), etc. Two independent coders achieved high inter-coder reliability ($Kappa=0.885$).

Results One-way ANOVA was used to analyze differences in the frequencies of each category of infant signs. Results showed the uniqueness of Taiwan sample in comparison to US and Germany: fewer nouns and assertions, more verbs (except care routines), adjectives, and emotions/feelings. We also found differences between U.S. and Germany in using nouns: German families used more animals and other nouns (e.g., light); U.S. counterparts used more food and self/family members. Compared with U.S. and Taiwan, German families used more care routines and less social behaviors. U.S. parents used more gestures referring requests/needs than the other two countries.

Conclusions Results provide evidence that meaningful cultural differences in the content of parent-child communication begin before infants' first words. The set of signs used most in each culture may reflect parents' priorities and the specific and unique routines which shape infants' experiences in each culture.

P4-33

TACTILE DEFENSIVENESS AND THE PARENT-CHILD RELATIONSHIP: THE EXPERIENCE OF A GROUP OF SOUTH AFRICAN PARENTS

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Introduction Children with tactile defensiveness experience ambivalence between a need to be touched and negative responses to touch. This condition infringes on the daily lives of many children and their parents and may influence their relationship. This study explored the experiences of a group of parents with children with tactile defensiveness.

Method A phenomenological framework was used. Through purposeful sampling seven parents who had children who had been diagnosed with tactile defensiveness were selected as the study sample. A semi-structured, open-ended approach allowed for the exploration of parents' perceptions, feelings, challenges and ability to cope with these children. Thematic content analysis of interviews provided different themes which were contextualized in current literature on children with tactile defensiveness.

Results Parents indicated that having a child with tactile defensiveness impacted on the parent-child relationship. Parents described feelings of emotional turmoil in relation to their children, including frustration, exhaustion, feelings of incompetency and having unmet needs. It also became evident that parents had to make physical and emotional adjustments due to this condition. It also had a negative influence on the siblings and the marital relationship, often leading to conflict. The parents however also indicated the important role of psychologists and occupational therapists in effectively managing the condition. Parents reported their own unique ways of dealing with these children.

Conclusions The findings of this study have important implications for professionals on supporting and guiding parents with children with tactile defensiveness. The results are applicable to different helping professions.

P4-34

THE FATHER IN THE NEONATAL CARE UNIT: IMPLICATIONS IN THE CONJUGAL AND PARENTAL DIMENSIONS

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Introduction The birth of a first child represents to most parents a crucial event in their lifecycle. When the infant is born prematurely, parents are likely to face specific emotional challenges that may interfere with the transition process to parenthood.

Method Using a qualitative approach, the purpose of our study was to explore how parents deal with the birth of a premature firstborn child. We interviewed twenty couples whose firstborn children were low-birth-weight preterm infants. The interviews took place at two different times: (1) while infants were still in the neonatal care unit; (2) and two months after discharge from the Hospital. In this presentation we will focus on the father's particular experience addressing the parental and conjugal dimensions, during the hospitalization period of their premature babies.

Results Experiences reported by fathers were distinctive from those reported by mothers. Physical appearance and the perceived health status of the infant shape the relational sphere. After premature birth, fathers are focused in supporting the mothers' negative emotional experience. Fathers look for emotional support in a more extended network, trying to elaborate their experience, protecting the mothers from their own emotional difficulties. The communication between mother and father is difficult, despite the recognition of the importance of reciprocal emotional support. The parental role emerges progressively, associated with a more optimistic perception of baby's competences.

Conclusions Specialized professionals must be aware of these particular difficulties and challenges considering the conjugal and parental dimensions in this particular transition process, mediating and facilitating couple communication, promoting a more adapting couple and family functioning.

P4-35

PARENTS' ISOLATION FROM THE FAMILY IN THE FIRST FEW MONTHS OF THEIR BABY'S LIFE AS A VULNERABILITY FACTOR

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Introduction In Western countries, many parents feel lonely and helpless faced with their newborn child. Our ongoing research project aims to assess the effects of parents' isolation from the family after a birth, on the construction of parenthood, parental distress, and the psychic life of the baby during his/her first year.

Method Families were recruited (N = 35) via a home medical care service provider. The mother live with the father of her child, is primiparous. Two subgroups were defined on the basis of the independent variable "family isolation" (definition taken from the SSQ6,

Sarason 1987). Follow-up was done in eight stages: when the baby was 2 and 8 weeks old, and then during the 3rd, 6th, 9th, 12th, 15th, and 18th months. We evaluate: parental suffering (EPDS: Cox, 1987 and STAI-Y Spielberger, 1983), the baby's development (NBAS Brazelton 1984; the RBLS, Brunet-Lezine, 2001; ADBB Guedeney, 2001).

Results There is no significant difference between the two groups in T1 and T2 (Mothers have a similar level of anxiety and depression). However, we observed in the non-isolated group, a significant decrease scores of depression and anxiety related to T3 ($p < .05$ for both) and T4 ($p < .05$ for both), while no change was observed in the isolated group. The statistical analyses show that isolated mothers keep suffering, whereas depression and anxiety drop significantly for non-isolated group. These preliminary results seem to confirm our hypothesis about the impact of family isolation on parental well-being, and more specifically on maternal well-being.

Conclusions Revealing the existence of this risk will improve our understanding of baby's and parents' needs after the birth. This could have direct repercussions on the professionals' practices and public health programs.

P4-36

MATERNAL REPRESENTATIONS IN THE CONTEXT OF A MATERNAL CANCER DIAGNOSED DURING PERINATAL PERIOD (ECHOCALG FRENCH STUDY)

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Introduction About 2/1000 women around the world receive a diagnosis of cancer during the perinatal period and this situation tends to increase. This life event represents a high psychopathologic risk for the mother and is likely to affect maternal representations of self as mother and of the future infant.

Method The ECHOCALG study is the first French national systematic study that aims at assessing the psychological impact of a maternal cancer diagnosed during perinatal period. These preliminary data concern 13 women diagnosed with any kind of cancer during pregnancy or the 12 months following delivery and who are now in remission period. Their children are on average 30 months old. Maternal representations were evaluated by the semantic differential scales derived from the Stern R Interview. Maternal ratings about representations of their child, of themselves as mothers, of themselves as women, of the child's father and of their mothers were computed.

Results Results show that mothers have very positive representations about their child, more positive representations of the father than of themselves as mothers, and positive correlation between the representations of self as woman and of maternal role as being "easy" and "satisfactory".

Conclusions Results will be discussed in terms of their implication for the parenthood process.

P4-37

TRANSITION TO PARENTHOOD AND INTERGENERATIONAL TRANSMISSION IN A SAMPLE OF HIGH-RISK SINGLE MOTHERS

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Introduction Single mothers represent about one fourth of the single-parent families in France. Among them, young single mothers sheltered in maternity homes constitute a high-risk population. The well-known adverse consequences of single motherhood may be aggravated by their life stories, often marked by emotional deprivation, repeated ruptures and violence during childhood.

Method In the present work, longitudinal data on the transition to parenthood of these young mothers, compared to those from control mothers, living with the infant's father, will be presented. Primiparous single (N=28) and control (N=20) mothers responded to a clinical interview at three assessments points: the third trimester of pregnancy, the early post-partum and at 6 months post-partum. Interviews focused on the experience of becoming a mother, the mother's desire for a child, as well as on parenting representations and their relation to the parenting style of their own parents.

Results Single motherhood affects at least two generations in 12 out of 28 families of origin of the single mothers. Representations of their own mothers are overtly negative, as compared to those of control mothers. However, pregnancy seems to crystallize for them a desperate attempt to break off with the past, all the while leading them into a precarious social situation and severe psychological distress. The desire for a child is often associated with the notions of salvation, of repair and healing of their narcissistic wounds as well as the repair of their parental imagos which are perceived as faulty.

Conclusions Most of these women have important difficulties in elaborating the meaning and the physical experience of their pregnancy. Findings also call the attention to the presence of an intergenerational model of single motherhood and to the need of setting up psychological help well before the baby is born.

P4-38

PARENT-PRESCHOOL TEACHER PARTNERSHIP: EVIDENCE OF USEFULNESS OF THE FAMILY MAP INVENTORY

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Introduction High quality childcare programs include activities to connect families to services to improve the home and parenting environment. A difficulty faced by programs is the identification of the services needed. This study examines the usefulness of a screening tool for programs serving infants and toddlers to systematically identify family needs.

Method This study uses data from an evaluation year and full implementation of the Family Map Inventory (FMI) in a rural Early Head Start. Evaluation data provide comparison of educators using the FMI with non-FMI (N=25 vs. 19 educators). During full implementation, 128 educators used the FMI to screen for service need. Educators in both years were trained in standardized 6-hour training. In the evaluation year the FMI was conducted at the fall and spring home visit. In the full implementation year, the FMI was conducted in three parts over enrollment, parent-teacher conference, and home visit.

Results FMI teachers reported parents talking to them more about home and family topics than comparison teachers reported. This finding was stable even after controlling for pre-test access to parents ($p=.023$), particularly for family routines, safe childcare, unsafe neighborhoods, and meeting basic needs at home. Similar levels of comfort by teachers and parents indicate that FMI does not disrupt the home visit in a negative way. The FMI screens for home and parenting environmental risks for infants and toddlers in 12 domains. Risk in each area and subarea will be compared to expected national statistics as evidence of validity.

Conclusions The FMI is constant with the U.S. National Center on Parent, Family, and Community Engagement (NCPFCE) framework for family engagement. The FMI can be used successfully with parents of infants and toddlers and is accepted by educators and parents. It may be a useful tool for high quality programs.

P4-39

MATERNAL LOW-LEVEL DEPRESSION AND PARENTING TO SUPPORT SCHOOL READINESS AND SAFETY

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Introduction Mild symptoms of depression in mothers have been documented to increase home safety risk in low-income children. However, studies of the impact of maternal depression on preschool children are inconsistent (e.g., Lovejoy et al, 2000; Turney, 2011) and further investigation is needed to determine the impact of mild depressive symptoms.

Method Low-income mothers (N = 349, 84% minority) in 10 urban preschool programs were interviewed by 28 educators trained in the use of the Family Map Inventory (FMI) at the beginning of the school year. Mildly depressed (MD) mothers were compared to those with no symptoms (ND) on home and vehicle safety, supervision, non-maternal childcare safety, exposure to violence, and five school readiness parenting behaviors: Access to Materials, Reading, Education Play, Academic Teaching, and Variety of Experience. Logistic regression controlled for economic risk, maternal education, and others in the home (e.g., live alone).

Results Increased risk for home safety was experienced by children with MD mothers as seen in other studies. Children of MD mothers were at increased risk of exposure to violence (3% vs. 18%), accident (49% vs. 72%), and poisons (59% vs. 80%). MD mothers provided less optimal parenting related to school readiness than ND mothers. Children of MD mothers were less likely to have someone read to them regularly, interact in educational play, or work with them to learn. For example, 67% of ND mothers did teaching activities (e.g., named colors) compared to only 38% of MD mothers.

Conclusions Most low-income preschool children are at risk to arrive at kindergarten unprepared. This study suggests that preschool children of even mildly depressed, low-income mothers are at additional risk. Even controlling for others in the home to buffer children, risks were observed.

P4-40

PARENTAL STRESS IN EARLY PARENTHOOD AMONG MOTHERS AND FATHERS IN SWEDEN

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Introduction Parental stress affects parenting behavior and the quality of dyadic parent-child interactions. Parenthood is often associated with a greater number of changes in the lives of mothers than in those of fathers because mothers are usually the primary caregivers. Mothers generally show higher parental stress than fathers.

Method Our aims were to assess the perceived level of parental stress in early parenthood and examine the differences between mothers and fathers within couples in relation to their levels of education, parental experience, existence of a parental role model, and sense of coherence. In total, 307 mothers and 301 fathers of 18-month-old children answered the Swedish Parenthood Stress Questionnaire (SPSQ), and 318 mothers and 311 fathers answered the Sense of Coherence (SOC-3) scale; 283 couples answered both the SPSQ and SOC-3.

Results Mothers perceived higher levels of stress than fathers in the sub-areas *incompetence* ($p < 0.001$), *role restriction* ($p < 0.001$), *spouse relationship problems* ($p = 0.004$), and *health problems* ($p = 0.027$), and in total ($p = 0.001$). In contrast, fathers perceived higher stress than mothers in the sub-area *social isolation* ($p < 0.001$). When the data were stratified with respect to education, parental experience, existence of a parental role model, and sense of coherence, significant results were observed in some of these sub-areas.

Conclusions Mothers and fathers experience stress in different areas during their early parenthood. Health-care professionals should be aware of the differences in stress that exist between mothers and fathers, so that parents can be adequately prepared for parenthood and avoid parental stress.

P4-41

INTEGRATION OF BIOLOGICAL FAMILY WITHIN RESIDENTIAL CARE AS A PROTECTIVE FACTOR FOR YOUNG CHILDREN AND ADOLESCENTS IN CARE

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Introduction Japan is one of the few developed countries that continue to provide institutional care for children on a large-scale in favor of smaller-scale residential care options. Yet few studies have assessed outcomes of children and adolescents in institutional care, and the risk and protective factors that might affect outcomes.

Method Here we report data from the first study to systematically measure mental health and educational outcomes in children and adolescents aged 9-15 years from 25 institutions around the country were recruited to take part in a study, along with 211 caregivers responsible for their care and well-being. Children and adolescents completed questionnaires on current externalizing and internalizing problems, while caregivers were interviewed on children's referral history (notably the reason for their referral into care) and their current contact with the biological family.

Results Descriptive data on children's levels of externalizing and internalizing symptoms will be presented, in comparison to age-appropriate norms in western and eastern samples. Next we will present analysis examining the extent to which the frequency and quality of contact with the biological family can moderate early maltreatment experiences on children and adolescent outcomes.

Conclusions As the majority of children in care have their biological families present, Japan offers a unique case study in which to assess the factors that are important in moderating children's outcomes. We'll present data on the role of continued contact with biological families in protecting against negative mental health consequences.

P4-42

THE CLOSE COLLABORATION WITH PARENTS: AN INFANT MENTAL HEALTH BASED TRAINING PROGRAM FOR NICU STAFF

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Introduction The Close Collaboration with Parents training was developed to improve collaboration between staff and parents related to the care of their infant. Training based on developmental psychology involved four phases: 1) Observing infant neurobehavior, 2) Joint observations with parents, 3) Individual differences in families; 4) Preparing families to go home.

Method The training aimed to promote change towards more family centered care at the level of the unit's care culture. We expected the change to reduce parent-infant separation, increase parents' participation in daily caretaking and decision-making, thereby promoting development of the attachment relationship during hospitalization. This in turn, is expected to promote parents' psychological well-being and child's developmental outcomes. A prospective follow-up survey is on-going, done with an integrated multi-study design including: nurses experiences during the training program (a qualitative interview study), child and family outcomes (a prospective evaluation study) and parent's direct involvement in care (pre/post training study).

Results In the interview study, nurses indicated the training program promoted family centered care in the everyday unit culture. The new atmosphere and care practices supported increased parental involvement in infant care. Interviews provided insight into how individual nurses change from an active caretaker to the role of facilitator who supported, and collaborated with parents in infant care. The presentation includes lessons learned in operating the training. Individual mentors were found to be key facilitators of learning joint observations and collaborative decision making with parents. Relationship-based reflective supervision was useful to help the staff increase their reflective skills in their work.

Conclusions The Close Collaboration with Parents program has been able to change attitudes and care practices so that the parents are genuinely welcomed in the unit, their participation in all aspects of care has increased, their participation is negotiated with them, and they are integrated into the care team.

P4-43

USING THE NBAS ON A NEONATAL UNIT: A SUPPORTIVE EARLY INTERVENTION

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Introduction Babies in neonatal units pose a challenging task for parents and staff alike, as the baby's behavior is variable and often hard to read. The NBAS is used increasingly as an early intervention tool in clinical settings to support parents and staff in understanding the baby's behavior.

Method A protocol was developed to use the NBAS on discharge with 165 babies born under 29 weeks, long-stay babies, ill full-term babies and babies needing brain-cooling, and also if parents were particularly anxious or detached from their baby. An NBAS trained nurse or occupational therapist met the family regularly during the baby's stay using shared observations, infant-centred discussions about behavioral cues, focusing on the baby's strengths. The NBAS was administered before discharge, and the parents filled in a short questionnaire about the experience. The data from the NBAS was kept in the integrated notes for referral on follow-up.

Results Parents, nursing and medical staff were alerted to the behavioral profile of the baby during their neonatal unit stay. Parents rated the NBAS session at discharge as 'excellent' (79.5%) and 'good' (20.5%). They particularly learned how their baby communicates, what support their baby needs, and felt confidence and trust in the examiner. Shared observations with the examiner of their baby's state changes, reflexes, reactions to stimulation, social interaction, habituation, state-regulation and self-quieting abilities provided parents with recommendations for caregiving. Parents commented that this positive experience with their baby helped them feel more knowledgeable about their baby.

Conclusions Using the NBAS to understand behavioral cues in the neonatal unit and before discharge home, helps parents contribute to their baby's care and understand how their baby communicates. Behavioral information also provides nurses and medical staff with an understanding of the baby's functioning, complimenting other medical tests, e.g. an MRI.

P4-44

THE INFLUENCE OF PATERNAL SENSITIVITY ON THE PSYCHOMOTOR DEVELOPMENT OF THE PRETERM-BORN CHILD

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Introduction In families of preterm-born children the psychological characteristics of the father are important for the protection of the family and for the child's development. Aim of this research was to study the influence of paternal sensitivity and attachment forerunners on the psychomotor development of the child.

Method A sample of 120 father-child couples, 60 with preterm-born children (birth weight < 1500 g) and 60 with term-born children (birth weight > 2500 g) were assessed from birth to 12 months of corrected age. CES-D for the assessment of depressive symptoms and STAI-Y2 for the assessment of trait anxiety were administered to all fathers. At 3 months of corrected age of the babies, all couples were subjected to CARE-Index, a video-recorded procedure of adult-child spontaneous interaction evaluating parental sensitivity and attachment forerunners. The child's psychomotor development was assessed by the Bayley Scales of Infant Development.

Results Fathers of preterm children compared to controls, showed lower dyadic sensitivity ($p < .01$), more frequent insecure attachment forerunners ($p < .01$) and higher depression symptoms ($p < .003$). 75% of these fathers fall into the high risk category of the CARE-Index (requiring psychological and/or pharmacological treatment). These factors were associated with lower scores on the psychomotor development of the children at 6 months of corrected age ($p < .01$). Low paternal sensitivity and the presence of insecure attachment forerunners seem to have negative effects on the psychomotor development of preterm-born and also of term-born children ($p < .05$).

Conclusions The relationship between father and child is significantly different in families of preterm infants. In particular, low paternal sensitivity and insecure attachment forerunners seem to influence negatively the psychomotor development of the newborn. These data underline the necessity of programs involving the father from the beginning of the pregnancy.

P4-45

TODDLER EFFECTS ON MATERNAL, TODDLER, AND DYADIC AFFECTIVE EXPRESSIVITY DURING FREE PLAY IN A VERY PRETERM SAMPLE AT 18 AND 30 MONTHS (CORRECTED AGE)

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Introduction Children born very preterm (<32 weeks gestation) are at risk for developmental and behavioral problems. Mother-child affective processes during social play are linked to positive developmental outcomes in term children, but few studies have evaluated these associations in samples of children born very preterm, particularly those from low socioeconomic backgrounds.

Method We evaluated whether preterm birth was associated with toddlers', mothers', or dyads' affective expressivity during free play at 18 and 30 months (corrected age). Longitudinal analysis were based on pooled data from 87 dyads (159 observations) at each visit (62% male infants; 54% very preterm, 46% term). Blinded coders independently scored maternal and child affect in real time from videotapes using NoldusObserver and a 7-point affect scale ranging from high negative to high positive. Dependent variables included the mean, SD, and % time mothers and toddlers displayed positive, neutral, and negative affect; and two dyadic measures (affect matching and synchrony).

Results The data were analyzed using repeated-measures ANOVA (SAS proc mixed), which included preterm status, sex, age, medical risk ($\alpha=.80$), social risk ($\alpha=.70$), and 2-way interactions. Mothers of preterm infants from higher social risk backgrounds had higher SD scores. Mothers expressed more negative affect if they were interacting with sons and from higher social risk backgrounds. Dyads at higher social risk had lower synchrony scores. Preterm status did not predict infants' affect measures. Boys expressed more positive and negative affect and had higher SD scores than girls. Infants expressed more positive affect and less negative affect from 18 to 30 months.

Conclusions Toddlers', mothers', and dyads' affect during social play is altered by a complex interplay of child and contextual factors, including preterm status, sex, age, and social risk. Maternal (but not infant) affect measures were associated with preterm status. Interventions for dyads coping with multiple biological and social risks are warranted.

P4-46

ALARM BELLS, PEEPS AND TULA TULA: PICU PARENT GROUP IDENTIFIES ENABLING STRATEGIES TO TRANSCEND ICU BARRIERS

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Introduction Red Cross War Memorial Children's Hospital is a paediatric tertiary hospital in Southern Africa. Despite constant presence, parents in the 23-bed Paediatric Intensive Care Unit (PICU) were observed to not talk, touch or interact with their sick infants. This was in contrast to how they would behave at home.

Method In our diverse setting the Xhosa culture predominates and mothers have given us insights into caregiving in their culture. Parents existing knowledge and skill was not elicited in patient care practices. From literature and observations on the impact of the PICU on the infant and parents, the occupational therapist and social worker identified the need for a parent group. This unique social worker and occupational therapist collaboration has had multiple successes: there is a harmonious co-facilitation that is reflective and responds to emerging parent needs; it combines a psychosocial and neuroscience developmental focus on a parental level.

Results The dual approach means that parents are afforded psychological and emotional support so that they are more contained to be able to understand medical, neuroscience and neurodevelopmental information. Various techniques were developed to optimize support in these language and educationally diverse parent groups. Parents mentalizing their own needs, along with those of their infant, were central to this approach. Techniques used included: sharing information using dolls and visual media; creating tolerance and advocacy for cultural beliefs and colloquial superstitions; facilitating engagement with their infants and empowering by advocating for PICU parent rights.

Conclusions Post-group individualized needs for counselling or, one-on-one intervention or referral to other services were provided. Parental feedback and reflections from questionnaires have shaped the group and have translated into changes in practices in the multidisciplinary team (including parents) in the PICU and other wards.

P4-47

THE ROLE OF THE NICU STAFF FOR PARENTS OF PREMATURE INFANTS

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Introduction In the Neonatal Intensive Care Unit (NICU) the first interactions between parents and their prematurely born infants take place. Previous studies (Guillaume et al., 2013) underlined the relevant role played by the NICU staff, since doctors and nurses are highly involved in the care of the child.

Method Our purpose was to investigate the experience of parents with the staff, considering their difficulties to face a premature birth and to establish early bonds with their child. The sample involved 64 parents (32 couples) of premature babies. The average age of the fathers was 34.29 years (SD=7.37), while 33.81 years (SD=4.68) was that of mothers. We used as instruments a Socio-anamnestic Questionnaire and the CLIP (Clinical Interview for Parents of High-Risk Infants; Meyer, Zeanah et al., 1993), analyzing specifically three sections: "Reaction to Staff", "Reaction to NICU setting" and "Reaction to lack of control over baby".

Results Our findings indicate that the majority of parents appreciate the work of the staff. Specifically, fathers show more confidence in the staff (71.9%) than mothers (62.5%). Mothers describe the nurses attitude toward them and their babies in the experience of handling and breast-feeding, helping them physically and emotionally to promote the recovery of the difficult transition to parenthood. Both parents recognize the importance of nurses aid in the first moments after the birth, underlining a "sense of alienation" with respect to their parental role, played by others or by machinery.

Conclusions Our research has shown the important role played by the staff of the NICU. Doctors and nurses are involved in the difficult task of creating a supportive environment, in order to encourage parent-infant bonds and alleviate mothers and fathers distress related to the birth and hospitalization of a premature infant.

P4-48

UNDERSTANDING THE EXPERIENCES OF FATHERS OF INFANTS WITH CONGENITAL HEART DISEASE: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Introduction Caring for a child with congenital heart disease (CHD) can present unique challenges and stressors, leading to elevated psychological distress amongst parents. However, much of this research has focused solely on or involved a disproportionately high number of mothers. Consequently, little is known about the experiences of fathers.

Method The aim of this study was to address the current gap in the literature by using interpretative phenomenological analysis (IPA) to explore the experiences of fathers of children with congenital heart disease. Participants were recruited through a regional service attached to a children's hospital in Northern Ireland. Following a pilot study to establish the suitability of the interview schedule, interviews with six fathers of infants with CHD were conducted, each lasting one hour to 90 minutes. These interviews were transcribed and the transcripts then analyzed in-depth using IPA. Master themes and associated subordinate theme were generated as a means of reflecting the experiences of participants.

Results Two master themes emerged from the data: "Relinquishing and reclaiming control" and "Living in the shadow of illness". Issues arising for participants within these master themes included playing the support act, the existence of a pragmatic/emotional dichotomy and the need to protect the child from every conceivable threat. Participants also spoke about living in limbo, redefining 'normality' to incorporate their child's condition into their family life and being changed irrevocably by the experience. Verbatim quotes from participants as well as a comprehensive audit trail provide support for these themes and highlight the unique and often overlooked experience of fathers.

Conclusions Theoretical links were made to existing literature, including a discussion on the time-phase model of illness and the study's contribution to knowledge regarding coping and social role theory. Clinical implications include the importance of including fathers in decision-making, respecting their need to maintain control and normalizing the anxiety which may be experienced.

P4-49

EXPLORING THE EXPERIENCES OF MOTHERS WHO HAVE PARENTED AN INFANT WITH FALTERING GROWTH USING INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)

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Introduction A qualitative study was conducted with mothers who parented a child with Faltering Growth (FG) and associated feeding difficulties. The literature indicates the adverse emotional impact of FG on parents and implications for the infant's attachment and mental health. This study proposes the utility of an in-depth exploration of maternal experience in FG.

Method Semi-structured interviews were conducted with four mothers, employing principles of Interpretative Phenomenological Analysis (IPA). The four mothers who participated were aged between 18 and 35 years. Participants were homogenous in that they had all attended an infant feeding clinic as a result of their child experiencing difficulties with growth, weight, and or feeding. Semi-structured interviews were conducted according to participant choice either in the mother's home or a local health facility, were audio recorded and duration ranged between one to two hours.

Results Maternal accounts were embedded within an interpersonal and socio-cultural context encompassing experiences of mother-child, family, social and health service relationships. Interpretative Phenomenological Analysis revealed three dominant themes: Unmet expectations, relationships as shaping maternal self-concept and maternal repositioning as survival: A new way of being. Each theme will be discussed in detail using pertinent participant quotes to illustrate the mothers' phenomenological accounts. The pivotal role of personal and interpersonal maternal experience as providing a psychosocial context for mothers attempting to make sense of child growth and frequently associated feeding difficulties are discussed.

Conclusions Clinical implications emphasize the dual importance of attending to these psychosocial factors within psychologically informed intervention approaches alongside medical management by health care providers. Significance of timely access to appropriate support services is outlined.

P4-50

PARENTAL MENTAL HEALTH IN PARENTS OF INFANTS BORN WITH A CONGENITAL HEART DEFECT

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Introduction The CHIP Project was a large scale longitudinal intervention study which spanned 10 years. This study examined mental health and coping styles in both parents of infants born with a severe congenital heart defect. This paper highlights key findings in relation of parental mental health at key stages in the study.

Method Parents completed a battery of questionnaires assessing mental health and wellbeing at baseline and at followup points of 6 months, 1 year and 7 years post baseline. Factors associated with mental health outcomes were elucidated. Parents of 70 infants, born with a severe congenital heart defect, completed questionnaires which examined psychological functioning and coping strategies. Disease, surgical and psychosocial factors were examined for their significance in predicting psychological functioning.

Results Various mental health measures are reported and analyses which demonstrated the factors which enables better coping and mental health are detailed. Findings at baseline indicated elevated levels of clinically significant psychological distress in mothers, compared to fathers, and differences between parents in coping styles. Regression analysis suggested that the extent of distress in both parents was not primarily predicted by illness or demographic factors. Rather, certain coping styles, knowledge, subjective worry and family functioning emerged as significant predictive variables. These initial findings are compared with outcomes across time.

Conclusions Knowledge of the impact of having a child with a congenital heart defect and the factors which promote coping versus enhancing distress will enable fuller understanding and promote more appropriate clinical interventions.

P4-51

PRECOCIOUS MATERNAL IMPRESSIONS 100 "MOTHER-VERY PRETERM INFANT" DYADS A MULTICENTER PROSPECTIVE STUDY

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Introduction Our research aims to describe precocious maternal impressions when confronting the premature birth of her infant. Principal objective of the current study is to clarify the relationship between the mother's post-traumatic reaction triggered by the premature birth and the mother-infant interactions.

Method A multicenter prospective study was performed in three French hospitals. 100 dyads with 100 very premature infants and their mothers were recruited from maternity or neonatology services. Sociodemographic and clinical characteristics were collected. Mothers completed, in two different times, questionnaires of depression and anxiety, trauma and social support. The quality of interactions in the dyads were evaluated with two scales.

Results 39% of the mothers are depressed at the first visit and approximately one-third at visit two. 75% of the mothers are anxious at visit one and half remains at visit two. A "Depressed" score did correlate with a hospitalization for a threatened premature labor. We note a trauma in 35% of the mothers and a high interactional synchrony is observed for approximately two-thirds of the dyads. The mothers' psychological reactions such as depression and anxiety or postnatal depression correlate greatly with the presence of an initial trauma. Trauma is significantly more frequent with a C-section delivery.

Conclusions Depression and anxiety correlate with the presence of an initial trauma. Premature birth and delivery requiring a c-section would be two factors predisposing parturient women to a traumatic reaction. The maternal traumatic reaction linked to the premature birth correlates to the weight of the baby.

P4-52

PARENTS OF INFANTS WITH CONGENITAL HEART DISEASE- DEPRESSION AND ANXIETY ONE MONTH AND ONE YEAR POST DISCHARGE FROM HOSPITAL FOLLOWING THEIR INFANT'S SURGERY

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Introduction Congenital heart disease can be diagnosed prenatally or postnatally and can have a psychological impact on the infant, parents and siblings. The diagnosis can result in surgery and invasive and potentially painful medical procedures for the infant as well as separation of the mother and infant soon after birth.

Method Mothers and fathers of infants who underwent cardiac surgery before the age of three months were recruited. One month after their infant's discharge from hospital following cardiac surgery mothers (n=78) and fathers (n=57) completed the Edinburgh Postnatal Depression Scale and the State-Trait Anxiety Inventory. This was repeated one year after the infant's discharge from hospital for a proportion of families (mothers n=37, fathers n=26).

Results One month after their infant's discharge from hospital 37% of mothers and 14% of fathers experienced symptoms of depression. One year after discharge a similar percentage of parents experienced symptoms of depression (36% of mothers and 13% of fathers). Anxiety symptoms were also present for a proportion of parents. This study also investigated whether the same parents were likely to experience both types of adjustment difficulties.

Conclusions These findings have implications as parent mental health can impact the infant-parent relationship and infant development. Interventions should be available to these families whilst their infant is an inpatient at hospital and once home after discharge, even if they have been home for some time.

P4-53

MOTHER-CHILD INTERACTIONS OF VERY LOW BIRTH WEIGHT CHILDREN AT 18 MONTHS CORRECTED AGE (1): COMPARING WITH FULL-TERM CHILDREN

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Introduction Recently, the birth rate of low birth weight infant became higher and higher, due to progress of medical technology. It is argued that clinicians need to support the relationship between mothers and their low birth weight infants. This study examined mother-child interactions in very low birth weight infants.

Method Participants were eight mother-child units; 6 were full-term born children (Mean birth weight: 3157.0g, Mean age: 19.0 months, 4 boys and 2 girls) and 2 were very low birth weight born children (Birth weight: 968g and 1350g, Mean corrected age: 18.5 months, 2 boys). Very low birth weight children had no neurological sequelae or congenital anomaly. Their interactions were videotaped and subsequently coded by using Child and Parents' Interaction Coding System (CPICS) (Hedenbro & Lidén, 2002).

Results Mother-Child interactions were compared between full-term children and very low birth weight children by using Mann-Whitney *U* test. In the interaction initiated by mothers, "percentage of child's responses" was less in very low birth weight children than in full-term children ($U=0.0$, $p<.05$). However, "percentage of affirm leading to turn-taking" in the interaction initiated by children tended to be more in very low birth weight children than in full-term children ($U=1.0$, $p<.10$). "Percentage of child's responses being affirmed" and "percentage of child's contribution being affirmed" had no significant differences ($U=4.5$, $U=3.0$, $n.s.$).

Conclusions It was shown that interactions between mothers and their very low birth weight children could be difficult in the interaction initiated by mothers because response of the children was weak. Therefore, clinicians need to support mothers to give the children cues which they can respond more easily.

P4-54

NEUROBIOLOGICAL FEATURES THAT SCAFFOLD SOCIAL ENGAGEMENT OF PREMATURE NEONATES

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Introduction Newborns are sensitive to socio-emotional stimuli, yet the distributed neural network that supports this vital capacity is unknown. Brainstem-related networks which mediate social signaling in early organisms, go through rapid maturation in late gestation, hence, their functional integrity may play an important role in scaffolding social engagement of premature neonates.

Method Neonates born preterm (N=125) participated in a prospective longitudinal study. The infant's brainstem auditory evoked responses (ABR) were tested in the neonatal period, measuring waves I, III, V and inter-peak latencies. They underwent testing to measure reactions to social engagement at 4m. using a set of structured vignettes that required varying levels of social engagement. Gaze behavior, affective expressions and cardiac vagal-tone were assessed. A subsample of 66 mother-infant dyads was then tested at 12m of age. Dyadic responses to socio-emotional challenges during the Separation-Reunion paradigm were assessed by measuring gaze, affect, motor activity and reactivity to a stranger.

Results Data show that neonates with a disrupted ABR waveform, exhibit at 4 months shorter latencies to gaze averts in episodes involving direct face-to-face interactions but engage gaze as controls when interacting with masked agents or with agents whose faces are partly veiled by toys. The majority of the ABR risk group (66%) was classified as behaviorally inhibited at 1 year of age. Their most striking symptom was a disability to initiate self-regulatory activities in response to a socio-emotional challenge ($p < .001$). Regression analysis highlighted the roles of neonatal brainstem function and early interactive gaze as predictors of social engagement.

Conclusions Results support the hypothesis that neonatal brainstem-related networks scaffold social engagement. These findings are suggestive of a diagnosable neurobiological origin for social engagement difficulty in infants born preterm. Neonatal detection and encouraging early social gaze engagement may moderate the initial neurobiological risk, pointing to the potency of early intervention.

P4-55

PHENOMENOLOGY OF TRAUMATIC NICU EXPERIENCES FOR NEONATES & CAREGIVERS

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Introduction The Workshop explores experiences of neonates, parents and families in the NICU. NICU Infant Observations and work with their families and caregivers elucidates the trauma often accompanying NICU stays. Demonstrating NICU THRIVE application, based on these experiences, suggests how a Virtual Parent Group may provide impact in managing the trauma.

Method Case studies, including observations of infants, clinical work with families including post NICU families demonstrating acute stress disorder/PTSD after hospitalization will be used to demonstrate the trauma experienced in the medical setting. Parent groups were provided to those with infants in a NICU. Tavistock method of infant observation and interventions with parents will be used to illustrate the phenomenology of psychological process in such unusual and traumatic circumstances. The collected understanding of this phenomenology led to the development of an application to serve as a virtual parent group for the NICU setting. Suggestions for future study will be explored.

Results Basic physiologic/psychic requirements of premature infants are based on the fragility of the young organism such as a need for a darkened environment, diminished sound, careful and progressive touch, absence of certain level of pain, maintenance of flexor muscle predominance. Sharing observations of infants with families, caregivers and professionals provides a way to help the infant to feel more welcome in a strange and unfamiliar environment. The NICU THRIVE APP was the result of these observations, demonstrating a venue where adults can learn about their experiences to better identify the trauma and other emotions experienced by the neonate.

Conclusions The APP has been released to the public and introduced to NICU staff. It is hoped that parents without direct access to mental health services have a tool for them to better understand their premature baby. We are seeking research partners to ascertain the efficacy of the APP. Preference for a 90 minute workshop including 2 presenters and a demonstration of our APP.

P4-56

CHANGING THE LANDSCAPE: A THERAPIST'S ROLE IN DEVELOPING THE FIRST SINGLE-ROOM NICU DESIGN IN THE UNITED KINGDOM

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Introduction Single-room design in NICU environments is gaining currency. Centres across the United States and Europe are adopting part or full single room designs into their NICU environment. These designs aim to support the infant's neurodevelopment by limiting extraneous light and noise stimuli, and provide an appropriate space to support family and infant engagement.

Method A number of studies that have been conducted exploring the impact of single room design on preterm infants have shown mixed results. Single room NICU design is uncommon in the United Kingdom. Often this is as a result of older hospital developments with floor space constraints meaning that open bay design prevails. However, the experiences of parental engagement in the infant's care can continue to be compromised in these types of environment due to lack of space at the bedside and a sense of having to participate in emerging parenting roles in a very public environment.

Results This paper will describe the journey of a level 2 NICU as they undertook a redevelopment of the unit to incorporate ten single rooms. It will outline the changes to the philosophy of care that instigated the change, including the staff engagement process undertaken and the development of policy to support determining single room or open bay allocation. Specifically, the role of the neonatal occupational therapist in supporting and driving this change will be highlighted.

Conclusions The changed environment has supported increased access and extended occupational therapy service provision to preterm infants and their families, with a resulting improvement in service user experience and satisfaction.

P4-57

PROMOTING THE PARENT-INFANT RELATIONSHIP: USING NBO IN THE NEONATAL UNIT TO IMPROVE INFANT COMMUNICATION AND PARENT UNDERSTANDING

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Introduction The work of Dr Brazelton revolutionized the way we look at the newborn infant. The utilization of the Neonatal Behavioral Assessment Scale transformed the previous perception of the newborn infant with a clear understanding of the unique behavioral profile and wide ranging competencies present in an infant of term age.

Method The development of the Newborn Behavioral Observations (NBO) system has supported a shift from assessment and diagnosis to relationship building and observation. The NBO is a brief neurobehavioral scale consisting of 18 items, designed to help clinicians sensitise parents to their child's competencies and uniqueness and contribute to a positive parent-infant relationship. Research has highlighted the importance of moving the acknowledgement of parent involvement in the NICU beyond purely involvement in basic caregiving activities, to transforming their involvement into opportunities with which they can nurture and care for their infants in ways that are meaningful to them.

Results This poster will present a case study on the use of the NBO in the NICU for high risk infants and their families as a process of guiding intervention, particularly in terms of supporting parents with anticipatory guidance as they increase their confidence in caring for their infant through sleep, touch/handling, feeding, crying and social interaction. Therapist reflections on the applicability of the NBO as an effective relationship building tool will be discussed.

Conclusions Ensuring the provision of family-centred care in NICU is a key objective. The NBO has a vital role to play in NICU practice in its use both as an assessment and a tool for guiding intervention to foster the relationship between the preterm infant and their family.

P4-58

"TOWARDS BABY-LED CARE IN A NEONATAL INTENSIVE AND SPECIAL CARE UNIT"

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Introduction Since 2001, the model of care in Newborn Intensive and Special Care (NISC) at the Royal Women's Hospital has embraced major cultural change. This has been to balance the medical and psycho-social needs of babies and their families with the physical environment, increased demand, occupancy and occasional low morale.

Method A comprehensive change management framework that engaged staff (nurses, doctors, social work, pastoral care, lactation consultants, mental health), families (current and past, short and long stay, minority groups) and key internal and external stakeholders was adopted. Importantly, this process had Royal Women's Hospital executive and NISC management support and leadership, and was facilitated by an external consultant. A new family-centred multidisciplinary model of care was developed and introduced prior to relocating to a purpose-built neonatal unit in a new hospital in 2008. This successful model of care is undergoing further transformation to improve babies' long term psychological well being: baby-led care. Significant and sustained improvements have been identified in 3 key areas: continuity of care and carer, family engagement and interdisciplinary relationships. This has resulted in improved nursing and medical staff recruitment, and reduced nursing attrition and absenteeism. Positive feedback has also been given regarding the multidisciplinary team's weekly baby and family planning meetings, the floor-coordinator role and the neurodevelopmental approach to care. Further refinements to keep baby and family together, to individualise coaching for families to facilitate involvement in their baby's care, and to further embrace infant mental health concepts- the baby's voice- are ongoing.

Conclusions Our evolving model of care provided the foundation to focus beyond physical care to the short and long-term psychological wellbeing of the baby and family, and the inter-connectedness between them. Baby-led care uses the baby's voice to engage the family and the multidisciplinary team to meet each baby's individual needs.

P4-59

LATE PRETERM INFANTS AND REGULATORY PROBLEMS. DEVELOPMENT OF INSTRUMENTS

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Introduction Research results regarding late preterm infants (gestation age 34 to 36 weeks and 6 days) indicate that they have more problems with feeding in the first months of life than full term infants. Research and clinical work suggest high parental burden due to problems with sleeping and crying.

Method The aim of the study is to gain knowledge about feeding, sleeping and crying patterns of late-preterm infants in comparison to full-term infants and identify the needs of parents and infants for support from the health care system. The first part of the project is to develop instruments to gather data regarding late-preterm and full-term infants' feeding, sleeping and crying during the first two years as well as parents' needs, stress and anxiety. The questionnaires will be based on evidence from previous research and translation/adaptation of valid instruments. An interdisciplinary team will develop the questionnaires and pre-test using cognitive interviewing.

Results At the time of WAIMH 2014, instruments will be ready and pretested by the cognitive interviewing method. The presentation will cover the background of the study, methodological description of the instrument development, the results from pretesting and the interacting effects between the instrument development and the research proposal.

Conclusions Scientific value lies in developing instruments to investigate late preterm infants and compare to full term infants, especially to identify opportunities for effective support to parents.

P4-60

FIRST DO NO HARM (PRIMUM NON NOCERE): FOLLOWING SIMPLE, SMALL SIGNS OF EXTREMELY LOW BIRTH WEIGHT INFANTS AND PARENTS

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Introduction In Japan 0.2-0.3% of infants are extremely low birth weight (ELBW) infants born less than 1000g. About 630 infants are treated in Keio University Hospital NICU per year with 11 to 18 ELBW infants. We carried out a retrospective study of ELBW infants and parents treated during the past ten years.

Method As we reported in 2008 at the Yokohama WAIMH Congress of an intact survival of an infant born with the birth weight of 265g, the tiniest in Japan, and the second tiniest in the world, we continue to create a familial ambience for ELBW infants and their parents. We studied the outcome, quality of care, the survival and development and attachment process of the especially tiny infants born less than 500g and their parents within the setting of NICU.

Results The NICU staff closely observed each infant, following its sign of viability, gently inviting parents to join. Out of 20 infants born less than 500g, 14 babies survived and went home intact. This included two ELBW infants with 265g and 289g, the tiniest and the third infant in Japan, consecutively. One infant is still hospitalized and five have passed away. The average length of hospitalization was 152 days. 5 phases were delineated in the treatment process: acute phase right after birth, convalescent phase, growing phase, discharge preparation phase, and going home phase.

Conclusions In saving ELBW infants, the basic principle of the care was "first do no harm" both to the infant and family, closely observing them and supporting their attachment process with simple, warm delicate support allowing the infant to grow slowly and steadily in the loving eyes of the parents.

P4-61

NEURODEVELOPMENTAL OUTCOMES AT 2 YEARS OF AGE OF PREMATURE NEONATES IN REGIONAL QUEENSLAND, AUSTRALIA

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Introduction The survival rate of premature neonates has increased over the past decade with infants surviving at earlier gestational ages (GA) and lower birthweights (BW) than previously recorded. Previous research suggests that almost half of premature neonates experience mild, moderate or severe developmental delay including academic, psychosocial and mental health difficulties.

Method The Townsville Hospital neonatal unit (North Queensland, Australia) is a regional tertiary nursery which has recently established a follow-up clinic to assess neurodevelopmental outcomes of neonates under 1500 gms BW or less than 32 weeks GA. Forty-three 2 year-old graduates (corrected age) met criteria and were assessed using the Bayley Scales of Infant and Toddler Development, 3rd edition (Bayley-III; Bayley, 2005) between December 2011 and April 2013. The Bayley-III measures cognitive, motor, language, social-emotional development and adaptive behaviors.

Results Results indicated that GA significantly predicted positive adaptive behaviors, but not other developmental outcomes. BW was not significantly correlated with any developmental outcomes. There were no significant differences between BW across gender. Non-parametric statistical analysis showed neonates with neurological changes identified via cranial ultrasound during admission to the unit demonstrated significantly poorer cognitive and language development than those with no neurological changes. Neonates who had surgery during admission had significantly poorer cognitive, language and social-emotional development at follow-up.

Conclusions These findings have implications for providing early intervention services to low gestational age neonates to enhance adaptive behaviors. Further, neonates with neurological changes will also require additional support to enhance cognitive and language functioning, and social-emotional regulation skills. These findings are particularly important in the context of earlier surviving neonates.

P4-62

PREDICTORS OF DEVELOPMENTAL OUTCOME AT 2.5 YEARS OF AGE IN A POPULATION-BASED COHORT OF EXTREMELY PRETERM INFANTS

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Introduction Cognitive, neuro-motor, and communication disabilities are known consequences of extremely preterm (EPT) birth. Since several factors act as predictors of outcome, children born EPT are a heterogeneous group with unequal risk for developmental deficits. Our aim is to identify predictors of developmental outcome of EPT birth at 2.5 years of age.

Method Within the population-based Extremely Preterm Infants in Sweden Study (EXPRESS), 399 children born before 27 gestational weeks were assessed with the Bayley Scales of Infant and Toddler Development Third Edition (Bayley-III), assigning scores for cognitive, language, and motor functions. Hierarchical regression analyses were performed to examine the associations between the Bayley-III scores and two sets of predictor variables, adjusted for gender. The first set included neonatal factors; brain injury, bronchopulmonary dysplasia (BPD), retinopathy of prematurity (ROP), intrauterine growth restriction, duration of mechanical ventilation and breast-milk nutrition. The second set included socio-demographic factors; maternal age, parental education and maternal country of origin.

Results Both neonatal and socio-demographic factors were related to cognitive functioning. Mother being born abroad, neonatal morbidities and prolonged duration of mechanical ventilation were associated with a score decrement, whereas breast-milk nutrition acted as a protective factor. The socio-demographic factors were strong predictors of both receptive and expressive language functions; parental education of >14 years was related to score increase, whereas mother being born abroad was related to a score decrement. In contrast, socio-demographic factors were not significantly related to either fine or gross motor functions. Instead, severe brain injury, BPD, ROP and intrauterine growth restriction were identified as risk factors.

Conclusions: Language functions were clearly related to social factors. Motor functions were predominantly associated with neonatal complications. Social and neonatal factors contributed to variation in cognitive development. Understanding the predictive value of different factors to different domains improve the ability to anticipate special needs and promote early interventions among EPT children.

P4-63

BABIES SURVIVING DOMESTIC ABUSE AND OTHER ADVERSITIES: OBSERVING NEURODEVELOPMENTAL AND ATTACHMENT PATHWAYS FROM FOETUS TO INFANT

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Introduction The Scottish Government recognizes domestic abuse as a global issue that often begins, or intensifies, during pregnancy. All too often babies experience multiple adversities in such circumstances. We have responsibilities to investigate how such adversities impact on babies and to offer them the opportunity to directly contribute to our understanding.

Method This research will adopt a mixed-methods approach within a constant comparison, Grounded Theory, framework. Neonatal Behavioral Assessment Scale examinations will be conducted at birth and six weeks postpartum followed by a Bayley III assessment at four months. CARE-Index video footage, at six weeks and four months, maternal interviews and a range of questionnaires will also be used to gather dyadic data from pregnancy to four months postpartum. These methods will be utilized to track the neurodevelopmental and attachment trajectories of babies exposed to domestic abuse, and other adversities, in utero and during the first four months of infant life.

Results Findings are discussed in accordance with the emerging data.

Conclusions Contributions to empirical knowledge, clinical practice and future research are proposed.

P4-64

HEALTH PROVIDERS' VIEWS ON PARENTAL INVOLVEMENT IN A MEXICAN NEONATAL INTENSIVE CARE UNIT

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Introduction Increasing evidence suggests the importance of parental involvement in the neonatal intensive care unit. Many strategies have been developed to promote physical and emotional contact between parents and babies in hospitals around the world. Some countries are still finding it difficult to promote these strategies for a variety of reasons.

Method A questionnaire was developed in order to understand how NICU staff perceive benefits and risks of parental involvement in the NICU, and to address their own needs when working together with parents. Ninety health professionals, mainly doctors and nurses, from a level III NICU in Mexico were invited to participate. Five main areas were covered: views about parental involvement;

perceptions about preterm babies' physical and emotional needs; views about staff members' role in facilitating parents-infant relationships; perceptions around the physical environment and areas of improvement in the unit.

Results Eighty three questionnaires were returned. Initial results show that staff recognize parents' ability to calm and comfort their babies even if they don't view parental involvement as positive. Additionally, health professionals thought babies can differentiate parents from other people, even if they considered that only trained people should care for a fragile infant. Adjusting the environment is perceived as important in order to provide better quality of care, especially: light and noise levels, ventilation and appropriate space for both parents and staff to rest. The lack of economic resources and lack of support from managers are viewed as important barriers.

Conclusions Results suggest that staff from this unit recognize parents as valuable members and acknowledge babies' needs of being close to them; however they identify barriers in the physical and social environment which prevent them from working together. Further steps will be to analyze and develop strategies of collaborative work.

P4-65

ATTACHMENT STYLE AMONG SHAKEN BABIES

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Introduction No study has already described attachment style with the mother among shaken babies. The aims of our study are: to describe attachment behaviors among young babies who were shaken, and to study if this attachment style is linked to the psychomotor and cognitive outcome of shaken babies.

Method Prospective study including 29 infants with shaken baby syndrome (SBS) hospitalized in Necker neurosurgery Unit in Paris; parents agreed to participate. Infants were assessed at 18 months with Stange Situation Procedure (SSP, Ainsworth) and Brunet Lezine Scale (psychomotor development, DQ), and at 4 years with WPPSI (IQ).

Results 65% of infants with shaken baby syndrome showed a secure attachment (B), 6,9% an insecure avoiding attachment (A), 13,7% an insecure resistant (C) and 13,7% a disorganized attachment (D) style. Their psychomotor and cognitive competences don't differ among different groups, except for the babies with disorganized attachment, who have a lower DQ at 18 months and a lower IQ at 4 years, although they remain in the normal range.

Conclusions We didn't find any difference of attachment style among infants with shaken baby syndrome in comparison with non clinical populations. Our supposition is that babies who were shaken by a parent would show more disorganized attachment, and worse cognitive outcome.

P4-66

STRENGTH FOCUSED INTERVENTIONS

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Introduction Daniel Muenger, M.D. will talk about the further development of troubled families focussing on learned survival strategies and shows how to discover those competencies in a new form as a development (re)source.

Method Case study.

Results Implications for treatment.

Conclusions Deficit vs resource orientated interventions are discussed.

P4-67

EARLY INTERACTIVE BEHAVIORS IN PRETERM INFANTS AND THEIR MOTHERS: INFLUENCES OF MATERNAL POST-TRAUMATIC STRESS AND INFANT DEVELOPMENT

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Introduction Literature reports difficulties in mother-preterm infant interactions, especially in case of maternal post-traumatic stress (PTSD). While previous studies investigated the effects on interactions from the sixth month, there is a lack concerning the first months. The study aimed at evaluating the relationship between maternal PTSD, infant development and dyadic interactions.

Method At 3 months of c.a., 60 preterm babies and their mothers were invited to our Laboratory, where 5 minutes of face-to-face mother-infant interaction were video-recorded and later coded according to the Global Ratings Scale (GRS-Murray et al., 1996). GRS assesses 3 interactive dimensions: Mother scales, Infant scales, Interaction. Maternal PTSD and infant's level of development were assessed through the Perinatal Post-traumatic Stress Disorder Questionnaire (PPQ-Quinnell, Hyman, 1999) and the Griffiths Mental Development Scale (GMDS-Griffith, 1996), respectively. Exclusion criteria were: gestational age >32 weeks, birth weight >1500 grams, presence of congenital malformations, cerebral palsy, evident parental psychiatric illness, foreign nationality.

Results Sixteen (26.7%) mothers were experiencing a high level of traumatic stress, as showed by high-score (>19) at PPQ. During the interactions, mothers with PTSD appeared less sensitive (p=0.042), accepting (p=0.01) and relaxed (p=0.05); their infants appeared less engaged with environment (p=0.042), more distressed (p=0.05) and fretful (p=0.039). No significant associations emerged between the quality of interactive patterns and the infant's level of development (p>0.05).

Conclusions Results confirmed the traumatic impact of premature birth and its influence on mother–infant early interactive behavior. Early diagnosis of symptoms can help to plan supportive interventions in the neonatal period, to promote appropriate parent–infant interactions.

P4-68

PREDICTIVE CHARACTER AND RELATIONSHIP BETWEEN THE DEVELOPMENT AND COGNITIVE ASSESSMENT OF CHILDREN DURING PRE-SCHOOL YEARS

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Introduction There's a relationship between assessment scales of development and of cognition in children during pre-school years, in terms of predictive character of the overall results.. The present study aims to analyze the relationship between the skills assessed by Griffiths Mental Development Scale, Wescheler Pre-School and Primary Scale of Intelligence-Revised (WPPSI-R).

Method The Griffiths Scale, assesses the development of skills from zero to eight years of age, and the psychometric scale, WPPSI-R, is aimed at the cognitive assessment of children between three and six years and six months. Both tests are benchmarked and validated for the Portuguese population. The sample consists of pre-term and term pre-school children admitted to our department for the assessment of their development. Data collection was performed for a period of approximately 24 months. This is a longitudinal study, being that the children were first evaluated through the Griffiths Scale and 21 months later by the WPPSI-R.

Results This study is still in progress, from our preliminary selection and evaluation, completed at the date of submission, we studied a sample of 90 children, 35 female, 55 male individuals. The average age during the first assessment was of 45 months and during the second evaluation of 66 months.

Conclusions In the present study, we expect to understand the relationship between the two scales, in what concerns the overall results and the specific sub-scales of each of the instruments being analyzed, taking into account the characteristics and specificities of the sample.

P4-69

DEVELOPMENT AND PREMATURE INFANTS: BENEFICIAL EFFECTS OF EARLY INTERVENTION

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Introduction Preterm birth results in immature Central Nervous System. Preterm children have worse academic performance and greater difficulty in school activities. Our aims were to assess differences in the development of premature children and the benefits of early intervention in those with developmental delay.

Method Retrospective cross-sectional study in a sample of premature children. Preterm was considered at gestational age ≤ 37 weeks. We used the classification of Lubchenko for stratification of the sample by weight percentile for gestational age. We used data from two sequential cognitive assessments by Ruth Griffiths Mental Development Scale, carried out between 2 to 3 years old and again at 4 to 5 years old. We used a socio-demographic questionnaire and data query from clinical files. We performed statistical analysis using SPSS v20.0.

Results The sample consisted of 44 premature babies. For a confidence interval of 95%, we found significant differences in the quotient Hearing/Language in the 1st and 2nd assessments between the group intervened by Speech Therapy and that in which it was held an expectant attitude. Regarding the difference in Hand-eye coordination development quotients between the first and second evaluation, it was also possible to observe significant differences between the group operated upon by Occupational Therapy and the group without intervention.

Conclusions This study supports the notion that, in premature children with developmental delays at different levels, expectant attitude has deleterious effects. The medical supervision of the development of these children during the preschool years allows to identify problems that arise, guiding cases more relevant to specific therapies.

P4-70

PSYCHIATRIC SUPPORT FOR BOTH INFANTS WITH SEVERE COMPLICATED DISABILITY AND THEIR MOTHERS

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Introduction Infants with severe complicated disability are increasing in spite of technical progress of perinatal medicine in Japan. There are few studies about the psychiatric support for infants with severe complicated disability.

Method This report introduces a method of psychiatric support for both infants with severe complicated disabilities and their mothers in our hospital. Cases involved both infants with severe cerebral palsy or severe motor and mental retardation due to chromosomal syndromes and their mothers.

Results Playing with the infants and mothers along the direction of the infants' attention and paying sympathetic attention to the mothers' anxieties both seem effective for decreasing maternal anxiety, enhancing the attachment between mothers and their infants, and improving their interaction.

Conclusions Concerning psychiatric support, the following considerations seem to be important: infants' weakness; disability of motor or sensory functions; maternal distress; prolonged grief; depression; and anxiety.

P4-71

THE ASSOCIATION BETWEEN THE QUALITY OF SPONTANEOUS MOVEMENTS OF PRETERM INFANTS AND THE EMOTIONAL AVAILABILITY IN MOTHER-INFANT DYADS

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Introduction The emotional availability in mother-preterm infant dyads is lower than in mother-full-term infant dyads. To better understand this phenomenon, we investigated if the quality of spontaneous movements of pre-term infants is associated with the infants' responsiveness and involvement and their mothers' sensitivity and intrusiveness during play interactions.

Method Thirty nine healthy preterm-infants (gestational age = 26-34 weeks, birth weight < 2.5 kg) at the corrected age of 3.5 months and their mothers participated in the study. The quality of infants' spontaneous movements, such as movement character and fidgety movements, were coded using Prechtl's Method of Qualitative Assessment of General Movements (Prechtl, 1990). Mother-infant emotional availability during play interactions was rated using the following scales: infants' responsiveness and involvement, maternal intrusiveness, and maternal sensitivity when touching, picking up, holding and putting the infant down on a mattress. Maternal sensitivity in terms of eye contact and vocalization were also coded.

Results As expected, compared to infants with smooth and fluent movement character, infants with abnormal movement character were less responsive and involving of their mothers and their mothers demonstrated reduced sensitivity when putting them down. More abnormal movements of the infants were associated with higher maternal intrusiveness and lower maternal sensitivity when touching the infants, picking them up, and putting them down. In addition, mothers of infants with absent or sporadic fidgety movements were the least sensitive when putting their infants down. Finally, less continual fidgety movements were associated with lower maternal sensitivity when touching the infants and putting them down.

Conclusions Abnormal and disorganized spontaneous movements of preterm infants are associated with impaired mother-infant emotional availability. These findings support protocols of physiotherapy in which mothers are taught how to adjust their physical contact and emotional availability during interaction with their preterm infants.

P4-72

THE ACTUAL SITUATION OF INFORMING PARENTS OF THEIR NEWBORN'S CONGENITAL LIMB DIFFERENCES AND PARENTS' REQUESTS FOR INFORMING

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Introduction The aim of this study is to survey the actual situation and demands about informing parents of newborns with Congenital Limb Difference (CLD).

Method We gained the cooperation of a self-help group consisting of parents of children with CLD in Japan, and did a questionnaire to fathers and mothers. We gave them written informed consents and asked to reply only after they agree. Responding to the survey, 193 fathers and 336 mothers replied. Their children with CLD were as follows: 54.6% male; 55.2% the first child; and the age average 16.9 (range 0-60). Major diagnoses of their CLD were Deficiency, Hypoplasia, Amniotic Band Syndrome, Cleft hand/foot, and Syndactyly.

Results The actual time when parents were informed: the day of birth (mothers 43%; fathers 85%) and the next day (33%; 10%). Regarding who informed: 52% of mothers and 73% of fathers were informed by medical staff (especially obstetrician), successively by their family (especially wife or husband). In the case of being informed by medical staff, 60% of mothers were informed with their partner; 71% of fathers were informed alone. On the other hand, 72% of mothers and 86% of fathers wished medical staff to inform, and 96% of mothers and 78% of fathers wanted to be informed with their partners.

Conclusions Parents' demands for informing vary by experiences. And both the actual situations and demands of informing were different between fathers and mothers. Parents wanted to be informed earlier, by medical staffs and with their partner, compared with the actual situation of informing.

P4-73

NEONATAL DEATH: GUIDELINES FOR INTERVENTION IN THE NICUS

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Introduction The neonatal death is a very stressful event to parents who commonly experience acute emotional distress. The support that parents receive at the hospital units where their infants die may have a critical role in the grieving process.

Method It will be described via our clinical experience with parents who lost their infants in the neonatal period in a Neonatal Intensive Care Unit (NICU). Some guidelines for intervention with these cases in NICUs context will be proposed.

Results The initial response of parents to the death of their infant usually includes shock, confusion and disbelief. Depression and anxiety are very common symptoms and many parents experience disenfranchised as well as complicated grief. The guidelines for intervention begin before infant death and are inscribed in an approach that promotes parents-infant relationship, materializes the existence of the infant, emphasizes the role of the memories, facilitates the expression and the regulation of emotions and cognitions, and stimulates to tell the story trying to help parents integrate their experience of loss respecting their personal time and providing a continuous psychotherapeutic support.

Conclusions The recognition of this painful experience of grief by health professionals who deal with these parents in the NICUs is an important factor to their grieving process. The guidelines help the professionals to be more aware of the parents' emotions and to implement practices that facilitated their grieving process.

P4-74

THE CHALLENGES OF BEING WITH AN INCOMPLETE, NON-INTEGRATED BABY: AN APPLICATION OF THE BICK METHOD OF INFANT OBSERVATION IN A NICU

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Introduction If all goes well, in a natural birth, it is the baby who triggers labor. Through a mutual and silent communication, the mother's womb starts to give birth. In prematurity, this natural process is interrupted and makes it necessary for the baby to be born before he is ready.

Method An application of the Bick method of infant observation was used, because it is considered as an ideal tool for accessing the depths of primitive emotions and nonverbal communication typical of the beginning of life. In this workshop we intend to show the usefulness of the Bick method as a tool.

Results This observation experience made it possible for us to come close to the challenges of premature babies' emotionally that invades the sensorial apparatus of whoever tries to approach them. Through a primitive and silent communication, the observer was able to experience the non-integration, loneliness, helplessness and absolute dependence that characterize premature babies. In this scenario, her body became the communication channel for receiving intense sensations that this small and incomplete body could not hold yet.

Conclusions This observation study enables one to empathize not only with the babies in this condition but also with mothers and staff who have to face the challenges of connecting with a baby who disconnects from life even before he has the chance to connect to it.

P4-75

PREMATURITY: DEPRESSIVE AND ANXIETY SYMPTOMS IN A SAMPLE OF MOTHERS

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Introduction A traumatic birth experience may be a source of psychological distress for mothers. They experience significant levels of distress, following the admission of their child to the NICU (Warren, 2000). During infants' hospitalization, mothers present a major risk for suffering depressive and anxiety symptomatology (Davis et al., 2003).

Method The aim of the present study was to identify early indicators for anxiety and depression in mothers of premature infants, during hospitalization in NICU. The sample consisted of 32 mothers (mean age = 33.81 years; SD = 4.68) of premature infants. They were administered the *Edinburgh Postnatal Depression Scale (EPDS)*; Cox et al., 1987) and the *State-Trait Anxiety Inventory (STAI)*; Spielberger et al., 1970) after a few days of birth. In addition we planned *Infant Observations* in order to explore early mother-baby interactions in NICU.

Results Results show that the 47% of the sample reports significant scores for depressive symptomatology (using the cut off of 8/9; Benvenuti et al., 1999). High levels of state anxiety are present in the 43.8% of the mothers, while the 34.4% of the sample experiences high trait anxiety. Findings from our systematic observations of the mother-child relationship indicate that mothers with higher levels of depressive symptoms have more difficulties to interact with their babies and have less confidence in their parenting role.

Conclusions Depressive and anxiety symptoms in mothers of premature infants may have an important impact both on early interactions and the development of the child. Given the high percentage of these symptoms relieved in our study, it is recommended to identify early situations at risk for planning interventions in NICU.

P4-76

SOCIAL PROBLEM SOLVING ABILITIES IN A SAMPLE OF CHILDREN WITH CEREBRAL PALSY

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Introduction Children with cerebral palsy (CP) tend to have more social difficulties than their typically developing peers. The objective of this study is to compare children with CP during a social problem-solving situation with children without CP and to observe their respective social behavior style taking into account their sociometric status.

Method Four children, one with CP and three without, were separated in two teams and were asked to assemble the pieces of a set of blocks. To induce difficulty, some key blocks had been previously removed. Leadership and cooperative behaviors of all children were coded for the 43 available records using a coding grid validated for the study. Agreements were made by consensus at the beginning of the coding process and a kappa ratio was maintained in the course of the study (mean $k=0.778$). Sociometric measures were obtained within each class to classified children (i.e., popular or rejected).

Results Firstly, children with CP are significantly less socially preferred (i.e., sociometric scores) than their teammate. This is not the case in the second dyad where both members are comparable according to social statuses. Secondly, children with CP show significantly less leadership behaviors to resolve the problem than the children without CP. Finally, cooperative work is significantly less frequent in the CP dyad as compared to what is observed in the other one. The social statuses 'popular' or 'rejected' are never significantly linked to the social behaviors in the task, according a higher importance to the neurologic status of children.

Conclusions Children with CP show a feeble leadership and less cooperative behaviors than their classmates. These results suggest that the neurological status of the children with CP is more determining than their social status regarding social problem resolution. These differences might impact on their social approach and induce long-term withdrawn behaviors.

P4-77

HOW AN INTERDISCIPLINARY NICU-TEAM DEALS WITH HIGHLY TROUBLED PARENTS AND THEIR PREMATURE BABIES

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Introduction Very troubled parents and their premature babies challenge interdisciplinary NICU-teams. Early on problems arise involving attachment, child protection and different roles. This case presentation will elicit the various aspects and highlight what can be helpful for professionals.

Method Case study.

Results Overview of helpful support strategies.

Conclusions Very troubled parents (high risk) with their premature babies need special understanding and support to cope with the various challenges on a NICU with their role as a parent to support family bonds

P4-78

MOTHER-CHILD INTERACTIONS OF VERY LOW BIRTH WEIGHT CHILDREN AT 18 MONTHS CORRECTED AGE (2): CASE STUDY

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Introduction The purpose of this study was to examine the way to support and facilitate mother-child interactions after discharge from NICU, through a case of a mother of very low birth weight child at 18 months corrected age reflecting the delivery and parenting during participant in the study of mother-child interactions.

Method The session was composed of videotaped mother-child interactions which were coded by Child and Parents' Interaction Coding System (CPICS), interview to mother about child development and parenting, and reflection by watching the video recording on their interactions. This study described the case that mother talked about her feelings of delivery and experiences in NICU. The case was a 24-year-old Japanese mother and her third son at 18 months corrected age. He was born at 28 gestational weeks with birth weight of 968g, and hospitalized in NICU until 89 days old. He had no neurological sequelae or congenital anomaly.

Results His development was corrected age equivalent, but his reactions were weak except to gaze at the other's face. In the interview to the mother, she reflected her feelings of pregnancy and experiences in NICU. Moreover, she told that his cue of confusion was obscure. It seems it was difficult for her to read his reactions. The result of CPICS showed their interactions didn't synchronize because the mother's cue was too fast for him to respond. On another day, mother and researcher reflected by watching the video recording on their interactions and discussed together to find a better way to interact.

Conclusions The findings suggested that the support focused on the interactions between mother and very low birth weight children would be opportunities to compose mothers' feelings of pregnancy and parenting, and to reflect mother-child relationships. On poster presentation, we will report the details including the videotaped recording on mother-child interactions.

P4-79

INFLUENCE OF PREGNANCY LOSS ON SUBSEQUENT MOTHERS' PERCEPTIONS OF NEW INFANT BEHAVIOR AND MATERNAL CONFIDENCE

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Introduction Pregnancy-loss is usually reported by women as a stressful life event. The research on perinatal loss highlighted its negative implications for the subsequent pregnancy. The aim of this study was to compare mothers' perceptions of new infant behavior and maternal confidence between mothers who had or not previous pregnancy loss.

Method 239 mothers (age M = 31, 13 years) completed the Mother and Infant Scales (MABS) in the first days of their infant's life in the maternity ward. The group 1 was composed by 107 mothers who had previous pregnancy loss during the first trimester of pregnancy and the group 2 was composed by 132 mothers who had no previous pregnancy loss.

Results The results indicated that there were no statistically significant differences in any of the five dimensions of the MABS between the means of the two groups, even when the primiparous mothers who had previous pregnancy loss and those who had no previous pregnancy loss were compared. Selecting only the mothers who had previous pregnancy loss but had no children before the current one, and compared with group 2, we found significant differences in the dimension of Facility: the mothers of group 2 perceived their infants as being easier.

Conclusions We concluded that the previous pregnancy loss during the first trimester of pregnancy did not influence the mothers' perceptions of their new infant behavior and maternal confidence in the first days of their infants' life.

P4-80

PROMOTING A SECURE ATTACHMENT IN THE COMMUNITY: AN EDUCATIONAL EXPERIENCE WITH PSYCHOLOGY STUDENTS

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Introduction It is extensively recognized that maternal sensitivity is a strong predictor of the infant attachment. Prevention and early intervention to improve maternal sensitivity could be important for the development of secure attachment. We describe a preventive action through a sharing informative session guided by second-year students of psychology.

Method Twelve psychology students divided in two groups developed and implemented independently a sharing informative session with 22 parents in two kindergartens in a socially vulnerable area in Lisbon. Both parents and students assessed the session completing a questionnaire with a 5-points Likert scale from "1 - nothing" to "5 - absolutely".

Results The main results showed that the sharing session helped parents to better understand the child's behavior, changed their opinion about the way they nurture the child and clarified the importance of their relationship with their child. On the other hand, students considered that this intervention was important for their psychology training, useful for their personal growth, an opportunity to prevent or to intervene in the community and to apply the theory into practice facilitating the integration of the theoretical knowledge, promoted an awareness to intervene in communities at social risk and motivated the students to study the attachment framework.

Conclusions Sharing informative sessions have a potential transformative effect on parents that could be determinant to change their responsiveness to their children. The educational challenge of developing an intervention in the community increased the students' involvement in the teaching-learning process.

P4-81

LONG-TERM INFANT MENTAL HEALTH CARE IN THE AREAS AFFECTED BY THE GREAT JAPAN EARTHQUAKE: MULTIDISCIPLINARY COLLABORATION TO MAKE A SUSTAINABLE SUPPORT SYSTEM

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Introduction The Great East Japan Earthquake largely affected Miyagi prefecture. The authors have provided community-based psychosocial interventions there, primarily for infants and their families since August 2011. This presentation will focus on an overview of the interventions, longitudinal process of the change of their mental health needs.

Method Three disaster-stricken areas were targeted for the intervention. Using the occasion of public health checks for 18 month and 36 month old infants, counseling for mental health care has been provided on a monthly basis since August 2011. The infants and their parents were screened beforehand, while counseling was offered to both parents and children who scored high on a stress rating scale. Within 20 months after the intervention was started, 310 pairs of infants and parents out of 2,585 pairs who had the health checks were detected to be severely distressed and offered the counselling.

Results ① Among the items on children's conditions, the scores of three items - "clings to his/her parent", "scared more than necessary" and "fears darkness/ certain places" - were significantly high. While the score of "scared more than necessary" showed gradual decline as time went by, the score of "fears darkness/ certain places" tended to increase after a year from the Earthquake. ② Counseling sessions revealed that parents' psychological needs related to the death of and separation from loved ones. After the sessions, the psychologist consulted with public health nurses (PHNs) and drafted a plan for using various community resources.

Conclusions The influence of the earthquake on families with infants was obvious by the screening, and the process in trauma was indicated. Working with psychologists benefitted PHNs as sufferers for self-care of their mental health as well as understanding infants. This project was expanded to a sustainable public support system there.

P4-82

CURRENT RESEARCH PROJECT: EVALUATING THE NEONATAL BEHAVIORAL OBSERVATIONS SYSTEM (NBO) IN THE UNITED KINGDOM AND ABROAD FOR EFFICACY AND EFFECTIVENESS AS A CHILD SURVIVAL STRATEGY

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Introduction The current study is a response to the WHO's appeal for further research on the effectiveness of responsiveness-enhancing interventions as strategies for reducing child mortality, by considering whether one intervention, the Neonatal Behavioral Observations system (NBO), may be 'exported' to developing country contexts and integrated within existing child health strategies.

Method The project will include at least two distinct phases. Firstly, an efficacy study in the UK, to determine whether the NBO session has an impact on caregiver responsiveness and/or measurable child health outcomes; and secondly, if the NBO is efficacious, an effectiveness study in a developing country context to determine whether the NBO session has an impact on caregiver responsiveness and/or measurable child health outcomes in a manner comparable to the UK site. A second effectiveness trial in another developing country may be conducted the following year, or further data may be collected from the efficacy and effectiveness trials.

Results Data collection is not anticipated to begin until – at the earliest – Spring or Summer of 2014, and the study's design has not yet been finalized. The research is being conducted as a PhD project at the University of Warwick; the author is presenting the poster at this conference in order to (1) 'flag up' this area of research to the infant mental health community, and (2) to invite wisdom and experience from theorists and practitioners in the field. The author warmly welcomes discussion and input.

Conclusions In the UK, policymakers and public health officials recognize the importance of parent-child relationship quality in children's early years on developmental outcomes, but there is still a lack of emphasis on parent-child relationship during infancy (as opposed to pre-school/school age), an area of understanding to which this project contributes.

P4-83

SOLIHULL APPROACH RELATIONSHIP BASED ANTENATAL GROUP: ONGOING RESEARCH

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Introduction Most antenatal parenting groups impart information about pregnancy, labor and birth, but do not use the opportunity to support the development of the relationship between the father and baby and between the mother and baby. The Solihull Approach team are piloting a new integrated 5 session antenatal group.

Method The group integrates traditional parentcraft information with emotional wellbeing and the promotion of the parent-baby relationship. Those attending the 5 session Solihull Approach antenatal group 'Understanding pregnancy, labor, birth and your baby' within Solihull, a town in England, are requested to complete a small battery of questionnaires before the group commences and upon completion. These are: the Maternal Antenatal Attachment Scale (MAAS), the Paternal Antenatal Attachment Scale (PAAS), the PHQ-4 (Patient Health Questionnaire), the Pregnancy Anxiety Scale, a question about the level of intent to breastfeed and a question about the level of intent to stop smoking.

Results Using the MAAS and PAAS has already shown an increase in attachment over the life of the group. This is currently being analyzed against new data on how attachment varies over pregnancy without intervention. The results from the test battery on upto 100 parents will be available by January 2014 and will be presented to the conference, together with an outline of the contents of the antenatal group.

Conclusions Satisfaction questionnaires have already shown that the Solihull Approach antenatal group has a high acceptance rate amongst mothers, fathers and teenage parents, who also find it helpful. The new questionnaires will indicate other changes which may be taking place.

P4-84

RESULTS OF A PREVENTION PROJECT ON MATERNAL MENTAL HEALTH AND CHILD CARE PRACTICES IN BANGLADESH

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Introduction Maternal depression has negative effects on breastfeeding, care practices and malnutrition. In Bangladesh, Action Contre la Faim has developed a program with pregnant and lactating women for preventing child undernutrition.

Method A total of 500 mothers from Kutapalong and Nyapara Refugee Camps were enrolled on the study. This total group was then divided into 240 intervention-women and 260 control-women.

Both the camps showed socio-demographic group differences and were analyzed separately. The intervention was semi-structured in nature with primary focus on maternal and child-care through interactive group discussions and home visits. It was delivered in the community by female psychosocial workers (PSWs) who had limited educational background on psychology or social work.

Results The Mental Health and Care Practices (MH&CP) Community-based Prevention Program significantly improved maternal mental health status as well as mother's self and child care related awareness. It is promising that despite various barriers and restrictions (e.g. underlying extreme poverty, hunger, lack of facilities and limitations of earning), the intervention made more than half a standard score improvement in almost all outcome measures.

Conclusions It is interesting to see behavior change with intervention of such a short duration and this deserves further exploration. However, due to some limitations of study design the findings cannot be generalized and requires replications.

P4-85

ILSORRISODEIBIMBI: EIGHT WAYS TO HELP SOCIETY TO DISCOVER AND LOVE PERINATALITY

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Introduction Ilsorrisodeibimbi (thesmileofbabies) is a non-profit scientific association in Brescia. The group puts together professional workers with people not professionally involved in perinatal. These people receive special training and continuing education that will allow them to be able to screen perinatal emotional impairment and to refer it to the professional team.

Method In over three years of activity ilsorrisodeibimbi has been able to find some way to interact directly with people to promote the importance of the interventions in perinatal mental health and to push society to keep in mind emotional needs of 0-3 year olds. To reach this goal ilsorrisodeibimbi has a program which mixes clinical and cultural initiatives in order to reach a large number of parents and to become more and more sensitive to families' emotions.

Results In the poster, eight ways to help society to discover and assume responsibility of perinatal are shown: 1. Working with the emotions in medicine; 2. Building a perinatal unit; 3. Founding an association; 4. The itinerant work; 5. Disclosure; 6. Teaching and academic work; 7. Involving children; 8. Clinical interventions. The activity is totally free: the positive and negative consequences of this setting are discussed.

Conclusions Until now ilsorrisodeibimbi has been able to involve a lot of professional workers and 900 families. Many initiatives are illustrated. Their common denominator is people' friendship with perinatal which is able to help the 0-3 year old kids and to come up with initiatives about prevention in psychology.

P4-86

MY BABY'S BRAIN: BRIDGING THE GAP- THE THEORY TO PRACTICE DIVIDE

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Introduction My Baby's Brain is a Hertfordshire County Council project whose objective is to convey to parents of babies, the principles of attachment behaviors and their contribution to early infant brain development. Front line practitioners from various backgrounds are trained and supported to incorporate a "five-a-day" style message in their work with parents.

Method Using a mixed method approach, data were collected from a total of nine training groups (n= 227). Surveys were designed to capture impact on knowledge, attitudes and practice pre and post training and also at follow up 8-16 weeks later. A counterfactual group established from a wait-list sample provided comparative data. Interviews were conducted with a sample drawn from various professional groups and the qualitative data were used to explore the extent to which the training had a) increased understanding; and b) changed the practice of professionals.

Results The results show that one third of practitioners had little or no previous training in the theory and science of how babies' brains develop. The results suggest that the initiative was successful in improving practitioner knowledge and confidence and that these results were sustained over a 2 - 4 month period. Qualitative interviews with professionals demonstrated a number of ways in which the training had been beneficial, and interviews with parents suggest that parents valued the information received and materials used.

Conclusions Evaluation suggests that a brief training program, reinforced with practice development, online resources and materials, aimed at bridging the gap between theory and practice can be effective in improving the confidence and ability of front-line practitioners to work with parents to increase their understanding as parents in supporting their baby's development.

P4-87

A REPORT ON AN EARLY INTERVENTION SERVICE FOR CHILDREN WITH DISABILITIES IN ST. LUCIA

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Introduction The Child Development and Guidance Centre, established in 1998, is a registered non-profit organization and the only facility of its kind in St. Lucia. Its mission is to provide assessment and early intervention therapy services to children with developmental delays and disabilities in order to maximize their potential.

Method CDGC achieves its mission through early diagnosis, therapeutic intervention, family counselling and facilitating access to preschool and primary education. These services are offered to children from birth to the age of sixteen years by a multi-disciplinary team comprising of a paediatrician, a clinical psychologist and visiting therapists from developed countries who specialize in interventions for preschool aged children. There is an established system of screening for developmental delays and disabilities within the community based health centres. Any child for which there is concern is referred directly to CDGC for comprehensive assessment and intervention.

Results From 1998 to 2012, 1067 children have been seen for assessment at the CDGC and diagnosed with both common and rare developmental disabilities and learning disorders. Global developmental delay of unknown origin is the most common diagnoses given. The referral rate increased by 55% in 2012 compared to 2007. Also in 2012, 133 children were seen for new assessments, 22 of which were recommended for a special education placement. Objective measures (Goal Attainment Scaling) of therapy outcomes have revealed a significant improvement in functional skills for the groups evaluated.

Conclusions The CDGC established a national service for St. Lucia; achieved with no government funding or permanent therapy team for the first decade. Strong vision and dedicated collaboration with community, regional and international partners made this attainable and it is hoped that this model can be replicated in other developing countries.

P4-88

TEACHERS' VIEWS REGARDING PARENTING AND INFANT MENTAL HEALTH PROMOTION

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Introduction. Theory (Bowlby, 1997), research (Perry, 2005) and policy (Scottish Government, 2010) support the significance of infant mental health (IMH) and the effects of poor IMH on a child's social, emotional, cognitive and behavioral development. Consequently, there is a great deal of emphasis on universal services providing early intervention and prevention strategies (Bayer et al, 2007). Despite this, most parenting interventions currently target high risk families (Pinquart & Teubert-Philipp, 2010).

Method. A potential strategy to prevent such developmental difficulties is to educate young people about parenting and IMH before they become parents (HeadsUpScotland, 2007). A literature review revealed a dearth of research about parenting and IMH promotion in universal services, including schools. This provided a focus for further study. This research therefore aimed to critically examine the experiences, attitudes and beliefs of teachers regarding parenting and IMH promotion in local schools. Drawing upon the constructivist paradigm and using qualitative methodology, exploratory research was carried out using two focus groups with semi-structured interviews. Participants were teachers with responsibility for the delivery of Personal and Social Education (PSE) classes in their schools. Focus groups were recorded and transcribed. Data was collated in Sept-Oct 2012 and analyzed using Stevens Group Interaction model (1996).

Results. Analysis of the data led to the identification of two key themes, teachers' roles and group processes. It was found that teachers have varying roles in PSE delivery informed by experiences, attitudes and beliefs. Analysis of group processes and interactions indicated that teachers' personal attitudes changed during the course of the focus group. For example: participants who initially did not believe that promoting parenting and IMH was part of their role later changed their views. Teachers also identified a need for training and resources to enable them to provide parenting and IMH promotion as part of their role in schools.

P4-89

MATERNAL SENSITIVITY AND TODDLER ENGAGEMENT IN A PARENT-MEDIATED INTERVENTION FOR HIGH-RISK FAMILIES

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Introduction The present study investigates the effectiveness of Partners in Parenting Education (PIPE), a group parent-training intervention for high-risk mothers of toddlers (M age = 15 months) that focuses on decreasing parenting stress, increasing self-efficacy and fostering sensitive and developmentally appropriate engagement strategies.

Method The present study examines changes in and the relationship between maternal sensitivity and child responsiveness; additionally, we examine if parenting stress, maternal education and child sex predict initial levels or changes in either construct. Mother-toddler dyads were recruited from four low-income community centers in Arizona (N = 65). Mothers participated in the 10-week intervention, and reported stress using the Parenting Stress Index (PSI; Abidin, 1995) prior to and post-intervention. Observational data of maternal sensitivity ($\kappa=.71$) and child responsiveness ($\kappa=.72$) was collected weekly and coded using the Emotional Availability scale (Biringen, Robinson & Emde, 2000).

Results The hypotheses will be tested using a three-time point latent growth model (LGM) with MPlus 7.0; each time point representing 2 ½ weeks of intervention. The proposed analysis will build upon a pilot study (n =32), which provided evidence for a prevention effect; mothers maintained significantly moderately high levels of sensitivity across the intervention, and child responsiveness matched maternal sensitivity. Preliminary results revealed a trend toward significant positive change in child responsiveness (slope M = 2.81, $p < .076$), which may be elucidated by the proposed study. Analysis will also include examination of three psychosocial and demographic predictors.

Conclusions Results will describe bidirectional parent-child influences and discuss varying rates of change over time within the context of a parent-mediated intervention. Additionally, implications regarding the impact of early intervention in minority and socio-economically disadvantaged populations of families with toddlers will be discussed.

P4-90

PREVALENCE OF PSYCHOSOCIAL RISK FACTORS AND IDENTIFICATION OF SUITABLE RECRUITMENT PROCEDURES FOR HIGH-RISK FAMILIES IN A GERMAN PILOT STUDY

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Introduction Family dysfunction and child maltreatment as well as consequent maladaptation occurs disproportionately often in families exposed to psychosocial risk. As families' situations are diverse, epidemiological data concerning risk factors and their interactions is needed to design early interventions that meet the specific needs of families in various risk constellations.

Method The German National Centre on Early Prevention plans a large-scale national prevalence study. In order to identify ways in which parents with psychosocial burdens can be reached, two large pilot studies (N > 10.000) test the application of a risk inventory, comparing two different survey types: (a) a 25-minute computer-assisted telephone assessment and (b) a self-completion questionnaire assessment. Parents with a child aged zero to three are recruited either (a) via registration office data or (b) via pediatricians. Both groups are screened for various risk factors including child regulatory problems, parental stress, partner conflict, social support and socioeconomic status.

Results Data collection is still in progress and will be finished in early 2014. Final results including questionnaire and interview data on the prevalence of the requested risk factors, as well as identifiable patterns of risk factors, will be presented. Special attention will be

paid to differences between the two recruitment strategies - (a) via telephone interview and (b) via contact by pediatricians: their impact on families' readiness to participate, data quality and their applicability for researchers and experts in the field as well as for the planned national study will be presented and discussed.

Conclusions The pilot studies were designed to allow a first insight in the field of risk epidemiology. This project is the first of its kind trying to provide reliable data in the field of early prevention in Germany. The impact of our results for early prevention practice will be discussed.

P4-91

HANDLE WITH CARE: A PROGRAM FOR PROMOTING THE MENTAL HEALTH OF YOUNG CHILDREN LIVING IN HIGH RISK COMMUNITIES

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Introduction Handle with Care is a program designed to help parents and caregivers promote the mental health of young children from birth to 6 years living in communities at risk for mental health problems. These include isolated communities, First Nations communities and communities that have experienced longstanding poverty.

Method Handle with Care consists of engaging interactive strategies that build on the strengths of parents and caregivers. Although designed for communities at risk, it is appropriate for all communities. This workshop will describe the theoretical underpinnings of Handle with Care and its structure, the process of program delivery, and the topics it covers. The topics are organized into the following Building Blocks of young children's mental health: Building Trust and Attachment, Building and Enhancing Self-esteem, Expressing Emotions, and Relationships with Other Children. In each Building Block the importance of self care for is also emphasized and strategies for doing so discussed.

Results Participants will learn about the process of program delivery through examples of components of facilitator training and program administration for each Building Block and will experience demonstrations of actual program activities along with the related concrete materials. Participants will be engaged in some of the program activities.

Conclusions Preliminary findings from a systematic program evaluation also will be presented. One important finding from this study is that mothers reported being less depressed and enhanced mental well-being ("flourishing") that was reflected in enhanced child well-being. Qualitative findings indicated that participants found the activities engaging and meaningful in their daily lives.

P4-92

LEARNING THROUGH PLAY INTERNATIONAL PROGRAM: EARLY CHILDHOOD DEVELOPMENT RESOURCES AND TRAINING

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Introduction Learning Through Play intends to improve the physical and mental health and development. It provides parents with information on the healthy growth and development of young children (birth to 6 years), focusing on the physical, intellectual, linguistic, and socio-emotional development and raises parent awareness of the importance of play.

Method Training and support to front-line community workers is provided who, in turn, provide this information to parents. LTP resources are low-literacy pictorial "calendars" depicting successive stages of child development, with brief descriptions of simple play activities that show parents what they can do to promote healthy child development. The Calendars encourage parental involvement, creativity, learning, and parent-child attachment and have been culturally interpreted with respect to illustrations, language, concepts, and values to ensure acceptability.

Results The Calendars are translated into 11 languages and used in India, Pakistan, El Salvador, Peru, Philippines, Haiti, Burkina Faso, Nicaragua, and Paraguay, Kenya, Ethiopia, Uganda, Ghana, and Jamaica and throughout Canada. In a controlled study in Pakistan the program was well received by mothers and successfully integrated into the existing health infrastructure at minimal cost. Results showed significant increases in the mother's knowledge and positive attitudes towards their infant's development, and a significant reduction in mental distress. Results from focus groups across multiple countries indicate that parents report that they no longer use physical means of discipline once they understand their children's developmental needs.

Conclusions There are a few parenting programs in the world that systematically process their qualitative outcome measures into meaningful quantitative indicators. The Learning through Play Program (LTP) Canada is one such program.

P4-93

BABIES IN MIND: A PREVENTION AND INTERVENTION PROGRAM FOR VULNERABLE FAMILIES IN THE LONDON BOROUGH OF SUTTON

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Introduction Babies in Mind is a multidisciplinary primary prevention program designed to support vulnerable families of the London Borough of Sutton during the transition to parenthood. The program promotes infants' mental health by encouraging the development of a sensitive and attuned caregiving, from pregnancy to the infants' first 18 months.

Method The intervention is based on Video Interaction Guidance (VIG) sessions, through which parents are encouraged to develop an attuned relationship with their child in a non-judgemental and empowering way. This is carried out within a positive and trusting interaction between vulnerable families and a specialized team. It offers a unique combination of evidence based strategies, jointly aimed at improving the early mother-child relationship (VIG) and building parental self-efficacy and skills (local volunteers' long term support for families). The project also aims at building mothers' abilities to use the community services and encourages networking with other mothers

Results The program is in its initial phase: preliminary results, along with a description of the "Babies in Mind" model, will be presented. The protocol is designed to evaluate changes across time and variables include: parental behaviors and representations, relationship outcomes and child related outcomes in terms of development, socio-emotional adjustment and longer term outcomes, such as internalizing and externalizing behaviors at age 4. The evaluation also aims at monitoring associated variables that may hinder/promote the successful realization of the project, such as the working alliance between parents and the Babies in Mind team.

Conclusions This comprehensive approach, in the context of effective collaboration between statutory and voluntary services, will help vulnerable families with infants build positive relationships and long term resilience. This pilot testing will bring new insights on the effectiveness of evidence-based interventions in promoting the parent-infant relationship and children's long lasting wellbeing.

P4-94

BREATHING NEW LIFE INTO SPEECH-LANGUAGE THERAPY FOR CHILDREN WITH CLEFT LIP AND PALATE

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Introduction The consequences of cleft lip and palate (CLP) are aesthetic and functional (phonation, hearing, swallowing, mastication, and breathing are all affected), and they are also psychological (construction of self-image, relational disturbances). When the malformation extends to the palate, the sound of the voice can alter, and become nasal or hoarse.

Method Since language is an essential element in the infant-parent relationship, and even more so for inter-individual exchanges, many studies have shown a drop in self-esteem among these patients, whatever their age. This can be measured very early on, at the start of primary school, for children aged 5 to 6. It is therefore important to provide psychological care and language-speech therapy as early as 3 years of age. New motor activities show themselves to be good candidates for improving functional abilities, and should be proposed according to the age of the patient.

Results The usefulness of breathing exercises to develop the muscles of the soft palate is clearly established today, but we lack specific tools for breathing exercises in young children. It is of course possible to play games with cotton wool, straws, and so forth, but repeating these exercises can be tedious for child and parents. A different tool, a book, bringing imagination and aesthetics into play, has been developed to facilitate these exercises for fostering strong, effective breathing through the mouth. Once the initial contact has been optimized, therapy is facilitated and for the child can become a source of pleasure.

Conclusions Using modern illustration techniques widely implemented in children's publications, this book enables the speech therapist to establish contact more easily with these "children with a difference", who are often withdrawn and reluctant to express themselves.

P4-95

A LITTLE INFANT MENTAL HEALTH SUPERVISION TO PAKEHA [NON-MAORI NEW ZEALANDERS] AND PACIFIC HOME VISITING TEAMS – DOES IT GO A LONG WAY? PRELIMINARY FINDINGS

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Introduction Like many countries New Zealand invests extensively in home-based early intervention programs for at-risk families with the goal of achieving better outcomes for children. The work is challenging for practitioners with understandable pressures to be adult/family focused. Services typically don't receive supervision informed by IMH knowledge and supporting reflective practice.

Method From 2010 the Pakeha and the Pacific teams of an early intervention service have proactively sought infant mental health supervision. They fund 5-7, 2 hourly sessions a year from a child psychiatrist with IMH expertise. These teams implement 4 different home visiting programs, all receiving referrals from families with multiple chronic stressors that impact on the social and emotional well-being of infants and their developing relationships. Supervision is case-based; infant focused and supports observation. Semi-structured interviews addressed the influence of this supervision on individual and team practice and containing the anxiety of working with high risk families.

Results Background data regarding the families referred was collated. This data supported the clinical impression that the programs involve our most challenging families. Clinical cases illustrate aspects of supervision that practitioners identified as influencing their practice. Documentation of the sessions over 4 years and analysis of the qualitative interviews is reviewed. The influence of supervision focusing on the infant's social and emotional wellbeing and reflective practice is compelling. Despite the limited time, there is evidence of enhanced knowledge and skills, a capacity to keep the infant's experience at the centre of the work and the promotion of a reflective stance.

Conclusions Two home visiting teams have funded a limited amount of IMH focused supervision since 2010. The supervision has been case based and promoted a reflective stance. A preliminary review of its impact on practice is presented. Plans for further development and evaluation of the supervision are discussed.

P4-96

EXPLORING THE IMPACT OF THE SOLIHULL APPROACH UNDERSTANDING YOUR PUPILS BEHAVIOR ON A RANGE OF TEACHER VARIABLES AND ON THEIR PERCEPTIONS OF THEIR WORK WITH THEIR PUPILS

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Introduction A whole school version of the Solihull Approach has been developed to support teachers in better understanding their pupils' behavior and to promote their emotional well-being. This study explores the impact this training has on a variety of teacher variables and also explores teachers understanding of the implementation process.

Method A mixed method design combining both quantitative measures and qualitative interviews was used to assess the impact of the training. The study's focus is on a group of teachers from 2 primary schools, an experimental group (n = 26) and has received the training the other is the control (n = 32). Data has been collected pre-training and at 6 months after the final training session. The teacher variables measured included anxiety, mood, burn-out, compassion satisfaction and fatigue, self-concept and teacher efficacy. Interviews were conducted with six staff after the 6 month follow up.

Results T-tests revealed that the experimental school showed statistically significant differences on several of the measures including: increase in satisfaction with their helping role; decrease in feeling burnt out/stressed; increase in self-esteem and increase in teacher efficacy scores. The control school only showed an improvement in teacher efficacy over the period. Using Interpretative Phenomenological Analysis themes relating to the helping and hindering factors of implementation were derived from the interview data. Limitations due to sample size, issues around matching schools and inability to control for external factors are discussed.

Conclusions Despite the limitations the results are promising in terms of the impact that the Solihull Approach Understanding Your Pupils Behavior can have on a variety of teachers variables and it offers insights into how teachers make sense of its implementation.

P4-97

CAN INFANT MENTAL HEALTH BE PROMOTED DIRECTLY WITH PARENTS THROUGH PROVIDING THEM WITH EDUCATION AND INFORMATION ABOUT BABIES THROUGH A VARIETY OF MASS MEDIA MEANS?

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Introduction My work has always been concerned with delivering health/mental health promotional information directly to parents, adapting professional and research messages into popular language, and disseminating this as universally as possible through mass media methods, magazines and booklets, TV and radio, public education campaigns and a variety of Internet/online methods.

Method Contributing to the development of the Internet TV channel The Parent Channel www.parentchannel.tv, originally funded by Department of Education for the 5-19 age range, currently being expanded for 0-5's including topics on baby's needs pre-birth, getting to know your baby, bonding, when it's difficult to love your baby, social and emotional development. In this way, important information is shared in a non-stigmatizing way with a very large number of parents. This has built on and expanded previous use of magazines, books, regular TV and radio programs, and allowed greater control over the information included, potentially promoting Infant Mental Health.

Results Evaluations are on-going, and can be gathered from other sites where these films can be embedded for free. There is a large amount of data available concerning the original 5-19's films. Most of this is quantitative, but additional qualitative research was done with parent users and site feedback, and specially commissioned focus groups. In the near future, a great deal more will be available concerning the 0-5 films, many still in production.

Conclusions I would like to share the findings and on-going work of the Parent Channel in particular showing clips, and also relating this to broader mass media work, educating and informing parents, and discuss how I believe this can contribute directly to improving bonding, parent/child relationships and infant mental health.

P4-98

CHARACTERISTICS OF PTSD AND ASSOCIATED TRAUMATIC DISORDERS OF PRESCHOOL CHILDREN AFFECTED BY A LARGE SCALE NATURAL DISASTER

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Introduction We have provided psychiatric interventions to children affected by a large scale natural disaster. For several reasons, the need for children to receive psychiatric intervention either got neglected or delayed similar to previous disasters. The purpose of this presentation is to discuss the outlines of traumatic disorders of young children.

Method Our subject are 71 children, 3 year to 5 years old at the time of this disaster who were severely affected by violent shakes of the earthquakes, witness of tsunami waves coming toward them, and big fires from the nearby oil tank explosion at the certain Kindergarten. We have continuously consulted with kindergarten teachers and school teachers about their children who exhibited some problematic behaviors and expressions. In addition to these interventions, we have assessed and observed recruited children by structural settings of PTSD.

Results At the acute stage of the disaster, our children with acute stress disorder mainly consisted of preschool children, children with developmental problem such as Autism, and children whose parents were confused or stressed out. Some of them developed PTSD and other traumatic disorders at the following stage. At the post stage there were not so few children exhibited traumatized symptoms of numbing of responsiveness or dissociation. But almost of children have spent their school life cheerfully as if they were free from traumatic disorders. But they exhibited some symptoms at home or during sleep.

Conclusions Clinical features and course of traumatic disorders of young children might be different from other generations. This is why children are suggested to be not so affected by natural disasters. Numbing of responsiveness or dissociation is significant symptom for young children but be easily overlooked by first responders.

P4-99

TOWARDS PARTNERSHIP OF EARLY HOME-VISITING SERVICES BY MATERNAL AND CHILD HEALTH SECTOR AND BY CHILD WELFARE SECTOR IN JAPAN; WHAT IS THE PROBLEM AND HOW CAN IT BE RESOLVED?

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Introduction In Japan, there are two kinds of early home visiting services; a traditional one of Maternal & Child Health and a recent one of Child Welfare. Although they are legally different, they are related in that they support families with babies. We need service partnership suggested by Frost (2005).

Method We surveyed how these two services are implemented in 41 municipalities in Hyogo Prefecture, in order to discuss better ways to draw these two initiatives together. A set of questionnaires were sent to a relative sector of each government office. The period of the survey was from November to December, 2011. The following were the main questions; what do you do in order to detect postpartum depression earlier, what do you do in order to prevent child abuse and neglect at home, and do you visit repeatedly high risk families.

Results Thirty seven municipalities (90.2%) conducted home visiting based on Child Welfare in order for both detection of postpartum depression and prevention of child abuse and neglect just because this framework is recent and more flexible to conduct. Moreover, it seemed that many of the local governments combine it with a traditional service based on Maternal & Child Health, following the guideline on how to conduct the two services issued from Ministry of Health, Labor & Welfare in March, 2009. There are some municipalities, however, which conduct two services differently with the different battery of visiting professionals.

Conclusions Together with the result of additional interviews with several officials in charge of these initiatives, it is desirable that the first home visitor be midwife or public health nurse and the subsequent visits be done by those who are equal to the needs of each household.

P4-100

DEVELOPMENTAL SURVEILLANCE DURING THE FIRST TWO YEARS OF LIFE IN COMMUNITY-BASED BABY CHECK-UPS: DATA FROM 15 MONTHS

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Introduction This study was aimed to identify infants "at risk" for Autism Spectrum Disorders (ASDs) or other developmental disorders before the age of 2 years, and to explore the effect of early intervention to prevent or minimize deviance from typical development in community-based check-ups through developmental surveillance.

Method Overall 12 behavioral items were monitored by nurses at 15 months, 20 months and 27 months during routine baby check-ups (mass screening) at the Health Center in Tamamura (population: 37000, number of births per year: 270). The items were: eye contact, turning to name call, use/understanding language, imitation, pointing, gestures, joint attention, pretend play, showing behaviors, fine and gross motor skills. It took about 10 minutes to examine these items. We first introduced the developmental assessments at the 15 months check-up in 2012, and now are following these infants until 27 months.

Results Here we report the data from 15 months. A total of 221 infants were monitored in 2012. Sixty-four infants (29%) who failed over two items were screened. They were divided into two groups based on pass (JA group) or failure (Non-JA group) in the Joint Attention task. We found significant differences between the JA (n = 35) and Non-JA (n = 29), with the Non-JA showing lower pass rates in three further items, 'Eye contact', 'Response to clapping', and 'Fine motor skills'. Of 29 infants in Non-JA, we identified one developmentally delayed infant and two infants with ASD suspect (1%).

Conclusions Joint Attention was a key to screen infants who are showing possible delay or deviance in social development at 15 months. We are following these infants until 27 months, and exploring ways to motivate their parents to use our supporting services (individual consultation by a psychologist, group intervention programs).

P4-101

THE HOME VISITING RESEARCH NETWORK: STRENGTHENING CONNECTIONS BETWEEN PRACTICE AND RESEARCH

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Introduction Evidence-based family and infant home visiting prevention and intervention programs have become an important element in early childhood service delivery. There is, however, much we do not know about implementation and dissemination of effective home visiting practices. This poster highlights recent efforts of the US Federally-funded Home Visiting Research Network.

Method The poster will focus on two components of the Home Visiting Research Network. First, the network developed a home visiting research agenda. An online survey asking key stakeholders (home visitors, researchers, program leaders) to nominate and prioritize agenda items was disseminated in Fall 2012. Over 1700 responses were received, nominating 4267 priorities. These were grouped into a "Top Ten" list of topics. Second, a practice-based research network was developed. The Home Visiting Applied Research Collaborative (HARC) is a voluntary network of home visiting programs. Programs participate in studies that are of most relevant to their day-to-day practice.

Results The following areas summarize the research agenda: Strengthen and broaden home visiting effectiveness; Identify core elements of home visiting; Promote successful adoption of, adaptation of, and fidelity to home visiting innovations; Build a stable, competent, home visiting workforce; Promote family engagement; Promote home visiting coordination with other services; Sustainment of effective home visiting; Build home visiting research infrastructure. HARC membership will be summarized. An example of a HARC study will be presented, focused on development of valid and reliable observation-based research instruments to assess domains of home visiting process, and use of these instruments to improve service delivery.

Conclusions Engaging practitioners and policy stakeholders in the research agenda, and creating a network that promotes concerns of home visiting programs shows how to make research more applied and less isolated from practice. This poster emphasizes the importance of collaboration between research and practice to promote improved service delivery and innovation.

P4-102

FACILITATION OF THE PARENT-CHILD-RELATIONSHIP IN KINDERGARTEN TERTIARY EDUCATION/ EARLY-AID FACILITATION – SUPPORT FOR STRESSED PARENT-CHILD-RELATIONSHIPS IN KINDERGARTEN

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Introduction This pilot study facilitated support of the Parent-Child-Relationship of five highly stressed families with overall eleven children in four kindergarten groups, located in a low socio-economic district in Berlin. These families received support in early-aid prevention and Parent-Child-Relationship facilitation by a professional trained in psychotherapy.

Method Qualitative method action research and hermeneutic single case studies.

Results Parents need to have a moderate level of structural integration in order to reflect upon their own parental skills and feel the need to co-operate. Only with their co-operation it is possible to reach an improved Parent-Child-Relationship. An improvement regarding speech development, attention span, social competences, learning- and reading abilities, creativity, behavioral deficits and emotional stability was observed in all children. Some infants developed a secure attachment style with their mother, even if their mothers had a disoriented attachment at first.

Conclusions **The intention of the workshop** is an exchange of experiences regarding the border of education and psychotherapy with disadvantaged families and their children in kindergarten. Are there factors which help predict which mothers or fathers would gain the most profit out of the parent-child-support?

P4-103

POPULATION SCREENING FOR SOCIAL, EMOTIONAL AND BEHAVIORAL DIFFICULTIES IN EARLY TO MIDDLE CHILDHOOD

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Introduction Glasgow is the largest city in Scotland and one of the most deprived areas in the UK. It is renowned for its poor health profile, however, until now, little has been known about Glaswegian children's mental health. This project screened the whole population for difficulties at key stages in childhood.

Method Strengths and Difficulties Questionnaires are collected on an annual basis from all children in Glasgow City at 30 months (through a universal Health Visitor contact), age four (through Preschool staff), age seven (through teachers) and age ten (completed by the children themselves). This allows for cross-sectional comparisons across time and individual longitudinal data follow-up. Results are linked to demographic data held by the Education department, such as postcode, ethnicity, and whether the child has been placed under state care.

Results Early results from the cross-sectional data show higher levels of conduct difficulties and abnormal hyperactivity/inattention scores in early childhood, compared with UK norms. New multilevel analyses on the longitudinal data demonstrate a widening of inequalities in social, emotional and behavioral difficulties between the ages of four and seven. Inequalities widened between children from different areas of deprivation, as well as between children who had been in State care prior to school entry, compared with those who had not.

Conclusions This innovative study is revealing fascinating results on levels of social, emotional and behavioral difficulties in the whole population of children living in Glasgow City, as well as how experiences of early adversity are impacting on widening inequalities in such difficulties in early to middle childhood.

P4-104

BUILDING A COMMUNITY SERVICE SAFETY NET FOR FAMILIES AT RISK FOR EARLY CHILDHOOD MENTAL HEALTH CHALLENGES: MID-LEVEL DEVELOPMENTAL ASSESSMENT (MLDA)

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Introduction The Mid-level Developmental Assessment (MLDA) integrates a community service safety net for families at risk for early childhood mental health challenges during a critical window of developmental opportunity. This comprehensive assessment protocol allows vulnerable young children faster connections to community-based programs and family services than the often lengthy tertiary evaluation.

Method Referrals for MLDA were solicited from parent, child health, early care and education, mental health, and social service providers. Components included: solicitation of data from the child health providers; parent interview and completion of the Parenting Stress Index; child evaluation using the Developmental Assessment of Young Children or the Provence Profile of the Infant and Toddler Developmental Assessment; the development of an Individualized Family Service Plan (IFSP); and case management.

Results In 2012, 56% of children referred to the Birth to Three System were ineligible for services. While the needs of children on the Autism Spectrum are met, children with other mental/behavioral health delays/challenges are not adequately assessed and typically do not receive Birth to Three services. 80 children from an at-risk, urban population received MLDA. 82% were found to have mild-moderate delays. 18% were referred for tertiary evaluation and eligible for Federal program services. All children were connected to community-based programs and services. Children were typically seen within one week of referral compared to month-long waits through Birth to Three.

Conclusions This workshop will consider factors in implementing the MLDA: single-point of entry to the network of statewide services, infant mental health services anchored in community-based practice, and a network of stakeholders who partner effectively with families and understand the gaps in services.

P4-105

POSITIVE RELATIONSHIPS BETWEEN CAREGIVERS AND YOUNG CHILDREN IN DAYCARE - A VIDEO ASSISTED TRAINING PROGRAM

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Introduction: In Norway about 80 % of one-year old children attend daycare. It is therefore important to support development of positive and close relationships between these young children and their caregivers in the daycare setting. Here we present the use of a video-assisted manualied training program about how to supervise caregivers in daycare. Supervisors support caregivers understanding of the needs of young children in daily interactions and how they can respond on these needs in adequate ways.

Method. The training program will be evaluated. The training program is applied by the daycares own supervisors. It starts in autumn and lasts till summer. There are eight meetings in that period, each meeting with a specific relationship-oriented topic to prepare for. In most sessions videos from caregiver-child interactions are used. All caregivers participates in the training sessions and reflect together about children needs based on attachment theory. We will in this presentation demonstrate how the training program functions in practice by use of videos.

Results. Evaluation of the training program is conducted, in charge May Britt Drugli, professor. Data about child-caregiver relationship quality (STRS; Pianta, 2001) and child mental health (C-TRF; Achenbach & Rescorla, 2001) will be collected pre and post for about 600 children. Data from daycares that have implemented the training program will be compared with data from daycares that have not implemented this program. Feedback from the participants indicates that this method helps caregivers in daycare to better understand the signals of each child, and that they become more aware of their own behavior in interactions with the children. «I did not know much about attachment before this training» «I have learned about what attachment means in practice, and in particular what I myself need to do» «We know each child much better after this program»

P4-106

TOWARD THE BABY – A PROJECT DESIGNED TO SCAFFOLD THE PARENTS’ MENTALIZING STANCE AND COMMUNICATION SKILLS AS THEY PREPARE FOR THE FIRST ENCOUNTERS WITH THEIR INFANT

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Introduction The poster is to present the program of workshops and home-visits that the team of the Foundation has designed to support parents-to-be while they enter their new roles, through scaffolding their mentalizing abilities that will foster their babies' regulatory competence and secure attachment.

Method The poster will present the sources of inspiration for the program, the structure of it – including the workshops that are offered to parents antenatally, and home-visits, paid in the first month after the birth of babies – along with the theoretical underpinnings of the curriculum. The content details – i.e. particular themes covered during workshops – will be described, including some specific methods of introducing them. As for the home visits, the role of using NBAS – or its elements – as a tool of intervention, will be elaborated. Also, general reflection on the groups' characteristics will be provided.

Results For the moment, only the workshop part of the program has been evaluated, by means of 2 questionnaires: "Parental Attitudes Questionnaire", and "The Sense of Change Questionnaire". The analysis of the results shows that the participants report a significant shift in their attitudes, showing more attachment-promoting stance, and a growth in their sense of parental competence, accompanied by intense activation of thinking about the baby as a person endowed with significant communicative competences. The general shift in the focus of thinking about parenthood – from practical issues to mental, emotional aspects of care is reported by most of the participants.

Conclusions The preliminary analysis of the program shows that the proposed curriculum is a useful tool in helping to build parental sense of competence, support involvement with the relationship with the new-born baby, and understanding of the baby's needs, thus facilitating the baby's developing self-regulatory skills and mental health.

P4-107

QUALITATIVE STUDY OF MATERNAL ENGAGEMENT IN A MODEL HOME VISITING PROGRAM TO EMPOWER MOTHERS LIVING IN URBAN POVERTY TO ACCESS HEALTH AND EARLY EDUCATION SERVICES FOR THEIR CHILDREN

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Introduction Many U.S. home visiting programs target low-income mothers whose infants are "at risk" for adverse health and developmental outcomes. Since maternal engagement in such services varies considerably, this study examined engagement in The MOM Program in Philadelphia, PA.

Method Maternal engagement was assessed via a minimum of 2 individual interview(s) conducted with 6 mothers over the course of their enrollment in the two-year MOM Program. Home visitor experiences of engaging mothers in services were assessed via 2 focus groups (FGs) conducted with an average of 3 participants/FG. Interviews and FGs were audio-recorded, professionally transcribed and analyzed using nVivo software.

Results Mothers included African American women (mean age 26.6 years) with poverty-level incomes who enrolled at their infants' births. Reasons for enrollment included: "to be the best mother I can be," "to do things better than with my older children." Mothers found home visits helpful, but wanted more frequent visits and material goods. Home visitors had a mean age of 48.7 years; 50% were African American, 30% Latina, and 20% Caucasian. They reported barriers to maternal engagement: competing work/school demands, unsupportive family, inconsistent telephone service. They saw mothers' engagement as stemming from wanting goods instead of developing advocacy skills.

Conclusions The observed discordance in maternal and home visitor perceptions of engagement in home visiting program points to a need to establish consensus on program expectations. This may improve retention in home visiting programs and facilitate mothers' fulfilling program goals.

P4-108

READINESS FOR GROUP-BASED LEARNING: SUPPORTING TODDLERS TO ADAPT TO THE PRESCHOOL CLASSROOM

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Introduction Government-funded infant-toddler home visiting programs are accountable for promoting school readiness. Many toddlers' classroom experience begins as they transition to a preschool classroom where they must adapt to learning in a large group with less individual attention, more demands to focus attention, cooperate, follow rules, and communicate needs.

Method A research model of readiness-for-group-based-learning skills at age three would sharpen goals of these prevention programs, preparing toddlers to enter classrooms. Using confirmatory factor analysis, we tested an age three model of abilities, highlighting skills learned within the parent-child relationship, and validated at age 5. Data are from the Early Head Start Research and Evaluation Project reflecting a diverse, low-income population, collected at home (N = 1814 at ages three and N = 1500 4.5 years), including observed parent-child interactions, direct assessment of child skills, and examiner rating of child's behavior. At 4.5 years, teachers reported on pre-kindergarten classroom adaptation.

Results At age three, the model reflected two latent factors, effortful control and social engagement & communication ($\chi^2(15) = 30.39$, $p < .001$, CFI = 0.98, RMSEA = 0.06) and was validated at age 4.5. SEM results revealed significant pathways from effortful control at Time 1 to Time 2 ($r = .89$) and from social engagement & communication at Time 1 to Time 2 ($r = .89$). Significant pathways were demonstrated between Effortful Control at Time 2 and Pre-Kindergarten Academic Skills at Time 2 ($r = .57$) and Social Engagement at Time 2 and Pre-Kindergarten Academic Skills ($r = .44$).

Conclusions This study provides a framework for home visiting and other early intervention programs to utilize when designing program goals and curricula to promote toddlers' readiness for classroom learning environments that low-income and moderate-income children typically encounter as they turn three.

P4-109

ESTABLISHING THE CIRCLE OF SECURITY PARENTING © (COS) DVD INTERVENTION IN A RURAL AUSTRALIAN SETTING: A REFLECTION OF THE LAYERS OF HOLDING AND THE PROCESSES INVOLVED IN PROVIDING SAFETY FOR CAREGIVERS AND CLINICIANS

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Introduction Circle Of Security (COS) DVD program was implemented by the Orange Primary and Community Health team, led by the Child Protection Counselling Team as an early intervention/prevention strategy. The identified target group included those involved with the statutory child protection system or otherwise identified as having high vulnerabilities.

Method In the COS DVD program Cooper, Hoffman and Powell (2009) have translated attachment and object relations theories into a relationship based approach, a central tenet of which is that 'Learning (including therapeutic change) occurs from within a secure base relationship'. Winnicott's 'holding environment' concept is integral to the COS DVD program. Facilitators are acknowledged to provide that 'holding environment', through being a 'secure base/safe haven' for carers so that they may provide the same for their children. Just as facilitators create a secure base, it was identified that this function was paralleled for facilitators in peer supervision and individual supervisory processes.

Results Fonagy et al (2002) stress the importance of empathy and respect in order to enhance self - and other - reflection, this was present within session and supervision. The reflective team outside of sessions tracked core sensitivities and developed strategies to support caregiver's integration of concepts into real time interactions with their children. Reflection on the potential influences of transference and countertransference guided this process.

Conclusions The conclusion is the many layers of holding are required to keep everyone's mind in mind, taking time outside group to explore the significance of shared experiences and how to further facilitate integration of key concepts.

P4-110

LISTEN TO ME AND I WILL TELL YOU HOW TO FEED ME – MEALTIME EXPERIENCES THAT ESTABLISH EMOTIONAL WELL-BEING

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Introduction The Emotional Feeding Model (EFM) is an innovative approach to nurture the emotional well-being in early childhood and to prevent eating problems and disorders, obesity, child neglect and abuse. Feeding and family mealtime's experiences in early childhood nurture the emotional, social, as well as cognitive and motor development.

Method The common daily situation of feeding and mealtimes serve as a 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 well-being, emotionally and socially.

Results When caregivers feed the child mechanically or force feed him, it creates toxic stress and unhealthy environment that might damage his brain development. This has far-reaching effects of his psychological, social and physical development. It is of great significance and in our responsibility to guide and train young parents, as well as professionals working with young children, in how to create an environment that nurtures the emotional well-being that prevents the toxic stress and its outcomes.

Conclusions Observing mealtime dynamics may serve as a simple, available and inexpensive tool for guidance, evaluation and intervention in caregiver-child relationships. 24 maximum participants in the 90 minutes experiential workshop will learn the EFM principles, will do exercises like: childhood mealtime memories, role play of real feeding situations and more.

P4-111

RESEARCH OF EARLY CHILDHOOD REGULATION DIFFICULTIES IN THE HUNGARIAN "FOR HEALTHY OFFSPRING" PROJECT

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Introduction The 'FOR HEALTHY OFFSPRING' project was the first Hungarian research examining the prevalence of behavior regulation problems in early childhood and the significance of different risk and protective factors behind them.

Method Families with 0-3-year-old children were included in the project from the Heim Pál Children Hospital and from local areas. Data were collected using questionnaires, diagnostic assessments and consultations. Questionnaires included detailed questions about the parents' socio-economic status, medical and psychological performance of the pregnancy and delivery, medical state and behavior of the child, and classical regulation (crying, feeding, sleeping) problems. Validated instruments were also used for measuring parents' emotions towards and perceptions about their child (H-MORS-SF), temperament of the children (IBQ-R, ECBQ), parents' mental state and depressive symptoms (DS1K), and significant family life events.

Results 1164 parents (mothers n=1133) completed the questionnaires. For 580 children data were collected during inpatient care and treatment; in the case of 584 children data were collected from general practitioners and health visitor nurses in local areas. At the request of the parents, in the case of 212 children a psycho-medical screening was also executed on classic regulation problems.

Conclusions By the diverse socio-demographic aspects of our large sample our database is useful in estimating the prevalence of classic regulation problems and can appropriately correlate the relationship between medical and psychosocial factors behind them.

P4-112

BRINGING EVIDENCE-BASED HOME VISITING PROGRAM TO SCALE: THE MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM IN RHODE ISLAND (USA)

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Introduction The United States Maternal Infant and Early Childhood Home Visiting initiative serves mothers and infants at risk owing to poverty, mental illness, and other forms of contextual stress. The state of Rhode Island MIECHV includes three evidence-based home visiting programs: Healthy Families America, Parents as Teachers, and Nurse Family Partnership.

Method Each program has demonstrated efficacy for improving behavior and health outcomes among the mothers and infants they serve, but less is known about the barriers and facilitators to successfully implementing home visiting within a larger system of care. Therefore, we examined the local implementation of the evidence-based programs named above. Qualitative interviews were completed with key stakeholders throughout planning, development, and early implementation phases of the home visiting initiative. Process notes were taken by evaluators at planning and implantation meetings. Interviews and meeting notes were coded, themes were extracted and summarized, and barriers and facilitators of program success were identified.

Results Emerging barriers in the referral process include lack of knowledge by healthcare providers of the referral process, duplication of referrals, and inconsistencies in the referral feedback loop. Barriers to the recruitment and retention of clients include community stigma of home visiting, lengthy intake procedures, and difficulties with family engagement. Barriers to model delivery include extensive reporting requirements, difficulties with care coordination, and tension between maintaining model fidelity and meeting family needs during crisis. Barriers to systems coordination and integration include competition between agencies to fill caseloads, lack of clarification in roles and responsibilities across agencies, and duplication of services.

Conclusions Various aspects of the MIECHV home visiting initiative face unique challenges and supports throughout planning and early implementation phases. Attempting synchronization of established but complex interventions, community agencies with modest experience implementing evidence-based practice, and difficulties serving the neediest of families conspire to make bringing interventions to scale very difficult.

P4-113

BOLSTERING BABIES' CONTRIBUTIONS: THE 'BE HEALTHY FOR YOUR BABY'S SAKE' FAMILY CURRICULA

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Introduction Babies' contributions to parent-child bonding present real-world means to advance healthy development via increased physician-recommended health behaviors with potential to reduce later burdens of adult disease (AAP, 2005). Thus, motivational diet/exercise tutorials (Tucker et al, in press) enhanced by attachment-based strengths may hold promise for strengthening families' well-being (Duby, 2013).

Method Parents (N = 25) of children aged birth to three years were recruited for motivation-based educational workshops targeting child obesity prevention via healthy family living. Instruction utilized aspects of Tucker's Family Health Self-Empowerment Project for Modifying and Preventing Obesity (e.g., Kaye, Tucker, Bragg & Estampador, 2011)—supplemented by the American Academy of Pediatrics' (2005) diet and exercise recommendations for parents. Training was disseminated in six modules. Pre- and post-training questionnaires assessed knowledge of, barriers to, and motivators for four health-smart behaviors; expected adherence to eight health-smart goals; and AAP diet/exercise guidelines.

Results Analyzed self-report measures of the knowledge of, barriers to, and motivators for four health-smart behaviors—plus expected adherence both to eight health-smart goals and the American Academy of Pediatrics' (2005) parent recommendations for diet and exercise—comprise results for this preliminary study of the public health efficacy of a motivationally-rooted educational program for childhood obesity prevention and general family wellness rooted in attachment principles. Outcomes were limited to within-subjects parameters; qualitative data per open-ended responses are also reported.

Conclusions Per Health Self-Empowerment Theory (Tucker et al, in press), participants' knowledge of, motivation for, and engagement in health-smart behaviors—including expected adherence to eight health-smart goals and AAP's parent guidelines

(2005)—ought increase per motivation-enriched education. Results lay groundwork for investigation with larger samples and between groups design.

P4-114

PREVALENCE OF DEVELOPMENTAL DELAYS AND USE OF SERVICES FOR INFANTS IN NORWAY

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Introduction. Close to 100 percent of families with infants follow the public health program offered by the well-baby clinics in Norway, thus the opportunity for early intervention is unique. However, there is no tradition to use screening tools to identify infants with developmental delays, and the definition of eligibility for services or levels of developmental delay that confer eligibility vary. We therefore lack information about the number of children who are actually eligible for services and the proportion of children that fail to receive services in Norway. The aim of the study is to estimate prevalence of developmental delays and use of health services for children from 0 to 2 years of age. Furthermore, it will be analyzed the association between development delays children, parental education, ethnicity and use of health service.

Method: The present study is part of the Screening and Assessment Study (SAS), led by the Center for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP). About 1500 infants and families from five municipalities in south east Norway participated. The families are followed from pregnancy until the child is 2 years. The Ages & Stages Questionnaires (ASQ), which measure communication, motor, personal/social and problem solving is used repeatedly over time to gather information about the child's developmental functioning. Use of services during the child's first two years of life is based on parents' information reported at the 24 months consultation in the well-baby clinics. Service use included extraordinary visits at the well-baby clinic, such as consultations with public health nurse, child psychologist, physiotherapist, participation in parenting groups or family counseling, treatment in specialist services, such as child and adolescent psychiatry, educational services, child rehabilitation, child neurologist or child welfare in specialist care.

Results and Conclusions. Data collection started May 2011 and will end May 2014.

P4-115

FUN AND GAMES: PARTNERING WITH A CHILDREN'S MUSEUM TO DEVELOP AND IMPLEMENT PROGRAMS FOR INFANTS AND YOUNG CHILDREN

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Introduction Infant mental health providers function in a variety settings. A less common setting is children's museums, which are geared to interactive learning through play. After initial exposure to infant mental health, a museum began partnering with a university to develop and implement programs. Strengths and pitfalls are discussed.

Method The Louisiana Children's Museum began partnering with Tulane University on programming for infants and toddlers more than a decade ago. Since the beginning of the partnership, the involvement has expanded to include general consultation regarding developmental appropriateness of exhibits, staff training, implementation of family interventions at the museum, and outreach programs in child care centers and schools. Emphasis is placed on supporting the care provider-child relationship for the infant and toddler programs. Networking among other museums regarding use of mental health professionals is also discussed. Methods for developing and maintaining working relationships with non-traditional sights will be discussed.

Results Through collaboration with Tulane University, the Louisiana Children's Museum has expanded and refined its programming for infants, toddlers, children, and families. The museum sought and received grant funding for programming, and often includes Tulane faculty in their grants. Programs have included early literacy and parenting programs. The museum staff has become more aware and mindful of the developmental appropriateness of programming for infants and toddlers. Working with the museum has allowed university faculty to be creative about delivery of mental health intervention. Future plans include the development of a child development and family center on the grounds of the museum.

Conclusions The Louisiana Children's Museum and Tulane University began collaborating on programming for infants, toddlers, youth and families more than a decade ago. The partnership has yielded quality programming for infants, toddlers, young children and families at the museum, and outreach programs at schools, community centers and Head Start Centers.

P4-116

CONTRIBUTION ANALYSIS: AN IMPLEMENTATION AND EVALUATION FRAMEWORK FOR PREVENTATIVE EARLY YEARS WORK

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Introduction Contribution Analysis is a methodology which demonstrates the contribution of a service, program or project from the start of the project through to its final overarching outcomes. This allows practitioners to demonstrate, through a range of hard and soft indicators, the impact they have made through their early years work.

Method In West Lothian, Contribution Analysis has been adopted as a key method of determining which programs are making a real difference to children and families within the locality in the context of wider strategic aims. The Contribution Analysis process is not just about creating an evaluative framework; it also involves a whole team approach to considering the implementation of their early years work. This encourages team members to take a reflective stance on their day to day work as they consider how this is approached both by themselves and by others.

Results The Contribution Analysis model has been rolled out across West Lothian and has allowed the Community Planning Partnership to gain an evidence based perspective of the contributions of a myriad of programs whilst monitoring the process of how these programs actually work in practice. This has resulted in a wider acknowledgement of the varied outcomes for a given project, especially within the complex setting of early years/family work.

Conclusions This workshop will explore the methodology of Contribution Analysis and consider the challenges/benefits of rolling this out across a variety of early years settings. It will also examine how it can be used to promote community engagement with families and can integrate that input into the heart of the model.

P4-117

BEST PRACTICE IN INDIVIDUAL SUPERVISION IN A PREVENTIVE PERINATAL HOME-VISITING RESEARCH PROGRAM

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Introduction Individual clinical supervision of home-visiting professionals is a key element of perinatal home-visiting programs. Client retention and program outcome measures have been shown to be directly associated with the quantity of individual weekly supervision. However few studies have sought to investigate quality of supervision.

Method In the CAPEDP home-visiting project in Paris from 2006 to 2010, a replication of Old's Elmira study with an emphasis on mentalization and attachment security, 220 families received regular home visits by nine trained psychologists from the 7th month of pregnancy until their child's second birthday. Home-visitors received weekly individual clinical supervision, fortnightly group supervision and could access a hotline if needed. A two-round Delphi process with the 8 supervisors and 9 home-visitors was conducted at the conclusion of the project to identify best practices in individual supervision.

Results Opinions on best practices were highly consensual for both supervisors and home-visitors. Supervisors need to assume different roles according to the needs of each particular home-visitor: providing emotional support; exploring theoretical perspectives; handling practical problems; analyzing the intervention; handling conflicts; identifying risk situations; helping formulate worries; accessing support when necessary; finding the right distance with families; understanding countertransference; and offering a secure base.

Conclusions These findings underline the great diversity of roles supervisors need to play in home-visiting programs and bring new elements compared with the supervisors roles classically described in the literature.

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USING ROUTINE DATA TO IDENTIFY DEVELOPMENTAL PROBLEMS: THE CHILDHOOD INFORMATION FOR LEARNING AND DEVELOPMENT (CHILD) PROJECT

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Introduction In Scotland we do not routinely gather information on cognitive, social and emotional development and it is unclear how child health data are collated and utilized. We explored how existing and novel population based early childhood development data can be used to support the improvement of services for pre-school children.

Method We conducted the study over three phases: (1) Interview-based mapping of routine data systems for children under 5 years across Scotland; (2) Interview-based feedback from key stakeholders on Phase 1 results; (3) linkage of two research datasets: (a - 30 month health visitor contact pilot; b - Strengths and Difficulties Questionnaire (SDQ) data at school entry) with routinely held child health data. We will give an overview of the outcomes of Phases 1 and 2 and then focus on outcomes of Phase 3.

Results Phase 1 showed a large range of data is routinely gathered about children aged 5 and younger, but developmental measures are usually not recorded and more vulnerable children are likely to be missed. Phase 2 showed that key stakeholders were impressed by the range of data available, but were not always confident in accessing and interpreting the data. Phase 3 showed linking research data with routine data was feasible. High-risk SDQ scores at age 5 are associated with mothers being young, smoking in pregnancy and living in a more deprived area and with health-visitor assessed risk status at 6-8 weeks.

Conclusions We gather a lot of data about young children, but not always of the right type or in a way accessible to those making decisions about children's services. Augmentation with research data suggests that high SDQ scores at age 5 are associated with other markers of vulnerability.

P4-119

THE READY TO LEARN EVALUATION: CHARACTERISING NEURODEVELOPMENTAL PROBLEMS IDENTIFIED AT A UNIVERSAL NURSE CONTACT WITH 30 MONTH OLD CHILDREN

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Introduction Many children with emotional and behavioral difficulties have unidentified language delay. A universal health service contact at 30 months may allow early identification of remediable language/socio-emotional problems. We aimed to assess the prevalence of language and socio-emotional difficulties and the screening performance of the contact for this population of pre-schoolers.

Method In August 2011 families with 30 month old infants living across Greater Glasgow were offered a "Ready to Learn" assessment by a health visitor. Structured data were collected relating to language and socio-emotional development using three instruments; The Strengths and Difficulties Questionnaire (SDQ), Sure Start Language Measure (SSLM) and a two-item language screen. In order to measure the predictive validity of this 30 month contact, 100 families from the August 2011 cohort were recruited at age 3.5-4.5 to receive follow-up assessments including the New Reynell Developmental Language Assessment, The Griffiths Mental Development Scales and the Development and Wellbeing assessment.

Results Data collected from the initial "Ready to Learn" assessments (n=415) demonstrated that 4.1% of the sample failed to meet a 10 word cut-off on the SSLM and 7.1% scored within the abnormal range of total difficulties in the SDQ. There were significant correlations between language delay and socio-emotional difficulties, with similar results observed with each of the language measures. We will also be reporting the follow-up data on the persistence of language and socio-emotional difficulties identified during the initial 30 month contact and the screening performance of the new 30 month contact.

Conclusions Following the "Ready to Learn" assessment, a significant proportion of children previously considered at low risk were identified as having both language and socio-emotional difficulties. When this contact has been evaluated and refined accordingly, the potential for early identification and intervention resulting from the contact is substantial.

P4-120

DOES SOCIAL CAPITAL PROTECT CHILD MENTAL HEALTH? A CASE OF THE GREAT EAST JAPAN EARTHQUAKE IN IWATE

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Introduction Previous research indicates the impact of disaster on children's mental health (Chemtob et al., 2008; Thienkrua et al., 2006). One factor, social capital, may serve as a protective (Kawachi & Berkman, 2001). This study examines how social capital protected children's mental health after the Great East Japan Earthquake.

Method Data from Great East Japan Earthquake and Follow-up for Child mental health (GEJE-FC) in Iwate were used. The sample consisted of children aged 4-6 paired with a parent, with the exposed group (n=67) living in the coastal area; and the control group (n=28) living in the inland area in Iwate on March 11, 2011. Outcome variables were assessed with the Strength and Difficulty Questionnaire (SDQ), and the children's mental health assessed with the Child Behavior Checklist (CBCL). Social capital was assessed via questionnaire in two dimensions: cognitive (i.e. trust and mutual aid) and structural (i.e. community participation) social capital.

Results Social capital before the earthquake and the child mental health were not associated in the exposed or control group. However, parents' high social trust after the earthquake showed significantly lower coefficients of SDQ difficult behavior score and CBCL total T score among exposed children. Similarly, parents' high mutual aid after the earthquakes showed significantly lower SDQ difficult behavior score and CBCL T score in exposed children. Community participation was not associated with any mental health outcomes in the exposed group. None of the interaction terms between the exposed or control groups and social capital were statistically significant.

Conclusions Parents' high cognitive social capital had a protective effect on internalizing and externalizing behaviors among children aged 4-6 at the time of earthquake, not true for structural social capital. Cognitive social capital, e.g. trust and mutual aid, might be effective in protecting children's mental health after a disaster.

P4-121

A LOCAL RESPONSE TO THE INFANT MENTAL HEALTH NEEDS OF FIRST TIME MOTHERS AND THEIR INFANTS

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Introduction When Louisiana began to implement NFP, we recognized that mental health issues could be a significant impediment to the mother providing nurturing and safe care. We also recognized there were few local mental health resources available that could specifically address the needs of this unique and potentially vulnerable population.

Method We developed an educational approach to increase the nurses' knowledge and skills in early recognition and intervention for infant mental health concerns. We will also developed the implementation of a specialized infant mental health consultant (IMH-C) who can provide mental health guidance to the nurses and support to clients.

Results The IMH consultation and services strategy is currently being evaluated, and results of the qualitative analysis will be presented.

Conclusions Challenges and successes in providing an infant mental health consultant for our home visiting program will be discussed.

P4-122

NBO TRAINING INCREASES CONFIDENCE IN PRACTITIONERS' RECOGNITION OF NEWBORNS' CUES

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Introduction Courses on the Neonatal Behavioral Observation (NBO), based on the Brazelton NBAS, have been offered in the UK since 2009 (Nugent et al, 2007). The NBO is a relationship-based tool designed to support parents with newborn babies by helping them read their babies' behavioral cues.

Method Before a two-day NBO training course, practitioners were asked to reflect upon their own knowledge base and confidence in certain skills with newborns. Practitioners were asked how often they notice eight infant behaviors and on a ten point scale they rated their confidence in thirteen abilities relating to their work with infants and parents. Practitioners rated their confidence in the same abilities post-training. This provided an opportunity to examine confidence levels post-training. Additionally, it was possible to examine whether those who had below average levels of recognition pre-training showed further gains in confidence post-training.

Results Findings from the complete data set will be presented. However, preliminary findings from 241 practitioners illustrates that recognition of the infant behaviors was high on the pre-training questionnaire though practitioners recognition of habituation, visual tracking, response to stress and hand-grasps was rated lower. Paired sample t-tests revealed that mean level of confidence significantly increased post-training, [$t(230) = -23.97, p < .000$], and that this significant increase was true for each of the thirteen abilities. An independent sample t-test illustrated that this increase was more pronounced amongst those who had initially reported below average levels of infant behavior recognition.

Conclusions By emphasising infant cue recognition, NBO training seems to increase practitioner recognition of infant behavior and enhance their confidence in certain abilities. Information from follow-up questionnaires about their current practice will be presented. It is suggested that training in the NBO could be beneficially included in practitioners' core training.

P4-123

PRACTITIONER PERCEPTION OF PARENTS' KNOWLEDGE BASE ABOUT INFANT'S CUES

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Introduction A central tenet of the Neonatal Behavioral Observation (NBO) is reinforcing parents' awareness of the cues their infant displays (Nugent et al, 2007). Results from questionnaires given to practitioner's pre- and post-training show practitioners feel that some parents lack knowledge of infant cues.

Method Data will be presented from practitioners who prior to a two-day NBO training session completed a questionnaire which asked them to reflect upon the knowledge level of the parents who they work with. Practitioners rated the extent to which they agreed with eleven statements, such as, "the parents with whom I work make good observations about their infant's behavior and developments". After completing NBO training the practitioners answered open ended questions about what they learned that would help strengthen their relationship with parents.

Results Findings from the complete data set will be presented. However, interim findings from 241 practitioners showed parent knowledge was seen as important (97.8% believed that helping parents understand infant behavior and development is an important part of their practice). But practitioners rated parents as potentially lacking knowledge (61.4% do not believe the parents with whom they work understand their infants' behaviors). Answers in the post-training questionnaires suggested practitioners would change their practise, specifically to focus on strengths, interpreting behaviors with parents and to use the NBO in the new birth visit as an early supportive intervention.

Conclusions These findings suggest that NBO practitioners believe that parents' need support in understanding their newborn babies. The NBO can be a useful tool to help increase the awareness of the parents and thus supporting the parent-practitioner and parent-infant relationship.

P4-124

BABY STARS: USING THENBO AND NBAS IN THE MIDDLESBROUGH /SOUTH TEES AREA

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Introduction The power point presentation outlines the work that went into the development of the use of the Baby Stars in the Teesside area.

Method Initially using a multi-agency and multidisciplinary approach, the work has been mainstreamed within the health visiting service. Baby stars is currently a targeted intervention for infants thier parents/carers who are identified as potentially benefitting from enhacing recognition of infant cues. The presentation covers the original and current "drivers" in policy that underpin the use of this intervention.

Results Funding has been obtained for training and development of further professionals within each of the health visiting teams to ensure that the intervention is available throughout the South Tees NHS Trust area. Working policies and procedures have been developed and are outlined in the presentation.

Conclusions Evaluation of the intervention by parents and professional has always been and continues to be positive; there is on-going evaluation. Presentations regarding the development and use of this intervention have been made at •Brazelton Centre UK study days, •Regional "Innovative Practice" study days, , CPHVA conference 2012, •NHS Northern Region poster

P4-125

WORKING WITH PERINATAL TRAUMA - THREE APPROACHES

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Introduction This workshop explores three approaches to trauma impacting the parent-infant relationship. The impact of loss and perinatal trauma on the 'holding environment' of the mother-infant relationship;How pre-natal/birth trauma impacts the infant's development/availability for relating; Art psychotherapy to assist a mother processing the death of her infant

Method Presenter one describes clinical work with a mother and her baby who experience such loss. The mother's history and observations of mother-infant interactions on film are considered in relation to the psychoanalytic understanding of the 'holding environment'. Presenter two describes working through the body, in order to support the parent-infant relationship. Trauma impacts the infant's developing body, feelings may shut down. Working at a body level engages stalled feelings. Presenter three describes how the images/objects made in art psychotherapy can provide a tangible focus for feelings about the infant who is no longer here, thus offering a crucial containing function.

Results Each presenter will illustrate a process of change how ability to move through loss is impacted by previous experience of loss. How parent infant psychotherapy creates a holding environment. Working through the infant's body expression and responsivity with the parent, the impact of the trauma is contained and the infant is freed to 'go on being'. The process of 'poisis' of shaping a narrative through image making can provide a reparative action or sense of agency for a bereaved mother. A delicate balance between remembering and selective forgetting is necessary, in order to accomodate the loss.

Conclusions Perinatal trauma requires a holistic approaches there is a need to look at the whole picture. Recognizing the state/history and need of the mother, acknowledging the infant and impact of trauma on his/her body and feeling. Through each intervention at whatever level supporting the developing mother infant relationship.

P4-126

MIND THE GAP - WHAT IS NOT HAPPENING

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Introduction The impact of early trauma may go unrecognized the infant may be less responsive/available. This poster explores the importance of engaging the parent infant dyad in an interactive psychophysical process that helps the parent recognize the infant's need while supporting the holding and containing function of the parent.

Method Early trauma impacts the infant's developing body/mind, resulting in a stopping of the flow of feeling - a partial-shut down. The development of the baby and his/her ability to relate can be significantly impacted. This presenter describes working clinically through the body with the relationship from a psychoanalytic perspective. The infant's development is assessed at the beginning and at the end of the treatment series. The work is also informed by my experience as a paediatric physiotherapist and training in dance/movement therapy.

Results A mother who has been traumatized by a difficult pregnancy, and or birth may be relieved by an undemanding baby she may not notice the baby's lack of animation she may still be suffering from residual trauma. Frequently the 'lack' or gap goes unrecognized until baby falls behind in gross motor development. Working through the body using movement development informed by psychoanalytic thinking, parent and infant connect with each other. They begin to reclaim their stalled feeling and the infant can move forward in his/her development.

Conclusions Psychoanalytically informed parent infant movement psychotherapy through a process of - observing, engaging, reflecting, listening, and modelling can support the parent's ability to recognize, and respond to the infants need.

P4-127

'THE UNBEARABLE LIGHTNESS OF BEING': A STUDY OF LOSS AND REPARATION USING THE PROCESS OF ART PSYCHOTHERAPY

Introduction This paper explores the role of art psychotherapy within a perinatal mental health service, with a particular emphasis on working with issues of loss, including infant death. The work is situated in the context of relevant art psychotherapy literature, with reference also to models of the grief process.

Method The work of various artists and writers provides a repository of rich and resonant images, words and 'thinkings' about loss, anchoring this kind of therapeutic work in a broader tradition of the use of the arts in healing. The objects made in art psychotherapy can provide a tangible focus for feelings about the infant who is no longer here, as well as offering a crucial containing function for the bereaved mother. There may be a need to gather up dispersed memories of the lost infant, in order that his or her story can be woven together again into a coherent whole.

Results This process of 'poiesis', of shaping a narrative through image-making, provides for a kind of action or agency, which can be a useful antidote to the helplessness engendered by loss. A delicate balancing between remembering and selective forgetting, between re-living and letting go is necessary, in order to come to an accommodation with loss. Jeanette Winterson observes that the language of poetry can sometimes 'find the word that finds the feeling'. Images too can 'find a feeling' (or feelings), allowing us to meet those aspects of infant loss that are otherwise indescribable or too painful to speak of.

Conclusions The image-making process may also afford the opportunity to make contact with those aspects of the self that are healthy and whole, permitting the mother to re-constellate her life in the aftermath of loss.

P4-128

THE WATCH, WAIT AND WONDER-INTERVENTION – THERAPEUTICALLY SUPPORTING THE SPACE TO PROMOTE A PARENT'S CAPACITY TO MENTALIZE

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Introduction It is proposed that the Infant/Child led dyadic intervention Watch, Wait and Wonder® achieves parental behavioral change through instructions to parents to follow their infant's lead, which enhances sensitivity and reduces intrusiveness, and at the representational level through discussion of the parent's observations and experiences while observing and facilitating mentalizing.

Method Intervention and supervision film and transcripts were reviewed for evidence of a parents developing capacity to mentalize about their infant, the relationship and themselves. The process of becoming able to follow the WWW-I instructions and attend, to manage the anxiety aroused by allowing a space that encourages their infant's self initiatives and the therapeutic stance that supports the parent to develop a reflective dialogue between their observations and their experience is evaluated. This process is paralled for therapists in supervision being supported to maintain the WWW stance, contain painful states of mind and not act on anxiety and counter-transference feelings.

Results The transcripts and film analysis demonstrate that over the intervention parental observations increased in number and intricacy. Evidence of mentalizing emerges with increasing frequency and complexity and is described. These preliminary findings of increased mentalization confirm the hypothesis proposed in the initial studies; that one component of its efficacy was that parental observations allowed them to reflect on their infant's inner experience, which develops/enhances reflective capacity. The significant improvement in the infant's emotional regulation and the shift in attachment security or organization in the infant-mother dyads indirectly supported this hypothesis.

Conclusions Preliminary evidence supports the hypothesis that the WWW intervention promotes parental mentalization about their infant and their infant in relationship. The analysis of this developing mentalization supports the power of the therapeutic stance that contains the space for infant and parent to flounder, become curious, and with curiosity, begin wondering.

P4-129

SUPPORTIVE PSYCHOTHERAPY AND DEVELOPMENTAL GUIDANCE OF A WOMAN WITH ACUTE STRESS DISORDER: INFLUENCE OF DEPRIVATION THAT THE PATIENT HERSELF DOES NOT REMEMBER

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Introduction We report here on the course of a five-year supportive psychotherapy and developmental guidance of a woman who, one month after delivering a child, underwent total hysterectomy as a result of massive atonic bleeding, and who subsequently suffered acute stress disorder.

Method Weekly individual psychotherapy on the mother, with the aim of alleviating anxieties and supporting her maternal functions was conducted. The patient "A," aged 35 experienced acute stress symptoms, intense hyperarousal and anxiety after hysterectomy. She said, "Nobody ever listens to me," and that she wanted to "disappear." Six months after, she became calmer and said that, although she herself did not remember, there was an elderly woman who took care of her as a baby but moved away when "A" was two years old. She reportedly experienced a strong sense of anxiety and loneliness, for fear of being abandoned.

Results "A" could not make an eye-contact with her baby. Therapist verbalized her emotions and interpreted her problems by associating "A"'s loss during infancy with her current difficulties in mothering. After one year's therapy, she brought her daughter to the

sessions. No problems were seen with her growth and development: she was a child filled with curiosity, and was able to assert herself in ways appropriate to her age. "A" watched, in admiration, her daughter asserting herself in a way that she herself had been unable to. Her daughter turned five years old, and said to A, "Mommy, I love you!"

Conclusions Behind her acute trauma, there was a deprivation she had experienced during her infancy without any conscious memory. Supportive psychotherapy and developmental guidance, focused on understanding A's double traumas and identifying the problem of the relationship with her daughter, were able to support A's recovery and her daughter's healthy development.

P4-130

ENGAGING THE BABY TO PROVIDE INFORMATION IN ASSESSMENT AND THERAPY FOR INFANT CHILD PROTECTION CLIENTS

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Introduction Infants and small children who come into Child Protection Services have by definition not been protected by their parents or primary carers from harm. In a psychic sense this means that they have often dropped out of or been distorted in their parents' mind.

Method Sometimes parents are physically absent too, perhaps through sending their baby to stay with relatives or other separations. The result for the infant is that they have not had a continuous existence in the mind of an other. The role of the infant mental health clinician is to understand the experience of the baby, and this includes their past and present experiences. Without a coherent narrative from an adult the relationship between the infant mental health clinician and the baby can fill in the gaps.

Results This paper will describe, using case study and video, how engaging the baby can lead to an understanding of the infants' experiences, both concrete and relational, so that it can be put together into a coherent narrative. The process of constructing and communicating the infants' narrative back to both the baby and the system of carers, including statutory and family welfare services will also be described.

Conclusions The benefits of engaging the baby and understanding the emotional and relational experience and capacities of the baby are the cornerstone of the healing intervention that follows.

P4-131

CONTAINING THE DYNAMICS OF VULNERABILITY IN ORGANIZATIONAL WORK WITH INFANTS AND FAMILIES

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Introduction Staff working with distressed babies and disrupted parent-infant relationships can become affected by and infected with the primitive emotions in the baby and family. These processes are understood in psychoanalytic thinking through projection and projective identification. Organizations too can become infected by the primitive emotions in the infant and family.

Method This paper will give an example of an organization in Australia that works with disrupted parent-infant relationships in both a voluntary and mandated way, and how the dysfunction in the parent-infant relationship was split off and acted out, initially through rigid adherence to a strength-based model, and then through the development of a malevolent culture amongst staff. The paper will follow the journey of the systems psychoanalytic consultation that was embarked upon to improve the culture and will include the impact on the staff and the impact on the families of the difficulties.

Results Finally the remedial work that was undertaken will be covered and conclusions made about the impact on staff of working with distressed babies where their caregivers are not managing. The presentation will conclude with some recommendations for strengthening organisational culture and building staff and organizational resilience.

Conclusions Giving consideration to understanding organisational dynamics is important to understanding the depths of the work and to ensuring organizational sustainability.

P4-132

PAST LOSS, PERINATAL TRAUMA AND THE HOLDING ENVIRONMENT - AN EXPLORATION WITH NARRATIVE, VIDEO AND INSIGHTS FROM PARENT-INFANT PSYCHOTHERAPY

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Introduction Winnicott described the importance of the 'holding environment' for the baby, for whom in the earliest stages of development external impingements can disrupt the 'going on being' of the infant. The 'good enough' mother ensures the continuity of the infant's self.

Method However, a 'good enough' mother in distress and emotionally alone during the perinatal period, may find it extremely difficult to surmount her own struggle for psychological survival. The holding environment may suffer with significant consequences for the baby's development. Through narrative interview with a young mother, suffering past loss and perinatal trauma and observation of mother-infant interaction a story unfolds during the infant's stay in the NICU and in the months following the birth.

Results The mother's past history and patterns of mother-infant interaction are considered in relation to the psychoanalytic concepts of the holding environment, the container-contained and also the principles of attunement. The importance of the holding environment co-created through the therapeutic relationship will be discussed.

Conclusions The paper will highlight the integration of understandings from parent-infant psychotherapy and video interaction guidance in the work with the baby and her mother.