WORLD ASSOCIATION FOR INFANT PSYCHIATRY AND ALLIED DISCIPLINES

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CINQUIEME CONGRES MONDIAL DE LA PSYCHIATRIE DU NOURRISSON ET DES DISCIPLINES ALLIEES

QUINTO CONGRESO MUNDIAL DE LA SIQUIATRIA INFANTIL Y LAS DISCIPLINAS RELACIONADAS

"A FUTURE FOR BABIES: OPPORTUNITIES AND OBSTACLES"
"LE BEBE ET SES CHANCES: LES OCCASIONS ET LES DIFFICULTES"
"UN FUTURO PARA LOS BEBES: OPORTUNIDADES Y OBSTACULOS"

Chicago, Illinois USA
September 9-13, 1992
CLINICAL TEACH-INS

WEDNESDAY
BRIAN AND LAURA: THE DEVELOPMENT OF PSYCHOPATHOLOGY
Lucile M. Ware & Alice Eberhart-Wright (Topeka, USA)

In 1986, 20-month-old Brian was the subject of a clinical case presentation at WAIFAD in Stockholm. As part of an extensive research project studying the children of adolescent mothers, his growth and development signaled the beginnings of problems. Home visitor intervention, a weekly drop-in center, and 24 hour phone accessibility to clinical staff seemed inadequate to stop the pathological relationship that was blossoming between Brian and his mother, Laura. This presentation follows Brian through his preschool years and uses research data, Menninger Preschool Day Treatment Center data, and videotapes to understand the development of his Atypical Pervasive Developmental Disorder and the failures and successes of intervention at various points. In addition, this case allows us to look at our research data for more clinical signals for help that may be seen in symbolic play and the relationship scenarios that led to major problems for Brian.

TREATING THE RELATIONSHIP: TECHNICAL AND THEORETICAL IMPLICATIONS OF AN INFANT-LED INTERVENTION
Elisabeth Muir, B.Sc., M.N.Z.A.C.P. (Toronto, Canada)

Treating the relationship: Technical and theoretical implications of an infant-led intervention. A clinical intervention with a mother-infant pair experiencing feeding and sleeping problems as a manifestation of difficulties in their relationship, will be presented to demonstrate the process and outcome of an infant led intervention called Watch, Wait and Wonder (WWW). A brief rationale and description of this intervention will preface a case description and video presentation. Links between the mother-infant interational process in WWW and the mother's internalized object relations are made through exploring the mother's experience of, and interactions with her baby both within and outside of the sessions. This work will be presented in the mother's own narrative and with the use of video sequences. The technical and theoretical implications of this infant initiated process will be discussed.

THE PSYCHOTHERAPY AND EDUCATION OF A HANDICAPPED CHILD: BIRTH TO ELEVEN YEARS
Laya Frischer & Nora Manago (Evanston, USA)

This is a case of a child with a neurologically based developmental disorder who first presented to a child psychotherapist as an attachment disorder in infancy.
Preverbal sensory experiences were used therapeutically to establish communication between mother and infant. Entrance into school and subsequent school problems will be presented through age eleven.
Differential diagnosis through traditional assessment, ongoing psychotherapy, diagnostic teaching, and observation by a multidisciplinary team was essential to planning for this child.
Case material and video clips will provide the basis for discussion about issues related to infants at risk, educating the handicapped, and working with families with developmentally disabled infants.

FREEING THE PAST IN THE PRESENT: A BRIEF INFANT-MOTHER PSYCHOTHERAPY
Hisako Watanabe, M.D. (Tokyo, Japan)

I present a videotaped case study of a 19 month old boy who showed autistic withdrawal and generalized progressive physical and mental deterioration which led pediatricians to suspect some organic brain disease. The baby and his mother were referred to me for consultation. A brief infant-mother psychotherapy of three 60 minute sessions were conducted over a period of eight days and resolved the baby's problems. The case is the first video-
taped infant-mother psychotherapy carried out in Japan using the methods of S. Fraiberg and B. Cramer.

The case provides poignant information on separation, emotional deprivation and inhibition of WAAB, the cultural form of Japanese attachment, transmitted across three generations; the grandmother, the mother and the baby. It illustrates how the mother’s unresolved feelings of abandonment incurred in her infancy and evoked by the baby had tormented her and had been projected into the baby leading to the formation of is symptoms. It also shows how the major interactive themes of mother’s inner representations manifested themselves in her description of and interaction with the baby within the therapy room. Also the therapy room became the very place of reenactment of her past abandoned experience: the videocamera caught the moment when the therapist left the room and the mother became tense and elicited aggressive reaction in the baby. The case has been followed up and the boy is now five, showing normal personality development. The family meanwhile has grown into a mature family with a second baby and the grandmother now living together. I wish to discuss about how the mother’s inner representations affected the baby’s development and how it was possible to prevent intergenerational transmission of psychopathology by freeing mother’s past conflicts enacted in the present mother-infant relationship through understanding, sharing and talking through of her feelings with the therapist, her own mother and her husband.

INFANTICIDAL FANTASY AND ATTEMPTED SUICIDE AMONG MOTHERS WITH BORDERLINE PERSONALITY ORGANIZATION
Youko Hamada, M.D., Chikako Fukatsu, Ph.D., Keigo Okonogi, M.D., Youji Hattori, M.D., Rikihachiro Kano, M.D. (Japan)

Women with borderline personality organization have difficulty maintaining a stable loving family life due to their unstable interpersonal relationships. In particular, because the mother’s conflicts with her own parents become re-activated through the birth of a child, those who did not have a good relationship with their parents can face a crisis at this point. These mothers often project their bad object relations towards their infants and develop fantasies of wanting to kill their infants. Furthermore, because the infant is weak and in a vulnerable state, the mother fears that her fantasy will become a reality and she develops strong anxieties towards her poor impulse control. So then, through her guilt, develops suicidal ideation and at times succeeds in the attempt. In other words, mothers are placed in a situation of either killing her child or killing herself.

This paper will discuss two cases in which the mothers succeeded in committing suicide and two cases in which they attempted suicide. We will explore the background behind the suicide and how this was prevented with the latter two cases.

MENTAL HEALTH INTERVENTION AND CHILD CARE: BRIDGING THE GAP BETWEEN THE INFANT, AND THE CHILD CARE CENTER.
Laurie Leventhal-Belfer, Ph.D. & Anne Benham, M.D. (Palo Alto, USA)

The Child Care Consultation Program was founded in 1985 by the Children’s Health Council with the goal of providing extensive consultation services to the child care community. It has encompassed in-service training, observation and behavioral consultation for specific children, and early childhood screening. The Clinical Teach-In will present the application of a model infant mental health program designed to bridge the world of the infant within the context of his home with the world of his alternative child care setting. Three case examples will be used to demonstrate how the understanding of these two systems enhanced our understanding of the child’s relationships at home and at this center, opening new opportunities for intervention.

In the first case the child care center identified a 4 year old boy and his mother who concerned them because of his confused gender identity. In the
second case a three year old boy was referred because of his regressive dyadic relationships with his parents and peers. The case demonstrated the key role the boy’s child care providers played in facilitating the child’s adaptation to his parents’ conflictual joint custody arrangement. The last case focuses on intervention targeted at exploring how the child care provider’s critical attitudes towards employed mothers hampered their relationships with the infants they cared for and their parents.

SOME REFLECTIONS AND EVOLUTIVE HYPOTHESES ON A CASE OF A DISTURBED EARLY RELATIONSHIP
Patrizia Arfelli (Torino, Italy)

I would like to make some reflection on an experience of Infant Observation which I carried out in the first two years of life of a baby, during which I could follow the birth and evolution of a disturbed relation, and observe its consequences on the cognitive and emotional development of little Rachele. Just from the beginning the situation is characterized by the prevalence of mother’s fantasies and expectations over the baby’s actual characteristics, by the lack of containment and understanding of her needs, by emotional emptiness and total lack of answers; besides this, the sadistic and cruel ways of interaction acted by mother with Rachele do expose the baby to hard and violent contacts which jeopardize her mental and even physical integrity. Defensive mechanisms which Rachele makes use of at first consist in giving up and in autistic withdrawal; later on, her distress takes the double way of cutaneous somatization and of constitution of a "muscular skin" which carries out a self-containing function through an unrestrained motor activity.

In object relation it is evident Rachele’s confusion and bad use of splitting, which makes her unable to distinguish between good and nasty aspects of object itself, between what damages or scares and what holds and comforts; undifferentiated and devoid of categorization investment may be the cause of a serious delay in language evolution, which can be noticed during the whole second year of Rachele’s life: deficit in splitting and muscular investment on self, along with somatic expression of non-mentalized feelings, do constitute a remarkable hindrance to birth of a representation capacity, and an obstacle to Rachele’s possibility of developing abstract thinking and symbolization.

RETRIEVING THE MEMORY OF A TRAUMATIC INCIDENT IN THE PSYCHOANALYTIC TREATMENT OF A TWO YEAR OLD BOY AND ITS IMPLICATIONS
Dorothy Bloch (New York, USA)

Two year old Jonathan was referred by a colleague for psychoanalysis because he had been in a car accident with his parents, who were severely hurt. He, however, has sat in the back seat and was unharmed. They had been hospitalized for two months, the father with a coma that lasted two weeks and the mother severely injured and requiring surgery. When they returned they found Jonathan, who had lived with his aunt during the interim, greatly changed. He seemed very angry, crashed into things with his tricycle and had repressed all memory of the accident beyond saying, when asked, that they "broke the tree." The father was opposed to the mother’s decision on treatment but allowed it to continue for seven months until the summer holiday. To get to the trauma, I set up an unhooded jeep with family figures in their original positions, the father at the wheel with the mother beside him and the boy in the back. When Jonathan saw it he stood stock still and appeared to be stunned, but then ignored it for some months. The “road" however, became central to his play. When he had stopped his carefully calculated misbehavior, I introduced a miniature train set that sat on the floor on movable tracks and placed the jeep beside it. The play that followed culminated in a re-plan of the trauma.

Realizing that we had only one more session, he seized the jeep and lifted it on to the play-dough road on the play table, dislodging the parents
whom he half-covered with small objects. He set the boy aside while he built
a tower on top of the hood of the jeep, placed a small table on the top and
stood the boy on it. He then stepped back, looked at me directly, making eye
contact for the first time and smiled with pleasure. During his last session,
under the pretext of reaching for a toy, he came close to me seeking physical
contact. Although there had been some development in his ability to
experience and to express feeling, his premature withdrawal from treatment
left intact his distorted concept of his seemingly miraculous escape. That
and his reliance on his intellectual prowess could result in a pathological
development and seriously affect his ability to form relationships.

ISSUES OF THE SELF IN AN ELECTIVELY MUTE CHILD
Frances M. Stott, Ph.D. & Judith Bertacchi, M. Ed., L.S.W. (Chicago, USA)

This case describes the course of treatment of a child from age 2 1/2 to
5 years who manifested elective mutism. The authors will use Daniel Stern’s
explanation of the developing self to attempt to understand the child’s
subjective experience during her treatment in a therapeutic nursery and to
hypothesize about her early relationship history.

Part I will begin with a description of the presenting problem when the
child was 2 1/2 years old. It was within the therapeutic space in the nursery
where the child stopped communicating verbally—an abrupt and dramatic change
from the work that had occurred in family sessions. The literature on
elective mutism will be briefly reviewed and Stern’s notion of the sense of a
"Verbal Self" will be explored. Winnicott’s formulation of "False Self" and
Sullivan’s "Not Me" experience will also be discussed. Comments from the
discussant and discussion from the audience will be invited.

Part II will explore pertinent aspects of the child’s developmental
history and the evolving treatment plan in the nursery. The first year of
development where in the child regressed in many areas of development (these
areas will be detailed will be explored to the point where she began to regain
these capacities. Stern’s Subjective and Core Self issues will be the focal
point of exploration.

Part III will describe changes in the second year of work. There will
be a detailed discussion of the therapist’s relationship with the child and of
the supervision and environmental support she was given. Stern’s work is of
primary benefit as it allowed the authors to follow a developmental path that
focused on search strategies rather than on answers about timing of clinical
origins.

The child was followed through the course of treatment to guide the
hypothesizing about which sense of self was in most pain. Stern’s linkage of
infant psychic creation to emerging capacities and increased relatedness is of
interest in this stage of treatment.

APPLICATION OF ATTACHMENT THEORY TO CLINICAL PRACTICE: TWO CASE STUDIES
Laya Frischer, M.A., Sue Peterson, M.A. (Evanston, USA)

Two case presentations will provide the basis for a discussion about
prevention, intervention, and treatment of mothers and infants when the
infants are at risk for the development of attachment disorders.

The first case describes the psychotherapy of a child from infancy
trough pre-school whose mother was unavailable for treatment because of her
own attachment difficulties. The case details the transmission from mother to
daughter of attachment disorder to the third, possibly fourth generation in
the family.

The second case will cover the first year and a half of a psychotherapy
course that included severe maternal depression, threatened and possible child
abuse, repeated suicidal threats, and two psychiatric hospitalizations of the
mother.

PREVENTION OF FAILURE TO THRIVE IN AN INFANT WITH CYSTIC FIBROSIS - A
THERAPEUTIC TRIAL
Robert J. Simmons, M.D., F.R.C.P.(C), Susan Goldberg, Ph.D. & Jane Washington
(Toronto, Canada)

From a longitudinal study on the psychosocial development of 38 infants with cystic fibrosis it was found that infants who had an insecure-avoidant attachment to their mothers did poorer nutritionally than their secure counterparts, that is, they showed evidence of failure to thrive. Adequate nutrition for a child with cystic fibrosis is important for their survival.

The therapeutic intervention with a mother and her infant diagnosed under a year is presented. This case is part of a pilot project to investigate the potential of a psychological intervention to prevent the development of the failure to thrive in CF infants. Information from the Adult Attachment Interview is used to both assess and intervene in the mother’s own attachment. In addition, mother and infant are seen monthly to observe both feeding and play interaction using Chattoor’s schema. Observations will be used therapeutically to improve the mother-infant relationship.

Outcome of the intervention is assessed at one year by the absence of feeding problems and adequate nutritional state and a secure attachment using the Ainsworth Strange Situation. The issues and problems of the therapeutic program are discussed.

SOCIETY’S DILEMMA: THE BEST INTEREST OF THE CHILD?
Miriam B. Gutmann, M.D. & Joyce Hopkins, Ph.D. (Chicago, USA)

We will present a case that illustrates the potential for conflict between the mental health professional’s assessment versus the legal and political system’s definition of "the best interests of the child" in determining custody. Social service agencies are susceptible to political pressures which may be at variance with the mental health definition of the "best interests of the child." The case presentation will be used to stimulate audience discussion regarding ways to ameliorate these conflicting agendas, as well as to make suggestions about how to develop a more collaborative relationship that will serve the children’s best interests in these complex custody issues.

The case to be presented was referred by DCFS. Twin brothers, age 3 3/4, were residing at the time with foster parents who were seeking to adopt them. One twin had been with this family since one month of age, while the other had moved into their home the previous year, after several previous placements. At the time of the referral, the biological grandmother also wanted to adopt them. We were asked to conduct an assessment of whether it was in the twin's best interest to move to the grandmother’s home. Complicating the case was the fact that the twins were African-American, while the foster family was White. The issue of transracial adoption was clearly a sensitive one for this agency.

The results of our comprehensive evaluation indicated that both twins showed symptoms of psychiatric disorders, including Separation Anxiety Disorder. They were clearly attached to the foster parents, and not to the grandmother.

The presentation will include our recommendations which opposed those of DSFS and a discussion by Bennett L. Leventhal, M.D., who will address the broader social and political implications of this type of case.

A PSYCHOTIC PREGNANT WOMAN AND HER BABY
Rui Vieira, Antonio Neves & Dias Cordeiro (Lisbon, Portugal)

M., female, 28 years old, unmarried, lawyer, was diagnosed as having schizophrenia in the sequence of a psychotic episode three years ago, and since then was on neuroleptic treatment including lately flupenthixol 200mg. monthly.

Her past history reveals a change in her personal habits and behavior
occurring when she was 20 years old with emotional instability, severe anxiety, impulsivity and alcohol abuse, in the context of an intensive night life, associated to a brief use of stimulants. She has made nine suicide attempts without premeditation, occurring in the sequence of a chronic sense of boredom and emptiness; these were done with psychotropic overdoses and alcohol, except one with mice poison, resulting in renal failure. There was no family history of suicide or psychiatric illnesses.

After starting a new relationship she decided to have a baby and stopped alcohol and neuroleptics. At six months pregnancy she was referred to our specialized mother and baby unit of Clinica de Psiquiatria e Saude Mental do Hospital Universitario de Santa Maria in Lisbon. During the hospitalization a psychotherapeutic approach was started and no medication was done. A male child was born without problems and was breast fed with adequate collaboration from mother.

During the hospital stay the patient was submitted to psychometric tests including Raven Progressive Matrices, SCL-90-R, Rorschach’s psychodiagnosis, MMPI and TAT.

In view of her previous diagnosis of the potential risk for the baby, M. and her child were followed up for three weeks at the mother and baby unit in a day hospital regimen, and no difficulties emerged during this period. Observations of early mother-child relationship were performed by direct observations, using a scale of mother-infant interaction and by photographic and videotape recording. These observations were carefully evaluated independently by three elements of the group.

We suggest an analysis of the audiovisual records and a debate on the diagnosis of the psychopathological disturbances, and on the predictor factors of postpartum adjustment as well as on the therapeutic intervention in this case.

A MULTISYSTEMS APPROACH TO INTERVENTION WITH A DEVELOPMENTALLY DISABLED MOTHER AND HER FIVE YOUNG CHILDREN

Lauren Wakschlag, M.A. & Andrew Paulson, M.A. (Chicago, USA)

This presentation will focus on the complexities of intervention with infants and toddlers at extreme risk whose needs are embedded in a family context of chronic stress and multiple and severe difficulties. The case of Ms. G, a developmentally disabled mother, and her five young children will be discussed as an in-depth illustration of a multi-systems approach to intervention with such families. This approach integrates an insight-oriented, psychodynamic approach to parent-infant treatment with a social-ecological approach to the family. While treatment of relational disturbances is at the core of this model, it is nested within a broad matrix of services incorporating individual, family and community levels. The case will be presented as a springboard for audience discussion of the challenge of psychotherapeutic work with multi-problem families including the choice of alternative treatment strategies, obstacles to change and issues of countertransference.

When the G’s presented to the clinic, there was extreme concern about their capacity to function as a family. The family had been turned down for services by a number of agencies because of the severity of need and the presence of multiple deficits. Initial evaluation revealed severe deficits in all the children and very impoverished interactions between the mother, who showed significant signs of depression, and her children.

A comprehensive treatment plan was developed which balanced appreciation for the integrity of the family system and Ms. G’s individual needs with the emergent needs of her children. A multi-agency intervention team was created in order to provide the various components of the treatment plan including individual and parent-child interactional treatment, psychoeducational services, in-home support services and on-going case management. The focus of the individual work with Ms. G was on helping her develop a more integrated sense of herself through reflection on her internal life and its link to her life experience. The focus of the interactional therapy was on supporting Ms. G’s parenting competence while providing the children with opportunities for
building their sense of curiosity, effectance and relatedness.

Effects of the treatment, based on clinical judgement and objective ratings, will be discussed in terms of specific gains, uneven progress in various domains of functioning and impediments to change.

INFANT MENTAL HEALTH WORK IN THE HOME WHEN THE PARENTS PRESENT AS BORDERLINE PERSONALITY DISORDERED
Pamela R. Barckholtz, ACSW (White Lake, USA)

Infant mental health work in the home challenges us to experience the chaos the baby experiences in an exhausting yet rewarding way. When the parent suffers with a borderline personality disorder, the therapeutic alliance is challenged by the sometimes poor reality orientation of the parent as well as by the poor relationships in the parents' repertoire. Infant mental health work with this type of parent-infant dyad provides a second chance for the parent; it's an opportunity to rearrange the building blocks in the personality that were possibly given but misplaced the first time around.

This case presentation will look at the advantages of the in-home model when the parent is so damaged. I will attempt to answer the questions of who is in control of the session and how important the nurturing of the parent becomes. The enhanced assessment in the home is facilitated by the enactment of family pathology that demands a diversion from the planned session and the therapist is challenged to rise to this occasion. The therapist's personal presentation and ability to set limits on the session at times and respond to the interferences from outsiders at other times provides the parent with a model of flexibility which can be used to help the parent develop a better sense of judgement.

As this presentation weaves practical clinical experience with theory, I will provide some conclusive remarks about work with these families to stimulate further thought regarding this type of preventive/reconstructive intervention. I will consider what was needed for the interventions to be effective, what factors were needed for the work to begin, what sustained the work, and how this work might be improved upon.

PERVASIVE DEVELOPMENTAL DISORDERS: EARLY SYMPTOMATOLOGY AND FUNCTIONAL CHANGE
Kenneth W. James, Ph.D. & Victoria V. Lavigne, Ph.D. (Chicago, USA)

This clinical teach-in will focus on two case studies of children whose primary diagnosis was Pervasive Developmental Disorder. A thorough discussion of presenting symptoms will be included, as well as an analysis of the family systems and developmental history of each child. The modification of the initial symptoms through environmental adaptation, group treatment, and training in behavioral parenting techniques will be chronicled, and a description of present levels of functioning for each child will be presented. Other diagnostic categories considered during differential diagnosis will be discussed, and the reason for rejecting each of these categories will be reported, and analyzed. These factors will be examined by the discussant, who will present alternative points of view to the cases.

This clinical teach-in has for its objective the critical examination of the diagnostic category of Pervasive Developmental Disorder as a means of signaling an early stage of emotional disturbance, or as a diagnostic category which signals to the clinician the need for further refinement of presenting symptoms and case progress, in order to more specifically indicate the meaning of a given cluster of symptoms.

CASE H. - A RELATIONSHIP DISTURBANCE ACROSS THREE GENERATIONS
Pedro Caldeira, M.D., Paula Medeiros, M.D., Leonor Duarte, Fatima Gomes, Pedro Cabral M.D., Maria Jose Goncalves Cordeiro, M.D. (Lisbon, Portugal)

A case of a 17-month old boy is described and illustrated with videotaped sequences. On July 1990, when he was 5 months old, H. was referred
to our unit by his mother's psychiatrist for development evaluation and surveillance.

The case shows the difficulty to establish organic and psychological boundaries and the need of multidisciplinary understanding of children's and families psychopathology. The role of mother's mental illness on the infant development is also an issue for the discussion of this case.

We describe the evolution of the case through one year of home visits. In addition to the referred etiological, pathogenic and diagnostic considerations, this case emphasizes the worth of early intervention in dyad-interaction for the diagnosis and prevention of pervasive developmental disorders.

PSYCHOSOCIAL CORRELATES OF CHRONIC RENAL FAILURE IN INFANCY AND EARLY CHILDHOOD
K. Haka-Ikse, M.D. & D. Geary, M.D. (Toronto, Canada)

Renal failure is a distinct clinical model of chronic childhood illness. The course is relentless. Poor appetite and growth stunting are often present. Pharmacological, dietary, surgical (gastrostomy) and technological (dialysis-transplantation) treatments are used. Neurotoxicity, poor nutrition, treatment complications and invalidism associated with chronic illness affect developmental and psychosocial processes as shown by 9 year contact with more than 30 children presenting renal failure. This contact is meant to observe and measure developmental-psychosocial processes and provide supportive intervention.

Many of the identified psychosocial-developmental problems are direct effects of the disease. Some result from the family's reaction to the illness, other family dynamics and events affecting the family or the child. Predictable crises are hospitalization, dialysis, surgery, a parent becoming the kidney donor for transplantation, entry to school or developmental transitions. Presentation of a patient followed between 5 months to 7 1/2 years illustrates such issues.

Throughout contact with patients and families, anticipatory counselling, management advice, crisis intervention, advocacy at school and emotional support are provided. Although problems arise during crises and developmental transitions, some are averted or resolved and coping mechanisms are encouraged. Similar supportive interventions may prove to be of value to other programs dealing with renal and other chronic childhood illnesses.

FROM THE CONCRETE TO THE SYMBOLIC, FROM FOOD TO FEELING THROUGH THE CONTROL OF THE MOTHER-CHILD RELATIONSHIP
P. Arfelli (Torino, Italy)

The present case of infantile anorexia demonstrates the way the observation of the interaction between mother and child, the sharing of the distress over feeding and the understanding control of the situation quickly interrupted the vicious circle that had been established and helped to create a positive relationship that transformed feeding times into an increasingly less tense and stressful experience for both mother and child. Andrea, aged 9 months, had been adopted at 20 days old when he was suffering from severe malnutrition. After 10 days of "voracious appetite", he began to refuse all food and to vomit any that was forced on him. Eventually he developed an extreme phobic reaction to the sight of feed and even to the table laid for his parents' meals. A series of 5 observation periods, both during lay and at meal-times that were framed and undertaken in the spirit of reciprocal collaboration in the search for a more benign approach in which the mother would receive initial help in discovering her child's interior world, enabled the two of them to re-establish a relationship that could have been distorted at a very early stage. The early identification of the affective origin of a somatically expressed pathology in the infant therefore seems vital for the purposes of early intervention to restore a good parent-child relationship. In Andrea's case, the therapist's emotional involvement and controlling action
during the observation sessions, the thought and the verbalization of feelings by therapist, parent and child, all helped to transform the critical moment of feeding time into a truly nutritional experience in which the food was transformed from physical nourishment to be ingested at all costs into a mental and emotional experience awaited and ingested with pleasure. The process enabled the parents to understand that the 20-day-old famished child they had adopted with his apparently insatiable appetite had been seeking not only food but contact and a real relationship.

THE ADAPTATION PROCESS OF MOTHERS TO THE BIRTH OF CHILDREN WITH DOWN SYNDROME AND ITS SUPPORTIVE ROLE OF THE THERAPIST
Chihoko Tanaka, Ph.D., Yoshiko Niwa, Ph.D. (Tokyo, Japan)

Since 1977, we have been practicing a developmental intervention program for children with Down Syndrome and their mothers in our clinic in Tokyo. We presented an outline of our 15 years’ study on the approach to intervention for the mother-child relationship, and our findings concerning the mother’s psychological adaptation process, at WAPAD Hawaii Conference 1988, IACAPAP, Kyoto Conference, 1990, and published in The Infant Mental Health Journal, 1991.

Through the above, we were able to report the following findings:
1) The mother’s adaptation process consists of 5 stages, before finally entering the "stabilization" period (when the child has reached school age). This is attained only after experiencing several initial stages including the stage of "pseudostability" (1 year after birth) and the period of "disillusionment" (2-3 years after birth) (1988, 1991).
2) By analyzing the social factors that threaten the Japanese mother’s adaptation process, and the cultural factors that promote it, we discovered that a strong reliance on a sense of destiny (akirame) play an important role in the Japanese mother’s acceptance of the handicapped (1991). In other words, this attitude of accepting her situation as one of fate, is an important factor for the Japanese mother, in facing up to her predicament.
3) Activating mother-child interaction in the infant period, based on the mother’s innate feelings of oneness with her child, is essential as an effective approach towards the support of the Japanese mother in her situation.

This time, we would like to report on the role of the therapist in assisting the mother and child, from material obtained through a detailed analysis of our previous findings on the psychology and social environment of the mother, and by discussing in depth the nature of the mother’s suffering. For this purpose, we focus on the case of a girl "M" (4 years of age) who with her mother, has received monthly developmental support in our clinic, since the age of 3 months.

When the mother of the girl "M" first came to our clinic, she already displayed a superficial calm about the situation (we call it "masked calmness", 1990). However, underneath this calm attitude, there existed various intensities of emotion, such as fantasies of a mother-child suicide, feelings of suffering retribution, despair, anger etc. This phenomenon, conditioned by traditional attitudes, is deeply rooted in the collective Japanese mind. For instance, when we suffer a misfortune, the way we are expected to behave, is to keep it to ourselves without saying a word, instead of expressing it emotionally. In short, it can be said that we Japanese think submission is a virtue, and we are negative towards extravert behavior.

As in the above, many cases reveal that the Japanese mother’s psychology is double-structured. Accordingly, we consider that the Therapist should be aware of and have insight into the mother’s state of mind, and bring it fully into her consciousness as an essential stage in supporting her adaptation process.

A CASE REPORT: A NEWBORN REFUGEE FAMILY FROM BANGLADESH WITH A SEVERELY DEPRESSED MOTHER
Erling Nyman (Karlskoga, Sweden)
At "Gryningen" (in English, The Daybreak) - a day treatment unit - an infant refugee family from Bangladesh has been treated. The mother was deeply depressed, partly paralysed and she had daily episodes of unconsciousness. The infant was a first born girl, five months of age. The father was under extreme stress.

The couple was hindus. They were persecuted for their religious belief and political activity. The man was threatened several times in different ways. The two belonged to different castes and were therefore secretly married. A few months before the flight the woman became pregnant.

When their appeal for permanent residence permit was rejected the mother became deeply depressed and apathetic, physically paralysed and she had daily episodes of unconsciousness. The parents were referred to a psychiatric department. After a month they were sent back to the camp.

The treatment at "Gryningen" lasted for seven months. There was no common language but "Swenglish."
The therapeutic process was characterized by introduction and testing, mapping, waiting, recovering and separation. A few followup sessions have been made. The infant was judged as a health child with a close and secure attachment to both parents.

In the analysis of the emerging problems a conglomerate of factors interact and twist the process to different breaking points. The treatment could be analyzed from the axis, the working alliance between the family and the therapists. Together with the concrete and the psychological holding systems the recovering continued.

Theoretically a psychodynamic perspective are combined with family theories and network thinking. According to the rotation of the main focus in the process different interpunctuations were made with references to different theories. These are combined in a theoretical system at a meta-level.

PSYCHOTHERAPEUTIC ENCOUNTERS WITH TWINS AND THEIR MOTHER
P. Dardene, F. Guerin, J. Y. Prigent (Rennes, France)

In the frame of an out patients department, we have adopted a particular form of treatment:

Psychotherapy, in weekly sessions with twins (14 months old) and their mother. They presented with a lack of development (especially psychomotor development). We made a video recording of a preliminary session. Our method have something in common with Infant observation described by Esther Bick.

The aim is to restore maternal imago and to increase maternal ability to think about her baby’s behaviour, instead of an answer in act without delay. In our case, the mother seemed to us depressed and helpless, maybe there was a relationship between that and the perinatal circumstances (prematureness, hospital care for a long time).

It seems to us that, for a baby, the care that is given to the interrelation between a baby and his mother is a favor of diversification of the patterns of intercommunication. After several weeks of treatment, the babies (one seemed to us to have a serious withdrawal) have made a clear progress.

PARENT-INFANT RELATIONSHIPS: THE USE OF EMPATHY IN CLINICAL TREATMENT
Elizabeth Tuters (Ontario, Canada)

Although there is considerable knowledge about infancy and effective interventions with the biologically at risk, relatively less is known about effective interventions for infants at risk for primary mental health problems such as failure-to-thrive, intergenerational transmission of abuse and neglect, and mother’s lack of awareness of good mothering techniques that cause insecure attachment patterns.

Two cases from different socio-economic status will be described with the use of video tapes, the similarities and differences of the work with each will be detailed. Both mothers have histories of unresolved mourning and trauma. One case is of a fourteen month old female infant-mother pair, the
infant has an insecure attachment pattern. The other case is of a one to six month old infant-mother pair, the mother has a background of physical and sexual abuse and neglect.

The methods of intervention will focus on the development of a therapeutic relationship as the instrument of change through the use of introspection and empathy.

THE EMERGENCE OF INFANTICIDAL URGE IN THE COURSE OF TREATMENT OF "MATERNITY BLUES"
Arata Oiji, M.D., Yukiko Morioka, M.D., Sei-ichiro Takahashi, M.D., Shiro Totsuka, M.D. (Yamagata City, Japan)

Mrs. A., a 30 year old woman called the first author for treatment. She was a part time factory worker and lived with her husband and a 5 year old son and a 4 week old daughter. She had delivered the daughter a month before. She had got depressive and irritable a week before. She had felt that she could not bring up the daughter. The mother of her husband cared for the daughter in the daytime. She had suffered from an episode of "maternity blues" five years before and had recovered after a month of medication. The first author diagnosed her depression tentatively as "maternity blues" and prescribed perphenazine and imipramine. She seemed to recover after a month of the medication. Then she got depressive and irritable again. She regretted having given birth to the second child. She revealed she experienced some problems in her own bringing-up environment.

The authors suggested individual supportive psychotherapy once a week for Mrs. A. and therapeutic guidance for the family. Her therapist tried to alleviate her guilty feeling and keep her self-esteem. In the course of her therapy, infanticidal urge emerged in her mind and attempted to choke her daughter. After that episode, she began to think of divorce. Her therapist led her to consider merits and demerits of divorce. After five months passed, she decided to live apart. She enjoyed her solitary life and resumed to live together with her family five months later.

The authors managed to treat this case with cooperation of the mother of her husband. Several psychopathological and technical issues will be discussed.
WORKSHOPS

THURSDAY
ENRICHING TRADITIONAL PREGNATAL CARE: PARENT TO PARENT SUPPORT
Christie Deeds, RN, LeeAnne Roman, RN., Ph.D. & Joseph Moore, M.D. (Grand Rapids, USA)

Pregnancy is a health change that clearly challenges one's adaptive capacity, physiologically, socially and psychologically. For many poor women especially, "adequate" prenatal care is not enough to improve pregnancy outcomes when only limited financial, social, and emotional resources to adapt are available. Enriched prenatal care which includes a variety of educational and social support services is necessary for women whose lives are affected by poverty.

The M.O.M.S. (Mothers Offering Mothers Support) program and the OB Special Care Parent Support Program are clinical interventions designed to assist families through dyadic, parent to parent support. The programs offer emotional, educational and comparison support, delivered by trained peer volunteers, during the early prenatal period and for one year postpartum to economically disadvantaged women at risk for an adverse pregnancy outcome. Volunteer parents give mothers the opportunity to talk with an experienced parent about their feelings and concerns surrounding an at-risk or medically complicated pregnancy. The programs provide parents access to information about their pregnancy and provide support from a very effective resource—a volunteer parent who "understands" as a result of similar life circumstances.

The goals of the program are to improve the mother's self-esteem and sense of control, to increase her support network to include appropriate community-based resources and with education, to improve her nutritional status, to modify addictive behaviors such as smoking and alcohol or drug use and to increase her compliance with prenatal medical care.

Some pregnancy complications result from the interaction of stress and coping style. The resolution of these complications requires considering not only biological risk factors, life-style change, and existing social support, but also the social and environmental issues that put these populations of women at a reproductive risk. Traditional prenatal care fails to address the unique difficulties of the socially and economically disadvantaged.

Our program overview and case studies demonstrate how valuable this enriched form of prenatal care is to pregnancy women at risk.

ASSESSMENT AND TREATMENT OF SENSORY, ATTENTIONAL, AND EMOTIONAL PROCESSING DEFICITS IN INFANTS
Georgia A. DeGangi, Polly Craft & Ruth Sickel (Rockville, USA)

Fussy or difficult infants have been described as experiencing disorders of regulation that involve persistent difficulties including emotional regulation, arousal and state control, and sensory modulation. Their constitutional difficulties affect not only the way in which the child interacts with the world and processes information, but also the way in which others, particularly parents, interact with the child.

The importance of identifying infants with regulatory difficulties is crucial in light of recent research suggesting that this group of infants is at high risk for later perceptual, language, sensory integrative, and emotional/behavioral difficulties in the preschool and school-aged years. During infancy, the regulatory disordered infant is often normal in developmental skills, however difficulties are apparent in behavioral organization and adaptive function.

A comprehensive and integrated model of assessment and treatment is presented that addresses the constitutional problems of the regulatory disordered child that also focuses on the impact of these problems on the family and the parent-child dyad. A comprehensive assessment of the regulatory disordered infant includes measures of sensory processing, mother-infant interactions during play, sustained attention, communication, and physiological responses. A family-centered therapy approach is utilized which incorporates elements of parent guidance, child-centered activity, and sensory integrative therapy techniques. Parent guidance techniques provide parents
with specific management techniques to handle their child’s sleep and feeding problems, irritability, and other behavioral difficulties. Child-centered activity, a form of infant psychotherapy, is applied to enhance parent-child interactions and facilitate self-initiation, sustained attention, purposeful behavior, and communication in the child. Sensory integrative therapy techniques are integrated within the context of parent guidance and child-centered activity to normalize the child's responses to sensory stimulation, modulate arousal and state control, and promote organized, adaptive responses during play and everyday activities.

A HOSPITAL-BASED, MULTI-DISCIPLINARY SERVICE PLAN FOR FAMILIES WHO UNEXPECTEDLY DELIVER AN INFANT WITH DOWN SYNDROME: CHALLENGES TO ASSESSMENT, COORDINATION AND INTERVENTION
Ida Anne Cardone, Ph.D., Sherry Kraft, L.C.S.W., A.C.S.W. & Ira Salafsky, M.D. (Evanston, USA)

This presentation addresses the process through which a comprehensive family care plan was developed and implemented to serve families in the immediate postpartum period following the unexpected delivery of an infant with Down syndrome. The plan was developed by a multi-disciplinary team which includes pediatricians, social workers, obstetricians, psychologists, nurses, parents, early childhood educators, neonatologists and neuropsychiatrists. The effort was collaborative and cooperative, and unique in its attention to the parallel perceptions of the infant and the event from the vantage points of hospital staff and parents. The workshop presents four primary aspects of this undertaking: 1) the challenges posed to service coordination in a large, teaching-research hospital; 2) the rationale, staffing plan and timing of the organizational structure which evolved to serve the needs of families and staff; 3) a specific guide to hospital-based family care which begins at the moment of birth and ends one month postpartum, and 4) training and in-service implications of the plan. Special emphasis is given the process of assessing parental responses to their neonate, parental strengths, needs relative to intervention and how these interface with staff needs and resources.

PSYCHIATRIC MANAGEMENT OF PSYCHOSOMATIC DISORDERS IN A CHILDREN’S HOSPITAL INFANT UNIT
C. De Vriendt-Goldman, M.D., M. Camus, Bloc, D. Brasseur, M.D., J. Appelboom-Fondu, M.D. (Brussels, Belgium)

As child psychiatrists, we find frequently disturbances of early mother-infant relationship behind somatic symptoms such as eating and respiratory disorders. It seems very important to make the pediatricians aware of and sensitive to these psychological factors.

In our practice, professionals of the child psychiatric unit encounter the mother of infants who suffer from regurgitation, failure to thrive and/or bronchiolitis. First, they interview the mother about their infant’s hospitalization, their pregnancy, their first relations with their infant, their personal feelings and fantasies at this time. Afterwards, they fill with the mother the "Symptom Check-List" questionnaire (Robert-Tissot et al.) which assess the psycho-functional disorders of their child. Results of these interviews are displayed during the pediatric staff meeting and physical and psychological data are lumped together to specify the diagnosis, the prognosis and the therapeutic decisions.

Our hypothesis is that this complementary approach with the mother-infant dyad reduces the symptoms and the heavy pediatric investigations and improves the mother-infant interactions.

According to this, we videotape and we compare the mother-infant interactions at the beginning and at the end of the infant stay in the hospital; the Crittenden Experimental Index of the Adult-Child relationship will help us to measure the interactive changes in the mother infant dyad.
INTERDISCIPLINARY RESEARCH WITH CLINICAL APPLICATIONS ON THE RELATIONSHIP BETWEEN LANGUAGE ACQUISITION AND PSYCHOPATHOLOGY OF INFANCY
Justin D. Call, M.D., (Newport Beach, USA) & Susan R. Braunwald, Ph.D. (Los Angeles, USA)

Current research on language acquisition during the first three years of life will be reviewed. The effects of culture and the language or languages spoken at home upon the acquisition process will then be assessed along with the quality of the language environment to which the infant is exposed.

The effects of heredity, neurological status and patterns of communication including gestural interaction and patterns of play developed during the first and second year of life will also be assessed. Problems of expressive vs. receptive and competence vs. performance issues will be discussed.

Several case studies (some with video) will be presented to illustrate language disturbances and related psychopathology during infancy including:
1) A bright girl who withheld speech from her demanding, highly verbal father until age 3.
2) A neglected abused 2 1/2 year old boy whose mother used cocaine and other drugs during pregnancy and who responded with rapid language acquisition to treatment using reciprocally organized block play.
3) A three year old girl at normal developmental age including receptive speech showed expressive speech at the 16 month level. She was introduced to sign language by her attentive mother at age three.

Language disturbances as seen in autism and various other syndromes of infancy will be described. The case material with its associated language correlates will be related to overall developmental issues involving brain, behavior, semiotics and psychoanalytic theory.

INFANT HOSPITALIZATION: PARENT, INFANT, AND STAFF CONTRIBUTIONS TO THE ATTACHMENT PROCESS
Debbie Clark, A.C.S.W., C.S.W.-A.C.P., Gay Singletary, M.S., C.C.L.S. (Dallas, USA)

For a healthy infant, caregiving acts of feeding, touching, and nurturing in response to the infant’s cues bring about a cycle of reciprocity; needs are met, pleasure is experienced, and the cycle continues. When this happens, parent and infant are said to be in "perfect harmony" or in another analogy to be "dancing together." What happens, however, to that relationship when due to illness and hospitalization of the infant, there are postponed limited, or disrupted opportunities for that meeting of needs and resulting "perfect harmony" to occur? This workshop, including lecture, slides, and group discussion, will outline obstacles to parent-infant attachment presented by hospitalization. The contributions of the parent, infant, and hospital staff will be considered.

Obstacles for parents can include physical distance, separation of parents from each other, lack of understanding of their infants medical condition and needs, and fewer opportunities for parent-child interaction since feeding by mouth often does not occur. For the infant, neurological immaturity, illness, pain fatigue, overwhelming environments, and noxious touch are only a few of the obstacles to parent-infant attachment. Medical caregivers also influence the parent-infant relationship, at times bringing their own needs, beliefs, and values into the relationship. Specific precautions for caregivers and specific supportive interventions for parents and infants will be addressed.

PRENATAL DIAGNOSIS: IMPLICATIONS AND CONSEQUENCES
Judith Calica, A.M., L.C.S.W., B.C.D. (Chicago, USA)

The development of increasingly less invasive tools to "see the developing baby within the uterus is having a profound effect on the experience of pregnancy and parenthood. Families contemplating or
experiencing pregnancy in the 1990’s can expect to encounter a myriad of choices and options which can serve to reduce anxiety, assure that even a threatened pregnancy will turn out well, but which can thrust them into a technological world for which they are utterly unprepared and in which they are ill equipped to operate.

When amniocentesis was introduced in the early 1970’s, its application was specific and limited. It was recommended for women over 35, to women who had had a previous baby with a chromosomal defect, or to women who had had a child with a neural tube defect. In the scant 20 years since then, there has been a revolution in reproductive medicine and genetics and ultrasound in pregnancy is nearly routine. Many physicians consider it standard practice to order a Maternal Serum Alpha Fetal Protein blood test at 16 weeks of pregnancy to rule out neural tube defects. In addition, the widespread availability of amniocentesis, chorionic villus sampling (CVS) which can be performed between the 9th and 11th week of pregnancy is now widely accepted and available. Fetoscopy and MRI’s are being used to yield information about the health of unborn babies.

For the most part, these techniques offer expectant parents relief from anxiety and reassurance about the well being of their babies, since approximately 97-98% of the time there are no finding. But for the small number of families who are given devastating or worse yet, ambiguous information about their babies’ health, the technology plunges them into a crisis which will profoundly affect the rest of their lives including their ability to experience themselves as "good" or "good enough" parents. And since there are increasing instances, where the information is obtained through "routine" tests that are not regarded as diagnostic by the expectant parents nor presented in this fashion by their physicians, it is likely that more and more parents will face this crisis in the future.

This presentation will examine the implications of using these prenatal diagnostic procedures. A discussion of the need for an improved process of informed consent in obstetrics and case examples will be used. In addition, my work as the professional facilitator for the Cameron Kravitt Support Group for Prenatal Decisions, the Support Center for Perinatal and childhood Death at Evanston Hospital, Evanston, Illinois, and its value in helping parents who end their pregnancies to manage their grief and live with the consequences of their decisions will be described. A bibliography and other handouts will be provided.

FAMILY ADMINISTERED NEONATAL ACTIVITIES: A SPECIALIZED ADAPTATION FOR PARENTS OF INFANTS BORN WITH DOWN SYNDROME
Ida Anne Cardone, Ph.D. & Linda Gilkerson, Ph.D (Evanston, USA)

This workshop presents a method of neonatal intervention, the Family Administered Neonatal Activities (FANA) and its adaptation for parents who have unexpectedly delivered an infant with Down syndrome. The FANA is a specially designed, family administered adaptation of the Brazelton Neonatal Behavioral Assessment Scale and is informed by the confluence of four bodies of literature: clinical applications of the NBAS, parental working models of their infant, and family systems and parental empowerment theory. The traditional FANA protocol includes a one time, hospital-based visit within the first 24 hours after birth and consists of: 1) the Parental Perception Interview during which parents discuss their labor and delivery and their initial perceptions of their infant; 2) the NBAS Application during which parents are guided in engaging with their infant using select NBAS activities, and 3) the Integrative Summary where parents have an opportunity to calibrate or recalibrate their initial perceptions of their infant with the baby’s behavior during the NBAS application. The FANA adaptation for use with parents of an infant born with Down syndrome has been expanded to include 3 in-patient and 2 out-patient visits.

Workshop participants will learn about what constitutes these visits. The content of the workshop is presented from three main vantage points: 1) the use of the FANA as a process for eliciting parental perceptions of their infant with Down syndrome, the emotional impact of these perceptions and,
beginning efforts to integrated the dreamed of infant with the real infant; 2) countertransferential issues experienced by parents in crisis, and, 3) the meaning to parents of giving birth to an infant with an anomaly as this relates to the parent as an individual and as a partner. Training and program development implications will be drawn from these three areas.

The workshop content will include a brief review of the literature relative to FANA development and the behavioral-developmental aspects of infants born with Down syndrome. Video tapes of the FANA process will be shown with special focus on the generic aspects of the protocol which can be adapted for community-based and private settings. Group discussion will be facilitated by the presentation of two case studies specially chosen to reflect: 1) the large component of grief counseling in this adaptation of the FANA; 2) the processing of countertransference issues, and, 3) the impact of the birth of parental self esteem and its relationship to infant perception.

Participants will receive a packet of information including two articles, one describing the FANA process and the other the adaptation for use with parents of an infant with Down syndrome.

GROUP WORK WITH THE PARENTS OF CHILDREN WITH ORGANIC CONDITIONS
Piella Massaglia (Torino, Italy)

The author describes the experience of a team of infantile neuropsychiatrists who works in a hospital situation with the parents of children under 3 with severe organic pathologies. The team adopts a group approach to applied psychoanalysis in an institutional framework and in relation to a real-life problem. The approach is based on the Bion model that has proved therapeutic due to its capacity to promote forward development in an intensely regressive situation. Childhood illness, which is a catastrophic event in real life terms tends to upset the parents in a fashion typical of crisis situations. It also exacerbates the normal emotional problems of a child’s early years and, furthermore, the child can only accept and tolerate both the disease and the treatment if its relational life is supportive enough to control its feelings of fear, anger and despair. The aim of this work is to help the young patient and parents to lead as normal a life as possible by gradually and continuously clarifying and analyzing the anxieties linked to the illness and the treatment in such a way as to make them easier to accept and to minimize the role they play in everyday life. This is regular preventive work applied to all patients and their parents and it is an approach developed on the basis of previous experience in occasional consultancy work on individual cases in various clinics for chronic conditions (diabetes, thalassanemia, cancer, cystic fibrosis). In this type of work the operators have a number of different functions. Above all they are there to listen, free, as far as possible of interference from "memory and desire". They are there to share, in order to minimize the parents’ solitude and help them learn to understand. They are there to respond creatively to what they hear on each occasion. Their aim is to help parents understand and elaborate what they learn, to rediscover their capacity for creating and development.

In general the group experience of containment, permits the gradual introjection of the control function ad helps the parents to transfer their concern from themselves to their children, (sometimes even during the course of the meeting), to recognize the fact that children can experience and suffer even though they are small. This makes parents more attentive to their children’s needs, more capable of constant empathy with their feelings, even those that are unverbalised. It also helps parents make the right decisions for their children whether during recovery or the terminal phase.

A CLINICAL PROFILE OF THE CHEMICALLY DEPENDENT PERINATAL WOMAN: EFFECTS ON MATERNAL ATTACHMENT
Samuel S. Cardone, Ph.D., Gay Chism, R.N. (Chicago, USA)

This workshop focuses on the following: 1) an overview of the current
data related to the effects of alcohol and other drugs on the newborn exposed in utero to these chemicals; 2) a clinical profile of the chemically dependent perinatal woman from various perspectives; 3) the impact of the chemically dependent woman’s psychological state on her ability to attach to the fetus during pregnancy and to the neonate during the postpartum period. Issues addressed include the percentage of women of childbearing age who have used illicit drugs in the past month as well as data related to the Fetal Alcohol Syndrome and Fetal Alcohol Effects. Specific drugs and their impact on the newborn in utero are noted, as well as post partum effects resulting from exposure to these drugs in utero. A theoretical and research based review, coupled with the current data collected by the authors highlight the presentation of a clinical profile of this population. Case studies are presented to elucidate these areas. Issues affecting the acknowledgement of the pregnancy are discussed as well as the importance of the immediate postpartum period in recovery from the woman’s drug of choice and the impact of this phenomenon on maternal attachment. Clinical case studies, including a videotaped interview with a postpartum woman in recovery, with her ten day old twins, are presented. Data collected by the authors in their current work with their population is discussed.
WORKSHOPS

FRIDAY
INFANTS OF MOTHERS WITH EATING DISORDERS: A CONTROLLED STUDY
Alan Stein, Helen Woolley, Sandra Cooper & Christopher Fairburn (Oxford, U.K.)

The aim of the study was to examine the relationship between eating disorders in mothers and both mother-infant interaction and infant development.

Two groups of primiparous mothers and infants were recruited. The index group (n=34) consisted of mothers who had suffered from an eating disorder during the postnatal year while the control group (n=24) had not had eating disorders at any time. The infants and mothers were assessed at home when the infants were 12–15 months old. These assessments included: videotaped observations of mother-infant interaction during play and a meal; developmental assessments, measurements of infants, growth as well as detailed interviews with the mothers.

The main findings were: the index mothers expressed more negative emotion toward their infants during meals but not during play when compared to controls, and were more intrusive with their infants during meals and play. The index infants, emotional tone was generally more negative and their feeds more conflictual compared to controls. Furthermore, the index infants were lighter than controls and in logistic regression analyses infant weight was independently and inversely related to both the amount of conflict during meals and the extent of the mother’s concern about her own body shape. These findings are suggestive of specificity in the intergenerational transmission of disturbance.

TRUE SELF, CORE SELF OR POTENTIAL SELF: THE ROLE OF TRANSPERSONAL PROCESSES IN INFANT DEVELOPMENT
Roy C. Muir, M.B., F.R.C.P.(C) (Toronto, Canada)

This paper offers an integrative revision of certain psychoanalytic developmental theories. It will explore the role of transpersonal (or intersubjective) processes in the development of the self. Certain Kleinian concepts will be reviewed and modified to provide a foundation for a bimodal theory of relational functioning in which individuated, objective self-functioning is seen as derived from Klein’s depressive position.

The other mode, the transpersonal or intersubjective mode, is seen as synonymous at first, with Klein’s paranoid-schizoid position and an essential component of relational psychic life. It is posited that both modes are necessary; in optimal development each mode operates in synchronicity with the other and the nurturing parenting relationship is the vehicle for achieving this balance.

Stern’s (1985) ideas on the core self are examined in the light of these formulations. Stern’s concept of a primary core self is critiqued and it is proposed that instead both an intersubjective self and potential core self arise together in alternating parallel experiences, in the first 6 months of life.

In optimal circumstances the infant’s sense of self agency - self continuity etc (Stern, 1985) based on the child’s accumulating experience of efficacy with human and non-human objects - does indeed lead to an increasingly confident seeming personhood, but only where the object of primary importance in the transpersonal field - the mother usually - joins the infant in the intersubjective mode, reliably referencing, mirroring and metabolizing his experience and functioning as a regulator and secure base.

Mahler’s ideas on “symbiosis” and “hatching” are reviewed in this discussion.

INFANT MASSAGE: PRACTICAL APPLICATIONS AND CLINICAL POSSIBILITIES
Gregory A. Proulx, M.A., C.S.W., Mary Margaret Wenz, B.S. (Pontiac, USA)

Infant Massage is a practical means of promoting physical and mental well-being while encouraging positive parent-infant interactions. This workshop will provide answers to the following questions: Why massage babies?
Who benefits? How do you massage an infant? Do I need special training? These practical issues will be followed by a brief discussion regarding the clinical possibilities for infant-parent psychotherapy. A complete yet brief Infant Massage will be demonstrated. Participants will be encouraged to try some Infant Massage strokes with the aid of a practice doll. An overview of the history, philosophy, methodologies, and benefits will be presented. Case analysis via videotape will highlight the utilization of Infant Massage within various family systems. For example, the adoptive family and the high-risk family.

BIRTH CRISIS INTERVENTION
Mary Ann Price, Ed.D., Susan Cross Clauss, M.A.T., M.Ed. (St. Louis, USA)

The birth of a child with a disability is a crisis for the parents and family, the medical team, and the child. Health care personnel can greatly alleviate the anxiety and distress parents feel, and promote infant/parent bonding, if they can communicate the child's diagnosis and its implications in a sensitive way. This workshop will present, model, and provide practice in communication skills and counseling techniques including nonverbal communication and active and reflective listening. Preparation tips for the first meeting with the parents will be given, as well as guidelines for follow-up meetings. Information that should be provided to the parents will be discussed as well as other suggestions on what the health professional can do to support the family during this difficult time and to promote the healthy development of the child—physically, psychologically, and socially.

LONGITUDINAL PERSPECTIVES' ABOUT PREGNANCY, EARLY MOTHER-CHILD INTERACTIONS AND KINDS OF THE CHILD ATTACHMENT
M. Ammaniti, E. Baumgartner, C. Candelori, M. Pola, R. Tambelli (Rome, Italy)

This work is part of a longitudinal research project aimed to evaluate the relation between the mother's representational world and the development of the relation with the child. The following fields have been studied:
1) mother's representations in pregnancy about themselves as mothers and about the future baby, studied through IRMAG interviews;
2) videotaped early interactions between mother and child during breast feeding;
3) mother's representations during the baby's fourth month of life;
4) the child's style of attachment during his twelfth month of life, studied through the Strange Situation.

We shall present three case histories that have been studied longitudinally, underlining the connections between the mother's psychical dimensions during pregnancy, the early relation mechanisms and the creation of the child's attachment systems.

INPATIENT TREATMENT OF RELATIONSHIP DISORDERS PRESENTING AS NOFT (NON-ORGANIC FAILURE TO THRIVE)
Peter J. Z. Scheer, M.D., Marguerite Dunitz, M.D. (Graz, Austria)

The workshop presents our standardized clinical practice in diagnostics and inpatient management, which combines behavioral, pediatric, psychoanalytical and integrative systemic approach.

Since five years mother-baby diads suffering from severe feeding and eating disorders (NOFT=Non-Organic Failure to Thrive) have been offered a new therapeutic program. Formerly these infants had been treated on pediatric inpatient institutions with emphasis on gastroenterological aspects. The babies received high-caloric tube feeding, the mothers were recommended to keep away.

In our program a new, psychodynamic oriented approach is made: The mother-baby diads and as soon as possible the parent-baby triads are diagnosed
and treated with an interaction oriented and relationship focused model. The main object of this treatment is to treat the disturbed relationship and not the food intake. We have seen that this treatment model achieves a sooner and better weight gain, thus relaxing the anxieties of the distressed parents and offering options for a positive future of the family.

With video-tapes we present the concept of internal working models, objectifiable attachment - and interactive behavior and the fascination of non-verbal communication patterns, which can be utilized for further therapeutic sessions. We will discuss the data of our extended workup with 50 parent-infant triads. At last we highlight the role of the father seen from the view of the male psychotherapist and his importance in contact with the mother-baby dialed.

TRANSITION TO FATHERHOOD: A HOSPITAL BASED INTERVENTION IN SUPPORT OF NEW FATHERS
Lou Weiss, M.A., (Winnetka, USA) & David Gutterman, M.A. (Glencoe, USA)

This workshop will present a hospital based program designed to facilitate the transition of men into fatherhood. The program offers men the opportunity to talk about their birth experience with others, to learn baby care and to observe a male-infant caregiving interaction.

The presenters are experienced clinicians who have been responsible for the development and implementation of this unique program over the last ten years. This presentation will include a detailed description of this program’s structure, rationale and evolution.

In addition, the theoretical underpinnings of the program from various psychological perspectives including social, developmental, psychosexual and Eriksonian will be reviewed. In order to facilitate a broad based understanding of the program’s significance, participants will be encouraged to discuss these concepts from their own theoretical and organizational and cultural perspectives. In addition, issues related to the implementation of such a program in various clinical and community settings will be explored. Therefore, participants should leave with knowledge about the program and ideas for implementation.

ASSESSMENT OF YOUNG-MOTHER/GRANDMOTHER INTERACTION: THE SCALE OF INTERGENERATIONAL RELATIONSHIP QUALITY
Lauren S. Wakschlag, M.A., P. Lindsay Chase-Lansdale, Ph.D., Jeanne Brooks-Gunn, Ph.D. (Chicago, USA)

This workshop will present the Scale of Intergenerational Relationship Quality (SIRQ), a coding system for videotaped interactions between adolescent- mothers and grandmothers. The SIRQ was developed for a study of multi-generational family processes in a normative sample of African-American families living in poverty. In this study, the quality of the emotional relationship between the young-mother and grandmother, as measured with the SIRQ, was used to predict quality of parenting provided by mother and grandmother to the mother’s three year old child. The SIRQ incorporates concepts from a number of different disciplines and theoretical perspectives including research on life-span attachment, adolescent development, the African-American family, adolescent motherhood and clinical observational methods. It is a global rating scale with 23 variables (5 point scales) assessing both individual and dyadic functioning along three primary dimensions: patterns of communication (e.g. communicative clarity, negotiation of problem-resolution) regulation of affect and emotional tone (e.g. expression of positive affect, dyadic connectedness) and dimensions of the individuation process (e.g. grandmother demandingness, teen mother emotional maturity and balance of power in the dyad).

The SIRQ methodology will be presented in detail including theoretical framework, coding guidelines and achievement of inter-rater reliability. Participants will be guided in the application of the SIRQ methodology through group observation and analysis of videotaped mother-grandmother interactional
sequences. SIRQ summary scores and overall interpretation of results will then be discussed.

In addition, pilot work will be presented which extends the SIRQ beyond its use as a research method for study of normative samples to its utility as a diagnostic tool for work with clinical populations. Use of the SIRQ as a technique of diagnostic assessment and feedback for clinical work with multi-generational families will be demonstrated with supporting case material.

ENABLING "GOOD FIT" IN INFANT-PARENT RELATIONSHIPS
Mark Rains, Ph.D. (Alma, USA)

This presentation will illustrate with video and discussion how a "Goodness of Fit" conceptual model can guide assessment, intervention, and interagency service coordination with infant-parent relationships in which health or growth may be at-risk. Application of the approach within self-directed and group training formats for a variety of disciplines will be discussed and modeled (as participants engage in a skill application exercise to self-assess, utilize, and build on their competencies in relation to a case study).

The model exemplifies family enablement and empowerment principles through its focus on opportunities for children and parents to display and develop competencies together and its emphasis on their attainment of personally relevant goals through mutual interaction. A goodness of fit approach integrates ways in which children and parents reach psychosocial goals through their interaction together, to the extent that their competencies and capacities overlap or "fit" with each other. Psychosocial developmental tasks motivate children's interaction with their environment. Parental goals may contribute to, compete with, or conflict with growthful and healthy interaction with their children.

Child capacities (competencies and limitations) for goal attainment include stress management, developmental skill levels, and constitutional factors. Parent capacities (competencies and limitations) for goal attainment include stress management, skills and knowledge, service needs, psychological health, life experiences, maturity, etc. How well the goals and capacities of child and parent "fit" with each other determines whether the relationship thrives, remains at-risk, or becomes maladaptive (e.g. involving delay, disturbance, neglect, abuse, etc.) and provides a conceptual map for planning services to support healthy and growthful interaction.

The goodness of fit model provides a common language and focus for multiple disciplines and agencies to coordinate their various specialized approaches into an Individual Family Service Plan which supports child and family development. Guidelines will also be offered for developing, trouble-shooting, and managing relationships which support mutual goal attainment, (i.e. 'good fit') between families and the helpers who serve them.

USE OF A PARENTING GROUP WITH RECOVERING MOTHERS
Jane Samuelson, Ph.D. & Maggie Brett, A.M., A.C.S.W. (Chicago, USA)

Project Hope is a new federally funded program for substance abusing pregnant and postpartum indigent mothers and their newborn through aged three children. The program was designed so that during their time in Project Hope, women would be involved in both chemical dependence treatment and parenting education. During the time that the program has been operational, it has already become evident that the development of an addiction and the process of recovering from that addiction have a unique influence on what interventions will be successful in helping women become more effective parents.

The intervention process has many obstacles. One is that the recovery process itself takes much of the woman's emotional and physical energy, leaving little motivation to address other issues, such as parenting. Also, once the woman no longer has drugs or alcohol as an available defense, important developmental deficits are likely to emerge. Difficulty in working on child-rearing practices also occurs as a function of the shame and guilt
that almost inevitably arise during the process of recovery from addiction. In spite of all the obstacles, we still consider parenting to be a key part of the therapeutic work with these mothers. Helping women who are recovering from addictions become competent parents is of equal benefit to their children and to themselves. It can be an important source of self-esteem and help break what is, in many cases, a generational cycle of deprivation and abuse.

In our workshop, we are going to focus on the use of a Parenting Group that incorporates a three-stage model we developed to address the difficulties described above. Participants are asked to bring case vignettes from similar and dissimilar populations to discuss the uniqueness and/or universality in our work and the issues presented.

A MICROANALYTICALLY BASED GRID FOR THE OBSERVATION OF EARLY DIALOGUE
Elisabeth Fivaz-Depeursinge, Ph.D, Yves de Roten, Lic. Psych. (Prilly, Switzerland)

The play dialogue situation is known to be one of the most significant to evaluate early relationships, be it for the purpose of therapy or of research. The microanalytic studies of expressive exchanges, visual and body interactions as well as the "frozen face" paradigm provide us with invaluable information on the interaction between parent and infant and on their respective contributions to the success or failure of dialogue engagement.

In this presentation, we shall summarize the main elements of our microanalytic study of holding and gaze interactions during dialogue and extensively describe the grid elaborated on this basis for real-time evaluation.

Briefly, the microanalytic study has led to classify dyads in three transactional modes: consensual: successful stabilized engagement; conflictual: in a context appropriately organized by the adult, the infant doesn’t engage visually and paradoxical: the context organized by the adult is incongruent, unpredictable and the infant is disengaged. The results pointed to the importance of the hierarchy between partners and modalities. A family constellation appeared, in terms of co-parenting and of acceptance or rejection of the engagement with the stranger.

The GEDAN, a grid for real-time evaluation of dialogue was then elaborated to evaluate the transactional modes in real time. The observation operates on the following distinctions: subjective versus objective information; spatial versus temporal variables (respectively used to define the direction and the nature of the influences between modalities and partners); the dyad as a totality versus the dyad as an organization; and, within this organization the levels of modalities (holding, visuo-facial and expressive exchanges) versus the levels of partners.

The observation proceeds in four steps: 1) adopting a state of floating attention, the observer develops a global clinical impression of the interaction; 2) the global organization of the interaction is evaluated; 3) the interaction is segmented along its natural episodic structure; 4) the information is synthesized in terms of the favored transactional mode of the dyad and of the respective contributions of the partners. Finally, the father-infant, mother-infant and stranger-infant modes within a given family may be combined.

Validation: the GEDAN has been validated by means of the comparison between the independent micro and macro evaluation of the same sample. It has demonstrated to be useful for research, for clinical and for teaching purposes. Developed on a sample of disturbed clinical families (one psychotic parent), it is especially geared to discriminate between heavy and light interactional pathology.

The presentation in Chicago will include video illustrations. The grid is available in French and in English.

OBSERVATION OF FEEDING SITUATION AS A TOOL FOR RESEARCH ON INTERACTIONAL EVENTS
Miguel Cherro Aguerre et al, Miguel Hoffmann, Sonia Stegmann, Graciela Benito Silva & Constanza Duhalde (Buenos Aires, Argentina)

Two different research groups, one from Argentina and another from Uruguay, are working on an observational method to use the feeding situation as a window on the mother/infant interaction. The team of researchers led by Dr. Cherro Aguerre (Montevideo, Uruguay) has been using feeding situation since birth onwards to observe mother-infant interactions. The team led by Dr. Hoffmann (Buenos Aires, Argentina) has been using spoonfeeding of solids and semisolids since the mother starts using it until one year of age to measure two different aspects: unfolding of the infants initiative and development of mother/infant interaction, focusing particularly on maternal responses to the infants initiatives.

Both methods could be used as complements in order to extend the observational period to a full year. This would allow for a greater continuity in developmental observation.

Feeding situation is a moment of stress for the relationship. The mother has many anxieties surrounding the issue of food intake by her infant: growth, development, preservation of life, mental development and others. The infant gets involved in food, the mother with the new aspects of reality in the spoon-feeding. This stress acts like a magnifying glass on features of the relationship, which makes it a privileged opportunity to look at it.

In this workshop presentation we would show our technique in the use of the instruments designed for the observation of early mother-infant interaction and some aspects of individual development. Difficulties in coding, inter-rater reliability, criteria for future developments of the instruments, will be discussed with the audience.

These instruments are in the process of development and they will be improved by the exchange with other researchers and hopefully become suitable for practical use in research or even for clinical purposes.

INFANTS AND CHILDREN FACED WITH EXTERNAL DANGERS: A DEVELOPMENTAL RESEARCH
Adriana Lis, Paola Venuti & Maria Rosa De Zordo (Padua, Italy)

For many years now we have been interested in the study of sense, representation, acknowledge of external dangers, from a developmental point of view, both in the areas of affects and cognition. In this workshop our peculiar interest is to outline a development line (A. Freud) using both clinical material and experimental psychological research. Moreover we would like to illustrate the very complex and multifaceted methodology employed in our approach, differentiated in relationships with two basic dimensions: age/development, normality/pathology.

First dimension: a) First two years of life (before the acquisition of language-level of phrase) Concerning this specific period we were above all interested in observing how the child acquires a sense of basic safety. To reach this aim we used an observational longitudinal method and clinical interviews with the mothers. b) From the acquisition of language onwards: Concerning this period the aim of our studies was to investigate the development of the notion and representation of external dangers and dangerous situations from a cognitive and affective point of view. We used many kinds of research methods all administered to the children: piagetian clinical interviews; presentation of original vignettes or experimental situation; intelligence testings; projective techniques.

Second dimension: The above outlined research allowed us to deepen the "normal development" of the acquisition of the sense, acknowledge, representation of external danger both from a cognitive and affective point of view. The clinical material would allow us to deepen how arrests, deviations or distortions in the normal progression can be reflected in the pathology.

In such a way clinical and developmental aspects were continually interwoven.

GAZE AVERSION DURING INFANCY AS AN EARLY EVALUATION OF INFANT-CAREGIVER
RELATIONSHIPS
Heidi Keller, Athanasios Chasiotis & Johannes Risau (Osnabrueck, Germany)

Gaze aversion during the first months of infant's life seems to indicate non-pleasant interactional experiences from the infant's part. Intrusive interactional behavior, overstimulation, and general failure of establishing synchronous interactions have been qualified as relating to gaze aversion. In different empirical studies of early infant-caregiver exchanges, we could reliably evaluate gaze aversion as the infant's early behavioral answer towards parental non-contingent behavior towards infant's cues and signals. Non-contingency has been defined as parental reactions towards infant's cues outside the time window of 200-800 msecs. Caregivers who tend to perform longer latencies also tend to perform a higher behavioral variability, thus, being less predictive for the infant. These parents are considered of not responding intuitively, but cognitively mediating their behavior. Several cases of gaze averting infants will be presented. The parent-infant interactions will be analyzed from videotapes. Parental attitudes and belief systems are presented in order to explain the differences between intuitive and cognitively mediated behaviors.

EXPERIENCES OF CHILD PSYCHIATRIC CONSULTATION IN WELL-BABY CLINIC
Eila Rasamen (Kuopio, Finland)

It is well known that family counseling reduces the amount of child psychiatric disturbances. It is however very expensive to send a psychiatric nurse to every family who have had their first baby. In Finland we have a well-organized well-baby clinic system which takes care of the physical growth and well-being of all born babies as well as mothers before labor. The public health nurses are very popular among families with little children. These nurses are very capable of taking care of physical growth and development and they are very interested, too, in taking care of the mental health of the babies. They complain however about a lack of skills to take care of mental health and do preventive work concerning the mental health of the child.

To study the possibilities of giving the public health nurses some training the child psychiatric field and better self-confidence concerning child psychiatric problems a consultation project was started. All public health nurses, physician, psychologist and two speech therapists in a well-baby clinic of a public health center in Kuopio County in Finland were gathered together every second month for child psychiatric consultation. On average 12 persons have taken part in sessions from April 1989 to discuss child psychiatric problems in their well-baby clinics. Some theoretical issues and two cases were taken up for discussion during these sessions each lasting 4 hours. All the participants have taken part very actively in these sessions and evaluating after two years period was promising. Some thoughts and viewpoints concerning this project are presented in the symposium, and an evaluation of results after 3-year period is going to be made.
WORKSHOPS

SATURDAY
PSYCHOTHERAPY AND PSYCHOPATHOLOGY OF MOTHER'S MANIFESTING MATERNAL REJECTION SYNDROME
Chikako Fukatsu, Ph.D, Keigo Okonogi, M.D., Youko Hamada, M.D. (Tokyo, Japan)

We attempted to clarify the clinical characteristics of Maternal Rejection Syndrome (MRS), and classified our MRS cases into the following three groups (A,B,C) based on evaluation of their individual psychotherapy processes. The personality structure of Group A meets the diagnostic criteria of Kernberg's psychotic personality organization and borderline personality organization. Their psychopathology appears during late adolescence and they receive treatment, but social adjustment is poor. Group B fits the criteria of borderline personality organization and display good social adjustment before marriage and birth. They have had poor relationships with their own mothers in the past and their psychopathology becomes apparent at the time of marriage or birth. Those on Group C meet the criteria of Kernberg's neurotic personality organization. They were well adjusted before marriage, and most of them had established a professional identity. They had a positive relationship with their own mothers in the past. They, however, have obsessive attitudes towards child rearing and this provokes neurotic conflicts as their sense of self-worth as mothers are injured. We feel that categorizing mothers with MRS is important in establishing treatment plans. In this paper we will further discuss the psychotherapy processes of each case, particularly focusing on MRS mother with borderline pathology.

THERAPLAY: A SUCCESSFUL MODEL OF INTERVENTION WITH PREVIOUSLY UNWORKABLE CHILDREN
Margery Lewy Rieff, Ph.D. (Wilmette, USA)

Theraplay, a therapeutic technique, adapted by Dr. Ann Jernberg for work with Headstart children, consists of fun, interactive "baby games". Through structured, challenging, intrusive and nurturing activities, the therapist promotes quality social interactions for the child and the parent. Recently, Theraplay has been adapted by other professionals to work with infants and toddlers with mild to severe developmental disabilities who have not previously benefited from more traditional therapies.

Children, who have cried for several months or have not benefited from traditional therapies, are excellent candidates for treatment. For example, such a child may shut down to prevent external stimuli from intruding upon them, may cry, stiffen, look away, or desperately cling to caretakers. Another child may not cry but will be withdrawn, resistive and withholding and not allow a new adult to engage them. Even hyperactive children benefit from Theraplay because it helps the parent to structure limits. Because Theraplay helps children organize external stimuli, those who suffer from separation anxiety as a result of hospitalization and/or inherent neurological difficulties can also profit from the intervention.

The participants in the workshop will learn techniques and activities through observation of actual videotaped sessions and role playing. They will be trained to be good observers of children's and parent's cues and learn how to mediate social interactions. Theory will be combined with practical techniques that break through the child's resistance and enable the child to gain trust in an adult and to acquire some control over the interactions. A Treatment Plan will be presented along with references for other forms of Theraplay.

A FUTURE FOR DRUG-EXPOSED AND OTHER BABIES WITHOUT FAMILIES: OPPORTUNITIES AND OBSTACLES
Brenda Krause Eheart, Ph.D., Judi Laufhuette, R.N., B.A. (Champaign, USA)

There are millions of babies worldwide who do not have the security of a permanent nurturing family. Many of these children will never be legally free for adoption, yet will not be able to be raised by their birth families. These include children of very young mothers, drug addicts, alcoholics,
prisoners, the mentally ill, and the very, very poor. In the United States some of these babies are abandoned at birth in hospitals, now frequently enough to be labeled "boarder babies." Others live in foster homes and move frequently or are left in institutions. Still others remain in dysfunctional homes where they are neglected and/or abused. All infants require permanent, nurturing care. The purpose of the proposed teach-in is to explore opportunities and obstacles to finding and establishing worldwide permanent, nurturing families for babies facing very adverse, non-nurturing postnatal family environments.

Our presentation will include: 1) Presentation of data on babies without families in the United States with emphasis on drug-exposed infants; and 2) a brief description of research on the special needs of these infants and the challenge these children present to parents, clinicians, policy makers, and the child welfare system, 3) Presentation of a case study of a drug-exposed premature baby's first 15 months of life, including medical history, special care required, and the opportunities and obstacles faced in trying to establish a permanent, nurturing family to meet this baby's needs, 4) Open discussion with conference of their own experiences, ideas, and concerns as these relate to opportunities for and obstacles to establishing permanent, nurturing families in their countries for drug-exposed and other babies who are being left in institutions, temporary shelters, dysfunctional families, etc.

A MULTI-DIMENSIONAL PSYCHOANALYTIC MODEL OF SHORT-TERM PSYCHOTHERAPY FOR PERINATAL LOSS
Irving G. Leon, Ph.D. (Ann Arbor, USA)

While medical caretakers now recognize that the death of the unborn or newly born child can be a devastating loss for the family, mental health professionals have rarely provided help for this at-risk population. This workshop will teach a multi-dimensional model for assessing and treating bereaved mothers in psychoanalytically-oriented short-term psychotherapy. It is based on my clinical experience of treating over twenty bereaved mothers and siblings (drawing from a clinical sample of forty, including colleagues' cases). Four models in conceptualizing pregnancy - developmental stage, drive, object relations, and narcissism - are contrasted and integrated in explaining the multiple intrapsychic and interpersonal challenges to coping with perinatal loss. This loss is so difficult to resolve due to the resulting developmental interference, revival of earlier internalized conflicts in the instinctually charged atmosphere of pregnancy, multiple narcissistic injuries, and manifold obstacles to mourning a unique object loss. Technical aspects in the evaluation, planning, conducting, and termination of these treatments will be discussed. Criteria for choosing between interpretive or supportive psychotherapy will be offered. The therapist serves as both an interpreter of unconscious conflicts and maladaptive identifications intensified by pregnancy (and its demise) and an empathic listener who helps to bolster self-esteem. Case vignettes will illustrate typical dynamics accessible to this multi-dimensional model. The limitations of short-term psychotherapy will be examined. Informal lecture will be laced with participant questions, discussion, and case examples. In addition to being a form of treatment, this intervention may be used as a preventive strategy to minimize the potentially harmful impact of parental unresolved grief on surviving and subsequent children's development. It will also help infant mental health specialists appreciate how commonly this loss infiltrates the experience of the subsequent pregnancy.

A THERAPEUTIC GROUP APPROACH FOR MOTHERS WITH POSTPARTUM DEPRESSION AND THEIR INFANTS
Roseanne Clark, Ph.D., Sharon S. Fedderly, Ph.D. (Madison, USA)

This workshop introduces a unique and effective group therapeutic approach with the high-risk population of mothers with postpartum depression
and their infants. The group model is derived from psychodynamic, self-psychology and developmental theory, and also draws from cognitive and interpersonal treatment approaches to depression. The goals of the group are to ameliorate depressive symptoms in the mothers, to address individual conflicts related to the mothers' own experiences of being parented, to reduce social isolation, to provide an environment for the infants that is emotionally responsive and supportive of their development, and to facilitate positive mother-infant and family interactions. Group sessions follow a two-part format, with mothers and infants meeting in separate rooms and then reuniting for dyadic group activities. Each session is designed around a core theme that is relevant to the needs of both mothers and their infants, such as depression and coping, nurturance, self-esteem and competence, dependence/independence and communication. The workshop includes an in-depth description of the therapeutic group model, the theoretical framework from which it derived, and videotaped segments from actual group sessions that are used for illustration and discussion. Treatment outcome findings are also presented. Workshop participants will be guided through the curricula for the mother, infant and dyadic components of the group, and will learn to implement this therapeutic approach through videotape and role play. The goals of the workshop are to emphasize the value of treating postpartum depression from a relational perspective and to demonstrate how this model can be implemented in a variety of clinical settings. The format of the workshop is interactive, with the focus being on training other professionals working with infants and their families in developing their own therapeutic mother-infant groups for this high risk population.

USING THE PLAY ASSESSMENT SCALE FOR ASSESSMENT AND INTERVENTION WITH INFANTS SUBJECTED TO ABUSE AND NEGLECT
Rebecca R. Fewell, Ph.D. & Galia Gomez, B.A. (Miami, USA)

Developmental assessment of children with special needs presents major problems for clinicians. Traditional assessment tasks often require movement, sensory intactness and verbal understanding of instructions. Test items seldom provide information on the emotional development of these children. Through observations of a child playing with toys an examiner increases the opportunity of gaining information on how the child perceives the past, the present and the future. Because play incorporates all the traditional developmental domains of development, administration of a play scale in the presence of a multidisciplinary team is of value to all participants. Workshop participants will learn to administer The Play Assessment Scale, an informal experimental scale for assessing children birth to 36 months of age, and to translate findings into instructional plans. PAS scores have been found to correlate highly with scores from the Bayley, the Vineland, and production measures of language such as Mean Length of Utterance. Training will focus on the special needs of children who have been subjected to abuse or neglect or who are at high risk for developmental problems due to inadequate nurturing environments. Participants will learn to assess the play behavior of handicapped infants and to use assessment data for monitoring child progress, designing IFSP's, and implementing early intervention programs. Videotapes of infants will be used in training along with the Play Assessment Scale protocol and models for intervention programs. Emphasis is on learning the scale and translating developmental data into instructional programs for infants who may or may not be living in home environments.

ASSESSMENT AND TREATMENT OF INFANTS AND FAMILIES WITH FEEDING DISORDERS: A MULTIDISCIPLINARY PROGRAM
Roslyn G. Weiner, Ph.D. & Marylyn Boris, M.S., L.C.C.S.W. (Boston, USA)

Feeding disorders of infancy are often difficult to assess and treat successfully because the physical and psychosocial contributions are so intricately interwoven. In addition, the anxiety raised in both family and medical systems concerning the infant's survival often blurs or confuses the
evaluation process. A Pattern of multiple treatment failures often skewed in the direction of repeated invasive medical interventions leaves the infant and family scared, angry, and frustrated with the provider network.

In response to such intractable cases the Division of Child and Adolescent Psychiatry, New England Medical Center, has developed an outpatient team approach to assist infants and their families with compromised feeding relationships. Interdisciplinary collegial collaboration, a structured protocol, and close attention to the family system in which the infant's feeding experience is embedded are critical features of the Feeding Disorders Program.

This workshop will teach participants how to organize and implement such a program including recruitment of personnel, creation of a proposal for service, coordination of multidisciplinary treatment and utilization of a periodic review process. Examples from our caseload will illustrate each of these steps. Videotapes of family feeding interactions will be used to stimulate discussion. Workshop participants will be encouraged to offer examples from their own cases to illuminate assessment and treatment planning issues. Materials, including protocol, parent questionnaire, and sample proposals for service will be available.

We have chosen to focus on feeding disorders because feeding and eating are so primary to life along the entire developmental spectrum and also in response to multiple requests from the pediatric community to look closely at infants and their families where there is not a simple or complete medical explanation for the infant's inability to be normally fed.

COLLABORATIVE APPROACH TO NURTURING: A PROGRAM FOR COCAINE DEPENDENT PREGNANT WOMEN IN NEW ORLEANS
Patricia L. Blackwell, M.A., Michael Kaiser, M.D., Janard Peychoud, MSW, Beth Scalco, BCSW, Velda Wiltz, MSW (New Orleans, USA)

COLLABORATIVE APPROACH TO NURTURING (CAN) is a program developed in response to the absence of any organized system of health care, substance abuse/chemical dependency treatment, or social support services for chemically dependent women or for their infants in New Orleans. CAN works collaboratively with many other community organizations to address the needs of cocaine using pregnant women and their infants from New Orleans. CAN demonstrates an effective community-based model to promote the prenatal and postnatal health and well-being of mothers and their babies; educates cocaine using mothers regarding the effect of cocaine on themselves and their infants; and provides a comprehensive approach for infants which diagnoses and appropriately intervenes when developmental or physical abnormalities are identified due to prenatal cocaine exposure or postnatal parenting problems. Each family is assigned a Case Manager who develops an Individual Family Service Plan. The Case Manager assures access to all necessary services including medical, substance abuse/chemical dependency treatment, and social/support services. An important element of the Program is ongoing evaluation of the mother-infant dyad with appropriate treatment intervention and follow-up when problems are identified. The focus of the presentation will be to provide an in-depth description of the CAN program along with some preliminary data collected.

A MULTIDISCIPLINARY APPROACH TO EMOTIONAL DEVELOPMENT: DIAGNOSTIC AND THERAPEUTIC IMPLICATIONS
Madeleine U. Shalowitz, M.D., Molly Romer-Witten, Ph.D., Kay A. Komie, L.C.S.W. (Chicago, USA)

A psychologist, pediatrician, social worker and infant educator work together to evaluate children with delays in cognitive, language or motor development. By using multidisciplinary diagnostic criteria, the team can identify a subgroup of children in whom no organic basis explains their failure to achieve expected milestones. These children have a primary delay in their emotional development and show a characteristic set of behaviors.
Failure of agencies and caregivers to recognize emotional disability creates unrealistic expectations in such areas as understanding limits, toileting, ability to share affectively or in play, and precludes accurate diagnosis and intervention. A primary emotional delay appears to influence the occurrence and severity of secondary cognitive, language or motor lags and a psychological assessment must guide the therapeutic plan. The therapeutic model must target the primary emotional disability with support for the secondary problems, thus preparing the children to move from a psychotherapeutic context to an educational context at age three. This workshop presents 1) the design and implementation of a multidisciplinary evaluation model for children under three who present with developmental delays, and 2) a multidisciplinary diagnostic approach to delays in emotional development. We challenge the audience with the 1) development of a therapeutic approach which recognizes the multidisciplinary nature of the diagnoses and supports the child within the caregiving system, and 2) creation of diagnostic categories and an IFSP which reflects relationship issues.

OVERCOMING OBSTACLES AND CREATING OPPORTUNITIES: EMPOWERING PARENTING STRATEGIES FOR THIRD WORLD AND INNER CITY FAMILIES
Jannette Shaw, Ed.D., L.L.P., Gwendolyne Creary, M.A., L.L.P. (South Bend, USA)

Families living in the third world and inner cities face many obstacles to the successful development of their children. These families live in a survival mode requiring them to put away long-term plans to meet short-term crises, thus blighting the future for the family. Providing a better chance for the future for the babies in these families through teaching effective parenting strategies to parents, has been a goal of infant mental health workers. This workshop introduces a model for working with families preoccupied with survival; point out existing competencies and skills of this population; discuss how to get past the barriers of the immediate life circumstances of families to examine and implement behaviors and strategies leading to short, and eventually long-term benefits; provide techniques to help families acquire the behaviors they desire for the success of their families.

Conference participants will be divided into small groups and led into the application of some of the principles and techniques through the utilization of case examples. Opportunity for sharing concerns and suggestions will be given. Handouts will be provided.

POSTPARTUM DEPRESSION - THERAPEUTIC TEAMWORK BETWEEN PSYCHIATRY AND PEDIATRICS
Peter A. Gorski, M.D. & Gilla P. Davis, M.D. (Evanston, USA)

Postpartum depression is a distinct clinical entity that affects 20 percent of women experiencing a pregnancy. Its effects on the mother, her relationship with her baby and on the family have been understood only lately. Piloting a program at The Evanston Hospital, Evanston, Illinois, Dr. Peter Gorski, a behavioral/developmental pediatrician and Dr. Gilla Davis, a psychiatrist, have worked with patients and their families in a therapeutic fashion designed to minimize the effects of depression on the family unit.

Patients are referred initially to either practitioner, depending upon the initial presenting symptoms. Pediatricians will refer a family to Dr. Gorski when an infant is failing to thrive, showing signs of developmental retardation or when infant-parent attachment seems insecure or stressed. Obstetricians or interns will refer a patient to Dr. Davis if the woman presents complaining of depressive symptoms or other symptoms that could be consistent with a major depression, e.g., sleep and appetite and libido changes. Some of these women will not recognize that they experience depression but rather present with symptoms of agitation. Suicidal and homicidal thoughts and plans are not uncommon.

The initial therapeutic intervention with the mother is to determine an
accurate diagnosis. Although much more rare, postpartum psychosis (incidence 1/1000) and postpartum panic disorder (<1/1000) have been seen as well. The overwhelming majority of these women have a biochemical abnormality that responds to appropriate chemotherapy and supportive psychotherapy. The average length of time for symptoms to begin to remit is two to four weeks. During this time, patients are carefully monitored for drug side effects. Worsening of depression can also be seen and on rare occasions, hospitalization is utilized to manage suicidal and/or homicidal thoughts. When possible, however, the family unit is maintained and carefully constructed support systems arranged.

One out of five mothers seen have additional psychotherapeutic needs which are addressed in a self-psychodynamic-oriented fashion. Many of these women were inadequately parented by their own mothers and are overwhelmed by the experience now as adults. Interestingly, many patients’ mothers were depressed at some point in the patient’s development.

Concurrent with the maternal psychiatric intervention, the behavioral pediatrician works to support the developing infant-parent relationship and, through the process, to add diagnostic insights concerning mother’s attachment and pregnancy histories. Using the baby as a powerful therapeutic agent, the dynamically oriented pediatrician elicits, demonstrates and validates newborn or infant behavior together with the mother. These infant behaviors become ready subjects for interpretation by mother and clinician. Consequently, opportunities arise for separating the infant’s interests and cues from mother’s personalized negative or fearful projections. The pediatric model for providing early infant-parent psychotherapeutic intervention benefits from a nonjudgmental context, where parental, infant and relational strengths and challenges can be addressed independent or respectful of post-partum psychopathology.

The pediatric treatment operates from the premise that the mother cares deeply to succeed as a parent and wishes to understand and support her infant’s physical growth and emotional development. Psychological ghosts or current emotional blocks may distort and disturb her efforts to negotiate a mutually satisfying interactive relationship with her baby. The clinical process further takes advantage of the infant’s capacities to communicate individualized specific intentions in a goal-directed fashion.

Referrals may originate from the either the practice of the adult psychiatrist or the behavioral pediatrician. The two professionals regularly meet to discuss the progress of their work with shared patients. Parental informed consent is received in order to discuss clinical material confidentially between the two physicians.

This workshop will proceed from theoretical framework for the goals of combined interdisciplinary diagnostic and therapeutic program, to several case presentation/discussions of exemplary patients who were seen during acute intensive care psychiatric hospitalization and/or outpatient consultation, to elaboration of the clinical method, to clinical limitations and future opportunities, to clinical research activities and plans. At least forty-five minutes will be allotted for audience participation to amplify material presented, discuss analogous or contrasted cases and consider clinical opportunities tailored to participants’ individual professional circumstances.

UNDERSTANDING AND TREATING AGGRESSIVE AND CONDUCT DISORDERED TODDLERS
Sarah Landy, Ph.D. & Ray deV. Peter, Ph.D. (Toronto, Canada)

About 20% of toddlers are described by parents and caregivers as aggressive, destructive and excessively non-compliant. This workshop will explore the reasons for these developmental difficulties within the child; the parent-child relationship; parental psychodynamics and in the sociocultural context. The workshop will present a developmental paradigm from birth to three years of age to illustrate the trajectory for the development of early conduct problems. Principles from developmental theory; research on the etiology of conduct disorders and the presenter’s clinical practice will be used to describe normal development and using case vignettes and videotapes will compare the ego fragmentation of these children. Diagnostic questions
will be explored and discussed with workshop participants. Emphasis will be
given to exploring the mental representatives of child and parents and their
impact on the ongoing interaction and child’s development. In addition, the
styles of parent-infant/toddler-infant interactions which typically lead to
these impairments will be explored using case examples.

A parent training program Helping Encourage Affect Regulation (HEAR)
will be presented which is based on an understanding of the growth-promoting
interactions which can prevent the development of behavior disorders in
preschoolers and optimize development in a number of critical areas. In the
HEAR program parents are taught about developmental stages and techniques to
improved certain capacities in their children. These include techniques to
both improve and enrich the attachment and interaction between parents and
young children; information about the importance of play will also be explored
and parents shown how it can be used to increase their child’s language and
capacity for symbolization. A style of limit setting that neither withdraws
from or punishes the child during aggressive episodes but instead encourages
self-regulation of affect will also be presented. The treatment techniques
presented will be both research and therapy based, yet practical and useful
for parents. Discussion of the possible resistance of high risk families
towards treatment and suggestions for overcoming it will be given.

Throughout the workshop clinical vignettes and videotapes from clinical
practice will be used to illustrate points and to stimulate discussion.

DIAGNOSIS AND TREATMENT OF FEEDING DISORDERS ASSOCIATED WITH FAILURE TO THRIVE
Irene Chatooor, M.D. (Washington, USA)

In 1984, Chatooor et al. first presented a developmental framework by
which to understand feeding and growth disorders in infancy and early
childhood. In this workshop the following three developmental feeding
disorders, associated with failure to thrive, will be discussed.

I. Disorder of Homeostasis (onset birth to two months)
   Feeding difficulties may stem from primary constitutional or organic
difficulties which interfere with the infant’s self-regulation of
feeding.

   Feeding problems may stem primarily from the mother’s inability to read
   the infant’s cues. Frequently there will be combination of infant
   vulnerabilities and maternal factors leading to the feeding problems.

II. Disorder of Attachment (onset two to six months)
   Feeding difficulties stem from problems in mother-infant reciprocity, a
   lack of engagement between mother and infant. These infants are usually
   underfed and developmentally delayed. The mothers present with a wide
   spectrum of psychopathology from depression to severe character
   pathology with drug and alcohol abuse.

III. Disorder of Separation: Infantile Anorexia Nervosa
    (onset six months to three years)
    Feeding problems stem from mother-infant conflicts over issues to
    autonomy, dependency and control with food becoming the battle ground.
    The parents usually give a history of food refusal in spite of their
    intense efforts to get the infant to eat. The infant’s eating is
    controlled by his emotional feeding states instead of feelings of hunger
    and satiety.

    Vignettes from videotapes of the three types of feeding disordered
mother-infant pairs and healthy control subjects will be shown. Specific
treatments for each of the disorders will be discussed.

INTENSIVE MULTILEVEL INTERVENTION PROGRAM FOR A PARENT-INFANT UNIT: AN
INTERRELATIONSHIP MODEL
Dr. Suzanne Tartan, M.B.Cab.F.R.A.N.Z.C.P., Ms. Gael Arnold,
B.S.(Hons.)M.Psc.H.A.P.S. (Armadale Victoria, Australia)

The work of an inpatient Parent-Infant Unit is presented with emphasis
on teaching and sharing the program developed for intensive, multilevel
treatment of "at-risk" parent-infant relationships.

The program aims to provide:

1. A secure, containing therapeutic environment which allows for patients to experience, think about and deal with anxieties and conflicts.
2. Structured components which help to mobilize changes at different levels of the dynamic family situations i.e. within:
   a. The individual psyche
   b. The parent-infant interactions
   c. The marital and family relationships

The workshop will particularly focus on describing our parent-infant interaction program called PACT (Parent And Child Therapy).

PACT is a structured group program focusing on observing and interpreting infant cues and examining parental and infant responses to their interactions. Both parent and infant are active participants. The infant's presence often evokes the parent's awareness of his/her own underlying needs, vulnerabilities and conflicts which are then addressed in individual psychotherapy, in the milieu setting and in other group therapies.

A cohesive working team with clear communication between members is essential so that the welfare of the whole family can be kept in mind.

Using videotapes and case material, the workshop will provide a detailed introduction to the PACT program and then demonstrate the value of its inclusion in an intensive multilevel intervention program.

MEDIATION AS A PARADIGM FOR THE SOCIO-EMOTIONAL ASSESSMENT OF TODDLERS AND YOUNG CHILDREN

Susan Her, Ph.D., Robin Darrein, Ph.D. (Los Angeles, USA)

This workshop will explore a clinical psychology assessment approach for very young children identified as having significant delays or deviations from expected socio-emotional development patterns. It utilizes a paradigm of mediation as both the object of assessment and as a method of intervention. Mediation will be defined as a dynamic process of coordinating affect, cognition and behavior, organizing experience in meaningful ways.

The therapeutic assessment approach presented is directed towards enhancing the family’s ability to understand the changing mediational needs of the developing child, evaluate and improve upon their own capacity to meet those needs, and make use of the mediational functions of outside social and professional resources as needed. The relationships between the intra-psychic and interpersonal, between parents and children, and between the practitioner and the family become the focus of the therapeutic assessment approach presented.

The techniques characterizing the therapeutic assessment approach will be presented and illustrations offered. These techniques include attention to and analysis of activities related to regulation, satisfaction of need, emotional investment, reciprocal interactions, the capacity for play, transcendence, affective valence, representations, boundaries and negotiation. Each of these aspects of mediation will be presented as vehicles for understanding and intervention.

The clinician is able to offer the family observations on how, when and to what degree relational functioning within the family (i.e. mediation) appears to be facilitating the child’s development through descriptive, detailed and objective feedback. Construction of hypotheses about the mediational needs of the child and the family’s capacity to meet those needs are then generated by means of a collaboration between clinician and parents. The clinician’s contribution to this joint effort consists of providing well-timed and skillful translations of the child’s experience to the parents, and appropriate interpretations of the parent-child interaction.

This approach recognizes the unique challenges of assessing the very young child with significant delays or deviations from expected socio-emotional development patterns. While the traditional approach is useful for screening and identification of developmental difficulties, the therapeutic assessment evaluates and analyzes the nature of the child’s mediational needs within a context of their important relationships.
ASSESSMENT OF SEXUAL ABUSE IN TODDLERS AND PRESCHOOLERS
M. Kathryn Jacobs, Ph.D. (Washington, USA)

Increased attention and controversy has been focused recently on how to assess the validity of reports of sexual abuse made by toddlers and preschoolers. Such accusations are figuring more prominently in contested custody cases. Toddler and preschool communication often consists of verbal fragments and symbolic behavior. The caretaker reports, interprets and sometimes enhances the child's reports. Parents with borderline and paranoid personality disorders are more likely to report and believe their child has been molested. Certain children are especially vulnerable to both abuse and making unfounded allegations. The line between fantasy and reality is normally blurred in children this age. When manipulated by disturbed, contentious parents, or unskilled but zealous evaluators, confused children come to believe they were abused and display the behaviors and feelings of a victim. The skilled clinical must examine carefully the infant caregiver relationships in these cases. This evaluating the child and parent utilizing play materials, interviews and personality inventories.

We will also examine how to interpret information to attorneys, police, social workers, and the court.

FOCUSED PSYCHOTHERAPY IN THE SERVICE OF THE AT-RISK INFANT
Eva R. Gochman, Ph.D., Clara Aisenstein, M.D., Ingrid Wharton, M.D., Ernestine Johnson, ACSW, LICSW

This workshop describes the issues, problems, and interventions encountered in an infant mental health program in the inner city. The variety of reasons infants are at risk are presented in terms of their multiple risk life situations. Specialized focused psychotherapeutic interventions are described, as well as guidance methodology and other "hands-on" interventions. The introduction to the workshop is a presentation of the parent-infant Dyadic Psychotherapy Model. This has been developed for severely emotionally disturbed parents and their infants. Specific diagnostic differences in the interaction patterns and the intervention techniques are discussed. This introduction is followed by two elaborations of the model, specific to two other types of clients. One type is children exposed to violence. This topic is presented in: Therapeutic Intervention When Violence is the Ecology of Living and Growing: Post Traumatic Stress Disorders in Infants and Young Children. The behavior of young infants, toddlers, and preschool children and their caretakers as well as underlying factors in the development of PTSD is addressed. Therapeutic techniques used to treat post traumatic stress disorders of infants and in their parents are addressed. Another special client is in a drug treatment program for expectant mothers and mothers of infants. This topic is presented in: The Drug Abusers in Dyadic Psychotherapy. The typical traumatic histories, their length and severity of drug abuse, their styles of interpersonal relationships, are described. The particular-typical intrapsychic issues and therapeutic techniques to deal with them are presented, as well as the surprisingly positive results of these exploratory efforts for the sake of the new child. A description is also presented, of the characteristics and the intervention of the multiple-risk inner-city poor in, Needs of the Inner City Young Parent/Infant Dyad. There is a special focus on the pregnant woman, and parent and infant.

INSERCION DE UN EQUIPO DE PSICOLOGIA DE LA TEMPRANA INFANCIA EN UN HOSPITAL MATERNO-INFANTIL PUBLICO.
Alicia Oiberman, Rut Fiszelew & Marta Pepe (Buenos Aires, Argentina)

El Programa de Epidemiologia Social y Psicologia Comunitaria es una propuesta de la Facultad de Psicologia de la Universidad Nacional de Buenos Aires (ARGENTINA). Se trata de un programa multidisciplinario de investigacion y de acciones de servicio a la comunidad, asentado en el Partido
de Avellaneda, en el Gran Buenos Aires.

La priorización de las acciones protectivas de la salud y preventivo primarias de la enfermedad por sobre la atención de lo ya dañado, es uno de los postulados básicos de este Programa.

En este marco iniciamos nuestro trabajo con un Subprograma que apunta específicamente a la temprana infancia (0 a 3 años) en un Hospital especializado Materno Infantil que atiende cerca de 3000 partos anuales en una población con dificultades económicas (riesgo ambiental).

Nuestro proyecto original preveía la atención, en un Consultorio Externo del mencionado Hospital, por parte de una médica pedopsiquiatra y 2 psicologas especializadas en temprana infancia, de casos derivados por los pediatras que presentasen, por ejemplo, alteraciones vinculares, retrasos o problemas del desarrollo psicomotor, trastornos de expresión somática sin causa orgánica directamente asociadas, etc. La atención por parte de un equipo psicológico de este tipo de problemas apuntando a niños pequeños y en una institución publica, es una tarea pionera en nuestro medio.

Las dificultades para la derivación motivaron un cambio de estrategia. Por una parte, comprobamos la necesidad de observar la diada madre-bebé en la rutina hospitalaria como mejor manera de detectar probables riesgos. Por otra parte nos acercamos a los Servicios de Pediatría, Neonatología y Unidad de Terapia Intensiva Neonatal (UTI), y desde una mayor integración con el personal, comenzaron a ser detectados casos que requerían algún tipo de intervención por parte de nuestro Equipo.

Así es como hemos implementado diferentes estrategias, siendo actualmente nuestras modalidades de acción las siguientes:

CONSULTORIO EXTERNO: Se atienden madres y niños con problemas, derivados por el personal médico y paramédico del hospital o detectados por nuestro equipo en la sala de internación o en los consultorios de pediatría.

TAREAS EN EL SERVICIO DE NEONATOLOGÍA y UTI: Se realiza la atención psicológica de padres y bebés hospitalizados en UTI, grupos con madres aun hospitalizadas y cuyos bebés estén siendo atendidos en UTI, apoyo a madres con problemas post-parto, asistencia a madres cuyos bebés han fallecido, asesoramiento al personal médico y paramédico.

Como puede observarse, la propuesta inicial de creación de un Consultorio Externo de atención psicológica a la temprana infancia, fue sufriendo transformaciones, adaptándose a las necesidades y demandas de la institución en la que se inserto el proyecto.

Es importante destacar la necesidad de una tarea muy integrada a la labor de los pediatras, para hacer más eficaz el abordaje psicológico de los problemas de la niñez temprana. Expondremos nuestro sistema de trabajo mediante la presentación de algunos casos clínicos.
WORKSHOPS

SUNDAY
Structural Elements of Play Therapy with Toddlers and Pre-schoolers
M. Kathryn Jacobs, Ph.D. (Washington, USA)

Direct psychotherapy work with children ages two to five and their parents requires support, interpretive work, and developmental guidance. In addition to the therapeutic relationship, the therapist must offer enough structure to ground the experience in reality. Structure refers to the regularization of experience with rules about time, space, food and objects. These regulations arbitrate between impulsive and social behavior. A critical conflict for parents of young children is the task of integrating love with restraints, limits and expectations. Therapists must confront that issue in the play therapy session, and avoid certain counter-transference pitfalls.

This workshop offers practical suggestion based on developmental, cognitive, and behavioral learning theories. We will focus on how to challenge and channel primitive drives by providing certain materials, experiences, and limits. We will discuss ways to deal with acting out in the session, especially the messy, stubborn, provocative and aggressive behavior of this age group. Case material and video vignettes will illustrated the playful use of More-Than-Enough Popcorn, the Treasure Box, Candy Jar, and the Witch who appears at pick up time. Including parents in the therapy session offers them a model from which to learn. Rules of assessing if, when and how to include parents will be discussed.

Infant & Young Child Observation as Core Curriculum in Infant Mental Health Training
Elizabeth Tuters, M.S.W., C.S.W., M.C.A.P.C.T., Elisabeth Muir, B.Sc., M.N.Z., A.C.P. (Toronto, Canada)

Structured observation is an accepted part of training programs for child psychotherapists as psychologists in many countries. (For example, Canada, New Zealand, Britain, Australia, Spain, South America, Italy, Germany, and Holland). It involves an emotional learning in which the trainees experience the impact on themselves of observing the developing infant through understanding the feelings that are aroused in themselves.

The trainees are involved in weekly observations of approximately 45 minute duration of the infant or young child in the home from birth to one-two years of age. Narrative descriptions of these observations are written from memory and discussed in rotation in weekly seminar groups.

The workshop will use narrative reports of infant and young child observations in a replication of the seminar setting to give the participants an experience of this process. It is hoped that this will enable the participants to consider using this approach to training in their own programs.

Home Movies: Using Video Tapes with At-Risk Families to Strengthen the Parent-Young Child Relationship
Victor J. Bernstein (Chicago, USA)

This workshop will present methods and examples of how to use "home movies" with at-risk families. Methods will include how to: 1) build a strong staff-parent relationship; 2) structure program activities so the parent-child relationship becomes central; 3) focus on strengths rather than what is wrong; 4) use video tapes nonjudgmentally to increase the parent's awareness and understanding of their communication with their children; 5) make video tapes with families in a natural and ethical way; 6) conceptualize and address ethnic and interfamilial differences in child-rearing practices. Examples will include video tapes of teenagers watching and discussing "home movies" of themselves and their children with their home visitor and a group of pregnant women in an in-patient drug treatment center discussing the "home movie" of an unfamiliar parent with her three children and relation their observations to their own families.

Throughout the workshop the group will derive from discussion basic
principles of family support underlying how helping happens. In addition participants will discuss factors which make video tape uniquely suited to over coming the programmatic and relationship difficulties mentioned above.

At the conclusion of this workshop, participants will be prepared to start using "home movies" with at-risk families. They will have the information which will allow them to evaluate themselves, refine, and with practice, improve their efforts with what we have found to be an enjoyable and enlightening experience for both families and interventionists.

A HOME INTERVENTION MODEL WITH A FOCUS ON PARENT-INFANT INTERACTION
Rose M. Bromwich, Madeleine Lieber (Northridge, USA)

This workshop introduces principles and methods of a home-based parent-infant intervention model used with infants biologically and/or socially at risk for disabilities. One of the major premise on which this model is based ins that the dynamics of parent-infant interaction have a profound and continuing effect on the development and functioning of infant and family. Guiding principles and strategies are presented.

The workshop participants are given an orientation to the use of the Parent Behavior Progression (PBP), an instrument that guides intervention by helping staff to identify and support positive parental interactions with their infants.

The audience is invited to discuss issues and questions regarding how intervention priorities are developed within this model. The audience will also participate in exploring the availability of resources needed by client families in various communities.

Hand-outs and videotaped case materials are used to facilitate the participants' understanding and the use of the PBP as well as the implementation of other aspects of the model.

WORKSHOP ON INFANT-CAREGIVER RELATIONSHIPS
Pamela Sorensen, M.Sc., M.A.C.P. (Charlottesville, USA)

Our workshop would present an account of the method of infant observation used in the training of residents in child psychiatry at the University of Virginia Medical School. The observer visits the baby at home weekly for up to two years. The development of the infant-mother relationship is studied in a small seminar where emphasis is placed on relating the detail of observed behavior to the feelings engendered during the visit. Our objective in sharing our work would be to invite discussion about an approach which attempts to develop and integrate skills of observation with clinical modes of thought and reflection.

FROM ANN ARBOR USA TO SYDNEY AUSTRALIA: INFANT MENTAL HEALTH DOWN UNDER
Beulah Warren, M.A. (HONS) MAPs & Jan A. Heath (Paddington, Australia)

This workshop examines how the Michigan Infant Mental Health model has been successfully adapted to the Australian context. A comparison between the American and the Australian client population shows that, in general, Australia seems to have proportionally fewer multi "plus" intergenerational problem families than America. A considerable proportion of Australian clients are new parents who are single, isolated and come from a difficult family background. Usually these problems are not compounded by issues related to poverty, intergenerational unemployment and substance abuse.

Due to these differences, the Australian implementation of Infant Mental Health is more truly a program operating on the level of primary or secondary, as opposed to tertiary, prevention.

The Early Intervention Program (EIP), a child abuse prevention program, has included the following adaptations:

-- service delivery commencing prior to or immediately following birth. This enables work to be done with families when their defenses are more fluid
and they are open to learning about their infants,

-- an extension of the Fraiberg model, incorporating the latest research and insights by theorists and clinicians such as Brazelton, Stern and Greenspan;

-- emphasis not only on the cognitive, emotional and social development of the infant, but also including the underpinning contribution of motor development skills, as expressed in the self-regulations model of development (Dolby, Warren, Meade & Heath, 1987). The multi-disciplinary team does therefore not only consist of psychologists, a social worker and nurse, but also a physiotherapist (physical therapist).

This workshop will outline the self-regulations model and how it can be applied in intervention with various client groups, such as:

-- short term "quick fixes"

-- families with premature and birth asphyxiated infants

-- "multi" problem families

PREPARING INFANT-PARENT SPECIALISTS TO WORK WITH HIGH-RISK INFANTS AND THEIR FAMILIES: AN INFANT MENTAL HEALTH APPROACH TO TRAINING

Deborah Weatherston, M.A. & Kathleen Baltman, M.A. (Detroit, USA)

The preparation of infant-parent specialists to work with high-risk infants and their families requires careful integration of theory, practice and supervision. This workshop describes a framework for training that includes the study of infancy and early parenthood, early attachment relationships, observations and assessment techniques, strategies for intensive home visit intervention, and practical experiences with infants who have identified disabilities, developmental delays, or are at high risk for those conditions. Trainees provide services to infants and their families in a year long, supervised practicum. They discuss their experiences in both individual and group supervision. The model for service is an infant mental health model. Infants and parents are seen together, primarily in-home, for concrete and emotional support, developmental guidance, intensive infant-parent psychotherapy, and advocacy, as needed by each individual infant-parent pari. In addition, each trainee observes, for one year, an infant and family at no identified risk, to study milestones and processes of infant development within the context of the parent-child relationship. This workshop will describe the model for training of infant-parent specialists as developed at Merrill-Palmer Institute, Wayne State University, Detroit, Michigan. Case profiles of three trainees will be used to illuminate individual preparation within the training model.

TREATING EARLY RELATIONSHIP DISTURBANCES WITH THE INTERACTION GUIDANCE TECHNIQUES

Sandra Serpa-Rusconi & Catherine Berney (Geneva, Switzerland) & Susan C. McDonough (East Providence, USA)

The Interaction Guidance treatment approach was designed to be family-problem focused, brief in treatment duration, enhancing of individual strengths and family competence, and to use video technology both to highlight aspects of positive family interactions and to enhance the likelihood of positive therapeutic changes within the family. This non-intrusive method of family treatment has proven to be especially successful for infants with regulation problems, failure-to-thrive and organic problems and for parents who are resistant, young or inexperienced.

The principle goals of the Interaction Guidance approach are to assist the family in gaining enjoyment from their child and in developing an understanding of their infant's behavior and development through interactive family play experiences. The approach also seeks to foster the development of adult family members in their role as their infant's primary caregiver. Efforts to intervene with parent-child problems take place within the context of the relationship, rather than focusing singularly on problems in the child or in the parent. Improving the relationship often reduces the infants
regulation difficulties by increasing the mutual satisfaction both partners obtain from their interaction.

The goals of the workshop are to: describe the theoretical framework for understanding interactions between parents and their infants as the basis for treating relationship problems through the use of videotaped sessions from a Swiss clinical population; and discuss the efficacy of the Interactions Guidance treatment approach with infants and parents displaying symptoms relationship disturbance.

A WORKSHOP PRESENTED BY THE NATIONAL HEALTH/EDUCATION CONSORTIUM: CROSSING THE BOUNDARIES BETWEEN HEALTH AND EDUCATION

Rae Grad (Washington, USA)

The health and education of children are intricately tied. Yet for a variety of historical and societal reasons, these two facets of children's development have been separated. Because of this, society finds itself either concerned about the "health" of children or the "education" of children, but is all too rarely aware of how the two fields are interdependent.

Recognizing the need for better integration of health and education programs for children in this country, the NATIONAL HEALTH/EDUCATION CONSORTIUM was formed by the National Commission to Prevent Infant Mortality (NCPIM) and the Institute for Educational Leadership (IEL). This project has brought together leaders from the health and education communities to begin to design strategies to more effectively integrate health and education services and programs for children in this country.

The close relationship between children's health and learning ability has been demonstrated not only through practical experience, but also through behavioral and neuropsychological research. These research findings, however, are little understood and have not been translated into program and policy changes to benefit children. A major obstacle in applying these lessons to develop programs and policies for children lies in demystifying and translating neuroscientific findings to practitioners and policymakers.

It is important to build awareness, strengthen communication and identify policy changes to bridge the gap between the worlds of health and education. This workshop, conducted by the Executive Director of NCPIM, will: 1) present (20 minutes) the importance of facilitating dialogues and closer working relationships between the health and education systems in this country by discussing the following questions. What are the potential links between the health and education communities that can be strengthened to promote child outcomes? What have been the impediments for not collaboration together so far? What prenatal and early childhood factors impede healthy growth and development? 2) interact (60 minutes) with participants, discussing strategies to enhance collaboration between the health and education communities through early intervention, moving basic research into the policy arena, and involving the scientific community in the training of health and education professionals; and (3) outline (30 minutes) specific action steps participants can take with regard to the above discussion.

A RELATIONAL MODEL OF EARLY INTERVENTION AND PARENT-INFANT PSYCHOTHERAPY

Wayne J. Warren, Ph.D. (Huntington Station, USA)

It is important to have a clear theoretical model of early intervention in both an educational setting and clinical setting. The three main models discussed were Fraiberg's modification of a classical Freudian Approach, the Developmental-Arrest Model and the Relational Model.

The Relational Model was seen as most clearly in agreement with current findings from infant research. In addition, Fraiberg's Model was seen as too intrapsychic and places the therapist in the role of arbitrator of what is and is not reality. The Developmental-Arrest Model was viewed as promoting passivity on the part of the parent and encouraging a self-perception by the parent of psychic damage.

The advantages of the Relational Model is that the parent is viewed as
an active participant and that the therapist works with the parent. Clinical case examples from both a clinical and educational setting were discussed.

REPRESENTATIONS OF MOTHER AND CAREGIVER IN KIBBUTZ TODDLERS
Miriam Ben Aaron, Rivka Landau & Yohanan Eshel (Mount Carmel, Israel)

Toddlers’ ability to develop two distinct representations of mother figures was examined in the Israeli Kibbutz. Mothers and caregivers were hypothesized to show different contact styles with three years old children, and toddlers were hypothesized to react differently to similar assignments performed with mother or with caregiver. Thirty three years old Kibbutz children, their mothers and caregivers were studied. Children took part in four joint tasks with mother and with caregiver and reacted to six hypothetical conflict situations with adults and peers in the children’s house and six similar situations at home. Results showed mother-caregiver differences in caretaking styles, and different child behavior on similar tasks involving caregiver and mother.

ESTIMACION DE FACTORES EMOCIONALES DEL MEDIO AMBIENTE FAMILIAR, INTERVINIENTES EN LA PRODUCCION DE DESNUTRICION EN LA PRIMERA INFANCIA Rut Monica Pizzelew (Buenos Aires, Argentina)

En nuestro país, la desnutrición es un problema que afecta a una parte importante de la población infantil. Aunque faltan datos estadísticos adecuados y actualizados, sabemos que el problema más generalizado es el de la desnutrición en grado nivel, la cual muchas veces ni siquiera es diagnosticada sino que se atiende a través de sus efectos secundarios (enfermedades gastrointestinales respiratorias e infecciones).

Si bien las condiciones socioeconómicas adversas son decisivas en la producción de la desnutrición infantil, actualmente la misma es considerada como una enfermedad de etiología pluricausal, con diversos y complejos factores causales interactuantes. Puede, entonces, ser considerada como una respuesta biológica a condiciones psicosociales, culturales e históricas. Si bien los factores psicológicos pueden resultar poco importantes frente al impacto de situaciones macroambientales críticas, es importante estudiar el rol de estos elementos ya que los mismos contribuyen a un proceso de acumulación de riesgos derivados de la situación de pobreza.

En este trabajo encaré el estudio de algunos aspectos del microambiente de desarrollo del niño pequeño en cuanto a su probable asociación con la aparición de desnutrición. Se realizó el seguimiento de recién nacidos sanos, con características físicas favorables (sin riesgo biológico inical) pero provenientes de una población de alto riesgo nutricional. Siendo dichos factores homogéneos en toda la población estudiada, se analizaron algunas características diferenciales que podrían hacer que una madre o familia pueda, o no, amortiguar los efectos adversos del ambiente, permitiendo el desarrollo adecuado del niño.

Se estudiaron 64 niños nacidos en el Hospital Provincial de La Matanza (Gran Buenos Aires), evaluándolos en las horas posteriores al nacimiento en el mismo hospital y, luego, a los 3, 9 y 15 meses de edad, en el hogar. Se estudiaron determinadas características maternas y de la historia familiar, algunos aspectos de la interacción madre-hijo y la calidad y cantidad de apoyo emocional brindado al niño en el hogar (Inventario HOME).

A los 15 meses de edad de los niños la muestra quedó dividida en 2 grupos: 50 niños cuyo crecimiento fue satisfactorio (78%) y 14 niños con crecimiento insatisfactorio (CI) o desnutrición inicial (22%). Se compararon, entonces, las diferencias existentes entre ambos grupos en cuanto a los aspectos evaluados.

Entre los datos surgidos se puede mencionar la baja edad de las madres del grupo CI (el 100% de ellas por debajo de los 30 años). Además, una proporción significativa de los niños del grupo CI son 2do. hijo con un hermano mayor con muy poca diferencia de edad. Se puede pensar que en estos casos, una madre joven mantiene una relación de apego muy intensa con su
primer hijo, lo que puede dificultar la formación de un nuevo vínculo, entorpeciendo el desarrollo adecuado de este último hijo. Por el contrario, en los casos de familias numerosas no se presentaron casos de desnutrición de manera significativa. Un factor que podría contribuir es la experiencia de las madres en la crianza de los hijos, su edad más elevada y, además, la presencia de hermanos bastante mayores, quienes pueden representar una fuente de estímulos y sostén emocional para el bebé.

El enfoque aquí propuesto puede aplicarse al estudio de otros problemas de salud de la 1ra. infancia, sobre todo en medios desfavorecidos económicamente.

L'ENFANT IMAGINAIRE ET SON DÉVELOPPEMENT
Norma Escoteguy & Ester Malque Litvin (Porto Alegre, Brasil)

Cette étude décrit une recherche élaborée à partir du concept d'"enfant imaginaire" proposé par Michel Soulé. Un groupe de mères adultes, choisis au hasard fournissent des données sur l'histoire de leur vie, la conception et leurs expectatives depositées sur le bébé à naître. Dès l'accouchement, à l'hôpital, les bébés sont observés mensuellement pendant la première année de vie. Des hypothèses pronostiques à l'égard de leur développement ont été soulevées avant l'accouchement et par occasion de la fin de la première année d'observation. Deux cas -deux premiers enfants - deux garçons sont reexamínés, avec leurs mères, sept ans après.

Les auteurs discent les éléments les plus significatifs du développement présenté par ces enfants en les mettant en rapport avec les observations pronostiques initiales.
L'importance de l'histoire et du psychisme de la mère ayant une influence décisive sur l'enfant est confirmée dans les deux cas.

Les auteurs considèrent que l'enfant imaginaire peut aussi évoluer parallèlement à l'enfant réel, ce qui induit l'organisation d'une psychopathologie étayée sur l'interrelation mère-enfant. Dans un cas, l'enfant désiré, programmé, reçoit le poids des aspects narcisiques de la mère et le pronostic initial devient réservé. Dans l'autre cas, les éléments de risque (mère célibataire, crise familiale, convulsions de l'enfant dans la première année) n'empêchent un développement nettement favorable de l'enfant.

Les auteurs ajoutent à la discussion de ces deux cas d'autres théories acutelles sur les relations mère-bébé: la fonction maternelle, le rôle du père, les vicissitudes du développement postérieur, tels la naissance de frère-sœur, les vécus traumatiques - et les éléments nécessaires pour les prédictions précoces.

FACTORES QUE INCIDEN EN EL VINCULO MADRE-HIJO: INGRESO DEL BEBE AL JARDIN MATERNAL
Alicia Oierman (Buenos Aires, Argentina)

El objetivo de este trabajo fue analizar si el ingreso y permanencia de los bebes en jardines maternales incide en el vinculo temprano. Para ello se tomo una muestra formada por 14 madres-bebes, de las cuales 7 trabajaban y sus bebes concurrían a partir de los 3 meses al jardin maternal de la empresa, y las otras 7 no trabajaban.

El seguimiento se realizó en los domicilios mensualmente durante 6 meses desde el nacimiento, aplicándose a ambos grupos lo siguiente:
3 entrevistas, una escala de evaluacion del desarroll psicomotor del niño (EEDP, Rodriguez y Arancibia, Chile, 1978), una grilla de observacion nel vinculo (Oierman, 1989) y una filmacion de la diada a los 6 meses de edad.

Del estudio comparativo entre ambos grupos se observo:

En la primera entrevista no hubo diferencias significativas entre ambos grupos. En la segunda y tercera entrevista las diferencias residen en la idea que tienen las madres que trabajan sobre la reinsercion laboral y las fantasias con respecto a abandonar el bebe.

En cuanto al desarrollo psicomotor de los ninos, se observo que en la primera evaluacion, a los 3 meses de los bebes, permanecian en la categoria
normal los 7 bebes del grupo control, mientras que en el otro grupo hubo 5 niños en la categoría normal y 2 en la categoría de riesgo. En la segunda evaluación, a los 6 meses, en el grupo control el total de los bebes siguió en la categoría normal y en el otro grupo 6 bebes en categoría normal y 1 en riesgo.

La aplicación de la grilla de observación del vínculo no presentó diferencias notables entre ambos grupos. Cada diada desarrollo una relación particular con su bebe, privilegiando en algunos casos la interacción en el área corporal, en otras predominó el área visual y en otras el área verbal.

En la filmación realizada a los 6 meses se observó una situación de juego libre entre la madre y el niño, durante 10 minutos. Del análisis de las secuencias de conductas se desprenden que no existían diferencias significativas entre un grupo y otro.

De acuerdo a los resultados obtenidos en esta investigación, se puede concluir que el trabajo de la madre fuera del hogar y la permanencia del bebe en un jardín maternal, ubicado en el mismo lugar de trabajo, no influye notablemente en la estructuración de la relación madre-hijo.

Se expondrá el caso de una beba que presentó un retraso en el crecimiento sin causa orgánica y con riesgo en su desarrollo psicomotor, y cuya madre no la visitaba en el horario de trabajo, a pesar de tener el derecho de hacerlo.

ESTIMULACION TEMPRANA, CONCEPTION Y METODOLOGIA
STIMULATION PRECOCE, CONCEPTION ET METHODOLOGIE
EARLY STIMULATION, MEANING AND METHODOLOGY
Maria Viviana Torres de Di Giano (Buenos Aires, Argentina)

TALLER: CON EL PROPOSITO DE ENSEÑAR EL METODO DE INTERVENCION CLINICA
QUE HE DESARROLLADO PARA TECNICOS QUE TRABAJAN EN ESTIMULACION TEMPRANA.-

Este estudio surge como consecuencia de la creación de los centros provinciales de ESTIMULACION TEMPRANA, que señalan la preocupación creciente del Estado Argentino por la atención primaria de niños en riesgo biológico, ambiental, relacional y genético. Como producto de la clínica psicoanalítica de niños, la coordinación de la carrera del profesorado en estimulación temprana y de la dirección del instituto creado para esos fines en el centro de la Prov. de Bs. As.-

Desarrollare el concepto: ESTIMULAR ES PROMOVER EL DESEO Y CONTRIBUIR A LA COMUNICACION INTERPSYQUICA COMO FORMA DE FAVORECER EL DESARROLLO DEL NINO SIEMPRE A TRAVES DE SU MADRE. A CONDICION DE QUE TODA ACCION SEA UTIL AL PROCESO DE HUMANIZACION.-

Llamo metodo para Estimulacion Temprana a la manera de decir o hacer en forma ordenada esta tarea. En general cada uno conserva su propia manera de proceder. Esto tiene que ver con la formacion personal y la teoria que sustente la actividad del candidato que realiza la accion.-

La dinámica del trabajo en Estimulacion Temprana se constituye en el medio esencial que tenemos para promover la vitalidad del niño, considerarlo en lenguaje y reconocerlo en su deseo. A través de este el niño ingresa solo al circuito de comunicación sujeto con su madre. O lo conserva en ese circuito pese a los avatares evolutivos.-

Este trabajo se encuentra implicado por algunas condiciones: 1) Todo lo que por el niño puede hacer su madre, debe hacerlo. Sabemos que en Estimulacion Temprana la madre es la terapeuta unica y asi debe ser. Ella es la que sabe acerca del alimento que el niño le solicita, de los juegos, los parletoes y las acciones que su bebe realiza naturalmente. La relacion con ella se va a constituir en el modelo de todas las relaciones de objeto que el niño va a experimentar en su vida en adelante. Es por esto que terceros pueden acercarse al solo a sabiendas de que. 2) No se debe interferir con ninguno de los procesos naturales vinculados a lo "util" que se encuentran relacionados a la diada madre-hijo y su intercambio. En nuestra experiencia terapeutica hemos visto cotidianamente alterado el desarrollo de los niños a causa de estas intermediaciones. 3) La actitud de los terapeutas debe ser siempre respetuosa y activamente desdramatizadora de situaciones tensas. Sabra que no puede, no debe ni corresponde cargar las tintas. 4) Del lado del
técnico es necesario el conocimiento exhaustivo del sujeto que demanda atención, donde vive, cuál es su historia, cómo vive su familia, cuál es el aire que el niño respira. Que significa ese niño, en ese lugar, con y para su padre y su madre. 5) Debe constituirse fundamentalmente en un "escucha atento" de lo que el sujeto dice con palabras, con el cuerpo, con miradas durante ese encuentro en el que todos las posibles formas de intercambio van a quedar expuestas. Presentare entonces en orden este método acompañado, paso a paso de las herramientas, procedimientos y recursos de que me nutro para realizar la tarea.
SYMPOSIA

-- THURSDAY
THE DEVELOPMENT OF THE BAYLEY SCALES OF INFANT DEVELOPMENT -- SECOND EDITION: AN OVERVIEW OF THE STANDARDIZATION AND CLINICAL VALIDITY STUDIES
James S. Gyurke, Ph.D., Kathleen Matula, Ph.D., Joyce Davis, M.A., Susan Lynch, B.A. & Jill Reich, Ph.D. (San Antonio, USA)

This symposium describes the process of developing the Bayley Scales of Infant Development -- Second Edition. Information will be provided on all phases of the test development particularly in reference to the major changes and the increased attention to clinical utility.

The paper will focus on the development of the content for the BSID-II. Information on the review process, the creation of new items and item types and the psychometric exploration of item characteristics will be covered in detail. Further, this paper will present the major goals and objectives of the revision.

The second paper will present data from the standardization of the BSID-II. A description of the sample, the changes in content, administration and scoring procedures and the materials will be the focus of this paper.

The third paper will focus on the Infant Behavior Record (IBR). Discussion will focus on the revision of this scale to a 36 item objective measure of behaviors relevant to the infant’s test performance.

The final paper will provide an overview of the clinical validity studies undertaken to provide data on the usefulness of the BSID-II with clinical samples. Data from a number of groups will be presented for the purpose for comparing their performance to the normal standardization sample.

The discussion will integrate the information in light of the current needs in infant assessment.

GROWING UP IN THE HOSPITAL -- ISSUES, INTERVENTION STRATEGIES, & PREVENTIVE APPROACHES FOR THE LONG-TERM HOSPITALIZED INFANT
Heidelise Als, Ph.D., Joy Brown, Ph.D, R.N., Joy Goldberger, M.S., Klaus Minde, M.D. (Denver, USA)

Due to advances in perinatal and neonatal care, an increasing number of infants are surviving preterm birth, congenital anomalies and other birth complications. However, many of these medically complex infants experience long-term hospitalization, which supports their survival but presents challenges to their emotional, social, and cognitive development. These infants experience daily events which are generally unpredictable, often painful, intrusive, and non-contingent. The challenge confronting the health professional caring for these infants in hospitals is not only to assure survival, but to support the developmental progression of the infant.

This symposium will address the needs of infants hospitalized from birth who spend a significant portion of their infancy in the hospital. First, data will be presented from 24-hour videotapes taken of hospitalized infants which describes the typical nursery environment, the frequency, duration, and quality of interactions with professionals, the duration of sleep/wake cycles, and typical daily activities. Comparison with daily activities and interactions of infant in other settings will be made.

The next two sections of the symposium will discuss intervention approaches. The first will focus on ways of structuring the infants individual play environment and play opportunities to compensate for major areas of threat to development. Typical issues to be addressed are those of attachment, enforced passivity, decreased opportunities for active exploration, body image and self concept. The second section will address assessment and intervention approaches from a larger context -- that is, working within the nursery system to affect opportunities for treatment. Working with the hospital team of professionals affords comprehensive information for assessment and planning intervention. This treatment approach should include the provision of a sense of autonomy for the infant, consistent key nursing caregivers, and a predictable day-to-day structure.
The last presentation will examine the potential for preventing long-term adverse sequelae for infants born preterm and at risk. Data from four studies in which sensitive individualized, contingent care was provided for preterm infants using a structured approach of observing infants' communicated needs and intervening appropriately will be presented. Both medical and developmental outcomes have been shown to be enhanced utilizing this approach.

UNDERSTANDING THE BEHAVIOR OF INFANTS WITH DRUG-USING MOTHERS
Sydney L. Hans, Dan R. Griffith, Victor J. Bernstein (Chicago, USA)

This symposium brings together researchers conducting two of the longest ongoing studies of prenatally-drug-exposed children in the United States. The University of Chicago Parent Health and Child Development project has followed the development of opioid-exposed infants from before birth through age five. The following three presentations will be made.

Dan R. Griffith: "Self-Regulatory Problems in Cocaine/Polydrug Exposed Infants". This presentation will describe in detail the self-regulatory problems seen in cocaine-exposed children, discuss the effects of multiple risk factors on the incidence rates of these problems in this population as compared to the general population of drug-exposed children, and outline intervention strategies for parents and teachers.

Sydney L. Hans: "Maternal Psychopathology as a Mediating Factor in the Development of Drug-Exposed Infants". Data will be presented from a study of children with opioid-using mothers indicating that infant outcome is affected to a large extent by maternal mental health characteristics and characteristics of mother-infant interactions.

Victor J. Bernstein: "Risk, Resiliency, and Relationships: Caregiver-child Interaction and Development in the First Ten Years of Life". This presentation will discuss the variety of biological and social risk factors related to maternal drug abuse that place children at risk. Longitudinal data will be presented from children tracked from birth through age ten that illustrate both processes of risk and resilience.

EARLY INTERVENTIONISTS AND THE PEDIATRIC BIOETHICS COMMITTEE
Barbara Lowenthal, Ed.D., Marjorie Getz, Ph.D., David Sheftel, M.D., Thomas Sheagren, M.D. (Chicago, USA)

This symposium will discuss the need that may be evolving the special educator/early interventionist to be aware of some of the issues which may be posed to the Pediatric-Bioethics Hospital Committees. The rationale for this awareness has arisen with the advent of Public Law 99-457 which provides for early intervention to assist infants and toddlers with disabilities, ages birth to two years, and their families. Case management services must also be provided the families. Some of the issues considered in this presentation are: ethical and philosophical concerns for the early interventionist and health care professionals; the purposes and history of one specific hospital committee; its membership; mandatory, prospective, discretionary, and retrospective case reviews of infants and minors with profound impairments; and distinctions between adult and pediatric patients. Suggestions for training early interventionists to be aware of these concerns will be given as well as ideas on how they can assist families.

MATERNAL DIRECTIVENESS IN INTERACTIONS WITH ATYPICAL CHILDREN: CONCEPTUAL, METHODOLOGICAL, AND CLINICAL ISSUES
Kofi Marfo, Ph.D. (Kent, USA), Michele Haney, Ph.D. (Northridge, USA), Phyllis Schneider, Ph.D. (Alberta, Canada), Dale C. Farran, Ph.D. (Greensboro, USA), M. Diane Klein, Ph.D. (Los Angeles, USA), Jamie Dote-Kwan, Ph.D. (Fullerton, USA), Patti Blasco, Ph.D. (St. Paul, USA), and Gail S. Huntington, Ph.D. (Chapel Hill, USA)

The past decade has witnessed a phenomenal increase in research
comparing the interactional styles of mothers of nonhandicapped children with those of mothers of handicapped or developmentally delayed children. Much of this research has identified directiveness as an interactional style that significantly differentiates the two groups of mothers. Specifically, mothers of handicapped and delayed children are portrayed often as being overly directive in their interactions. Interpretations of this finding have tended to present directiveness as a negative interactional style that precludes sensitivity and connotes intrusiveness. However, problems that call the validity of some of the frequently drawn conclusions into question. As these conclusions are challenged, so too are the intervention strategies that this body of research has engendered. In this symposium, an interdisciplinary group of researchers from the United States and Canada will undertake a critical reexamination of the notion of maternal directiveness. The presenters represent the fields of developmental psychology, early childhood special education, family studies, language and communication, and educational psychology. Based on their own empirical and clinical work, the presenters will offer alternative conceptualizations of maternal directiveness and suggest an alternative framework for interpreting the frequently observed high levels of directiveness in the interactions of mothers of handicapped and delayed children.

The symposium will begin with a brief, introductory overview of the central issues to be covered in the session. The first presentation will address measurement issues, based on insights from a factor-analytic study designed to explore the structure of parenting interactions within a group of 145 families with special needs children. The authors will discuss the directiveness issue in relation to the three factors identified in their study: developmental appropriateness, positive responsivity, and positive control.

Drawing from two empirical studies in which the stability of maternal interactional behavior across task and time was examined, the second presentation will provide evidence to show that contrary to conventional wisdom high levels of directiveness conceivably represent a sensitive and appropriate response to the developmental level and needs of the delayed child. The presenters will examine changes in maternal directiveness as a function of (a) changes in task demands and (b) changes in child behavior across time.

The final presentation will address clinical issues. The presenters will use clinical descriptions and video-taped samples from their own work with families of infants and young children with various disabilities to demonstrate that depending upon the interactional capabilities of the child, both responsiveness strategies and directiveness strategies can be productively employed to facilitate the handicapped child's role in the interaction process. The special importance of directiveness strategies for severely handicapped children, in particular, will be discussed.

The discussant will appraise and integrate the various issues raised in the symposium, commenting on their implications for research and intervention work.

PRENATAL STRESS, FAILURE-TO-THRIVE AND CHILDHOOD PSYCHOPATHOLOGY
Alan J. Ward, Ph.D., A.B.P.P., Sharon C. Werntz, M.D. & Anita L. Hurtig, Ph.D. (Chicago, USA)

This symposium deals with the risk factors which characterize babies and children identified as having Failure-To-Thrive and childhood psychopathology. The first paper described the significant occurrence of psychological and physiological problems during pregnancy, problematic deliveries and developmental deviations subsequent to delivery among children later diagnosed as being emotionally/behaviorally disturbed. Research on a hypothesized relationship between prenatal stress and childhood psychopathology revealed the risk factors of family discord, rejection of an d unhappiness about the state of pregnancy and a higher rat of physical problems during pregnancy; which are also seen as being an integral part of the Failure-To-Thrive syndrome. Discussion will compare the occurrence of these prenatal risk
factors among normal, autistic, schizophrenic and Failure-To-Thrive infants, and focus upon the early identification of these risk factors, during pregnancy for the initiation of appropriate counseling and the development of a more psychologically accepting and nurturing environment for the coming infant.

The second paper reports on the medical histories of these Failure-To-Thrive infants, with the majority coming from unmarried mothers (27/28), being small for their gestational age (19/28) and not displaying any unique medical conditions predictive of the Failure-To-Thrive syndrome.

The third paper looks at specific psychosocial variables which emerge in a study of babies and children diagnosed as Failure-To-Thrive, which characterize these mothers. These include ambivalence and verbal and physical hostility towards the babies and the fathers of the babies and weight recommended nutritional changes. Many babies were the youngest children in closely spaced families, and had mild constitutional problems and were most commonly male. Conclusions regarding the antecedents for these relational failures will be offered.

NARRATIVES FROM THE EARLY YEARS: EMOTIONALLY-CHARGED EVENTS, CONFLICT, AND RISK FOR PSYCHOPATHOLOGY
Robert N. Emde, M.D. (Denver, USA), Dennis P. Wolf, Ed.D. (Cambridge, USA), Daniel N. Stern, M.D. (Geneva, Switzerland), David Oppenheim, Ph.D. (Denver, USA), Robert B. Clyman, M.D. (Denver, USA)

This symposium will review results from current collaborative research on one of the most perplexing and important areas of infancy research. This concerns how lived experience, particularly experience having to do with emotionally-charged events and conflicts, becomes transformed into narrative or "told" experience. Some theorists (for example, Winnicott, Bowlby, and Stern) have emphasized the disjunctures of such experience that occur in clinical settings, whereas others (for example, Wolf and Emde) have emphasized their integration. This symposium will address three dimensions of this question: 1) the relationship of "told" experience to earlier experience in infancy; 2) the relationship of "told" experience to emotional communication and regulation; and 3) the narrative representations of conflict and risk for psychopathology.

Following the presentations of a theoretical framework, selected empirical studies will be presented that focus on different influences. These include: the influence of temperament; the role of affect in the child's construction of autobiographical narratives; narrative co-construction and risk for psychopathology; and narrative representation in maltreated children.

HOSPITALISM -- UP TO DATE SYNDROME IN ROMANIAN ORPHANAGES. ACTION-RESEARCH AS A STRATEGY FOR DISCOVERING REMEDIAL MEASURES
Serge Lebovici (Paris, France), Francoise Weil-Halpern (Paris, France), Dominique Rosset (Paris, France), Serban Ionescu (Asnières, France), Colette Jourdan-Ionescu (Quebec, Canada), Carmen Anghelescu (Bucharest, Romania)

The fall of Ceaucescu has revealed to Romanian population and the Western world hundreds of thousands of babies dying of starvation and affection, suffering from hospitalism, a syndrome described by R. Spitz in 1946. More than 500 of them have been infected by blood transfusion or stained materials. Those babies were concentrated in "rehabilitated", disaffected wards or orphanages. The vision of them provokes feelings of horror and revolt.

Hypothesis: Caregivers' behavior may be modified, but only through way of comprehension.

Methods: Action research program was proposed. It is a dynamic short procedure which leads to evaluate an action with the aim of prevention or improvement in health. 3 years program supported by INSERM and Ministry of Health Bucharest in two steps: 1) training of Romanian specialists (psychologists, pediatricians, child psychiatrists); 2) who will train
afterwood auxiliary caregivers in orphanage. 25 specialists were recruited on specific criteria: diploma before 1977, engaged in institutional babies care, speaking currently french.

1st stage: Workshop focused on specific needs of babies living in institution, information on child development, interaction babies/caregivers, etc.

2nd stage: Evaluation. Each participant has elaborate a program of Action research, that he will set up in an institution of his choice. After piloting and evaluating the feasibility of each program, we will evaluate the impact on the results of the program on the children, the caregivers and on the environment. Videotape will demonstrate the evolution, the difficulties, etc.

Results: In September 1992, we will expose the results of the program. A Romanian psychologist will present the Romanian point of view.

THE SPECIFICITY OF PSYCHOANALYTICAL WORK WITH INFANTS AND PARENTS

Even if psychoanalysis has changed the way we see infancy, psychoanalysts are far from being the only professionals in the field to take care of parent and infant mental health. What does psychoanalytical approach specifically bring? A WAPAD study group has tried to answer this issue, using the experience of a few well-known clinicians. S. Lebovici and B. Cramer insist on the ability of the analyst, through counter-transference and identification to catch the main unconscious conflictual theme which infiltrates the mother-child relationship. This theme can be then followed through the parent's past, often showing its transgenerational transmission.

Dilys Daws sees the specificity of psychoanalytical work as the ability to take in and reflect what parents tell her, so that an understanding and integrative process that begins in her mind can then take over in theirs. Practical matters are discussed in detail but little advice is given. As few of one or two consultations may allow a change in the parent’s approach to the baby, leading to further changes.

Rosemary Debray insists on the balance between the child’s physical symptoms, which must be all taken into account, and the mother’s mental functioning. This is particularly to be seen during long term mother-child therapy, which can allow major changes among parents and infants, through transference involvement.

Tobie Nathan, using an original ethno-psychoanalytical setting, shows the importance for the dyad of the integrity of the cultural envelop. This becomes obvious when one is working with migrant families. The specificity of the psychoanalytical work is then to allow a link, through transference, between individual intrapsychic conflict and cultural representations of the situation.

Paulina Kernberg and Stephen Seligman will bring their experience and reflections to the discussion.

NEW APPROACHES TO THE EVALUATION AND TREATMENT OF THE PSYCHOLOGICAL ASPECTS OF FOUR MEDICAL CONDITIONS IN INFANCY
Klaus Minde, M.D., F.R.C.P.(C) (Montreal, Canada), Bertrand Cramer, M.D. (Geneva, Switzerland), David Mrazek, M.D., M.R.C. Psych. (Washington, USA), David Skuse, M.D., Ch.B., F.R.C.P. Psych. (London, England)

In this symposium, four groups of investigators will examine evidence which suggests that: a) specific mother-child interactional patterns during early infancy may contribute to the form a chronic illness may take later on, and b) in children with certain biological or genetic vulnerabilities a problem oriented short term intervention in infancy can function as a change agent for a wide range of interactional difficulties.

Specifically, evidence will be presented that children born to asthmatic mothers who have particular early emotional experiences are far more likely to
have developed asthma by age three than have children who do not encounter these risk factors, even when infections and immunological variables are controlled for. Similar findings will be reported for children with failure to thrive and cystic fibrosis. Finally, data will be presented which suggest that a treatment program aimed at a specific behavioral problem in an infant (e.g., sleep disturbance) can have an effect on a wide range of other behaviors of the infant and his/her caregivers.

THE PRECOCITY OF CHILDREN TO COMMUNICATE WITH OTHER CHILDREN
Hubert Montagner, Valerie Ruiz, Nathalie Ramel & Albert Restoin (Montpellier, France)

The longitudinal studies which are carried out from birth suggest the existence of functional and ontogenetic relations between the tonico-postural development of the child and the development of its systems of communication.

We can confirm this hypothesis with the data obtained in a controlled situation: two children are seated by their mothers in two seats devised to compensate for their immaturity in their tonico-postural systems and to therefore allow the children a stable, balanced, unseated position. Mounted on racks and pinions the chairs can be orientated with regard to each other and each mother.

These studies show:
1. As of the age of 4 months at least the children have developed capacities to: * look for and guide the gaze of the child partner in a sustained way; * induce and reactivates the response of this partner by way of his gaze, mimicries, smiles and movements of the hands and arms, movements of the feet, touching, vocal noises and vocalizations; * show behaviors already relatively complex, such as "taking the other child by the hand," "stretching out the hand in an upturned gesture towards the other child"; * reproduce certain types of movements of its partner such as the rhythmic movements of the feel. One can think that these are already true imitations; * produce modulated vocalizations.
2. At age 6 months the interactions are dynamic, complex and often accompanied by jubilation.
3. The children with tonico-postural deficiencies or disabilities also show capacities of visual attention, research of structured interactions with the child partner.

These studies show that the situations lending themselves to the studies of interactions of the young children with partners other than their mother, can throw new light on the evidence of "hidden" abilities of young children, in particular when they show tonico-postural deficiencies. These studies also contribute to the understanding of the "nature" of the interactions which actually play a role in the development of the child.

ADVANCES IN THE STUDY OF MOTOR, INTERACTIVE, SOCIAL AND COGNITIVE PROCESSES OF YOUNG CHILDREN AND BEHAVIORAL DISTURBED CHILDREN IN A SETTING ALLOWING THEM TO MOVE FREELY IN A GROUP OF PEERS
Hubert Montagner, Charles Aussilloux, Gerard Gauffier & Bernard Epoulet (Montpellier, France)

New data are reported on the ontogeny and regulations of motricity, communication, social and cognitive processes of young children who are given the opportunity to move freely in a three-dimensional environment among a group of peers, at the day-care center and in a special setting within our research unit. Each group was filmed each week, every two weeks throughout the year, and this for two years.

The main data can be thus summarized:
1. As early as 9 to 12 months of age, most children are able to ascend and descend a spiral staircase of 13 steps and a sloping device with a gradient of 45 degrees, both of them leading to a 2 meters high platform. They show well-developed motor regulations which allow them to self-regulate their ascending and descending behaviors.
2. They are able between 14 and 22 months to jump and dive into a pool filled up with balls, climb up a 1.50 meter high rib wall and other vertical devices without showing any signs of anxiety.

3. Many interaction processes with peers developed from 7th or 8th months of age, particularly offering, soliciting, finger pointing, eye-to-eye contact, calling, vocal exchanges, imitation, hide and go seek, etc.

4. Complex social behaviors develop between 12 and 20 months, i.e., reciprocal imitation, anticipation of peer's behavior, cooperation, mutual aid, jubilation, etc.

5. Between 12 and 20 months, cognitive processes involve the child's discovery that objects do have other properties when they are used in a three-dimensional environment and in interaction with peers.

6. Symbolic processes develop from the 20th month.

Comparative studies carried out with children showing behavior disorders, psychotic children and children suffering from cerebral palsy, also show that in a three-dimensional environment, these children demonstrate more varied and complex abilities that in the institutions where they are usually cared for but which do not provide them with especially arranged rooms and devices. However, some behaviors are lacking. New developmental processes and "scales" can thus be drawn.

DIFFICULT BEGINNINGS: INFANTS AT RISK IN THE MOTHER-CHILD RELATIONSHIP
Sandra Lancaster, Ph.D. (Victoria, Australia)

The early mother-child relationship has been regarded as fundamental to the child's development and future object relationships. While there is an almost universal idealization of motherhood, all mothers are first daughters and women, so that pervious conflicts may be intensified by the experience of motherhood. This paper explores manifestations of disrupted, disturbed or distorted mother-child relationships particularly in regard to difficult beginnings of the relationship.

While most women experience fulfillment and intense satisfaction in the responsibility of the mother role, the power of motherhood may also be manifested in a perverse manner, if the woman has experienced a traumatic or dysfunctional relationship with her own mother. In these cases, the meaning of the child for the mother, may be in terms of the fulfillment of her own childhood expectations to compensate for what she did not receive from her own mother and/or a means to extract revenge on her own mother. Such distorted mother-child relationships may lead, at the extreme, to abuse and/or neglect of the child.

Working at a large pediatric hospital provides the opportunity to observe how psychological and unconscious phenomena in pregnancy, childbirth, and during the post-partum period affect the mother-child relationship and hence the development of the child. Clinical examples from different contexts within the hospital, an Infant Distress Clinic, a long term psychotherapy group for mothers and individual psychotherapy with mothers and children in child abuse unit, are used to illustrate the issues outlined above. Difficult beginnings are reported from various perspectives, prospective (during pregnancy), post-natally and retrospectively in the clinical vignettes, with psychoanalytic concepts providing an understanding of these experiences.

MORE THAN A MOUTHFUL --WORKING WITH INFANTS WHO HAVE DIFFICULTIES FEEDING
Susan Morse, Libby Ferguson, & Maria McCarthy (Parkville, Australia)

A dichotomy has existed in the literature between organic and non-organic explanations for feeding difficulties in infancy. Approaches to the management of feeding difficulties have reflected this split. Such a split underestimates the complexity of infant development and relationships of the child in the family.

This paper discusses a model of working as Speech Pathologists, with infants and families who present with feeding difficulties that endeavors to hold both physical and emotional factors in mind.
THE MOTHER'S PSYCHE AND THE INFANT'S SOMA
Suzanna Taryan, Ph.D. (Parkville, Australia)

While modern research suggests that there is no symbiotic relationship between child and mother outside the womb, clinical experience points to an intimate relationship between the mind of the mother and the body of the infant. Indeed we do not question this when the infant is thriving, that the mother is involved with the infant's body and bodily functions and that she gets satisfaction from his/her physical growth and wellbeing. Conversely at a gross level, we acknowledge that the infant's development does depend not only on the physical, but also on the emotional wellbeing and emotional availability of the mother.

In this paper a closer explorations and understanding about the relationship between the mother's psyche and the baby's soma is presented using clinical examples drawn from a pediatric setting (where usually the infant's bodily symptoms feature) and from a psychiatric inpatient setting, (where either baby or mother present with physical or emotional/behavioral symptoms).

Questions about the finer dynamics of the psyche/soma relationship are approached from various viewpoints:
1. What are the usual mechanisms of this relationship and how do they go wrong?
2. When and how do symptoms surface and then become concretised?
3. Who "carries" the symptoms and why?
4. What is the significance of the father's relationship to the mother and to the infant in the situation?

These questions are considered during clinical work involving observation of interactions within the families (particularly interactions with the baby) and working with intrapsychic issues with the parents in therapeutic situations.

THE BABY, PSYCHOANALYSIS AND THE PEDIATRIC HOSPITAL

Bernard Golse, M.D. (Paris, France), Ann Morgan, M.D. & Campbell Paul, M.D. (Parkville, Australia)

This symposium will consider the role of psychoanalytically informed treatment with infants and their families in a children's hospital. The underlying assumptions are that the baby has a mind which is accessible to therapeutic interventions within the context of her family and that the pediatric hospital can provide an ideal setting for such interventions. Dr. Golse, psychoanalyst, will discuss the critical and complicated relationship that exists between the psychoanalyst and the pediatrician using clinical illustrations including those of children and infants with severe eating problems.

Dr. Morgan, pediatrician and psychotherapist, will present a model of working with troubled infants and their families which aims to provide an opportunity for the mother to reach some of her unconscious fantasies about her baby while holding onto the reality based problems at hand. The clinic is based on a collaborative method with two staff members working together, each holding different aspects of the problems presenting.

Dr. Paul, a child psychiatrist, will develop the theme of working with the pediatric hospital system where the pain experienced by infant, parent and staff can be intense and the defenses to handle this pain profound. It is necessary to look at these defenses critically and acknowledge that the baby herself can often know the way to a solution. The discussant will lead the participants in a further exploration of these ideas.

CORRELATES OF EARLY PRENATAL DYSPHORIA AND PREDICTIONS OF POSTNATAL DEPRESSION
Jean-Francios Saucier, M.D., Ph.D., Helene David, D.Ps., Diane Casoni, D.Ps. & Odette Bernazzani, M.D. (Quebec, Canada)
The relationship between the complex psychologic situation that women live through in the beginning of their pregnancy and their experience of postnatal depression is discussed.

From a prospective study on the adaptation of 412 primiparous and secundiparous women to the birth of their baby, four aspects are discussed. The first three papers describe the correlation in early pregnancy (from the 10th to the 22nd week) between dysphoria (measured by the Beck short form scale) and: 1- the Sarason social support scale, 2- the Spanier dyadic conjugal scale and 3- the Bem Sex Role inventory.

It is found that a lack of social support and especially a lack of satisfaction with it was present in dysphoric pregnant women and also that the presence of two unavoidable disturbing persons in the social environment is very stressful.

The various aspects of the conjugal relationship, such as satisfaction, cohesion and consensus also correlate significantly and inversely with dysphoria. Finally within the measures of the Bem Sex Role Inventory, the low femininity scale is correlated with high dysphoria, but there is no relation between androgyne and dysphoria.

The fourth paper explores the links between early pregnancy and postnatal depression; more precisely a discriminant function analysis is performed to measure the accuracy of predictions of postnatal depression (measured in a clinical interview by the Hamilton Scale) by numerous variables such as the ones already described above and some others (internal representation of the future baby and of significant others, perceptual defense measured by a series of tachystoscopic pictures and words, life events, subjects' and family frequency of physical and mental illness episodes, subjects' menstruations history, etc.)

DEVELOPMENTAL ISSUES OF INFANTS BORN BY IN VITRO FERTILIZATION (I.V.F.)
J.D. Cordeiro, F. Ismail, C. Gois, D. Bouca, A. Croca, E. Lara, A. Barbosa, Maria Cordeiro (Lisbon, Portugal)

The development of in vitro fertilization treatment programs has been accompanied by some concern about the psychological aspects of this fertilization procedure. Few studies have investigated the psychological characteristics of babies born by in vitro fertilization, but thus far there is still little known about the eventually specific characteristics of these infants. Previous studies report the existence of "minor" symptoms, such as sleep disturbances, in the infants of I.V.F. These symptoms seem to be the result of mother-infant interaction/relationship difficulties and being transient symptoms, would not affect the development. On the other hand, maternal depression seems to be more frequent in these mothers.

The present work was designed to study infant born by in vitro fertilization, concerning their development, communication and evolution of mother-infant relationship. We also studied the psychological characteristics of parents.

The authors evaluate 50 infants born in the last 5 years by in vitro fertilization. The psychological measures we use for the infants' evaluations are: -standard clinical interview, the information reported by parents, focusing infants' characteristics and behaviors, the psycho-motor and state-ponderal development, sleep and eating disturbances, somatic symptoms and relational difficulties; -evaluation of mental and psycho-motor development -- Ruth Griffiths test; -Child Apperception Test; -video-recordings of mother-infant interaction are carried out, when younger infants are concerned.

The groups are matched for the infants' age, the evaluation and tests being carried out twice in 6 months. For the first observations we use the clinical interview, Griffiths and Child Apperception Tests. Six months later, the second evaluation is completed by repeating those tests. To the parents evaluation we use: -semistructured interview to the mother, specifying several parameters like economic, social and cultural levels, pregnancy-evolution and accidents, symptoms of depression and mother-infant relational disturbances, - Raven Progressive Matrices, -SCL-90 R (Leonard R. Derogatis, Nick Melisaratos - "The Brief System Inventory: an introductory report", Psychological Medicine,
Our present findings indicate a high prevalence of depressive symptoms when parents are concerned. The mental and psycho-motor developmental parameters of these infants show a tendency towards relatively low performances in areas where affective and mother-infant relationship are more implicated. These infants also seem to have somatic symptoms with frequency. On the basis of these results we propose several therapeutic approaches to the dyad (mother-infant), emphasizing the early support of mothering.

RISK FACTORS OF ADDICTED MOTHERS’ NEWBORNS
J.C. Cordeiro, D. Bouca, C. Gois, E. Lara, A. Barbosa & M. Cordeiro (Lisbon, Portugal)

Can we help addicted dyads to cope? Little is known about early interaction between addicted mothers and babies. Some authors report a complex mother-child interaction, concerning negligence of child’s care, disturbance of motherhood competence and physical and emotional neonatal problems. Some of these studies found difficulties related to measuring instruments and follow up designs. The authors have studied the early mother-child interaction of 20 dyads addict mother-newborn with the following aims:
-Observe and characterize the addict mother-child interaction
-Psychologic evaluation of the mother in order to detect motherhood competence
-Psychologic and psychomotor evaluation of the child
-Study predictive factors
-Evaluation of social and affective supports
-Detection of risk factors
-Evaluation of best level of therapeutic intervention

Twenty dyads of addicted mothers and their newborns (mean mother’s age -- early twenties) were first observed as inpatients in an Obstetrical department of General University Hospital of Santa Maria-Lisbon, and followed by a mother-child psychiatric team during one year. Evaluation included:
1-Standard clinical interview of the mother and check-list of symptoms
2-Detection of maternal representations during pregnancy and after delivery, and identification process to mother’s mother and other people
3-Mother’s characteristics obtained by SCL-90 and Thematic Apperception Test
4-Videotape records of mother-child interaction in standard situations at 3, 6 and 12 months
5-Evaluation of mental and psychomotor development of the baby by the Ruth Griffiths Scale at 6 and 12 months
6-Evaluation of our psychotherapeutic intervention by comparing performances at three follow-ups

Our intervention showed a significant reduction of substance abuse by mothers who got a socially and professionally new lifestyle with more autonomy. Factors associated with such a change are analyzed, namely affective support, compliance with regular consultation, mother’s psychopathological and personal characteristics. The authors also compared motherhood competence and interactive profile with the outcome of mother’s identification process and the evolution concerning capacities and substance abuse. Child evaluation detected various areas of relative disturbed development, which depended on the mastery of real affective and social support and interactive pattern. Early detection of minor development bases oriented towards specific and active psychological intervention.

DIAGNOSTIC CLASSIFICATION IN INFANCY: THE CLINICAL EXPERIENCE OF UPI
Maria Jose Goncalves Cordeiro, M.D., Pedro Caldeira, M.D. & Isabel Martins, M.D. (Lisbon, Portugal)

The evaluation of our work, the research, the need to communicate with other technicians and the search for a common language are vital tasks for the
development of our science. At UPI we feel the importance and the necessity of a reflection in this area. So, we set up a study group with the aim of applying different types of diagnostic classifications to infancy.

For each case we tried to use several nosographic frameworks, bearing in mind the advantages in terms of different information provided by each of them. A diagnosis was proposed on the following approaches: Clinical (syndromatic, developmental/structural and etiologic), Interactive, associated situations and DSM-III-R.

This paper is based on about 40 cases. It studies the relationships among different types of diagnoses, its agreement and contradictory issues. We make a critical reflection about the insufficiencies and advantages of applying DSM-III-R to infancy and make proposals to better it.

ANAMENTAMIENTO MATERNO: UNA EXPERIENCIA COMUNITARIA EN LA FORMACION DE VINCULOS.
Salvador Célia, Beatriz Saldini Behs, Carmen R. Martins Nudelmann, Jane Saralva, Marta Maria Osório Alves (Porto Alegre, Brazil)

1.-OBJETIVO: Nuestro objetivo es mostrar con esto trabajo, una propuesta de promoción del amamentamiento materno en una comunidad poco favorecida social y económicamente, y la importancia del mismo, como inductor en la formación de vínculos preoces. Esta comunidad, además de receptora, tiene un rol participativo en la referida propuesta, viéndose a constituir-se en verdaderos agentes de transformación psico-social.

2.-JUSTIFICATIVA: Los datos nacionales referentes al amamentamiento materno, muestran un bajo índice de madres que amamentan. Sabiendo de la existencia de altos índices de desnutrición y mortalidad infantil en nuestro país, el amamentamiento materno pasa a tener un carácter prioritario como factor nutricional y afectivo, elementos éstos fundamentales para el desarrollo de una personalidad más sanas, en consecuencia, de una población con mejor calidad de vida.

3.-METODOLOGIA: El amamentamiento materno es una filosofía y una acción prioritaria en el "VIDA CENTRO - HUMANISTICO." El "VIDA" es un proyecto destinado a la población carenante de la zona norte de Porto Alegre, capital del Estado do Rio Grande do Sul, abarcando un área de 200,000 habitantes. Este proyecto incluye gestantes, bebes, niños, adolescentes, adultos, ancianos y personas en condiciones de excepcionalidad. Es dirigido en un sistema de co-gestion entre el gobierno y las organizaciones comunitarias, incluyendo practica en el área de la salud, deporte, educacion, cultura, trabajo, ciudadanía, ciencia y tecnología.

Las acciones dirigidas a la promoción del amamentamiento materno en las diversas áreas y en los diferentes niveles de edades abarca los siguientes momentos:

1.) Sensibilización del cuadro funcional, técnico y administrativo.
2.) Sensibilización de la comunidad con técnicas de mobilización de acuerdo con su nivel de edad.
3.) Integración con los diferentes áreas: salud, educación, deporte, cultura, etc.
4.) Acciones específicas del área de la salud: atendimiento psico-social de gestantes, grupo de padres y bebes, grupo de mujeres, grupo de adolescentes.
5.) Acciones específicas en el área del deporte: matro-gimnasia, gimnasia especial para gestantes.
6.) Acciones específicas del área de la expresión y trabajo: teatro, artes plásticas, artesanato.
7.) Acciones específicas del área de la ciudadanía: centro de apoyo a la mujer, grupo de ancianos, materno.

4.-COMENTARIOS: La implantación de esta filosofía de promoción del amamentamiento materno demuestra estar siendo bien acepta, considerando el interes y al participación de la comunidad y de los funcionarios en las acciones hasta ahora desarrolladas.

Sabiendo que las modificaciones de las costumbres y, en consecuencia de los índices de amamentamiento son conseguidos solamente a largo plazo, es necesario que las acciones sean desarrolladas de un modo continuo e integrado.
Esta acción fue reconocida por el Ministerio de la Salud el cual tomó el "VIDA CENTRO - HUMANISTICO" un centro de referencia nacional para capacitación y formación de recursos humanos en el área psico-social de amamentamiento materno.

PROGRAMA DE AUTOGESTIÓN EN EL CUIDADO DE INFANTES DE POBLACIONES MARGINADAS
J. Miguel Hoffmann, Andrea Hendelmann, Malenque de Garros, Eva Jungman,
Florence Bianchi (Brasil - Uruguay - Argentina)

PROYECTO DE INSERCIÓN DE UN EQUIPO MULTIDISCIPLINA RIO DE SALUD MENTAL MATERNO INFANTIL EN DOS CENTROS COMUNITARIOS
Equipo de Integración Docente Asistencial de la Clínica Psiquiátrica de Niños y Adolecentes de la Facultad de Medicina de Montevideo, Uruguay, que dirige el Miguel Cherro Aguerre (Montevideo, Uruguay)
SYMPOSIA -- FRIDAY
PREOCIOUS MOTHER-INFANT INTERACTIONS AND PSYCHOPATHOLOGICAL EFFECTS ON DEVELOPMENT: A FEW HYPOTHESIS RESULTING FROM A CATAMNESTIC STUDY
Francisco Palicio Espansa, M.D. & Dora Knauer, M.D. (Geneva, Switzerland)

Interested in what has become of the children which we had treated precociously (before 30 months of age) by a brief mother-infant psychotherapy, we have reseen these children at a preschool age (between 3 and 5 years).* We have practiced a clinical interview with the mother as well as the child, in order to apply to them our diagnostic grill. We scrutinized particularly on the development of the psychological structure of these children, trying to establish correlations between the quality of the precocious interactions, the psychopathological structure of the mother (or the parents), the evolution of the brief psychotherapy and the psychological future of the child.

In this study, we wish to interrogate ourselves on the preventive effect of our brief mother-infant psychotherapies and on the advantages of a very precise approach for certain cases. We have developed a certain number of hypothesis on the subject of the impact of parental projections on the future of the child. The connection between the quality of the mothers’ projections destined for her child and the quality of the therapeutic alliance which she establishes with the therapist seem closely tied together. The problems concerning the indications for this form of therapy will also be discussed.

PREVIEWING: A PREVENTIVE STRATEGY THAT PROMOTES ADAPTIVE DEVELOPMENT
Paul V. Trad, M.D. (White Plains, USA)

Since its origins as a distinctive discipline, psychiatry has sought to provide enlightenment about the inner workings of the human mind. Psychiatric theory has traversed from Freudian notions that personality structure derives from internal fantasies to the interpersonal model that stresses a more objective approach. When considered alone, however, each of these perspectives may omit fundamental information about the origins of psychopathology that emerges during early periods of development.

This paper introduces a new theory of psychological development that attempts to synthesize the individual’s subjective representational abilities with the more objective manifestations that are associated with the interpersonal approach. This new theory centers on the concept of previewing, a phenomenon describing how others envision their infants’ future growth and convert these subjective perceptions into objective interpersonal manifestations used to familiarize the infant with upcoming maturational acquisition and developmental competence. In essence, previewing alerts the infant to the interpersonal implications that will be precipitated by new behaviors and skills. As will be discussed, previewing is an innovative concept not only for diagnosing psychopathologic response during mother-infant exchange, but also for devising techniques that may be applied to the prevention of psychopathology.

FAILURES IN AFFECTIVE MUTUAL REGULATION AS A MECHANISM OF PATHOGENESIS IN INFANCY
E.Z. Tronick, Ph.D. & M.K. Weinberg, Ph.D. (Boston, USA)

The Mutual Regulation Model proposes that affective regulation in infancy is a joint product of infants’ regulatory capacities for controlling their affective state and their mothers’ provision of regulatory inputs. In the normal process mothers typically respond to infant communications in such as to supplement the children’s capacities especially when these capacities are inadequate for controlling negative affective states. Thus the infant’s experience is one of positive affective states. Successful regulations both permit and motivate continued engagement with the social and inanimate objects. By contrast, in the pathogenic process this dyadic regulatory mechanism is disrupted. The infant fails to experience affective separation and is forced to withdraw from engagement with the environment in order to control the chronic and reiterated negative affect he/she experiences. In
this, we will present our research documenting striking differences in the
capacity of male and female infants to regulate their negative and positive
affect states during Tronick's Still-Face paradigm. We will also present our
observations of the interactions of depressed mothers and their infants in the
same paradigm. These studies argue for the dyadic nature of the affective
regulatory process and how both normalcy and pathogenesis can be understood
within a common framework using early infancy.

PARENTS: A VITAL COMPONENT FOR INFANTS' HEALTHY DEVELOPMENT
Harriet Heath, Ph.D., Dana Murphy, Ph.D. & Carol Cooley, MSW (Haverford, USA)

The mental health of infants is predicated on having loving, caring
parents. Historically, the assumption has been that parents (mothers)
instinctively (are born) know how to care for their children. With the
exception of Erikson, and Belsky, Robins, and Gamble's work, more recent
theorists have tended to ignore both the issues of defining competent
parenting and of identifying its determinants. Consequently, clinicians and
researchers have little guidance in attempting to understand the behavior of
the parents of the infants with whom they are working. Lack of understanding,
handicaps attempts to improve the life of infants.

To fill this gap the presenters have developed a theory of parenting
that uses Erik Erikson's framework of the development of the healthy
personality, builds on Belsky's writing on parental competence, and draws from
current research coming from a variety of disciplines to support the
theoretical assumptions made. All three theories assume the potential of
parental competence that is determined by developmental experiences, personal
resources, the characteristics of the child and environmental inputs.

The theory to be discussed differs from Belsky's and Erikson's in its
more in depth analysis of personal resources and of environmental inputs. For
example, Erikson does not define the personal resources of the parent (ego
capacities in his terms); Belsky identifies the two major components of
parental competence as sensitivity and involvement. In the theory under
discussion parental competence is analyzed into more specific behavior
patterns such as ability to observe with detail and to respond appropriately.
Responding appropriately is further defined based on age of child, for
instance, way of meeting needs in infancy, style of communication in
adolescence. Research supports this more specific analysis. Definitiveness
of this kind gives the clinician a means of assessing parental behavior and a
starting point for planning intervention. It gives the investigator a broader
theoretical perspective on which to design research.

The presentation will include an overview of the theory using charts to
diagram its developmental, contextual and constructivist components and the
interrelationships between them. Each presenter will focus on a major
determinant of parental behavior, developmental experiences, environmental
inputs or parental competencies. Each will relate the determinant to the
overall theory, describe it more specifically, cite relevant research, and
suggest implications for the clinician and researcher.

FACTORS EFFECTING THE INFANT'S SENSE OF AGENCY
E. Virginia Demos, Ed.D., Anne Alvarez, M.A., Abbot A. Bronstein, Ph.D,
Suzanne D. Dixon, M.D. (Cambridge, USA)

This symposium will explore the development of the infant's sense of
him/herself as an active agent, able to initiate goal directed behaviors.
This important capacity will be discussed from several perspectives. Demos
will describe the findings from current developmental research which indicate
that newborns are capable of voluntarily initiating plans and attempting to
carry them out, and will discuss the theoretical implications of these
findings, namely the role of consciousness in early infancy, the role of
learning, the role of the caregiver, and the central role of affect in shaping
the infant's sense of agency. Alvarez will compare observations of two
infant-mother pairs over the first two years of life, illustrating how the
infant's initiatives can be supported or thwarted by the mother's responses, and tracing the gradual effects of these transactions on the infant's sense of agency. She will discuss the implications for theories of narcissism and for psychotherapeutic technique with chronically depressed children. Bronstein will explore how the infant's initiatives in the realm of the ability to use symbols can be effected by the mother's unconscious conflicts around separation. He will discuss a case from a longitudinal study of 22 children over the first nine years of life. He also relates the concept of transitional phenomena and illusion to the development and use of symbols by children. Dixon will address these three papers from her perspective as a pediatrician and from her experience as a cross-cultural researcher, observing infant-mother interactions in Kenya. Broader questions about the ways in which parental goals, cultural goals, and institutional goals can affect the infant's sense of agency will be raised.

IS THERE A SPECIFIC MOTHER-CHILD RELATIONSHIP THAT IS LIKELY TO DEVELOP INTO A PSYCHOPATHOLOGICAL SITUATION?
M. Bertolini, L. Di Cagno, G. Levi & P. Pfanner (Turin, Italy)

The Symposium's aim is to discuss if it is possible to identify precocious characteristics of the mother-child relationship that could determine individual psychopathological developments. This would enable us to implement early preventive or therapeutic interventions. Four kinds of psychopathological developments will be discussed: A) mental retardation; B) pervasive developmental disorders; C) child psychosis; D) psychosomatic illness. The characteristics of the mother-child relationship, studied with the method of infant observation, will be discussed. In particular: A) a longitudinal study of 20 children presenting at 1-3 years with mental delay, confirmed at school age, indicates as specific factors concerning the mother: poor stimulation, denial of aggression, opposition to the child's attempt to give fantastic meaning to reality.
B) 40 children with PDD (divided in two group following the prevailing communication difficulties: preverbal (versus verbal) were examined longitudinally alone and with their mothers (divided in two groups according to the quality of communicative competence: flexible versus rigid). In most cases both the mother and the child appear to mutually influence one another in a specific pathogenetic sequence.
C) Clinical material from infant observations and psychotherapies of psychotic children indicates as a specific factor the mother's inability to tolerate separation and the defensive use of archaic modalities of thought, of whom sensoriality is the most outstanding;
D) Infant observation of children with psychosomatic illness in the first year of life show a mother figure exposed to depression, with poor mentalisation capacity, in need of controlling oneself and the other, lacking the capacity to individuate other as different from self. As the characteristics of the mother-child relationship in the different psychopathologic entities examined are partly overlapping, we shall discuss the distinguishing features that underlie beneath each of them.

SOCIALIZATION OF EMOTION IN INFANCY: CROSS-CULTURAL PERSPECTIVES
Toshi Maruta, Joseph Campos, Miguel Hoffmann, Kazuo Miyake, T. Ujiie, Harriet Oster, Linda Camras, S. Bzdek, Rosemary Campos (Rochester, USA)

This symposium will focus on the socialization of emotions in Japan, Argentina, and the United States. The different studies focus on investigating systematic differences across cultures in facial expressions of emotion, how early cultural differences appear, how parent-infant interaction contributes to these differences, and whether different patterns of facial expression have different behavioral correlates. Functional consequences of these differences for the later development of compliance, self-regulation, and socialized emotions such as guilt and shame will also be discussed.

Campos and colleagues will present preliminary data on Japanese and
American infants addressing the following important issues in emotional development: 1) Are there systematic differences across cultures in facial expressions of emotions? 2) To what extent do infant facial expressions resemble or differ from universal adult facial expressions? and 3) Do different patterns of facial expression have reliably different behavioral correlates?

Miyake will present data on maternal styles of communication when prohibiting 2 year old infants. The influence of an aspect of infant care, amae, on infants' reactions and interactions will be discussed.

Hoffmann will present research done in Argentina on the negotiation and other caretaking patterns used to gain compliance from the child. Compliance involves the negotiation of psychic space and patterns of mutual respect that influence individual development. He will discuss the significance of compliance from different cultural perspectives.

THE DYNAMICS OF INTERFACES: INTERACTIONAL-INTRAPSYCHIC-INTERGENERATIONAL. AN HYPOTHESIS-GENERATING STUDY

E. Fivaz-Depeursinge (Prilly, Switzerland), D. Stern Geneva, Switzerland), D. Burgin (Basel, Switzerland), J. Byng-Hall (London, UK), A. Corboz-Warnery, Lausanne, Switzerland), B. Emde, J. Emde, (Denver, USA), M. Lamour, S. Lebovici, (Paris, France)

Everybody argues that the interfaces between the intrapsychic, interactional and intergenerational domains are a new frontier; neither the methods, nor the appropriate material, nor a way of proceeding are totally clear. Also most attempts have only looked at the transformations or correspondences across one interface. The ideas of this study are: to expose ourselves to a complex but controllable situation as viewed by people whose main interest is on one of three interfaces; to fully integrate the subjects in the team in order to learn as much as possible about their own perspective and to provide them with an enriching experience.

Since the consideration of clinical material from all three domains is so complex, we adopt a following procedure to begin to explore it. We start with a standardized interaction and fully analyze it. We then through various interview techniques get the interactants' subjective experience on this exchange at a gross level, then at a microlevel. Then a piece of the intrapsychic material that has a correspondence to an interactive event is the subject of an intergenerational inquiry to understand it in this context. Then intergenerational piece is then explored in terms of its interactive manifestations in the family and the relationship between this interactive event and the staring event that will be observed. In this manner we weave in and out of the three domains, but always following a readily identifiable piece of interaction.

In a sense this exploratory method is to find a neat, clean piece of clinical material and chase it across domain boundaries. We expect larger patterns of correspondence to emerge and that this procedure repeated over and over with various clinical pieces of material will generate propositions and hypotheses such as:

-what is the best kind of interaction material to use in such as cross-domain study: What forms of interviews or data gathering procedures are more valuable?

-are there rules of transformations that we can identify? What are the most appropriate units and their correspondences in different domains? Are there some isomorphisms at different levels and what would be their nature?

To do this, we use well established procedures. We start with the triadic play situation between mother, father and baby. We proceed with an attunement and microanalytic interview; form the psychodynamic investigation of a specific event, we move to a family interview and finally back to the starting point in the observed interaction.

The non-clinical family collaborates in the study as subjects, as participant observers of themselves and partners to the group. The collaboration is defined in a "research alliance" contract between them, a referent clinician-researcher and the team.
REPRESENTATIONS AND DEFENSIVE SYSTEMS FROM AN INTERGENERATION PERSPECTIVE.
Massima Ammaniti (Rome, Italy)

In psychoanalysis, the child representation in the maternal and parental world has got different aspects that are characterized by conscious and unconscious processes. The how these representations can influence and modulate the child’s psychological world is a process that was examined through the study of psychical processes and mechanisms such as perceptual identity (Freud); projective identification (Klein), especially with its more recent interpersonal developments (Ogden); actualization (Sandler), etc. The importance of the "ghosts in the nursery" has recently been discussed in both normal development and relations at risk. Clinical perspective found, in the last few years, some interesting widenings in the developmental research which essentially moved in two directions: attachment motivation systems and a psychoanalytical perspective that considers object relation theories.

In this paper, we try to define the field of parental representations and then how they influence the development of the child’s sense of self and internalized relationships.

A FUTURE FOR INFANTS WITH RELATIONSHIP DISORDERS: EXPANDING THE SCOPE OF EARLY INTERVENTION
Hisako Watanabe, M.D. (Tokyo, Japan), John Richer, Ph.D. (Oxford, UK), Stella Acquarone, Ph.D. (London, UK), A. Alvarez (London, UK)

Recent research and clinical studies highlight the powerful developmental force at work in infancy, not only in normal infants but also in infants born at serious risk. If given a chance, an infant can correct him or herself and the relationship with the mother by his or her powerful organizational ability in a way incomparable to any other time in life. The question is how, in various clinical settings, to provide a good chance of recovery for a particular infant and mother dyad with evolving relationship disorders caused by multiple heterogeneous factors? One basic approach is to identify the potential developmental capacity of the infant and elicit a facilitating response in his or her particular mother–infant relationship, family, and socio-cultural system. This symposium aims to explore and expand the clinical scope of our early intervention by looking at the inherent self-correcting capacity of the infant and his or her environment from different theoretical and cultural perspectives. Ethology, attachment theory and psychoanalytic theory carry universal implications for early intervention as we now understand the basic mechanisms of human adaptation and development.

Three clinical researchers from different cultures and disciplines, infant psychiatry, ethology, psychology and psychoanalytic infant psychotherapy, will critically review current interventions focusing on what creates obstacles and opportunities for social adaptation by disturbed infants. The issues of modifying the theories to different cultural contexts and clinical settings will also be addressed with presentation of clinical materials.

The following themes will be presented:
1) Retrieving a positive cultural and social context for infants (Watanabe),
2) Ethology and attachment theory for severely avoidant infants (Richer),
3) Infant psychotherapy through skin communication (Acquarone).
Critical commentary is provided by A. Alvarez.

MATERNAL REPRESENTATIONS. METHODOLOGICAL, CLINICAL, AND THEORETICAL ISSUES
P. Fonagy, Ph.D. (London, UK), S. Lebovici, M.D. (Paris, France), A. Slade, Ph.D. (New York, USA), and S. Stoleru, M.D., Ph.D. (Le Kremlin-Bicêtre, France)

The study of maternal representations (the child’s and adult’s
representations of the figure of the mother) had proved to be a highly productive method in understanding the interaction of mothers and infants as well as in predicting the readiness with which adults achieve the transition to parenthood.

The purpose of the present symposium will be to review the concept of maternal representation from a number of complementary theoretical perspectives and to achieve greater coherence in this vital field.

The symposium will approach the problem of maternal representation from three perspectives. Firstly, methods of assessing maternal representations qualitatively in terms of their content or affect associated with mental representations, and quantitatively in terms of their prevalence or frequency, will be examined. Secondly, factors which determine the nature of maternal representations will be reviewed. This review will include developmental factors and external influences as well as past experience and cultural background. The third issue to be tackled in this symposium will be the examination of the extent to which maternal representations influence the mother's relationship with the child and serve to condition the mother-infant interaction.

It is hoped that this general review of the current state of this concept will constitute a step in the integration of the guiding theoretical perspectives of psychoanalytic object relations theory, attachment theory and other key developmental approaches.

INITIATIVE AND ACTION, PASSIVE POSITION AND MATERNAL REPRESENTATIONS
Ricardo Bernardi (Montevideo, Uruguay), Rosine Debray (Paris, France), Miguel Hoffmann (Buenos Aires, Argentina)

During the II Latin-American Conference organized by WAIPAD in Buenos Aires, Argentina, in July 1991, the authors of this presentation had a chance to informally exchange about their theoretical thinking on early development. At that opportunity the authors realized that their work was complementary. One of them had developed a theory on the importance of the origins of early meaningful activity by infants. This led to the study of initiative in babies, their development, classification by quality and measurement of quantity; their developmental lines. Additionally, the interactive phenomena with mothers activities, interferences, integrations, negotiations, and encounters.

Another of the authors had seen the work on initiative shown in videotapes and exposed on the importance of the passive position. This would be the space for not doing. The importance of this position during feeding or other activities particularly in the field of not controlled behavior like breathing is significant, especially in psychosomatic dysfunctions. The alternations between doing and not doing, being active and passive, would be the necessary element to take into account when exploring activity.

The third author had been interested in the influence of maternal representations upon the initiative and actions of the infant in care. Activities by the infant evoke elements in maternal personal history that will react to the infants actions. These reactions of the mother will modify the course of the infants initiatives. Also, mothers will favor certain type of initiatives while discouraging others, because they fit or do not fit with the maternal representational scenario.

The idea is to present all three positions, trying to find points of correlation between the theories. The role of the discussant would be to bring together complements, point to contradictions between the three types of comprehensions, and sort out the most interesting points for discussion with the floor.

SOCIALIZATION OF EMOTION IN INFANCY: CROSS-CULTURAL PERSPECTIVES
Joseph Campos, Ph.D. (Berkeley, USA), Miguel Hoffmann, M.D. (Buenos Aires, Argentina), Kazuo Miyake, Ph.D. (Chiba-Ken, Japan)

This symposium will focus on the socialization of emotion in Japan,
China, the United States, Latin America and other Western countries. The way emotion is socialized in the Asian culture is very different from that in the United States, Latin America, and other Western countries. However, we know little about how early these cultural differences appear, how mother-infant interaction in the early years produce these differences, how social influence interacts with endogenous temperamental factors to produce early individual and cultural differences, and what functional consequences these differences have for the later development of compliance, self-regulation, and socialized emotions including guilt and shame. The three presentations will discuss studies in this area done in Japan, China, Latin America, and the United States. The discussant will integrate the presentations with perspectives from other Western countries.

Dr. Campos will discuss emotion regulation in Chinese, Japanese, and U.S. infants following the onset of self-produced locomotion. Ecological and cultural factors profoundly influence the organization of emotion regulation and communication following motoric transitions in development of crawling as well as other transitions. The theoretical framework used to guide interpretations of experimental, observational and interview findings is that of Gottlieb’s "probability epigenesis".

Dr. Miyake, who has collaborated with Dr. Campos, will present findings from several studies. First, he will discuss a longitudinal study of the relationship of infant temperamental characteristics such as irritability and fearfulness to attachment. Second, he will present data from a laboratory observational study comparing Japanese mothers’ style of communication when prohibiting their 23-month-old infants from touching attractive toys. The data indicate cultural differences in both the mothers style of communication and the infant’s readiness to comply with maternal prohibitions. The influence of an aspect of infant care, amae, on infants reactions and interactions will be discussed.

Dr. Hoffmann will discuss his research done in Argentina related to the negotiation of psychic space and patterns of mutual respect which is a developmental issue of the evolving individual in the environment. Caretaking behaviors carry many cultural messages, most of them with meanings that may be out of the awareness of the caregiver. The cultural significance of compliance varies from one culture to another. The degree of negotiation and even violence involved in gaining compliance may be unnoticed by the caregiver. Culturally, we need to appreciate the value of establishing degrees of compliance in childrearing practices. There also must be a balance between the necessary degree of compliance and the attainment of spontaneity.

The discussant will integrate these presentations with perspectives from these cultures and other Western cultures.

DEVELOPMENT OF AFFECT, AFFECT REGULATION AND ATTACHMENT IN INFANCY
Cynthia Divino, Ph.D. (Boulder, USA), Mary Sue Moore, Ph.D (Boulder, USA), Peter Loader, M.B., B.S., M.R.C.Psych (London, England), David Lonie, M.B., F.R.C.A.N.Z.Psych (Sydney, Australia)

Speakers will focus on the role of non-contingent maternal behavior and lack of affective attunement on infant development. In particular the impact of these interaction patterns on the development of affect regulation, attachment, and psychopathology will be examined. Divino will consider mechanisms by which affect regulation develops specifically through maternal affect attunement and responsivity to the infant, taking into account infant temperament and mother’s own affect regulation. Moore will emphasize mechanisms by which a disorganized attachment might develop, specifically non-contingent maternal responses and intermittent affect attunement. Implications for intervention with the mother-infant dyad, based on these findings, will be suggested by both speakers and discussants.

Cynthia Divino will present results of a pilot study examining developmental influences, parental interventions, and genetic predispositions which may influence the development of successful affect regulation in children. Factors specifically examined were: infant temperament; parental management of self-affect; parental management of infant’s affect; and
parental sensitivity and responsiveness (affect attunement) to the infant. A second goal of the study was to examine the relationship between affect regulation, attachment and child psychopathology. Pilot data (n=25) in a study including 180 families will be presented. Preliminary results suggest that important factors in prediction the child’s ability to regulate distressful emotion at age 36 months are the mother’s ability to manage and regulate her own affect and maternal affective attunement. Implications for psychotherapeutic interventions and further research will be discussed.

Mary Sue Moore will present an overview of research conducted by Lynne Murray at the University of Edinburgh and Cambridge University in the U.K. and Mary Main, at the University of California, Berkeley, in the U.S. Specific patterns of "Disorganized/Disoriented" ("D") attachment behavior occur in infants whose parents are preoccupied with memories of their own early attachment figures, especially experiences involving loss or abuse. Precursors of this disturbed attachment pattern can be seen in work with normal 2 month old infants and their mothers, when an experimental paradigm creates situations where maternal responses are non-contingent to infant behavior. Clinical implications of these research findings will be explored.

INFLUENCE OF EARLY SEPARATION ON THE MOTHER-INFANT INTERACTION.

With special care to the methodological design, the present study aims at testing the hypothesis that infants and mothers who have the opportunity of staying together after birth will present better conditions for interaction. It is a double-blind, randomized study, taking place at the Hospital das Clínicas de Porto Alegre (HCPA), Brazil. The sample comprises 100 dyads of mothers-newborn infants.

The study group includes dyads that stay together following the newborn’s physical evaluation right after delivery. The control group goes through the hospital routine (average of 400 minutes until reunion). The mother-infant interaction is evaluated with the help of subscale 1 of the Chatoor Feeding Scale, 30-48 hours after birth. Clinical assessment by child psychiatrists is also performed after 1, 6 and 12 months. As the project is still in its initial phase, the sample obtained up to now does not allow comparison between the two groups.

UN METODO DE OBSERVACION DE LA RELACION MADRE-BEBE (CONSEJO NACIONAL DE INVESTIGACIONES CIENTIFICAS Y TECNICAS, CONICET, BUENOS AIRES, ARGENTINA)
Alicia Oberman (Buenos Aires, Argentina)

El objetivo presente trabajo fue la aplicación de una grilla de observación de la relación madre-bebé durante los primeros 6 meses del niño. La grilla de observación fue aplicada a 42 niños, nacidos sanos, que concurrieran con sus madres a consultorio de atención pediátrica primaria de un hospital de Buenos Aires, para su control pediátrico mensual. El interés primordial en la elaboración de la grilla fue contar con un registro ocular donde se observen en forma precisa los fenómenos comunicacionales que se suscitan en el campo de la relación madre-bebé. Hemos visto que la mayoría de los trabajos de elaboración de instrumentos de observación del vínculo fueron realizados en asa a secuencias filmadas (Field, 1980; Escala Glos de Lieberman, 1980; escala de E. Fivaz (1987). En nuestro país, en el ámbito de trabajo hospitalario no contamos hasta el momento, en forma rutinaria con las técnicas de video. Es por ello que contar con un método estandarizado para la observación del desarrollo de la relación madre-bebé, permite una fácil utilización en la atención pediátrica del niño sano.

La grilla permite observar las aptitudes de la madre para percibir las demandas del niño y, a su vez, las conductas que tiene el bebé para responder
a las demandas maternas.

Está basado en la observación de 5 parámetros: la función visual, la función corporal, la función verbal, la sonrisa y el sosténimento. Este registro observa la conducta de la diada en 5 oportunidades, relizándose una vez por mes. Su tiempo de aplicación es de 15 a 20 minutos, y se utiliza en los momentos de mayor cercanía de la madre con el niño.

En este trabajo se clasificaron los inditadores que intervinieron en cada uno de las funciones, tanto de parte de la madre como del bebé y se evaluaron los comportamientos de la diada de acuerdo a 3 categorías: una, regular y mala.

Se realizó el análisis estadístico mediante diferentes procedimientos en 3 cortes: al 1er. mes, a los 3 y a los 6 meses de edad del niño.

De acuerdo a los resultados obtenidos se observó lo siguiente:

La comunicación visual es un área privilegiada frente a las otras áreas. La conductas corporal se desarrolló en los primeros 3 meses a partir de la iniciativa materna y es alrededor del 6to. mes cuando el bebé inicia el diálogo corporal.

La comunicación verbal predomina en el 2do. corte (3 meses) coincidiendo con la etapa de inicio de las vocalizaciones por parte del bebé.

La comunicación madre-bebé va gradualmente aumentando con el tiempo y con el mayor desarrollo y maduración del niño.

REFERENTE OSERVACIONALES DEL PSIQUISMO EN LOS BEBÉS

Mónica Cardenal, Liliana Berta, Beatriz Bergman, Celina Tamarit (Buenos Aires, Argentina)

Este trabajo intenta mostrar a través de datos observacionales el complejo mundo emocional del lactante y los recursos con que cuenta para hacer frente a su adaptación al medio. Recurriríamos para ello al material obtenido en seguimientos de bebés en su medio familiar desde las primeras semanas de vida hasta los tres años. El método utilizado fue el de observación de la conducta de bebés creado por E. Bick e introducido en la Argentina por Kamala Di Tella. Pensamos que desde el inicio de la vida los bebés interactúan activamente con el medio captando climas emocionales y respondiendo a ellos con modalidades psíquicas de alta especificidad. En los estadios primitivos de su adaptación postnatal el bebé se vivencia a sí mismo en estados momentáneos de integración que tienen la característica de ser fácilmente perturbados por los estímulos internos y/o externos. Estos desequilibrios o estados de no integración son vivenciados como "una ansiedad de naturaleza catastrófica" (Bick). Para el restablecimiento del estado integrado el bebé cuenta con recursos propios o provistos por la madre.

Los recursos propios son mentales y tenderán a apaciguar o calmar estos momentos de ansiedad de no integración. Los provistos por la madre o sustituto adecuado son aquéllos relacionados con su capacidad de empatía, holding y reverie.

Nos ocuparemos de mostrar, a través del material observado, los comportamientos del bebé que evidencian la utilización de diferentes recursos propios en búsqueda de objetos continentos o sensuales, tanto del mundo externo o del propio cuerpo, facilitando de ese modo la recuperación de la vivencia de "mantenerse unido," el sentir que "existe" y que existe una continuidad corporal. Del mundo externo una voz, un olor, el pezón, la mirada, el límite de la cuna, una manta, son todos objetos continentos que al decir de Bick son "experimentados como una piel" que a modo de envoltura limita y cohesiona el si-mismo.

Del mismo modo el bebé para autocontenerse física y psicológicamente utiliza recurso tales como la tensión corporal, el movimiento de los miembros, la coloración de la piel, la función, los gestos, el arqueo de la columna, arrucarse, succionar, aprehender, el ritmo de la respiración, el llanto.

Describiremos los ejemplos seleccionados considerados altamente significativos de las primeras manifestaciones psíquicas en los comienzos de la vida. La edad de los bebés oscila entre 0 y 6 meses.

1- Se trata de un bebé de 15 días de edad, cuya madre ha salido por unas horas de su hogar, quedando a cargo de su abuela. El ritmo seguro del bebé se ve afectado, observándose el propio recurso de envoltura y protección, que el
El niño pone en marcha frente al aumento de ansiedad asociada a la ausencia de la madre, que pone en peligro su propia continuidad física.

2- Este bebé de 56 días mostrará un evidente aumento de su ansiedad como consecuencia de la ansiedad de la madre, que lo tiene en brazos y habla con la observadora sobre el destete y el comienzo de guadería, o sea, de una temprana separación. El mecanismo mental utilizado por el bebé es el de la identificación adhesiva con su madre.

3- Una beba de 48 días, melliza, la primera al nacer y a la que, momentos más tarde, debieron hacerle un lavaje de estómago porque vomitó sangre. Episodio que se repite los primeros días en su hogar. Es una ebba exigente en cuanto al reclamo de interacción y sostén, y que a su vez, despliega una gran cantidad de recursos para oír lo que demanda, siendo el vomito un recurso reiterado y extremo para la conquista de su objetivo. Veremos como evoluciona su utilización.

4- Se trata de una beba de 6 meses que busca sostén en el exterior cuando el sostén materno es insuficiente. Está muy acostumbrada a ser trasladada, paseada y sostenida en cochecito sillitas o eventualmente cuna, pasand a ser estos objetos el ámbito más acogedor y seguro para esta bebé. El escaso contracto corporal con la madre se ve compensado con la utilización de estos objetos contenedores que logran apaciguar la ansiedad de la beba.

5- Un bebé de 23 días que cuando está expuesto en una superficie lisa y sin límites visuales próximos, con apoyo corporal pero sin contención, se orienta y extiende hacia la voz familiar utilizando todas sus posibilidades motrices: aumenta la base de sustentación, gira la cabeza, dirige la mirada hacia la voz, abre y cierra las manos con descenso general de la motilidad. La utilización de la voz humana familiar le permite una vivencia de sentirse integrado. Este recurso será utilizado reiteradamente evolucionando hacia la creación de un espacio sonoro sin ser acompañado por las experiencias motoras correlativas.

Los recursos psíquicos proveen integración, organización y auto contención permitiendo una mejor interacción con el medio, un mejor establecimiento del vínculo y una mayor capacidad de aprendizaje.
SYMPOSIUM--SATURDAY
PARENT COMMUNICATION AND COMMUNICATION DEVELOPMENT IN INFANCY
O.V. Bazhenova, L.L. Buz, A.B. Andreeva
(Moscow, USSR)

Parent communication deviations can affect the development of infant communication and be the reason for maladaptive behavioral patterns during the second year of infant life. Parents who are incompetent in joint activities, among which communication is one of the most important, fail to provide a stimulating environment for the development of infant communication, especially when an infant is vulnerable to disorders in this dimension. A comparative study of the development of communication in infants from 15 families with and 15 families without communicative deviations (tested in special procedures during wives’ first trimester of pregnancy) showed significant differences between them. In infants from families with disturbed spouse communication, early disturbances of a need for communication (tested in the Bazhenova Formal Communication Situation) were more frequent, occurring in 7 cases compared to 2 cases from the group of normal controls. At the age of two years in this group of children maladaptive behavioral patterns were observed and the number of cases with communicative disturbances increased (12 cases compared with 7 in the same group when subjects were 4.5 months old). Only in 3 cases in this group did communication develop normally, compared with 13 in the group of normal controls. Observed maladaptive behavioral patterns included: obtundacy, disobedience, weakness of joint activity with adult, poor impulse control, aggressive acts, hysterical crying, temper tantrums, impatience, destruction of own activity when unsuccessful. These results stress the interactive effect on infant mental development and show that families with spouse communication deviations put at risk infant mental development. Intervention can be started during pregnancy.

ETIOLOGICAL FACTORS IN INFANT GENDER IDENTITY DISORDER
Eleanor Galenson, M.D., Barbara Fields, M.S.W., M.A., Susan Coates, Ph.D., Sabrina Wolfe, Ph.D. (New York, USA)

Boyhood Gender Identity Disorder is characterized by a boy’s wish or even belief that he is a girl. It emerges during the first two years of life in the context of multiple concurrent risk factors, including biological predisposition, trauma and family psychopathology.

This psychopathology emerges in the context of a derailed maternal attachment. The role of maternal trauma and loss during infancy, the effect of repeated traumatic surgery, and the influence of specific family dynamics will be considered in connection with the clinical case material derived from treatment of several boys suffering from this disorder.

INFANTS AND FAMILIES AT RISK: HOW CAN WE MAKE A DIFFERENCE?
Martha Farrell Erickson, Ph.D., Byron Egeland, Ph.D., Judith Musick, Ph.D., Robert Halpern, Ph.D. (Minneapolis, USA)

This symposium includes: 1) presentation of findings from recent studies of preventive intervention with infants and families at risk for developmental difficulties due to poverty and associated factors; 2) discussion of what is known about strategies that work, with whom, and under what conditions; and 3) exploration of practical and methodological issues in implementing and evaluating preventive intervention. The first presentation reviews a 16-year study of first-born children of high risk mothers, with emphasis on antecedents of maltreatment and other parenting difficulties, as well as factors that account for why some parents break intergenerational cycles of abuse and neglect and others do not. The second presenter, in a discussion of findings from a longitudinal evaluation of preventive intervention, focuses on the dynamics of the intervenor-client relationship and factors that facilitate or hinder effective intervention. The third participant describes observed changes in caregiving among teen mothers participating in two clinical and research programs, and discusses innovative methods for training
paraprofessionals to help the mothers move toward a more thoughtful, empathic style of parenting. The fourth presenter, the discussant, highlights common themes among the studies and discusses implications for practice and further research. The symposium concludes with an open discussion among the four participants, with opportunities for audience involvement.

INFANT–PARENT PSYCHOTHERAPY: ADAPTATIONS TO A CHANGING POPULATION
Barbara Kalmanson, Ph.D., Stephen Seligman, D.M.H., Alicia Lieberman, Ph.D.
(San Francisco, USA)

Since Selma Fraiberg developed the original model of infant-parent psychotherapy in Michigan and at the Infant-Parent Program in San Francisco, our clinical work and research has been modified by a variety of factors. Advances in research about infant development and infant-parent interaction, changes in the population we serve and the evolution of our clinical technique have affected the theoretical framework, research and practice of infant-parent psychotherapy.

This symposium proposes a complex model to account for the powerful effects of intervention with infants and their families. Adaptations of the original model of infant-parent psychotherapy will be discussed. We will focus on examples from families with a disabled infant, families required by the legal system to receive our services, chaotic and impoverished families, and recent immigrants. Each circumstance presents a special set of challenges in developing a therapeutic alliance, managing obligations to other agencies involved with the family while maintaining the families' confidence, and responding to each families' particular cultural expectations. Clinical examples will be provided throughout the symposium and videotapes will be used to illustrate case and research data.

SLEEP DISORDERS IN INFANCY: A TESTING GROUND FOR THE CONCEPT OF "RELATIONSHIP DISTURBANCES"
B. Cramer, (Geneva, Switzerland), T. Anders (Davis, USA), D. Stern, C. Robert-Tissot (Geneva, Switzerland), K. Minde (Montreal, Canada)

Sleep disorders are a frequent cause of referral to infant mental health clinics and a frequent concern expressed by parents to pediatricians. Although sleep disturbances in infancy vary greatly according to age of onset, severity, the nature of accompanying psychopathology, and the contributions from underlying CNS factors, one factor is found in common: an infant's sleeping difficulty is a source of upset for the whole family, often leading to familial "decompensation." Mothers—in particular—may be totally exhausted by night wakeings, and on the verge of collapse by the time they seek help.

In our opinion, while we recognize the multiplicity of contributing etiological factors, sleep disorders provide a good opportunity to test the construct of relationship psychopathology. Indeed, the key to most therapeutic successes is an assessment of parent-infant relationships and interactions (which include strategies of putting to bed, comforting, response to waking, etc.) and the response to treatment of that relationship, whether it is through counseling, interactional coaching, or other forms of psychotherapy.

What needs to be considered are the relative contributions of temperament characteristics, regulation of sleep states, and the impact of parental anxieties as they coalesce into specific modes of nighttime interaction.

The Geneva group will report on the results of a prospective assessment study concerning 70 dyads (with children less than 30 months old) in psychotherapy, of which a large proportion exhibited sleep disorders. The Providence group will discuss the role of sleep aids as precursors of relationships in a normative sample of 21 infants studied longitudinally.

Correlations with various factors will be presented, especially with evolution of interactions, observed before and after treatment, in cases of sleep disturbances. If we can prove that the resolution of sleep disorders
goes hand in hand with therapeutic modifications of interactions, we can provide objective evidence that sleep disorders may, indeed, be treated as "Relationship Disorders." It remains to be seen whether sleep disorders result from specific forms of interactive disturbances, or are correlated more strongly with other variables (age, sex, maternal representations, past history, etc.).

INTERVENTIONS IN INFANT CRYING
Margaret Hope, Dip. O.T., M.Ed. (Sydney, Australia), Juliet Hopkins (London, England), Mary Sue Moore, Ph.D. (Boulder, USA).

The focus of this symposium is on helping parents and their distressed infants or children who show excessive crying behavior. The speakers represent three disciplines, were trained and work in different countries; however, the approaches described share a common concern with the Parent-baby unit. Each approach is based at least in part on tenants of attachment theory, and each formulates both problem and solution in terms of normal relationship dynamics. Interventions described are brief (1-6 visits) and have been shown to be effective in rapidly reducing the infant's symptoms of distress.

Margaret Hope will use video examples to demonstrate her therapeutic intervention program, developed in work with distressed children unable to be calmed or soothed by their parents. Based on concepts from attachment theory, the intervention teaches parents how to soothe a child using basic occupational therapy techniques. She will present portions of her video, "Safe Time Out," documenting her work with a 13 month old girl whose excessive crying had severely limited her physical and social-emotional development, resulting in marked speech and motor delays. Major developmental gains are observed in all areas, as well as marked reduction in crying, from the first session onward.

Juliet Hopkins will describe her work with mothers and babies in infant-parent psychotherapy at the Tavistock Clinic in London. Her presentation will focus on clinical interventions with two mother-infant pairs, where the referral problems was excessive infant crying. In each case, therapeutic work included the therapist recognizing and validating the mothers' own experience of distress, arising from other sources. The mothers were able to make spontaneous changes in their behavior with their infant, effectively calming the babies, following the support for their own distress.

Mary Sue Moore will present a psychophysiological framework within which classic "colic" symptoms of early infancy may be conceptualized. A 48-hour intervention designed to eliminate colic symptoms and re-establish normal physiological functioning in the infant will also be described. The explanation of this psychophysiological process to parents and the interactive aspects of the intervention are observed to help renormalize the regulatory and psychodynamic relationship between mother and infant.

ENVIRONMENTAL EFFECTS ON INFANT SLEEP AND LATER DEVELOPMENT
Avi Sadeh (East Providence, USA), James McKenna (Claremont, USA), Evelyn Thoman (Storrs, USA), Richard Ferber (Boston, USA), Thomas Anders (Davis, USA)

The development of sleep-wake patterns in infancy is a very complex phenomenon involving maturational, physiological, psychological and social processes. Significant changes in sleep-wake organization and sleep architecture occur during the first year of life. Deviation from 'normal' development of these systems can range from extreme events like Sudden Infant Death Syndrome (SIDS) to a variety of less dramatic, but very prevalent, sleep problems. The symposium focuses on the impact of environmental influences on infant sleep and later development.

Based on anthropological and developmental data, the psychophysiological adaptive value of the Western-Urban cultural practice of infant solitary sleep is being questioned. Research findings from polysomnographic studies of co-sleeping mother-infant pairs suggest that continuous mother-infant contact and
proximity during sleep plays an essential regulatory role for infant arousal and respiratory mechanisms. Failure of these mechanisms may result in SIDS.

Other environmental effects on sleep during the first days of life of premature and full-term infants and possible implications for later development are explored. Sleep-wake indices for newborns (based on respiration and motility signals recorded by an ambulatory system) were found to be predictors of later neurobehavioral functioning. External events such as the type of delivery were found to have significant effects on early sleep-wake organization.

Behavioral interventions were found to be very effective with sleep-disturbed infants studied at home with a new ambulatory activity-based method. Findings shed new light on processes involved in the development of consolidated sleep during behavioral intervention. Interventions, such as gradual weaning the infant from parental involvement and "co-sleeping" in the child's room, were found to be equally effective. The results raise questions regarding the specificity of environmentally induced changes in sleep-wake patterns and the interactive role of developmental phases.

The study of sleep schedule problems which may originate in early childhood has been very limited and little is known about the role of such internally or externally induced difficulties. Clinical study of disorders such as phase delayed, phase advanced or disorganized sleep schedules provide information for distinguishing between abnormal pacemaker function and improper caretaker expectations or other environmental effects. This distinction between internally and externally driven schedule disturbances has been found to be crucial when alternative clinical interventions are being considered.

These findings from different clinical and academic perspectives stress the role of the environment in the maturation and regulation of sleep-wake patterns in early childhood, with significant implications for later development.

SCREENING AND TREATMENT FOR INFANTILE AUTISM: PSYCHODYNAMIC PERSPECTIVES
DEPISTAGE ET TRAITEMENT DE L'AUTISME INFANTILE: PERSPECTIVES PSYCHODYNAMIQUES
Didier Houzel, M.D., Claudine Geissman-Chambon, M.D., Andrzej Gardziel, M.D., Gilles Catoire, M.D., Pierre Geissman, M.D. (Bolans, France)

Early screening and consequently early therapeutic measures are the determining factors in the evolution of child autistic syndromes. We report a study describing "alarm signals" in infantile autism. This should enable diagnosis of autistic evolution before the age of 2. We then discuss different therapeutic protocols, all founded on a psychotherapeutic approach to infantile autism. Whatever the etiological origins of autism, we think that necessary steps must be taken to enable the child to reestablish communication links with his family circle and concomitantly to stimulate the process of intrapsychic development. We suggest that early treatment can cure "early interactive disharmony" which occurs between the child and his family circle.

The improving success rate of psychotherapeutically aimed treatment leads us to question the real nature of infantile autism. Could it be a constitutional handicap? Perhaps it is a mental disorder characterized by fixation of the regression to certain stages of development. Or could it be a mixture of defense mechanisms in the face of high risk situation, either of a biological or psychological nature? If the latter hypothesis holds true it would be more logical to talk about "autistic states" rather than "infantile autism."

THE EFFECTS OF VIOLENCE ON INFANTS AND YOUNG CHILDREN: INTERNATIONAL PERSPECTIVES ON PREVENTION
Joy D. Ososky (New Orleans, USA), Salvador Celia (Porto Alegre, Brazil), James Garbarino (Chicago, USA), Rachel Levy-Shiff (Israel), Irving Harris (Chicago, USA)
The Irving Harris Symposium on Prevention and Intervention will focus on violence and its effects on infants and young children. Violence is increasing all over the world; the causes are many including social, economic, cultural, and political factors. The result of this situation is that for a large number of individuals, violence has become a "way of life." Quality of life has deteriorated in many parts of the world, and the assumption that basic needs will be met cannot be made even in countries that are most advanced politically and economically. While we have some ideas about what may cause violence including poverty, paucity of options, and poor socialization experiences, we have not been very effective either in preventing the development of these resultant behaviors or controlling and curbing the increasing levels of violent activity in our society. In this symposium, data and clinical experiences related to young children's exposure to violence will be presented from Latin America, Israel, and the United States. Focus will be placed during the presentations and discussion on the importance of both primary prevention and subsequent intervention efforts.

MATERNAL DEPRESSION AND EARLY CHILD DEVELOPMENT
Arnold J. Sameroff, Ronald Seifer, Susan Dickstein, Gabor Keitner, Ivan Miller, Steven Rasmussen (East Providence, USA), Tiffany Field (Miami, USA), Marian Radke-Yarrow (Bethesda, USA), Edward Tronick (Boston, USA)

Although it is clear that depression runs in families, the modes of transmission have not been clearly identified. Despite the strong belief in a biological basis for this transmission, recent developmental research has been able to identify more proximal mechanisms whereby maternal depression leads to child behavior problems. The three papers to be presented in this symposium are studies of young children of varying ages with depressed mothers.

Comparisons will be reported between the behavior of families where the mother is behaviorally depressed, has a diagnosis of unipolar depression, or no mental illness. Assessments of the children, the mothers, the mother-child interaction, and family functioning will be reported. Alternative models of transmission will be presented. Data will be presented in attempts to separate the variance associated with maternal psychiatric diagnosis, maternal depressed behavior, and specific aspects of parent-child interactions.

The discussion will integrate the data from these three studies with the literature on development and depression indicating what generalizations can be made about (1) being the young child of a depressed mother, (2) domains of child behavior that are more or less vulnerable to maternal illness, and (3) differences in effects at different child ages.
SYMPOSIA
SATURDAY
INFANT-CAREGIVER RELATIONSHIPS: ARE THEY SUPPORTED? NEW APPROACHES TO SERVICES TO FAMILIES OF INFANTS IN THE UNITED STATES, AND THEIR RELATION TO TRAINING AND PUBLIC POLICY

Kathryn Barnard, Ph.D., R.N., Emily Schrag Fenichel, M.S.W., Dolores Norton, Ph.D., Bernice Weissbourd, M.A., Eleanor Stokes Szanto, Ph.D. (Arlington, USA)

This symposium will give an over view from a national perspective of new development in the conceptualization and delivery of services for infants and their families in a variety of settings. Beginning with a brief summary of the status of infants and toddlers in the United States, the symposium will discuss the research base for new approaches to working with their families, with special emphasis on low income and minority families. It will then discuss promising developments in community-based services for infants and their families, focusing on the family support movement and infant/toddler child care. Implications for training and public policy will be discussed.

THE STATUS OF INFANTS AND TODDLERS IN THE UNITED STATES: How we compare with other countries -- Kathryn Barnard, Ph.D., R.N.

A SOCIO-ECOLOGICAL/SOCIO-CULTURAL APPROACH TO SUPPORT SERVICES FOR FAMILIES OF INFANTS AND TODDLERS: What the research tells us and implications for programs -- Dolores Norton, Ph.D.

FAMILY SUPPORT PRINCIPLES AND PRACTICES: Their role in reorienting services for infants and toddlers to meet the needs of families -- Bernice Weissbourd, M.A.

WHAT WE KNOW ABOUT TRAINING STAFF TO WORK EFFECTIVELY WITH INFANTS AND THEIR FAMILIES: A multidisciplinary approach -- Emily Schrag Fenichel, M.S.W.

PUBLIC POLICY TOWARDS INFANTS AND TODDLERS AND THEIR FAMILIES IN THE UNITED STATES: The degree to which it does or does not facilitate these approaches; implications for new directions in public policy -- Eleanor Szanto, Ph.D.

The organizers have designed the symposium to allow ample time for general discussion of these issues.

Presenters are the President of The National Center for Clinical Infant Programs, two of its board members, the Executive Director, and the Associate Director.
MEDIA THEATER

THURSDAY
COMPARING THE BEHAVIOR OF FULL TERM AND PRE-TERM NEONATES
M. Kathryn Jacobs, Ph.D. (Washington, USA)

When premature babies are discharged from hospitals, their parents are told they are "fine and healthy." What parents are not told is how different their baby is. It is well documented that premature babies are less cuddly, sleep irregularly, have a distress provoking cry, are hard to engage, and wear out their caretakers. Their hypotonic trunks, hypertonic limbs and unpredictable reflexes cause them to assume positions which often signal distress, disinterest, withdrawal, and even pain to their caretakers. Their facial expressions are often worried and interpreted as mistrustful. Their parents, especially if young, inexperienced and overstressed, feel inadequate, guilty and depressed.

In this video, key elements of behavior are elicited from a full term and a premature baby, utilizing the Brazelton Neonatal Behavioral Assessment Scale. These behaviors are compared, analyzed and interpreted so that the observer can overlook distracting behavior and recognize the preemie’s emerging competence. This presentation has been successfully used to sensitize professionals and intervene with parents of premature neonates. 60 minutes.

THE NEWBORN IN A NEONATAL INTENSIVE CARE DEPARTMENT: A MODEL OF NEUROPSYCHOLOGICAL PREVENTION
Romana Negri (Milan, Italy)

Through video images of a little baby, born at 25 weeks gestational age weighing 800 g, it is possible to follow the neuropsychological preventive methodology adapted by the author in the Neonatal Intensive Care Department of the Associated Hospitals of Treviglio-Caravaggio (Italy).

The intervention has to consider not only the child but also the parents and the staff working for his survival. In the video, it is possible to see the development of all the work from the observation of the baby in the incubator.

The discussion of the observation sessions with the staff allows a better gathering of the baby’s personality and therefore a more appropriate administration of the environmental preventive actions listed in Table I.

The reliefs obtained also allow a better take in charge of baby and parents before and after dismissal.

BUBBLE-BABIES OR THE RESTORATION OF THE MOTHER/INFANT LINKS
F. Weil-Halpern, A. Fischer, C. Griscelli (Paris, France)

Babies born with complete immunodeficiency disease can be saved by a bone marrow transplantation. This treatment requires a free-germ protection called a "bubble."

The newborn is placed in a bubble for a few months. We wondered what the effects would be on affective development for babies deprived of skin contact with their mothers?

METHODS
Video observations of 25 babies placed in the same conditions (placement in the bubble, daily life, removal from the bubble) in interaction with mother, caregivers, doctors; playing alone, eating, sleeping, etc.

Interviews with parents focused on the child’s development, mothers’ feelings about the bubble, genetic transmission of illness, birth of the child, etc.

RESULTS
The bubble allows the restoration of maternal confidence and of the links between mother and child which were broken at the announcement of lethal illness.

EXPERIENCE IN THE OBSERVATION AND HANDLING OF PREMATURE NEWBORNS IN A
PREMATURE BABY CENTER

Premature birth creates a unique situation for the infant who starts life with biological and psychological potentials that are still incomplete and therefore needs special long-term care even in the absence of pathological conditions. While incubator life provides a stable environment for the infant, it also isolates him to a considerable extent from any possibility of afference, communication and relationships with other human beings. Here we describe our own experience of care as consultants working with the Turin University Premature Baby Clinic since 1984. Sample: 18 newborns with a gestational age of less than 32 weeks, AGA, mean birth weight 1,389 g and normal cerebral echography. Methodology: weekly clinical and motoscopic examinations; weekly videorecording of spontaneous and guided movement during the hospitalization period; psychodynamically-oriented interviews with the parents. Discussion: a summary of the videorecordings shows that careful observation of spontaneous and guided movements allows us to "tune into" each child, to recognize his individual characteristics and identify the most appropriate strategies. This possibility of tuning in and creating an empathetic dialogue with the infant permits an immediate assessment of response quality, makes body language communications meaningful and reveals the type or sensomotorial assistance required. Seen in this light, movement is not solely the expression of the premature baby's neurobiological potentials but also a preferential channel for communication and affect, a way for the infant to explore its own body and the world around it.

FEEDING INFANTS AND YOUNG CHILDREN WITH SPECIAL NEEDS
Ann N. Smith, Marilyn J. Karjicek (Denver, USA)

Many problems can occur at birth or as an infant matures that may prevent development of the sucking and swallowing movements natural to most babies. Overcoming the feeding problems that the special needs of these infants and young children cause is the topic of this videotape program. Techniques are demonstrated to help alleviate the problems and encourage the development of more satisfying feeding patterns. A team of professionals including nurses, speech therapists, occupational therapists, physical therapists, and nutritionists were involved in consultation for this instructional video.

LOOK! WE'VE COME THROUGH! OR THE TALE OF A PREMATURE BABY
REGARDEZ! ON S'EN EST TIRE! OU LE RÉCIT D'UN BÉBÉ PRÉMATURÉ
MIRE! SALIMOS DEL PASO! O EL CUENTO DEL NIÑO PREMATURO

Claudine Amiel-Tison, M.D. (Paris, France)

The pregnancy was going nicely, mother and child maturing together. Then suddenly the premature birth...emptiness...feeling of disaster...anxiety of death. The medical team helps in informing continuously and has the mother participate in the care as soon as possible. They all try to make the parents feel at home in the ICU, a very special world of emergency medicine. During the initial period of intensive care as well as later on during convalescence, psychologists and psychiatrists help them to become parents. When the premature baby is suffering and fighting for life, relatives and anybody who wants to help the mother and the father have to develop some understanding of the medical situation through all the ups and downs. That is what this videotape is all about.

We also hope this video will help the hospital staff to see things in a different light. It wouldn't hurt if in passing they can laugh a little.

In the first part, the preemie is telling his medical curriculum, the first weeks of life, in the Intensive Care Unit: Respiratory Distress Syndrome, Intraventricular Hemorrhage, Necrotizing Enterocolitis, Bacterial Infection, Jaundice, etc. As he goes into ups and downs, his parents have to
learn not to be too happy or exceedingly unhappy, they just have to be patient.

In the second part, the preemie moves to the post Intensive Care Unit. As a convalescent he still meets a few problems: it is difficult to keep warm, to gain weight regularly, not to forget to breathe once in a while, to learn bottle feeding and finally breast feeding. In this quieter environment, the preemie will rapidly progress in his neuro-sensorial abilities, showing how competent he is in seeing, listening, interacting.

In the last part, the competent parents are ready to take home their competent child. No special care is needed any more. After having been so special and powerful, the preemie will have to learn how to live a normal life in his family...just a normal baby.

INFANT MASSAGE IN A NEONATAL INTENSIVE CARE UNIT
B. Costa, I. Blanchi (Genoa, Italy)

The video presents a proposal of early intervention for premature babies in the Neonatal Intensive Care Unit at the Children’s Hospital G. Gaslini in Genova.

Tactile intervention has historically been utilized as a successful method of achieving normalization of sensory systems and neuromotor development. The first part of the video shows the tactile importance and meaning both in intrauterine life and after birth. A premature baby begins his/her life in a very different way: the environment is full of stress agents, touching is often limited to pain, the separation from parents is an obstacle to the bonding process.

Infant massage seems to be a useful approach in establishing a positive contact with the baby, introducing gradually the strokes the baby begins to recognize touching as a source of well being, relaxation and love. The video shows all the massage benefits during the recovery when the baby is in the incubator and when he/she is moved on to the cot. Massage may help to normalize postural tone, decreases hypersensitivity to touch, and is an enriching experience for professionals as it allows a holistic approach to the newborn.

Parents, who go through moments of considerable anxiety and stress during the baby’s recovery, are involved in the program. Parents are advised to attend the group class on Infant Massage which is offered by the Hospital Rehabilitation Department.

THE WORLD OF THE SPECIAL CARE BABY
M.T. Lolla, A. Digonzelli, R. Gatti, B. Costa (Genoa, Italy)

The Neonatal Intensive Care Unit is a well-known high-risk context. The environment in which the neonate patients find themselves is full of stress agents. Premature newborns pass abruptly from a situation of containment, warmth and symbiosis with the mother to one exactly the opposite: separation and therapeutic aggression. The specialized personnel carry out the fundamental role of applying the treatment necessary for the baby’s survival, ensuring in the meantime respect for the child, for his quality of life and for the parents’ right to consolidate their relationship.

The video shows the interventions to change the environment around tiny premature babies in order to answer to their needs: containment, touching, positive tactile stimulation, protection from overstimulation.

The world of the special care baby is now the little inflatable mattress ensuring a position very similar to the uterus one: now it is the water, a very important element for the baby’s growth; now it is the caregiver’s body which moves in harmony with the baby transmitting protection and warmth.

It is only with these interventions, listening to and understanding baby’s needs, that it is possible to change the "gray" environment of a NICU into a "green" one full of future and hope.
THE TREATMENT OF REACTIVE ATTACHMENT DISORDER OF INFANCY IN A PREMATURE INFANT IN A NEONATAL INTENSIVE CARE UNIT
Marlene S. Goodfriend, M.D. (Chicago, USA)

This 45 minute videotape presentation shows the life of a premature infant from ages 4 to 15 months of life. It illustrates an infant who shows physical improvement when he is provided with a consistent, understanding attachment figure. A severely ill premature infant is abandoned to the care of an infant intensive care unit by his parents. At 4 months of life it is not possible to wean him from mechanical ventilation. He is evaluated by an infant psychiatrist who determines that his lack of a consistent attachment figure is interfering with his physical progress. The infant is held daily, and after 3 weeks he is able to breathe on his own with supplemental oxygen. As he becomes increasingly attached to the psychiatrist, he alerts to her voice and lifts up his arms to be picked up. The videotape also shows how when his attachment needs are not met, this infant experiences a physical decline. At 8 months of age he is transferred to a more quiet unit where he can have primary care nursing. His physical condition improves and he becomes an alert, playful infant. When he is 1 year of age, the infant psychiatrist goes on a brief vacation and he again requires mechanical ventilation. The following 3 months of videotape show this infant recovering from this recent abandonment. Preparations are made for introduction of a new caretaker who will intervene daily with the infant. The infant forms an attachment to this new caretaker, and his reaction to the absence of the infant psychiatrist is less severe. The final clip shows the infant crying as he is reunited with the psychiatrist after a 3 week break, and he is soothed just the way he was at 4 months of age.

HEART TO HEART. PARENTAL REACTIONS TO AN IMPAIRED INFANT: NORMAL GRIEF OR PSYCHOPATHOLOGY?
Nancy Chernus-Mansfield, M.A., Marilyn Horn, L.C.S.W. (Los Angeles, USA)

"Heart to Heart" is a professionally-produced videotape featuring Dom DeLuise that illustrates a variety of emotions parents experience when their child is diagnosed as severely impaired. In conversations with Mr. DeLuise, a number of mothers, fathers and couples discuss their response to their child’s disability. All the conversations are open, intimate and candid. The parents represent a variety of racial and ethnic groups. Although each of the parents has a child with a visual impairment, the emotional content is universal for any parent of a disabled child, regardless of the nature of the handicap. What emerges from these discussions is the enormous sense of loss parents experience when their child is permanently disabled.

The tape illustrates depression as an expected response to a significant disappointment and loss. "Heart to Heart" will be helpful to clinicians in distinguishing between normal and pathological grief which can be a daunting distinction to even the most experienced practitioner.

THE EFFECTS OF INFANT HANDICAP AND MATERNAL DEPRESSION ON EARLY INFANT-PARENT COMMUNICATION--A VIDEO PRESENTATION
Lynn Barnett (Devon, England), Gunilla Preisler (Stockholm, Sweden)

Video clips of "normal," "blind," and "deaf" infants--some with "normal," "depressed" or "deaf" mothers (and "normal" fathers). We will demonstrate how the competent communication skills of the newborn can be encouraged and developed or inhibited and distorted within the infant-parent relationship.

The effects of early stereotyping about the "nature" of individual infants (often different with each parent) will be discussed as will the use of video to help parents of handicapped infants improve this communication.

LOOKING BACK, MOVING AHEAD: YOUNG MOTHERS TELL THEIR STORIES
Danny Jones, Alice Eberhart-Wright, Mary Loy Brown (Topeka, USA)
Teenage pregnancy frequently places infants at risk for a variety of health, educational, and socioeconomic problems. The objective of this videotape is to give young parents a positive direction and the encouragement or help to overcome these inherent problems. In documentary style, three young women from different ethnic backgrounds and different support systems explain their situations and their choices.

The presentation deals specifically with initial reactions to the pregnancy and the task of adjusting lifestyle and goals when the baby is born. It stresses the importance of young mothers attending to their own needs as well as their babies' needs, letting go of destructive relationships and finding healthier ones, valuing education, setting goals and working toward becoming financially independent, finding support systems within and outside the extended family, learning to balance many responsibilities and dealing with depression and frustration.

By overcoming the "live for today" philosophy characteristic of many adolescents, these young women are able to escape the typical traps of adolescent parenthood that may mean getting caught in a web of poverty and problems for their children and society.

The videotape is intended for adolescents who already have children or who are pregnant and have decided to keep their baby. Professionals who work with this population may want to utilize the videotape as a resource for teaching, basic information and intervention.

MOTHER-INFANT INTERACTIONS DURING PLAY
Irene Chattoor, M.D. (Washington, USA)

This videotape will explain how to observe and rate mother-infant interactions during free play. It will show vignettes from videotapes of mothers and infants with adaptive and maladaptive interactional patterns. The infants range in age from one month to three years. Mother and infant behaviors will be rated with a global scale developed by Chattoor et al.

The Play Scale is a Likert type instrument which rates behaviors in the mother and the infant from none, a little, pretty much, to very much. The Play Scale has 24 mother behaviors and 8 infant behaviors clustered in four subscales which were named after the common theme of the individual items on each subscale. These subscales are:

1. Dyadic Reciprocity
2. Maternal Unresponsiveness to Infant's Needs
3. Dyadic Conflict
4. Maternal Intrusiveness

The Play Scale can be used in combination with the Feeding Scale, or by itself. It can be used as a research instrument or for clinical assessment of vulnerable infants and also for infants with various types of developmental psychopathology.

A POST-TRAUMATIC FEEDING DISORDER CHARACTERIZED BY FOOD REFUSAL
Irene Chattoor, M.D. (Washington, USA)

The purpose of this videotape is to familiarize professionals with a severe feeding disorder characterized by food refusal. This feeding disorder is most commonly seen in infants who have been medically ill and undergone painful manipulation of the oral cavity by insertion of tubes or vigorous suctioning, infants who have experienced pain during feeding because of reflux esophagitis or infants who have had episodes of gagging and choking during feedings. Infants who have undergone these adverse experiences appear to associate anything related to feeding with pain, and they show fear in anticipation of feedings. In some infants, the anticipatory fear of being fed is so severe that they cry or vomit at the sight of the bottle of the high chair. On the other hand, parents report that when some of these infants are drowsy and unaware of what they are doing, they are able to drink from the bottle.

The videotape will present vignettes of infants and toddlers with their mothers during diagnostic feeding sessions. Then the principles of treatment,
A gradual desensitization program will be discussed, and infants at various stages of recovery will be shown with their mothers during feedings.
MEDIA THEATER

SUNDAY
COMMUNICATION WITH PREVERBAL INFANTS AND YOUNG CHILDREN
Ann N. Smith, Marilyn J. Krajicek (Denver, USA)

Communicating with infants and young children who have special needs can present challenges to parents and caregivers. This video program describes how preverbal communication develops and the ways adults can maintain and support an infant or young child’s efforts to communicate. Infant cues, imitation, use of sounds and gestures, and the progression into use of word symbols are shown. The focus is on communication that happens naturally during play and daily activities. Caregivers are encouraged to adapt their own communication efforts to help young children learn and develop.

This is a training video, and the intent is to give information, to demonstrate recommended techniques, and to provide a strong motivation for the viewer to learn and use the techniques. The target audience includes parents, other caregivers, infant interventionists, and anyone who works with preverbal children. Following the main part of the video preverbal interactions between young children and their parents/caregivers are shown, and viewers are given the opportunity to evaluate the interactions based on what they have observed and learned.

ASSESSMENT OF COMMUNICATION AND EMOTIONAL DEVELOPMENT IN CHILDREN, 3 MONTHS TO 36 MONTHS
Jerrie Schmalzer Blacklin, M.S., C.C.C. (Bethesda, USA)

The purpose of the video presentation is to demonstrate consistent, planned activities in the communicative, cognitive and emotional domains of infants and young children, 3 months to 36 months. The video shows consistency and predictability in young children’s gestural and linguistic behaviors as their responses become more elaborate with age and familiarity with the routine. The routines are selected because of the capability to elicit a hierarchical range or potential responses during play with planned, structured activities. The activities presented on the various taped clips provide a way to dynamically assess response reactivity in lieu of constructing a skill-oriented approach to task mastery.

Thirty-eight children (24 normal and 14 at-risk for language delays/disorders) have been exposed to the identical set of structured routines for the 40 minute video. The children represent a broad range of English-speaking youngsters, both boys and girls, and a fair distribution of children matched for developmental age, race, and socioeconomic differences. The tape is narrated and edited by professionals in the fields of broadcasting and speech/language pathology. The project has been supported by grants through the Maternal Child Health Program of the Department of Health and Human Services and the Cecil and Ida Green Research and Training Institute of the Reginald Lourie Center for Infants and Young Children. The Cognitive Neuroscience Section of the National Institutes of Health, National Institute of Neurological Disease and Stroke has provided technical support.

A BABY’S ATTENTION AT PLAY
A BABY’S ATTENTION DURING CARE
Anna Tardos, Geneviève Appell (Budapest, Hungary)

From Anna Tardos’ research on child’s activity at Emmi Pilkert Institute - Budapest - 1988/1990. Edited and published by Pikler-Loczy Association for young childhood (Hungary) with financial contribution from the Health Ministry (France).

A child in good health whose relationships with himself and adults are harmonious finds, since birth, pleasure at being active.

Observation of children, left movement free, secure in their proper surroundings unfolding of interactive chains of a child with the objects. The first film studies the variation of attention with which the children, from nine to twelve months, get themselves into during play periods. It identifies and describes different forms of attention and shows how "auto-regulation"
processes allow them to develop.

Observation of the same babies, cared for by a closely related adult who gives freedom to their movements, follows their interests while encouraging their participation in the care shows the swinging of their interest. The second film points out how the baby goes from the material surroundings to communication with the adult, to his own body and to the care he is given. Though taken in a richer but more complex situation, where the adult plays his part, the child, when considered as an active partner, is able to leave free way to his own involvement and the different forms of attention occur, one as important as the other.

Both films contribute to a fine analysis of a baby’s capacity for autonomous and self induced activity and abilities for different forms of attention. They illustrate the subtle pleasure that the child finds in these processes and their importance for his own development. They bring a new regard on the adult’s responsibility for respecting such self-induced child’s activity while supporting it, whether during play or during care.

INCIDENCE OF PARENTAL EXPECTATIONS ON EARLY LINKS AND DEVELOPMENT
Miguel A. Cherro Aguerre, Deborah Buka, Mónica Grobert, Magdalena Herrera, Ethel Katzovich, Graciela Zito (Montevideo, Uruguay)

This communication contains the results of the comparative follow-up during more than 3 years of two pairs of twins. The working hypothesis is to ascribe the differences that may appear in the performance of identical twins, during their development, to the incidence of parental expectations.

These expectations are linked with the parents’ personal history. The methodology consists in observing and filming different moments in the life of the children, from the moment the parents know about the existence of a twin pregnancy until the children are three years old (delivery, breastfeeding, play face to face, feeding with solids, free play, reaction to stranger, and social play at kindergarten).

Through the comparison between both cases, the hypotheses elaborated in former clinical works are confirmed and others arising from the present research are discussed.

INTERVENTIONS IN CRYING
"A SAFE TIME OUT"
Margaret Hope Dip OT, M. Ed. (Randwick, Australia)

"A safe time out" demonstrates principles of behavior management applied during three therapy sessions with a developmentally delayed twin of 20 months. It demonstrates how successful management of the behavioral disturbances results in a burst of accelerated development.

An attempt is made to redress some common misconceptions about the application of behavioral principles. For example, "time out" and ignoring are not always appropriate strategies for extinguishing difficult behavior, such as excessive crying, especially when a child is anxious or distressed or not old enough to manipulate others intentionally. In this child’s management, simultaneous reassurance and limit setting are achieved by combining the notions of "safe base" with safe "time out," thus dovetailing the theory of attachment with behavioral principles.

This 50 minute video is recommended for use by professionals familiar with behavior management principles, attachment and separation issues, and family dynamics. It is also useful for parents as an adjunct to therapy.

VIOLENCE IN EVERYDAY LIFE OF MOTHER/INFANT INTERACTIONS
(FOCUSING ON FEEDING)
J. Miguel Hoffman, Guillermo Segal, Liliana Tettamanti, Carolina Rizzi (Buenos Aires, Argentina)

The infant shows an independent center of initiative from very early on.
Our research has produced evidence for early manifestations of initiative and self will as early as the fifth month of life. We presume nonetheless that this process might start earlier, even in predominantly by refusal then by positive actions into the outside world. But our research material constrains us to the period of 5-12 months of age.

We have detected two kinds of situations expressing violence in early mother/infant interactions: 1) Aversive Reactions, with seven different levels in our understanding and 2) Power Struggles between mother and infant.

The first form, aversive reactions, is more the response of an infant that has seen his process of developing some sort of own plan of actions, initiatives. The interruptions has been produced by a failure of mother’s sensitivity (or empathy, affect attunement, and other forms of maternal reception of infantile processes). The aversive reaction is a response to that interference.

Power struggles are clearly interactional events, that involve two individuals with different projects, colluding one with the other because of incompatibility of both projects. The two partners will set into motion different forms of trying to get away with their own project, in spite of the resistance the other is offering.

We have to take into account the abysmal difference of power in both interacting parties. Therefore it is even the more impressive to detect these power struggles and the time they last if we take the asymmetry into account.

It is our understanding now that situations that involve lesser degrees of violence in Mother/Infant Interaction are not being perceived. This might be due to negation, dissociation or some sort of cultural idea.

We might be able to show the dramatic impact of microanalytic situations in which these two so uneven forces struggle with one another, the persistence of infantile willfulness, his capacity to endure and the efforts of mother to overpower or else to find a negotiated way of dealing with that situation.

THE NEW SURVIVORS
Judith S. Bloch, ACSW (Syosset, USA)

The New Survivors video was developed through a partnership of professionals and parents who have medically fragile, chronically ill, technology dependent and developmentally disabled infants and toddlers. The docudrama gives viewers an opportunity to observe the parents of an infant with disabilities and discuss concerns related to their child’s care and development; identify critical personal, marital and family issues and the difficulties they have encountered communicating with one another and the array of professionals who want to help. Reactors from medicine, nursing and social work comment and present guidelines for enhancing the resiliency and adaptive competence of families and emphasize the importance of linkages to community resources.

Worldwide, the population of “new survivors” is rapidly increasing due to modern technologies and public awareness that encourages early identification and recognizes the value of early intervention. In the United States, there is new family-centered Federal Legislation, P.L. 99-457, which encourages states to develop comprehensive, coordinated, multidisciplinary programs for babies, birth to 3 years. Its mandate for an IFSP (Individualized Family Service Plan), along with multidisciplinary evaluation of the child, will be discussed, as well as the way the collaboration between professionals and parents promotes family wellness.

IF BY CHANCE AN INFANT MEETS A CHILD
SI PAR HASARD UN BÉBÉ RENCONTRE UN ENFANT
Joëlle Rosenfeld, Marcela Montes de Oca, Gilbert Coyer (Bobigny, France)

The authors develop research currently in progress concerning the detection of possible interactive precursors of later emergence of autistic behavioral symptoms. The method involves a blind sequential analysis of interactions of home movies from birth to 2 years old (C.E. INSERM No.
901104). We use interactions qualitative assessment for detailed analysis. For each period, we scrutinize mother-baby interactions. We observe the changes in interactions, especially the transformations with other interactive partners, situations, and we try to identify a repetitive interactive scenario. For the same period, we also analyze the behaviors of the infant alone. We assess observer-movie affective interactions using positive and negative affects in an effort to correlate each period with the observers' affect. Before the first year of life the researchers observe fixed interactive distortions between the babies and their parents. But at the same time, infants can find other ways of interacting with other children. Yet, later, the infant does not seem to be able to transform its fixed interactions. This leads to a new hypothesis: if by chance on its way an infant meets another child, often an empathic sibling, he drops repetitive ways of interacting and discovers new interaction events. From presenting three comparable examples of such variable ways of interacting before one year, we try to show these differences. Then, we compare their relationships later with parents and siblings before 2 years of age. Consequently, the observation of interactive dysfunctions confronts the researchers to the variations of the transformation process. This leads to a discussion concerning the links between chance events, empathy, and representation of temporality. Adult and child and probably babies do not interact with the same internal speed. The speed of intersubjectivity may have something to do with the time of perception. The problem is: is it possible to see a movie, to feel something in front of a movie and to appreciate the internal speed of interactive partners? Consequently, for the authors prevention strategies imply detecting not only dysfunctions of infant-parent interactions but also understanding of chance meeting interactive mechanisms and their occurrence.

MOTHER-INFANT INTERACTION DURING BREASTFEEDING IN ONE CASE OF SUDDEN INFANT DEATH SYNDROME
T.M. Tamminen, P. Kaukonen (Tampere, Finland)

Within the context of a major research project on the impact of mother's depression on breastfeeding, a representative sample of first-time mothers was followed from late pregnancy until one year after the child's birth by means of postal inquiries and questionnaires. A subsample of 39 mothers (20 depressed and 19 non-depressed randomly selected control mothers) was investigated in more detail by means of a personal interview and videotaped breastfeeding observation of three months after the child's birth at the mother's home. The mother then watched the videotape together with the researcher. The mother's comments during watching and the semistructured interview were tape recorded.

One control mother in the subsample lost her baby boy at four months of age. The infant died unexpectedly during sleep; sudden infant death syndrome was diagnosed.

All data concerning this special case have been carefully analyzed in different ways. The videotaped mother-infant interaction has been evaluated and coded by two independent infant researchers.

In this presentation, the mother-infant interaction during feeding will be shown and then all other data concerning the case will be described.

DEPRESIÓN EN EL BEBÉ: RELATO DE UN CASO

Se presenta el caso de Rita, 6 meses de vida, que se internó en Pediatría por bronconeumonia y gastroenteritis aguda, además de desnutrición, moniliasis oral y perineal y anemia. Mismo después del tratamiento clínico, permanecía apática, triste, desinteresada con relación a la madre y al ambiente, durmiendo excesivamente y con lentificación psicomotora. La madre parecía estar desinteresada en relación a la hija, peleando con el equipo. Se diagnosticó
depresión del bebé, además del Transtorno Reactivo del Vínculo (DSM-III-R). Fue realizado abordaje multidisciplinar a través del entendimiento de la situación por el equipo, psicoterapia de apoyo (y maternaje) a la madre, y a la dupla mare-bebé y orientaciones objetivas graduales para que la madre estimulasse el bebé. La evolución fue favorable, estando documentado a través de video-tape con follow-up de 1 año, que fue mostrado a la madre a pedido de ella.
POSTERS
THURSDAY
INFANTS WITH CONGENITAL HEART DEFECTS: DEVELOPMENTAL IMPLICATIONS
Cheryl Mroz, AB, MS, RN; Gail Liberg, MPA, OTR/L; Carol Harding, Ph.D; and Rabi Sulayman, MD (Country Club Hills, USA)

Nearly 30,000 children are born in this nation each year with potentially life-threatening heart defects. The incidence of congenital heart disease (CHD) is approximately 2-10 per 1,000 live births. The impact of CHD on psychological, neurological, cognitive, and physical development has become a focus of great concern since the incidence of CHD has increased, recent advances in medical and surgical interventions have lowered the age at which surgery takes place, and survival rates have greatly improved.

The overall rating of reported neurodevelopmental problems in this population ranges from 23%-40% and includes such disorders as developmental delays, motor delays and cerebral palsy, visual and auditory impairment, perceptual motor impairments, cognitive deficits, and learning disorders. Etiology of increased risk for cognitive impairment varies; several authors suggest hypoxia, others suggest increased maternal anxiety and family coping patterns.

This explanatory, cross-sectional study proposed to examine the relative impact of general medical/biological factors and environmental factors (SES, maternal psychological functioning, quality of mother-child relationship) in determining the developmental functioning of the child who had surgery for CHD in the first 2 1/2 years of life. The sample consisted of 31 white, working class mothers and their infants, ages 12-32 months. Thirteen children experienced developmental delays in the cognitive, adaptive, expressive language, affective and motor areas. Seventeen mothers experienced depressive symptomatology. Mother-infant relationship disturbances were also found. Results of multiple regression analysis indicates that five variables—Infant Age at First Surgery, Deviance of Weight (below tenth percentile, pre-operatively), Cardiac Function post-operatively, Socioeconomic Status, and Interactivity—were found to be most predictive (multiple R = .7464-.8579) in determining developmental functioning in this study’s subjects.

ATTACHMENT AND AFFECT IN MALNOURISHED INFANTS: AN 18-MONTH FOLLOW-UP
Linda M. Richter (Pretoria, South Africa)

The major health problems of children in South Africa are inextricably bound to the material, social and psychological dimensions of poverty. It is argued that conditions of hardship, associated with young children’s vulnerability to illnesses (such as protein-energy malnutrition), impinge on children through their effects on the morale, motivation and actions of those people mainly responsible for the care of children.

This paper describes a study of the psycho-social factors associated with the rate of catch-up growth and psychological recovery exhibited by malnourished infants treated, with their mothers, in a specially designed rehabilitation unit. Poverty level, social support, home environment and maternal resources were assessed, as was the quality of the mother-child relationship, classified according to attachment type, at mean age 14 months. Thirty six malnourished infants and a matched comparison group were re-examined eighteen months later using procedures designed to assess emotional regulation and the development of self-functions (self-recognition, self-appraisal and self-control) during mother-child interaction.

The main results were that securely attached malnourished infants showed, on average, twice the amount of catch-up growth as infants classified as anxiously attached. Also, attachment classification, rather than illness status, was associated with emotional and self-regulation at mean age 30 months. A model is described in which attachment is interpreted as an expression of extreme poverty in the domain of mother-infant interaction, with specific implications for the development of young children. According to this model, distal material and social factors are brought into proximal relation to children through their influence on caregivers and caregiver-child relationships.
THE DEVELOPMENT OF REACTIVITY AND SELF-REGULATION OF PHYSIOLOGICAL AROUSAL IN PRETERM INFANTS IN THE NICU
Mary P. O’Callaghan, Cynthia L. Miller, Thomas L. Whitman, Ph.D., and Robert White, M.D. (Notre Dame, USA)

The routine medical and caregiving procedures which preterm infants undergo while in the Neonatal Intensive Care Unit (NICU) have been found to produce physiological stress in premature infants (Gorski, Hole, Leonard, & Martin, 1983; Long, Philip, & Lucey, 1980). Infants, however, are not passive receptors of environmental stimuli. One of the primary tasks which developing infants must accomplish is to modulate their physiological responses to the environment in ways that minimize stress and reduce the potential harmful effects of overstimulation (Kopp, 1982; Sroufe, 1982). Rothbart and Derryberry (1981) suggest that another response dimension, infant reactivity, must be considered in conjunction with self-regulation. For preterm infants, who must undergo repeated exposure to caregiving events which are physiologically stressful, reactivity levels as well as the development of effective self-regulatory mechanisms may be especially critical. The extent to which the environment has an adverse effect on the premature infant is most probably not only a function of the specific stimulation received, but is also related to the infants’ reactivity and ability to adapt to the environment by regulating their arousal levels. Little is known, however, about individual differences in premature infants’ reaction to stressful events or about differences in infants’ abilities to modulate the physiological arousal elicited by these events. It is hypothesized that knowledge of these processes would enable clinicians to facilitate the development of effective coping mechanisms in infants as well as predict infants’ later emotional development.

This study has two general goals: (a) to examine profiles of infant reactivity and self-regulation of physiological arousal in response to routine medical care, with emphasis on analyzing the developmental course of these systems during the infants’ stay in the NICU using statistical growth curve modeling; and (b) to identify factors influencing reactivity, regulation and their development. This investigation is testing the specific hypothesis that there are individual differences in the overall reactivity and regulation of premature infants, as well as in the rates of change and patterns of reactivity and regulation over time. Moreover, we are testing the hypothesis that both reactivity, regulation and changes in these two systems can be predicted from infant birth status variables, such as birthweight, gestational age, and medical complications, the characteristics of caregiving interventions, and interactions among these variables.

Premature infants with birthweights under 2500 grams are being evaluated during their stay in the NICU of Memorial Hospital in South Bend, Indiana. Data regarding infant reactivity and regulation is recorded for three interventions: heelsticks (for blood drawing), temperature taking, and TLC (defined as stroking the infant’s head). The infant’s response to TLC and temperature taking is recorded three times a day, twice a week, for the duration of the infant’s stay in the hospital, and response to the heelstick procedure is recorded three times a day, once a week. For each of the sampled interventions, a baseline level of infant functioning is established immediately prior to the intervention; baseline measures include: (a) heart rate, (b) respiration rate, (c) p02 or O2 saturation. The infant’s reactivity to an intervention is measured through assessment of the changes in the infant’s physiological measures from baseline to immediately following the intervention. The infant’s ability to regulate is measured through the changes in the infant’s physiological measures and behavioral state from immediately following the intervention to five minutes following the completion of the intervention.

Preliminary data analyses suggest that there is considerable individual variability in infant’s reaction to and regulation of stress-induced arousal. More specifically, there are differences in the overall levels of reactivity, differences in the primary physiological modality in which reactivity is expressed, (changes in O2 saturation, heart rate, or respiratory rate), and individual differences in responses to the three types of medical
interventions. At this time there is also evidence to suggest that infants vary greatly in their ability to regulate this reactivity. Further analyses will attempt to identify correlates of these differences. Additional analyses will be performed to model individual patterns of change in reactivity and regulation during hospitalization via Hierarchical Linear Modeling (HLM), or growth curve analysis, and possible correlates of change will be examined.

TODDLERS WITH SPECIAL NEEDS AS INITIATORS AND RECIPIENTS OF PROSOCIAL BEHAVIORS
Donna S. Wittmer, Ph.D. (Denver, USA)

There is a gap in the research concerning the nature of the interactions between toddlers with special needs and typical toddlers in socially integrated settings. Seven toddlers with special needs were videotaped in their programs for a total of two hours. A new coding system was designed to capture the subtle communication cues that a child with special needs may give to initiate an interaction with another child or respond to an initiation from another child. Medical data begins to help professionals understand the nature of the special interactions of toddlers with special needs in an integrated setting. Toddlers with special needs need support to make positive initiations to other peers. Almost one-fourth of the toddlers’ initiations involved a negative behavior rather than pro-social one. Teachers have an important role in encouraging typical peers to make social initiations toward toddlers with special needs, as approximately half of the initiations from peers toward the toddlers were directed by a teacher.

THE RELATION BETWEEN AVOIDANT ATTACHMENT AND PROBLEM BEHAVIOURS AMONG LOW BIRTHWEIGHT CHILDREN
Ann Robson, David Pederson, Sandi Bento (London, Canada)

Existing prospective reports of the consequences of low birthweight suggest that the early caretaking environment may influence childhood social development. Attachment theory predicts that differences in the quality of the infant-mother attachment relationship will have implications for subsequent development, and that insecure/avoidant attachment will be related to externalizing behaviour problems. Evidence in support of this prediction is inconsistent. One reason may be conceptual, as externalizing behaviour problems coexist with behaviours such as distractibility/high activity level. A second reason may be methodological, as single measures or measures from one source are often used. Therefore, the purpose of the present report was to study the relation between avoidant attachment and problem behaviours among low birthweight children, considering both externalizing behaviour problems and distractibility/high activity level, and using the aggregation of measures obtained from multiple sources. The subjects were a sample of low birthweight children participating in a prospective longitudinal study and classified as either insecure/avoidant or securely attached at 12 months of age. At 5 1/2 years of age, Avoidant children were compared to Secure children on a measure of externalizing behaviour problems, obtained from maternal ratings, and on an aggregate measure of distractibility/high activity level, developed from observer and maternal ratings. There was no significant difference between the Avoidant and Secure groups on the externalizing behaviour measure. However, the Avoidant children scored significantly higher on the aggregate measure of distractibility/high activity level. These results suggest that an avoidant attachment may represent an increased risk for the problem behaviours of distractibility and high activity level among low birthweight children.

PROGRAM, CHILD AND FAMILY VARIABLES PREDICTING EFFECTIVE EARLY INTERVENTION WITH HANDICAPPED INFANTS
Elizabeth Thompson, Sharon Marcovitch, Janet Mitchell, Susan Goldberg (Toronto, Canada)
Previous evaluations of early intervention with young handicapped children have largely looked at improvement in child functioning over time. Specific child, family and program variables have not generally been linked to program outcome. The present investigation followed 85 children from three diagnostic groups (children with Down’s syndrome, children with neurological impairment, and children with a developmental delay of unknown etiology) over six months of participation in a home-based early intervention program. The children were assessed on the Alpern-Boll Developmental Profile before and after intervention. The nature of each child’s specific intervention program was recorded after every home visit by the program intervenor. Characteristics of the intervenor, the child and family as well as family satisfaction with intervention were also evaluated. The nature of each child’s program and child and family characteristics were linked to child change on the developmental profile. Using test hypothesis regression techniques and model building, the best predictors of child change in five developmental areas were determined.

The frequency with which family support issues are discussed, the experiential background of the intervenor, the family’s satisfaction with intervention and a focus on helping parents teach their child appear to be significant factors in the effectiveness of designing an early intervention program. These factors should be taken into consideration when designing effective early intervention programs for handicapped children and their families.

PARENTING STRESS RESEARCH: CAN IT CHANGE THE FACE OF EARLY INTERVENTION?
Elizabeth Thompson, M.A., Janet Mitchell, M.A., Daune Macgregor, M.D., FRCP (Toronto, Canada)

Parents of handicapped children are reported to experience more stress than parents of non-handicapped children. There is evidence, however, that having a delayed child can affect families differentially. Different diagnoses, child and family characteristics produce differential stress. How parent stress changes and what may moderate these changes as parents are involved in home-based early intervention needs to be understood in order to more effectively offer early intervention to suit families’ needs. The present study examined reported parent stress (measured by the Parenting Stress Index, Abidin) in 85 mothers with delayed infants from three diagnostic groups (Down’s syndrome, neurological impairment, and delays of unknown etiology) just prior to their entry into early intervention and after 1 year of intervention. Parent characteristics ( locus of control, self-esteem and social support), child characteristics (developmental levels and temperament) and program characteristics (topic focus for each visit, total number of visits) were all measured. The PSI data were examined to see what percentage of mothers experienced clinically significant stress in either the parent or child domain following 1 year of early intervention. Several repeated measures ANOVAS were then conducted on the PSI subscales examining change over time in each of the diagnostic groups. Lastly, in order to determine whether there was a relationship between reported stress at one year and parent, child or program characteristics, multiple regression analyses were performed for each of these three sets of variables on each of the child and parent domain scores. Analyses revealed that more mothers than average reported high stress with regards to acceptance of her child and demandingness of her child. Results of the MANOVAS on change in stress over time by diagnosis suggested that stress decreased over time differentially for the diagnostic groups in regards to the child domain, demandingness ($F=5.31, p<.01$) and mood ($F=5.39, p<.01$). There was a decrease in stress over the one year in acceptance ($F=3.88, p<.01$). Children’s communication levels were predictive of stress in the parent domain ($r^2=.09$). A preliminary analysis of selected program variables was completed and a relationship was noted with families who were most stressed being the families who were receiving the most frequent discussion of family issues ($r^2=.12$). The results provoke discussion of how early intervention could be tailored more accurately to fit the differential needs of families by measuring and understanding changes in parenting stress.
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A MODEL FOR ASSESSING RISK STATUS OF COCAINE-USING MOTHERS AND THEIR NEWBORN INFANTS
Sharon G. Murphy, Ph.D., Lauren S. Wakschlag, M.A. (Chicago, USA)

Although all infants exposed to cocaine are at risk, it is clear that there is a range of developmental outcomes within this group. This project represents a study in progress which seeks to identify during the postpartum period those dyads who are most at risk so that services can be provided following discharge from the hospital. We propose a model which assesses risk status of cocaine-using mothers and their newborn infants which focuses on 1) neurobehavioral status of the infant, 2) maternal social and drug history, 3) maternal psychological resources and attitudes towards parenting, and 4) quality of dyadic interaction. We predict that there will be a continuum of adequacy across dyads determined by both maternal and infant characteristics. The utility of this approach lies in its potential for establishing criteria with which to make judgements about individual dyads. In addition, it enables the clinician to pinpoint the relative contributions made by specific mother-infant characteristics to the degree of risk.

EFFECT OF INTRACRANIAL HEMORRHAGE ON INFANT-MOTHER ATTACHMENT
Suzanne M. Cox, Joyce Hopkins, Wendy Heller (Chicago, USA)

Intracranial hemorrhage (ICH), a medical complication associated with preterm birth, has been associated with less optimal patterns of infant-mother interaction. Since patterns of infant-mother interaction have been predictive of infant-mother attachment, the goal of the present study was to examine the effect of ICH on infant attachment.

It was hypothesized that preterm infants who had experienced ICH would be more likely to demonstrate an insecure pattern of attachment to their mothers than control preterm infants who had not experienced an ICH. It was also hypothesized that ICH would be associated with more resistant and disorganized patterns of interaction during the Ainsworth Strange Situation paradigm.

To date, 25 preterm infants (13 with ICH and 12 without) and their mothers have been seen in the Strange Situation when the infants were about 18.5 months of age, corrected for prematurity. ICH and control infants have been matched on demographic variables (e.g., SES, maternal age, maternal education, sex of infant).

Findings to date indicate an association between ICH status and insecure attachment ($t(23) = -2.37$, $p = .027$). There was a trend for the ICH group to show greater resistance during the 2nd reunion with mother ($t(24) = -1.93$, $p = .066$). The ICH group also showed higher levels of disorganized attachment behaviors than the control group ($t(24) = -2.24$, $p = .034$).

These data thus confirm the hypothesis of an association between ICH and infant-mother attachment. ICH may indeed be a risk factor for social and emotional difficulties in children who had been born preterm.

THE INFLUENCE OF PERSONAL ILLNESS ON YOUNG CHILDREN’S UNDERSTANDING OF DISEASE
Ken Springer, Leslie Spellman, Thelma Maldonado (Dallas, USA)

This study examined how serious illness and hospitalization influence young children's understanding of the origins and nature of disease. Fifteen 3- through 5-year-old cancer patients were compared to fifteen healthy controls using several cognitive measures. Extensive interviewing ascertained children's beliefs about the causes of illness. A drawing task examined children's conceptions of the effects of illness on the body interior. Parents and day care/hospital staff were also interviewed concerning children's understanding of disease.
NEURODEVELOPMENT IN INFANTS AND TODDLERS TREATED WITH BONE MARROW TRANSPLANTATION: PROSPECTIVE FINDINGS
Helen P. Crowe, Ph.D., Mary Ann McCabe, Ph.D., Patricia Dinndorf, M.D., Ralph Quinones, M.D. (Washington, USA)

Although bone marrow transplantation (BMT) offers a medical "cure" for many children with life-threatening illnesses, it is a highly technical and prolonged process that is associated with significant medical and psychological risk. Children under five years of age are believed to be at greatest risk for neurodevelopmental sequelae following BMT, which may be associated with the impact of potential neurotoxic agents on the immature nervous system, as well as deprivation from normal stimulation during a critical period of development. A model BMT program has been developed at Children's National Medical Center (CNMC), in which every child is followed by an interdisciplinary team. Children undergoing BMT receive a neurodevelopmental assessment prior to their BMT, as well as 6-, 18-, 36- and 60-months post-transplantation. The results of initial follow-up assessments for 7 children under 2 1/2 years of age at time of BMT, are presented in a multiple case study. Findings are discussed in terms of the possible neurotoxic effects of BMT, as well as the need for developmental screening and early intervention.

CHILDREN BORN AT RISK: WHAT'S HAPPENING IN KINDERGARTEN?
Jerry W. Cleland, Jill N. Reich, Stephanie R. Stilson, J. Clifford Kaspar,
Debbie L. Holmes (Lake Forest, USA)

Although numerous studies examine the development of infants born at risk for medical and developmental problems during the early years of life, far fewer follow these children into their school years. In this part of a longitudinal project, high- versus low-risk children were compared in their performance on the WPPSI at pre- and post-kindergarten levels. In general, both groups of children demonstrated increases in performance. Interestingly, the patterns of performance for each group were quite different. The high-risk children showed increases predominantly in performance areas of this test, whereas the low-risk children demonstrated increases predominantly in the verbal areas of this test.

CONTROL AND AVOIDANCE: STRATEGIES USED BY PARENTS OF MEDICALLY FRAGILE INFANTS TO COPE WITH THEIR PARENTAL ROLE
Margaret S. Miles, Annette C. Frauman (Chapel Hill, USA)

This poster will report on an ongoing field research project investigating the experience of parents whose infant is medically fragile during the first year of life. Medically fragile refers to premature and term infants with a wide variety of life-threatening medical conditions and complications that necessitate long-term hospitalization and dependence on medical technology to sustain life or compensate for bodily functions. The birth of a medically fragile infant affects parents in the transition to parenthood, a period of time in which parents normally attain their parental role with their child. Subjects were parents (15 mothers and 7 fathers) of 17 medically fragile children. Six children were black and 11 children were caucasian. Data collection methods included semi-structured interviews with parents, field observations of parents with their infants, and interviews with staff involved in the infants' care. Data was analyzed using grounded theory methods of inquiry. Findings indicate that parents experience serious alterations in the process of attaining their parental role; parental involvement, caregiving, and identity are all affected. Parents use various strategies over the course of the first year of life to cope with their altered parental role; some of these strategies involve control and high involvement, while others involve avoidance and passive involvement. The patterns of parental role attainment and the strategies used by mothers and fathers are compared. Findings from this study are important in understanding more about parents of medically fragile infants so that more appropriate
Interventions can be provided to these highly stressed and vulnerable parents.

The Intellectual Development of Preterm Low Birthweight Children at 5 to 8 Years
Hankyu Lee and Marguerite Stevenson Barratt (Madison, USA)

Prematurity and low birthweight have been considered to be important risk factors for intellectual development during early childhood. However, it has been suggested that the developmental delay of preterm low birthweight children disappears with age. The present study investigates the catch-up process and relative contribution of birth status, family status, and home environment in explaining intellectual outcomes for preterm low birthweight children in light of the self-righting tendency proposed by the transactional model.

This study is based on secondary analyses of data from subjects selected from the Mother and Child supplement to the National Longitudinal Survey of Youth (NLSY) sample. Seventy-seven low birthweight (<2,500 g) and preterm (<38 weeks) children who were between 5 and 8 years old in 1986 were compared with a full-term control group individually matched on race, poverty, mother’s education and age. The Peabody Picture Vocabulary Test and Peabody Individual Achievement Tests in Math and Reading Recognition were used for measurement of the child’s intellectual functioning. A short form of Home Observation for Measurement of the Environment was used for measurement of the mother’s emotional support and cognitive stimulation of her child.

Results indicated that preterm children significantly lagged behind term children in intellectual functioning and mathematical ability at 5 and 6 years, but not at 7 and 8 years. The vocabulary scores showed a significant difference only at 5 years, and the difference for vocabulary between the two groups significantly diminished with age. In general, home environment and family status explained considerable variability in intellectual functioning. Birth status, however, explained variability only in the vocabulary of the younger (5 and 6 years) children.

This secondary data analysis substantiated the existence of self-righting tendency supporting the transactional model; the birth status variables become less related to intellectual development and environmental factors increase in their relative importance with age. Children seem to overcome the influence of perinatal risk factors by 7 years old. Indeed, family status and home environment appeared to explain more variation in the intellectual development of 5- to 8-year-olds than did birth status.

Developmental Issues of Infants Born by In Vitro Fertilization (I.V.F.)
Quelques Aspects du Développement des Enfants Nés par Fertilisation En Vitro
 Aspectos de Desarrollo de los Niños Nacidos por Fertilización En Vitro

J.C. Cordeiro, F. Ismail, D. Bouça, C. Gois, R. Vieira, M.J. Gonçalves
(Lisbon, Portugal)

The development of in vitro fertilization treatment programs has been accompanied by some concern about the psychological aspects of this fertilization procedure. Few studies have investigated the psychological characteristics of babies born by in vitro fertilization, but thus far there is still little known about the eventually specific characteristics of these infants. Previous studies report the existence of "minor" symptoms, such as sleep disturbances, in the infants of I.V.F. These symptoms seem to be the result of mother-infant interaction/relationship difficulties and bring transient symptoms, would not affect the development. On the other hand, maternal depression seems to be more frequent in these mothers.

The present work was designed to study infants born by in vitro fertilization. The psychological measures we use for evaluation of the infants are: standard clinical interview, the information reported by parents, focusing on infants' characteristics and behaviors, the psycho-motor and stato-ponderal development—Ruth Griffiths test; Child Apperception Test;
video recordings of mother-infant interaction are carried out, when younger infants are concerned.

The groups are matched for the infants' age, the evaluation and tests being carried out twice in 6 months. For the first observation we used the clinical interview, Griffiths and Child Apperception tests. Six months later, the second evaluation is completed by repeating those tests. For evaluation of the parents we use: - semistructured interview of the mother, specifying several parameters like economic, social and cultural levels, pregnancy-evolution and accidents, symptoms of depression and mother-infant relational disturbances, - Raven Progressive Matrices, - SCL-90 R, and other measures.

Our present findings indicate a high prevalence of depressive symptoms when parents are concerned. The mental and psycho-motor developmental parameters of these infants show a tendency towards relatively low performance in areas where affective and mother-infant relationship are more implicated. These infants also seem to have somatic symptoms with frequency. On the basis of these results we propose several therapeutic approaches to the dyad (mother-infant), emphasizing early support of mothering.

MATERNAL DEPRESSION AND PRESCHOOL-AGE ATTACHMENT
Robert J. Harmon, M.D., Karen A. Frankel, Ph.D., Chris Maslin-Cole, Ph.D. (Denver, USA)

This study investigated the impact of maternal depression on preschool attachment. Research has demonstrated that infant-parent attachment in affectively disordered populations can be disrupted. Depressed (N=30) and nondepressed (N=32) mothers were recruited using newspaper advertisements. Mothers were diagnosed using RDC criteria assessed by the SADS interview. Inter-rater reliability was 100% for primary diagnosis during the life of the child. Mothers and their children were then seen for two sessions in a laboratory playroom. One session assessed the quality of mother-child attachment using the Ainsworth "Strange Situation" paradigm. Attachment classification was rated with the revised Three-to-Four Year Old Attachment Rating Manual (Cassidy & Marvin, 1989). Children were classified into A (avoidant), B (secure), C (dependent), and D (disorganized) classifications. All children were coded independently by at least two raters, and reliability for the attachment ratings was .84.

There were no differences in attachment classification between the depressed and the nondepressed groups. However, the data indicated that there were differences in attachment classification within diagnostic groups. Mothers were grouped into three types of depression: 1) episodic (minor and/or major depression recurrent episodes), 2) intermittent (similar to DSM III-R dysthymia), and 3) double depression (meeting criteria for both major and intermittent depression). Mothers who had "double depression" were significantly more likely to have nonsecurely attached children than those with intermittent or episodic depression alone.

In summary, there were no group differences between depressed and nondepressed groups in attachment classification. Differences were found related to the type of the mother's depression: mothers with both a severe and chronic depression had children who were more likely to be in a nonsecure attachment classification.

THE PSYCHOMOTOR EDUCATIVE PRACTICE: AN ANALYSIS OF ITS CONTRIBUTIONS TO INFANT MENTAL HEALTH AND TO THE FIELD OF EDUCATION IN KINDERGARTEN
Eliana Bensusan, Ana Cerutti (Montevideo, Uruguay)

We present an analysis of the research that on the application of the psychomotor educative practice based on Prof. B. Aucouturier's principles is being performed from 1986 up until the present, with normal children from 2 to 5 in the kindergarten. Supported by audio-visual material we try to show how this practice based on sensory-motive activities performed in a dialectics of construction-destruction enables the children to live a corporal plenitude, to strengthen their personality through the integration of psychesoma. It
benefits the development of transitional phenomena between the outer and the
inner-world one in accordance with their ability of illusion which permits
them to develop their capability to create. It enables them to make social
relations, express their most significant fantasies, affections and emotions,
especially the ones related to very primary impulses of destruction,
opportunity the elaboration and the finding of spontaneous solutions which can
be expressed through constructive actions without significant distress.

We consider this of the utmost importance as a factor which infant
mental health, and improves the capacity of development of the children’s
learning abilities. This hall constitutes a privileged space for the
decentralization of the instincts; and this is a prerequisite for the
acquisition of knowledge.

IS MATERNAL PERCEPTION OF PREMATURE INFANTS’ BEHAVIOR RELATED TO MATERNAL OR
INFANT CHARACTERISTICS?
Lina Zahr, RN, DNSc, Steve Parke, M.D., Jean Cole, M.S. (Los Angeles, USA)

Forty nine premature infants from low-income families were followed for
8 months to determine the impact of their temperament on mother-infant
interaction. During home visits, when infants were 4 and 8 months (corrected
age), their mothers rated their temperaments using the Bates Infant
Characteristic Questionnaire, and mother-infant behaviors were recorded using
the feeding and play scales by Egeland and colleagues. Mothers also completed
questionnaires assessing their confidence in parenting skills and the social
support their receive. Premature infants were categorized as very low birth
weight (VLBW) or low birth weight (LBW) if they weighed less than or more than
1500 g., respectively.

A significant relationship between weight, temperament, and mother-
infant interactive interaction was observed at both 4 and 8 months. Mother-infant
interactive scores were higher at 4 months for VLBW infants perceived as easy
in temperament, but higher at 8 months for LBW infants perceived as difficult.
The four clusters of temperament were highly correlated between the 4 and 8
month periods. However, premature infants were rated by their mothers as
temperamentally less difficult at 8 months than at 4 months. Maternal self-
confidence and social support but not other variables such as socioeconomic
status (SES), maternal education, or perinatal factors were correlated with
the mother’s perception of their infants’ temperament. Recommendations for
future research and practice are discussed in light of the results.

CHILDREN WITH HIV INFECTION/AIDS IN FOSTER CARE: A NATIONAL SURVEY
Felissa L. Cohen, RN, Ph.D., FAAN, Wendy M. Nehring, RN, Ph.D. (Chicago, USA)

The purpose of this research was to ascertain through a mailed survey,
specific policies, procedures, practices and problems surrounding foster care
placement for children with HIV infection/AIDS for each state and private
agencies within each state. Some specific questions to be answered include:
(1) How many children diagnosed with HIV in each state are in foster care and
where in the states are these children located? (2) What are the specific
policies regarding placement of probable HIV positive infants/children? (3)
What type of special training is given to foster parents with whom HIV
positive children may be placed? (4) Are there any difficulties in recruiting
foster parents for potential or actual HIV positive children? and (5) Are
there special support services available to foster parents with HIV positive
children?

The major experimental design is that of a cross-sectional descriptive
survey with a subsample of more in-depth telephone interviews. Response rates
will be calculated following standard procedures. Major variables to be
further analyzed will include state AIDS prevalence. Descriptive statistics
such as frequencies, means and standard deviations will be calculated for
those variables for which they are appropriate. The use of map graphics
highlights the data presentation.

Findings from this research can be used to describe the existing
national picture for foster care placement and the involvement of health care professionals. Informally, the investigators have information that leads them to believe that much of the burden of training and following foster parents is falling upon health care professionals who seem to have little power to impact upon the policies. Data might be used to formulate more appropriate policies, perhaps at the national level. The data will be used to identify important content for training and support, both for low- and high-incidence areas.

NURSES’ RATINGS OF PRETERM INFANT BEHAVIOR AS A FUNCTION OF INFANT HEALTH AND PARENT DEMOGRAPHICS

Susan Epps, Ph.D. (Omaha, USA)

Nurses in neonatal intensive care units (NICU) play a critical role in caregiving due to the substantial amounts of time interacting with medically fragile infants in the provision of critical care. Thus, the NICU becomes the site for early influences on hospitalized infants’ neurobehavioral and social-emotional development. One environmental factor influencing developmental outcome is a caregiver’s perceptions of infant fragility, which may lead to self-fulfilling prophecies (Miller & Ottinger, 1986). Hence it is important to examine nurses’ perceptions of preterm infants. While previous research has found evidence of a “prematurity stereotype” (e.g., Stern & Hildebrandt, 1984, 1986; Stern & Karraker, 1988) when full term infants were labeled preterm, only Epps (1991) has examined the potentially biased beliefs that parents may have about preterm infant behavior. The purpose of this research was to extend examinations of stereotyping by investigating ratings by NICU nurses. Labels of infant health status and parents demographics were manipulated to analyze their effect on ratings of a premature infant’s behavior, attractiveness, general health, and responsiveness. Participants were 52 NICU nurses. After providing informed consent, each was randomly assigned to one of four conditions, 2 levels of infant health status (healthy vs. lung damage) x 2 types of parent demographics (substance abuse and incomplete high school education vs. corporate and university positions). Each viewed a videotape of a premature infant on an apnea monitor who had been born at 29 weeks and whose corrected gestation age was 39 weeks. Of the 28 rating scale items, using a 10-point Likert scale, 12 were based upon Als’ synactive model of infant development (Als, 1982; Als & Brazelton, 1981); items for three of the five subsystems were included: motor, attention/interaction, and self-regulation. Four items were included in the Attractiveness scale, five items in the General Health scale, and seven items in the scale of Responsiveness to various environmental events. Behavioral descriptors were provided to orient participants to the behaviors they were to observe. Nurses were debriefed about the purpose of the research and the need for deception after ratings were obtained from all participants. Results of the independent variable check indicated that both the infant health and parent demographics were manipulated successfully. All 52 nurses indicated the correct information they had received about parent demographics; 94.2% of the nurses correctly reported the infant’s health status. Scale ratings were analyzed with a MANCOVA using experience with premature infants as a covariate, which yielded a significant between-conditions difference. Univariate ANCOVAs revealed significant differences only on the infant health variable on three of the four scales: premature infant behavior, attractiveness, and health. The present results suggest that stereotyping was apparent for preterm infant health status, with significantly more positive ratings for the infant described as healthy, even when behavioral descriptors were provided. This study, combined with previous investigations of prematurity stereotyping, suggests the importance of focusing on caregivers’ underlying cognitions such as beliefs and expectations. This research highlights the need to recognize the operations of stereotypes and the possibility of self-fulfilling prophecies. Implications for nursing staff are discussed and future research directions are outlined.

ENCOURAGING LANGUAGE DEVELOPMENT AND PREVENTING INFECTIOUS DISEASES IN CHILD
CARE SETTINGS USING DEAR (DIAPERING EVENT ASSESSMENT RECORD)
Virginia E. Moukadem (Nashville, USA)

Staff development is an essential component of program quality. The Diapering Event Assessment Record (DEAR) is an easy-to-use, brief, and inexpensive observation and assessment instrument for use in child care settings to facilitate staff development work with caregivers/teachers of infants and toddlers. DEAR can be used by directors of center-based programs, supervisors of family day care home providers, early childhood teacher educators, health care promotion experts, and others. DEAR addresses two important aspects of the infant caregiving role -- infant-caregiver relationships and infection control practices. DEAR also addresses the practical problem of "concurrent demands" on caregiver time and attention that interfere with performance.

DEAR was used to assess training needs and to tailor individualized workshop sessions for a randomly selected group of 12 caregivers in child care centers and 12 providers of licensed family day care homes. Pre- and post-DEAR scores were used to compare the two groups. DEAR scores were also examined in relation to variables such as caregiver qualifications (experience, education and training) and perceptions, diaper types and diapering arrangements, and reported incidence of diarrhea.

Child care centers are generally characterized by large group size, same age grouping, and high staff turnover. Licensed family day care homes are generally characterized by small group size, mixed age grouping, and caregiver stability. Staff development is an appropriate intervention for improving the quality of caregiving in both types of child care settings.

INTERVENTION FOR PRETERM INFANTS DIAGNOSED WITH PERIVENTRICULAR LEUKOMALACIA
Rosemary C. White-Traut, DNSc, RN, Michael Nelson, Ph.D., Jean Silvestri, MD, B. Kim Han, MD, Ushanalini Vasan, MD, Minu Patel, MS, Nancy Cunningham, MS, RN (Chicago, USA)

Preterm infants diagnosed with periventricular leukomalacia (PVL) are at high risk for cerebral palsy (CP), developmental delay and alterations in behavioral responsiveness. This research evaluated selected physiological, behavioral and developmental responses of preterm infants with PVL to multisensory stimulation in the NICU. To date 30 preterm infants with documented PVL have been randomly assigned to a control or experimental group at 33 weeks post conceptional age. Controls received no additional stimulation other than the Individualized Developmental Care and Assessment Program (IDCAP) which was in place for all infants in the NICU. Experimental infants received 15 minutes of auditory (female voice), tactile (massage), visual (eye to eye contact), and vestibular (rocking) stimulation twice a day, 5 days a week during hospitalization. Dependent measures for both groups were recorded at the same time intervals. Immediate outcome measures included: heart and respiratory rate; arterial oxygen saturation; body temperature; and infant behavioral state. A Brazelton Neonatal Assessment and a neurodevelopmental examination were conducted when the infant was 37-38 and 39-40 weeks post conceptional age. Analyses will include chi-squares, z scores, repeated measures ANOVAS, and cluster analyses. Data collection will continue until March of 1992. To date, the data suggest that experimental infants experience minor physiological responses and behavioral state changes toward alertness during intervention, exhibit improvement in the habituation items on the Brazelton Neonatal Assessment Scale, demonstrate almost 50% less ankle clonus, one of the early predictors of the later development of CP, and remain hospitalized on an average of 8 days less than controls.

UNIMODAL VERSUS MULTIMODAL INTERVENTION IN 33 TO 34 WEEK PRETERM INFANTS:
BEHAVIORAL STATE AND PHYSIOLOGICAL RESPONSES
Rosemary C. White-Traut, DNSc, RN, Michael Nelson, Ph.D., Jean Silvestri, MD, Nancy Cunningham, MS, RN, Minu Patel, MS (Chicago, USA)
Preterm infants are born into an environment which differs considerably from the uterine environment. In the past, researchers hypothesized that the "high tech" intensive care environment might be responsible when preterm infants exhibit iatrogenic developmental delays and research focused on decreasing the environmental stimuli to reduce stress. Other researchers sought to replace the missing intrauterine environmental stimuli. Consensus has been reached on these issues. The current state of the art in developmental care includes stress reduction in the NICU (such as decreasing the noise and fluorescent lighting levels and optimal physiological positioning) and the addition of appropriate developmental intervention. The most appropriate form of developmental intervention for preterm infants has not yet been determined. Therefore, the purpose of this study was to examine how preterm infants 33 to 34 postconceptional weeks responded to two forms of unimodal sensory stimulation and to two forms of combined multimodal stimulation. A nonprobability sample of 54 preterm infants was randomly assigned to one of five experimental groups: control; auditory only; tactile only; auditory, tactile and visual; auditory, tactile, visual and vestibular. Intervention was applied for 15 minutes once daily for 4 consecutive days. Repeated measures ANOVA identified significant differences during intervention for HR (p = 0.003), RR (p = 0.0129), and behavioral state (BS) (p = 0.038). Infants receiving any intervention with a tactile component showed increasing arousal during stimulation, indicated by increased HR, RR and BS. Differences in daily weight gain were identified in two groups, suggesting the environment may impact the preterm infant’s physiologic and behavioral responses as well as growth.

PRETERM INFANTS’ RESPIRATORY RESPONSES TO ORAL/GUSTATORY AND TACTILE STIMULATION DURING AN APNEIC EPISODE
Aerin Park Garcia, MS, MPA, RN & Rosemary C. White-Traut, DNSc, RN (Chicago, USA)

Apnea in preterm infants occurs in a reported 71% or infants between 30-35 post conceptional weeks. Treatment of an apneic episode continues to be a daily problem faced by neonatal nurses who are primarily responsible for the re-initiation of respiration. To date there is no standardized method for applying tactile stimulation during an apneic episode. Therefore, the purpose of this study was to compare preterm infants’ respiratory and behavioral state responses to two interventions during an apneic episode. A non probability sample of 14 non-ventilated preterm infants, with a mean postconceptional age of 33.9 weeks, were examined to determine their responses to two interventions during apnea. The interventions included the conventional-tactile stimulation applied to the infant’s leg and an experimental intervention consisting of oral gustatory stimulation. Infants served as their own control. Each infant received four randomly assigned trials (two of each intervention) when they experienced an apneic episode. The time interval for re-initiation of respiratory effort was significantly shorter after infants received oral/gustatory stimulation (p = .01). Infant behavioral state changed to alertness when the infants received the conventional tactile intervention yet remained unchanged when the oral/gustatory stimulation was administered during apnea (p < .025). The data suggest that oral/gustatory stimulation during an apneic episode was as effective in the early re-initiation of respiration when compared to the conventional tactile method. The data also suggest that infants may decrease their energy expenditure when receiving the oral/gustatory stimulation as evidenced by the infants as they remained in a sleep state during the experimental intervention period.

INFANTS BORN TO HIV-1 INFECTED MOTHERS: NEUROPSYCHIATRIC ASSESSMENT AT 12 MONTHS.

This study presents the neuropsychiatric assessment of infants born to
HIV-1 infected mothers at the age of 12 months. The general hypothesis was that the child’s infection not only affects the child’s cognitive development but also the child-parent relationship, thus increasing the developmental risk for children born to HIV-1 infected mothers.

METHOD:
Subjects were 65 children all born to HIV-1 infected mothers. They were divided into 4 levels of disease: 14 infected symptomatic children, 7 infected asymptomatic children, 11 indeterminate children and 33 non-infected children.
All children were tested at 12 months of age during the follow-up at the Child Neuropsychiatric Service of the Department of Pediatrics, University of Padua (Italy).

PROCEDURE:
Children were tested for neurological conditions, cognitive development, type of child-parent relations.
Methods included:
A) pediatric as well as neurological evaluation;
B) instrumental assessment of the CNS conditions;
C) testing of cognitive development as measured by Brunet-Lezine test, standardized for the Italian population;
D) psychodynamic observation of spontaneous child-parent interactions carried out by a trained member of the staff.
Both the IQ testing and the observations were done by persons who were blind to the children’s level of disease.
Statistical analyses included: analysis of variance, factor analysis and Spearman’s correlations.
In general, the results support the hypothesis that the level of disease affects the quality of child-parent relationship. In addition, only symptomatic children show some cognitive delay, probably due to the involvement of the CNS by the disease.

FOLLOW-UP OF 20 CHILDREN SUFFERING FROM ATOPIC DERMATITIS
A. Condini, C. Cattelan, M.A. Muraro, P.A. Battistella, F. Viero, R. Leventaki, M.C. Mambelli, S. Casella (Padua, Italy)

We will here report our experience of collaboration with a pediatrician in relation to the difficult managing of children suffering from atopic dermatitis and of their parents. The population we are following is made up of 20 seriously sick children aged between 24 and 48 months. The relation M:F is 3:1. The seriousness is determined by the length of the illness, the intensity and the spread of the eczematous manifestation, the prevalence of the acute phases of the illness over the remission phases, the modest of null response to the diet/symptomatic therapy. Our protocol involves: taking part in the pediatric examination, talking to the parents, observing the child, discussing the case with the pediatrician. The illness includes a factor of heavy family life disorganization, a limitation of social and relational life, a risk of marginalization because of prejudice about contagion and of the visible hugeness of the illness. The poussé pattern puzzles and confuses the parents, who alternate hopes to bitter disappointments. Itchiness worsens the dermatological alterations and is often used by the children as excuse to overcome some prohibitions; but in this way they make themselves prisoners of the illness. The children seem to be characterized by two poles of mental functioning.
--most of them show a passiveness/apathy, mainly use body language, and have a particularly intense visual interaction with their mothers;
--others seem hyperactive, almost unstable, incapable of a prolonged conceptual effort and without a discriminating and selective object ability. This seems to be confirmed by their difficult access to the 2nd organizer, which, according to anamnesis, is rarely observed by the mothers.

KWASHIORKOR AS AN EXAMPLE OF INFANT DEPRESSION
Antoine Guedeney, MD, Marcelle Geber, MD (Paris, France)
Kwashiorkor is a severe infant depression in the tropical context. Kwashiorkor is caused by an inadequate amount of protein in food, compared with a relatively normal caloric intake. The age at onset, generally between 18 and 36 months, depends mainly on the age of weaning. In fact, weaning, often made abruptly in Africa, only reveals an already critical situation. The prognosis is severe, even with adequate renutrition. Mortality reaches 10 to 30% and more in advanced forms.

If we use the developmental specific criteria for infant depression, as proposed by Herzog and Rathbun (1982), we see that KWK meets all criteria, when only 4 must be present for diagnosis (table 1).

There are many arguments supporting the idea of KWK as a depressive reaction of the child, in a particular cultural and nutritional context (Collumb, 1967; Guedeney, 1986). The role of maternal depression seems to be important, in the context of deculturation. As Brazelton has shown in Guatemala, small for date infants are especially at risk.

RELATIONSHIP OF EARLY RESPONSIVENESS & 1 YEAR CHILD OUTCOMES IN PRETERM & FULLTERM INFANT-MOTHER PAIRS
Meredith Consullo, PhD, Lawrence M. Baldwin, PhD (Wellesley, USA)

Three measures of responsiveness in preterm & fullterm infant-mother pairs are examined & related to 1 year child outcomes.

Fifty-one fullterm, 42 preterm infant-mother dyads, were homevisited at 3 months & 1 year of age (preterms CGA). Subjects were middle-class, healthy, AGA; preterms averaged 1504 gms, 31 wks gestation. All mothers reported availability of social support. Synchrony, Maternal Responsiveness, & Infant Responsiveness were measured at 3 months. Outcomes at 1 year were measured by the Minnesota Child Development Inventory (MDCI).

Analysis found preterms were less responsive to the observer (but not to their mothers) than fullterms; there were no group differences in Synchrony, but mothers of preterms were lower on Maternal Responsiveness. On the MDCI the only difference was on the Gross Motor subscale (preterms scored lower). On Regression analyses responsiveness measures, plus Fussy score on Bates-ICQ predicted all MDCI subscales; 20% to General Intelligence, 17% to language & 10-12% to motor & social subscales. Interestingly, Infant Responsiveness was consistently the most powerful predictor.

The responsiveness data suggest that preterm pairs were able to compensate for potential problems resulting from prematurity. There were no asynchronous dyads or infants or mothers extremely low in responsiveness. Perhaps sensitive responsiveness, mediated by a supportive environment, enables health, LBW infants to proceed along their own developmental path.

INTERACTION OF MOTHERS AND NEWBORNS PRENATALLY EXPOSED TO COCAINE
Mira Lessick, Marion Broome, Barbara Woodring, Andrea Pouchia, Rohitkumar Vasa, Phylis McGarr, Jean Silvestri (Chicago, USA)

Cocaine is widely recognized as one of the most dangerous illicit drugs used today. Its popularity has dramatically escalated in the United States, and pregnant women from all socioeconomic, racial and cultural groups are among the growing numbers of users. While most investigations have devoted attention to the physiologic effects of intrauterine cocaine exposure on the infant, little work has been done specifically examining the psychological and/or parenting environment of these babies. Exploration of the early mother-infant interaction in cocaine abusing families has yet to be addressed in attempting to fill existing knowledge gaps linking prenatal cocaine exposure to its effects on the postnatal caretaking environment and long term outcomes of these children. The purpose of this study is to (1) examine differences in interaction between cocaine-exposed and non cocaine-exposed mother-infant pairs during the early postpartum period; (2) determine which prenatal and post-birth characteristics of these infants and mothers influence this interaction; and (3) extend current descriptions of the neurobehavioral status of newborns resulting from cocaine use in pregnancy. A two group
cross-sectional design of 25 women and their newborns who used only cocaine and no other illicit drugs during pregnancy will be used. Mothers and their newborns are recruited during the immediate postpartum period from two midwestern medical centers. Both groups are matched for maternal age, education, SES, presence/absence of prenatal care and infant gestational age. Urine drug screenings are performed on all study infants and their mothers. Chart, self-report, and observational data are collected within 48 hours after birth on the following variables: infant physical and neurobehavioral status; maternal obstetric and drug history; maternal confidence level (Infant Care Survey); and maternal-infant interaction during a videotaped scheduled feeding (Nursing Child Assessment Feeding Scale). Preliminary analysis of data collected on 10 women has been conducted. Eight women were in the cocaine abuse group and two were matched controls. The mothers range in age from 20-30 years of age (M Drug = 25; M No Drug = 29). Gestational age of infants range from 35-41 weeks (M D = 38.5; M ND = 39.5). Infant birth weights range from 4 lbs 11 oz. to 7 lbs 12 oz. (M D 5 lbs 9 oz; M ND 7 lbs 8 oz.). Physical examinations were grossly normal. On the Infant Care Survey the matched controls scored higher than drug-exposed mothers on each of the six subscales. On the NCAST feeding scales drug exposed mothers scored slightly but consistently higher than the matched controls in all but one subscale. Data collection continues in progress.

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PSYCHOLOGICAL ASPECTS OF NEONATAL JAUNDICE
Shanrokh M. Shafaei, PhD, Patricia A. Self, PhD (Cape Girardeau, USA)

Hyperbilirubinemia (Jaundice) is an illness which is highly evident during the neonatal period and its treatment, photo-therapy, is widely used. Neurobehavioral studies have reported that jaundiced neonates score lower on most of the interactive measures of the Brazelton Scale prior to, during, and following treatment. However, whether these behavioral deficits characterize jaundiced neonates during early social interactions and the possible impact of these interactive deficits on maternal interactive styles has not yet been examined. Since medical complications at birth and impaired communicative behaviors may place infants at risk and alter maternal behaviors, the present study explored the patterns of early social interaction of jaundiced and non-jaundiced neonates and their mothers.

The interactions of 40 primiparous mothers and their healthy, full-term newborn infants were videotaped on three different occasions. The videotapes of mother-infant interactions were studied and multivariate analyses were performed using the amount and duration of mother-infant interactive behaviors as the dependent measures.

Significant differences were found between the jaundiced and non-jaundiced infants behaviors. Jaundiced infants terminated visual contact with their mothers more frequently, had shorter eye contact with them, were irritable more frequently and for a longer period of time, and ended their tactile interaction with their mothers more frequently than non-jaundiced infants. Analyses of maternal visual, vocal and tactile behaviors revealed substantial differences in maternal interactive styles between mothers of jaundiced and mothers of non-jaundiced neonates. Patterns of overstimulation in vocal and tactile modalities were evident among mothers of jaundiced neonates during and after treatment.

These findings are consistent with the results of neurobehavioral studies of jaundiced infants and provide information to design intervention strategies for these at-risk neonates.

THE EFFECTS OF LIGHTING ON INFANT DEVELOPMENT IN THE NEONATAL INTENSIVE CARE UNIT Cynthia L. Miller, Mary O'Callaghan, Thomas Whitman, Robert White (Notre Dame, USA)
The purpose of this study is to assess the general impact of lighting levels on the early behavioral and physiological functioning of prematurely born low birth weight infants and on staff mood and behavior. The study rests on the general hypothesis that a cycled unit which is dimly lit at night is less intrusive and promotes greater developmental gains for infants under intensive care than a continually lit unit. This study also focuses on several possible correlates of growth and development. Specifically, it is maintained that the effects of lighting on infant development will vary as a function of the infant’s birth characteristics and length of stay in the hospital, with infants who are less stable and who remain longer in the NICU being at more risk for developmental delay. It is further hypothesized that, in addition to the direct effects lighting has on infant development, it will also have indirect effects mediated by staff behavior. It is hypothesized that staff in a cyclically lighted unit will interact less frequently at night with infants than staff in a unit with constant lighting. It is hypothesized that this less frequent interaction will stress infants less and promote infant development.

Infants were assigned to one of two different NICU lighting environments, one with constant lighting and the other with a light/dark cycle, in order to determine whether the lighting environment has a differential effect on their behavior and development as well as on nursing staff mood and behavior. Preterm infants weighing under 2500 grams with a variety of medical complications were randomly assigned, given available space, to one of two level three critical care rooms upon admission to the Memorial Hospital NICU. The two critical care units are symmetrical. Lights on the cyclically lit unit were turned down for an 8 hour period from 11 p.m. until 7 a.m. The dependent measures included the assessment of nursing staff mood, staff behavior, infant activity levels, and infant growth and development.

Preliminary data analysis suggests that nurses who work on the cyclically lit side are more relaxed and less stressed by their medical responsibilities than when they work on the continuously lit side. The data further suggests that nurses are less likely to disturb babies on the cyclically lit side who are not in medical need. Staff behavior was assessed through evaluation of the frequency of staff interactions as indicated by nursing notes. These results revealed that during the nighttime hours there was a significant difference (p = .05) between the two units for the number of scheduled necessary interventions with the continuously lit unit having more of these interactions. Many scheduled necessary interventions are scheduled at some point during the shift, thus leaving it to staff discretion when to perform these procedures. It is hypothesized that for those nurses working on the cycled side may perform scheduled and necessary interventions prior to the lights being turned down. The trend for unscheduled necessary interventions also favors the cyclically lit side as having fewer interventions on average at night than the continuously lit side. Moreover, analysis of infant behavior suggests that babies in the cyclic lighting condition show more sleep behavior at night and spend more time on average with their eyes closed and no motor activity at night than infants on the continually lit side.

Due to the ongoing nature of this project certain hypotheses are in the process of being examined. Infant growth trends will be examined and discussed as well as relationships between staff interactions, infant birth status and infant development.

CREATING A FUTURE: ONE COMMUNITY’S RESPONSE TO FAILURE TO THRIVE
Jeanne M. Sloan, CSW, Linda Gintner, CSW (Rochester, USA)

Societal stresses impact on parenting in many different ways. A child’s inability to gain weight because of these stresses may result in the label of non-organic Failure to Thrive. "FTT" is described as a syndrome in which children:
- Have weights falling below the third percentile on the growth chart.
- Are failing to gain weight proportionate to height.
- Are usually under three years of age.
The focus of this poster presentation will be a service delivery model for a home-based early intervention program geared strictly to those children. The program is an integral part of a Preventive Program housed within a multi-faceted human services agency, Catholic Family Center. Referrals are drawn from, and assistance is provided by, local pediatricians and other community health care providers. Our presentation will summarize: characteristics of parents of FTT children and characteristics of the FTT children themselves. The data is gathered through a literature review and our professional experience in serving these clients. Program tools designed to measure weight, parenting skills, and parent satisfaction at timely intervals will be shared.

EXTREMELY LOW BIRTH WEIGHT INFANTS LESS THAN 901 g. OUTCOME AND IMPACT ON THE FAMILY DURING THE FIRST FOUR YEARS OF LIFE.
Karin Stjernqvist, M.S., Nils W. Svenningsen, M.D., Ph.D. (Lund, Sweden)

All extremely low birthweight (ELBW) infants with birthweight <901 g surviving at the neonatal intensive care unit (NICU) in the University Hospital of Lund, Sweden, during 1984-1986, were after parental consent included in a multidisciplinary prospective longitudinal follow-up study. The study group which comprises 20 ELBW infants with birthweight between 500-900 g (mean 755 ± 109 g) and gestational age between 24 and 30 weeks (mean 26.2 ± 1.8 weeks) were compared with 20 carefully pair-matched fullterm infants.

The aim was to follow the development of these children from various aspects, such as motor, cognitive, emotional and social development. Furthermore, we wanted to evaluate how the family, both parents and siblings, were affected by the stress factors related to the birth of the extremely preterm infant.

We intend to follow the children and families for 10 years and will now present the results from the assessment of the children and the interviews with the parents when the children were one year (corrected for degree of prematurity for ELBW) and four years old.

HEALTH STRESSORS AND STRENGTHS IN DISADVANTAGED URBAN FAMILIES WITH DEVELOPMENTALLY DISABLED INFANTS
Cheryl Hack, M.D., Chandice Covington, Ph.D., R.N. (Detroit, USA)

Disadvantaged urban families with developmentally disabled infants and young children are often characterized as being at risk for diminished health and functioning related to the multiple needs of the child and lack of resources. Substantive data to explain the mediating and moderating relationships among health stressors, strengths, severity of child disability, and functioning in disadvantaged urban families are inconclusive and typically not as a result of a comparison group method. Furthermore, research which identifies the strengths of urban families with emphasis on the system wholeness is a priority. The purpose of the pilot study was to examine the relationships among health stressors, strengths, severity of child disability, and functioning in disadvantaged urban families with developmentally disabled infants or young children. Families (N=50) with developmentally disabled children from three to thirty-six months of age were recruited for participation in the study from a child development assessment outpatient service located in a major metropolitan city. Disadvantaged urban families were matched by selected demographic factors, severity of infant disability, and foster versus biological parenting to middle class suburban and urban families. All available members of the family were interviewed using the Family Systems Stressor-Strength Inventory (FSI) to assess health stressors and strengths. Additionally, a combined family functioning tool, which was composed from the Feetham Family Functioning Survey (FFFS), Assessment of Strategies in Families-Effectiveness (ASF-E) Scale, and the Family Adaptability and Cohesion Evaluation Scale (FACES III), was completed by the family caregivers to determine family functioning. The FIMO-G and Resources Inventory, completed by the primary caretaker, assessed support and family
resources. The Severity of Disability Scale was completed by the developmental pediatrician and the primary caregiver. Multiple regressions analyses are planned to assess the variable relationships. Path analysis will be used to propose an explanatory model. The study results will be available December, 1991.

COGNITIVE SKILLS AND RELATIONAL ENVIRONMENT IN A PRE-TERM BIRTH
Maria Teresa Bassa Poropat, Emanuela Manfredi (Trieste, Italy)

The aim of the research is to examine the influence of the environment on the development of cognitive skills in preterm birth. We started from a multidimensional approach to preterm birth following a transactional model of cognitive development and then restating the definition of environment by separating the physical components from the relational ones. Our sample consists of 21 mother-child couples of preterm birth and 20 normal couples. Evaluating tools used were: the ordinal Uzgiris-Hunt scales of infant development, Caldwell and Bradley's Home Inventory Scale, colloquia and interviews with mothers at children's age of 2, 8, and 12 months (corrected for prematurity).

Results confirm a statistically significant relationship between interactive environment and the vocal and motor performances of the preterm child during the first year of life. Following these results we discuss the effects of the physical environment which supports a mother typology rather cognitive than interactive for preterm children. This fact finds a possible explanation in the gradual restructuration operated by preterm mothers to reduce cognitive dissonance between the "destructuration of their inner world" and the adaptation to reality.

PARENT ATTITUDE TOWARD THE FOLLOW-UP OF INFANTS BORN AT RISK
ATTEGGIAMENT DES PARENTS VERS LE FOLLOW-UP DES ENFANTS NÉS À RISQUE
Roberto Militerni (Naples, Italy)

Within the scope of examining the problems of parents of infants born at risk, two populations of infants followed until age two were compared—preterm infants (PT) and infants with congenital hypothyroidism (CH) identified through neonatal screening. In particular, the different ways of following the periodic examination by the parents of the two groups were evaluated. It was noticed that the follow-up of PT is characterized by discontinuity of the check-ups and interruption of the relationship at 12-18 months, while the follow-up of CH is characterized by assiduity and "endurance" of the relationship in time also when the clinical conditions are satisfactory. These two different ways of treating the follow-up seen to reproduce in the relationship with the doctor the specific quality of the parent-child relationship and the different precocious experiences. In fact, the parents of PT repropose the theme of interruption/loss of the bond, creating, with the discontinuity to periodic check-ups, a difficulty in the attachment. The parents of CH, through the meticulous presence at the visits, the insistent request for reassurance and an excessive protracted dependence repropose the bond with the child—tendentially regressive/fusive, with consequent difficulty of separation.

A SUPPORT GROUP FOR HIV INFECTED PREGNANT WOMEN AND MOTHERS
Claire Squires, M.D. (Paris, France)

A support group of seropositive pregnant women and mothers was formed in 1989 within a voluntary association providing support for HIV (AIDS) infected people. This group was created at a time when French policies were not specific: women were not systematically tested for HIV during pregnancy except in some experimental maternity hospitals.

This group consisted of women who learned of their seropositivity during their pregnancy. Pregnant women and mothers appealed to a voluntary
organization because there existed no specialized facilities and support systems for seropositive and infected parents and children, mostly because there was a fear of creating "ghettos."

The group was created because it seemed necessary to give support to these women. They got in touch with the association by phoning the association facility services of through a weekly meeting for women with specific concerns (abortion, housing, work difficulties). This group was led by a psychologist and a psychiatrist from the voluntary association.

The women came from different backgrounds: ex-drug users, or partners of drug-users, women from African and Maghrebin communities, with various needs: information, a chance to break isolation, to talk about sexuality, to exchange ideas about children.

The group was not meant to offer medical treatment but was focused on the psychological aspects of the situation: to permit psychic integration of the seropositivity, to mitigate the impact of the announcement of the infection, to discuss management and life perspectives.

THE ORGANIZATION OF SLEEP/WAKE RHYTHM IN PRETERM BORN BABIES
M.G. Torrioli, M.C. Stefanini, S. Vernacotola, P. Papacci, G. Totorolo
(Rome, Italy)

In a previous longitudinal investigation concerning "low-risk" preterm babies we observed some abnormalities in the sleep organization of the first two years of life. In particular comparing amount of nocturnal awakenings of pre-term babies and those of a full-term control group, we found major differences. We obtained the above described data by means of a prearranged specific questionnaire. The purpose of the present project is threefold: 1) to verify the above described findings by means of an objective methodology; 2) to clarify whether the eventual increase of sleep interruptions is chargeable to simple awakenings or also "signals" in preterm subjects; 3) to understand whether the high percentage of awakenings/signals is exclusively dependent on the anomalous relationship baby/parents, which is often showed by preterm families.

We hypothesize that the anomalous relationship can’t be the only cause of the large amount of nocturnal awakenings, but that early environment plays a role in the frequent abnormalities of the sleep organization of "healthy" preterm babies.

Twenty "low risk" preterm subjects, born before the 33rd week of Conceptional Age (C.A.), are enrolled in the project. A 24 hour sleep recording will be made by means of time-lapse video equipment, once a week from the 33rd to the 40th week of C.A., in the Neonatal Intensive Care Unit. Nocturnal home recording, lasting 12 hours, will be made at 3, 6, 9, and 12 weeks and at 6, 8, 10, 12, 18 and 24 months of age corrected according to the expected term. The analysis of data obtained from the first part of the project (until the 40th week) is aimed to study the development of sleep stages organization according to the early environmental variables, such as time of permanence inside the isoflette, invasive treatments, time of contact with parents, etc.

Data obtained from the home recordings will be matched with those obtained from a comparable group of full-term born babies.

The second part of the project is specifically aimed:
1) to confirm in preterm subjects the persistence of a lot of nocturnal awakenings during the first two years of life;
2) to verify whether in the same group the flatness of the trend of the occurrence of nocturnal awakenings distinguishes the trend of full-term babies, showing typically some oscillations.

INTERACTION BETWEEN CAREGIVERS AND HANDICAPPED BABIES
Julie Campbell and Judy Croll (Waverly, Australia)

Two factors appear to be involved in the evaluation of interaction between caregivers and their handicapped babies. One is the adult’s
perception of the child as "different" and the other is the degree of difficulty in sustaining turn-taking behavior. In this study three groups of mother-infant dyads were observed during a short play session and the mothers completed a profile describing the child. Each group consisted of four children: those in Group A have visual impairment, in Group B cerebral palsy, and in Group C Down's Syndrome. This report will consider how the mother's description of the baby compares with the observer's rating of turn-taking. The relevance of turn-taking in terms of social, emotional, cognitive and language development will be discussed.

NONNUTRITIVE SUCKING AS A PACEMAKER OF PHYSIOLOGICAL STATES IN INFANTS
Alexander Goblin, M.D., Ph.D. (Chicago, USA)

To test the hypothesis of an association between nonnutritive sucking (NNS) and physiological states (PHS), polygraphic recordings (EEG, EKG, eye movements, chin EMG, breathing) as well as video monitorings of nine full-term, healthy infants 9-12 weeks old were studied in sleep, active alertness, and transitional stages. Frequency, amplitude, duration, and intervals between sucking movements (SM) compared with frequency and amplitude, level of synchronization on EEG.

The association between NNS and PHS is a process consisting of 3 phases. Phase 1: Initiation. SMs are intense, higher frequency (0.2-0.6/s) longer duration (50-60 per cycle) with short intervals (0.5-45 sec) negatively correlated with amplitude of EEG and positively with large body movements. Phase 2: Stabilization. SMs are formed into a clear pattern: 12±4 movements with 6±2 second interval. Frequency is 0.7±2/second. On EEG hypersynchronized theta (<4/sec) or delta (<2/sec) high amplitude followed and later synchronized with SM. SM positively correlated with rhythmical movements of fingers.


Findings suggest a close association between NNS and physiological states. The role of NNS as an intrinsic oscillator functioning as a pacemaker is proposed.

THE DILEMMAS OF GENETIC COUNSELING: AN EXPLORATION OF THE USES AND PSYCHOLOGICAL CONSEQUENCES OF PRENATAL DIAGNOSIS TECHNOLOGY AND ITS EFFECTS ON THE FETUS, INFANT AND MOTHER.
Judith Feigon Schiffman, MSW, Beth A. Fine, MS (Chicago, USA)

The increasing use of prenatal diagnostic technology has had a significant impact on the psychology of pregnancy and childbirth. This workshop will discuss the methods, scope, limitations, risks and accuracy of all available procedures along with the indications for referral for these procedures. Issues covered in genetic counseling prior to prenatal diagnosis will be delineated. Following a discussion of the possible outcomes after prenatal diagnosis, the counseling issues and psychological dilemmas faced with each possibility will be explored in detail. We will utilize clinical exploratory data, case studies, and the genetic counseling and psychological literature to elucidate the issues faced in decision making following an abnormal result, the psychological effects of an unexpected outcome, and the impact on the mother's bonding with the fetus. We will also focus on the psychosocial consequences for the mother and child as a result of testing during pregnancy. The issues surrounding the acceptance of prenatal diagnosis as an evolving technology are complex, raising ethical, social and psychological dilemmas. This workshop will provide a forum for discussion of these issues and for education regarding these patients and their families.

THE PSYCHOLOGICAL RAMIFICATIONS OF FIRST TRimestER SONOGRAPHIC DIAGNOSIS OF
PREGNANCY LOSS
Maureen Smith-Deichmann, MS, Beth A. Fine, MS, Judith Feigon Schiffman, MSW
(Chicago, USA)

This study is designed to assess the psychological effects of first trimester pregnancy loss diagnosed by ultrasound examination prior to prenatal diagnosis by chorionic villus sampling (CVS). The study population are among patients seen at the Section of Reproductive Genetics at Northwestern University Medical School. This unique patient population are primarily women age 35 or older seeking CVS because they are at increased risk for a chromosomally abnormal fetus. A questionnaire will be administered to all patients at their genetic counseling session prior to CVS. Patients learning of the absence of fetal cardiac activity, indicating impending miscarriage, will receive a telephone call and a tool that includes an adaptation of the Perinatal Grief Scale. There is a paucity of literature on grief reactions among women experiencing early pregnancy loss; this group is unique in that they are told of the loss without experiencing any physical symptoms or participating in any rituals. In addition, the effect of ultrasound on maternal-fetal bonding and loss has not been studied extensively. The goal of this project is to identify the psychological and genetic needs of these patients. We will develop a protocol for psychosocial support, genetic counseling and testing and recommendations for a multidisciplinary approach to these women and couples. Bereavement counselors, psychotherapists, obstetricians, ultrasonographers and genetic counselors should have defined roles in the care of these special patients.

ASSESSMENT, INTERVENTION AND OUTCOME OF VERY LOW BIRTHWEIGHT INFANTS PRENATALLY DRUG-EXPOSED AT 40 WEEKS, 12, AND 24-MONTHS OF AGE.
Kathy Vandenburg, M.A. (Oakland, USA)

Assessment, intervention and outcome of very low birthweight prenatally drug-exposed neonates at 40-weeks, 12, and 24-months of age. To define effective developmental intervention methodology for high risk prenatally drug-exposed VLBW (<1250 g) infants in tertiary Neonatal Intensive Care, behavioral-developmental outcomes of 15 VLBW infants and 15 prenatally drug-exposed VLBW infants randomly assigned to 2 treatment groups are compared. Treatment group 1 (T1) infants received intensive interventions to promote behavioral organization, self-regulation, and parent-infant interaction. A team of developmental specialists, infant-parent mental health and drug-treatment professionals were accessible to chemically-addicted parents for intervention services. Treatment group 2 (T2) infants received standard ICM nursing care, periodic assessments, and consultation from the developmental/mental health team. APIB (Als, 1982) exams at 40 weeks corrected age revealed differences between T1 and T2 infants in social and developmental parameters. A significantly higher number of T1 infants went home from the ICM with their biological mother, with more T2 infants going to foster care. T1 infants were more organized as measured by the APIB, demonstrating increased state control (greater range and clarity of states), and were able to maintain quiet alert states in the face of increasingly demanding stimuli. T2 infants had a higher number of dysfunctional dysj都要 eye movements and erratic motor patterns. Bayley scales and videotaped play assessments at 12- and 24-months corrected age will be reported. Quantification of self-directed play, play with caregivers, and developmental status will be discussed.

PAIN MEMORY IN FULL TERM NEWBORNS: EXPERIMENTAL STUDY
B. Dalla Barba, F. Benini, C. Gatto, L. Calabro', M. Cavedagni, G. Mozzon, E. Valenza, E. Quaranta (Padua, Italy)

Behavioral and psychological data show that newborns experience pain and stress in much the same way as older children and adults. Clinical experience demonstrates that painful stimuli, even though not very invasive, such as
micro blood samples from the newborn heel, during routine tests, may provoke stress and crying responses; and these become more aggravated as the stimulus is repeated. In fact, almost all newborn caregivers can tell that even after a limited number of blood tests the newborn begins to oppose and seeks to avoid the painful stimulus before being actually pricked. We therefore hypothesize that the painful experience may bring the newborn to gradually recognize the situation that accompanies and precedes the painful manoeuvre, and to progressively anticipate his response, demonstrating early memory capacity. We set up an experimental situation in order to analyze the behavioral and physiological responses of 20 healthy newborns heel blood samples for glycemia tests; another 20 subjects with analogous gestational age constituted the control group. We defined an experimental procedure which included a strict sequence of items and stimuli to be given to the study group before the painful stimulus; we then repeated the whole sequence with the control group without taking the final blood sample. All the stimuli are sensorial, neutral and unknown to the babies. For the data analysis we studied the neonatal behavioral states variability and crying, and physiological parameters (heart rate and oxygen saturation) during a two minutes baseline period and during the whole procedure time. When calculating the time of stress behavioral response or crying onset from the beginning of the procedure we found that it becomes progressively more precocious in the subsequent procedures only in the study group (P < 0.01). We found that behavioral and physiological stress responses became, as time went on, more precocious in the study group with respect to the control group. This seems to confirm that the newborn is able to gradually recognize different stimuli, perceptually categorize them, remember them and give different responses.

NEUROPSYCHIC DEVELOPMENT OF HIV INFECTED CHILDREN
LE DEVELOPPEMENT NEUROPSIQUIQUE DES ENFANTS SIDÉENS
M. Bertolini, P. Erlicher, M.A. Ambriši, T. Ferrari, R. Minotti (Monza, Italy)

The purpose of this work is to consider the psychic development of children who have been infected by HIV through vertical transmission from their mothers. It is a condition that implies not only the effects of virus infection but also those of the sense of guilt and the anxiety for an illness with risk of death which affects mothers from the beginning of their relationship with their child. Our observation on children's development and mother and child relationship are based on a follow-up lasting for 5 years on a cohort of 30 children, ranging from a few months to 9 years. Half of them have been followed since they were only a few months old, some others entered the follow up at different ages. It is a multidisciplinary study carried on by a staff composed of pediatricians, pediateric neuropsychiatrists and psychologists who examine the children regularly during periodical day hospitals. Information on mental health and child development are collected through parental interviews and sessions of infant observation.

In this work we will focus our attention on the early relationship between mother and child. As we have outlined in other papers, anxiety and sense of guilt tie mothers (whether drug addicted or not) to their children through concrete and sensorial modalities of relationship. The AA will describe the effect of this kind of relationship on neuropsychic development from the first months to the fifth year of life. The effects they have observed are mainly motor delay, language delay, feeding problems, cognitive impairment that result from a kind of problem based on imitation. They will consider also the factors that may improve the children's development.

DETECTION OF SUBTLE DIFFERENCES IN DEVELOPMENT DUE TO IN UTERO COCAINE EXPOSURE REQUIRES MICROANALYTIC TECHNIQUE
Valerie Allen Ahl (Berkeley, USA)

The development of cognition in cocaine exposed infants has been studied using a number of coarse-grained psychometric techniques, such as the Bayley scales of infant development. Cocaine exposed infants tend to score in the
normal range on these measures. The present study contrasts the results of a fine-grained microanalytic technique, which assesses the development of logical classification and operations, with the results of the more coarse-grained Usgris-Hunt Piagetian assessments of object permanence and means-ends reasoning. Data from 32 cocaine exposed infants, ages 6, 12, 18 and 24 months (n = 8 per age) are compared to normative data samples. Comparisons based on the microanalytic technique revealed violations of developmental sequence, rate, and extent of development in logical classification, and delayed developments in logical operations. The results suggest that the effects of in utero cocaine exposure on the developing cognitive system are subtle and require fine-grained assessment techniques. Nonetheless, when frame-by-frame analyses are used, the effects of cocaine exposure are distinctive. It is imperative that we document both the strengths and weaknesses present in exposed infants, such that we may capitalize on their strengths with the aim to ameliorate, and possibly overcome, their deficits.
POSTER
FRIDAY
INFANT-CAREGIVER RELATIONSHIPS AS A CRADLE FOR THE DEVELOPMENT OF PROSOCIAL ORIENTATION IN PEER RELATIONSHIPS
Angela Uchoa Branco (Brazil), Jaan Valsiner (Chapel, USA)

Infant-caregiver relationships are the social context in which the beginnings of cooperative and competitive orientations of the developing child in future peer relationships are set up. In this presentation we will analyze the process of infant $$\leftrightarrow$$ "social other" interaction in everyday (home interaction contexts (mealtimes, interaction around diaper change, etc.) as a result of an empirical longitudinal investigation of infants' development of culturally structured action patterns. Episodes of interaction in which the infant gets his or her first exposure to the competitive frames of interaction (i.e., the case of divergence and opposition of the goals of the partners in the interactive play episode) and the cases of first exposures to cooperative (goals-convergent) settings will be analyzed. In the life-world of each infant, both goals-divergent and goals-convergent experiences of interactive episodes occur in an intermittent manner. We will discuss the theoretical implications of the con-construction process by which the infant assembles his (or her) particular form of prosocial orientation on the basis of the variety of interactive experiences.

SECURE AND ANXIOUS-AVOIDANT INFANT-MOTHER DYADS AT PLAY
(David R. Pederson, Greg Moran, Liana Conlin, and Philip Smith (Ontario, Canada)

Ainsworth's observation that some infant's avoid their mothers during the reunion episodes of the Ainsworth Strange Situation is a well replicated finding. The purpose of the present report is to compare mother-infant interactions of avoidant and secure infants in a play setting in order to examine possible infant and maternal differences between these two attachment groups. A play setting was chosen with the assumption that it would not actively engage the infant's attachment system and that the lack of structure would allow for individual differences in maternal behavior. The play situation consisted of three three-minute episodes. The first episode was free play with a variety of age appropriate toys. In episode two the mother was asked to enlist the infant's help in putting the toys away three minutes of putting the toys away. Episode three was a teaching task was designed to challenge the infant's attention by asking the mother to involve the infant in a shape sorting toy that would be appropriate for two three year olds.

Each of the three play episode were coded using a system developed by Crawley and Spiker (1983). Secure infants were rated as more socially responsive in the teaching episodes. Secure mothers were rated as more sensitive in each episode. They also showed significantly more appropriate pacing and less intrusiveness in the free play episodes. The secure dyads were rated as having more of a mutual focus during the putting the toys away and teaching episodes.

Mothers of avoidant dyads were more intrusive and inappropriate in their pacing in the relatively unstructured free play episodes. These results are consistent with the home observations reported by Belsky, Rovine, & Taylor (1984) that mothers of avoidant dyads are more active than mothers of secure dyads. Perhaps avoidance is a strategy of coping with maternal behavior that is not only insensitive, but is also intrusive.

THE CONTRIBUTION OF MATERNAL CHARACTERISTICS TO THE CONSOLIDATION OF SLEEP PATTERNS IN INFANCY
Anat Scher (Haifa, Israel)

The establishment of organized sleep-wake regulation is one of the major psychobiological tasks of infancy. Although understanding the interaction between internally regulated cycles and the care-taking environment is important for developmentalists as well as for clinicians, there is only limited information on the links between the developing patterns and parenting
attributes (Moore & Ucko 1957; Anders et al. 1983). The purpose of the present study was to assess the contribution of parenting style and maternal characteristics to the development of sleep pattern in the first year of life. 118 infants and their mothers participated in a longitudinal study. Sleep characteristics were reported by the mothers and objectively measured (actigraph) for a sub-sample. It was found that maternal depression and separation anxiety predicted some aspects of the child’s sleep pattern.

FAMILY ENVIRONMENT AS A PREDICTOR OF INFANTS’ ATTACHMENT BEHAVIOR TO ADOLESCENT MOTHERS
Suzanne M. Cox, Sydney L. Hans (Chicago, USA)

The purpose of this paper will be to examine the relationship of attachment behavior in the infants of adolescent mothers to a variety of proximal and distal features of the children’s environments.

Twenty-one urban, low-SES, African-American mothers between the ages of 14 and 18 were recruited soon after the birth of their first child. The families were followed longitudinally for one year by means of lengthy clinical interviews with the mothers and grandmothers, developmental assessments of the infants, and videotapes of mother-infant interaction.

At one year of age, infants and mothers were videotaped both in a natural and structured situation, as well as in a separation-reunion paradigm. Mothers also completed a clinical interview when their infants were six weeks, six months, and one year old. Ratings of mother-infant interaction, infant attachment behavior, and the clinical interviews were made by three groups of raters.

Secure attachment was significantly related to a lack of abuse within the household ($r=-.46, p<.05$) and to the mother’s being sensitive to the infant’s interests ($r=.47, p<.05$). Hierarchical multiple regression analyses using these two variables as predictors indicated that maternal sensitivity combined with reported abuse within the household predicted a substantial amount of the variance in attachment behavior ($Squared multiple R=.36$).

This study has relevance to the development of infant-caregiver relationships in multi-risk households and will be further discussed in terms of the literature on child maltreatment and intergenerational patterns of childrearing.

VARIETY OF EXPLORATORY AND PLAY RESPONSES AND SUSTAINED ATTENTION IN INFANTS
Roberta R. Collard, Ph.D. (Shelburne Falls, USA)

It is a truism that optimal change in stimulation sustains attention, while repeated, unvaried stimulation leads to boredom, change in activity, or sleep. Thus, babies and children who have a large variety of exploratory and play schemas can create more change and should show more sustained attention to a toy than those with fewer schemas.

In infants, the less complex exploratory responses such as "looking at" or "mouthing" a toy seem to be innately elicited by an appropriate stimulus and are less mature responses, while play responses, which involve creating an interesting effect or pattern of stimulation by combining schemas are probably learned. Play with a toy includes such responses as banging or throwing it up using it in social interaction. Certainly, social play with a toy (such as handing it back and forth) is learned by playing with another person.

In the present study, responses to a moderately novel toy of 64 infants (32 boys and 32 girls, 37-56 weeks old) were recorded for 6 minutes. A response was defined as a change in schema. A result was considered significant if $p<.05$ by Chi Square or on the Sign Test. Significant results were:

1. Babies with an above-average total variety of exploratory and play schemas showed less response decrease (between 0-3 and 3-6 minutes) than those with below-average variety ($p<.01$).
2. Babies with an above-average variety of play schemas and those with an above-average number of play responses showed less response decrease than
those below average in variety and number (p.<.05).
3. Play responses increased during the last 3 minutes, while exploratory
responses decreased (.<.004).
4. Older babies (47-56 weeks old) showed a higher variety of play responses
(p.<.05), more social play responses, and less response decrease than younger
ones (37-46 weeks old) who made more exploratory responses.

It was concluded that using a larger variety of exploratory and play
responses sustains attention and that it might be possible to increase the
attention span of children with Attention Deficit Hyperactivity Disorder by
teaching them a greater variety of exploratory, play, and mental schemas.

INFANT CAREGIVING BELIEFS AND BEHAVIORS: A MULTIVARIANT APPROACH
Arminta Lee Jacobson, Ph.D. (Denton, USA)

The purposes of this research were to study multivarian relationships
between beliefs about infant caregiving held by infant caregivers and (a)
beliefs about infant caregiving held by day care center directors, and (b)
interpersonal interactions with infants.

Two hundred sixty seven infants were observed in twenty six day care
centers, using a time sampling approach. The level of response by caregivers
for each infant's distressed and nondistressed bid for attention was coded on
the infant Caregiver Contingency Schedule. Center directors and infant
caregivers completed a rating scale on the importance of caregiver behaviors
in response to infant needs and bids for attention.

A multiple regression analysis was performed between Total Ignored
Infant Bids for Attention by Caregivers as the dependent variable and Director
and Caregiver Beliefs about Infant Caregiving as independent variables. R for
regression was significantly different from zero, F(8,39) = 3.15, p .01. Only
one of the IVs contributed significantly to prediction of number of ignored
Bids, Caregiver Belief in Comforting Infants Quickly. There was a negative
correlation (p .01) between Director Belief in Comforting Infants Quickly and
Caregiver Belief in Comforting Infants Quickly. Multiple regression revealed
that other characteristics of the caregiving environment predicted caregiver
behavior with infants. The Total Number of Distressed Infant Bids contributed
significantly to prediction of Total Number of Ignored Bids by Infant
caregivers. The Total Number of Distressed Infant Bids and the Total Number
of Infants in the Room contributed significantly to prediction of Total Number
of Attended Bids by infant caregivers. The Total Number of Months of Care of
an infant by a caregiver and the Total Number of Caregivers in the room
contributed significantly to the Total Responsiveness by infant caregivers.
In summary, the level of caregiver response to bids for attention by infants in
day care can be predicted by caregiver belief about comforting infants as
well as structural characteristics of the caregiving environment.

Implications include the importance of organizing the caregiving
environment of (a) minimize total number of infants and caregivers in the
room, and (b) provide continuity of caregiving.

THE ORGANIZATIONAL ROLE OF EMOTIONAL AVAILABILITY IN GENDER DIFFERENCES IN
CHILDREN'S NARRATIVES
JoAnn Robinson, Jenny Macfie, Linda Mantz-Simmons (Boulder, USA)

Emotional availability between mothers and children serves an organizing
role in the representation of affective, social and moral elements both in
relationships with others and in portrayed relations in completing narrative
stems. Four dimensions of emotional availability were examined in a sample of
275 members of twins 36-38 months old in a co-construction segment: maternal
sensitivity and intrusiveness, child responsiveness to, and involvement of,
mother. The children completed three narrative stems with an examiner which
were coded on 14 performance and 17 content dimensions. Narrative coherence
was greater for girls with mothers exhibiting higher emotional availability.
These children demonstrated a greater investment in performance, an increased
understanding of the conflict, more appropriate affect, and were more
responsive to examiner. Significant gender differences were discovered in the relationships between emotional availability and performance and content dimensions of the narratives.

THE CONTENT OF INFANT-PARENT INTERVENTIONS: CLIENT, CLINICIAN, AND RELATIONSHIP FACTORS
Joan Piasecki, Ph.D., Scott Brown, M.S. (Denver, USA)

Clinical-developmental infant-parent programs have utilized an array of disciplines and services to address the complex needs of multi-risk/multi-problem families. While research indicates that interventions utilizing two approaches, single discipline and multi-disciplinary, are successful at decreasing the likelihood of several negative outcomes of dysfunctional parent-child interaction, information necessary for adequate empirical replication and explication of the effective treatment mechanisms is lacking. Three factors are important in characterizing an intervention. Clinician factors, such as background and experience, may be related to the utilization of different techniques and strategies for change. Client factors, including risk status, mental health status, age, and gender, likely influence the way in which interventions are implemented. Finally, factors in the client/clinician relationship also effect the choice of intervention techniques. The purpose of this study is to document the specific contents of an intervention in the context of an ongoing infant-parent program, the Community Infant Project (CIP).

CIP is a tri-agency interdisciplinary intervention designed to treat relationship dysfunctions in high-need families prenatally and during the first three years of life. The intervention is intensive, individualized, and homebased. Typically, a nurse and therapist are assigned to a client dyad and see them during 6–8 visits per month.

In order to determine the contents of the clinician-client sessions, each nurse and therapist audiotaped 4 consecutive sessions from each of 4 clients. Two raters will code interventions according to a system based on the unique and representative elements of 3 models used by CIP clinicians. In addition to these ratings, data are available on important clinician variables, on CIP clients, and on the clinician/client relationship. Analyses of these data will permit us to address several intriguing issues. First, what specific strategies are employed by practitioners and to what extent? We will examine the association between types of interventions used and quality of the practitioner/client relationship, duration of the treatment, age status. We will also compare interventions used by therapists and nurses and clinicians with varying levels of experience. Results from this study will provide preliminary data on infant-parent psychotherapy process. As with other forms of psychotherapy, this information is critical to the explication of how change happens in these families.

THE EFFECTS OF A SUPPORTIVE INTERVENTION DURING LABOR AND DELIVERY ON THE POSTPARTUM PSYCHOLOGICAL ADAPTATION OF FIRST-TIME MOTHERS
Yonit Hoffman, M.D., Dennis Drotar, Ph.D., John Kennell, M.D., Susan McGrath, Ph.D. (Riverdale, USA)

The study examines the impact of a supportive intervention during labor and delivery on the psychological adaptation of new mothers. Prior studies have documented that the presence of a supportive female labor, obstetrical interventions, cesarean deliveries, perinatal complications, and in enhanced mother-infant interaction. The present study, which is part of a larger, ongoing project designed to refine and extend prior research, addresses design limitations by including both lower and middle SES subjects who are accompanied by supporting partners during labor and delivery, and by assessing psychosocial variables within a prospective, longitudinal framework.

The impact of doula support on three areas of maternal postpartum psychological adjustment is examined: depressed mood, self-evaluation regarding maternal role, and marital/relationship satisfaction. It was
hypothesized that the doula intervention would be most beneficial (i.e. lower levels of postpartum depressed mood, more positive self-evaluations, and greater relationship satisfaction) to those mothers who were most lacking in the personal and social resources which are central to adjustment to new motherhood and which reflect what the doula provides; perceived social support and positive relationship with mother.

The doula intervention did not have significant main effects on postpartum mood, self-evaluations or relationship satisfaction independent of level of prenatal resources. However, as predicted, significant interaction effects between experimental group and prenatal resources were found in predicting postpartum depressed mood and self evaluations (though not relationship satisfaction).

Findings suggest that subjects' perceived social support and the quality of their relationships with their own mothers contributed to differential responsiveness to the doula intervention. Overall, the magnitude of change in depressed mood and self-evaluation scores from prenatal to postpartum (in a positive direction) was significantly greater for doula subjects who were low in prenatal resources than for doula subjects with high prenatal resources. The clinical and theoretical implications of these results will be presented.

MATERNAL REGULATION OF INFANT INITIATIVE; DIFFERENCES BETWEEN EARLIER AND LATER WALKERS.
Perry M. Butterfield, M.A., Robert N. Emde, M.D. (Denver, USA)

The emergence of initiative in infants 10 to 18 months has been described by Spitz (1957), Mahler (1975), Sander (1969), and others. Sander suggests that the mother's regulation of this behavior in the baby is focal to the subsequent successful negotiation of conflict in the second year.

Our observations of infant initiative in relation to walking reveals that there are differences in mother's regulation of initiative in earlier versus later walkers. Videotapes of 46 infant-mother pairs were coded for initiations during play across three age periods.

Earlier walkers initiated more at all time points, were less contingent in their positive responses to mother, and used more negative response patterns throughout. Mothers of earlier walkers allowed more autonomy, markedly decreasing their own initiations and their negativity, but clearly and contingently limiting the baby when necessary. Mothers of later walkers maintained their control over the infant's focus of attention, were less responsive and increased in their negativity across time.

Temperament was described differently for earlier and later walkers and remained so across time. This was a surprising finding and may be a major consideration in the development of both walking onset and self-assertion issues.

INFANT-CAREGIVER RELATIONSHIP IN FOSTER HOMES IN LENINGRAD IN USSR
Jadwiga Komender, Celina Tomaszewicz-Libudzic, Krystyna Matejewska, Hanna Ruszkowska, Hanna Barlak (Warsaw, Poland)

25 Children aged from 1 month 17 days to 3 years 8 months, who were in foster home for children with neuropsychiatric disorders were studied. The psychologic and psychiatric examination were performed. The educational methods were analyzed. It was found that the children except the youngest ones were sad, inhibited or demonstrated psychomotor excitation. Intelectual development of the children, estimated by personnel of the foster home, was lower than this estimated by our team.

MEASURING PRIMARY MATERNAL PREOCCUPATION
Oommen Mannem, M.D., Charles H. Zeannah, M.D., Marianne Barton, Ph.D. (Providence, USA)

Primary Maternal Preoccupation (PMP) was described by Winnicott in 1956.
According to him, late in pregnancy and in the first few weeks postnatally mothers develop a "transient state of deep identification" with their infants that facilitates their involvement in the intense caretaking activities of the first few weeks of the infant's life. PMP is characterized by an increased preoccupation with the baby and diminished emotional investment in other domains of the mother's life. This makes the baby her main focus of attention and helps her cope with the intense caregiving demands of the first few weeks of the baby's life. Caregiving in the first 2-3 months is especially demanding because: (1) the infant has not adapted to the environment and cannot regulate its basic neurophysiologic processes like sleep/wake and hunger/satiety cycles, (2) there is little positive feedback from the infant who has not yet developed eye contact, social-smiling and social-vocalization and (3) the new mother has not yet learned what "works" for her baby. This period lasts until the first biobehavioral shift of the infant at age 2-3 months.

Even though there are references to PMP in the literature, there has been no systematic investigation of PMP. We are conducting a longitudinal study of 65 first-time mothers who will be assessed in the 8th month of pregnancy and the 1st and 3rd months postnatally. We will study the relationship between PMP and stress, depression, maternal self-esteem and maternal sensitivity in the first 3 months after delivery.

A questionnaire, a g-sort and a preoccupation distribution chart (which is a pie-chart) were developed to measure PMP. For this poster, data on the convergence of the following five measures of PMP will be presented: (1) g-sort (by mothers) (2) questionnaire (answered separately by mothers and fathers) and (3) preoccupation distribution chart (filled out separately by mothers and fathers). These instruments have items in the following three domains: maternal role, non-maternal role and external activities. At each assessment mothers will rate the degree of their emotional investment in each item based on (1) how they feel at the time of assessment and (2) their impression of how they felt before they became pregnant. Fathers will fill out the questionnaire and preoccupation distribution chart based on their impression of the mothers emotional investment in the items at assessment and before the pregnancy. Convergence will be determined by intercorrelations between the measures.

MATERNAL SENSITIVITY, INFANT TEMPERAMENT, EMOTION, AND CONTROL-ORIENTED INTERACTIONS: RELATIONS TO EARLIER VERSUS LATER WALKING.
Zeynep Biringen, Ph.D., Robert N. Emde, M.D. (Denver, USA)

Numerous clinicians have commented on the increased positive affect in the child and in the mother-child relationship following the achievement of upright locomotion (e.g., Mahler, Pine, & Bergman, 1975). Mahler has also commented on the development of willful autonomy during this time. Forty-six mother-infant dyads were observed in naturalistic home observations before and after infant walking onset. Two groups comprised of earlier and later walkers were delineated. Our findings revealed greater autonomy for earlier than later walkers. Although both groups increased their initiative in separating from mother after walking, only the earlier walkers spent more time out of the room, while only the later walkers showed an intriguing pattern of "refueling" amidst their explorations. Further, only for the earlier walkers, maternal verbal prohibitions increased, also suggesting greater autonomy for this group. Additionally, the earlier walkers and their mothers interacted more harmoniously after walking: infants showed greater positive emotionality (hedonic tone and dyadic positive affect exchanges) and their mothers became more emotionally communicative (maternal sensitivity and praise). The later walker group, in contrast, showed stable and relative positivity across the points of observation. Most surprising, we found that these two groups of infants differed in temperament before as well as after walking, suggesting that temperament (in particular, distress in confinement situations) may be associated with the motivation to move sooner. These results indicate that development should not be studied in terms of general landmarks. Whether an infant enters a developmental shift earlier or later can make a difference in
his or her behavioral experience of that event.

BELIEFS AS PREDICTORS OF PARENTING SKILL
Barbara N. Duffield (Toledo, USA)

Four factors were examined for their potential as determinants of parenting skill: (a) mother’s efficacy expectations, (b) knowledge about child development, (c) experience with children (parity), and (d) education. Fifty middle-income mothers of infants and toddlers 0–36 months of age attending child care programs were interviewed and observed in their homes. Demographic data were collected; three instruments were administered: (a) the Home Observation for Measurement of the Environment (HOME), (b) the Parental Efficacy Scale, and (c) the Parental knowledge About Development Scale. The model predicted overall parenting skill at a statistically significant level; knowledge about child development accounted for unique variance independently (Beta=.31). Specific parenting skill was also predicted by the model in the areas of maternal responsibility and provision of play materials; efficacy expectations and knowledge of child development both accounted for variance independently.

DEVELOPMENTAL CHANGE IN CONCORDANCE OF QUALITY OF ATTACHMENT BETWEEN MOTHERS AND THEIR CHILDREN.
Angelika H. Claussen, Patricia M. Crittenden, Mary F. Partridge (Miami, USA)

Theory and empirical studies indicate that quality of attachment can be transmitted across generations. Specifically, mothers’ experiences in their childhood, expresses as Adult Attachment Interview classifications, have matched the quality of their infants’ attachment of them. Developmental shifts in children’s cognitive and communicative competence, however suggest the possibility of changes in this relation as children move from sensorimotor to pre-operational development. These shifts may result in changes how infants respond to, and process information about, maternal behavior. For example, infants who could not comprehend an inconsistent mother’s behavior might be anxiously attached. By the preschool years, the ability to comprehend more complex patterns of behavior might result a shift in security of attachment.

The present study examined the relation of mothers’ attitude towards attachment with 51 infants and 56 preschool-aged children. Mothers’ attitudes towards attachment were assessed in an interview similar to the Adult Attachment Interview but focused more on mothers’ processing of information concerning parenting roles. Infants and preschool-aged children participated with their mothers in the Strange Situation Procedure. Infants were classified according to Ainsworth’s system. Preschoolers were classified using the Miami Preschool Attachment Classificatory System which identifies communicative and affective-cognitive patterns of behavior typical of pre-operational competence. The results indicate a closer match of preschoolers’ quality of attachment to mothers’ classifications than of infants’. These results are considered in terms of the greater competence of preschoolers’ to process complex interpersonal information.

HETEROCHRONICITY, MOTHER-INFANT INTERACTION, AND THE EMERGENCE OF REFERENTIAL OFFERING DURING INFANCY
Mark A. Reinecke, Ph.D. (Chicago, USA)

The emergence of referential offers was examined in a longitudinal, multivariate case study of two mother-infant dyads. A combination of microanalytic and qualitative methodologies were employed in describing the changing functions and morphology of this gesture, as well as its temporal organization with a number of maternal and infant behaviors. Offers were found to emerge from repetitive, idiosyncratic exploratory play routines, and were facilitated by mothers’ support of their infants’ immature attentional,
motoric, and arousal regulation capacities. Offers were found to occur at
greater that chance levels with behaviors indicative of moderate infant
arousal, as well as maternal behaviors that served to direct and maintain
infants’ attention to objects. A relationship was observed between infants’
offers and an (h)-initial vocalization. These findings are consistent with
dynamic systems and heterochronicity models of the development
conventionalized communication. These perspectives suggest that many of the
components of mature gestures may be observed earlier in development, and that
they may serve different functions at different ages. The emergence of new
functions and abilities is determined by the rates of development of component
skills.

INTERDISCIPLINARY TRAINING FOR ENABLING "GOOD FIT" IN INFANT-PARENT
RELATIONSHIPS
Mark Rains, Ph.D. (Alma, USA)

This poster describes interdisciplinary training and infant/family
services conducted within a ‘goodness of fit’ model for enabling and
empowering growthful interaction between infants and families, families and
helpers, and helpers and trainers. Within the model, development is "enabled"
by identifying competencies and providing opportunities for their performance
and acquisition. Growth is "empowered" through attainment of personally
relevant goals which increase one’s sense of competence and confidence. "Good
Fit" occurs when the competencies and characteristics of relationship partners
match or overlap well enough for them to mutually reach goals.

The poster and discussion will illustrate a training package of written,
video, and skill application materials utilized with service providers from
early education, mental health, public health, social services, and community
agencies. The training provides core skills in infant/family practice common
across disciplines, as well as a model for integrating unique contributions of
the various specialties. Case studies and skill application exercises
illustrate application of relationship-centered, family-focused, interagency-
coordinated, culturally sensitive practices within infant/family and
family/helper relationships, following the process from referral through
coordination of Individual Family Service Plans. Evaluation information and
recommendations for optimizing the helper-trainer relationship will be
available.

PATTERNS OF GRANDMOTHER CAREGIVING IN FAMILIES WITH TEEN MOTHERS
Rita Benn, Ph.D. (Detroit, USA)

Few studies have been conducted which focus on patterns of grandmother
and maternal infant care in families with teen mothers. This study
investigated differential patterns of grandmother caregiving in 57 three
generational households with teen mothers, in order to determine their effects
on the quality of the teen’s perception and relationship with her one year old
infant. Three hour interviews were separately conducted with teens and their
mothers in regard to the caregiving of the infant, and the quality of the
relationship between the teen and her mother.

Based on audio tapes of these interviews, a scale was constructed which
depicted differential profiles of grandmother caregiving. Dimensions of
grandmother caregiving related to the a) quantity and quality of instrumental
support provided to the teen for the care of the baby, b) resolution of
conflict in relation to this role, c) emotional tone of the mother-daughter
relationship and d) motivation for caregiving, were used in describing each of
the levels of this scale. The patterns of caregiving which comprise this
scale are to be fully described in the presentation.

Trained raters rated the teens and grandmothers on this scale. The
quality of the teen’s parenting was independently rated from these interviews
on their level of acceptance-rejection of the infant and level of maternal
integration, using published rating scales. The teen’s perception of her
infant’s temperament was assessed from Fullard, McDevitt and Carey’s Toddler
Temperament Scale. There was a high convergence in patterns of grandmother caregiving depicted by the teens and grandmothers. Teens who were rated as more highly accepting of their infants and more highly integrated, had grandmothers who were less authoritative with their daughters, demonstrated their respect for them as individuals, and provided them with advice rather than control on how to parent. Individual dimensions, e.g., such as emotional tone, or quantitative level of caregiving, were not seen to affect maternal perceptions of her infant or the quality of mother-infant relationship. Rather, the gestalt of grandmother caregiving style was the significant factor in understanding how grandmothers affect the teen’s parenting.

Neither the individual dimensions which made up the scale or the caregiving style related to the teen’s perception of the infant. As a group, teen mothers perceived their infants as difficult; however, as found in previous research, the more highly integrated teens perceived their babies to have an easier temperamental disposition.

AFFECT ATTUNEMENT AND MOTHER’S REPRESENTATION IN MOTHER-INFANT INTERACTION: A LONGITUDINAL STUDY
Kikuyo Aoki, Reiko Baba, Kenji Kawano, and Mayumi Furukawa (Tokyo, Japan)

The relation between the mother’s cognition and attunement to the infant’s emotional expression in mother-infant interaction and her various internal representations was longitudinally investigated. The subjects were 20 mother-infant pairs. At first, the Brazelton Neonatal Behavioral Assessment Scale was used to measure the behavioral features of the 4 days newborn babies. The results and the mother’s evaluations to their babies were scored for the first score in mother-infant interaction. And the mother-infant emotional interactions in a laboratory setting were videotaped each when the infants were 1, 3 and 6 months old. The procedure of this examination was composed of several scenes which arouse the infant’s various affects. And then the mother’s attunement behavior (Stern, 1985) was especially picked up for analysis. Following the entire videotape procedure, videotapes were viewed by mother. And mother was asked how they felt about the baby’s feeling in the situation. In addition, several interviews were carried out to obtain information about the mother’s personal history in order to clarify their representation about the infant in their interpersonal relationship in general. As a result, about the attunement behavior, characteristic behavioral patterns and its quality were found. In out presentation, based on our findings, we would like to report more detailed results of our analysis.

NON-VERBAL COMMUNICATION: ROLE OF ZYGOSITY AND AFFECT
Nathan Szajnberg, M.D., R. Buck, B. Ginsburg (West Hartford, USA)

This study evaluated response differences to affect laden stimuli using monozygotic (MZ) and same-sex dizygotic (DZ) twins. We also assessed mothers’ capacity to accurately read affects and the relationship between perception accuracy and maternal attachment.

Eight pairs of four year olds had been studied previously by N.S. at 11 and 18 months of age for affect attunement and infant’s attachment, providing a longitudinal basis for the present study. The twins were individually exposed to slides with familiar, unfamiliar, unpleasant, and unusual features. The four year old’s facial expressions were videotaped. The videotaped expressions were analyzed for their communicative content and segmented to determine consensually meaningful points in the stream of expression. Mothers were also asked to assess each videotaped facial expression and estimate which slide their child was viewing (familiar, unfamiliar, unpleasant, or unusual). Mothers were later interviewed using the Adult Attachment Interview. Interviews were categorized as secure, or Insecure in relation to attachment.

Results are discussed in terms of the implications of the statistical relationship among maternal accuracy of perception maternal attachment and
zygosity.

THE DEVELOPMENT OF CHOICE THROUGH MOTHER-CHILD INTERACTIONS
Stephanie R. Stilson, Carol G. Harding (Chicago, USA)

Some people generate few alternatives when they solve problems; either solution A or B is appropriate. This style of problem solving is called convergent thinking. By contrast, there are others who develop numerous options as they think through problems. A thinking style that enables a person to see many alternatives (i.e. divergent thinking) is believed to be important since it enhances one’s critical thinking capabilities. When children are equipped with the ability to think through many options in their attempt to solve problems, they have a better chance at deriving satisfactory solutions. How do people develop convergent and/or divergent thinking styles? Are there specific early behaviors that encourage an "options-promoting" over an "options-limiting" thinking style?

No one body of literature addresses these queries directly. Therefore, three different areas of psychology have been integrated to form the background for this study: mother-child interactions, divergent-thinking, and symbolic play. The choice construction paradigm (Harding, 1982, 1987, in press) is proposed as a way to describe early interactive behavior between mothers and children that promote and/or inhibit the development of the ability to generate alternatives. These interactive behaviors also are related to the child’s symbolic play to substantiate and validate the paradigm’s construct validity as a measure comparable to divergent thinking in older populations (Coates, 1972; Dansky, 1980).

Twenty-four mother-child dyads were observed in 10-minute interactions when the child was 18 months of age and again at 39 months of age. Interactive thinking styles and symbolic play behaviors were coded. Choice construction frequencies and patterns were computed, and an overall "options-limiting" or "options-promoting" profile was determined. Frequency and levels of symbolic play also were summarized (Nicolich, 1977; Slade, 1987). At this writing, analyses were not complete; however, it is hypothesized that mother-child behaviors that promote the ability to generate options when the child is 18 months will be related to a higher quality and quantity of symbolic play performance when the child is 39 months old.

THE DAILY CARESS: OBSERVATION OF MOTHER-BABY'S RELATIONSHIP WITH SHANTALA'S "MASSAGE CARESS."
G. Mioli, A. Rossoni (Milan, Italy)

This work will present our experience with mothers and/or fathers and their children in Statal Services activities, where we work; particularly attention will be given to the activity of "Massage Caress." The professional figures who work in this project are: a psychologist, a physiotherapist, a pediatrician, an infantile neuropsychiatrist and a midwife. The purposes that we wanted to reach, and we have partially observed in these years, are:
- to notice and to attend early, with aim of prevention, in some high risk situation in the mother-baby relationship, compromising the psycho-physical growth of the child, trying to transform with practical activities what has been written psychoanalytical literature;
- to give the parents back a more active and less anxious role in caregivers of their babies and to permit the mother to appropriate again her innate potentialities, giving her back the confidence of her natural task. Both parents and operators have felt the need of this aim, as the consequence of the last mass media’s "information bombing" of baby’s development, concerning the rules of a good physical and psychological growth, that often cause some conflicts in parents. During these years, considering the dimension of people we direct, we have created some meeting moments with the parents and their babies, to attain these aims. These moments are:
--VISIT AT HOME: the midwife, during the first week of the newborn's life, goes to see and to help, psychologically and physically, the mother in her new
relationship:
-FIRST VISIT: the pediatrician and the psychologist visit together the baby and observe his relation with his family, to do a health's medical and psychological balance;
-HEALTH'S BALANCE VISIT: they are also provided by the pediatrician and the psychologist, and in some moments by psychometricist too, to continue the health's balance during the basically stops of the baby's neuro-psycho-motor growth (at the age of 4, 8, 12, 18, 24, 36 months).
-WEIGHT MOMENT: Weekly control of baby's weight during his first year. This moment permits the midwife to have more moments with the mother to speak about some problems she could have with her baby;
-MASSAGE CARESS: activity that takes place simultaneously of the "Weight Moment"; it's a free entrance space during the first baby's year, two or three hours weekly. It's led by the physiotherapist and the psychologist. First of all they show the parents the indian massage technique, then they try to promote to the parents the growing of their potentially empathic capacities, giving them back, through the massage, the confidence in the taking care of their babies. This moment also represents a meeting between parents who can speak about their problems all together of caregivers and a play moment for older children, too. This kind of activity, that takes place in an expressly furnished room (carpets, cushions, toys, etc.) is a particular observation moment of the mother-baby's relationship, without any professional or technical interference, also in high risk situation.

Ten years after the beginning of these activities we have noticed in parents that have frequented us, a way to work out again the anxiety and to face the problems concerning the psycho-physical growth of the baby. The parents have also expressed us their better and more natural capacity to relate with their children. It's now difficult for us to estimate numerically our results. Actually the operators working in this project meet together monthly to discuss about the analysis of the work and the critic verification of the results. These meetings are the necessary point of encounter between the theoric reading that guides our work and the emphirics date and precious instrument of supervision, too.

PEDIATRIC INFANT PARENT EXAM: A SCREENING TECHNIQUE FOR DETECTING EARLY RELATIONSHIP DISTURBANCES.
Barbara H. Fiese, Martin Irwin, Michael Gordon (Syracuse, USA)

Research over the past twenty years has repeatedly demonstrated the importance of early interaction patterns between parent and child. Although fine grained analysis in a laboratory setting has pinpointed central aspects of parent-infant interaction these procedures are not appropriate for use in busy clinics. The Pediatric Infant Parent Exam (PIPE) has been developed to detect early relationship disturbances during the course of a routine pediatric exam. The PIPE is based on the transactional model of parent-infant interaction, emphasizing how parent and child adapt to each other.

Parent and Infant are observed playing a game of peek-a-boo in the pediatric clinic. The interaction is scored for how parent and infant initially become engaged, how the game is maintained, and how the game ends. Particular attention is paid to how parent and infant read each others signals with optimal levels of interaction including smooth turn-taking and responsivity and less optimal levels of interaction including parental disregard for infant's signals of fussiness and abrupt endings to the game.

Results of inter-rater reliability will be presented along with a comparison of PIPE scores of Full term and Low-Birth Weight premature infants. The relation between PIPE scores and attachment status will also be presented. Senior authors will be available to discuss the use of the PIPE in pediatric settings.

CHILDREN AND PARENTS AT BEDTIME: PHYSICAL PROXIMITY DURING THE RITUALS OF SEPARATION IN ITALY AND THE USA.
Lela Gandini, Ed.D. (Northampton, USA)
I will report here the results of a quantitative survey, carried out with a questionnaire, and compare them with the results of a qualitative study, carried out through naturalistic observations. Parents often experience difficulties and stress at their infants’ and young children’s bedtime. Issues connected with the social development of the child and the accumulated experience of the parents, such as attachment and separation, tend to surface then.

In order to appreciate the relevance of culture in this stressful experience, I have made two separate studies of two different cultural communities, one in the United States and one in Italy. The first study utilizes a quantitative approach. The method involved the formulation, distribution, and analysis of a questionnaire filled out by parents of 468 children, 2 to 5 years old: 208 in Amherst-Northampton, Massachusetts and 260 in Pistoia, Tuscany. The factor analyses of the behavior described in responses to the questionnaire yielded 5 factors: Child problems at bedtime, co-sleeping (close proximity), Soothing (active proximity), Indirect proximity, and Alternatives to proximity.

The results show that the two year-old children tended to get more physical proximity, that the most difficult age was three, and that the five-year-olds tended to be less demanding. The cultural differences proved more striking than those related to age. Parents in the American sample tended to put their children to bed earlier, to make more use of certain forms of indirect physical proximity (reading), and to make more use of alternatives to physical proximity (leaving the light on, giving the child a soft toy).

The second study involved 36 families, 18 in New England and 18 in Italy, which were grouped according to the age of the child: 17-24 months, 3-4 years and 5 years. The method of observation included running notes and audio recordings.

The combined results allow us to describe the developmental and cultural differences beyond their immediate effect and to show a finer grain in the range of variations. They also underscore the delicate nature of interventions with young parents in distress over issues connected with bedtime.

PREDICTING STABILITY OF MOTHER-CHILD ATTACHMENT PATTERNS IN DAY-CARE CHILDREN FROM INFANCY TO AGE 6
Teresa Jacobsen, Ph.D. (Chicago, USA), Wolfgang Edelstein, Ph.D. (Berlin, Germany), Ute Ziegenhain, Ph.D. (Berlin, Germany)

According to Ainsworth and Bowlby, the quality of attachment that an infant establishes to his mother persists over time. Although recent research supports this hypothesis, most investigations into long-term stability of attachment patterns have been based on middle class families who have experienced stable living circumstances. Less is known about the stability of early attachment patterns in families experiencing stress or changing life circumstances. The aim of this poster is to examine the stability of mother-infant attachment patterns in day-care children from infancy to age 6. Thirty-five children from Berlin were classified as to security of attachment at 12 and 18 months based on reunion behavior exhibited in Ainsworth’s Strange Situation. At age 6, 33 of the children were seen in a reunion episode with their mothers. Mother-child attachment patterns were also assessed at age 6 based on the children’s responses to a separation story and to four doll play situations. Drawing on Ainsworth’s and Bowlby’s theory, we hypothesized that (1) infants who had a secure attachment pattern to their mothers before entering day-care (12 months) and after (18 months) would be likely to remain securely attached at age 6 (2) infants who evidenced insecure attachment patterns to their mothers at age 12 and 18 months would be likely to remain insecurely attached at age 6 (3) infants who were securely attached to their mother’s after day-care entry (18 months) would be likely to remain secure at age 6. The hypotheses were confirmed. The results of the study support the notion that despite day-care entry, attachment patterns in infancy play a critical role in determining a child’s quality of attachment to his mother in
the pre-school years.

EFFECT OF RESTRICTION OF MATERNAL PRESENCE ON CIRCADIAN RHYTHM IN INFANT RATS
Yukiko Katoh (Kanagawa, Japan), Yukari Takeuchi (Tokyo, Japan), Mizuo Takashima (Tokyo, Japan), Kosuke Yamazaki (Kanagawa, Japan) and Kiyohisa Takahashi (Tokyo, Japan)

In mammals including human, circadian rhythms of various physiological activities such as locomotor activity, body temperature and some kinds of hormones are observed. These rhythms are endogenously generated and entrained to a 24-h period by some environmental factors. A disturbance of such entrainment is shown to cause many problems in social life. It has been reported that disturbance of the rhythm is observed in many diseases in the field of child psychiatry such as infantile autism and school refusal. In infant rats the rhythms are synchronized with mother's and the mother seems to be one of the strongest entrainer for them, although it is well-known that daily light alternation is the strongest entrainer in adult rats. This fact shows how important role a mother plays concerning the entrainment of pup's rhythm in early postnatal period. But it remains unexplained what entrains the infant rhythm to mother's. So, we observed how restriction of maternal presence affect the rhythm in infant rats to investigate the mechanism of the maternal entrainment.

Albino rats of Wistar strain were bred and reared under the light-dark cycle with 12h of light and 12h of dark (12L:12D). The pups were blinded by bilateral ocular enucleation under hypothermic anesthesia within 24h after birth to exclude the influence of light. After periodic maternal deprivation (PMD) which restricts maternal presence to a certain time of a day, pups were killed by decapitation every 4h for a 24h period. Six to eight pups of both sexes were randomly selected from the different dams at each point. The pineal glands were removed and serotonin N-acetyltransferase (NAT) activity was measured by the method of Deguchi and Axelrod with a minor modification.

First, we performed PMD which allowed free access to the mother for only 12 hours during either the light or dark period. We found that the phase of NAT activity rhythm did not change in the blinded pup restricted the maternal presence only to the light period, and that the phase was reversed in the cases restricted only to the dark period. Secondly, we observed a change in the rhythm of the blinded infant rats when the time of maternal presence was shortened to only 4 hours a day. We divided a day into six equal parts of 4h period, and pups were allowed the contact with their mother to each part except for the first one of dark period. Furthermore, we inquired how many days PMD must be repeated to cause a shift of NAT activity rhythm in the case allowed the contact during the middle of light or dark period. Repeated PMD for 7 days shifted NAT activity rhythm in blinded rat pups, irrespective of the phase of the maternal presence in a day. NAT activity was the highest just before the contact with mother and it dropped to the basal levels when it was measured 4 hours later. Besides, the phase shift occurred by PMD of only one day when pups were allowed the access to their mother during the middle of light period (CT4-8). But when they were restricted the maternal presence during the middle of the dark period (CT16-20), we had to repeat PMD at least for three days to shift the phase.

This result suggested that restriction of maternal presence might act as a strong stress on infant rats and the repeated treatment entrained their rhythms. Furthermore, the fact that NAT activity dropped down 4 hours after the contact with their mother suggested the possibility that release from the stress reduced the NAT activity in infant rats and entrained the rhythm. However, it is not yet confirmed what is the strongest factor in various maternal factors such as nursing and a kind of substance in milk, and so on. The sensitivity to stress in adult and infant rats may be different, because the stress such as restricted food was shown not to change the rhythm in adult rats. It is another important question whether or not the NAT activity rhythm shifted by this PMD reflects the endogenous rhythm, which is now under investigation in our laboratory.
MOTHER-INFANT RELATIONS IN A ENVIRONMENTALLY DISADVANTAGED U.S. GROUP
Peggy L. Parks, Ph.D., Elizabeth R. Lenz, R.N., Ph.D., F.A.A.N. (Baltimore, USA)

It is important to understand the dynamics in the mother-infant relationship in nonclinical populations who are at risk for early experiences that compromise their opportunities to achieve maximum developmental potential. In the U.S., low social class families are more likely than middle class families to be surrounded by environmental circumstances that can be obstacles to their developmental trajectory. The sample (from a larger longitudinal study) consisted of U.S. white adult mothers and their normal birthweight infants (70 low social class and 141 middle social class families). Maternal and 6-month-old infant behavior were measured with the ERA (coding from videotaped behavior) and the 18-month infant development was measured with the Griffiths Scales. Low social class 18 month old infants were at a disadvantage in the domains of personal-social, hearing-speech, and general development. A specific aspect of maternal behavior experienced by these low social class infants at 6 months of age predicted their 18 month development; visual and verbal stimulation that was highly intense was associated with less optimal development. The low social class infants who experienced the highest levels of maternal stimulation were those whose positive affect was high and who were less well regulated and attentive during the interaction with their mother. The mother may have been intensifying the level of her stimulation in response to an inattentive baby or the baby may have been overwhelmed by the high level stimulation. These mother-infant dynamics have been previously identified in clinical populations, but these are the first data to identify them in a nonclinical population and to associate them with compromised development.

THE STANDARDIZATION PROCESS OF THE JAPANESE IFEEL PICTURE TEST: COMPARISON BETWEEN PREGNANT WOMEN AND MOTHERS WITH INFANTS
Karen Kako Inoue, Yoko Hamada, Chikako Fukatsu, Toshiko Takiguchi, Naoki Hirano, Keigo Okonogi (Tokyo, Japan)

IFEEL Picture Test was developed by Emde and Osofsky to evaluate emotional availability in adults. We started IFEEL research in Japan in 1987, and developed the Japanese IFEEL Picture Test (abbrev.JIFPIT), the process of which was reported at the fourth world congress of Waipad in Lugano, 1989. We report here further standardization and validity testing of JIFPIT, by conducting it with a group of pregnant women and that of mothers with infants.

Method: 1. Subjects; 121 pregnant women and 137 mothers with infants who were all married and from middle socio-economic class. 2. Procedure; One of the authors visited mothers-class and well-baby clinic to conduct JIFPIT and questionnaires with those who consented.

Results: 1. All responses to JIFPIT were coded into 18 categories. Frequencies of using each category with each photo were compared between two groups, and 11 out of 30 JIFPIT pictures showed significant difference. Mean frequency of using each category between two groups were compared. Significant differences were found in 8 categories out of 18. Pregnant women used "anger", "anxiety", "frustration" and "pain" significantly more, whereas, "sadness", "sleepiness", "self-assertiveness", and "desire" were used more by mothers. 2. To test the validity of JIFPIT with other standardized tests, we analyzed the relation of JIFPIT with Self-rating Depression Scale (SDS) by Zung. As a result, the group of high SDS scores used categories "shame" and "anger" less frequently than middle or low SDS scores groups.

Discussion: We confirmed the difference of responses to JIFPIT between pregnant women and mothers. These differences seem to stem from child rating practice of the mothers. We proceed to investigate JIFPIT responses of mothers who have difficulties with mothering.
INFANT-MOTHER INTERACTION AT 15 MONTHS -- ATTACHMENT AND RELATIONSHIP QUALITY
Pia Risholm Mothander, Ph.D. (Stockholm, Sweden), Gunilla Bohlin, Ph.D. (Uppsala, Sweden), Berit Hagekull, Ph.D. (Uppsala, Sweden)

The data presented originates from a broad longitudinal Swedish study of infant-caregiver interactions and the development of attachment patterns. A non-risk sample of 120 Swedish infants and their parents was studied during the first 4 years of the children's lives. At 15 months infants and mothers were videotaped in different situations in a laboratory setting. The filming started with a free-play session and was followed by sequences of structural tasks. Finally the infant and the mother were seen and videotaped in an Ainsworth and Wittig (1969) strange situation.

The aim of this particular data analysis was to explore the value of the free-play situation as compared to the strange situation setting for assessing qualitative aspects of the infant-caregiver relationship.

The videotaped free-play session was scored with the Parent Child Early Relational Assessment Scales, ERA, (Clark et al, 1984) by a scorer who was unaware of other test-results. The strange situation videotapes were coded by a second independent coder who was trained in using the Ainsworth et al's (1987) coding procedure. Maternal sensitivity was assessed according to the Ainsworth methodology.

In order to assess the conceptual validity of the free-play situation the maternal, child dyadic ERA scales were compared with the avoidant, secure and resistant group attachment typology as well as with the assessment of maternal sensitivity.

COMFORTING BABIES IN PUBLIC SPACES: CAREGIVER TECHNIQUES
Dr. Alice Sterling Honig (Syracuse, USA)

This study is concerned with the varieties and sequencing of methods that familiar caregivers use when confronted with a distressed, crying baby. The data were recorded by unobtrusive observers, when the baby and caregiver were in locales which were unfamiliar for the infant -- such as airport lounges, shopping malls, fast food establishments, supermarkets, and buses. Data were discarded if the eventual soother was either a strange adult approaching the stroller and interacting with the infant (for example) or an older sibling. Observations were obtained for 750 babies. Half were younger babies (from about 3 weeks to 13-14 months). The rest were older babies, toddlers from about 14 months to nearly 3 years. Analysis was done separately for girl and boy babies in order to clarify similarities and potential differences in the handling of infant distress. The number of recorded techniques ranged from one to ten. Some caregivers used no technique at all for soothing: these too were recorded. This poster presentation will report on the full range of techniques attempted, and the outcomes. Such data can be useful for parent education and for non-parental caregivers, in order to enhance their awareness of successful and of ineffective or inappropriate methods of comforting babies.

FAMILY COHESION IN RELATION TO CHILDREN'S SOCIAL AND SCHOLASTIC COMPETENCE: AN ITALIAN REPLICATION AT SEVERAL SES LEVELS
Mara Manetti, Barry H. Schneider (Genoa, Italy)

Systems-oriented approaches affirm that the parent-child relationship impacts on childhood social competence, but that the parent-child relationship is affected in a cartesian fashion by the functioning of the marital dyad. Several North American studies have established links between positive family or marital communication and children's social development (see review by Emery, 1982). Our study adds a cross-cultural perspective, focusing on the links between family cohesion and children's peer relations in Genoa, Italy. However, many cross-cultural studies are difficult to interpret due to the confounding effects of socioeconomic status. The sample was selected from five inner-city neighborhoods of different socioeconomic levels within the
same community. A total of 250 kindergarten-age youngsters and their parents, 50 selected randomly from each neighborhood, participated in the study. Family functioning was measured using the Italian version of the PROBE-III questionnaire. A picture sociometric procedures developed by Asher, Singleton and Tinsley was administered to the children's classmates in order to determine their social status. Teachers completed an Italian version of the Kohn-Rosman scale, which provides information on various aspects of school adjustment, including academic and social competence. The current paper summarizes the concurrent correlations between the family process measure and indices of child adjustment. As well, the social and scholastic adjustment of these children will be followed for several years.

IMPROVING SOCIAL INTERACTION BETWEEN LOW SES TEENAGE MOTHERS AND THEIR AT-RISK INFANTS IN BRAZIL
Leila Nunes, Neucideia Colnago, Regina Sisdelli, Claudia Taborda, Ida Freire, Margarida Carvalho, Mary Balthasar (Rio De Janeiro, Brazil)

A psychoeducational program was conducted to train low SES teenage mothers to improve interaction with their at-risk infants. Twenty six adolescent mothers and their babies, who attended a Public Health Center in S.Carlos (Brazil), participated as subjects. The subjects were divided into three groups: one group was trained at their homes (Home Group), other received training at the Public Health Center (Center Group), and the third one received no training (Control Group). To evaluate the efficacy of the training program, assessment of mother-infant interaction was conducted through the analysis of the data gathered in the 15-minute observational sessions conducted at least once a month in the subjects home. The dependent variables referred to the frequency of episodes containing the following elements: 1) effective interaction, 2) eye contact, 3) creative games, 4) use of toys, 5) mother verbalization, 6) infant vocalization, 7) vocal imitation games, 8) gestural models, 9) infant imitation of gestural models, 10) positive feedback, and 11) corrective feedback. One-way analyses of variance and other statistical tests (Kruskall-Wallis, Tuckey and Scheffee) were used to compare the groups performance. These analyses pointed out that there were no significant differences between the Home Group and the Center Group in any interaction measure. Nonetheless, significant differences (p<.05) were found between both the Home Group and the Control Group, and the Center Group and the Control Group in use of toys, vocal imitation games, gestural models and infant imitation of gestural models.

MARITAL ADJUSTMENT AND CHILD DEVELOPMENT IN INFANCY AND EARLY CHILDHOOD
Diana Weindrich (Mannheim, Germany)

As part of prospective study currently being conducted in the Mannheim-Heidelberg region of Germany on the neuropsychiatric development of 362 children born at varying degrees of organic and psychosocial risk, the effect of marital discord on the cognitive and social-emotional development of 315 children born into two-parent households was investigated. Both the children and the quality of the parental relationship were evaluated when the children were 3 months and two-years of age. Assessment of the children included performance on the Bayley Scales of Infant Development, observed and reported temperament characteristics and measures of infant and child psychopathology. Evaluation of the relationship was based on pertinent information provided by the parents about their marriage within a standardized interview as well as on the basis of a questionnaire.

Of the 315 relationships assessed at the childrens' age of 3 months, 273 were evaluated as undisturbed vs. 42 "troubled". By the second investigation at 2 years the number of troubled marriages had doubled to 84 vs. 231 undisturbed. Overall 222 relationships remained undisturbed at both 3 and 24 months, 33 remained troubled, whereas 9 improved and 24 deteriorated. Results show that marital discord at 3 months does not effect child performance at age 3 months, nor at 24 months. Marital discord at 2 years does affect the emotional well-being of the two-year-olds, i.e. is accompanied
by a significant rise in psychopathological symptoms.

When the effect of the stability of marital strife from the first assessment to the second was studies a significant increase in behavior problems and decrease in Bayley performance was found in the group of children whose parents’ marital situation had deteriorated and failed in the meantime but surprisingly not in the group with chronic discordant relationships. Conversely, poor child performance and emotional adjustment improved with positive change in the parental relationships. An increase, although not significant, was also found among the children whose parents’ marriage had deteriorated by had lead to separation.

DEVELOPING EARLY EMPATHETIC PREREQUISITES WITH BABY MASSAGE
Mirja Kalliopuska (Vantaa, Finland)

According to Kalliopuska’s empathy model (1983) empathy is considered to be a holistic process of the human organism in which the affective, cognitive as well as physiological and kinaesthetic (haptic) aspects of human organism can be separated.

The growth of empathy is begun in infancy, although we may argue that the baby has an innated disposition for empathetic responding.

Baby massage (African and Indian mothers’ normal care of their babies) can assist in the nurturance and development of body image and self-concept providing good basis to physical and mental identity, and later on empathy. Touching produces sensory, emotionally stimulated and kinaesthetic sensations from which are formed primitive images of the self, called body ego. In later infancy, the body ego assists in the formation of mentally more differentiated self.

Touching and caressing produces feelings of pleasure and trust. Older children may take care of the baby which facilitates a possible sister rivalry. The baby gets normal reciprocal exchange of feelings, smiles, voices, and touches in order to make more complicated schemes for recognizing faces, to increase attachment, and create more positive understanding another person’s behaviour in very early age.

ANTEPARTUM HOSPITALIZATION: PSYCHOLOGICAL IMPLICATIONS FOR THE PREGNANT WOMAN AND THE FUTURE BABY
Marie-Christine Glangeaud-Freudenthal (Paris, France)

Antepartum hospitalization for medical prevention or treatment is not only a stressing life event for the pregnant women, but may secondarily interfere with the maternal prenatal attachment to the future baby.

The aims of our research are: 1) to understand how hospitalized women cope with this stressing event, and through which psychological processes; 2) to evaluate the factors which modulate the effects of this stressing event on the maternal tasks of pregnancy and on the woman’s attachment to the fetus.

Our methods are clinical interviews; projective tests; and several selected self-questionnaires.

Our populations are selected among women followed during their pregnancy at Baudelocque’s maternity (Paris): 1) a high risk pregnancy group hospitalized for more than 3 days for medical reasons; 2) a control group of pregnant women without obstetric complications.

Based on a critical review of the studies published on the subject and on our own pilot-study, we distinguish four different attitudes toward hospitalization, which are related to the woman’s psychological development and history, her personality and usual type of defenses, her familial and social contexts. We shall describe those main attitudes: 1) psychological adaptation; 2) positive reassurance; 3) negative attitude toward the hospitalization; 4) denial of the problem. We shall show how they are also related to several psychological dimensions: mother-daughter relationship; acceptance of the feminine role; attitude toward motherhood; husband-wife relationship; state-trait anxiety.

Finally we shall address the question: How does this stressing event
influence the pregnant woman's perception of, and the process of her attachment to her unborn baby.

THE PREMATURE BABIE'S HEART RATE REACT DIFFERENTLY TO THEIR MOTHER'S VOICE TALKING TO HIM OR TO SOMEONE ELSE.
M.C. Bushnel, V. Neymon, J.P. Relier, O. DeBethmann, J.P. Fouillot (Paris, France)

The heart-rates of premature babies were monitored while mothers addressed their talk either to them or to someone else.
Babies were chosen, between 30 and 36 weeks gestational age and from 3 to 10 days after birth. They were not under artificial respiration.
During the experiment different stimuli occur in a fixed order:
- Mother comes silently near the baby
- Mother talks to him
- Mother talks to him while caressing him
- Mother talks to an adult while still hear him
- Adult, other than mother, talks to the baby
(Control)
Heart rate of baby is picked up by a cardio-respirograph (Hewlett Packard) and a Holter. Cardiac periods are computed from this E.C.G. recording. H.R. variability is processed in time and frequency during the whole stimulation period and for one hour before and after.
Preliminary results show that:
- Strongest reactions are obtained when mother addresses the baby. It both calms him, when agitated or crying and arouses him when calm.
- Mother talking to another adult, has little or no effect on a calm baby, but calms (although to a lesser extent) a crying one.
- Reaction to another adult is variable, and depends on the degree of acquaintance of baby to speakers.
- Caressing while talking also gives very variable results.
Conclusions: Premature babies between 30 or 36 weeks of gestational age respond by more calm when their mother directly addresses them. Is also the only stimulus that regularly arouses them during a calm phase.

ASSESSMENT OF THE DEVELOPMENT OF INITIATIVE IN INFANTS, AND OF MATERNAL RESPONSES THEM - WITH PARTICULAR REFERENCE TO GENDER DIFFERENCES - IN THE FEEDING SITUATION
J. Miguel Hoffman, Paula Bonomini, Carlos Morini, Laura Poppla (Buenos Aires, Argentina)

Results of a longitudinal study on maternal responses to infant's initiatives are being presented in tabulations and graphics. The theoretical meaning of the infants initiative has been exposed in a Symposium Presentation (Bernardi DeBray Hoffmann). The operational aspects of the research tool that has been used is being presented in a Workshop (Cherro Aguerre, Hoffmann).

The development of infants initiative is an interactional even depending on both the strength of his spontaneous actions, the amount of own will he unfolds, maternal attitudes towards this initiatives and the later addition of willfulness. Then comes also into account how much bargaining capacities both show in their negotiations, or if we will observe power - struggles developing.

Infants show also what we have called Aversive Reactions, which are interpreted by us as reactions to interferences of the mother of a process of initiatives; mothers efforts to make the infant comply aren't always visible to the bare eye and require the use of microanalytic techniques.

Maternal Attitudes vary from the impeding end all the way over to the facilitating. We consider this in five axis, quantifying on a Lykert scale from 1-5, were 1 is the most impeding form. This quantification permits to obtain a Compounded Maternal Response Index (CMRI), which marks below 3 a tendency to impede and above a tendency to facilitate the unfolding of infants
initiative.
Tabulation will correlate as well CMRI with gender. If the cultural
hypothesis should prove right we would have higher CMRI in mothers rearing
boys and lower CMRI in those rearing girls.
We make all possible combinations of Indices to show correlation between
infants initiative and maternal responses, together with the impact of dyadic
phenomena.
This we show with tabulations and graphics; we will add also some
photographs of representative situations of what we talk about.

EARLY FAMILY DEVELOPMENT DURING PREGNANCY AND THE FIRST YEAR OF THE INFANT
Dieter Burgin, Kai Von Klitzing (Basel, Switzerland)
Peter Riedesser (Hamburg, Germany)

A method of research is presented aimed at a operationalisation of some
aspects of the course of prenancy, of birth, of the development of parenthood
and of selected psychosocial capacities in the newborn's first year of life.
The main instrument consists in semistructured psychoanalytic interviews of
the couple, which are videotaped and rated.
In a prospective way a sample of at least 30 couples with a first
pregnancy is, for the first time at the end of the 6. month, examined with
this technique. Following the psychodynamic interactions of the couple during
the first interview, the kind of the intrapsychic representations they have
formed of the child in spe, the dialogues concerning parenthood and the family
development of the future parents, a detailed prognostic evaluation is made.
The prognostic data are then compared with the analogue data from 4 follow-up
interviews at fixed intervals during the first year of life of the child and
with the results of some functional, cognitive and interactional parameters of
the baby's development.
The goal of this study is to develop techniques of clinical diagnosis
and methods of therapeutic intervention, which should allow, already during
pregnancy, to prevent the development of a disturbed relationship in the first
year of life.
Further on, the transition from an imaginary to a real baby and the
establishment of the early triangulation in the inner world of the parents
shall be explored.

CHANGE OF MOTHER-CHILD SEPARATION DURING 30 YEARS IN JAPAN
Keiko Itoh, M.D., Sachiko Furubayashi, M.D., Yoko Gotoh, Ph.D., Shoshiroh
Kuromaru, M.D. (Nishinomiya City, Japan)

The three year old child has generally overcome the "separation anxiety
from his mother" (J. Bowlby), has become independent from her, conscious of
self and interested in friends of the same age. Three year old children in
Japan are legally obliged to receive physical and psychological examination in
a Public Health Center. As Kuromaru, S. reported at the World Congress of
Child Psychiatry in Madrid in 1966, we have used this examination to study the
three year old's behavior during mother-child separation (see Excerpta Medica
International Congress No. 150, 1966).
Our research started in 1963 and has continued for about 30 years. The
ratio of examinees to residents in every year has been kept at over 75%. The
manipulation method as well as the standards for behavior evaluation have been
kept unchanged. The data from this study shows that there has been
significant change in mother-child relations at the age of three years during
the 30 year study period. The reasons for these changes will be analyzed and
discussed at this congress.

THE COMMUNICATION OF EMOTIONS IN EARLY MOTHER-CHILD INTERACTIONS
Gisela Klann-Dellius, Eva Hedervari (Berlin, Germany)
Recent research on child development provided clinicians as well as theoreticians involved in problems of human development with new and challenging information about "the baby." Theoretical core of this empirical research, in which psychological, ethological, psychoanalytic and psycholinguistic contributions converge, is the concept of interaction. Within the interational paradigm development of the child is modelled as process of concrete interactive exchanges of equally important and (by biology and society) differently endowed partners. The organizing function of emotions in early mother-child interactions has been demonstrated and their impact on the type of children's mental representations of the Other has been investigated.

There is also some evidence that verbal communication and language acquisition of the child is constituted in basic emotional exchanges. Hence, conceiving developmental processes of the child as interactive, emotionally shaped exchanges provides the opportunity to question the notion of language as purely cognitive phenomenon. To look at language acquisition from an interactionist viewpoint allows to investigate the Freudian concept of therapy as "talking cure" under a developmental and empirical perspective. On the poster first results of the longitudinal research project "Emotional quality of mother-child interaction and its impact on the development of communicative competence in the child" will be given.

In this project longitudinal data of 39 mother-child dyads were collected. Data collection comprises: a) assessment of children's mental development at the age of 12, 24, and 36 months using the Bayley resp. MacCarthy scales, b) ratings of children's temperament according to the Bates scales; c) video-tapes of the 39 children's behavior in the Strange Situation at 12 months, d) video-tapes of the 39 children's playful, spontaneous interactions with their mother. From the 12th to the 24th month of age each child and his/her mother was seen every 4 weeks, from then on to the 36th month every 8 weeks. In order to elicit comparable emotional states, in each play session specific stimuli were given, each every 6 months. Stimuli were: toy-robot (surprise), withdrawal of mother by reading a newspaper or leaving the room (stress) or by exposition of interesting objects the child was forbidden by his/her mother to play with (frustration).

Concentrating on the separation-data it will be reported on how mother and child verbally and non-verbally cope with separation. Different types of coping strategies will be outlined and it will be discussed whether there is a significant relationship between type of verbally or nonverbally coping with stress of separation and type of attachment of the child or mothers' emotional responsivity in interaction. It will be hypothesized that security of attachment or the experience of emotionally being responded to might influence how children learn to communicate verbally about their inner experiences, thus give their partner the chance to share or influence these experiences; this might not only contribute to different degrees of differentiation, coherence and richness of inner life of the child but also to different types of emotional attitudes towards verbal communication.

HOW FATHER'S REPRESENTATIONS, ATTITUDES, FANTASIES CONCERNING HIS CHILD WOULD INFLUENCE THE SUBSEQUENT CHILD'S DEVELOPMENT: A LONGITUDINAL RESEARCH
Paola Venuti, Adriana Lis, Caterina Olivotto (Padua, Italy)

The aim of this workshop is to discuss the methodology and the first results of a longitudinal research aimed at deepening how father;'s attitudes, fantasies, representations concerning his child, starting from pregnancy, would influence the following affective and cognitive development of the child, as far as normal children are concerned.

Hypotheses: 1) during pregnancy the father assumes the role of supporting the dyad; 2) father's fantasies, attitudes during pregnancy would built up a first child's representation that would be lately compared with the real baby; 3) After the birth the father will not just assume the role of supporting the mother-child dyad but, from the beginning would assume the role of a "third person" that would influence the development of the triadic relation.

Methodology: Our research has been carried out on a sample made up of 20
normal first born children, and is still in progress. Till now we have proceeded with the following phases: 1) Seventh month of pregnancy: clinical interview with both parents aimed at investigating, among other topics, fantasies, representations, attitudes of both the parents toward the baby. We also administered a questionnaire on the same topics; 2) 10-20 days after the child's birth a second interview was carried out with the parents, aimed at investigating the "real baby" as compared with the "fantasy" baby; 3) When the child was 3 months old we get a third interview with the parents and also videorecorded observations. Moreover we are planning other phases connected with specific aspects of the development of the child.

EARLY TRIADIC INTERACTION: QUANTITATIVE AND QUALITATIVE ASPECTS
Christine Gertsche Betens, Nicolas Favez, Antoinette Corboz-Warnery, Elisabeth Fivaz-Depeursinge (Prilly, Switzerland)

What triadic studies add up to the field of early interaction? That question will be discussed on the basis of some of our results on father-mother-infant interaction. Our research is based on the microanalysis of bodily and visual interaction during father-mother-infant play (infants are aged 8 to 52 weeks). Parents come to our laboratory, and are asked to play with their baby, following a three phases script: in the first two phases, one parent plays with the child, the other parent being "only present" as a third party. In the last phase of the game, both parents play with the child. Chairs and infant seat form a triangle and can't be moved, but parents are free to choose the duration of the game and the orientation of the infant (facing one parent or both). The entire game is videotaped. Two groups of families are considered: voluntary families ("non clinical") and families under therapeutical help for postpartum psychiatric disorders ("clinical"): for the latter, the play situation is part of a therapeutic consultation, requested by the therapist(s) in charge of the family.

To date, our analyses have focused mostly on visual interaction during the three phases of the game: individual data were coded on a half-second basis and grouped along a four-points "triadic scale", indicating at each moment how many members of the triad (all, two, one or none) simultaneously gaze at another partner. We finally considered two dimensions of visual interaction, triadic vs non triadic, persistent vs non persistent.

Quantitative analyses: triadic interaction is far more frequent in the non clinical group, especially during the initial and final phases of the game. In that group, the partners maintain a triadic interaction throughout the game, despite the successive reorganizations of the roles implied by the instructions. We hypothesized that the establishment from the very start of the interaction of a "triadic red thread" allowed the three partners to play different kinds of games, while remaining constantly involved.

Qualitative analyses: we focused on the visual behavior of the parent playing the third party in the first two phases of the game: how will he/she behave when the infant starts gazing at him/her, instead of playing with the other parent? Typically, the clinical third party remains in interaction with the baby, competing with the other parent who finally withdraws in order to permit the role shift. The typical reaction of the non-clinical third party is drastically different: after a brief visual contact with the infant, he/she switches to a sequence of alternate glances between the other parent and the baby, until the infant starts playing again with the other parent. This "attention refocusing" pattern is absent in the clinical family. We observe as well that when this pattern is present in the first two phases, triadic interaction is easier to settle during the third phase. We then consider it as a properly triadic pattern, not only because it implies the active participation of all three partners to the process of interaction, but also because it reveals a functional distribution of the roles between both parents.
POSTER
SUNDAY
THE JAPANESE I FEEL PICTURE TEST
Kako Inoue, Yoko Hamada, Chikako Fukatsu, Keigo Okonogi (Tokyo, Japan)

The purpose of presenting the Japanese Infant Facial Expression looking at Pictures Test (abrev. JIPFIT) is to discuss with other researchers of other countries the validity of this test and the various possibility of with the data we have up to the moment.

The I-Feel Picture test was initially developed by Emde, RN and Osofsky J to evaluate emotional availability of adults. The same test was submitted to Japanese in 1987. From this application, we noticed the need of Asian infants picture in this test. This need, lead us to develop the JIPFIT. The process of developing this test was presented in the previous congress.

Data:
In this workshop we would like to present the data of JIPFIT administered to:
1. Japanese University students: 400 subjects. (By Inoue K)
2. US (Hawaii) University students: 80 subjects (By Hamada Y)
3. Pregnant mothers and mothers with infants: 258 cases (By Inoue K)
4. Rejective mothers: 20 subjects (By Fukatsu, C.)
5. Schizophrenic mothers: 30 subjects (By Hamada, Y.)

Method:
Above 4 groups submitted the JIPFIT test which is composed of 30 pictures, mounted in album, except the Japanese University students which was administered in slide form.

Besides the JIPFIT, a questionnaire composed of demographic data sheet, Self Esteem Scale, Mother role scale, Baby image scale, depression scale, identity scale, among others were included.

Subjects were requested to describe freely what each infant in JIPFIT was feeling then to answer the questionnaire.

All responses of JIPFIT were coded by two dependent writers into 18 categories of emotions (joy, shame, fatigue, thinking, anger, sadness, sleepiness, anxiety, attention, doubt, surprise, object seeking, pain desire, perseverance and others).

Results and Discussion:
Result showing the significant differences among the answers will be presented in the workshop.

The facilities and difficulties of submitting JIPFIT was evident among each of 5 groups mentioned above.

Our proposal is present these data in order to understand more the sensibility adequate of reading facial expression of emotions and to verify the possibility of making a condensed version of JIPFIT.

We look forward to rich discussions from other researchers dealing with the American Infants I FEEL picture test.

INTERVENTION WITH ADOLESCENT MOTHERS AND THEIR INFANTS: MATERNAL OUTCOME AT ONE YEAR
Sheena L. Carter, Joy Osofsky, Della Hann (New Orleans, Louisiana)

Intervention with adolescent mothers is often difficult and complex, particularly as variables such as motivation and active involvement are difficult to measure and control. This study reported depressive symptoms of adolescent mothers, independent of the mothers’ active participation in the intervention program.

The subjects were 70 mothers participating with their infants in an ongoing study of adolescent mothers and infants. Thirty-one subjects were assigned to an intensive intervention (Group 1) and regular intervention (Group 2) program according to a randomized block design controlling for risk status.

All subjects were offered 12 weeks of academic remediation, job training, and health classes, and one year of infant day care. In addition, Group 1 subjects were offered mother-infant interaction classes twice weekly and a program of infant stimulation for their infants in a developmental nursery located near the mothers’ classroom. Group 1 subjects were called
twice weekly to maintain contact throughout the course of the study. Mailings, highlighting salient developmental issues were also sent monthly to Group 1 subjects.

The maternal self-esteem scale of the Clinical Measurement Package (Hudson, 1982) and the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977) were administered perinatally and again when the infants were 13 months of age.

Paired samples t-tests were used to assess changes in self-esteem from the perinatal to the 113 month assessments for each group of subjects. For Group 1, self-esteem scores increased significantly from perinatal to 13 month assessment indicating a significant improvement in self-esteem for the group. There was no change in self-esteem scores for Group 2. Depression score were not significantly different from perinatal to 13 months for either group.

Results will be discussed in terms of implications for work with adolescent mothers as well as for other high risk groups of mothers and infants.

COURSE OF NEUROPSYCHIATRIC DISORDERS IN CHILDREN BORN WITH BIOLOGICAL AND PSYCHOSOCIAL RISK
Manfred Laucht (Germany)

In a prospective longitudinal study starting at birth 362 children of the Mannheim-Heidelberg-region (Germany) and their families are investigated. The aim of this study is to follow the developmental course of neuropsychiatric disorders from birth to school age and to generate hypothesis concerning prevention, early recognition and treatment. In contrast to many other studies a clear separation of biological and psychosocial influences on child development is made by selecting the subjects according to different risk combinations resulting from a two factorial design (3x3), factor one representing the degree of biological, factor two the degree of psychosocial risk (each scaled as low, moderate, severe). Developmental outcome is assessed by measure of motor, cognitive and social-emotional functioning at three months and two years of age. Further assessments will be at four and a half and eight years.

At three months there is substantial adverse impact of both biological and psychosocial risk on developmental outcome. While motor and cognitive functions are more affected by biological than by psychosocial risk, social-emotional functioning is equally affected by both risk factors. Single biological risk factors of importance are very low birth weight, seizures and the indication for respiratory therapy. Among the psychosocial risks no single outstanding factor correlated with negative outcome is found but a cluster of signs describing familial living conditions characterized by one-parent-family, overcrowdedness, early parenthood and poor coping abilities of parents. At the age of two there is a marked increase of psychosocial influences especially prominent in cognitive development. However, biological risk factors are still of greater importance for motor functioning.

The course of neuropsychiatric disorders between 3 and 24 months proves quite stable: About half of the children with disturbances at 3 months is still disordered at 24 months, while the other half has recovered. Of the originally undisturbed children about a quarter has become disordered at 24 months. Risk factors related to unfavorable courses are seizures, very low birth weight, rejected pregnancy, psychiatric disorder, delinquency and "broken home" history of parents. A structural model is formulated relating biological and psychosocial risk factors at birth with aspects of the familial environment (i.e. stressful life events, parenting behavior and parent-child interaction) and the developmental course from 3 to 24 months.

PATTERNS OF ATTACHMENT AMONG FIRST-BORN INFANTS OF ADOLESCENT MOTHERS
Elsie R. Broussard (Pittsburgh, Pennsylvania)

Thirty-six (25 black and 11 white) healthy, full term, first-born infants of adolescent mothers were assessed in a laboratory setting. A rater,
experienced with the Ainsworth Strange Situation procedure for assessing attachment (Ainsworth, Blehar, Waters, and Wall, 1978), independently rated 10 minute videotaped segments selected from the one hour evaluation protocol. The segments included the pre-separation, one brief separation, and a reunion sequence. Main's revised classification (1986) was used instead of the "forced" ABC choice. There was a 90% inter-rater agreement with a second rater who coded 10 of the tapes. The distribution was: A-36.11% (avoidant/insecure); B-19.44% (secure); C-11.11% (ambivalent/insecure); D-33.33% (disorganized/disoriented/insecure). Racial and sex differences were evident. More males were classified as A and more females were classified as D. None of the black males were judged to be securely attached.

The infants ranged from age 12 to 18 months at the time of the office based assessment. Twenty-six were less than 14 months of age; ten were 14 months or older. The attachment scores for these 2 subgroups were compared. The major differences in distribution were within the B and D categories. All of the securely attached were less than 14 months and 60% of those 14 months or older were rated as D. Implications of these findings will be discussed.

A PROGRAM FOR POSTNATAL PSYCHIATRIC SYNDROMES: INFANT, MOTHER AND FAMILY CONCERNS
Susan Misner, Linda Koehl (Glen Ellyn, Illinois)

Postnatal onsets and episodes of psychiatric syndromes have been well documented. With such episodes, concern exists regarding the formation of mother-infant relationship, the progression of infant development, and the integration of the new infant into the expanding family. Possible effects of maternal psychiatric illness include delayed mother-to-infant attachment, maternal role conflict and ambivalence, and impaired mother-infant interaction. Research interests in this area include the nature of infant responses to environmental stresses in the family, such as the development of maternal psychiatric illness during the crucial postnatal stage of family development.

To address the situational crisis often encountered with postnatal episodes of psychiatric syndromes, there is an identified need for increased social support for families. In the Chicago metropolitan area, a community-based self-help program was developed and implemented to increase the availability and quality of resources for families and women experiencing mental health problems related to childbearing.

Methods implemented include assessment of maternal and infant responses to the mother-infant relationship, the role modeling of caregiving and nurturing for infants, and observation of infant developmental progress. Also, a program objective included identification of professional educational needs about psychiatric syndromes related to childbearing, including infant development concerns. Advocacy regarding social policy issues, such as insurance coverage for mental health services, availability of child care, family leave, and research funding, is a component of the program.

ILL-TREATMENT OF CHILDREN, A SOCIAL PROBLEM AS WELL AS ONE OF RELATIONS:
DESCRIPTIONS OF MODELS OF ASSISTANCE IN A FAMILY THERAPY CENTER
Manetti Mara (Genova, Italy)

The ill-treatment can be ascribed to a number of different causes: disturbance of family communication, social-cultural problems, educational models and styles.

The paper reports on the organizations and the activity of the "Study and Research Center for family therapy and network", an organization which operates, with support of public money, in close collaboration with the Juvenile Court and the Social Service for Minors. The center is organized on two different levels: one therapeutic and the other one related to observation and research-assistance.

The subject of the work are minors and families in situations of risk expressed through neglect, ill-treatment, and violence. The working group has
been the method for reading the family's context on a family image determined by structural and process characteristics. By structural characteristics is meant the composition of the family unit, the specific moment in the cycle of life the family is going through, the organizational ways the family has adopted to proceed. By process characteristics is meant the relational styles within the family unit, opening/closing in the face of external pressures, attitudes and strategies for solutions in the face of developing task (autonomy/dependence of the family unit, independenc/request for support from the network, autonomy request for institutional support). On the characteristics of structure and process are grafted diversified parameters which can be synthetically defined as "family income", times of crisis and development within the context of the life span, ability of the family to activate formal and informal networks within the social context. 1) Family income mean emotional income, a relational income, an institutional income and an economic one. 2) Times of crisis and development within the context of the cycle of life 3) Family ability to activate formal and informal networks within the social context.

The aim of the research activity of the Center is to identify, in situations of ill-treatment with which the structure comes into contact, the origins of malaise which cannot be attributed to the family's relational style but to a particular socio-cultural situation and to suggest to the local authority, network and institutional assistance which tend to eliminate the problem of ill-treated children.

MATERNAL DEPRESSION AND COGNITIVE AND EMOTIONAL DEVELOPMENT IN EARLY CHILDHOOD
Helen Janson (Victoria, Australia)

This paper reports of the results of the second stage of a two part longitudinal study on depression during pregnancy and postpartum. A sample of fifty one primigravidas took part in both stages of the study, which was undertaken to identify the extent of, and relationship between, depression during pregnancy, postpartum and three years after delivery, and to assess the development of the first born children at three years of age.

The Beck Depression Inventory was administered prenatally, five days postpartum, four months postpartum and three years after delivery. There was a significant positive correlation between depression scores three years after delivery and on each previous occasion. The highest correlation was between depression prenataley and three years after delivery.

No significant association was found between maternal depression and child's cognitive development at three years. However, independent reports of child behavior disturbance by both mothers and fathers correlated significantly with maternal depression scores. These findings suggest that depression during pregnancy is a predisposing factor in later depression, and that maternal depression is more likely to impact on child behavioral organization than on cognitive functioning.

DIFFERENTIAL MORAL RESPONSIVITY IN THE SECOND YEAR OF LIFE: A NEW APPROACH TO MEASUREMENT
Sharon Lamb, Julie Faude, Earl Thomas, Kathie Watson-Gray, Kelly Lock
(Bryn Mawr, Pennsylvanina)

While observational studies have shown that signs of moral development arise sometime in the middle of the second year, few researchers have examined the underlying mechanisms of these signs. This research examines changes in heart rate as a sign and thus possible motivator of moral responsivity. Three groups of toddlers (14, 18, and 22 months) were presented with three objects, the second of which was prohibited by the experimenter with a firm "NO". Few heart rate accelerations were noted in response to "NO", however, many toddlers' heart rates accelerated when the third, control, object was placed in front of them. There were significant differences
between the older groups vs. the younger group with regard to latency to touch the third object, facial distress or social referencing after presentation of the third object, and heart rate acceleration. These findings confirm age changes in moral development and suggest new possibilities for measurement of moral responsivity.

THE NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS: SEEKING TO IMPROVE THE LIVES OF INFANTS, TODDLERS AND THEIR FAMILIES IN THE UNITED STATES THROUGH TRAINING AND ADVOCACY
Eleanor Szanton (Arlington, Virginia)

The National Center for Clinical Infant Programs was founded in 1977 by leaders in the fields of mental health and child development from a variety of disciplines. This poster will give an overview of the policies and programs carried on by NCCIP to foster the development of infants and toddlers and their families in the United States. NCCIP’s activities to promote training, foster collaborative research, influence public policy, and serve as a resource for those hoping to improve the lives of our nation’s youngest children will be discussed and demonstrated. Its numerous publications supporting this work will be displayed, and the presenters will be available to discuss them further.

ETHNIC DIFFERENCES IN THE RELATIONSHIP BETWEEN POSTPARTUM SOCIAL SUPPORT AND PARENTING STRESS
Deborah Zuskar, Lorraine Kubicek (Chicago, Illinois)

There is growing interest in how different ethnic groups experience the transition to parenthood. This study examines the relationship between social support and level of parenting stress experienced by a group of 150 mostly low SES black, Mexican, and white women during the early postpartum period.

The women were interviewed on four occasions: (a) during their second trimester of pregnancy, (b) during their third trimester of pregnancy, (c) in the hospital within 48 hours after the delivery of their baby, and (d) at eight weeks postpartum. On each occasion, they were asked questions about stress, self-esteem, social support, depression, marital adjustment and attitudes, marital satisfaction, demographics, ethnicity, and acculturation. For this presentation, data analysis will address the relationship between social support (Social Network List, Samin & Michaels, 1987; the Maternal Social Support Index, Pascoe, Loda, Jefferies, & Earp, 1981) and level of parenting stress (Parenting Stress Index, Abidin, 1983) assessed at eight weeks postpartum. Discussion will focus on the similarities and differences in the relationship between these two important variables in the three ethnic groups and on the implications of our findings for the design of ethnically sensitive interventions for use with at-risk families. The applicability of the rather traditional measures of stress and social support employed here to the nontraditional family structures often found among our lower SES, ethnically-diverse sample will also be considered.

INTERNAL WORKING MODELS: A CROSS-CULTURAL PERSPECTIVE
Daniel Freedman, Jane Gorman (Chicago, Illinois)

Mothers and their 24-36 month olds were videotaped in the home under reasonably standardized conditions: There was an initial 10 minute session in which mother was instructed to help her toddler finish the shape sorter task as many times as possible in the allotted time; a second 10-minute segment involved "doing anything you want" with an opened Stanford-Binet testing kit; a final segment of about 10 minutes was filmed by following the ‘miscellaneous’ action of the child. Ten cultures are reported, with 11-13 dyads in each: Japanese, Cantonese, American Middle-class, adopted Koreans, all located in Chicago; Milanese in Italy, Kibbutzim and Arab Villagers in Israel; Icelanders in Reykjavik; South Indians in Kerala; and Punjabis in New
All tapes were scored via an 100-item Q-sort consisting of about one-third each of ‘child’, ‘maternal’, and ‘dyadic’ items. Within-group reliabilities among at least three raters ranged from correlations of .74 to .83, with an average of .80. Within-group homogeneity was measured by correlating all mother-child pairs within a group, and these figures ranged from .80 to .92 (average .88), indicating ‘good’ cultural groupings. Groups were compared statistically and cultural-specific Internal Working Models developed for children and mothers on the basis of Q-sorts and ethnographic descriptions.

RISK FACTORS ASSOCIATED WITH SUBSEQUENT ADOLESCENT PREGNANCY: HEALTH, LIFESTYLE, AND SOCIAL SUPPORT
Barbara Thomison, Irene Hoffart (Calgary, Alberta); J. Grant Macdonald (Toronto, Ontario)

Adolescent pregnancy is associated with a number of negative consequences to both the young mother and her child. Teenagers who experience more than one pregnancy may be at increased risk for health, lifestyle, and social difficulties.

The study defined health risks as infant outcomes, pregnancy delivery complications, and nutrition and self-care. Lifestyle variables focused on substance use, contraceptive use and financial status. Social variables included family structure, social support networks, and status of the birth father.

This study examines the risks associated with a subsequent adolescent pregnancy. Two groups of pregnant adolescents were compared: those experiencing a first pregnancy and those who have had a previous pregnancy.

The pregnant adolescents who attended a perinatal interdisciplinary program served as the studies population. The program’s philosophy is based on research findings which suggest that poor pregnancy outcomes may be preventable. The application of the program philosophy is aimed at young pregnant women known to be at risk for a poor outcome due to health, lifestyle, or style conditions.

The study population included 118 adolescents with a previous pregnancy and 442 adolescents pregnant for the first time. The program’s closed files contained interview data on the adolescents’ social, health, and lifestyle factors. Analysis of variance was used to determine if the comparison of 165 variables resulted in any significant differences between the two groups.

The findings demonstrated that previously pregnant young mothers and their infants are at higher risk for health, lifestyle and social problems. Specifically, these adolescents were higher consumers of substances such as alcohol and tobacco. As a result they had more complications during pregnancy and delivery, and reported more malformities in infants. Moreover, the previously pregnant teenagers had inadequate financial resources and were isolated from family and peer networks.

Eco-map technique is used to graphically illustrate the results. The gaps in service provision are evident in the comparison of the two groups’ eco-maps. These disadvantaged young women and their infants continue to experience difficulties accessing health and social service resources. The interdisciplinary linkage of policy, research and programming is essential in meeting the needs of pregnant teenagers as well as preventing subsequent pregnancies. Suggestions for service delivery in addressing the health, lifestyle and social needs of adolescents and their infants are provided.

IMPACT OF RESEARCH ON ATTENDANCE TO A CLINICAL INFANTS/PARENTS PROGRAM
Eithne Taylor, Suzanna Dongier, Peter Doehring (Verdun, Quebec)

Lack of assiduity is a well known problem of programs for Infants and Parents. Frequently the problem of the infant is not easily recognized by the parents. Nonattendance has a detrimental effect on staff patient
relationships.

It appears mainly in families whose awareness of their own difficulties and motivation to change are unclear and ambivalent. Lack of trust, feeling of being judged are present especially in multi problem families, in Youth Protection cases and in general when denial is the main way to cope with anger and ambivalence. The lack of common clear goals between family and therapist, the lack of a feeling of ownership of goals by the parents are major obstacles.

The aim of the present research is to explore the possibility that involvement of the family in a research project besides their involvement in a regular clinical Infant Parents Program can play a role in modifying their basic general attitude towards the program and to improve regularity in attendance.

The research in which families are invited to participate is centered on the development of the child and relationship of the child to his/her mother. Relevant information is given to the parents on the consent form. This research is conducted in two sessions of 2 hours each. During the first session the mother has an individual clinical encounter with the psychiatrist and completes the questionnaire about herself. The second session of about the same duration is centered around the child (videotaped play session, developmental test and a temperament questionnaire).

To measure the impact of research on attendance we study a group of 15 families already known by our services. We compare attendance during 12 weeks preceding their introduction to research and 12 weeks after it. A short questionnaire is completed by the parents to explore their response to participation in the research. We make the hypothesis that the research protocol can give the parents, 1) a sense of active contribution to data collection, 2) an opportunity to look at their difficulties with more personal involvement and with some distance and less anxiety, which can foster a better participation in the program.

LONG-TERM EFFECTS OF AN EARLY INTERVENTION WITH MOTHERS ON THE THIRD DAY AFTER DELIVERY
Joao Gomes-Pedro, Thomas Merten, Madalena Patricio, Arnaldo Carvalho, Teresa Goldschmidt
(Lisbon, Portugal)

Results of a follow-up six years after an early intervention with low-medium SES primiparous Portuguese mothers are presented. On the third day of their infants’ life, 40 mothers underwent a structured intervention using items of the Brazelton NAB. The 20 mothers of the control group had, instead, a talk of about 7 minutes about general problems of infant health care. During the first 2 years, regular assessments of mother-infant interaction, infants’ cognitive development, and health state were made. No effects on infants’ cognitive development were found. Mother-infant interaction appeared to be different particularly after a short stressful situation (e.g. still-face). 50 pairs of the original sample could be reassessed after the children had reached six years of age. Children’s cognitive development (Raven, verbal IQ), the prevalence of behavioral problems (Child Behavioral Checklist), home environment, mothers’ perception of their children’s abilities and personality traits, and mother-child interaction in a structured play situation were evaluated. When proper alpha-level adjustment for multiple comparisons is made, no differences between experimental and control group are statistically significant.

Mothers were asked whether they still remembered the intervention of six years ago, and which aspects of the intervention they remembered. As other interview-based data suggest, the repeated evaluation during the first two years seems to have had an interventional effect on both the control and experimental mothers.

The absence of significant group differences in our results can be seen in the context of some interesting problems. More often than not, significant results obtained by one research group are not replicated by others. Meta-analytic research has revealed that there is no correlation between the
quality of the study and the magnitude of effect size. A lack of proper error-rate adjustment makes <<significant>> results appear where, in fact, there are none. This does not mean that early intervention programs are not effective. The question should rather be: are our research instruments and research designs appropriate to demonstrate indisputably effects of an intervention?

MEDIATION VARIABLES RELATED TO SECURE ATTACHMENT OF DAY CARE INFANTS
Marilyn A. Scheerer
(DeKal, Illinois)

Reviews of research on the day care effects conducted in the 1980s indicate that infants beginning day care in the first year of life are "at risk" for insecure attachments to their mothers. Findings from a number of studies indicate that the percentage of infants beginning full-time day care in the first year who were insecurely attached is greater than the percentage for those in seemingly comparable groups of infants reared at home through the first year. Because the majority of individuals in "at risk" groups commonly show normal adaptation, however, over 50% of day care infants still experience secure attachment.

This study investigated certain key variables that might mediate the potentially negative effects of day care experience on the attachment of infants. Specifically, it looked at the following research questions relative to the fact that some infants in early extensive nonmaternal care are securely attached to their mothers, while others are insecurely attached:

1. Are such differences in outcome due
   a) to differences in the stress experienced by families
   b) to the quality of the day care setting
   c) to variations in ongoing parent-child interactions, or
   d) to particular behaviors to strategies used by day care
   parents?

Results indicated that assessments of mothers' perceptions of stress discriminated securely and insecurely attached day care infants; and the quality of ongoing mother-child interactions differentiated the two groups. In addition, it appeared that mothers of securely attached day care infants utilize particular strategies and behaviors which may mediate the potentially negative impact of the day care.

MOTHER-INFANT INTERACTION IN DEPRESSED POSTPARTUM MOTHERS BEING TREATED IN INPATIENT AND OUTPATIENT SETTINGS
Shelley Ross, Sally Popper, Kay Jennings (Pittsburgh, Pennsylvania)

Maternal psychopathology in the postpartum period is a significant risk factor for the development of maladaptive parenting practices and disturbed mother-infant interaction. Many depressed mothers are able to interact with sensitivity to their infant's signals, especially in free play situations in which the mother tends to follow the infant's lead. However, in structured play in which mothers must take an active role, many depressed mothers exhibit nonoptimal strategies for gaining and maintaining their infant's attention in a specific activity. Some mothers have used gentle but notable physical restraint to structure their child's activity. Others exhibit impaired flexibility in allowing their infants to cycle between interest and disinterest. This may represent impaired coping under stress in these depressed mothers. We have also found that maternal depression is related to other characteristics that may influence the mother-child relationship. For example, severity of depression is negatively associated with parenting role satisfaction. Mothers who have a major depression are more likely to have difficulty caring for their child or fear of being alone with their child than mothers who do not meet full criteria for major depression. We will present the methods we use to assess the quality of mother-child interaction in both inpatient and outpatient psychiatric settings, and data on how maternal psychopathology affects mothers' and infants' behavior.
THE IMPACT OF POSTNATAL DEPRESSION ON BREASTFEEDING
Tuula M. Tamminen (Tampere, Finland)

This study examines the impact of postnatal depression on breastfeeding itself (duration, manners, success) and on mothers' experiences and opinions of and attitudes towards breastfeeding.

A representative sample of 279 first-time mothers from a normal population was followed from late pregnancy until one year after childbirth by five postal inquiries (ten weeks before and one week, two, six and twelve months after delivery). Mother's depression was evaluated by the Edinburgh Postnatal Depression Scale. To confirm the diagnosis (to evaluate the sensitivity and specificity of the EPDS), a subsample of 39 mothers was selected for a psychiatric interview, the Present State Examination.

All five postnatal inquiries included detailed interview schedules about breastfeeding. Breastfeeding and childcaring attitudes was measured by the Breastfeeding Attitude Scale developed by the author. The scale has been tested and some of its psychometric qualities have been estimated. The scale is divided into two parts, each consisting of 20 similar statements: the respondents are asked to say first whether they themselves agree or disagree with those statements on a five-point scale, and then whether they believe other mothers agree or disagree with the same statements. The mothers also filled in the Neonatal Perception Inventory.

A remarkably high proportion of all mothers (97%) considered breastfeeding important for their mother-infant relationship throughout the study period. However, the depressed mothers breastfed for significantly shorter time than the non-depressed mothers. According to the mothers' reports, the most notable and constant difference was that the depressed mothers found it significantly more difficult to understand their infant during feeding.

The attitudes of all mothers towards breastfeeding were most positive during pregnancy and most negative one week after delivery. The depressed mothers showed significantly more positive (idealistic) attitudes than the non-depressed mothers. On the other hand, the non-depressed mothers had very positive opinions about their own way, and their opinions became even more positive during the study period. The depressed mothers' opinions about their own way were most positive during pregnancy. After delivery, these opinions were significantly more negative than those of the non-depressed mothers.

AN EARLY CLINICAL INTERVENTION PROJECT WITH "NEW-BORN" FAMILIES AT THE UNIVERSITY CLINIC IN COPENHAGEN
Hanne Munck, Inger Poulsen Dutton, Pernille Matejka, Gorm Greisen, Marissa Alvarez, Elisabeth Olsson, Marie Steffansen (Copenhagen, Denmark)

This poster presentation focuses on an early clinical intervention project conducted with newborn infants and their families, at the University Clinic in Copenhagen from April 1989 to October 1991.

The aim of the project was 1) to explore the prevalence and the etiology of the rather severe psychological difficulties in coping with parenthood, which have been reported among Danish families. These are seen in spite of planned parenthood, a relatively high socio-economic level and a paid maternity leave of six months, and 2) to develop models of infant therapy and other preventive psychological and social services to families with infants between 0 and 1 year.

The multi-disciplinary team of our Center cooperated with the municipality of Copenhagen and seven health nurses from a neighboring district. Out of 1200 families cared for by the health nurses, their work with 60 families was supervised during group conferences. 48 of these families were further referred for treatment at the Center.

The poster includes a description of:
-- the families and the problem areas treated,
-- the intervention models developed in adaptation to the individual families' resources and difficulties, and
-- two cases illustrative of the preventive work and therapeutic possibilities of our service (with photos from videotapes). In both cases the original reason for referral was disturbances in the mother-infant relationship involving severe ambivalence on the mother's side.

EFFECTS OF EARLY INTERVENTION ON MATERNAL PROGRAM INVOLVEMENT
Andrew Paulson (Chicago, USA)

Despite legislation which mandates parent involvement in the early intervention programs of their young children, research has shown that parents have taken a passive stance in participating in recommended intervention services for their children. This passive stance has been attributed to discontinuity in the beliefs, attitudes, and values between the parents and service providers. The goal of this ongoing study is to examine the effect of an early intervention program which directly attempts to increase parental involvement by addressing parental perceptions of discontinuity. 30 mothers and their at-risk 0 - 3 year old children (from low SES, minority homes) who have enrolled in the experimental intervention program and 30 matched controls (enrolled in early intervention programs without the experimental condition) are being followed over a six-month period. A pre/post data collection design is being used with data first collected as the subjects enroll in their respective intervention programs and six months after that date. Outcome measures include: maternal program involvement, maternal perception of needs, maternal attitudes regarding parenting, and global ratings of parent-child interaction. It is hypothesized that mothers in the treatment group will perceive themselves as more competent, have less family needs, use more positive interaction strategies, and be more involved than the mothers in the control group. The following research questions will also be addressed: 1.) Is there an interaction between the treatment group and perceived level of need with respect to mothers' program involvement and interaction strategies? 2.) Is there an interaction between treatment group and maternal child development attitude with respect to mothers' involvement and interaction strategies. Data collection will be completed in December, 1991.

ATTACHMENT SECURITY, MATERNAL BEHAVIOR, AND CHILD SOCIAL COMPETENCE IN THE PRESCHOOL PERIOD
Nancy Silverman (East Providence, USA)

This study examined the concurrent associations between child attachment security, maternal behavior toward the child in the home, and child social competence in preschool. Thirty-seven three-year-olds and their mothers were observed in the home for approximately ten hours. Following the home visits, two observers independently completed a measure of child attachment security (the Waters Attachment Q-Sort) and two measures of maternal behavior toward the child. Preschool teachers provided a measure of child social competence in nursery school. Results revealed significant associations between Attachment Q-Sort derived security scores, certain maternal behaviors (e.g., warmth and sensitivity) and child social competence in the preschool. The obtained results were in accord with both attachment theory and prior research. In addition to providing information about the nature and function of attachment security during the preschool years, these results can be interpreted as offering evidence for the validity of the Attachment Q-Sort as a measure of child security in the post-infancy period.

INFANT: A COMPUTER CONFERENCING NETWORK FOR INFANT MENTAL HEALTH
Mark Rains (Alma, USA)

This poster presentation describes an international network of infant mental health clinicians, trainers, and researchers who communicate and exchange resources via personal computer. At their convenience, participants list items that would like to see discussed or about which they would like
information. Others signing on the conference review new items which have been posted since their last contact, respond, and add items of their own. This enables participants the opportunity to draw on the experience of colleagues around the world, enhancing dissemination of ideas and practices and reducing ‘reinventing the wheel’ in separate regions.

Features of the conference include an up to date listing of training and conference opportunities, access to electronic mail, employment listings, social/political issues announcements, etc. A case study is regularly presented for comment and consultation. The conference is open to new participants and information about joining will be available.

SPECIFIC VS. GLOBAL MEASURES OF TEMPERAMENT: WHICH IS A BETTER PREDICTOR OF MOTHER-INFANT ATTACHMENT?
Kathleen A. Kleiner, Diana E. Wille, Ann Marie Moryl (Indianapolis, USA)

Matched samples of mothers who did and did not participate in a prenatal home-visiting intervention served as subjects. The groups did not differ in their statements about specific behaviors associated with their infants’ temperaments (e.g. mood, intensity of response, reaction to strangers, etc.) but they did differ in their global perceptions of their infant’s temperament (intervention infants were perceived as “average” while control infants were described as “easier than average” by their mothers). The relationship between the specific behavior-based and global assessments of temperament and a Q-Sort measure of mother-infant attachment will be discussed.

THE INTEREST OF THE USE OF DIMENSIONAL RATHER THAN NOSOLOGICAL RATING SCALES IN THE ASSESSMENT OF MATERNAL DEPRESSION. THE PSYCHOMOTOR RETARDATION SCALE AND THE DEPRESSIVE MOOD SCALE
Antoine Guedeny (Paris, France)

Talking about the effects of maternal depression on the child, what is now considered is the general affect of depression. Depression means a loss of stimulation for the child, a change in the meaning or a loss of information. The experimental studies by COHN & TRONICK and by T. FIELD have in fact insisted upon the motor retardation, in the still-face experiment. But do we know in fact what makes what in the effect of maternal depression on the child? Does it come to the same to have a very retarded mother or to have an impulsive or a mother with very blunted affect? Stern has shown us all the importance of affect attenuation, which can be severely hampered by emotional blunting. Studies by WIDLOCHER? JOUVENT & AL have given reliable tools to assess psychomotor retardation and depressive mood.

These dimensional tools are more adequate to psychopharmacological studies. Psychomotor retardation is the target for antidepressive drugs. Some of several dimensions os depressive mood, like emotional blunting, are relieved by dopamine agonists.

These new trends in adult depression could be used to understand the effect of maternal depression on infant.

CULTURE AND ATTACHMENT
J.K. Nugent (Boston, USA), Sheila Greene (Dublin, Ireland)

This study provides a description of the process of mother-infant attachment in a sample of Irish working-class mothers. The goal of the study was to describe the cultural context of the attachment process and to examine the contribution of both organismic and cultural variables to the development of mother-infant attachment. Two hundred primiparous mothers were first interviewed during the last trimester of pregnancy on a wide range of background variables including their attitudes towards the pregnancy, their lifestyle during the pregnancy (alcohol, cigarette, and drug use), the extent of their social support, and the degree of depressive symptomology. In the post-natal period, birthweight, Apgar scores, obstetric and post-natal
Complications scales were collected, and the Brazelton scale was administered at 3 and 21 days. At 3 weeks, the HOME scales, mother-infant interaction, maternal self-concept, and a measure of child rearing goals were administered in the home. The father's role in caretaking was measured then and again at 12 months. At 18 months the Strange Situation Paradigm and the Bayley Scales were administered. The variables were summarized into four sets of measures: the Maternal Psychosocial Profile set, the Infant set, the Father Profile set, and the cultural-environmental variable set. These measures were then used to predict mother-infant classification at 18 months. Results should further the discussion on the relationship between biology, culture, and development and contribute to a better understanding of how the process of attachment is mediated by cultural ecological factors.

THE CORRELATES OF PSYCHOLOGICAL WELL-BEING IN MOTHERS OF YOUNG CHILDREN
Jillian Rodd (Victoria, Australia)

The literature on parenting in contemporary society suggests that becoming a parent and raising children can be experienced as either enhancing psychological well-being or resulting in negative psychological outcomes such as dissatisfaction, marital problems, decreased self-esteem and ill health (McLanahan & Adams, 1987). While previous research has indicated that parenting young children is associated with positive outcomes, for example, lower rates of negative health behavior (Umberson, 1987), reduced mortality (Kobrin & Hendershot, 1977) and an enhanced sense of life meaning (Umberson & Gore, 1989), some evidence is emerging in the United States which challenges the view that having children is a positive development for adults. The transition to parenthood and the parenting of young children may in fact represent a crisis which is associated in a decline of psychological well-being within the individual and within her or his relationships. Indeed, living with young children has been shown to be associated with psychological distress (Campbell, 1981; Glenn & Weaver, 1979).

Many studies on the effects of parenting have addressed the issue of gender and the data show that the burden of active, involved parenting falls more heavily on women than men, even if women are employed outside the home (Nock & Kingston, 1988). It is hypothesized that the context of parenting differs for men and women in ways that produces greater parental role strain for women. Goldstein and Ross (1988) examined the issue of role strain or burden and suggested that parenting may affect women's well-being primarily through the mechanism of "perceived burden". This research project aims to examine aspects of psychological well-being of mothers with children under five years through an analysis of perceived role strain with measures of self-esteem, general life satisfaction, parental satisfaction and psychological well-being. An exploration of the perceived value of the community supports available to mothers of young children is included in the study.

Data have been collected from a sample of 100 mothers with children under five years of age who were resident in a suburb which is considered to be representative of the general population of Melbourne, Australia. The sample included mothers with children at home, in long or occasional child care and who were attending kindergarten. Each mother completed three questionnaires which included measures of general and specific well-being concerns, measures of perceived parental strain, Greaver's measure of Social Interest, the Parenting Stress Index and a measure related to the value of community services provided for families with young children. Sub-scales measuring positive affect, agitation, depression, meaningless and self-esteem were built into the measure. Data are currently being analyzed with preliminary results available by December 1991.

A CAUSAL MODEL FOR HOW MATERNAL MENTAL HEALTH AFFECTS PARENTING CONFIDENCE
Deborah Gross & Barbara Conrad (Chicago, Illinois)

The purpose of this study is to test a causal model for how mothers of toddlers (1-3 years) attain confidence in their parenting abilities. Using a
longitudinal sequential design, 155 mothers of 1-year-olds (cohort 1) and 155 mothers of 2-year-olds (cohort 2) completed a series of questionnaires measuring maternal confidence, depression, state anxiety, toddler temperament, marital quality, and support from family and friends. In addition, mother-toddler interactions were videotaped during home visits to determine the relationship between maternal confidence and quality of interaction. The mothers in this U.S. sample are primarily from minority groups (75%) representing a range of socioeconomic backgrounds. Most mothers are employed outside of the home. The best fitting model for T for both cohorts indicates that the mother’s mental health is a driving force in predicting her confidence as a parent and her perceptions of her toddler’s difficulties. Maternal mental health is influenced by support from family and friends and marital quality. Overall R² for the dependent variables in the model were 96% for cohort 1 and 89% for cohort 2. The longitudinal and mother-toddler interaction data are currently being analyzed to determine the stability of this model over a one-year period and its implications for the quality of mother-toddler interactions. Results will be discussed as the relate to Bandura’s theory of self-efficacy.

MEANING AND ATTACHMENT BETWEEN MOTHERS AND TODDLERS
Betty Fish (Urbana, Illinois)

This research explored how a mother’s view of her attachment experience with her own mother impacted on: (1) her sensitivity to her toddler’s signals and (2) the meaning she derived from her toddler’s behavior.

Hypotheses follow: (1) Mothers who have a secure internal working model of attachment will more sensitively interact with their toddler around attachment-related tasks than mothers who have an insecure working model of attachment. (2) Themes that have salient meaning to a mother when discussing attachment experiences with her own mother will reappear when she discusses her toddler and the meaning of her toddler’s attachment behavior.

Thirty mother-child dyads were videotaped in free play, separation, reunion, and a novel stimuli (a beeping robot) sequence. These sequences were coded for maternal sensitivity to toddler signals using the Ainsworth (1974) Scale. Mothers were interviewed about their experiences from childhood to young adulthood with their mothers. Mothers filled out the Maternal Acceptance Subscale of the Mother-Father-Peer Scale (Epstein, 1983) which measured the mother’s experience with her own mother the first ten years of her life. This score was combined with interview ratings to yield a score of the security or insecurity of a mother’s working model of attachment. Mothers with a more secure working model of attachment were significantly more sensitive to toddler signals (p = .0282).

The second hypothesis involved two thematic content analyses regarding (a) the reoccurrence of themes from the mother’s childhood into her discussions about, and behavior with, the toddler: and (b) the relationship of the toddlers’ mothers with their own mothers throughout the lifespan. As predicted, themes did reoccur intergenerationally. For the second thematic analysis, the mothers were divided into three groups, secure, insecure, and mixed.

The themes of the secure group were much more positive towards their own mothers than the themes of the other groups. The secure group mothers experienced a sense of love and emotional closeness with their own mothers continuing into beginning parenthood. The insecure group mothers felt little emotional support and their view of their mothers did not change much throughout the lifespan. The mixed group mothers were only slightly more positive about their mothers than the insecure group mothers. What distinguished them from insecure group mothers was their emotional acceptance of what they did not receive from their mothers as they were growing up. They seemed to have a cognitive and emotional understanding of what happened between themselves and their mothers and to make sense of their experience with their mothers in a coherent and accepting manner. The mixed group mothers also had a greater sensitivity to their toddler’s signals than the insecure group mothers.
MOTHER-CHILD INTERACTION PATTERNS AND THEIR RELATIONSHIP TO CHILDHOOD TEMPERAMENT IN MOTHERS WITH PSYCHIATRIC DISORDERS
Susan Hughes, Jeffery Derevensky, Suzanna Dongier, Colette Boucher
(Montreal, Quebec Canada)

Research has documented a strong relationship between maternal psychopathology, especially depression, and detrimental outcomes in children. Some recent research has found that the level of child dysfunction may be more strongly related to the presence and severity of maternal psychopathology rather than to specific diagnosis. Studies using an observational paradigm have become more important as investigators examine the process involved in the transfer of emotional disorder from mothers to children. Those studies assessing maternal responsivity found that depressed, abusive and neglectful mothers are extremely insensitive. In addition, studies have suggested that difficult temperament adversely affects the mother-child relationship if mothers are exposed to other risk factors.

The present study investigates the relationship between various maternal psychiatric disorders and their effect upon mother-child responsivity. In addition, the degree to which childhood temperament modulates the effect of maternal psychiatric disorder on children is examined. Two groups of mothers, with and without psychiatric diagnosis, who have children aged 3 to 36 months (N=60) are involved in this study. The presence or a sense of psychiatric disorders is assessed by clinical interview (DSM-IIIR) and a psychiatric symptomology index.

Mothers complete a childhood temperament questionnaire and are videotaped in a semi-structured play interaction. The interaction is coded using the CARE-Index (Crittenden, 1988). Data will be analyzed by a two-way Multivariate Analysis of Variance examining the effects of maternal psychiatric disorder and temperament upon maternal and child responsivity.

The implications of this study for assessment, intervention programs, and psychotherapy will be discussed in light of the results.

ALARM SYMPTOMS AS SIGNS OF RISK FOR VERY EARLY PSYCHOPATHOLOGY AND MODALITIES OF INTERVENTION WITH PARENTS
Romano Negri, Antonella Costantino, Edoardo Lavelli, Paola Vizziello
(Milan, Italy)

On babies of the most recent acquisitions in infant psychiatry, it is possible to make a diagnosis of risk of psychotic evolution already from the first months of life. The signs of psychotic risk in the first months of life are mainly represented by the turning away of the eyes, inadequate head control, anomalies in posture and spontaneous motricity with stereotypies, mimical rigidity, absence of smile and feeding and sleeping disorders. These phenomenons can be so dominant to prevent the consensual integration of sensory organs.

The very early relief of these elements is of great importance because it is possible to obtain highly satisfying results through a very early intervention.

The methodology of treatment takes equally into consideration motory problems, vegetative disturbances, situations of irritability, and gives the highest weight to the symptom that appears to interfere more deeply on the rational situation.

Once individuated the problem that seems to most disturb the child, interfering with the relationship, is necessary to express it into words to the parents, in order to allow them to feel less scared and be able to bear emotions so intense and disturbing that are otherwise denied.

The intervention poses therefore itself as a bridge between parents and child, to reintegrate between them a communication that can be somehow hindered.

COGNITIVE DEVELOPMENT OF AT RISK INFANTS BORN TO LOW SES TEENAGE MOTHERS IN
Adolescent parenthood has increased in Brazil in the last decade. This phenomenon has occurred more frequently among teenagers from low SES families. Infants born to these mothers are at-risk for developmental delay not only with respect to physical health but also because of inadequate child-rearing practices. A psychoeducational program was conducted to train low SES teenage mothers to improve their at-risk infants development. Sixteen adolescent mothers and their babies, who attended a Public Health Center in S. Carlos (Brazil), participated as subjects. Eight subjects were trained in their home (Home Group) and eight received training at the Public Health Center (Center Group). The individualized training program was based not only in the strengths and weaknesses of infants development assessed by Uzgiris-Hunt Scales, but also in the analysis of the data on mother-infant interactions gathered in observational sessions conducted at the families home. To evaluate the efficacy of the training program, assessments of infants cognitive development were made at 4-month intervals over the first 18 months of life. Data on infants deviation scores Uzgiris-Hunt Scales indicated that, in general, both groups improved their performance over time. The Home Group had better scores from the first to the fourth evaluation in all seven scales. The development of the Center Group showed upward trend in all but two scales - Operational Causality and Construction of Objects in Space.

THE ROLE OF EMOTION IN THE DEVELOPMENT OF THE PERSONALITY
A. Sorokina (Russia)

This investigation is devoted to studying the role of emotions. The development of the emotional sphere is actual in the making of the child's personality. The emotional screening helps to reveal the level of one's social activity. The investigation was made among children at the age from birthday to 15 years old bringing up both as in the family and without it. At every age stage the concrete role of contact was analyzed. During the increasing of the social activity for the child becomes important not only his inner feelings but their expression too.

TEMPERAMENT, PERSONALITY DEVELOPMENT AND STRUCTURAL CHANGE OF THE FAMILY
Hans-Georg W. Voss (Darnstadt, Germany)

The study reported here is on developmental changes in infants' temperamental characteristics across several stages of structural changes in the family. Structural change refers to three stages: the one-child family with a 14 months old firstborn and the family with two children, the second born being 8 months and 14 months old. Infant temperament includes both normal and pathological personality functioning, the latter being manifested in the so called "difficult child" syndrome. Credit is given here to a developmental view that stresses the role of interpersonal relationships within the family system for the formation of early personality dimensions. The question is not as much what differences in family functioning across several stages of structural change may exist, but rather how the family system maintains its functional integrity when facing subsequent events that alter the structure of the family (e.g. the birth siblings).

Thirty two families participated in this longitudinal study. Families were seen when the first child was 14 months old and again when the second child was 8 months old. A third wave of data collection referred to the family system when the second born were 14 months old. Temperament was assessed by both parental questionnaires and observations of behavioral style. Change and continuity in temperamental dimensions including "difficulty" was related to a complex system of within-family concepts related to both relationship patterns as well as personality factors of both parents. The concepts involved in a structural equation model (according to a derivate of
the LISREL technique) included mother-child and father-child interactional quality, parental belief systems, personality factors of both parents, the developmental history of the mother, the marital relationship and the quality of sibling interaction. Results show that changes in temperamental dimensions across the stages of family structural change involved in the study can be interpreted in terms of efforts of the family system to adapt to both new structural events such as the birth of a sibling as well as the establishment of new relationship patterns such as the sibling relationship.

THE USE OF WHO CHILD CARE FACILITY SCHEDULE IN THE PERSPECTIVE OF CHILD MENTAL HEALTH PROMOTION
Pedro Caldeira, Paula Medeiros, Piedade Cunha, Maria Jose Goncalves (Lisbon, Portugal)

Similarly to what has been happening around the world, Portugal has witnessed the growth of a loose network of child care programs through the last 15 years.

Our experience has shown us that there is great variability on the quality of the centers that we visit, namely when mental health issues are at stake.

We decided to try to use the WHO Child Care Facilities Schedule (CCFS) in Portugal in a modified way, suppressing the controlling aspect of the schedule and placing the emphasis on the information provided, in a perspective of child mental health promotion.

We mailed the User's Manual of CCFS to the directors of about 250 centers in the Lisbon District. We proposed that the mantel should be discussed in each center and be used as a basis for a self-evaluation of local conditions.

We also sent some rating forms, stating that they could be filled up and sent to us on a voluntary and confidential basis. A new request for self-evaluation will be done by the end of the school year. The data gathered will allow us to make a profile of these centers and we will be able to determine the efficacy of using the schedule in this way for the purpose of promoting young children mental health.

NEUROPSYCHOMOTOR DEVELOPMENT OF THE CHILD WITH AUTISTIC DISORDER IN THE FIRST YEAR OF LIFE
Jose Raimundo da Silva Lippi (Belo Horizonte, Brazil)

According to CSM-III-R (American Psychiatry Association, 1987) the terminology Autism (or rather "Autistic disorder" to use the mantel's language) is a subtype of the pervasive developmental disorders. Reviewing 21 years (1968 - 1991) we attempted to evaluate from our files of former and present patients those main characteristics of neuropsychomotor development in the first year of life. We have thus selected 25 clients, whose ages varied (11 of them still undergoing treatment and 14 have been discharged). Their features are as follows: 1) Atypical development = 45%; 2) mood: labile = 30%, passive = 35%, excited = 35%; 3) disturbed family dynamics = 65%; 4) socioeconomic breakdown: upper = 25%, middle = 45%, lower = 30%; 5) social smile in the first six months = not detected in 70%; 6) reaction to environment stimuli in the first six month = 50%; parents attitudes towards the children: adequate = 10%, overprotection = 25%, negligent = 40%, inconsistent = 25%; 8) heredo-family factors = 10% (psychotic manifestations, mental retardation and epilepsy have been associated); 9) perinatal factors: disturbed pregnancy = 35%, physiological childbirth =30%, instrumental birth = 15%, cesarean = 55%; 10) weight at birth: above 3.200 kilograms = 70%; 11) appetite voracity = 50%; 12) sex breakdown = 90% male. Some characteristics coincide with those found in international bibliography and others shall deserve special discussion.

POSTPARTUM DEPRESSION: PREDICTIVE SIGNS AND RISK FACTORS. AN EPIDEMIOLOGICAL
PROSPECTIVE STUDY
Juan Manzano, Marion Righetti-Veltema, Elisabeth Conne-Perreard, Monique Riaut, Willy Pasini (Geneva, Switzerland)

The principle aim of our study is to establish predictive signs of postpartum depression, already during pregnancy. We intend to describe some correlations between the troubles of early mother-child relationship, postpartum depression and different characteristics observed during pregnancy, including obstetrical complications. With these predictive signs, we wish to elaborate a scale with a score that could predict postpartum depression.

We intend in particular to verify the hypothesis of the importance of non elaborated mourning or loss in the outcome of postnatal depression. Up to a larger extent, we think that other life events may have the same meaning as mourning, and that a correlation exists between the way one copes with mourning process and postnatal depression.

The methodology of this epidemiological prospective study consists in interviewing 500 women twice with 2 questionnaires who include some already validated scales (Hopkins Symptom Checklist of Derogatis validated on a French population by Guelfi, 1984; the Edinburgh Postnatal Depression Scale of Cox, 1987; 16 indicators of early distortion in mother-child relationships during the first 3 months of life of Guaraldi, 1985). The same research member will interview each woman during the last trimester of her pregnancy, and again 3 months after childbirth, at home where the mother-child relationship will be observed using the evaluation scale of V. Bur (1989). A 3rd questionnaire will resume all the important data from the medical files. This study is still going on. We will present and discuss our immediate results.

SEVERE MATERNAL MENTAL ILLNESS IN THE POST-PARTUM PERIOD AND THE DEVELOPING CHILD
A. Hipwell, E. Melhuish, R. Kumar (London, UK)

Severe maternal mental illness that occurs in the immediate post-partum period has a devastating effect on the mother and her family at a time of enormous adjustment to the arrival of a new baby. Hospitalization is usually necessary, and in Britain, 'joint' admission of mother and baby to a specialized psychiatric unit has become increasingly common over the past 25 years. Admission of the mother and her infant together may reduce some of the risks to the child's psychological development caused by physical separation, and a number of reports concerning the mother have suggested that relapse rates are reduced and recovery is hastened by this practice. Remarkably though, the impact on the child of exposure to severe maternal disorder (both psychotic and non-psychotic) has received very little research interest.

A prospective study of twenty-seven mothers and infants who have been jointly admitted to a specialized unit for treatment of severe maternal illness will be described. The dyads were recruited over a 20-month period, the mothers interviewed and the child's developmental level measured at 2, 6, and 12 months post-partum. At the final contact, the quality of the infant-mother attachment relationship was assessed using Ainsworth et al.'s Strange Situation Procedure. Sixteen mothers who were postnatally depressed but not admitted to hospital, and forty-three matched-pair controls were also seen on each of the three occasions during the first year.

No clear differences in cognitive or physical development were found between the pairs of infants, within the 'mentally ill' groups, data suggested the mothers' psychiatric diagnosis was closely related to the child's attachment classification. The implications of these findings for management of the mentally ill mother and her infant will be discussed.

FORMAL COMMUNICATION SITUATION: THE PSYCHOLOGICAL METHOD OF TESTING INFANT NEED FOR COMMUNICATION
Olga V. Bazhnenova Moscow, Russia)

"Formal Communication Situation" is soviet psychological procedure that
helps to estimate one of the basic infant needs - the need for communication. Subjects were 20 healthy infants (first sample) 140 infants at risk for abnormal mental development (second sample) and 12 infants at risk for schizophrenia (third sample). The experiment consists of ten trials, 30 secs. each with 30 sec. interval in between. During each trial an adult appears looking attentively straight into the infant’s eyes, remaining stonefaced, keeping silence, not moving. Trial stops if infant starts crying. At the end of the last trial the adult warmly talk to infant and smile. Infant’s smiles, vocalizations, gaze aversion, fusing, crying and body movements are codified. The adult formal participation in the face to face communication situation plays a role of a barrier on the way of infant need for communication satisfaction. At the age of 4, 5 months 18 normal infants (first sample) demonstrated exclusively adaptive behavioral pattern. They show in the “Formal Communication Situation" that they differ the formality of the situation; try to initiate contact; recognize that they don’t get what they want and protest in an active form; comfort themselves and start to smile immediately or very soon after the adult includes into communication. Obvious that these infants have some anticipation of the needed adult behavior, can perform intentional acts to elicit this anticipated and needed behavior, can wait for some direct effects of theirs acts, experience disappointment and anger when what they want isn’t fulfilled and are satisfied when the communication starts. Described behavioral pattern let one see the existence of the real need for communication in 4, 5 months infants. Maladaptive behavioral patterns were demonstrated by the infants from the second and third samples. On that basis the criteria for the estimation of infant need for communication correspondingly as weak, retarded, severely retarded, deviated and blocked by a frustrated need for security were found.

FACILITATORS AND REGULATORS: MATERNAL STYLE AND SEPARATION ANXIETY
A. Scher, R. Sharabany, O. Blumberg (Haifa, Israel)

There are different dimensions according to which motherhood has been conceptualized. One of the most recent one has been offered by Raphael-Leff (1985, 1986, 1990). The central dilemma for mothers consists of having to attend simultaneously to conflicting purposes. One is a tendency and expectation to be available to the child as much as possible. This is a view often attributed to traditionalists and psychoanalytically oriented theories; in Raphael-Leff’s conceptualization, this is the tendency to be "Facilitator". The second tendency is the need to regulate the behavior of the child, and to mediate to him/her the outside world (a tendency to be "Regulator"). Each individual mother has to come to terms with both tendencies on a daily basis, as well as in values and educational ideology. Raphael-Leff reports significant differences between Facilitators and Regulators in their work patterns, care-taking and self-esteem.

In the present study, the concept as well as the predictive validity of the two maternal styles were studied. 97 mothers who took part in a longitudinal study (Scher, 1991) completed the F-R questionnaire. When their infant was 3, 9, and 12 months old, the mothers responded to the Maternal Separation Anxiety Scale developed by Hock et al (1982).

The findings indicate that maternal style is related to separation anxiety in the first year of life. Mothers who adopt extreme responses in their choices of Facilitating and Regulating tendencies also show greater separation anxiety. Mothers who choose moderately elements from both dimensions, report lowest separation anxiety.

Developmental comparisons at 3, 9, 12 months indicate that there are interaction effects of maternal style and the developmental marker of the child which produce different anxiety levels. Thus, the concepts of Facilitator-Regulator seem to be valuable in identifying maternal tendencies which capture both stability (predictive validity to different developmental stages) and changes in maternal behavior from one phase of development to the next one.
THE LONGITUDINAL OUTCOMES OF REGULATORY DISORDERED INFANTS
Georgia A. DeGangi, Stephen W. Forges, Ruth Z. Sickel, Stanley I. Greenspan
(Rockville, Maryland)

This follow-up study examined 1) the stability of the processes that contribute to regulatory disorders in children and, 2) the long-term developmental outcomes of infants with regulatory disorders. It was hypothesized that a sample of untreated regulatory disordered infants with early symptoms of irritability, poor behavioral organization, and sleep and feeding problems would be at high risk for developmental, learning, and emotional problems in the preschool years. The performance of samples of untreated regulatory disordered (n = 9) and normal (n = 13) children were compared at 8 to 11 months and at 4 years. Three levels of analyses were conducted to examine group and individual differences and prediction of group classification status. Eight of the nine regulatory disordered children exhibited developmental, sensorimotor, and/or emotional and behavioral deficits at four years. Group differences were found in general behaviors of attention and activity level, emotional maturity, motor coordination, and tactile sensitivity using a Sensorimotor History Questionnaire at four years. When examining individual differences, infants with sensory hypersensitivities on the Test of Sensory Functions in Infants scored lower on perceptual, verbal, motor and general cognitive functioning as measured by the McCarthy Scales of Children’s Abilities and displayed problems in bilateral motor integration, reflex integration, and overall sensory integrative functions as measured by the DeGangi-Berk Test of Sensory Integration. In addition, regulatory disordered infants who were perceived as difficult attained lower scores on the McCarthy Scale subtests. The results of this study suggest that untreated regulatory disordered infants may not outgrow these difficulties over time, and instead develop more serious long-term developmental and behavioral difficulties.

SYSTEM CHANGE: A COMMUNITY'S RESPONSE TO P.L. 99-457
Marie Weissbourd, Carol Rolland, Maureen Patrick (Chicago, USA)

The Early Childhood Services Network: Chicago Project is a field test program site developed to test Illinois’ proposed system of coordinated comprehensive identification, diagnosis, and treatment services for families with children with developmental delays, disabilities or risks thereof. The project aims to create a family-focused network of community and professional organizations located on the north side of the city of Chicago to respond to the myriad needs of very young children and their families. A major goal of this project is to identify infants at risk for developmental delay and to intervene promptly when delays are evident.

The North side of the city of Chicago comprises a highly diverse mix of socio-economic, ethnic and racial groups. Reflecting this population heterogeneity, the agencies providing services to infants range from family-oriented community programs to specialized treatment projects. It is a challenge simply to begin a dialogue among these diverse service providers. Programs are often unaware of the nature of services provided at other sites, even when they are geographically located within blocks of each other.

It is an equally great challenge to shift the orientation of most service providers from an organizational focus to a family focus. Translating the rhetoric of Public Law 99-457, which insists that services be family-centered, into a rational system of services requires changes in institutions and staff. Institutional barriers and personal defenses frequently converge, creating problems among agencies and between professional staff and parents.

The Chicago experiment is identifying problems in system delivery and is proposing solutions to these problems. Among solutions is a plan for staff development on issues of interagency cooperation and parent-professional partnerships. Staff training is essential to the success of community-wide collaborative efforts for families with young children. The Early Childhood Services Network: Chicago Project is rich in information on identifying and mastering the difficulties of applying theoretical systems in real
"STAYING ON TRACK" AN EARLY TRACKING, IDENTIFICATION AND INTERVENTION PROGRAM
Sarah Landy, Susan Jewell, A. Brian Allen, Faye Brooks, Ray deV. Peters
(Toronto, Canada)

This workshop will describe the implementation and ongoing functioning of an early tracking, identification and intervention program in rural Ontario, Canada. The program commenced in October, 1989 with the objective of tracking all infants born in a town whose parents agree to participate. The model utilizes comprehensive screening measures which can be conceptualized under three headings; child congenital and biological factors; sociodemographic and family factors; and the relationship and interaction between caregiver and child. Infants, children and their families are seen at home, in clinics or in schools at birth, 6 months, 18 months, 2 1/2 years, 3 1/2 years, 4 1/2 years and 5 1/2 years. The interventions include an assessment, provision of parenting information, on-the-spot counseling and, if necessary, follow-up visits and referral to other relevant agencies in the area. Three target groups of 200 subjects have been selected and monitored for approximately 2 1/2 years. The first cohort will be screened prenatally through to 18 months, the second cohort from 18 months to 3.5 years, and the third cohort will be tracked from 3.5 to 5.5 years of age. The three cohort procedure allows for the creation and evaluation of a tracking system over a five year range in a three year project. It also means preliminary data will be available on a large number of cases covering nearly a six year range. The large sample size will allow multiple regression analysis of a wide range of factors in order to determine their independent contribution to the manifestation of a number of physical and mental health related outcome measures in each cohort. From this data variables will be identified, in addition to biological and congenital risk factors, which show a strong predictive association with subsequent self control and regulation, psychosocial competence and physical and mental health problems.

The project is a collaborative effort and builds onto the existing service systems of public health, children’s mental health and education. A Community Advisory board of representatives from a number of service-providing agencies in the area, facilitates interagency cooperation and collaboration in referring and providing more intensive services to children and families identified as needing them. By tracking all infants and children at various ages stigmatization is reduced and the potential to increase access to counseling and referral for segments of society, who traditionally experience difficulties in seeking out or receiving services, is improved.

The tracking system is extremely well received in the area and parents are asking for additional group sessions on various parenting issues. Preliminary findings show that of children without this intervention, by 3 1/2 years of age, 25% are showing significant emotional, social or behavioral problems. These and other preliminary findings and videotapes of the interventions will be presented to illustrate the methods and results of the tracking system.

PARENTS PROTECT AND NURTURE CHILDREN BY RESOLVING THEIR HISTORY OF CHILDHOOD SEXUAL TRAUMA
Barbara Kennison (Traverse City, USA)

The poster will focus on adults, sexually traumatized in childhood, who are now parents. Sexual trauma will be defined and data from clinical experience will demonstrate the psycho-social-physiological-and spiritual impact this form of trauma has on the parent’s particularly mother’s interaction with her child or children. The following are some of the areas that will be addressed: guilt, self blame, anger often bordering on or turning into rage, lack of trust in self and in others, lack of clear boundaries, difficulty forming meaningful relationships, loss of control over one’s body, distorted perceptions, nightmares, and placing oneself at risk as
a means of developing a personal sense of mastery and control.

The use of case examples will enable the participant to see the healthy outcomes on parent-child relationships that arise when parents resolve their own history of sexual trauma. The commitment on the part of the parent or parents to break-up unhealthy patterns that arose from the trauma result in the following: (1) supports the development and ongoing maintenance of healthy interaction between parents, 2) leads to their ability to protect and nurture the child or children and (3) serves as a first line defense in preventing generational abuse.

RANDOM INTERACTIVE EVENTS
Marcela Montes de Oca, Joelle Rosenfeld, Gilbert Coyer (Paris, France)

In our research concerning the screening of early interactive precursors of autism from birth to 24 months of age, we focused our attention on the concept of bizarreness. Our method of analysis involves a blind sequential analysis of family home movies. The affective assessment scale is composed of several items: boredom, insecurity, sadness, indifference, anger, pleasure and unknown (specify the diverse affects felt), bizarreness.

Bizarreness is perceived in two ways by the observer. Firstly, the unpredictable interactive event appears which he is unable to interpret according to his usual cultural interactive code. Secondly when the infant interacts in a repetitive way, the reproduction of the exchange gives the impression of a discontinuity. Using the affective assessment scale, this bizarreness seems to include two qualitative aspects: one involves the affect felt by the observer and the other the distortion of the interactive code. However, we currently realize, as our observation becomes more refined, that the affect is linked to the dysfunctions.

We observe that the affective items in the scale, with the exception of bizarreness, include a consensus of the observers’ representations. When we analyze more closely the sequences, we find that bizarreness can be defined as a temporal dynamic process. On the one hand, the bizarreness of an interactive moment can be associated with the incongruity of the different interactions. Usually, visual, tactile, body, vocal, facial interactions are integrated and organized together; bizarreness is felt when they are not. On the other hand, we can observe the bizarreness of the plot, that is, fragmentation of behaviors, disruption of variations. We will illustrate our hypothesis using film sequences showing the infant in interaction with his father, mother and grandparents.

How can bizarreness be detected and transmitted? What happens to the observers’ empathy, what freezes his empathy? How are temporality and affect linked? Bizarreness is a concept which tries to understand that the code of subjective information can develop errors. These errors seem unexplainable because of their randomness. However, it is precisely these accidental events that may allow for a renewal of the interactions with a baby, because they create a new subjective, unfamiliar, but reproducible event that can enrich the dynamics of relationships.
POSTERS

THURSDAY
HOSPITALISATION CONJOINTE MERE-BEBE EN PESDOPSYCHIATRIE (ETUDE RETROSPECTIVE SUR 70 HOSPITALISATIONS)
M. Dugnat, J-P. Leca, J-P. Estorges, L. Fanjoux, R. Soulayrol, M.D. (Marseille, France)

L'hospitalisation mère-très enfant dans une unité spécialisée d'hospitalisation conjointe en pédopsychiatrie est une modalité très originaire de prise en charge précoces des troubles de la relation.
Elle peut être proposée aux mères présentant des troubles psychiatriques (psychose puerpérale ou psychose chronique) ou aux enfants suspects de troubles graves et précoces du développement (autisme), mais elle s'adresse surtout aux troubles de la relation (troubles alimentaires, troubles du sommeil sévères, etc...).

Une intervention précoce associe, pendant l'hospitalisation,
1°) une psychothérapie brève
2°) une action de guidance maternelle "in situ"
3°) un soutien contenant

L'objectif de cette intervention est la prévention d'une pathologie chez l'enfant voire chez l'adulte.
On présente :
1°) le personnel
2°) le fonctionnement actuel
3°) le résultat d'un travail rétrospectif concernant :
   - la pathologie relationnelle
   - la pathologie infantile
   - la pathologie maternelle
   - les caractéristiques médico-psycho-sociales des familles consultant
   - la durée des hospitalisations
   - l'âge des enfants
   - les origines des demandes d'admission
   - les modalités de suivi après hospitalisation
   - les résultats estimés de ces prises en charge.

Cette étude porte sur 70 hospitalisations mère-très jeune enfant de l'unité d'hospitalisation conjointe d'un service de pédopsychiatrie dans un hôpital universitaire.

THE DEVELOPMENT OF REACTIVITY AND SELF-REGULATION OF PHYSIOLOGICAL AROUSAL IN PRETERM INFANTS IN THE NICU
Mary F. O'Callaghan, Cynthia L. Miller, Thomas L. Whitman, Ph.D., and Robert White, M.D. (Notre Dame, USA)

The routine medical and caregiving procedures which preterm infants undergo while in the Neonatal Intensive Care Unit (NICU) have been found to produce physiological stress in premature infants (Gorski, Hole, Leonard, & Martin, 1983; Long, Philip, & Lucey, 1980). Infants, however, are not passive receptors of environmental stimuli. One of the primary tasks which developing infants must accomplish is to modulate their physiological responses to the environment in ways that minimize stress and reduce the potential harmful effects of overstimulation (Kopp, 1982; Sroufe, 1982). Rothbart and Derryberry (1981) suggest that another response dimension, infant reactivity, must be considered in conjunction with self-regulation. For preterm infants, who must undergo repeated exposure to caregiving events which are physiologically stressful, reactivity levels as well as the development of effective self-regulatory mechanisms may be especially critical. The extent to which the environment has an adverse effect on the premature infant is most probably not only a function of the specific stimulation received, but is also related to the infants' reactivity and ability to adapt to the environment by regulating their arousal levels. Little is known, however, about individual differences in premature infants' reaction to stressful events or about differences in infants' abilities to modulate the physiological arousal elicited by these events. It is hypothesized that knowledge of these processes would enable clinicians to facilitate the development of effective coping mechanisms in infants as well as predict infants' later emotional development.

This study has two general goals: (a) to examine profiles of infant reactivity and self-regulation of physiological arousal in response to routine medical care, with emphasis on analyzing the developmental course of these systems during the infants' stay in the NICU using statistical growth curve modeling; and (b) to identify factors influencing reactivity, regulation and their development. This investigation is testing the specific hypothesis that there are individual differences in the overall reactivity and regulation of premature infants, as well as in the rates of change and patterns of reactivity and regulation over time. Moreover, we are testing the hypothesis that both reactivity, regulation and changes in these two systems can be predicted from infant birth status variables, such as birthweight, gestational age, and medical complications, the characteristics of caregiving interventions, and interactions among these variables.

Premature infants with birthweights under 2500 grams are being evaluated during their stay in the NICU of Memorial Hospital in South Bend, Indiana. Data regarding infant reactivity and regulation is recorded for three interventions: heelsticks (for blood drawing), temperature taking, and TLC (defined as stroking the infant's head). The infant's response to TLC and temperature taking is recorded three times a day, twice a week, for the duration of the infant's stay in the hospital, and response to the heelstick procedure is recorded three times a day, once a week. For each of the sampled interventions, a baseline level of infant functioning is established immediately prior to the intervention; baseline measures include: (a) heart rate, (b) respiration rate, (c) PO2 or O2 saturation. The infant's reactivity to an intervention is measured through assessment of the changes in the infant's physiological measures from baseline to immediately following the intervention. The infant's ability to regulate is measured through the changes in the infant's physiological measures and behavioral state from immediately following the intervention to five
minutes following the completion of the intervention.

Preliminary data analyses suggest that there is considerable individual variability in infant's reaction to and regulation of stress-induced arousal. More specifically, there are differences in the overall levels of reactivity, differences in the primary physiological modality in which reactivity is expressed, (changes in O2 saturation, heart rate, or respiratory rate), and individual differences in responses to the three types of medical interventions. At this time there is also evidence to suggest that infants vary greatly in their ability to regulate this reactivity. Further analyses will attempt to identify correlates of these differences. Additional analyses will be performed to model individual patterns of change in reactivity and regulation during hospitalization via Hierarchical Linear Modeling (HLM), or growth curve analysis, and possible correlates of change will be examined.

ATTACHMENT AND AFFECT IN MALNOURISHED INFANTS: AN 18-MONTH FOLLOW-UP
Linda M. Richter (Pretoria, South Africa)

The major health problems of children in South Africa are inextricably bound to the material, social and psychological dimensions of poverty. It is argued that conditions of hardship, associated with young children's vulnerability to illnesses (such as protein-energy malnutrition), impinge on children through their effects on the morale, motivation and actions of those people mainly responsible for the care of children.

This paper describes a study of the psycho-social factors associated with the rate of catch-up growth and psychological recovery exhibited by malnourished infants treated, with their mothers, in a specially designed rehabilitation unit. Poverty level, social support, home environment and maternal resources were assessed, as was the quality of the mother-child relationship, classified according to attachment type, at mean age 14 months. Thirty six malnourished infants and a matched comparison group were re-examined eighteen months later using procedures designed to assess emotional regulation and the development of self-functions (self-recognition, self-appraisal and self-control) during mother-child interaction.

The main results were that securely attached malnourished infants showed, on average, twice the amount of catch-up growth as infants classified as anxiously attached. Also, attachment classification, rather than illness status, was associated with emotional and self-regulation at mean age 30 months. A model is described in which attachment is interpreted as an expression of extreme poverty in the domain of mother-infant interaction, with specific implications for the development of young children. According to this model, distal material and social factors are brought into proximal relation to children through their influence on caregivers and caregiver-child relationships.

TODDLERS WITH SPECIAL NEEDS AS INITIATORS AND RECIPIENTS OF PROSOCIAL BEHAVIORS
Donna S. Wittmer, Ph.D. (Denver, USA)

There is a gap in the research concerning the nature of the interactions between toddlers with special needs and typical toddlers in socially integrated settings. Seven toddlers with special needs were videotaped in their programs for a total of two hours. A new coding system was designed to capture the subtle communication cues that a child with special needs may give to initiate an interaction with another child or respond to an initiation from another child. These data begin to help professionals understand the nature of the special interactions of toddlers with special needs in an integrated setting. Toddler with special needs need support to make positive initiations to other peers. Almost one-fourth of the toddlers' initiations involved a negative behavior rather than pro-social one. Teachers have an important role in encouraging typical peers to make social initiations toward toddlers with special needs, as approximately half of the initiations from peers toward the toddlers were directed by a teacher.

THE RELATION BETWEEN AVOIDANT ATTACHMENT AND PROBLEM BEHAVIOURS AMONG LOW BIRTHWEIGHT CHILDREN
Ann Robson, David Pederson, Sandi Bento (London, Canada)

Existing prospective reports of the consequences of low birthweight suggest that the early caretaking environment may influence childhood social development. Attachment theory predicts that differences in the quality of the infant-mother attachment relationship will have implications for subsequent development, and that insecure/avoidant attachment will be related to externalizing behaviour problems. Evidence in support of this prediction is inconsistent. One reason may be conceptual, as externalizing behaviour problems coexist with behaviours such as distractibility/high activity level. A second reason may be methodological, as single measures or measures from one source are often used. Therefore, the purpose of the present report was to study the relation between avoidant attachment and problem behaviours among low birthweight children, considering both externalizing behaviour problems and distractibility/high activity level, and using the aggregation of measures obtained from multiple sources. The subjects were a sample of low birthweight children participating in a prospective longitudinal study and classified as either insecure/avoidant or securely attached at 12 months of age. At 5 1/2 years of age, Avoidant children were compared to Secure children on a measure of externalizing behaviour problems, obtained from maternal ratings, and on an aggregate measure of distractibility/high activity level, developed from observer and maternal ratings. There was no significant difference between the Avoidant and Secure groups on the externalizing behaviour measure. However, the Avoidant children scored significantly higher on the aggregate measure of distractibility/high activity level. These results suggest that an avoidant attachment may represent an
increased risk for the problem behaviours of distractibility and high activity level among low birthweight children.

A MODEL FOR ASSESSING RISK STATUS OF COCAINE-USING MOTHERS AND THEIR NEWBORN INFANTS
Sharon G. Murphy, Ph.D., Lauren S. Wakschlag, M.A. (Chicago, USA)

Although all infants exposed to cocaine are at risk, it is clear that there is a range of developmental outcomes within this group. This project represents a study in progress which seeks to identify during the postpartum period those dyads who are most at risk so that services can be provided following discharge from the hospital. We propose a model which assesses risk status of cocaine-using mothers and their newborn infants which focuses on 1) neurobehavioral status of the infant, 2) maternal social and drug history, 3) maternal psychological resources and attitudes towards parenting, and 4) quality of dyadic interaction. We predict that there will be a continuum of adequacy across dyads determined by both maternal and infant characteristics. The utility of this approach lies in its potential for establishing criteria with which to make judgements about individual dyads. In addition, it enables the clinician to pinpoint the relative contributions made by specific mother-infant characteristics to the degree of risk.

EFFECT OF INTRACRANIAL HEMORRHAGE ON INFANT-MOTHER ATTACHMENT
Suzanne M. Cox, Joyce Hopkins, Wendy Heller (Chicago, USA)

Intracranial hemorrhage (ICH), a medical complication associated with preterm birth, has been associated with less optimal patterns of infant-mother interaction. Since patterns of infant-mother interaction have been predictive of infant-mother attachment, the goal of the present study was to examine the effect of ICH on infant attachment.

It was hypothesized that preterm infants who had experienced ICH would be more likely to demonstrate an insecure pattern of attachment to their mothers than control preterm infants who had not experienced an ICH. It was also hypothesized that ICH would be associated with more resistant and disorganized patterns of interaction during the Ainsworth Strange Situation paradigm.

To date, 25 preterm infants (13 with ICH and 12 without) and their mothers have been seen in the Strange Situation when the infants were about 16.5 months of age, corrected for prematurity. ICH and control infants have been matched on demographic variables (e.g., SES, maternal age, maternal education, sex of infant).

Findings to date indicate an association between ICH status and insecure attachment (t(23) = -2.37, p = .027). There was a trend for the ICH group to show greater resistance during the 2nd reunion with mother (t(24) = -1.93, p = .066). The ICH group also showed higher levels of disorganized attachment behaviors than the control group (t(24) = -2.24, p = .034).

These data thus confirm the hypothesis of an association between ICH and infant-mother attachment. ICH may indeed be a risk factor for social and emotional difficulties in children who had been born preterm.

THE INFLUENCE OF PERSONAL ILLNESS ON YOUNG CHILDREN'S UNDERSTANDING OF DISEASE
Ken Springer, Leslie Spellman, Thelma Maldonado (Dallas, USA)

This study examined how serious illness and hospitalization influence young children's understanding of the origins and nature of disease. Fifteen 3- through 5-year-old cancer patients were compared to fifteen healthy controls using several cognitive measures. Extensive interviewing ascertained children's beliefs about the causes of illness. A drawing task examined children's conceptions of the effects of illness on the body interior. Parents and day care/hospital staff were also interviewed concerning children's understanding of disease.

THE INTELLECTUAL DEVELOPMENT OF PRETERM LOW BIRTHWEIGHT CHILDREN AT 5 TO 8 YEARS
Hankyu Lee and Marguerite Stevenson Barratt (Madison, USA)

Prematurity and low birthweight have been considered to be important risk factors for intellectual development during early childhood. However, it has been suggested that the developmental delay of preterm low birthweight children disappears with age. The present study investigates the catch-up process and relative contribution of birth status, family status, and home environment in explaining intellectual outcomes for preterm low birthweight children in light of the self-righting tendency proposed by the transactional model.

This study is based on secondary analyses of data from subjects selected from the Mother and Child supplement to the National Longitudinal Survey of Youth (NLSY) sample. Seventy-seven low birthweight (<2,500 g) and preterm (<38 weeks) children who were between 5 and 8 years old in 1986 were compared with a full-term control group individually matched on race, poverty, mother's education and age. The Peabody Picture Vocabulary Test and Peabody Individual Achievement Tests in Math and Reading Recognition were used for measurement of the child's intellectual functioning. A short form of Home Observation for Measurement of the Environment was used for measurement of the mother's emotional support and cognitive stimulation of her child.

Results indicated that preterm children significantly lagged behind term children in intellectual functioning and mathematical ability at 5 and 6 years, but not at 7 and 8 years. The vocabulary scores
showed a significant difference only at 5 years, and the difference for vocabulary between the two groups significantly diminished with age. In general, home environment and family status explained considerable variability in intellectual functioning. Birth status, however, explained variability only in the vocabulary of the younger (5 and 6 years) children.

This secondary data analysis substantiated the existence of self-righting tendency supporting the transactional model; the birth status variables become less related to intellectual development and environmental factors increase in their relative importance with age. Children seem to overcome the influence of perinatal risk factors by 7 years old. Indeed, family status and home environment appeared to explain more variation in the intellectual development of 5- to 8-year-olds than did birth status.

PROGRAM, CHILD AND FAMILY VARIABLES PREDICTING EFFECTIVE EARLY INTERVENTION WITH HANDICAPPED INFANTS
Elizabeth Thompson, Sharon Marcovitch, Janet Mitchell, Susan Goldberg (Toronto, Canada)

Previous evaluations of early intervention with young handicapped children have largely looked at improvement in child functioning over time. Specific child, family and program variables have not generally been linked to program outcome. The present investigation followed 85 children from three diagnostic groups (children with Down's syndrome, children with neurological impairment, and children with a developmental delay of unknown etiology) over six months of participation in a home-based early intervention program. The children were assessed on the Alpern-Boil Developmental Profile before and after intervention. The nature of each child's specific intervention program was recorded after every home visit by the program intervenor. Characteristics of the intervenor, the child and family as well as family satisfaction with intervention were also evaluated. The nature of each child's program and child and family characteristics were linked to child change on the developmental profile. Using test hypothesis regression techniques and model building, the best predictors of child change in five developmental areas were determined.

The frequency with which family support issues are discussed, the experiential background of the intervenor, the family's satisfaction with intervention and a focus on helping parents teach their child appear to be significant factors in predicting improvement in child functioning during an early intervention program. These factors should be taken into consideration when designing effective early intervention programs for handicapped children and their families.

NEURODEVELOPMENT IN INFANTS AND TODDLERS TREATED WITH BONE MARROW TRANSPLANTATION: PROSPECTIVE FINDINGS
Helen P. Crowe, Ph.D., Mary Ann McCabe, Ph.D., Patricia Dinsdorf, M.D., Ralph Quinones, M.D. (Washington, USA)

Although bone marrow transplantation (BMT) offers a medical "cure" for many children with life-threatening illnesses, it is a highly technical and prolonged process that is associated with significant medical and psychological risk. Children under five years of age are believed to be at greatest risk for neurodevelopmental sequelae following BMT, which may be associated with the impact of potential neurotoxic agents on the immature nervous system, as well as deprivation from normal stimulation during a critical period of development. A model BMT program has been developed at Children's National Medical Center (CNMC), in which every child is followed by an interdisciplinary team. Children undergoing BMT receive a neurodevelopmental assessment prior to their BMT, as well as 6-, 18-, 36- and 60-month post-transplantation. The results of initial follow-up assessments for 7 children under 2 1/2 years of age at time of BMT, are presented in a multiple case study. Findings are discussed in terms of the possible neurotoxic effects of BMT, as well as the need for developmental screening and early intervention.

DEVELOPMENTAL ISSUES OF INFANTS BORN BY IN VITRO FERTILIZATION (I.V.F.)
J.D. Cordeiro, F. Ismail, C. Gois, D. Bouca, A. Croca, E. Lara, A. Barbosa, Maria Cordeiro (Lisbon, Portugal)

The development of in vitro fertilization treatment programs has been accompanied by some concern about the psychological aspects of this fertilization procedure. Few studies have investigated the psychological characteristics of infants born by in vitro fertilization, but thus far there is still little known about the eventually specific characteristics of these infants. Previous studies report the existence of "minor" symptoms, such as sleep disturbances, in the infants of I.V.F. These symptoms seem to be the result of mother-infant interaction/relationship difficulties and being transient symptoms, would not affect the development. On the other hand, maternal depression seems to be more frequent in these mothers. The present work was designed to study infant born by in vitro fertilization, concerning their development, communication and evolution of mother-infant relationship. We also studied the psychological characteristics of parents.

The authors evaluate 50 infants born in the last 5 years by in vitro fertilization. The psychological measures we use for the infants' evaluations are: standard clinical interview, the information reported by parents, focusing infants' characteristics and behaviors, the psycho-motor and stato-ponderal development, sleep and eating disturbances, somatic symptoms and relational difficulties; evaluation of mental and psycho-motor development -- Ruth Griffiths test; Child Apperception Test; video-recordings of mother-infant interaction are carried out, when younger infants are concerned. The groups are matched for the infants' age, the evaluation and tests being carried out twice in 6 months. For the first observations we use the clinical interview, Griffiths and Child Apperception Tests. Six months later, the second evaluation is completed by repeating those tests. To the parents evaluation we use: -
semistructured interview to the mother, specifying several parameters like economic, social and cultural levels, pregnancy-evolution and accidents, symptoms of depression and mother-infant relational disturbances.

-Raven Progressive Matrices, -SCL-90 R (Leonard R. Derogatis, Nick Melisaratos - "The Brief System Inventory: an introductory report", Psychological Medicine, 1983, 13, 595-605); -HAD-HAA (Zigmad A.S., Snaith R.P. - "The Hospital Anxiety And Depression Scale", Act Psychiatric Scandinavic, 67, 361-370); from T.A.T. we selected the following boards: 1,2,4,1,13HF,13B,12F,7GF,5GF,5BM,6BM and 7BM; -Entretien R (Stern et. al, 1988).

Our present findings indicate a high prevalence of depressive symptoms when parents are concerned. The mental and psycho-motor developmental parameters of these infants show a tendency towards relatively low performances in areas where affective and mother-infant relationship are more implicated. These infants also seem to have somatic symptoms with frequency. On the basis of these results we propose several therapeutic approaches to the dyad (mother-infant), emphasizing the early support of mothering.

DEVELOPMENTAL ISSUES OF INFANTS BORN BY IN VITRO FERTILIZATION (I.V.F.)
QUELQUES ASPECTS DU DEVELOPPEMENT DES ENFANTS NES PAR FERTILISATION EN VITRO
ASPECTOS DE DESARROLLO DE LOS NIÑOS NACIDOS POR FERTILIZACION EN VITRO

J.C. Cordeiro, F. Ismail, D. Bouca, C. Gols, R. Vieira, M.J. Goncalves Cordeiro (Lisbon, Portugal)

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The groups are matched for the infants' age, the evaluation and tests being carried out twice in 6 months. For the first observation we used the clinical interview, Griffiths and Child Apperception tests. Six months later, the second evaluation is completed by repeating those tests. For evaluation of the parents we use: -semistructured interview of the mother, specifying several parameters like economic, social and cultural levels, pregnancy- evolution and accidents, symptoms of depression and mother-infant relational disturbances, -Raven Progressive Matrices, -SCL-90 R, and other measures.

Our present findings indicate a high prevalence of depressive symptoms when parents are concerned. The mental and psycho-motor developmental parameters of these infants show a tendency towards relatively low performance in areas where affective and mother-infant relationship are more implicated. These infants also seem to have somatic symptoms with frequency. On the basis of these results we propose several therapeutic approaches to the dyad (mother-infant), emphasizing early support of mothering.

THE PSYCHOMOTOR EDUCATIVE PRACTICE: AN ANALYSIS OF ITS CONTRIBUTIONS TO INFANT MENTAL HEALTH AND TO THE FIELD OF EDUCATION IN KINDERGARTEN

Eliana Bensusan, Ana Cerutti (Montevideo, Uruguay)

We present an analysis of the research that on the application of the psychomotor educative practice based on Prof. B. Aucouturier's principles is being performed from 1986 up until the present, with normal children from 2 to 5 in the kindergarten. Supported by audio-visual material we try to show how this practice based on sensory-motive activities performed in a dialectics of construction-destruction enables the children to live a corporal plenitude, to strengthen their personality through the integration of psychosoma. It benefits the development of transitional phenomena between the outer and the inner-world one in accordance with their ability of illusion which permits them to develop their capability to create. It enables them to make social relations, express their most significant fantasies, affections and emotions, especially the ones related to very primary impulses of destruction, possibility the elaboration and the finding of spontaneous solutions which can be expressed through constructive actions without significant distress.

We consider this of the utmost importance as a factor which infant mental health, and improves the capacity of development of the children's learning abilities. This hall constitutes a privileged space for the decentralization of the instincts; and this is a prerequisite for the acquisition of knowledge.

CHILDREN WITH HIV INFECTION/AIDS IN FOSTER CARE: A NATIONAL SURVEY

Felissa L. Cohen, RN, Ph.D., FAAH, Wendy M. Nehring, RN, Ph.D. (Chicago, USA)

The purpose of this research was to ascertain through a mailed survey, specific policies, procedures, practices and problems surrounding foster care placement for children with HIV infection/AIDS for each state and private agencies within each state. Some specific questions to be answered include: (1) How many children diagnosed with HIV in each state are in foster care and where in the states are these children located? (2) What are the specific policies regarding placement of probable HIV positive
infants/children? (3) What type of special training is given to foster parents with whom HIV positive children may be placed? (4) Are there any difficulties in recruiting foster parents for potential or actual HIV positive children? and (5) Are there special support services available to foster parents with HIV positive children?

The major experimental design is that of a cross-sectional descriptive survey with a subsample of more in-depth telephone interviews. Response rates will be calculated following standard procedures. Major variables to be further analyzed will include state AIDS prevalence. Descriptive statistics such as frequencies, means and standard deviations will be calculated for those variables for which they are appropriate. The use of map graphics highlights the data presentation.

Findings from this research can be used to describe the existing national picture for foster care placement and the involvement of health care professionals. Informally, the investigators have information that leads them to believe that much of the burden of training and following foster parents is falling upon health care professionals who seem to have little power to impact upon the policies. Data might be used to formulate more appropriate policies, perhaps at the national level. The data will be used to identify important content for training and support, both for low- and high-incidence areas.

**RISK FACTORS OF ADDICTED MOTHERS’ NEWBORNS**

J.C. Cordeiro, D. Bouca, C. Cois, E. Lara, A. Barbosa & M. Cordeiro (Lisbon, Portugal)

Can we help addicted dyads to cope? Little is known about early interaction between addicted mothers and babies. Some authors report a complex mother-child interaction, concerning negligence of child’s care, disturbance of motherhood competence and physical and emotional neonatal problems. Some of these studies found difficulties related to measuring instruments and follow up designs. The authors have studied the early mother-child interaction of 20 dyads addict mother-newborn with the following aims:

- Observe and characterize the addict mother-child interaction
- Psychologic evaluation of the mother in order to detect motherhood competence
- Psychologic and psychomotor evaluation of the child
- Study predictive factors
- Evaluation of social and affective supports
- Detection of risk factors
- Evaluation of best level of therapeutic intervention

Twenty dyads of addicted mothers and their newborns (mean mother’s age -- early twenties) were first observed as inpatients in an Obstetric department of General University Hospital of Santa Maria-Lisbon, and followed by a mother-child psychiatric team during one year. Evaluation included:

1- Standard clinical interview of the mother and check-list of symptoms
2- Detection of maternal representations during pregnancy and after delivery, and identification process to mother’s mother and other people
3- Mother’s characteristics obtained by SCL-90 and Thematic Apperception Test
4- Videotape records of mother-child interaction in standard situations at 3, 6 and 12 months
5- Evaluation of mental and psychomotor development of the baby by the Ruth Griffiths Scale at 6 and 12 months
6- Evaluation of our psychotherapeutic intervention by comparing performances at three follow-ups

Our intervention showed a significant reduction of substance abuse by mothers who got a socially and professionally new lifestyle with more autonomy. Factors associated with such a change are analyzed, namely affective support, compliance with regular consultation, mother’s psychopathological and personal characteristics. The authors also compared motherhood competence and interactive profile with the outcome of mother’s identification process and the evolution concerning capacities and substance abuse. Child evaluation detected various areas of relative disturbed development, which depended on the mastery of real affective and social support and interactive pattern. Early detection of minor development bases oriented towards specific and active psychological intervention.

**IS MATERNAL PERCEPTION OF PREMATURE INFANTS’ BEHAVIOR RELATED TO MATERNAL OR INFANT CHARACTERISTICS?**

Lina Zahr, RN, DNSc, Steve Parke, M.D., Jean Cole, M.S. (Los Angeles, USA)

Forty nine premature infants from low-income families were followed for 8 months to determine the impact of their temperament on mother-infant interaction. During home visits, when infants were 4 and 8 months (corrected age), their mothers rated their temperaments using the Bates Infant Characteristic Questionnaire, and mother-infant behaviors were recorded using the feeding and play scales by Egeland and colleagues. Mothers also completed questionnaires assessing their confidence in parenting skills and the social support they receive. Premature infants were categorized as very low birth weight (VLBW) or low birth weight (LBW) if they weighed less than or more than 1500 g, respectively.

A significant relationship between weight, temperament, and mother-infant interaction was observed at both 4 and 8 months. Mother-infant interactive scores were higher at 4 months for VLBW infants perceived as easy in temperament, but higher at 8 months for LBW infants perceived as difficult. The four clusters of temperament were highly correlated between the 4 and 8 month periods. However, premature infants were rated by their mothers as temperamentally less difficult at 8 months than at 4 months. Maternal self-confidence and social support were not other variables such as socioeconomic status (SES), maternal education, or perinatal factors were correlated with the mother’s perception of their infants’ temperament. Recommendations for future research and practice are discussed in light of the results.
CHILDREN BORN AT RISK: WHAT'S HAPPENING IN KINDERGARTEN?
Jerry W. Cleland, Jill N. Reich, Stephanie R. Stilson, J. Clifford Kaspar, Debbie L. Holmes (Lake Forest, USA)

Although numerous studies examine the development of infants born at risk for medical and developmental problems during the early years of life, far fewer follow these children into their school years. In this part of a longitudinal project, high- versus low-risk children were compared in their performance on the WPPSI at pre- and post-kindergarten levels. In general, both groups of children demonstrated increases in performance. Interestingly, the patterns of performance for each group were quite different. The high-risk children showed increases predominantly in performance areas of this test, whereas the low-risk children demonstrated increases predominantly in the verbal areas of this test.

NURSES' RATINGS OF PRETERM INFANT BEHAVIOR AS A FUNCTION OF INFANT HEALTH AND PARENT DEMOGRAPHICS
Susan Epps, Ph.D. (Omaha, USA)

Nurses in neonatal intensive care units (NICU) play a critical role in caregiving due to the substantial amounts of time interacting with medically fragile infants in the provision of critical care. Thus, the NICU becomes the site for early influences on hospitalized infants' neurobehavioral and social-emotional development. One environmental factor influencing developmental outcome is a caregiver's perceptions of infant fragility, which may lead to self-fulfilling prophecies (Miller & Ottinger, 1986). Hence it is important to examine nurses' perceptions of preterm infants. While previous research has found evidence of a "prematurity stereotype" (e.g., Stern & Hildebrandt, 1984; 1986; Stern & Karraker, 1988) when full term preemies were labeled, recent research by Epps (1991) has examined the potentially biased beliefs that parents may have about preterm infant behavior. The purpose of this research was to extend examinations of stereotyping by investigating ratings by NICU nurses. Labels of infant health status and parents' demographics were manipulated to analyze their effect on ratings of a premature infant's behavior, attractiveness, general health, and responsiveness. Participants were 52 NICU nurses. After providing informed consent, each was randomly assigned to one of four conditions, 2 levels of infant health status (healthy vs. lung damage) x 2 types of parent demographics (substance abuse and incomplete high school education vs. corporate and university positions). Each viewed a videotape of a premature infant on an apnea monitor who had been born at 29 weeks and whose corrected gestation age was 39 weeks. Of the 28 rating scale items, using a 10-point Likert scale, 12 were based upon Als' synactive model of infant development (Als, 1982; Als & Brazelton, 1981); items for three of the five subsystems were included: motor, attention/interaction, and self-regulation. Four items were included in the Attractiveness scale, five items in the General Health scale, and seven items in the scale of Responsiveness to various environmental events. Behavioral descriptors were provided to orient participants to the behaviors they were to observe. Nurses were debriefed about the purpose of the research and the need for deception after ratings were obtained from all participants. Results of the independent variable check indicated that both the infant health and parent demographics were manipulated successfully. All 52 nurses indicated the correct information they had received about parent demographics; 94.2% of the nurses correctly reported the infant's health status. Scale ratings were analyzed with a MANCOVA using experience with premature infants as a covariate, which yielded a significant between-conditions difference. Univariate ANCOVAs revealed significant differences only on the infant health variable on three of the four scales: premature infant behavior, attractiveness, and health. The present results suggest that stereotyping was apparent for preterm infant health status, with significantly more positive ratings for the infant described as healthy, even when behavioral descriptors were provided. This study, combined with previous investigations of prematurity stereotyping, suggests the importance of focusing on caregivers' underlying cognitions such as beliefs and expectations. This research highlights the need to recognize the operations of stereotypes and the possibility of self-fulfilling prophecies. Implications for nursing staff are discussed and future research directions are outlined.

INTERVENTION FOR PRETERM INFANTS DIAGNOSED WITH PERIVENTRICULAR LEUKOMALACIA
Rosemary C. White-Traut, DNSc, RN, Michael Nelson, Ph.D., Jean Silvestri, MD, B. Kim Han, MD, Ushanalini Vasan, MD, Minu Patel, MS, Nancy Cunningham, MS, RN (Chicago, USA)

Preterm infants diagnosed with periventricular leukomalacia (PVL) are at high risk for cerebral palsy (CP), developmental delay and alterations in behavioral responsiveness. This research evaluated selected physiological, behavioral and developmental responses of preterm infants with PVL to multisensory stimulation in the NICU. To date 30 preterm infants with documented PVL have been randomly assigned to a control or experimental group at 33 weeks post conceptional age. Controls received no additional stimulation other than the Individualized Developmental Care and Assessment Program (IDCAP) which was in place for all infants in the NICU. Experimental infants received 15 minutes of auditory (female voice), tactile (massage), visual (eye to eye contact), and vestibular (rocking) stimulation twice a day, 5 days a week during hospitalization. Dependent measures for both groups were recorded at the same time intervals. Immediate outcome measures included: heart and respiratory rate; arterial oxygen saturation; body temperature; and infant behavioral state. A Brazelton Neonatal Assessment and a neurodevelopmental examination were conducted when the infant was 37-38 and 39-40 weeks post conceptional age. Analyses will include chi-squares, z scores, repeated measures ANOVAS, and cluster analyses. Data collection will continue until March of 1992. To date, the data suggest that experimental infants experience minor physiological responses and behavioral state changes toward alertness during intervention, exhibit
improvement in the habituation items on the Brazelton Neonatal Assessment Scale, demonstrate almost 50% less ankle clonus, one of the early predictors of the later development of CP, and remain hospitalized on an average of 8 days less than controls.

ENCOURAGING LANGUAGE DEVELOPMENT AND PREVENTING INFECTIOUS DISEASES IN CHILD CARE SETTINGS USING DEAR (DIAPERING EVENT ASSESSMENT RECORD)
Virginia E. Moukaddem (Nashville, USA)

Staff development is an essential component of program quality. The Diapering Event Assessment Record (DEAR) is an easy-to-use, brief, and inexpensive observation and assessment instrument for use in child care settings to facilitate staff development work with caregivers/teachers of infants and toddlers. DEAR can be used by directors of center-based programs, supervisors of family day care home providers, early childhood teacher educators, health care promotion experts, and others. DEAR addresses two important aspects of the infant caregiving role -- infant-caregiver relationships and infection control practices. DEAR also addresses the practical problem of "concurrent demands" on caregiver time and attention that interfere with performance.

DEAR was used to assess training needs and to tailor individualized workshop sessions for a randomly selected group of 12 caregivers in child care centers and 12 providers of licensed family day care homes. Pre- and post-DEAR scores were used to compare the two groups. DEAR scores were also examined in relation to variables such as caregiver qualifications (experience, education and training) and perceptions, diaper types and diapering arrangements, and reported incidence of diarrhea.

Child care centers are generally characterized by large group size, same-age grouping, and high staff turnover. Licensed family day care homes are generally characterized by small group size, mixed-age grouping, and caregiver stability. Staff development is an appropriate intervention for improving the quality of caregiving in both types of child care settings.

UNIMODAL VERSUS MULTIMODAL INTERVENTION IN 33 TO 34 WEEK PRETERM INFANTS: BEHAVIORAL STATE AND PHYSIOLOGICAL RESPONSES
Rosemary C. White-Traut, DNSc, RN, Michael Nelson, Ph.D., Jean Silvestri, MD, Nancy Cunningham, MS, RN, Minu Patel, MS (Chicago, USA)

Preterm infants are born into an environment which differs considerably from the uterine environment. In the past, researchers hypothesized that the "high tech" intensive care environment might be responsible when preterm infants exhibit iatrogenic developmental delays and research focused on decreasing the environmental stimuli to reduce stress. Other researchers sought to replace the missing intrauterine environmental stimuli. Consensus has been reached on these issues. The current state of the art in developmental care includes stress reduction in the NICU (such as decreasing the noise and fluorescent lighting levels and optimal physiological positioning) and the addition of appropriate developmental intervention. The most appropriate form of developmental intervention for preterm infants has not yet been determined. Therefore, the purpose of this study was to examine how preterm infants 33 to 34 postconceptional weeks responded to two forms of unimodal sensory stimulation and to two forms of combined multimodal stimulation. A nonprobability sample of 54 preterm infants was randomly assigned to one of five experimental groups: control; auditory only; tactile only; auditory, tactile and visual; auditory, tactile, visual and vestibular. Intervention was applied for 15 minutes once daily for 4 consecutive days. Repeated measures ANOVA identified significant differences during intervention for HR (p = 0.003), RR (p = 0.012), and behavioral state (BS) (p = 0.038). Infants receiving any intervention with a tactile component showed increasing arousal during stimulation, indicated by increased HR, RR and BS. Differences in daily weight gain were identified in two groups, suggesting the environment may impact the preterm infant's physiologic and behavioral responses as well as growth.

PRETERM INFANTS' RESPIRATORY RESPONSES TO ORAL/GUSTATORY AND TACTILE STIMULATION DURING AN APNEIC EPILOGE
Aeran Park Garcia, MS, MPA, RN & Rosemary C. White-Traut, DNSc, RN (Chicago, USA)

Apnea in preterm infants occurs in a reported 71% of infants between 30-35 post conceptional weeks. Treatment of an apneic episode continues to be a daily problem faced by neonatal nurses who are primarily responsible for the re-initiation of respiration. To date there is no standardized method for applying tactile stimulation during an apneic episode. Therefore, the purpose of this study was to compare preterm infants' respiratory and behavioral state responses to two interventions during an apneic episode. A non-probability sample of 14 non-ventilated preterm infants, with a mean postconceptional age of 33.9 weeks, were examined to determine their responses to two interventions during apnea. The interventions included the conventional-tactile stimulation, applied to the infant's leg and an experimental intervention consisting of oral gustatory stimulation. Infants served as their own control. Each infant received four randomly assigned trials (two of each intervention) when they experienced an apneic episode. The time interval for re-initiation of respiratory effort was significantly shorter after infants received oral/gustatory stimulation (p = .01). Infant behavioral state changed to alertness when the infants received the conventional tactile intervention yet remained unchanged when the oral/gustatory stimulation was administered during apnea (p < .025). The data suggest that oral/gustatory stimulation during an apneic episode was as effective in the early re-initiation of respiration when compared to the conventional tactile method. The data also suggest that infants may decrease their energy expenditure when receiving the
oral/gustatory stimulation as evidenced by the infants as they remained in a sleep state during the experimental intervention period.

KWASHIORKOR AS AN EXAMPLE OF INFANT DEPRESSION
Antoine Guedeney, MD, Marcelle Geber, MD (Paris, France)

Kwashiorkor is a severe infant depression in the tropical context. Kwashiorkor is caused by an inadequate amount of protein in food, compared with a relatively normal caloric intake. The age at onset, generally between 18 and 36 months, depends mainly on the age of weaning. In fact, weaning, often made abruptly in Africa, only reveals an already critical situation.

The prognosis is severe, even with adequate renutrition. Mortality reaches 10 to 30% and more in advanced forms.

If we use the developmental specific criteria for infant depression, as proposed by Herzog and Rathbun (1982), we see that KWK meets all criteria, when only 4 must be present for diagnosis (Table 1). There are now many arguments supporting the idea of KWK as a depressive reaction of the child, in a particular cultural and nutritional context (Coulombe, 1967; Guedeney, 1986). The role of maternal depression seems to be important, in the context of deculturization. As Brazelton has shown in Guatemala, small for date infants are especially at risk.

INFANTS WITH CONGENITAL HEART DEFECTS: DEVELOPMENTAL IMPLICATIONS
Cheryl Mroz, ABD, MS, RN; Gail Liberg, MPA, OTR/L; Carol Harding, Ph.D; and Rabi Sulayman, MD (Country Club Hills, USA)

Nearly 30,000 children are born in this nation each year with potentially life-threatening heart defects. The incidence of congenital heart disease (CHD) is approximately 2-10 per 1,000 live births. The impact of CHD on psychological, neurological, cognitive, and physical development has become a focus of great concern since the incidence of CHD has increased, recent advances in medical and surgical interventions have lowered the age at which surgery takes place, and survival rates have greatly improved.

The overall rating of reported neurodevelopmental problems in this population ranges from 23%-40% and includes such disorders as developmental delays, motor delays and cerebral palsy, visual and auditory impairment, perceptual motor impairments, cognitive deficits, and learning disorders. Etiology of increased risk for cognitive impairment varies; several authors suggest hypoxia, others suggest increased maternal anxiety and family coping patterns.

This explanatory, cross-sectional study proposed to examine the relative impact of general medical/biological factors and environmental factors (SES, maternal psychological functioning, quality of mother-child relationship) in determining the developmental functioning of the child who had surgery for CHD in the first 2 1/2 years of life. The sample consisted of 31 white, working class mothers and their infants, ages 12-32 months. Thirty children experienced developmental delays in the cognitive, adaptive, expressive language, affective and motor areas. Seventeen mothers experienced depressive symptomatology. Mother-infant relationship disturbances were also found. Results of multiple regression analysis indicates that five variables--Infant Age at First Surgery, Deviance of Weight (below tenth percentile, pre-operatively), Cardiac Function post-operatively, Socioeconomic Status, and Interactivity--were found to be most predictive (multiple R .7464-.8579) in determining developmental functioning in this study's subjects.

CONTROL AND AVOIDANCE: STRATEGIES USED BY PARENTS OF MEDICALLY FRAGILE INFANTS TO COPE WITH THEIR PARENTAL ROLE
Margaret S. Miles, Annette C. Frauman (Chapel Hill, USA)

This poster will report on an ongoing field research project investigating the experience of parents whose infant is medically fragile during the first year of life. Medically fragile refers to premature and term infants with a wide variety of life-threatening medical conditions and complications that necessitate long-term hospitalization and dependence on medical technology to sustain life or compensate for bodily functions. The birth of a medically fragile infant affects parents in the transition to parenthood, a period of time in which parents normally attain their parental role with their child. Subjects were parents (15 mothers and 7 fathers) of 17 medically fragile children. Six children were black and 11 children were caucasian. Data collection methods included semi-structured interviews with parents, field observations of parents with their infants, and interviews with staff involved in the infants' care. Data was analyzed using grounded theory methods of inquiry. Findings indicate that parents experience serious alterations in the process of attaining their parental role; parental involvement, caregiving, and identity are all affected. Parents use various strategies over the course of the first year of life to cope with their altered parental role; some of these strategies involve control and high involvement, while others involve avoidance and passive involvement. The patterns of parental role attainment and the strategies used by mothers and fathers are compared. Findings from this study are important in understanding more about parents of medically fragile infants so that more appropriate interventions can be provided to these highly stressed and vulnerable parents.

INFANTS BORN TO HIV-1 INFECTED MOTHERS: NEUROPSYCHIATRIC ASSESSMENT AT 12 MONTHS.

This study presents the neuropsychiatric assessment of infants born to HIV-1 infected mothers at the age of 12 months. The general hypothesis was that the child's infection not only affects the child's cognitive development but also the child-parent relationship, thus increasing the developmental risk for children born to HIV-1 infected mothers.

Subjects were 65 children all born to HIV-1 infected mothers. They were divided into 4 levels of disease: 14 infected symptomatic children, 7 infected asymptomatic children, 11 indeterminate children and 33 non-infected children. All children were tested at 12 months of age during the follow-up at the Child Neuropsychiatric Service of the Department of Pediatrics, University of Padua (Italy).

Children were tested for neurological conditions, cognitive development, type of child-parent relations.

Methods included:
A) pediatric as well as neurological evaluation;
B) Instrumental assessment of the CNS conditions;
C) testing of cognitive development as measured by Brunet-Lezine test, standardized for the Italian population;
D) psychodynamic observation of spontaneous child-parent interactions carried out by a trained member of the staff.

Both the IQ testing and the observations were done by persons who were blind to the children's level of disease. Statistical analyses included: analysis of variance, factor analysis and Spearman's correlations. In general, the results support the hypothesis that the level of disease affects the quality of child-parent relationship. In addition, only symptomatic children show some cognitive delay, probably due to the involvement of the CNS by the disease.

FOLLOW-UP OF 20 CHILDREN SUFFERING FROM ATOPIC DERMATITIS
A. Condini, C. Cattelan, M.A. Muraro, P.A. Battistella, F. Viero, R. Leventaki, M.C. Mambelli, S. Casella (Padua, Italy)

We will here report our experience of collaboration with a pediatrician in relation to the difficult managing of children suffering from atopic dermatitis and of their parents. The population we are following is made up of 20 seriously sick children aged between 24 and 48 months. The relation M:F is 3:1. The seriousness is determined by the length of the illness, the intensity and the spread of the eczematous manifestation, the prevalence of the acute phases of the illness over the remission phases, the modest or null response to the diet/symptomatic therapy. Our protocol involves: taking part in the pediatric examination, talking to the parents, observing the child, discussing the case with the pediatrician. The illness includes a factor of heavy family life disorganization, a limitation of social and relational life, a risk of marginalization because of prejudice about contagion and of the visible huggeness of the illness. The poussé pattern puzzles and confuses the parents, who alternate hopes to bitter disappointments.

Itchiness worsens the dermatological alterations and is often used by the children as an excuse to overcome some prohibitions; but in this way they make themselves prisoners of the illness. The children seem to be characterized by two poles of mental functioning:
-most of them show a passiveness/apathy, mainly use body language, and have a particularly intense visual interaction with their mothers;
-others seem hyperactive, almost unstable, incapable of a prolonged conceptual effort and without a discriminative and selective object ability. This seems to be confirmed by their difficult access to the 2nd organizer, which, according to anamnesis, is rarely observed by the mothers.

RELATIONSHIP OF EARLY RESPONSIVENESS & 1 YEAR CHILD OUTCOMES IN PRETERM & FULLTERM INFANT-MOTHER PAIRS
Meredith Censullo, PhD, Lawrence M. Baldwin, PhD (Wellesley, USA)

Three measures of responsiveness in preterm & fullterm infant-mother pairs are examined & related to 1 year child outcomes.

Fifty-one fullterm, 42 preterm infant-mother dyads, were homevisited at 3 months & 1 year of age (preterms CGA). Subjects were middle-class, healthy, AGA; preterms averaged 1504 gms, 31 wks gestation. All mothers reported availability of social support. Synchrony, Maternal Responsiveness, & Infant Responsiveness were measured at 3 months. Outcomes at 1 year were measured by the Minnesota Child Development Inventory (MCDI).

Analysis of preterms were less responsive to the observer (but not to their mothers) than fullterm; there were no group differences in Synchrony, but mothers of preterms were lower on Maternal Responsiveness. On the MCDI the only difference was on the Gross Motor subscale (preterms scored lower). On Regression analyses responsiveness measures, plus Fussy score on Bates-ECO predicted all MCDI subscales; 20% to General Intelligence, 17% to Language & 10-12% to Motor & Social subscales. Interestingly, Infant Responsiveness was consistently the most powerful predictor.

The responsiveness data suggest that preterm pairs were able to compensate for potential problems resulting from prematurity. There were no asynchronous dyads or infants or mothers extremely low in responsiveness. Perhaps sensitive responsiveness, mediated by a supportive environment, enables health, LBW infants to proceed along their own developmental path.
PSYCHOLOGICAL ASPECTS OF NEONATAL JAUNDICE
Shanrook M. Shafaei, PhD, Patricia A. Self, PhD (Cape Girardeau, USA)

Hyperbilirubinemia (Jaundice) is an illness which is highly evident during the neonatal period and its treatment, photo-therapy, is widely used. Neurobehavioral studies have reported that jaundiced neonates score lower on most of the interactive measures of the Brazelton Scale prior to, during, and following treatment. However, whether these behavioral deficits characterize jaundiced neonates during early social interaction is not known. The possible influence of maternal interactive styles on maternal interactive styles has not yet been examined. Since medical complications at birth and impaired communicative behaviors may place infants at risk and alter maternal behaviors, the present study explored the patterns of early social interaction of jaundiced and non-jaundiced neonates and their mothers.

The interactions of 40 primiparous mothers and their healthy, full-term newborn infants were videotaped on three different occasions. The videotapes of mother-infant interactions were studied and multivariate analyses were performed using the amount and duration of mother-infant interactive behaviors as the dependent measures.

Significant differences were found between the jaundiced and non-jaundiced infants behaviors. Jaundiced infants terminated visual contact with their mothers more frequently, had shorter eye contact with them, were irritable more frequently and for a longer period of time, and ended their tactile interaction with their mothers more frequently than non-jaundiced infants. Analyses of maternal visual, vocal and tactile behaviors revealed substantial differences in maternal interactive styles between mothers of jaundiced and mothers of non-jaundiced neonates. Patterns of overstimulation in vocal and tactile modalities were evident among mothers of jaundiced neonates during and after treatment.

These findings are consistent with the results of neurobehavioral studies of jaundiced infants and provide information to design intervention strategies for these at-risk neonates.

PARENTING STRESS RESEARCH: CAN IT CHANGE THE FACE OF EARLY INTERVENTION?
Sharon Marcovitch, Elizabeth Thompson, Janet Mitchell, Daune Macgregor (Toronto, Ontario)

Parents of handicapped children are reported to experience more stress than parents of non-handicapped children. There is evidence, however, that having a delayed child can effect families differentially. Different diagnoses, child and family characteristics produce differential stress. How parent stress changes and what may moderate these changes as parents are involved in home-based early intervention needs to be understood in order to more effectively offer early intervention to suit families needs. The present study examined reported parent stress (measured by the Parenting Stress Index, Abidin) in 85 mothers with delayed infants from three diagnostic groups (Down's Syndrome, Neurological Impairment and delays of Unknown Etiology) just prior to their entry into early intervention and after one year of intervention. Parent characteristics (locus of control, self-esteem, and social support), child characteristics (developmental levels and temperament), and program characteristics (topic focus for each visit, total number of visits) were all measured. The PSI Data were examined to see what percentage of mothers experienced clinically significant stress in either the parent or child domain following one year of early intervention. Several repeated measures ANOVAS were then conducted on the PSI subscales examining change over time in each of the diagnostic groups. Lastly, in order to determine whether there was a relationship between reported stress at one year and parent, child or program characteristics, multiple regression analyses were performed for each of these three sets of variables on each of the child and parent domains. Analyses revealed that more mothers than average reported high stress with regards to acceptance of her child and demandingness of her child. Results of the MANOVA's on change in stress over time by diagnosis suggested that stress decreased over time differentially for the diagnostic groups in regards to child domain, demandingness (F=5.31,p<0.01) and mood (F=5.39,p<0.01). There was a decrease in stress over the one year in acceptance (F=3.88,p<0.05), reinforcement (F=10.70,p<0.01) and mood, (F=9.54,p<0.01). Children's communication levels were predictive of stress in the parent domain (r=.12). A preliminary analysis of selected program variables was completed and a relationship was found with families who were most stressed being the families who were receiving most frequent discussion of family issues (r=.12). The results provoke discussion of how early intervention could be tailored more accurately to fit the differential needs of families by measuring and understanding changes in parenting stress over time.

INTERACTION OF MOTHERS AND NEWBORNS PRENATALLY EXPOSED TO COCAINE
Mira Lessick, Marion Broome, Barbara Woodring, Andrea Fouchia, Rohitkumar Vasa, Phylis McGarr, Jean Silvestri (Chicago, USA)

Cocaine is widely recognized as one of the most dangerous illicit drugs used today. Its popularity has dramatically escalated in the United States, and pregnant women from all socioeconomic, racial and cultural groups are among the growing numbers of users. While most investigations have devoted attention to the physiologic effects of intrauterine cocaine exposure on the infant, little work has been done specifically examining the psychological and/or parenting environment of these babies. Exploration of the early mother-infant interaction in cocaine abusing families has yet to be addressed in attempting to fill existing knowledge gaps linking prenatal cocaine exposure to its effects on the postnatal caretaking environment and long term outcomes of these children. The purpose of this study is to (1) examine differences in interaction between cocaine-exposed and non cocaine-exposed mother-infant pairs during the early postpartum period; (2) determine which prenatal and post-birth characteristics of these infants and
mothers influence this interaction; and (3) extend current descriptions of the neurobehavioral status of newborns resulting from cocaine use in pregnancy. A two group cross-sectional design of 25 women and their newborns who used only cocaine and no other illicit drugs during pregnancy will be used. Mothers and their newborns are recruited during the immediate postpartum period from two midwestern medical centers. Both groups are matched for maternal age, education, SES, presence/absence of prenatal care and infant gestational age. Urine drug screenings are performed on all study infants and their mothers. Chart, self-report, and observational data are collected within 48 hours after birth on the following variables: infant physical and neurobehavioral status; maternal obstetric and drug history; maternal confidence level (Infant Care Survey); and maternal-infant interaction during a videotaped scheduled feeding (Nursing Child Assessment Feeding Scale). Preliminary analysis of data collected on 10 women has been conducted. Eight women were in the cocaine abuse group and two were matched controls. The mothers range in age from 20-30 years of age (M Drug = 25; M No Drug = 29). Gestational age of infants range from 35-41 weeks (M D = 38.5; MND = 39.5). Infant birth weights range from 4 lbs 11 oz. to 7 lbs 12 oz. (M D 5 lbs 9 oz; MND 7 lbs 8 oz.). Physical examinations were grossly normal. On the Infant Care Survey the matched controls scored higher than drug-exposed mothers on each of the six subscales. On the NICAST feeding scales drug exposed mothers scored slightly but consistently higher than the matched controls in all but one subscale. Data collection continues in progress.

This study is supported by BRSG S07RO5477 award by the Biomedical Research Support Grant Program, Division of Research Resources, National Institutes of Health and the Charles Hafner Endowed Nursing Fund.

THE EFFECTS OF LIGHTING ON INFANT DEVELOPMENT IN THE NEONATAL INTENSIVE CARE UNIT
Cynthia L. Miller, Mary O'Callaghan, Thomas Whitman, Robert White (Notre Dame, USA)

The purpose of this study is to assess the general impact of lighting levels on the early behavioral and physiological functioning of prematurely born low birth weight infants and on staff mood and behavior. The study rests on the general hypothesis that a cycled light unit which is dimly lit at night is less intrusive and promotes greater developmental gains for infants under intensive care than a continually lit unit. This study also focuses on several possible correlates of growth and development. Specifically, it is maintained that the effects of lighting on infant development will vary as a function of the infant's birth characteristics and length of stay in the hospital, with infants who are less stable and who remain longer in the NICU being at more risk for developmental delay. It is further hypothesized that, in addition to the direct effects of lighting on infant development, it will also have indirect effects mediated by staff behavior. It is hypothesized that staff in a cyclically lighted unit will interact less frequently at night with infants than staff in a unit with constant lighting. It is hypothesized that this less frequent interaction will stress infants less and promote infant development.

Infants were assigned to one of two different NICU lighting environments, one with constant lighting and the other with a light/dark cycle, in order to determine whether the lighting environment has a differential effect on their behavior and development as well as on nursing staff mood and behavior. Preterm infants weighing under 2500 grams with a variety of medical complications were randomly assigned, given available space, to one of two level three critical care rooms upon admission to the Memorial Hospital NICU. The two critical care units are symmetrical. Lights on the cyclically lit unit were turned down for an 8 hour period from 11 p.m. until 7 a.m. The dependent measures included the assessment of nursing staff mood, staff behavior, infant activity levels, and infant growth and development.

Preliminary data analysis suggests that nurses who work on the cyclically lit side are more relaxed and less stressed by their medical responsibilities than when they work on the continuously lit side. The data further suggests that nurses are less likely to disturb babies on the cyclically lit side who are not in medical need. Staff behavior was assessed through evaluation of the frequency of staff interactions as indicated by nursing notes. These results revealed that during the nighttime hours there was a significant difference (p = .05) between the two units for the number of scheduled necessary interventions with the continuously lit unit having more of these interactions. Many scheduled necessary interventions are scheduled at some point during the shift, thus avoiding it to staff discretion when to perform these procedures. It is hypothesized that for those nurses working on the cycled side may perform scheduled and necessary interventions prior to the lights being turned down. The trend for unscheduled necessary interventions also favors the cyclically lit side as having fewer interventions on average at night than the continuously lit side. Moreover, analysis of infant behavior suggests that babies in the cyclically lit condition show more sleep behavior at night and spend more time on average with their eyes closed and no motor activity at night than infants on the continually lit side.

Due to the ongoing nature of this project certain hypotheses are in the process of being examined. Infant growth trends will be examined and discussed as well as relationships between staff interactions, infant birth status and infant development.

CREATING A FUTURE: ONE COMMUNITY'S RESPONSE TO FAILURE TO THRIVE
Jeanne M. Sloan, CSW, Linda Gintner, CSW (Rochester, USA)

Societal stresses impact on parenting in many different ways. A child's inability to gain weight because of these stresses may result in the label of non-organic Failure to Thrive. "FIT" is described as a syndrome in which children:

- Have weights falling below the third percentile on the growth chart.
- Are failing to gain weight proportionate to height.
- Are usually under three years of age.
The focus of this poster presentation will be a service delivery model for a home-based early intervention program geared strictly to those children. The program is an integral part of a Preventive Program housed within a multi-faceted human services agency, Catholic Family Center. Referrals are drawn from, and assistance is provided by, local pediatricians and other community health care providers. Our presentation will summarize: characteristics of parents of FIT children and characteristics of the FIT children themselves. The data is gathered through a literature review and our professional experience in serving these clients. Program tools designed to measure weight, parenting skills, and parent satisfaction at timely intervals will be shared.

EXTREMELY LOW BIRTH WEIGHT INFANTS LESS THAN 901 g. OUTCOME AND IMPACT ON THE FAMILY DURING THE FIRST FOUR YEARS OF LIFE.
Karin Stjernqvist, M.S., Nils W. Svenningsen, M.D., Ph.D. (Lund, Sweden)

All extremely low birthweight (ELBW) infants with birthweight <901 g surviving at the neonatal intensive care unit (NICU) in the University Hospital of Lund, Sweden, during 1984-1986, were after parental consent included in a multidisciplinary prospective longitudinal follow-up study. The study group which comprises 20 ELBW infants with birthweight between 500-900 g (mean 755 ± 109 g) and gestational age between 24 and 30 weeks (mean 26.2 ± 1.8 weeks) were compared with 20 carefully pair-matched fullterm infants.

The aim was to follow the development of these children from various aspects, such as motor, cognitive, emotional and social development. Furthermore, we wanted to evaluate how the family, both parents and siblings, were affected by the stress factors related to the birth of the extremely preterm infant.

We intend to follow the children and families for 10 years and will now present the results from the assessment of the children and the interviews with the parents when the children were one year (corrected for degree of prematurity for ELBW) and four years old.

HEALTH STRESSORS AND STRENGTHS IN DISADVANTAGED URBAN FAMILIES WITH DEVELOPMENTALLY DISABLED INFANTS
Cheryl Hack, M.B., Candice Covington, Ph.D., R.N. (Detroit, USA)

Disadvantaged urban families with developmentally disabled infants and young children are often characterized as being at risk for diminished health and functioning related to the multiple needs of the child and lack of resources. Substantive data to explain the mediating and moderating relationships among health stressors, strengths, severity of child disability, and functioning in disadvantaged urban families are inconclusive and typically not as a result of a comparison group method. Furthermore, research which identifies the strengths of urban families with emphasis on the system wholeness is a priority. The purpose of the pilot study was to examine the relationships among health stressors, strengths, severity of child disability, and functioning in disadvantaged urban families with developmentally disabled infants or young children. Families (N=50) with developmentally disabled children from three to thirty-six months of age were recruited for participation in the study from a child development assessment outpatient service located in a major metropolitan city. Disadvantaged urban families were matched by selected demographic factors, severity of infant disability, and foster versus biological parenting to middle class suburban and urban families. All available members of the family were interviewed using the Family Systems Stressor-Strength Inventory (FSSI) to assess health stressors and strengths. Additionally, a combined family functioning tool, which was composed from the Feetham Family Functioning Survey (FFFS), Assessment of Strategies in Families-Effectiveness (ASF-E) Scale, and the Family Adaptability and Cohesion Evaluation Scale (FACES III), was completed by the family caregivers to determine family functioning. The FIRO-B and Resources Inventory, completed by the primary caretaker, assessed support and family resources. The Severity of Disability Scale was completed by the developmental pediatrician and the primary caregiver. Multiple regressions analyses are planned to assess the variable relationships. Path analysis will be used to propose an explanatory model. The study results will be available December, 1991.

COGNITIVE SKILLS AND RELATIONAL ENVIRONMENT IN A PRE-TERM BIRTH
Marla Teresa Bassa Peropat, Emanuela Manfredi (Trieste, Italy)

The aim of the research is to examine the influence of the environment on the development of cognitive skills in preterm birth. We started from a multidimensional approach to preterm birth following a transactional model of cognitive development and then restating the definition of environment by separating the physical components from the relational ones. Our sample consists of 21 mother-child couples of preterm birth and 20 normal couples. Evaluating tools used were: the ordinal Uzgiris-Hunt scales of infant development, Caldwell and Bradley's Home Inventory Scale, colloquia and interviews with mothers at children's age of 2, 8, and 12 months (corrected for prematurity).

Results confirm a statistically significant relationship between interactive environment and the vocal and motor performances of the preterm child during the first year of life. Following these results we discuss the effects of the physical environment which supports a mother typology rather cognitive than interactive for preterm children. This fact finds a possible explanation in the gradual restructuration operated by preterm mothers to reduce cognitive dissonance between the "destruction of their inner world" and the adaptation to reality.
PARENT ATTITUDE TOWARD THE FOLLOW-UP OF INFANTS BORN AT RISK
ATTEGGIAMENTO DES PARENTS VERS LE FOLLOW-UP DES ENFANTS NÉS À RISQUE
Roberto Milletti
(Naples, Italy)

Within the scope of examining the problems of parents of infants born at risk, two populations of infants followed until age two were compared: preterm infants (PT) and infants with congenital hypothyroidism (CH) identified through neonatal screening. In particular, the different ways of following the periodic examination by the parents of the two groups were evaluated. It was noticed that the follow-up of PT is characterized by discontinuity of the check-ups and interruption of the relationship at 12-18 months, while the follow-up of CH is characterized by assiduity and "endurance" of the relationship in time also when the clinical conditions are satisfactory. These two different ways of treating the follow-up seen to reproduce in the relationship with the doctor the specific quality of the parent-child relationship and the different precocious experiences. In fact, the parents of PT repropose the theme of interruption/loss of the bond, creating, with the discontinuity to periodic check-ups, a difficulty in the attachment. The parents of CH, through the meticulous presence at the visits, the insistent request for reassurance and an excessive protracted dependence repropose the bond with the child-tendentiously regressive/fusive, with consequent difficulty of separation.

A SUPPORT GROUP FOR HIV INFECTED PREGNANT WOMEN AND MOTHERS
Claire Squires, M.D. (Paris, France)

A support group of seropositive pregnant women and mothers was formed in 1989 within a voluntary association providing support for HIV (AIDS) infected people. This group was created at a time when French policies were not specific: women were not systematically tested for HIV during pregnancy except in some experimental maternity hospitals.

This group consisted of women who learned of their seropositivity during their pregnancy. Pregnant women and mothers appealed to a voluntary organization because there existed no specialized facilities and support systems for seropositive and infected parents and children, mostly because there was a fear of creating "ghettos."

The group was created because it seemed necessary to give support to these women. They got in touch with the association by phoning the association facility services of through a weekly meeting for women with specific concerns (abortion, housing, work difficulties). This group was led by a psychologist and a psychiatrist from the voluntary association.

The women came from different backgrounds: ex-drug users, or partners of drug-users, women from African and Maghreb communities, with various needs: information, a chance to break isolation, to talk about sexuality, to exchange ideas about children.

The group was not meant to offer medical treatment but was focused on the psychological aspects of the situation: to permit psychic integration of the seropositivity, to mitigate the impact of the announcement of the infection, to discuss management and life perspectives.

THE ORGANIZATION OF SLEEP/WAKE RHYTHM IN PRETERM BORN BABIES
M.G. Torralba, M.C. Stefanini, S. Vernacotola, P. Papacci, G. Totorolo (Rome, Italy)

In a previous longitudinal investigation concerning "low-risk" preterm babies we observed some abnormalities in the sleep organization of the first two years of life. In particular comparing amount of nocturnal awakenings of pre-term babies and those of a full-term control group, we found major differences. We obtained the above described data by means of a prearranged specific questionnaire. The purpose of the present project is threefold: 1) to verify the above described findings by means of an objective methodology; 2) to clarify whether the eventual increase of sleep interruptions is chargeable to simple awakenings or also "signals" in preterm subjects; 3) to understand whether the high percentage of awakenings/signals is exclusively dependent on the anomalous relationship baby/parents, which is often showed by preterm families.

We hypothesize that the anomalous relationship can't be the only cause of the large amount of nocturnal awakenings, but that early environment plays a role in the frequent abnormalities of the sleep organization of "healthy" preterm babies.

Twenty "Low risk" preterm subjects, born before the 33rd week of Conceptional Age (C.A.), are enrolled in the project. A 24 hour sleep recording will be made by means of time-lapse video equipment, once a week from the 33rd to the 40th week of C.A., in the Neonatal Intensive Care Unit. Nocturnal home recording, lasting 12 hours, will be made at 3, 6, 9, and 12 weeks and at 6, 8, 10, 12, 18 and 24 months of age corrected according to the expected term. The analysis of data obtained from the first part of the project (until the 40th week) is aimed to study the development of sleep stages organization according to the early environmental variables, such as time of permanence inside the isolette, invasive treatments, time of contact with parents, etc.

Data obtained from the home recordings will be matched with those obtained from a comparable group of full-term born babies.

The second part of the project is specifically aimed:
1) to confirm in preterm subjects the persistence of a lot of nocturnal awakenings during the first two years of life;
2) to verify whether in the same group the flatness of the trend of the occurrence of nocturnal awakenings distinguishes the trend of full-term babies, showing typically some oscillations.
NONNUTRITIVE SUCKING AS A PACEMAKER OF PHYSIOLOGICAL STATES IN INFANTS
Alexander Goblin, M.D., Ph.D. (Chicago, USA)

To test the hypothesis of an association between nonnutritive sucking (NNS) and physiological states
(PHS), polygraphic recordings (EEG, EKG, eye movements, chin EMG, breathing) as well as video monitorings of
nine full-term, healthy infants 9-12 weeks old were studied in sleep, active alertness, and transitional
stages. Frequency, amplitude, duration, and intervals between sucking movements (SM) compared with
frequency and amplitude, level of synchronization on EEG.

The association between NNS and PHS is a process consisting of 3 phases.
Phase 1: Initiation. SMs are intense, higher frequency (0.2-0.6/sec) longer duration (50-60 per cycle) with
short intervals (0.5-4.5 sec) negatively correlated with amplitude of EEG and positively with large body
movements.
Phase 2: Stabilization. SMs are formed into a clear pattern: 124 movements with 62 second interval.
Frequency is 0.72/sec. On EEG hypersynchronized theta (4/sec) or delta (2/sec) high amplitude
followed and later synchronized with SM. SM positively correlated with rhythmical movements of fingers.
Phase 3: Resolution. Termination of SM. On EEG: Predominantly diffuse slow activity. Behavioral and
electrographical sleep. Short episodes of arousal are associated with bursts of SM followed by the next
cycle of slow brain waves.

Findings suggest a close association between NNS and physiological states. The role of NNS as an
intrinsic oscillator functioning as a pacemaker is proposed.

INTERACTION BETWEEN CAREGIVERS AND HANDICAPPED BABIES
Julie Campbell and Judy Croll (Waverly, Australia)

Two factors appear to be involved in the evaluation of interaction between caregivers and their
handicapped babies. One is the adult's perception of the child as "different" and the other is the degree
of difficulty in sustaining turn-taking behavior. In this study three groups of mother-infant dyads were
observed during a short play session and the mothers completed a profile describing the child. Each group
consisted of four children: those in Group A have visual impairment, in Group B cerebral palsy, and in Group
C Down's Syndrome. This report will consider how the mother's description of the baby compares with the
observer's rating of turn-taking. The relevance of turn-taking in terms of social, emotional, cognitive and
language development will be discussed.

THE DILEMMAS OF GENETIC COUNSELING: AN EXPLORATION OF THE USES AND PSYCHOLOGICAL CONSEQUENCES OF PRENATAL
DIAGNOSIS TECHNOLOGY AND ITS EFFECTS ON THE FETUS, INFANT AND MOTHER.
Judith Felgon Schiffman, MSW, Beth A. Fine, MS (Chicago, USA)

The increasing use of prenatal diagnostic technology has had a significant impact on the psychology of
pregnancy and childbirth. This workshop will discuss the methods, scope, limitations, risks and accuracy of
all available procedures along with the indications for referral for these procedures. Issues covered in
genetic counseling prior to prenatal diagnosis will be delineated. Following a discussion of the possible
outcomes after prenatal diagnosis, the counseling issues and psychological dilemmas faced with each
possibility will be explored in detail. We will utilize clinical exploratory data, case studies, and the
genetic counseling and psychological literature to elucidate the issues faced in decision making following
an abnormal result, the psychological effects of an unexpected outcome, and the impact on the mother's
bonding with the fetus. We will also focus on the psychosocial consequences for the mother and child as a
result of testing during pregnancy. The issues surrounding the acceptance of prenatal diagnosis as an
evolving technology are complex, raising ethical, social and psychological dilemmas. This workshop will
provide a forum for discussion of these issues and for education regarding these patients and their families.

THE PSYCHOLOGICAL RAMIFICATIONS OF FIRST TRIMESTER SONOGRAPHIC DIAGNOSIS OF PREGNANCY LOSS
M. Smith-Deichmann, B.A. Fine, J.F. Schiffman (Chicago, USA)

This study is designed to assess the psychological effects of first trimester pregnancy loss diagnosed
by ultrasound examination prior to prenatal diagnosis by chorionic villus sampling (CVS). The study
population are among patients seen at the Section of Reproductive Genetics at Northwestern University
Medical School.

This unique patient population are primarily women age 35 or older seeking CVS because they are at increased
risk for a chromosomally abnormal fetus. A questionnaire will be administered to all patients at their
genetic counseling session prior to CVS. Patients learning of the absence of fetal cardiac activity, or
indicating impending miscarriage, will receive a telephone call and a tool that includes an adaptation of the
Perinatal Grief Scale. There is a paucity of literature on grief reactions among women experiencing
early pregnancy loss; this group is unique in that they are told of the loss without experiencing any
physical symptoms or participating in any rituals. In addition, the effect of ultrasound on maternal-fetal
bonding and loss has not been studied extensively. The goal of this project is to identify the
psychological and genetic needs of these patients. We will develop a protocol for psychosocial support,
genetic counseling and testing and recommendations for a multidisciplinary approach to these women and
NONNUTRITIVE SUCKING AS A PACEMAKER OF PHYSIOLOGICAL STATES IN INFANTS
Alexander Goblin, M.D., Ph.D. (Chicago, USA)

To test the hypothesis of an association between nonnutritive sucking (NNS) and physiological states (PHS), polygraphic recordings (EEG, EKG, eye movements, chin EMG, breathing) as well as video monitorings of nine full-term, healthy infants 9-12 weeks old were studied in sleep, active alertness, and transitional stages. Frequency, amplitude, duration, and intervals between sucking movements (SM) compared with frequency and amplitude, level of synchronization on EEG.

The association between NNS and PHS is a process consisting of 3 phases.
Phase 1: Initiation. SMs are intense, higher frequency (0.2-0.6/s) longer duration (50-60 per cycle) with short intervals (0.5-45 sec) negatively correlated with amplitude of EEG and positively with large body movements.
Phase 2: Stabilization. SMs are formed into a clear pattern: 12±4 movements with 6±2 second interval. Frequency is 0.7±2/second. On EEG hypersynchronized theta (<4/sec) or delta (<2/sec) high amplitude followed and later synchronized with SM. SM positively correlated with rhythmic movements of fingers.

Findings suggest a close association between NNS and physiological states. The role of NNS as an intrinsic oscillator functioning as a pacemaker is proposed.

INTERACTION BETWEEN CAREGIVERS AND HANDICAPPED BABIES
Julie Campbell and Judy Croll (Waverly, Australia)

Two factors appear to be involved in the evaluation of interaction between caregivers and their handicapped babies. One is the adult's perception of the child as "different" and the other is the degree of difficulty in sustaining turn-taking behavior. In this study three groups of mother-infant dyads were observed during a short play session and the mothers completed a profile describing the child. Each group consisted of four children: those in Group A have visual impairment, in Group B cerebral palsy, and in Group C Down's Syndrome. This report will consider how the mother's description of the baby compares with the observer's rating of turn-taking. The relevance of turn-taking in terms of social, emotional, cognitive and language development will be discussed.

THE DILEMMAS OF GENETIC COUNSELING: AN EXPLORATION OF THE USES AND PSYCHOLOGICAL CONSEQUENCES OF PREGNATAL DIAGNOSIS TECHNOLOGY AND ITS EFFECTS ON THE FETUS, INFANT AND MOTHER.
Judith Felgyn Schiffman, MSW, Beth A. Fine, MS (Chicago, USA)

The increasing use of prenatal diagnostic technology has had a significant impact on the psychology of pregnancy and childbirth. This workshop will discuss the methods, scope, limitations, risks and accuracy of all available procedures along with the indications for referral for these procedures. Issues covered in genetic counseling prior to prenatal diagnosis will be delineated. Following a discussion of the possible outcomes after prenatal diagnosis, the counseling issues and psychological dilemmas faced with each possibility will be explored in detail. We will utilize clinical exploratory data, case studies, and the genetic counseling and psychological literature to elucidate the issues faced in decision making following an abnormal result, the psychological effects of an unexpected outcome, and the impact on the mother's bonding with the fetus. We will also focus on the psychosocial consequences for the mother and child as a result of testing during pregnancy. The issues surrounding the acceptance of prenatal diagnosis as an evolving technology are complex, raising ethical, social and psychological dilemmas. This workshop will provide a forum for discussion of these issues and for education regarding these patients and their families.

THE PSYCHOLOGICAL RAMIFICATIONS OF FIRST TRIMESTER SONOGRAPHIC DIAGNOSIS OF PREGNANCY LOSS
M. Smith-Delchmann, B.A. Fine, J.F. Schiffman (Chicago, USA)

This study is designed to assess the psychological effects of first trimester pregnancy loss diagnosed by ultrasound examination prior to prenatal diagnosis by chorionic villus sampling (CVS). The study population are among patients seen at the Section of Reproductive Genetics at Northwestern University Medical School.
This unique patient population are primarily women aged 35 or older seeking CVS because they are at increased risk for a chromosomally abnormal fetus. A questionnaire will be administered to all patients at their genetic counseling session prior to CVS. Patients learning of the absence of fetal cardiac activity, indicating impending miscarriage, will receive a telephone call and a tool that includes an adaptation of the Perinatal Grief Scale. There is a paucity of literature on grief reactions among women experiencing early pregnancy loss; this group is unique in that they are told of the loss without experiencing any physical symptoms or participating in any rituals. In addition, the effect of ultrasound on maternal-fetal bonding and loss has not been studied extensively. The goal of this project is to identify the psychological and genetic needs of these patients. We will develop a protocol for psychosocial support, genetic counseling and testing and recommendations for a multidisciplinary approach to these women and
couples. Bereavement counselors, psychotherapists, obstetricians, ultrasonographers and genetic counselors should have defined roles in the care of these special patients.

ASSESSMENT, INTERVENTION AND OUTCOME OF VERY LOW BIRTHWEIGHT INFANTS PRENATALLY DRUG-EXPOSED AT 40 WEEKS, 12, AND 24-MONTHS OF AGE
K. Vandenborg (Oakland, USA)

Assessment, intervention and outcome of very low birthweight prenatally drug-exposed neonates at 40-weeks, 12, and 24-months of age.

To define effective developmental intervention methodology for high risk prenatally drug-exposed VLBW (<1250 g) infants in tertiary Neonatal Intensive Care, behavioral-developmental outcomes of 15 VLBW infants and 15 prenatally drug-exposed VLBW infants randomly assigned to 2 treatment groups are compared. Treatment group 1 (T1) infants received intensive interventions to promote behavioral organization, self-regulation, and parent-infant interaction. A team of developmental specialists, infant-parent mental health and drug treatment professionals were accessible to chemically-addicted parents for intervention services. Treatment group 2 (T2) infants received standard ICN nursing care, periodic assessments, and consultation from the developmental/mental health team. APIB (Als, 1982) exams at 40 weeks corrected age revealed differences between T1 and T2 infants in social and developmental parameters. A significantly higher number of T1 infants went home from the ICN with their biological mother, with more T2 infants going to foster care. T1 infants were more organized as measured by the APIB, demonstrating increased state control (greater range and clarity of states), and were able to maintain quiet alert states in the face of increasingly demanding stimuli. T2 infants had a higher number of dysfunctional dysjugeate eye movements and erratic motor patterns. Bayley scales and videotaped play assessments at 12- and 24-months corrected age will be reported. Quantification of self-directed play, play with caregivers, and developmental status will be discussed.

MEASURING PRIMARY MATERNAL PREOCCUPATION
O. Mammen, C.M. Zeanah, Marianne Barton (Providence, USA)

Primary Maternal Preoccupation (PMP) was described by Winnicott in 1956. According to him, late in pregnancy and in the first few weeks postnatally mothers develop a "transient state of deep identification" with their infants that facilitates their involvement in the intense caretaking activities of the first few weeks of the infant's life. PMP is characterized by an increased preoccupation with the baby and diminished emotional investment in other domains of the mother's life. This makes the baby her main focus of attention and helps her cope with the intense caregiving demands of the first few weeks of the baby's life. Caregiving in the first 2-3 months is especially demanding because: (1) the infant has not adapted to the environment and cannot regulate its basic neurophysiologic processes like sleep/wake and hunger/satiety cycles, (2) there is little positive feedback from the infant who has not yet developed eye contact, social-smiling and social-vocalization and (3) the new mother has not yet learned what "works" for her baby. This period lasts until the first biobehavioral shift of the infant at age 2-3 months.

Even though there are references to PMP in the literature, there has been no systematic investigation of PMP. We are conducting a longitudinal study of 65 first-time mothers who will be assessed in the 8th month of pregnancy and the 1st and 3rd months postnatally. We will study the relationship between PMP and stress, depression, maternal self-esteem and maternal sensitivity in the first 3 months after delivery.

A questionnaire, a q-sort and a preoccupation distribution chart (which is a pie-chart) were developed to measure PMP. For this poster, data on the convergence of the following five measures of PMP will be presented: (1) q-sort (by mothers) (2) questionnaire (answered separately by mothers and fathers) and (3) preoccupation distribution chart (filled out separately by mothers and fathers). These instruments have items in the following three domains: maternal role, non-maternal role and external activities. At each assessment mothers will rate the degree of their emotional investment in each item based on (1) how they feel at the time of assessment and (2) their impression of how they felt before they became pregnant. Fathers will fill out the questionnaire and preoccupation distribution chart based on their impression of the mothers emotional investment in the items at assessment and before the pregnancy. Convergence will be determined by intercorrelations between the measures.

PAIN MEMORY IN FULL TERM NEWBORNS: EXPERIMENTAL STUDY
B. Dalla Barba, F. Benini, C. Gatto, L. Calabro', M. Cavedagni, G. Mozzone, E. Valenza, E. Quaranta (Padua, Italy)

Behavioral and psychological data show that newborns experience pain and stress in much the same way as older children and adults. Clinical experience demonstrates that painful stimuli, even though not very invasive, such as micro blood samples from the newborn heel, during routine tests, may provoke stress and crying responses; and these become more aggravated as the stimulus is repeated. In fact, almost all newborn caregivers can tell that even after a limited number of blood tests the newborn begins to oppose and seeks to avoid the painful stimulus before being actually pricked. We therefore hypothesize that the painful experience may bring the newborn to gradually recognize the situation that accompanies and precedes the painful manoeuvre, and to progressively anticipate his response, demonstrating early memory capacity. We set up an experimental situation in order to analyze the behavioral and physiological responses of 20
healthy newborns heel blood samples for glycemia tests; another 20 subjects with analogous gestational age constituted the control group. We defined an experimental procedure which included a strict sequence of items and stimuli to be given to the study group before the painful stimulus; we then repeated the whole sequence with the control group without taking the final blood sample. All the stimuli are sensorial, neutral and unknown to the babies. For the data analysis we studied the neonatal behavioral states variability and crying, and physiological parameters (heart rate and oxygen saturation) during a two minutes baseline period and during the whole procedure time. When calculating the time of stress behavioral response or crying onset from the beginning of the procedure we found that it becomes progressively more precocious in the subsequent procedures only in the study group (P < 0.01). We found that behavioral and physiological stress responses became, as time went on, more precocious in the study group with respect to the control group. This seems to confirm that the newborn is able to gradually recognize different stimuli, perceptually categorize them, remember them and give different responses.

NEUROPSYCHIC DEVELOPMENT OF HIV INFECTED CHILDREN
M. Bertolini, P. Eralicher, M.A. Ambrisri, T. Ferrari, R. Minotti (Monza, Italy)

The purpose of this work is to consider the psychic development of children who have been infected by HIV through vertical transmission from their mothers. It is a condition that implies not only the effects of virus infection but also those of the sense of guilt and the anxiety for an illness with risk of death which affects mothers from the beginning of their relationship with their child. Our observation on children's development and mother and child relationship are based on a follow-up lasting for 5 years on a cohort of 30 children, ranging from a few months to 9 years. Half of them have been followed since they were only a few months old, some others entered the follow up at different ages. It is a multidisciplinary study carried on by a staff composed of pediatricians, pediatric neuropsychiatrists and psychologists who examine the children regularly during periodical day hospitals. Information on mental health and child development are collected through parental interviews and sessions of infant observation.

In this study we will focus our attention on the early relationship between mother and child. As we have outlined in other papers, anxiety and sense of guilt tie mothers (whether drug addicted or not) to their children through concrete and sensorial modalities of relationship. The AA will describe the effect of this kind of relationship on neuropsychic development from the first months to the fifth year of life. The effects they have observed are mainly motor delay, language delay, feeding problems, cognitive impairment that result from a kind of problem based on imitation. They will consider also the factors that may improve the children's development.

BEDES NES DE MERE TOXICOMANES : FOLLOW-UP A L'AGE DE 3 ANS

Vingt et un bébés, nés entre septembre 1987 et février 1989 de mères toxicomanes ont été admis au Centre Néonatal. Parmi ces mères, 11 présentaient une toxicomanie aux opiacés (hérosine ou Méthadone), 7 un alcoolisme, 3 étaient respectivement toxicomanes au Méprobamate, à la cocaïne ou au haschich. L'état médical et neuro-moteur du nouveau-né, l'existence et l'intensité d'un syndrome de sevrage ont été évalués. Une prise en charge pédiatrique de la mère ou des parents ont été mis en place. La durée des follow-up s'est établie entre 3 et 18 mois.

Nous avons recontacé les mères au cours de la 3ème année suivant leur accouchement en leur demandant de participer à une évaluation du développement des enfants nés dans un contexte de toxicomanie maternelle. L'évaluation a porté sur les axes suivants : a) un bilan pédiatrique et de développement global de l'enfant incluant une anamnèse pédo-psychiatrique; b) un bilan neuro-moteur (BRUNET-LEZINE) et intellectuel (ED.E.I.); c) la capacité des mères à s'occuper de leur enfant et/ou le recours spontané ou contraint, à des institutions; d) la qualité des interactions entre la mère et l'enfant; e) l'imagination du père dans l'éducation de l'enfant et dans le couple; f) l'adaptation psycho-sociale de la mère et du père; g) l'évolution de la toxicomanie maternelle et éventuellement paternelle.

Nous commentons les résultats obtenus dans la perspective du développement et de l'adaptation des interventions médico-psychosociales à mettre en place pour les femmes enceintes toxicomanes, leurs conjoints et leurs bébés après la naissance.

ANOREXIES DU NOURRISSON; REVUE DE LA LITTERATURE INTERNATIONALE CONCERNANT LES CRITERES DIAGNOSTIQUES ET PROPOSITIONS POUR UNE CLASSIFICATION UNIFIEE
M. Sanchez-Cardenas, D. Robin K. Giraudet (Nantes, France)

Les anorexies constituent une des pathologies les plus souvent rencontrées en psychiatrie du nourrisson. Il n'en est que plus étonnant de constater qu'elles n'occupent pas de rang autonome dans les classifications nosographiques (par exemple, ni dans le DSM III R, ni dans la classification française des troubles mentaux de l'enfance et de l'adolescence).

D'un pays à l'autre, les classifications diagnostiques varient beaucoup. En France, c'est surtout de la classification proposée par L. Kreisler que l'on se sert : celle-ci oppose les fréquentes anorexies communes dites "opposons" (dont le retentissement somatique est très modéré) aux formes sévères. Il va en être très différemment aux USA où les critères diagnostiques peuvent varier d'une étude à l'autre et où un auteur comme I. Chatoor (1988) y inclut le critère de trouble développemental ("failure to thrive").
Nous nous proposons ici :
- d'effectuer une revue de la littérature internationale concernant les critères diagnostiques,
- de proposer à partir de cette revue et de notre expérience clinique (notamment dans les services de
  néonatalogie) quelques bases pour une classification plus unifiée.

P#145 ESTUDIO Y EVALUACION DEL DESARROLLO DEL 1ER ANO DE VIDA DE LOS NIÑOS
DE INSEMINACION ARTIFICIAL POR DONANTE
W.C. Bellonch, L.R. Fernadez, M.M. del Pozo, L. Farre Grau (Barcelona, Spain)

P#146 MOVIMIENTOS FACIALES QUE PRECEDEN A LA SONRISA SOCIAL EN NIÑOS NORMALES Y
EN NIÑOS AFECTADOS POR EL SINDROME DE DOWN
F. Carvajal, A. Loeches, J. Iglesias (Madrid, Spain)

P#147 EVALUACION PSIICO-MOTRIZ DEL BEBE HASTA 2 AÑOS Y DEL VINCULO MADRE-HIJO
EN SITUACION DE PROCREA (N.B.I.)
H. Echeverría (Buenos Aires, Argentina)

P#148 EL DESARROLLO DEL LENGUAJE EN NIÑOS QUE RECIBIERON TIROSINA PARA MADURACION PULMONAR
F. Osorio, F. Reyes (San Juan, Puerto Rico)

P#149 MOTHER-INFANT INTERACTION, ATTACHMENT AND MOTOR DEVELOPMENT IN LOW VISION INFANTS
M.M.O. Alves (Porto Alegre, Brazil)

DETECTION OF SUBTLE DIFFERENCES IN DEVELOPMENT DUE TO IN UTERO COCAINE EXPOSURE REQUIRES MICROANALYTIC
TECHNIQUE
Valerie Allen Ahl (Berkeley, USA)

The development of cognition in cocaine exposed infants has been studied using a number of coarse-
gained psychometric techniques, such as the Bayley scales of infant development. Cocaine exposed infants
tend to score in the normal range on these measures. The present study contrasts the results of a fine-
gained microanalytic technique, which assesses the development of logical classification and operations,
with the results of the more coarse-grained Uzgiris-Hunt Piagetian assessments of object permanence and
means-ends reasoning. Data from 32 cocaine exposed infants, ages 6, 12, 18 and 24 months (n = 8 per age)
are compared to normative data samples. Comparisons based on the microanalytic technique revealed
violations of developmental sequence, rate, and extent of development in logical classification, and delayed
developments in logical operations. The results suggest that the effects of in utero cocaine exposure on
the developing cognitive system are subtle and require fine-grained assessment techniques. Nonetheless,
when frame-by-frame analyses are used, the effects of cocaine exposure are distinctive. It is imperative
that we document both the strengths and weaknesses present in exposed infants, such that we may capitalize
on their strengths with the aim to ameliorate, and possibly overcome, their deficits.
EARLY FAMILY DEVELOPMENT DURING PREGNANCY AND THE FIRST YEAR OF THE INFANT
D. Burgin, K. Von Klitzing (Basel, Switzerland), P. Riedesser (Hamburg, Germany)

A method of research is presented aimed at a operationalisation of some aspects of the course of pregnancy, of birth, of the development of parenthood and of selected psychosocial capacities in the newborn's first year of life. The main instrument consists in semistructured psychoanalytic interviews of the couple, which are videotaped and rated.

In a prospective way a sample of at least 30 couples with a first pregnancy is, for the first time at the end of the 6. month, examined with this technique. Following the psychodynamic interactions of the couple during the first interview, the kind of the intrapsychic representations they have formed of the child in spe, the dialogues concerning parenthood and the family development of the future parents, a detailed prognostic evaluation is made. The prognostic data are then compared with the analogue data from 4 follow-up interviews at fixed intervals during the first year of life of the child and with the results of some functional, cognitive and interactional parameters of the baby's development.

The goal of this study is to develop techniques of clinical diagnosis and methods of therapeutic intervention, which should allow, already during pregnancy, to prevent the development of a disturbed relationship in the first year of life.

Further on, the transition from an imaginary to a real baby and the establishment of the early triangulation in the inner world of the parents shall be explored.

PEDIATRIC INFANT PARENT EXAM: A SCREENING TECHNIQUE FOR DETECTING EARLY RELATIONSHIP DISTURBANCES.
B.H. Fiese, M. Irwin, M. Gordon (Syracuse, USA)

Research over the past twenty years has repeatedly demonstrated the importance of early interaction patterns between parent and child. Although fine grained analysis in a laboratory setting has pinpointed central aspects of parent-infant interaction these procedures are not appropriate for use in busy clinics. The Pediatric Infant Parent Exam (PIPE) has been developed to detect early relationship disturbances during the course of a routine pediatric exam. The PIPE is based on the transactional model of parent-infant interaction, emphasizing how parent and child adapt to each other.

Parent and infant are observed playing a game of peek-a-boo in the pediatric clinic. The interaction is scored for how parent and infant initially become engaged, how the game is maintained, and how the game ends. Particular attention is paid to how parent and infant read each others signals with optimal levels of interaction including smooth turn-taking and responsivity and less optimal levels of interaction including parental disregard for infant's signals of fussiness and abrupt endings to the game.

Results of inter-rater reliability will be presented along with a comparison of PIPE scores of full term and Low-Birth Weight premature infants. The relation between PIPE scores and attachment status will also be presented. Senior authors will be available to discuss the use of the PIPE in pediatric settings.

CHILDREN AND PARENTS AT BEDTIME: PHYSICAL PROXIMITY DURING THE RITUALS OF SEPARATION IN ITALY AND THE USA.
L. Gandini (Northampton, USA)

I will report here the results of a quantitative survey, carried out with a questionnaire, and compare them with the results of a qualitative study, carried out through naturalistic observations.

Parents often experience difficulties and stress at their infant's and young children's bedtime. Issues connected with the social development of the child and the accumulated experience of the parents, such as attachment and separation, tend to surface then.

In order to appreciate the relevance of culture in this stressful experience, I have made two separate studies of two different cultural communities, one in the United States and one in Italy. The first study utilizes a quantitative approach. The method involved the formulation, distribution, and analysis of a questionnaire filled out by parents of 468 children, 2 to 5 years old: 208 in Amherst-Northampton, Massachusetts and 260 in Pistoia, Tuscany. The factor analyses of the behavior described in responses to the questionnaire yielded 5 factors: Child problems at bedtime, co-sleeping (close proximity), Soothing (active proximity), Indirect proximity, and Alternatives to proximity.

The results show that the two year-old children tended to get more physical proximity, that the most difficult age was three, and that the five-year olds tended to be less demanding. The cultural differences proved more striking than those related to age. Parents in the American sample tended to put their children to bed earlier, to make more use of certain forms of indirect physical proximity (reading), and to make more use of alternatives to physical proximity (leaving the light on, giving the child a soft toy).

The second study involved 36 families, 18 in New England and 18 in Italy, which were grouped according to the age of the child: 17-24 months, 3-4 years and 5 years. The method of observation included running notes and audio recordings.

The combined results allow us to describe the developmental and cultural differences beyond their immediate effect and to show a finer grain in the range of variations. They also underscore the delicate nature of interventions with young parents in distress over issues connected with bedtime.

PREDICTING STABILITY OF MOTHER-CHILD ATTACHMENT PATTERNS IN DAY-CARE CHILDREN FROM INFANCY TO AGE 6
T. Jacobsen (Chicago, USA), W. Edelstein, U. Ziegenhain (Berlin, Germany)

According to Ainsworth and Bowlby, the quality of attachment that an infant establishes to his
mother persists over time. Although recent research supports this hypothesis, most investigations into long-term stability of attachment patterns have been based on middle class families who have experienced stable living circumstances. Less is known about the stability of early attachment patterns in families experiencing stress or changing life circumstances. The aim of this poster is to examine the stability of mother-infant attachment patterns in day-care children from infancy to age 6. Thirty-five children from Berlin were classified as to security of attachment at 12 and 18 months based on reunion behavior exhibited in Ainsworth's Strange Situation. At age 6, 33 of the children were seen in a reunion episode with their mothers. Mother-child attachment patterns were also assessed at age 6 based on the children's responses to a separation story and to four doll play situations. Drawing on Ainsworth's and Bowlby's theory, we hypothesized that (1) infants who had a secure attachment pattern to their mothers before entering day-care (12 months) and after (18 months) would be likely to remain securely attached at age 6 (2) infants who evidenced insecure attachment patterns to their mothers at age 12 and 18 months would be likely to remain insecurely attached at age 6 (3) infants who were securely attached to their mother's after day-care entry (18 months) would be likely to remain secure at age 6. The hypotheses were confirmed. The results of the study support the notion that despite day-care entry, attachment patterns in infancy play a critical role in determining a child's quality of attachment to his mother in the pre-school years.

**EFFECT OF RESTRICTION OF MATERNAL PRESENCE ON CIRCADIAN RHYTHM IN INFANT RATS**

Y. Katoh (Kanagawa, Japan), Y. Takeuchi, M. Takashima (Tokyo, Japan), K. Yamazaki (Kanagawa, Japan) and K. Takahashi (Tokyo, Japan)

In mammals including human, circadian rhythms of various physiological activities such as locomotor activity, body temperature and some kinds of hormones are observed. These rhythms are endogenously generated and entrained to a 24-h period by some environmental factors. A disturbance of such entrainment is shown to cause many problems in social life. It has been reported that disturbance of the rhythm is observed in many diseases in the field of child psychiatry such as infantile autism and school refusal. In infant rats the rhythms are synchronized with mother's and the mother seems to be one of the strongest entrainer for them, although it is well-known that daily light alternation is the strongest entrainer in adult rats. This fact shows how important role a mother plays concerning the entrainment of pup's rhythm in early postnatal period. But it remains unexplained what entrains the infant rhythm to mother's. So, we observed how restriction of maternal presence affect the rhythm of infant rats to investigate the mechanism of the maternal entrainment.

Albino rats of Wistar strain were bred and reared under the light-dark cycle with 12h of light and 12h of dark (12L:12D). The pups were blinded by bilateral ocular enucleation under hypothermic anesthesia within 24h after birth to exclude the influence of light. After periodic maternal deprivation (PMD) which restricts maternal presence to a certain time of a day, pups were killed by decapitation every 4h for a 24h period. Six to eight pups of both sexes were randomly selected from the different dams at each point. The pineal glands were removed and serotonin N-acetyltransferase (NAT) activity was measured by the method of Deguchi and Axelrod with a minor modification.

First, we performed PMD which allowed free access to the mother for only 12 hours during either the light or dark period. We found that the phase of NAT activity rhythm did not change in the blinded pup restricted the maternal presence only to the light period, and that the phase was reversed in the cases restricted only to the dark period. Secondly, we observed a change in the rhythm of the blinded infant rats when the time of maternal presence was shortened to only 4 hours a day. We divided a day into six equal parts of 4h period, and pups were allowed the contact with their mother to each part except for the first one of dark period. Furthermore, we inquired how many days PMD must be repeated to cause a shift of NAT activity in the case allowed the contact during the middle of light or dark period. Repeated PMD for 7 days shifted NAT activity rhythm in blinded rat pups, irrespective of the phase of the maternal presence in a day. NAT activity was the highest just before the contact with mother and it dropped to the basal levels when it was measured 4 hours later. Besides, the phase shift occurred by PMD of only one day when pups were allowed the access to their mother during the middle of light period (CT4-8). But when they were restricted the maternal presence during the middle of the dark period (CT16-20), we had to repeat PMD at least for three days to shift the phase. This result suggested that restriction of maternal presence might act as a strong stress on infant rats and the repeated treatment entrained their rhythms. Furthermore, the fact that NAT activity dropped down 4 hours after the contact with their mother suggested the possibility that release from the stress reduced the NAT activity in infant rats and entrained the rhythm. However, it is not yet confirmed what is the strongest factor in various maternal factors such as nursing and a kind of substance in milk, and so on. The sensitivity to stress in adult and infant rats may be different, because the stress such as restricted food was shown not to change the rhythm in adult rats. It is another important question whether or not the NAT activity rhythm shifted by this PMD reflects the endogenous rhythm, which is now under investigation in our laboratory.

**THE DEVELOPMENT OF CHOICE THROUGH MOTHER-CHILD INTERACTIONS**

S.R. Stilson, C.G. Harding (Chicago, USA)

Some people generate few alternatives when they solve problems: either solution A or B is appropriate. This style of problem solving is called convergent thinking. By contrast, there are others who develop numerous options as they think through problems. A thinking style that enables a person to see many alternatives (i.e. divergent thinking) is believed to be important since it enhances one's critical
thinking capabilities. When children are equipped with the ability to think through many options in their attempt to solve problems, they have a better chance at deriving satisfactory solutions. How do people develop convergent and/or divergent thinking styles? Are there specific early behaviors that encourage an "options-promoting" over an "options-limiting" thinking style?

No one body of literature addresses these queries directly. Therefore, three different areas of psychology have been integrated to form the background for this study: mother-child interactions, divergent-thinking, and symbolic play. The choice construction paradigm (Harding, 1982, 1987, in press) is proposed as a way to describe early interactive behavior between mothers and children that promote and/or inhibit the development of the ability to generate alternatives. These interactive behaviors also are related to the child's symbolic play to substantiate and validate the paradigm's construct validity as a measure comparable to divergent thinking in older populations (Coates, 1972; Dansky, 1980).

Twenty-four mother-child dyads were observed in 10-minute interactions when the child was 18 months of age and again at 39 months of age. Interactive thinking styles and symbolic play behaviors were coded. Choice construction frequencies and patterns were computed, and an overall "options-limiting" or "options-promoting" profile was determined. Frequency and levels of symbolic play also were summarized (Nicolich, 1977; Slade, 1987). At this writing, analyses were not complete; however, it is hypothesized that mother-child behaviors that promote the ability to generate options when the child is 18 months will be related to a higher quality and quantity of symbolic play performance when the child is 39 months old.

CHANGE OF MOTHER-CHILD SEPARATION DURING 30 YEARS IN JAPAN
K. Itoh, S. Furubayashi, Y. Gotoh, S. Kuromaru (Nishinomiya City, Japan)

The three year old child has generally overcome the "separation anxiety from his mother" (J. Bowlby), has become independent from her, conscious of self and interested in friends of the same age. Three year old children in Japan are legally obliged to receive physical and psychological examination in a Public Health Center. As Kuromaru, S. reported at the World Congress of Child Psychiatry in Madrid in 1966, we have used this examination to study the three year old's behavior during mother-child separation (see Excerpta Medica International Congress No. 150, 1966).

Our research started in 1963 and has continued for about 30 years. The ratio of examinees to residents in every year has been kept at over 75%. The manipulation method as well as the standards for behavior evaluation have been kept unchanged. The data from this study shows that there has been significant change is mother-child relations at the age of three years during the 30 year study period. The reasons for these changes will be analyzed and discussed at this congress.

EARLY TRIADIC INTERACTION: QUANTITATIVE AND QUALITATIVE ASPECTS
C. Gertsches Bettens, N. Favez, A. Corboz-Warnery, E. Fivaz-Depeurisse (Prilly, Switzerland)

What triadic studies add up to the field of early interaction? That question will be discussed on the basis of some of our results on father-mother-infant interaction. Our research is based on the microanalysis of bodily and visual interaction during father-mother-infant play (infants are aged 8 to 52 weeks). Parents come to our laboratory, and are asked to play with their baby, following a three phases script: in the first two phases, one parent plays with the child, the other parent being "only present" as a third party. In the last phase of the game, both parents play with the child. Chairs and infant seat form a triangle and can't be moved, but parents are free to choose the duration of the game and the orientation of the infant (facing one parent or both). The entire game is videotaped. Two groups of families are considered: voluntary families ("non clinical") and families under therapeutical help for postpartum psychiatric disorders ("clinical"); for the latter, the play situation is part of a therapeutic consultation, requested by the therapist(s) in charge of the family.

To date, our analyses have focused mostly on visual interaction during the three phases of the game: individual data were coded on a half-second basis and grouped along a four-points "triadic scale", indicating at each moment how many members of the triad (all, two, one or none) simultaneously gaze at another partner. We finally considered two dimensions of visual interaction, triadic vs non triadic, persistent vs non persistent.

Quantitative analyses: triadic interaction is far more frequent in the non clinical group, especially during the initial and final phases of the game. In that group, the partners maintain a triadic interaction throughout the game, despite the successive reorganizations of the roles implied by the instructions. We hypothesized that the establishment from the very start of the interaction of a "triadic red thread" allowed the three partners to play different kinds of games, while remaining constantly involved.

Qualitative analyses: we focused on the visual behavior of the parent playing the third party in the first two phases of the game: how will he/she behave when the infant starts gazing at him/her, instead of playing with the other parent? Typically, the clinical third party remains in interaction with the baby, competing with the other parent who finally withdraws in order to permit the role shift. The typical reaction of the non-clinical third party is drastically different: after a brief visual contact with the infant, he/she switches to a sequence of alternate glances between the other parent and the baby, until the infant starts playing again with the other parent. This "attention refocusing" pattern is absent in the clinical family. We observe as well that when this pattern is present in the first two phases, triadic interaction is easier to settle during the third phase. We then consider it as a properly triadic pattern, not only because it implies the active participation of all three partners to the process of interaction, but also because it reveals a functional distribution of the roles between both parents.
HOW FATHER'S REPRESENTATIONS, ATTITUDES, FANTASIES CONCERNING HIS CHILD WOULD INFLUENCE THE SUBSEQUENT CHILD'S DEVELOPMENT: A LONGITUDINAL RESEARCH
P. Venuti, A. Lis, C. Olivotto (Padua, Italy)

The aim of this workshop is to discuss the methodology and the first results of a longitudinal research aimed at deepening how father's attitudes, fantasies, representations concerning his child, starting from pregnancy, would influence the following affective and cognitive development of the child, as far as normal children are concerned.

Hypotheses: 1) during pregnancy the father assumes the role of supporting the dyad; 2) father's fantasies, attitudes during pregnancy would build up a first child's representation that would be lately compared with the real baby; 3) After the birth the father will not just assume the role of supporting the mother-child dyad but, from the beginning would assume the role of a "third person" that would influence the development of the triadic relation.

Methodology: Our research has been carried out on a sample made up of 20 normal first born children, and is still in progress. Till now we have proceeded with the following phases: 1) Seventh month of pregnancy: clinical interview with both parents aimed at investigating, among other topics, fantasies, representations, attitudes of both the parents toward the baby. We also administered a questionnaire on the same topics; 2) 10-20 days after the child's birth a second interview was carried out with the parents, aimed at investigating the "real baby" as compared with the "fantasy" baby; 3) When the child was 3 months old we get a third interview with the parents and also video-recorded observations. Moreover we are planning other phases connected with specific aspects of the development of the child.

THE COMMUNICATION OF EMOTIONS IN EARLY MOTHER-CHILD INTERACTIONS
G. Klann-Delius, E. Hedervari (Berlin, Germany)

Recent research on child development provided clinicians as well as theoreticians involved in problems of human development with new and challenging information about "the baby." Theoretical core of this empirical research in which psychobiological, ethological, psychoanalytic and psycholinguistic contributions converge, is the concept of interaction. Within the interactional paradigm development of the child is modelled as process of concrete interactive exchanges of equally important and (by biology and society) differently endowed partners. The organizing function of emotions in early mother-child interactions has been demonstrated and their impact on the type of children's mental representations of the Other has been investigated. There is also some evidence that verbal communication and language acquisition of the child is constituted in basic emotional exchanges. Hence, conceiving developmental processes of the child as interactive, emotionally shaped exchanges provides the opportunity to question the notion of language as purely cognitive phenomenon. To look at language acquisition from an interactionist viewpoint allows to investigate the Freudian concept of therapy as "talking cure" under a developmental and empirical perspective. On the poster first results of the longitudinal research project "Emotional quality of mother-child-interaction and it's impact on the development of communicative competence in the child" will be given.

In this project longitudinal data of 39 mother-child dyads were collected. Data collection comprises: a) assessment of children's mental development at the age of 12, 24, and 36 months using the Bayley resp. McCarthy scales, b) ratings of children's temperament according to the Bates scales; c) video-tapes of the 39 children's behavior in the Strange Situation at 12 months, d) video-tapes of the 39 children's playful, spontaneous interactions with their mother. From the 12th to the 24th month of age each child and his/her mother was seen every 4 weeks, from then on to the 36th month every 8 weeks. In order to elicit comparable emotional states, in each play session specific stimuli were given, each every 6 months. Stimuli were: toy-robot (surprise), withdrawal of mother by reading a newspaper or leaving the room (stress) or by exposition of interesting objects the child was forbidden by his/her mother to play with (frustration).

Concentrating on the separation-data it will be reported on how mother and child verbally and nonverbally cope with separation. Different types of coping strategies will be outlined and it will be discussed whether there is a significant relationship between type of verbally or nonverbally coping with stress of separation and type of attachment of the child or mothers' emotional responsivity in interaction.

It will be hypothesized that security of attachment or the experience of emotionally being responded to might influence how children learn to communicate verbally about their inner experiences, thus give their partner the chance to share or influence these experiences; this might not only contribute to different degrees of differentiation, coherence and richness of inner life of the child but also to different types of emotional attitudes towards verbal communication.

ANTEPARTUM HOSPITALIZATION: PSYCHOLOGICAL IMPLICATIONS FOR THE PREGNANCY WOMAN AND THE FUTURE BABY
M.-C. Glangenaud-Freudenthal (Paris, France)

Antepartum hospitalization for medical prevention or treatment is not only a stressing life event for the pregnant women, but may secondarily interfere with the maternal prenatal attachment to the future baby.

The aim of our research are: (1) to understand how hospitalized women cope with this stressful event, and through which psychological process, (2) to evaluate the factors which modulate the effects of this stressful event on the maternal tasks of pregnancy and on the woman's attachment to the fetus.
Our methods are clinical interviews, projective tests, and several selected self-questionnaires. Our populations are selected among women followed during their pregnancy at Baudelocque's maternity (Paris): (1) a high risk pregnancy group hospitalized for more than 3 days for medical reasons, (2) a control group of pregnant women without obstetric complications.

Based on a critical review of the studies published on the subject and on our own pilot-study, we distinguished four different attitudes toward hospitalization which are related to the woman's psychological development and history, her personality and usual type of defenses, and her familial and social contexts. We shall describe those main attitudes:

1. psychological adaptation, (2) positive reassurance, (3) negative attitude toward the hospitalization, and (4) denial of the problem. We shall show how they are also related to several psychological dimensions: mother-daughter relationship, acceptance of the feminine role, attitude toward motherhood, husband-wife relationship, and state-trait anxiety.

Finally, we shall address the question: How does this stressing event influence the pregnant woman's perception of and the process of her attachment to her unborn baby.

THE PREMATURE BABIES HEART RATE REACT DIFFERENTLY TO THEIR MOTHER'S VOICE TALKING TO HIM OR TO SOMEONE ELSE

M.C. Bushnel, V. Neymon, J.P. Relier, O. De Bethmann, J.P. Fouillot (Paris, France)

The heart-rates of premature babies were monitored while mothers addressed their talk either to them or to someone else. Babies were chosen, between 30 and 36 weeks gestational age and from 3 to 10 days after birth. They were not under artificial respiration.

During the experiment different stimuli occur in a fixed order:
- Mother comes silently near the baby
- Mother reads a text addressing him
- Mother talks to him
- Mother talks to him while caressing him
- Mother talks to an adult while still hear him
- Adult, other than mother, talks to the baby

Heart rate of baby is picked up by a cardio-respirograph (Hewlett Packard) and a Holter. Cardiac periods are computed from this E.C.G. recording. H.R. variability is processed in time and frequency during the whole stimulation period and for one hour before and after.

Preliminary results show that:
- Strongest reactions are obtained when mother addresses the baby. It both calms him, when agitated or crying and arouses him when calm.
- Mother talking to another adult, has little or no effect on a calm baby, but calms (although to a lesser extent) a crying one.
- Reaction to another adult is variable, and depends on the degree of acquaintance of baby to speakers.
- Caressing while talking also gives very variable results.

Conclusions: Premature babies between 30 or 36 weeks of gestational age respond by more calm when their mother directly addresses them. Is also the only stimulus that regularly arouses them during a calm phase.

MARITAL ADJUSTMENT AND CHILD DEVELOPMENT IN INFANCY AND EARLY CHILDHOOD

D. Weinrich (Mannheim, Germany)

As part of prospective study currently being conducted in the Mannheim-Heidelberg region of Germany on the neuropsychiatric development of 362 children born at varying degrees of organic and psychosocial risk, the effect of marital discord on the cognitive and social-emotional development of 315 children born into two-parent households was investigated. Both the children and the quality of the parental relationship were evaluated when the children were 3 months and two-years-of age. Assessment of the children included performance on the Bayley Scales of Infant Development, observed and reported temperament characteristics and measures of infant and child psychopathology. Evaluation of the relationship was based on pertinent information provided by the parents about their marriage within a standardized interview as well as on the basis of a questionnaire.

Of the 315 relationships assessed at the children's age of 3 months, 273 were evaluated as undisturbed vs. 42 "troubled". By the second investigation at 2 years the number of troubled marriages had doubled to 84 vs. 231 undisturbed. Overall 222 relationships remained undisturbed at both 3 and 24 months, 33 remained troubled, whereas 9 improved and 26 deteriorated.

Results show that marital discord at 3 months does not effect child performance at age 3 months, nor at 24 months. Marital discord at 2 years does affect the emotional well-being of the two-year-olds, i.e. is accompanied by a significant rise in psychopathological symptoms. When the effect of the stability of marital strife from the first assessment to the second was studies a significant increase in behavior problems and decrease in Bayley performance was found in the group of children whose parents' marital situation had deteriorated and failed in the meantime but surprisingly not in the group with chronic discordant relationships. Conversely, poor child performance and emotional adjustment improved with positive change in the parental relationships. An increase, although not significant, was also found among the children whose parents' marriage had deteriorated by had not lead to separation.
FAMILY COHESION IN RELATION TO CHILDREN’S SOCIAL AND SCHOLASTIC COMPETENCE: AN ITALIAN REPlication AT SEVERAL SES LEVELS
M. Manetti, B.H. Schneider (Genoa, Italy)

Systems-oriented approaches affirm that the parent-child relationship impacts on childhood social competence, but that the parent-child relationship is affected in a cartesian fashion by the functioning of the marital dyad. Several North American studies have established links between positive family or marital communication and children's social development (see review by Emery, 1982). Our study adds a cross-cultural perspective, focusing on the links between family cohesion and children’s peer relations in Genoa, Italy. However, many cross-cultural studies are difficult to interpret due to the confounding effects of socioeconomic status. The sample was selected from five inner-city neighborhoods of different socioeconomic levels within the same community. A total of 250 kindergarten-age youngsters and their parents, 50 selected randomly from each neighborhood, participated in the study. Family functioning was measured using the Italian version of the FACES-III questionnaire. A picture sociometric procedures developed by Asher, Singleton and Tinsley was administered to the children's classmates in order to determine their social status. Teachers completed an Italian version of the Kohn-Rosman scale, which provides information on various aspects of school adjustment, including academic and social competence. The current paper summarizes the concurrent correlations between the family process measure and indices of child adjustment. As well, the social and scholastic adjustment of these children will be followed for several years.

IMPROVING SOCIAL INTERACTION BETWEEN LOW SES TEENAGE MOTHERS AND THEIR AT-RISK INFANTS IN BRAZIL
L. Nunes, M. Coinago, R. Sisdelli, C. Taborda, I. Freire, M. Carvalho, M. Balthazar (Rio De Janeiro, Brazil)

A psychoeducational program was conducted to train low SES teenage mothers to improve interaction with their at-risk infants. Twenty six adolescent mothers and their babies, who attended a Public Health Center in S.Carlos (Brazil), participated as subjects. The subjects were divided into three groups: one group was trained at their homes (Home Group), other received training at the Public Health Center (Center Group), and the third received no training (Control Group). To evaluate the efficacy of the training program, assessment of mother-infant interaction was conducted through the analysis of the data gathered in the 15-minute observational sessions conducted at least once a month in the subjects home. The dependent variables referred to the frequency of episodes containing the following elements: 1) effective interaction, 2) eye contact, 3) creative games, 4) use of toys, 5) mother verbalization, 6) infant vocalization, 7) vocal imitation games, 8) gestural models, 9) infant imitation of gestural models, 10) positive feedback, and 11) corrective feedback. One-way analyses of variance and other statistical tests (Kruskal-Wallis, Tuckey and Scheffe) were used to compare the groups performance. These analyses pointed out that there were no significant differences between the Home Group and the Center Group in any interaction measure. Nonetheless, significant differences (p<.05) were found between both the Home Group and the Control Group, and the Center Group and the Control Group in use of toys, vocal imitation games, gestural models and infant imitation of gestural models.

INFANT-MOTHER INTERACTION AT 15 MONTHS -- ATTACHMENT AND RELATIONSHIP QUALITY
P.R. Mothander (Stockholm, Sweden), G. Bohlin, (Uppsala, Sweden), B. Hagekull (Uppsala, Sweden)

The data presented originates from a broad longitudinal Swedish study of infant-caregiver interactions and the development of attachment patterns. A non-risk sample of 120 Swedish infants and their parents was studied during the first 4 years of the children's lives.

At 15 months infants and mothers were videotaped in different situations in a laboratory setting. The filming started with a free-play session and was followed by sequences of structural tasks. Finally the infant and the mother were seen and videotaped in an Ainsworth and Wittig (1969) strange situation.

The aim of this particular data analysis was to explore the value of the free-play situation as compared to the strange situation setting for assessing qualitative aspects of the infant-caregiver relationship.

The videotaped free-play session was scored with the Parent Child Early Relational Assessment Scales, ERA, (Clark et al., 1984) by a scorer who was unaware of other test-results. The strange situation videotapes were coded by a second independent coder who was trained in using the Ainsworth et al.'s (1987) coding procedure. Maternal sensitivity was assessed according to the Ainsworth methodology.

In order to assess the conceptual validity of the free-play situation the maternal, child dyadic ERA scales were compared with the avoidant, secure and resistant group attachment typology as well as with the assessment of maternal sensitivity.

SECURE AND ANXIOUS-AVOIDANT INFANT-MOTHER DYADS AT PLAY
D.R. Pederson, G. Moran, L. Conlin, and P. Smith (Toronto, Canada)

Ainsworth's observation that some infant's avoid their mothers during the reunion episodes of the Ainsworth Strange Situation is a well replicated finding. The purpose of the present report is to compare mother-infant interactions of avoidant and secure infants in a play setting in order to examine possible infant and maternal differences between these two attachment groups. A play setting was chosen with the assumption that it would not actively engage the infant's attachment system and that the lack of structure would allow for individual differences in maternal behavior. The play situation consisted of three three-
minute episodes. The first episode was free play with a variety of age appropriate toys. In episode two the mother was asked to enlist the infant's help in putting the toys away, three minutes of putting the toys away. Episode three was a teaching task designed to challenge the infant's attention by asking the mother to involve the infant in a shape sorting toy that would be appropriate for two to three year olds.

Each of the three play episodes were coded using a system developed by Crawley and Spiker (1983). Secure infants were rated as more socially responsive in the teaching episodes. Secure mothers were rated as more sensitive in each episode. They also showed significantly more appropriate pacing and less intrusiveness in the free play episodes. The secure dyads were rated as having more of a mutual focus during the putting the toys away and teaching episodes.

Mothers of avoidant dyads were more intrusive and inappropriate in their pacing in the relatively unstructured free play episodes. These results are consistent with the home observations reported by Belsky, Kovacs, & Taylor (1984) that mothers of avoidant dyads are more active than mothers of secure dyads. Perhaps avoidance is a strategy of coping with maternal behavior that is not only insensitive, but is also intrusive.

INFANT-CAREGIVER RELATIONSHIPS AS A CRADLE FOR THE DEVELOPMENT OF PROSOCIAL ORIENTATION IN PEER RELATIONSHIPS
A.U. Branco (Porto Alegre, Brazil), J. Valsiner (Chapel Hill, USA)

Infant-caregiver relationships are the social context in which the beginnings of cooperative and competitive orientations of the developing child in future peer relationships are set up. In this presentation we will analyze the process of infant <-> social other interaction in everyday (home interaction contexts; mealtimes, interaction around diaper change, etc.) as a result of an empirical longitudinal investigation of infants' development of culturally structured action patterns. Episodic of interaction in which the infant gets his or her first exposure to the competitive frames of interaction (i.e., the case of divergence and opposition of the goals of the partners in the interactive play episode) and the cases of first exposures to cooperative (goals-convergent) settings will be analyzed. In the life-world of each infant, both goals-divergent and goals-convergent experiences of interactive episodes occur in an intermittent manner. We will discuss the theoretical implications of the co-construction process by which the infant assembles his (or her) particular form of prosocial orientation on the basis of the variety of interactive experiences.

THE CONTRIBUTION OF MATERNAL CHARACTERISTICS TO THE CONSOLIDATION OF SLEEP PATTERNS IN INFANCY
A. Scher (Haifa, Israel)

The establishment of organized sleep-wake regulation is one of the major psychobiological tasks of infancy. Although understanding the interaction between internally regulated cycles and the care-taking environment is important for developmentalists as well as for clinicians, there is only limited information on the links between the developing patterns and parenting attributes (Moore & Ucko 1957: Anders et al. 1983). The purpose of the present study was to assess the contribution of parenting style and maternal characteristics to the development of sleep pattern in the first year of life. 118 infants and their mothers participated in a longitudinal study. Sleep characteristics were reported by the mothers and objectively measured (actigraph) for a sub-sample. It was found that maternal depression and separation anxiety predicted some aspects of the child's sleep pattern.

FAMILY ENVIRONMENT AS A PREDICTOR OF INFANTS' ATTACHMENT BEHAVIOR TO ADOLESCENT MOTHERS
S.M. Cox, S.L. Hans (Chicago, USA)

The purpose of this paper will be to examine the relationship of attachment behavior in the infants of adolescent mothers to a variety of proximal and distal features of the children's environments.

Twenty-one urban, low-SES, African-American mothers between the ages of 14 and 18 were recruited soon after the birth of their first child. The families were followed longitudinally for one year by means of lengthy clinical interviews with the mothers and grandmothers, developmental assessments of the infants, and videotapes of mother-infant interaction.

At one year of age, infants and mothers were videotaped both in a natural and structured situation, as well as in a separation-reunion paradigm. Mothers also completed a clinical interview when their infants were six weeks, six months, and one year old. Ratings of mother-infant interaction, infant attachment behavior, and the clinical interviews were made by three groups of raters.

Secure attachment was significantly related to a lack of abuse within the household ($r=.46, p<.05$) and to the mother's being sensitive to the infant's interests ($r=.47, p<.05$). Hierarchical multiple regression analyses using these two variables as predictors indicated that maternal sensitivity combined with reported abuse within the household predicted a substantial amount of the variance in attachment behavior ($Squared\ multiple\ R=.36$).

This study has relevance to the development of infant-caregiver relationships in multi-risk households and will be further discussed in terms of the literature on child maltreatment and intergenerational patterns of childrearing.

VARIETY OF EXPLORATORY AND PLAY RESPONSES AND SUSTAINED ATTENTION IN INFANTS
R.R. Collard (Shelburne Falls, USA)

It is a truism that optimal change in stimulation sustains attention, while repeated, unvaried stimulation leads to boredom, change in activity, or sleep. Thus, babies and children who have a large variety of exploratory and play schemas can create more change and should show more sustained attention to a toy than those with fewer schemas.

In infants, the less complex exploratory responses such as "looking at" or "mouthin" a toy seem to be more easily elicited by an appropriate stimulus and are less mature responses, while play responses, which involve creating an interesting effect or pattern of stimulation by combining schemas are probably learned. Play with a toy includes such responses as banging or throwing it up using it in social interaction. Certainly, social play with a toy (such as handing it back and forth) is learned by playing with another person.

In the present study, responses to a moderately novel toy of 64 infants (32 boys and 32 girls, 37-56 weeks old) were recorded for 6 minutes. A response was defined as a change in schema. A result was considered significant if p<.05 by Chi Square or on the Sign Test. Significant results were:

1. Babies with an above-average total variety of exploratory and play schemas showed less response decrease (between 0-3 and 3-6 minutes) than those with below-average variety (p<.01).
2. Babies with an above-average variety of play schemas and those with an above-average number of play responses showed less response decrease than those below average in variety and number (p<.05).
3. Play responses increased during the last 3 minutes, while exploratory responses decreased (p<.004).
4. Older babies (47-56 weeks old) showed a higher variety of play responses (p<.05), more social play responses, and less response decrease than younger ones (37-46 weeks old) who made more exploratory responses.

It was concluded that using a larger variety of exploratory and play responses sustains attention and that it might be possible to increase the attention span of children with Attention Deficit Hyperactivity Disorder by teaching them a greater variety of exploratory, play, and mental schemas.

INFANT CAREGIVING BELIEFS AND BEHAVIORS: A MULTIVARIATE APPROACH
A.L. Jacobson (Denton, USA)

The purposes of this research were to study multivariate relationships between beliefs about infant caregiving held by infant caregivers and (a) beliefs about infant caregiving held by day care center directors, and (b) interpersonal interactions with infants.

Two hundred sixty seven infants were observed in twenty six day care centers, using a time sampling approach. The level of response by caregivers for each infant's distressed and nondistressed bid for attention was coded on the infant Caregiver Contingency Schedule. Center directors and infant caregivers completed a rating scale on the importance of caregiver behaviors in response to infant needs and bids for attention.

A multiple regression analysis was performed between Total Ignored Infant Bids for Attention by Caregivers as the dependent variable and Director and Caregiver Beliefs about Infant Caregiving as independent variables. R for regression was significantly different from zero, F(8,39) =3.15, p =.01. Only one of the IVs contributed significantly to prediction of number of ignored Bids, Caregiver Belief in Comforting Infants Quickly. There was a negative correlation (p =.01) between Director Belief in Comforting Infants Quickly and Caregiver Belief in Comforting Infants Quickly. Multiple regression revealed that other characteristics of the caregiving environment predicted caregiver behavior with infants. The Total Number of Distressed Infant Bids contributed significantly to prediction of Total Number of Ignored Bids by Infant caregivers. The Total Number of Distressed Infant Bids and the Total Number of Infants in the Room contributed significantly to prediction of Total Number of Attended Bids by infant caregivers. The Total Number of Months of Care of an infant by a caregiver and the Total Number of Caregivers in the room contributed significantly to the Total Responsiveness by infant caregivers. In summary, the level of caregiver response to bids for attention by infants in day care can be predicted by caregiver belief about comforting infants as well as structural characteristics of the caregiving environment.

Implications include the importance of organizing the caregiving environment of (a) minimize total number of infants and caregivers in the room, and (b) provide continuity of caregiving.

THE CONTENT OF INFANT-PARENT INTERVENTIONS: CLIENT, CLINICIAN, AND RELATIONSHIP FACTORS
J. Fiesecki, S. Brown (Denver, USA)

Clinical-developmental infant-parent programs have utilized an array of disciplines and services to address the complex needs of multi-risk/multi-problem families. While research indicates that interventions utilizing tow approaches, single discipline and multi-disciplinary, are successful at decreasing the likelihood of several negative outcomes of dysfunctional parent-child interaction, information necessary for adequate empirical replication and explanation of the effective treatment mechanisms is lacking. Three factors are important in characterizing an intervention. Clinician factors, such as background and experience, may be related to the utilization of different techniques and strategies for change. Client factors, including risk status, mental health status, age, and gender, likely influence the way in which interventions are implemented. Finally, factors in the client/clinician relationship also effect the choice of intervention techniques. The purpose of this study is to document the specific contents of an intervention in the context of an ongoing infant-parent program, the Community Infant Project (CIP).
high-need families prenatally and during the first three years of life. The intervention is intensive, individualized, and homebased. Typically, a nurse and therapist are assigned to a client dyad and see them during 6 - 8 visits per month.

In order to determine the content of the clinician-client sessions, each nurse and therapist audiotaped 4 consecutive sessions from each of 4 clients. Two raters will code interventions according to a system based on the unique and representative elements of 3 models used by CIP clinicians. In addition to these ratings, data are available on important clinician variables, on CIP clients, and on the clinician/client relationship. Analyses of these data will permit us to address several intriguing issues. First, what specific strategies are employed by practitioners and to what extent? We will examine the association between types of interventions used and quality of the practitioner/client relationship, duration of the treatment, age status. We will also compare interventions used by therapists and nurses and clinicians with varying levels of experience. Results from this study will provide preliminary data on infant-parent psychotherapy process. As with other forms of psychotherapy, this information is critical to the explanation of how change happens in these families.

INFANT-CAREGIVER RELATIONSHIP IN FOSTER HOMES IN LENINGRAD IN USSR
J. Komender, C. Tomaszewicz-Libudzic, K. Matejewska, H. Ruszkowska, H. Bariak (Warsaw, Poland)

25 Children aged from 1 month 17 days to 3 years 8 months, who were in foster home for children with neuropsychiatric disorders were studied. The psychologic and psychiatric examination were performed. The educational methods were analyzed. It was found that the children except the youngest ones were sad, inhibited or demonstrated psychomotor excitation. Intelectual development of the children, estimated by personnel of the foster home, was lower than this estimated by our team.

INTERDISCIPLINARY TRAINING FOR ENABLING "GOOD FIT" IN INFANT-PARENT RELATIONSHIPS
M. Rains (Alma, USA)

This poster describes interdiscipline training and infant/family services conducted within a 'goodness of fit' model for enabling and empowering growthful interaction between infants and families, families and helpers, and helpers and trainers. Within the model, development is "enabled" by identifying competencies and providing opportunities for their performance and acquisition. Growth is "empowered" through attainment of personally relevant goals which increase one's sense of competence and confidence. "Good Fit" occurs when the competencies and characteristics of relationship partners match or overlap well enough for them to mutually reach goals.

The poster and discussion will illustrate a training package of written, video, and skill application materials utilized with service providers from early education, mental health, public health, social services, and community agencies. The training provides core skills in infant/family practice common across disciplines, as well as a model for integrating unique competencies of the various specialties. Case studies and skill application exercises illustrate application of relationship-centered, family-focused, interagency-coordinated, culturally sensitive practices within infant/family and family/helper relationships, following the process from referral through coordination of Individual Family Service Plans. Evaluation information and recommendations for optimizing the helper-trainer relationship will be available.

PATTERNS OF GRANDMOTHER CAREGIVING IN FAMILIES WITH TEEN MOTHERS
R. Benn (Detroit, USA)

Few studies have been conducted which focus on patterns of grandmother and maternal infant care in families with teen mothers. This study investigated differential patterns of grandmother caregiving in 57 three generational households with teen mothers, in order to determine their effects on the quality of the teen's perception and relationship with her one year old infant. Three hour interviews were separately conducted with teens and their mothers in regard to the caregiving of the infant, and the quality of the relationship between the teen and her mother.

Based on audio tapes of these interviews, a scale was constructed which depicted differential profiles of grandmother caregiving. Dimensions of grandmother caregiving related to the a) quantity and quality of instrumental support provided to the teen for the care of the baby, b) resolution of conflict in relation to this role, c) emotional tone of the mother-daughter relationship and d) motivation for caregiving, were used in describing each of the levels of this scale. The patterns of caregiving which comprise this scale are to be fully described in the presentation.

Trained raters rated the teens and grandmothers on this scale. The quality of the teens' parenting was independently rated from these interviews on their level of acceptance-rejection of the infant and level of maternal integration, using published rating scales. The teen's perception of her infant's temperament was assessed from Fullard, McDevitt and Carey's Toddler Temperament Scale.

There was a high convergence in patterns of grandmother caregiving depicted by the teens and grandmothers. Teens who were rated as more highly accepting of their infants and more highly integrated, had grandmothers who were less authoritative with their daughters, demonstrated their respect for them as individuals, and provided them with advice rather than control on how to parent. Individual dimensions, e.g., such as emotional tone, or quantitative level of caregiving, were not seen to affect maternal perceptions of her infant or the quality of mother-infant relationship. Rather, the gestalt of grandmother caregiving style was the significant factor in understanding how grandmothers affect the teen's parenting.
Neither the individual dimensions which made up the scale or the caregiving style related to the teen's perception of the infant. As a group, teen mothers perceived their infants as difficult; however, as found in previous research, the more highly integrated teens perceived their babies to have an easier temperament disposition.

AFFECT ATTUNEMENT AND MOTHER'S REPRESENTATION IN MOTHER-INFANT INTERACTION: A LONGITUDINAL STUDY
K. Aoki, R. Baba, K. Kawano, and M. Furukawa (Tokyo, Japan)

The relation between the mother's cognition and attunement to the infant's emotional expression in mother-infant interaction and her various internal representations was longitudinally investigated. The subjects were 20 mother-infant pairs. At first, the Brazelton Neonatal Behavioral Assessment Scale was used to measure the behavioral features of the 4 days newborn babies. The results and the mother's evaluations to their babies were scored for the first score in mother-infant interaction. And the mother-infant emotional interactions in a laboratory setting were videotaped each when the infants were 1, 3 and 6 months old. The procedure of this examination was composed of several scenes which arouse the infant's various affects. And then the mother's attunement behavior (Stern, 1985) was especially picked up for analysis. Following the entire videotape procedure, videotapes were viewed by mother. And mother was asked how they felt about the baby's feeling in the situation. In addition, several interviews were carried out to obtain information about the mother's personal history in order to clarify their representation about the infant in their interpersonal relationship in general. As a result, about the attunement behavior, characteristic behavioral patterns and its duality were found. In our presentation, based on our findings, we would like to report more detailed results of our analysis.

MATERNAL SENSITIVITY, INFANT TEMPERAMENT, EMOTION, AND CONTROL-ORIENTED INTERACTIONS: RELATIONS TO EARLIER VERSUS LATER WALKING.
Z. Birlingen, R.W. Emde (Denver, USA)

Numerous clinicians have commented on the increased positive affect in the child and in the mother-child relationship following the achievement of upright locomotion (e.g., Mahler, Pine, & Bergman, 1975). Mahler has also commented on the development of willful autonomy during this time. Forty-six mother-infant dyads were observed in naturalistic home observations before and after infant walking onset. Two groups comprised of earlier and later walkers were delineated. Our findings revealed greater autonomy for earlier than later walkers. Although both groups increased their initiative in separating from mother after walking, only the earlier walkers spent more time out of the room, while only the later walkers showed an intriguing pattern of "refueling" amidst their explorations. Further, only for the earlier walkers, maternal verbal prohibitions increased, also suggesting greater autonomy for this group. Additionally, the earlier walkers and their mothers interacted more harmoniously after walking: infants showed greater positive emotionality (hedonic tone and dyadic positive affect exchanges) and their mothers became more emotionally communicative (maternal sensitivity and praise). The later walker group, in contrast, showed stable and relative positivity across the points of observation. Most surprising, we found that these two groups of infants differed in temperament before as well as after walking, suggesting that temperament (in particular, distress in confinement situations) may be associated with the motivation to move sooner. These results indicate that development should not be studied in terms of general landmarks. Whether an infant enters a developmental shift earlier or later can make a difference in his or her behavioral experience of that event.

NON-VERBAL COMMUNICATION: ROLE OF ZYGOSITY AND AFFECT
N. Szajnberg, R. Buck, B. Ginsburg

This study evaluated response differences to affect laden stimuli using monozygotic (MZ) and same-sex dizygotic (DZ) twins. We also assessed mothers' capacity to accurately read and affect the relationship between perception accuracy and maternal attachment.

Eight pairs of four year olds had been studied previously by N.S. at 11 and 18 months of age for affect attunement and infant's attachment, providing a longitudinal basis for the present study. The twins were individually exposed to slides with familiar, unfamiliar, unpleasant, and unusual features. The four year old's facial expressions were videotaped. The videotaped expressions were analyzed for their communicative content and segmented to determine consistently meaningful points in the stream of expression. Mothers were also asked to assess each videotaped facial expression and estimate which slide their child was viewing (familiar, unfamiliar, unpleasant, or unusual). Mothers were later interviewed using the Adult Attachment Interview. Interviews were categorized as secure, or insecure in relation to attachment. Results are included in the implications of the statistical relationship among maternal accuracy of perception maternal attachment and zygosity.

THE DAILY CARESS: OBSERVATION OF MOTHER-BABY'S RELATIONSHIP WITH SHANTALA'S "MASSAGE CARESS."
G. Mioli, A. Rossini (Milan, Italy)

This work will present our experience with mothers and/or fathers and their children in Statal Services activities, where we work; particularly attention will be given to the activity of "Massage
Caress." The professional figures who work in this project are: a psychologist, a physiotherapist, a pediatrician, an infantile neuropsychiatrist and a midwife. The purposes that we wanted to reach, and we have partially observed in these years, are:

- to notice and to attend early, with aim of prevention, in some high risk situation in the mother-baby relationship, compromising the psycho-physical growth of the child, trying to transform with practical activities what has been written psychoanalytical literature;
- to give the parents back a more active and less anxious role in caregivers of their babies and to permit the mother to appropriate again her innate potentialities, giving her back the confidence of her natural task. Both parents and operators have felt the need of this aim, as the consequence of the last mass media's "information bombing" of baby's development, concerning the rules of a good physical and psychological growth, that often cause some conflicts in parents. During these years, considering the dimension of people we direct, we have created some meeting moments with the parents and their babies, to attain these aims. These moments are:

- VISIT AT HOME: the midwife, during the first week of the newborn's life, goes to see and to help, psychologically and physically, the mother in her new relationship;
- FIRST VISIT: the pediatrician and the psychologist visit together the baby and observe his relation with his family, to do a health's medical and psychological balance;
- HEALTH'S BALANCE VISIT: they are also provided by the pediatrician and the psychologist, and in some moments by psychometrist too, to continue the health's balance during the basically stops of the baby's neuro-psycho-motoric growth (at the age of 4, 8, 12, 18, 24, 36 months).
- WEIGHT MOMENT: Weekly control of baby's weight during his first year. This moment permits the midwife to have more moments with the mother to speak about some problems she could have with her baby;
- MASSAGE CARESS: activity that takes place simultaneously of the "Weight Moment"; it's a free entrance space during the first baby's year, two or three hours weekly. It's led by the physiotherapist and the psychologist. First of all they show the parents the Indian massage technique, then they try to promote to the parents the growing of their potentially emphatic capacities, giving them back, through the massage, the confidence in the taking care of their babies. This moment also represents a meeting between parents who can speak about their problems all together of caregivers and a play moment for older children, too. This kind of activity, that takes place in an expressly furnished room (carpets, cushions, toys, etc.) is a particular observation moment of the mother-baby's relationship, without any professional or technical interferences, also in high risk situation.

Ten years after the beginning of these activities we have noticed in parents that have frequented us, a way to work out again the anxiety and to face the problems concerning the psycho-physical growth of the baby. The parents have also expressed us their better and more natural capacity to relate with their children. It's now difficult for us to estimate numerically our results. Actually the operators working in this project meet together monthly to discuss about the analysis of the work and the critic verification of the results. These meetings are the necessary point of encounter between the theoretic reading that guides our work and the empirics date and precious instrument of supervision, too.

MOTHER-INFANT RELATIONS IN A ENVIRONMENTALLY DISADVANTAGED U.S. GROUP
P.L. Parks, E.R. Lenz (Baltimore, USA)

It is important to understand the dynamics in the mother-infant relationship in nonclinical populations who are at risk for early experiences that compromise their opportunities to achieve maximum developmental potential. In the U.S., low social class families are more likely than middle class families to be surrounded by environmental circumstances that can be obstacles to their developmental trajectory. The sample (from a larger longitudinal study) consisted of U.S. white adult mothers and their normal birthweight infants (70 low social class and 141 middle social class families). Maternal and 6-month-old infant behavior were measured with the ERA (coding from videotaped behavior) and the 18-month infant development was measured with the Griffiths Scales. Low social class 18 month old infants were at a disadvantage in the domains of personal-social, hearing-speech, and general development. A specific aspect of maternal behavior experienced by these low social class infants at 6 months of age predicted their 18 month development; visual and verbal stimulation that was highly intense was associated with less optimal development. The low social class infants who experienced the highest levels of maternal stimulation were those whose positive affect was high and who were less well regulated and attentive during the interaction with their mother. The mother may have been intensifying the level of her stimulation in response to an inattentive baby or the baby may have been overwhelmed by the high level stimulation. These mother-infant dynamics have been previously identified in clinical populations, but these are the first data to identify them in a nonclinical population and to associate them with compromised development.

BELIEFS AS PREDICTORS OF PARENTING SKILL
B.N. Duffield (Toledo, USA)

Four factors were examined for their potential as determinants of parenting skill: (a) mother's efficacy expectations, (b) knowledge about child development, (c) experience with children (parity), and (d) education. Fifty middle-income mothers of infants and toddlers 0-36 months of age attending child care programs were interviewed and observed in their homes. Demographic data were collected; three instruments were administered: (a) the Home Observation for Measurement of the Environment (HOME), (b) the Parental Efficacy Scale, and (c) the Parental Knowledge About Development Scale. The model predicted overall parenting skill at a statistically significant level; knowledge about child development accounted for unique
ASSESSMENT OF THE DEVELOPMENT OF INITIATIVE IN INFANTS, AND OF MATERNAL RESPONSES THEM - WITH PARTICULAR REFERENCE TO GENDER DIFFERENCES - IN THE FEEDING SITUATION
J.M. Hoffman, P. Bonomini, C. Morini, L. Poppla (Buenos Aires, Argentina)

Results of a longitudinal study on maternal responses to infant's initiatives are being presented in tabulations and graphics. The theoretical meaning of the infants' initiative has been exposed in a Symposium Presentation (Bernardi DeBray Hoffman). The operational aspects of the research tool that has been used is being presented in a Workshop (Cherro Aguereu, Hoffman).

The development of infants' initiative is an interactional even depending on both the strength of his spontaneous actions, the amount of own will he unfolds, maternal attitudes towards this initiatives and the later addition of willfulness. Then comes also into account how much bargaining capacities both show in their negotiations, or if we will observe power - struggles developing.

Infants show also what we have called Aversive Reactions, which are interpreted by us as reactions to interferences of the mother of a process of initiatives; mothers efforts to make the infant comply aren't always visible to the bare eye and require the use of microanalytic techniques.

Maternal Attitudes vary from the impeding and all the way over to the facilitating. We consider this in five axis, quantifying on a Lyckett scale from 1-5, where 1 is the most impeding form. This quantification permits to obtain a Condensed Maternal Response Index (CMRI), which marks below 3 a tendency to impede and above a tendency to facilitate the unfolding of infants' initiative.

Tabulation will correlate as well CMRI with gender. If the cultural hypothesis should prove right we would have higher CMRI in mothers rearing boys and lower CMRI in those rearing girls.

We make all possible combinations of indices to show correlation between infants initiative and maternal responses, together with the impact of dyadic phenomena.

This we show with tabulations and graphics; we will add also some photographs of representative situations of what we talk about.

DEVELOPING EARLY EMPATHETIC PREREQUISITES WITH BABY MASSAGE
M. Kallipouska (Vantaa, Finland)

According to Kallipouska's empathy model (1983) empathy is considered to be a holistic process of the human organism in which the affective, cognitive as well as physiological and kinaesthetic (haptic) aspects of human organism can be separated.

The growth of empathy is begun in infancy, although we may argue that the baby has an innated disposition for empathetic responding. Baby massage (African and Indian mothers' normal care of their babies) can assist in the nurturance and development of body image and self-concept providing good basis to physical and mental identity, and later on empathy. Touching produces sensory, emotionally stimulated and kinaesthetic sensations from which are formed primitive images of the self, called body ego. In later infancy, the body ego assists in the formation of mentally more differentiated self.

Touching and caressing produces feelings of pleasure and trust. Older children may take care of the baby which facilitates a possible sister rivalry. The baby gets normal reciprocal exchange of feelings, smiles, voices, and touches in order to make more complicated schemes for recognising faces, to increase attachment, and create more positive understanding another person's behaviour in very early age.

DEVELOPMENTAL CHANGE IN CONCORDANCE OF QUALITY OF ATTACHMENT BETWEEN MOTHERS AND THEIR CHILDREN.
A.N. Claussen, P.M. Crittenden, M.F. Partridge (Miami, USA)

Theory and empirical studies indicate that quality of attachment can be transmitted across generations. Specifically, mothers' experiences in their childhood, expresses as Adult Attachment Interview classifications, have matched the quality of their infants' attachment of them. Developmental shifts in children's cognitive and communicative competence, however suggest the possibility of changes in this relation as children move from sensorimotor to pre-operational development. These shifts may result in changes how infants respond to, and process information about, maternal behaviour. For example, infants who could not comprehend an inconsistent mother's behavior might be anxiously attached. By the preschool years, the ability to comprehend more complex patterns of behavior might result a shift in security of attachment.

The present study examined the relation of mothers' attitude towards attachment with 51 infants and 56 preschool-aged children. Mothers' attitudes towards attachment were assessed in an interview similar to the Adult Attachment Interview but focused more on mothers' processing of information concerning parenting roles. Infants and preschool-aged children participated with their mothers in the Strange Situation Procedure. Infants were classified according to Ainsworth's system. Preschoolers were classified using the Miami Preschool Attachment Classificatory System which identifies communicative and affective-cognitive patterns of behavior typical of pre-operational competence. The results indicate a closer match of preschoolers' quality of attachment to mothers' classifications than of infants'. These results are considered in terms of the greater competence of preschoolers' to process complex interpersonal information.
COMFORTING BABIES IN PUBLIC SPACES: CAREGIVER TECHNIQUES
A.S. Honig (Syracuse, USA)

This study concerned with the varieties and sequencing of methods that familiar caregivers use when confronted with a distressed, crying baby. The data were recorded by unobtrusive observers, when the baby and caregiver were in locales which were unfamiliar for the infant -- such as airport lounges, shopping malls, fast food establishments, supermarkets, and buses. Data were discarded if the eventual soother was either a strange adult approaching the stroller and interacting with the infant (for example) or an older sibling. Observations were obtained for 750 babies. Half were younger babies (from about 3 weeks to 13-14 months). The rest were older babies, toddlers from about 14 months to nearly 3 years. Analysis was done separately for girl and boy babies in order to clarify similarities and potential differences in the handling of infant distress. The number of recorded techniques ranged from one to ten. Some caregivers used no technique at all for soothing; these too were recorded. This poster presentation will report on the full range of techniques attempted, and the outcomes. Such data can be useful for parent education and for non-parental caregivers, in order to enhance their awareness of successful and of ineffective or inappropriate methods of comforting babies.

HETEROCHRONICITY, MOTHER-INFANT INTERACTION, AND THE EMERGENCE OF REFERENTIAL OFFERING DURING INFANCY
M.A. Reinecke (Chicago, USA)

The emergence of referential offers was examined in a longitudinal, multivariate case study of two mother-infant dyads. A combination of microanalytic and qualitative methodologies were employed in describing the changing functions and morphology of this gesture, as well as its temporal organization with a number of maternal and infant behaviors. Offers were found to emerge from repetitive, idiosyncratic exploratory play routines, and were facilitated by mothers' support of their infants' immature attentional, motoric, and arousal regulation capacities. Offers were found to occur at greater that chance levels with behaviors indicative of moderate infant arousal, as well as maternal behaviors that served to direct and maintain infants' attention to objects. A relationship was observed between infants' offers and an (h)-initial vocalization. These findings are consistent with dynamic systems and heterochronicity models of the development conventionalized communication. These perspectives suggest that many of the components of mature gestures must be observed earlier in development, and that they may serve different functions at different ages. The emergence of new functions and abilities is determined by the rates of development of component skills.

THE STANDARDIZATION PROCESS OF THE JAPANESE IFEEL PICTURE TEST: COMPARISON BETWEEN PREGNANT WOMEN AND MOTHERS WITH INFANTS
K.K. Inoue, Y. Hamada, C. Fukatsu, T. Takiguchi, N. Hirano, K. Okonogi (Tokyo, Japan)

IFEEL Picture Test was developed by Emde and Ososky to evaluate emotional availability in adults. We started IFEEL research in Japan in 1987, and developed the Japanese IFEEL Picture Test (abbrev.JIPIT), the process of which was reported at the fourth world congress of HAPAD in Lugano, 1989. We report here further standardization and validity testing of JIPIT, by conducting it with a group of pregnant women and that of mothers with infants.

Method: 1.Subjects; 121 pregnant women and 137 mothers with infants who were all married and from middle socio-economic class. 2. Procedure; One of the authors visited mothers-class and well-baby clinic to conduct JIPIT and questionnaires with those who consented.

Results: 1. All responses to JIPIT were coded into 18 categories. Frequencies of using each category with each photo were compared between two groups, and 11 out of 30 JIPIT pictures showed significant differences. Frequency of using each category between two groups were compared. Significant differences were found in 8 categories out of 18. Pregnant women used "anger", "anxiety", "frustration" and "pain" significantly more, whereas, "sadness", "sleeplessness", "self-assertiveness", and "desire" were used more by mothers. 2. To test the validity of JIPIT with other standardized tests, we analyzed the relation of JIPIT with Self-rating Depression Scale (SDS) by Zung. As a result, the group of high SDS scores used categories "shame" and "anger" less frequently than middle or low SDS scores groups.

Discussion: We confirmed the difference of responses to JIPIT between pregnant women and mothers. These differences seem to stem from child rating practice of the mothers. We proceed to investigate JIPIT responses of mothers who have difficulty with mothering.

THE EFFECTS OF A SUPPORTIVE INTERVENTION DURING LABOR AND DELIVERY ON THE POSTPARTUM PSYCHOLOGICAL ADAPTATION OF FIRST-TIME MOTHERS
Y. Hoffman, D. Drotar, J. Kennell, Susan McGrath (Riverdale, USA)

The study examines the impact of a supportive intervention during labor and delivery on the psychological adaptation of new mothers. Prior studies have documented that the presence of a supportive female labor, obstetrical interventions, cesarean deliveries, perinatal complications, and in enhanced mother-infant interaction. The present study, which is part of a larger, ongoing project designed to refine and extend prior research, addresses design limitations by including both lower and middle SES subjects who are accompanied by supporting partners during labor and delivery, and by assessing psychosocial variables within a prospective, longitudinal framework.
The impact of doula support on three areas of maternal postpartum psychological adjustment is examined: depressed mood, self-evaluation regarding maternal role, and marital/relationship satisfaction. It was hypothesized that the doula intervention would be most beneficial (i.e., lower levels of postpartum depressed mood, more positive self-evaluations, and greater relationship satisfaction) to those mothers who were most lacking in the personal and social resources which are central to adjustment to new motherhood and which reflect what the doula provides: perceived social support and positive relationship with mother.

The doula intervention did not have significant main effects on postpartum mood, self-evaluations or relationship satisfaction independent of level of prenatal resources. However, as predicted, significant interaction effects between experimental group and prenatal resources were found in predicting postpartum depressed mood and self-evaluations (though not relationship satisfaction).

Findings suggest that subjects' perceived social support and the quality of their relationships with their own mothers contributed to differential responsiveness to the doula intervention. Overall, the magnitude of change in depressed mood and self-evaluation scores from prenatal to postpartum (in a positive direction) was significantly greater for doula subjects who were low in prenatal resources than for doula subjects with high prenatal resources. The clinical and theoretical implications of these results will be presented.

MATERNAL REGULATION OF INFANT INITIATIVE; DIFFERENCES BETWEEN EARLIER AND LATER WALKERS.

P.M. Butterfield, R.M. Emde, (Denver, USA)

The emergence of initiative in infants 10 to 18 months has been described by Spitz (1957), Mahler (1975), Sander (1969), and others. Sander suggests that the mother's regulation of this behavior in the baby is focal to the subsequent successful negotiation of conflict in the second year.

Our observations of infant initiative in relation to walking reveals that there are differences in mother's regulation of initiative in earlier versus later walkers. Videotapes of 46 infant-mother pairs were coded for initiations during play across three age periods.

Earlier walkers initiated more at all time points, were less contingent in their positive responses to mother, and used more negative response patterns throughout. Mothers of earlier walkers allowed more autonomy, markedly decreasing their own initiations and their negativity, but clearly and contingently limiting the baby when necessary. Mothers of later walkers maintained their control over the infant's focus of attention, were less responsive and increased in their negativity across time.

Temporarity was described differently for earlier and later walkers and remained so across time. This was a surprising finding and may be a major consideration in the development of both walking onset and self-assertion issues.


LA RELATION MERE-BEBE IMAGINAIRE DES FEMMES DONT LA GESTATION FUT POSSIBLE PAR LA FERTILIZATION ASSISTEE

A. Petracco, B.S. Behs, S. Celia

Les dernières années, l'investigation et le traitement de la stérilité et de l'infertilité (avortements habituels) abdonnèrent le niveau empirique peu efficace, en essayant d'atteindre des résultats équivalents et compatibles avec l'évolution de la Science Médicale. :arrivée des nouvelles technologies et des plusieurs options de la Fertilisation Assisted contribueront au progrès de la Reproduction Humaine.

Des couples, avant découragés, virent apparaître des possibilités concrètes d'arriver à la paternité et, en même temps, de minimiser une importante cause des difficultés existantes au niveau conjugal, familial et social.

Nous savons que la relation mère-bébé commence precoce durant l'interaction fantasmatique, durant le temps du bébé imaginaire, soit au choix d'une méthode anticonceptionnelle, soit à la décision de suspendre l'utilisation du contraceptif, soit à la crainte de l'intégrité de l'appareil reproducteur (à la des contraceptifs), ayant comme conséquence la stérilité, etc. Le bébé imaginaire se fait présent pendant toute la gestation et l'attache de la mère à ce bébé, dans ce niveau fantasmatique, dure toute la vie.

Michel Soulé nous dit que ce qui comble la mère enceinte n'est ni la reproduction biologique ni l'embryon, mais le "fils du rêve."

D'autre part, nous connaissons l'importance d'avoir des renseignements sur le "bébé des rêves" de ce mère, pour que nous puissions avoir une plus-grande compréhension des relations entre ce mère-là et son bébé réel.

Notre étude prétexté montrer des évidences de la relation mère-bébé imaginaire entre des femmes dont la gestation fut possible par la fertilisation assistée, pour comparer ces résultats avec ceux de la littérature.

Dans ce but, nous utiliserons deux interviews avec ces femmes enceintes: l'une, réalisée à la fin du troisième mois et l'autre, à la fin du septième mois de grossesse.

L'objectif de cette étude est atteindre une plus grande entente des sentiments des mères qui eurent l'aide de la fertilisation assistée, en ce qui concerne à leurs bébé réels, en prenant pour point de départ
la relation avec leurs bébés imaginaires.

**AMANTACION MATERNA EN LOS GEMELOS: UN FATOR FACILITADOR DEL APEGO Y DEL CRECIMIENTO**

R.M. Carmen Nudelman, S. Célia

La literatura muestra que la amamentación natural exclusiva en gemelos nos es una práctica habitual y piensas que asi es como en un bebé único debe ser estimulada, ". . . simplemente porque es algo natural y todo lo natural, solo puede tener muy buenos fundamentos." D.W. Winnicott en los bebés y sus madres.

El presente trabajo pretende abordar los tópicos del desarrollo físico y emocional en gemelos con amamentación natural exclusiva hasta los seis meses de vida, comparando con gemelos alimentados con leche misto o artificial. El desenvolvimiento físico de los lactantes es acompañado a través de la representación gráfica en curva de crecimiento del gráfico NCHS. Siendo también relevante el registro de intercorrencias orgánicas (enfermedad diarrea y enfermedad respiratoria) durante este periodo.

En relación al desarrollo emocional búsese observar la integración de las madres con sus bebés tomando como parámetro de evaluación el "desapego." Sábese que el objetivo del apego es el desapego y Brazelton resalta que ". . . el más puro señal del apego es la capacidad de enfrentar la separación . . .".

Destácase que la amamentación natural exclusiva en gemelos no puede ser la manera más fácil de alimentarlos más puede ser un factor facilitador de la formación de vínculos madre-bebés y del buen desarrollo físico. Y que si la madre se encuentra apta tanto del punto de vista emocional como orgánico deberá ser incentivada a hacerlo pues ciertamente podrá tener su alto-estima elevada y también podrá sentirse muy gratificada con los buenos resultados.

**AMANTACION MATERNA PROPUESTA DE INTERVENCIONS DE LA MATERNITATE DE LO HOSPITAL FEMINA DE PORTO ALEGRE**


Se sabe de la amamentación para el cojincimiento, desenvolvimiento y salud mental de los individuos. Num país como el Brasil con bajos (indicies) de amamentación, no cual la desntrucrion dirceta o indirectamente está relacionada a una altataza de de mortalidad disturbios en el desenvolvimiento, en el despepreñero escolar y en las relaciones familiares nos parece importante que la amamentación materna seja estimulada cada vez más. Este trabajo visa:

1. Hacer un diagnóstico de situaciòn de amamentación de la maternidad de lo Hospital Fema en la primera revisión en el ambulatorio.
2. Desenvolver un programa de internacion para estímulo a la amamentación. Las madres que n estiveren obtenendo suceso para amamentar seron seleccionadas segundo criterios de tabla, para participarem de un grupo de intervenciòn no cual su propiòsos bebès seron avaliados por el método Brazelton e esto intervenciòn por base el (vínculo) con su propio hijo.

**EVALUATION DES EFFETS D'UNE INSTITUTIONALISATION CHEZ LE NOURRISSON**

M. Fornelos, A. Egidio, A-R. Soares, A. Carvalho (Lisbonne, Portugal)

On étude une population d'enfants privés de la figure maternelle et d'une relation avec une figure privilégiée prêtant les soins maternels avec un caractère de continuité.

Si l'on définite la "mère", dans l'ensemble de ses soins, comme celle qui prête au très jeune enfant un espace physique et émotionnel pour qu'il puisse grandir et s'organiser, c'est notre propos d'évaluer les effets de la privation de cette figure à partir d'une population d'enfants qui ont toujours vécu dans le contexte institutionnel - centre d'accueil et observation, maternités - en conditions physiques et matérielles convenables, mais soumis a des soins indifférenciés, à l'absence d'une relation dûelie continue.

L'évolution du développement et des modalités d'organisation psychologique de l'enfant nous semblent des indicateurs importants à considérer dans la période institutionnelle, sujet qu'on se propose d'étudier ici.

**PROJET POUR UNE METHODOLOGIE D'INTERVENTION PRECOCE SUR LA RELATION MÈRE-BÉBÉ:**

**COMPTE RENDU D'UNE EXPERIENCE ORGANISÉE EN ITALIE DANS LE DOMAINE DU SERVICE DE SANTE PUBLIQUE**

M. Martelli, C. Gentili, D. Knauer, E. Loperfido (Bologne, Italie)

Les auteurs présentent les premières données d'un travail de recherche réalisé dans un Service de Prévention pour le premier âge. Notre but a été définir une méthodologie d'intervention qui développe les actions préventives dans le domaine de la psychopathologie.

La première phase a été organisée en trois activités fondamentales:

1. Un travail de sensibilisation des pédiatres et des assistantes de Santé Publique par des conférences et des discussions cliniques;
2. Un groupe inspiré par la méthode de Balint conduit tous les quinze jours par deux des auteurs, adressé seulement aux assistantes de Santé qui travaillent dans quatre quartiers de la ville de Bologne. Les assistantes ont une fonction très importante, c'est-à-dire celle d'effectuer une visite à domicile auprès des familles de tous les nouveaux-nés.
3. Une expérience de quatre mois d'observations à domicile de la relation mère-bébé dans les premiers mois de vie, conduite par un couple constitué par une psychiatre et une assistante de Santé. Les observations ont été destinées permettre la mise au point d'une méthode partagée pour détecter le risque psychopathologique.
et pour élaborer un langage technique commun entre les soignants des différentes formations.

La deuxième phase du projet prévoit une évaluation des interventions thérapeutiques effectuées directement par les psychiatres et de l’activité de soutien conduite par les assistantes de Santé.

A partir des premières données cliniques on discute les possibilités de définir les temps et les modalités d’un programme de prévention dans un système de Santé Public que adressé à toute la population du premier âge.

EVALUATION DES EFFETS DES SORTIES PRECOCEES DE MATERNITE SUR LA RELATION MERE-BEBE-FAMILLE
C. Hureaux-Rendu, F. Corvazier, B. Durand (Crétel, France)

Depuis 1988 les accoucheurs ont la possibilité de sortir précoce de la Maternité avec prise en charge médicalisée à domicile : passage quotidien d’une sage-femme pendant 4 à 6 jours et disponibilité téléphonique.

La satisfaction des mères est réelle : suivi plus personnalisé par une seule personne, dans l’environnement familier, meilleur soutien de l’allaitement maternel, plus grande confiance des mamans dans leurs propres capacités à être mère.

La fatigue physique est le inconvénient majeur de cette sortie qui ne s’accompagne pas d’aide ménagère institutionnalisée.

Nous avons voulu connaître les effets de ces sorties précoce sur la qualité de la relation mère-enfant. Le mode d’accompagnement, le moment de la sortie jouent-ils un rôle sur l’instauration de la sécurité affective réciproque entre la mère et l’enfant ? L’environnement particulièrement défavorisé est-il une contre-indication à une sortie précoce ?

Des évaluations ont été préparées à divers moments (sortie de la Maternité, fin du séjour HAD éventuel, 2 mois de l’enfant) et une étude longitudinale des couples mère-enfant s’est faite par secteurs géographiques. Les résultats en seront développés ainsi que la prise en charge plus spécifique de nouveaux-nés de faible poids de naissance restés plus longtemps en Maternité avec leur mère et sortis précoce avec une puéricultrice en hospitalisation à domicile.

LE DEVELOPPEMENT PSYCHOLOGIQUE EN PHASES PRECOCEES: PERSPECTIVES RECENCTES. UN ESSAI A PROPOS DE LA GENESE DE L’ACTIVITE SYMBOLIQUE
M. I. Pinto-Borges (Porto, Portugal)

Ce travail émerge de la ligne des études de révision du concept de permanence en psychologie, avec l’objectif de situer la permanence de la figure humaine dans le processus de développement psychologique. Pourtant la notion de structure présente en Piaget, Boller et Trevaren les perspectives récentes de développement psychologique, (les recherches concernant le développement socio-émotionnel qui disent le rôle de l’expression émotionnelle et non symbolisée dans l’interaction sociale; les approches néo-plagétiennes concernant le développement cognitif et les rapports avec le développement émotionnel en phase précoce; les étude récentes à propos de la symbolisation en tant que processus social, en détachant l’émergence de l’activité symbolique et son rôle intégrateur dans le développement socio-émotionnel-cognitif), ont été considérées.

Dans cet encadrement théorique, la présente recherche se propose de préciser la genèse de l’activité symbolique. L’échantillon comprend 30 bébés en bonne santé, âgés de trois mois au moment de l’observation. Les enfants ont été observés deux fois par semaine, chez eux, pendant douze semaines et leur conduite a été enregistrée en vidéo. Chaque séance comprenait trois moments : (1) la mère présente, manipulant des jouets (2) la mère absente (3) la mère présente. Les conditions expérimentales ont été les mêmes pendant la totalité des séances.

La conduite des enfants, dans les trois situations décrites, a été classifiée par trois observateurs indépendants. Les résultats ont été considérés pour chacun des enfants et les fréquences de plusieurs conduites ont été analysées pour chacune des périodes d’observation. Les résultats sont présentés et discutés dans les implications théoriques. Finalement nous aimerions faire salir de la valeur heuristic de cet essai. En effet, ces résultats dévoilent une cohérence interne qui nous permet d’envisager avec un certain optimisme son élargissement au champ psychopathologique dans la mesure où il nous semble possible créer un nouvel instrument d’évaluation du développement du jeune enfant.

UNE UNITE DE LA PETITE ENFANCE (UPE) : LES DIFFICULTES ET LES INNOVATIONS UTILES
N. Guedeney, M. Morales-Huet (Paris, France)

Le développement d’un secteur de soins pour les bébés et leurs familles (UPE), avec des moyens limités, nous a imposé d’analyser, à partir de l’expérience de précurseurs comme M. Soule et de notre propre pratique clinique, les conditions de faisabilité d’un tel projet. La collaboration étant obligatoire avec les professionnels "non psy" de la Petite Enfance, sous peine de ne voir arriver aucun bébé à l’Unité, nous avons tenté d’établir des conditions de collaboration satisfaisantes pour tous, basées sur les idées de réciprocités, complémentarité et singularité. Cette réflexion a trouvé son application en particulier dans un groupe de travail pluridisciplinaire trimestriel et la création d’une équipe d’intervention à domicile, elle aussi pluridisciplinaire.
ANTEPARTUM HOSPITALIZATION: PSYCHOLOGICAL IMPLICATIONS FOR THE PREGNANT WOMAN AND THE FUTURE BABY
Marie-Christine Glangeaud-Freudenthal (Paris, France)

Antepartum hospitalization for medical prevention or treatment is not only a stressing life event for the pregnant women, but may secondarily interfere with the maternal prenatal attachment to the future baby.

The aims of our research are: 1) to understand how hospitalized women cope with this stressing event, and through which psychological processes; 2) to evaluate the factors which modulate the effects of this stressing event on the maternal tasks of pregnancy and on the woman's attachment to the fetus.

Our methods are clinical interviews; projective tests; and several selected self-questionnaires.

Our populations are selected among women followed during their pregnancy at Baudelocque's maternity (Paris): 1) a high risk pregnancy group hospitalized for more than 3 days for medical reasons; 2) a control group of pregnant women without obstetric complications.

Based on a critical review of the studies published on the subject and on our own pilot-study, we distinguish four different attitudes toward hospitalization, which are related to the woman's psychological development and history, her personality and usual type of defenses, her familial and social contexts. We shall describe these main attitudes: 1) psychological adaptation; 2) positive reassurance; 3) negative attitude toward the hospitalization; 4) denial of the problem. We shall show how they are also related to several psychological dimensions: mother-daughter relationship; acceptance of the feminine role; attitude toward motherhood; husband-wife relationship; state-trait anxiety.

Finally we shall address the question: How does this stressing event influence the pregnant woman's perception of, and the process of her attachment to her unborn baby.

RECHERCHE CLINIQUE ET ACTION PREVENTIVE : VICISSITUDES DU PROCESUS DE SEPARATION MERE-ENFANT ET TROUBLES SOMATIQUES DE L'ENFANT
D. Bresch, C. Haeb, F. Jardin, P. Leotronnier, M. Montes de Oca, A. Moreau (Paris, France)

L'entrée en crèche se fait entre 3-5 mois au moment de la constitution de l'attachement tant du côté de la mère que de l'enfant. Elle réalise une situation d'effraction dans la relation mère-enfant. Une des expressions la plus fréquente chez le bébé est une affection somatique. Celle-ci reste isolée pour certains enfants ou se pérennise pour d'autres. Notre recherche se propose d'établir les rapports entre les capacités d'aménagements psychiques des parents face à une réalité de séparation et de troubles somatiques récidivants de la première année de l'enfant en crèche collective. En cas de corrélation, la notion de prédictivité peut-elle être dégagée ? Peut-on mettre en évidence des aménagements qui permettent de mieux recevoir et de mieux répondre à cette situation ?

Pour mener cette recherche 20 enfants et leurs parents ont été choisis, sur deux ans, au moment de leurarrivée en crèche. Les données ont été recueillies à partir : 1) des entretiens cliniques semi-directifs auprès des parents, 2) des observations directes et vidéo de la relation mère-enfant et auxiliaire-enfant lors de la période d'adaptation et après 4 mois de présence de l'enfant en crèche, 3) une observation de la "situation étrange" d'Ainsworth à l'âge de 18 mois. Les données ont été codifiées sur des grilles établies à partir des échelles d'évaluation de Greenspan. Les enfants ne présentant des troubles somatiques récidivants ont constituté un groupe témoin.

Les premiers résultats nous appor tent une confirmation d'une corrélation entre les difficultés d'individuation de l'enfant, la précocité des aménagements psychiques de la mère face à la situation de séparation, et la pérennisation des troubles somatiques.

Une méthode limitée au rapprochement des affections somatiques pendant la première année en crèche collective et l'étude de la "situation étrange" aurait confirmé la corrélation, mais n'aurait pas permis une élaboration dynamique de ce qui peut être regardé, pensé, élaboré par les protagonistes : chercheurs professionnels de la crèche, parents. "La pérennisation de cette dynamique" par la participation active de l'équipe de la crèche pourrait limiter la "pérennisation des affections somatiques". Dans ces conditions la recherche clinique a une dimension action-formation à des fins de prévention.

DESIR DES PARENTS - CHANCES DU BEBE
P. Duverger, J-B. Orler, V. Alric, M-C. Chauwrie, R. Wartel (Angers, France)

Avant d'exister en, par et pour lui-même, le bébé existe par et pour autrui. Il est déjà un pôle d'attentes, de projets, d'attributs, c'est à dire de signifiants. Attendu ou non, innocent ou coupable, "wanted" ou "not wanted", le bébé est inscrit dans un discours, son existence est plaquée. Fantasmé, imaginé puis réalisé, il est l'objet de ceux qui l'ont appelé dans ce monde; il est un être de désir. À ce jeu du désir, est renvoyée la question de ce que le bébé a à être.

- Du désir des parents:
Les parents attendent des enfants qu'ils viennent là réaliser, faire aboutir leurs rêves perdus, combler un certain manque-à-être, pérenniser certains idéaux. Le bébé est parlé et en cela le signifiant cause le sujet. Au-delà des considérations biologiques et génétiques, le bébé est un sujet baignant dans les signifiants parentaux. Le matériel signifiant est déjà là, pour que quelque chose puisse être signifié. La marque du désir des parents, explicite ou non, s'exprime et marque l'« infant ». 

- Aux chances du bébé:
Le désir de l'Autre précède sa venue au Monde; l'oracle parental décide, oriente, préside à la destinée du bébé. Ce bébé vient faire réponse au discours parental; il prend alors place au sein de la dynamique
intra-familiale. Cette opportunité lui dicte et règle ses conduites. Cette assujettissement est une chance, celle de vivre, vivre au regard des autres, inscrit dans les discours de l'Autre. Marqué du signifiant, le bébé aura la chance d'AVOIR un statut, fruit du désir parental; d'AVOIR une place au lieu du manque-à-être de ses parents. La véritable chance du bébé et de l'enfant (et du sujet) nous apparaît cependant se situer du côté non plus de l'AVOIR mais de l'ETRE, issu d'une soustraction au désir des parents d'une axiomatisation, d'une formulation, d'une création d'un signifiant nouveau. L'ETRE du sujet impose une rupture, une séparation. La causation du sujet en l'occurrence du bébé, se détermine entre l'aliénation aux signifiants du désir des parents et ceux de son désir propre. Autant de chances que nous tenterons de développer.

LES PROJECTIONS PARENTALES NEGATIVES ET ANGOISSÉES SUR LE BEBE PEUVENT-ELLES ENTRAVER, RALENTIR OU INHIBER SON DEVELOPPEMENT AFFECTIF ET COGNITIF? Y. Buffet-Arinal (Paris, France)

Est-il possible de repérer tôt les projections négatives des parents et de déjouer les distorsions relationnelles qui existent dans une famille et pèsent sur le bébé au point de l'EMPÉCHER de se développer et d'avoir le champ libre pour entrer dans sa vie d'enfant et de commencer à la gérer?

Ce travail, mené dans le cadre de la consultation externe du service de Psychopathologie de l'Enfant de la Salpétrière à Paris tente de répondre en partie à cette question. Il essaie d'établir une comparaison entre l'état et l'évolution des bébés de 12 à 18 mois, plus petits par rapport à d'autres de leur âge et d'aborder l'adaptation de l'enfant en sortant de la séparation avec les signes de souffrance dépressive et d'être dans les acquisitions qui bénéficient souvent relativement vite d'une psychothérapie brève et...

L'état problématique et grave de certains de 3 à 5 ans qui paraissent plus ou moins déliés sur la plan corporel mais font illusion, ils sont encore mal identifiés, dans l'indifférenciation. Si près encore de leur origine, ils montrent, à quel point ils sont restés fixés à un moment de leur histoire marqué par un traumatisme physiologique (maladie ou accident) ou affectif qui n'a pu être dépassé et est constamment présent dans la pensée de quelqu'un de la famille. Les troubles du comportement et de l'adaptation de l'enfant en sont le signe, pourtant méconnu, non mis en rapport et qui se perpétuent et s'enkyste. Ces enfants sont enserrés dans une angoisse qui les fuge, les laisse dans le désordre et fée aussi toute disponibilité aux apprentissages. Le retard de l'enfant ne peut que s'accroître en même temps que ne cesse de grandir chez les parents la peur de son avenir : le présent est impossible à vivre et il n'y a pas d'avenir.

La prise de charge de l'enfant doit tenir compte de toutes ces données, essayant de le rencontrer là où il est en harmonie, même si c'est très précoces, là où il a du plaisir et à partir de quoi il va peut-être être possible de l'entraîner à accepter le changement et à reprendre son développement. Elle fait appel aux différentes ressources et structures évolutives et/ou rééducatives du service.

Il est fondamental d'intégrer la famille aux soins de l'enfant et d'organiser la prise en charge de la mère et du père en les encourageant à se mobiliser.

LES MODELES D'ATTACHEMENT DU NOURRISON ADOPTÉ ET PLACE EN INSTITUTION - UNE ETUDE COMPARATIVE

M. Fornelos, A. Egidio, A.R. Soares, A. Carvalho (Lisbonne, Portugal)

Nous nous proposons dans cette étude de faire une analyse comparative entre deux groupes d'enfants âgés entre 9 et 16 mois.

Les deux groupes ont vécu sous des conditions similaires pendant le premier semestre de leur vie, privés d'une figure privilégiée en contexte institutionnel.

La différence réside dans les conditions postérieures : les enfants du premier groupe sont restés dans l'institution et les autres ont été placés dans une famille sponosse, bénéficiant des soins d'une figure maternelle.

Selon Bowlby, théorie adoptée pour ce travail, l'attachement spécifique survient à l'âge de 9 mois, placé sur une "gigue". Mais il est la conséquence d'une construction lente qui commence dès la période de vie intra-utérine. L'absence d'une figure de relation privilégiée dès le début de la vie est à l'origine de troubles dans le processus psychique de l'enfant.

Mais on reconnaît aussi que le besoin d'attachement, d' amour et relation fait partie de l'être humain même su on n'a pas des conditions nécessaires à son établissement.

Ainsi, nous nous proposons d'évaluer la capacité et possibilité de l'enfant pour s'organiser en termes d'attachement sans avoir vécu une relation précoce privilégiée.

Nous comparons ces possibilités chez l'enfant qui a éprouvé un substitut maternel et chez l'enfant qui est resté dans l'institution comment il se défend et s'organise par rapport à ce besoin de "s'attacher" ou une figure maternelle.

LA QUALITE DES LIEUX D'ACCUEIL DU PETIT ENFANT

B. Franjou (Paris, France)

Le propos : La préparation d'une recherche appliquée aux conditions matérielles de l'accueil du tout petit enfant ne manque pas d'opportunité dans le cadre de ce congrès. Dans nos sociétés, la question du futur s'exprime encore beaucoup dans une problématique de développement urbain. Cela signifie qu'elle est difficilement dissociable des données relatives à l'organisation de l'espace. La place accordée au bébé dans la Ville suscite des questions d'ordre architectural qui concernent l'ensemble des personnes qui participent
à son élevage.

Que ce soit pour sortir de l'isolement ou pour répondre à un besoin de garde, les familles sont de plus en plus en demande d'institutions d'accueil. La vie quotidienne de l'enfant est souvent décomposée en moments de séjour plus ou moins temporaires dans le domicile familial, et dans des établissements à vocations diverses. La corrélation entre ces différentes situations vécues par l'enfant n'est pas envisageable techniquement sans une réflexion parallèle sur la nature des lieux et sur leur mode d'utilisation.

L'objet de la recherche : Le travail de recherche qui est représenté ici porte sur la façon dont se structurent les interactions des personnes qui contribuent à l'accompagnement du petit enfant et sur les implications que l'on peut en déduire dans l'organisation spatiale des lieux d'accueil. Son but n'est pas de définir des normes de construction, mais de sélectionner les critères les plus fondamentaux qui doivent être pris en compte au moment de la définition du programme d'aménagement ou de réalisation d'un établissement d'accueil. Il ne s'adresse donc pas seulement aux disciplines d'architecture et d'ingénierie, mais à tous les professionnels concernés ou susceptibles de l'être pendant ce travail.

Le cadre de la recherche : Le premier objectif de cette recherche, entre 1984 et 1986, a été de réaliser un guide de conception pour un programme de vaste envergure envisagé par la Ville de Paris. Il s'agissait de la livraison de 5'300 places de crèches à l'échéance de 1989. La contribution architecturale apportée à ce projet fut de proposer une conception contemporaine susceptible de sortir du modèle purement hospitalier d'alors et de faciliter la contribution effective des parents à la pratique professionnelle de l'accueil de l'enfant.

La Ville de Paris représentait pour cela un terrain d'observation de grande qualité puisqu'elle disposait déjà d'un patrimoine d'environ 300 établissements pour un total de 10'500 places. La cinquantaine d'établissements réalisés ou restructurés à partir des nouvelles orientations fournissent aujourd'hui un champ d'analyse appréciable pour le développement futur de la recherche.

En 1990, le Secrétariat d'Etat, chargé de la famille, s'est intéressé à la méthode employée. Une étude réalisée sur sa demande, à partir d'une base de données, dans plusieurs autres départements de France. Grâce à l'appui des associations et syndicats professionnels, la recherche s'est étoffée d'une enquête systématique effectuée auprès des ensembles des partenaires exerçant sur le terrain.

Enfin, la conduite d'opérations projetées dans plusieurs villes de province fournit l'occasion d'un ajustement pratique des considérations essentiellement théoriques qui peuvent ressortir de la seule analyse de données.

Concepts et méthode : Le concept d'accompagnement social du petit enfant est la base de toutes considérations sur l'espace de l'accueil. La détermination première est en effet d'assurer que l'enfant ne soit jamais en état d'isolement affectif. Cette pratique de l'accompagnement social s'analyse dans le champ des interactions des trois partenaires principaux qui y contribuent : l'enfant lui-même, ses parents, et le professionnel d'accueil. Les situations qu'elle produit s'observent de trois points de vue différents :

- Viennent en premier lieu les situations où l'adulte est en état d'interactions directes avec l'enfant. Elles se structurent dans le temps entre des moments où l'enfant est l'objet d'une relation individualisée dite "privilégiée" et d'autres moments où, sécurisé dans sa demande affective, il s'exerce, sans intrusion à son "libre jeu".

- La relation avec un jeune enfant ne doit jamais faire omission de la présence virtuelle ou effective de ses parents. Ainsi, la notion d'accompagnement s'étend à celui du couple parent-enfant. Les situations vécues par la dyade en tout lieu se structurent dans le temps où le lien interactionnel conforté se distend dans le cadre d'une ouverture sociale bénéfique pour l'un et l'autre des deux partenaires.

- L'attention professionnelle portée sur l'enfant et prolongée tomerait inévitablement dans une routine si elle n'était étayée, hors de la présence de l'enfant, par le soutien d'une équipe d'adultes. Les comportements d'accompagnement induits par la pratique professionnelle d'accompagnement se structurent entre les moments où l'adulte est mis en situation d'observer l'enfant et des moments où il s'adonne à un travail de soutien.

La démarche adoptée pour la conception architecturale des lieux d'accueil consiste à respecter cette structure relationnelle où se trouve engagée toute situation d'accompagnement. Pour éviter que les effets de promiscuité ne nuisent à la cohérence de la vie quotidienne de l'enfant, les locaux qui entrent dans la composition d'un équipement d'accueil seront définis en fonction du degré d'incompatibilité des différents moments évoqués.

LA RIBAMBELLE, UN LIEU DE RENCONTRE PARENTS-JEUNES ENFANTS (0 - 4 ANS)
M. Ohayon, P.-A. Daras (Brest, France)

La Ribambelle est un lieu de rencontre pour parents et jeunes enfants de 0 à 4 ans. Les parents viennent librement et restent obligatoirement avec leur enfant. C'est l'enfant qui est d'abord accueilli et il n'y a pas d'inscription sauf celle du prénom de l'enfant sur un tableau, à l'entrée. Les accueillants, au nombre de trois par demi-journée sont là pour favoriser les échanges, le jeu, la parole, l'attention et l'écoute avec et autour de l'enfant qui est présent et explore l'univers environnant en toute sécurité.

Les parents viennent pour que leur enfant en rencontre d'autres, pour préparer les séparations futures, évoquer les difficultés de la vie quotidienne. Les enfants fo

FACONNEMENT NEONATAL : EVALUATION D'UNE INTERVENTION PRECOCE AUPRÈS DE MÈRES ADOLESCENTES
G. Lamarré, G. Jéhú, J. Moreau, A. Pomerleau, G. Malcuit, R. Séguin (Québec, Canada)

Des études ont montré que les mères adolescentes présentent des façons particulières d'interagir

L'étude vise à évaluer les effets d'une intervention de façonnement-NBAS en comparant les modes interactifs de mères adolescentes avec leurs bébés et le développement de ces derniers avec ceux d'un groupe témoin. L'intervention au deuxième jour de vie du bébé suit globalement la démarche usuelle (voir Nugent et Brazelton, 1989) avec des modifications. Au 14ème jour de vie du bébé, une seconde session à domicile vise à consolider les acquis.

Les 68 mères de l'échantillon sont primipares et âgées de moins de 20 ans. Les bébés sont nés à terme, sans pathologie. Diverses mesures permettent de comparer l'équivalence des deux groupes. Des mesures évaluatives de l'impact de l'intervention sur les modes interactifs sont relevées en deux contextes : contexte de stress, au moment du vaccin du nourrisson à 2, 4, 6 et 9 mois et contexte de jeu, avant le vaccin. Les grilles d'observation comprennent 35 comportements pour la mère et 18 comportements pour le bébé. Le développement du nourrisson est évalué à 9 mois (Bayley). Les résultats de l'étude, en dépit de variations mineures, ne permettent pas de conclure à un impact de l'intervention sur les modes interactifs, ni sur le développement des bébés. Les données obstétricales et sociodémographiques des mères, de même que les données périnatales et NBAS des bébés de notre échantillon sont comparables à celles d'échantillons américains. Nos résultats divergents par rapport à ceux d'autres recherches pourraient être fonction de deux facteurs : 1) l'impact différent des contextes sociaux québécois et américain et 2) la non-équivalence des conditions globales de vie dans ces deux cultures que les mesures sociodémographiques habituelles n'arrivent pas à descriminer. Bien que ces résultats ne permettent pas de nier l'importance d'un tel mode d'intervention, ils en indiquent toutefois la portée limitée. Il conviendrait de déterminer dans quelles conditions il serait susceptible d'avoir le plus d'impact.
THE NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS: SEEKING TO IMPROVE THE LIVES OF INFANTS, TODDLERS AND THEIR FAMILIES IN THE UNITED STATES THROUGH TRAINING AND ADVOCACY

E. Szanton (Arlington, USA)

The National Center for Clinical Infant Programs was founded in 1977 by leaders in the fields of mental health and child development from a variety of disciplines. This poster will give an overview of the policies and programs carried on by NCCIP to foster the development of infants and toddlers and their families in the United States. NCCIP's activities to promote training, foster collaborative research, influence public policy, and serve as a resource for those hoping to improve the lives of our nation's youngest children will be discussed and demonstrated. Its numerous publications supporting this work will be displayed, and the presenters will be available to discuss them further.

INTERVENTION WITH ADOLESCENT MOTHERS AND THEIR INFANTS: MATERNAL OUTCOME AT ONE YEAR

S.L. Carter, J. Osofsky, D. Hann (New Orleans, Louisiana)

Intervention with adolescent mothers is often difficult and complex, particularly as variables such as motivation and active involvement are difficult to measure and control. This study reported depressive symptoms of adolescent mothers, independent of the mothers' active participation in the intervention program.

The subjects were 70 mothers participating with their infants in an ongoing study of adolescent mothers and infants. Thirty-one subjects were assigned to an intensive intervention (Group 1) and regular intervention (Group 2) program according to a randomized block design controlling for risk status.

All subjects were offered 12 weeks of academic remediation, job training, and health classes, and one year of infant day care. In addition, Group 1 subjects were offered mother-infant interaction classes twice weekly and a program of infant stimulation for their infants in a developmental nursery located near the mothers' classroom. Group 1 subjects were called twice weekly to maintain contact throughout the course of the study. Mailings, highlighting salient developmental issues were also sent monthly to Group 1 subjects.

The maternal self-esteem scale of the Clinical Measurement Package (Hudson, 1982) and the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977) were administered perinatally and again when the infants were 13 months of age.

Paired samples t-tests were used to assess changes in self-esteem from the perinatal to the 113 month assessments for each group of subjects. For Group 1, self-esteem scores increased significantly from perinatal to 13 month assessment indicating a significant improvement in self-esteem for the group. There was no change in self-esteem scores for Group 2. Depression score were not significantly different from perinatal to 13 months for either group.

Results will be discussed in terms of implications for work with adolescent mothers as well as for other high risk groups of mothers and infants.

COURSE OF NEUROPSYCHIATRIC DISORDERS IN CHILDREN BORN WITH BIOLOGICAL AND PSYCHOSOCIAL RISK

M. Laucht (Mannheim, Germany)

In a prospective longitudinal study starting at birth 362 children of the Mannheim-Heidelberg-region (Germany) and their families are investigated. The aim of this study is to follow the developmental course of neuropsychiatric disorders from birth to school age and to generate hypothesis concerning prevention, early recognition and treatment. In contrast to many other studies a clear separation of biological and psychosocial influences on child development is made by selecting the subjects according to different risk combinations resulting from a two factorial design (3x3), factor one representing the degree of biological, factor two the degree of psychosocial risk (each scaled as low, moderate severe). Developmental outcome is assessed by measure of motor, cognitive and social-emotional functioning at three months and two years of age. Further assessments will be at four and a half and eight years.

At three months there is substantial adverse impact of both biological and psychosocial risk on developmental outcome. While motor and cognitive functions are more affected by biological than by psychosocial risk, social-emotional functioning is equally affected by both risk factors. Single biological risk factors of importance are very low birth weight, seizures and the indication for respiratory therapy. Among the psychosocial risks no single outstanding factor correlated with negative outcome is found but a cluster of signs describing familial living conditions characterized by one-parent-family, crowednessness, early parenthood and poor coping abilities of parents. At the age of two there is a marked increase of psychosocial influences especially prominent in cognitive development. However, biological risk factors are still of greater importance for motor functioning.

The course of neuropsychiatric disorders between 3 and 24 months proves quite stable: About half of the children with disturbances at 3 months is still disordered at 24 months, while the other half has recovered. Of the originally undisturbed children about a quarter has become disordered at 24 months. Risk factors related to unfavorable courses are seizures, very low birth weight, rejected pregnancy, psychiatric disorder, delinquency and "broken home" history of parents. A structural model is formulated relating biological and psychosocial risk factors at birth with aspects of the familial environment (i.e. stressful life events, parenting behavior and parent-child interaction) and the developmental course from 3 to 24 months.
PATTERNS OF ATTACHMENT AMONG FIRST-BORN INFANTS OF ADOLESCENT MOTHERS
E.R. Broussard (Pittsburgh, USA)

Thirty-six (25 black and 11 white) healthy, full term, first-born infants of adolescent mothers were assessed in a laboratory setting. A rater, experienced with the Ainsworth Strange Situation procedure for assessing attachment (Ainsworth, Blehar, Waters, and Wall, 1978), independently rated 10 minute videotaped segments selected from the one hour evaluation protocol. The segments included the pre-separation, one brief separation, and a reunion sequence. Main's revised classification (1986) was used instead of the "forced" ABC choice. There was a 90% inter-rater agreement with a second rater who coded 10 of the tapes. The distribution was: A-36.11% (avoidant/insecure); B-19.44% (secure); C-11.11% (ambivalent/insecure); D-33.33% (disorganized/disoriented/insecure). Racial and Sex differences were evident. More males were classified as A and more females were classified as D. None of the black males were judged to be securely attached.

The infants ranged from age 12 to 18 months at the time of the office based assessment. Twenty-six were less than 14 months of age; ten were 14 months or older. The attachment scores for these 2 subgroups were compared. The major differences in distribution were within the B and D categories. All of the securely attached were less than 14 months and 60% of those 14 months or older were rated as D. Implications of these findings will be discussed.

A PROGRAM FOR POSTNATAL PSYCHIATRIC SYNDROMES: INFANT, MOTHER AND FAMILY CONCERNS
S. Misner, L. Koell (Glen Ellyn, USA)

Postnatal onsets and episodes of psychiatric syndromes have been well documented. With such episodes, concern exists regarding the formation of mother-infant relationship, the progression of infant development, and the integration of the new infant into the expanding family. Possible effects of maternal psychiatric illness include delayed mother-to-infant attachment, maternal role conflict and ambivalence, and impaired mother-infant interaction. Research interests in this area include the nature of infant responses to environmental stresses in the family, such as the development of maternal psychiatric illness during the crucial postnatal stage of family development.

To address the situational crisis often encountered with postnatal episodes of psychiatric syndromes, there is an identified need for increased social support for families. In the Chicago metropolitan area, a community-based self-help program was developed and implemented to increase the availability and quality of resources for families and women experiencing mental health problems related to childbearing.

Methods implemented include assessment of maternal and infant responses to the mother-infant relationship, the role modeling of caregiving and nurturing for infants, and observation of infant developmental progress. Also, a program objective included identification of professional educational needs about psychiatric syndromes related to childbearing, including infant development concerns. Advocacy regarding social policy issues, such as insurance coverage for mental health services, availability of child care, family leave, and research funding, is a component of the program.

ILL-TREATMENT OF CHILDREN, A SOCIAL PROBLEM AS WELL AS ONE OF RELATIONS: DESCRIPTIONS OF MODELS OF ASSISTANCE IN A FAMILY THERAPY CENTER
M. Manetti (Genoa, Italy)

The ill-treatment can be ascribed to a number of different causes: disturbance of family communication, social-cultural problems, educational models and styles.

The paper reports on the organizations and the activity of the "Study and Research Center for family therapy and network", an organization which operates, with support of public money, in close collaboration with the Juvenile Court and the Social Service for Minors. The center is organized on two different levels: one therapeutic and the other one related to observation and research-assistance.

The subject of the work are minors and families in situations of risk expressed through neglect, ill-treatment, and violence. The working group has been the method for reading the family's context on a family image determined by structural and process characteristics. By structural characteristics is meant the composition of the family unit, the specific moment in the cycle of life the family is going through, the organizational ways the family has adopted to proceed. By process characteristics is meant the relational styles within the family unit, opening/closing in the face of external pressures, attitudes and strategies for solutions in the face of developing task (autonomy/dependence of the family unit, independence/request for support from the network, autonomy request for institutional support).

On the characteristics of structure and process are grafted diversified parameters which can be synthetically defined as "family income", times of crisis and development within the context of the life span, ability of the family to activate formal and informal networks within the social context. 1) Family Income mean emotional income, a relational income, an institutional income and an economic one. 2) Times of crisis and development within the context of the cycle of life 3) Family ability to activate formal and informal networks within the social context.

The aim of the research activity of the Center is to identify, in situations of ill-treatment with which the structure comes into contact, the origins of malaise which cannot be attributed to the family's relational style but to a particular socio-cultural situation and to suggest to the local authority, network and institutional assistance which tend to eliminate the problem of ill-treated children.
LONG-TERM EFFECTS OF AN EARLY INTERVENTION WITH MOTHERS ON THE THIRD DAY AFTER DELIVERY
J. Gomes-Pedro, T. Merten, M. Patricio, A. Carvalho, T. Goldschmidt (Lisbon, Portugal)

Results of a follow-up six years after an early intervention with low-medium SES primiparous Portuguese mothers are presented. On the third day of their infants' life, 40 mothers underwent a structured intervention using items of the Brazelton NBAS. The 20 mothers of the control group had, instead, a talk about 7 minutes about general problems of infant health care. During the first 2 years, regular assessments of mother-infant interaction, infants' cognitive development, and health state were made. No effects on infants' cognitive development were found. Mother-infant interaction appeared to be different particularly after a short stressful situation (e.g., still-face). 50 pairs of the original sample could be reassessed after the children had reached six years of age. Children's cognitive development (Raven, verbal IQ), the prevalence of behavioral problems (Child Behavioral Checklist), home environment, mothers' perception of their children's abilities and personality traits, and mother-child interaction in a structured play situation were evaluated. When proper alpha-level adjustment for multiple comparisons is made, no differences between experimental and control group are statistically significant.

Mothers were asked whether they still remembered the intervention of six years ago, and which aspects of the intervention they remembered. As other interview-based data suggest, the repeated evaluation during the first two years seems to have had an interventional effect on both the control and experimental mothers.

The absence of significant group differences in our results can be seen in the context of some interesting problems. More often than not, significant results obtained by one research group are not replicated by others. Meta-analytic research has revealed that there is no correlation between the quality of the study and the magnitude of effect size. A lack of proper error-rate adjustment makes both results appear where, in fact, there are none. This does not mean that early intervention programs are not effective. The question should rather be: are our research instruments and research designs appropriate to demonstrate indisputably effects of an intervention?

THE LONGITUDINAL OUTCOMES OF REGULATORY DISORDERED INFANTS
G.A. DeGangi, S.W. Porges, R.Z. Sickel, S.I. Greenspan (Rockville, Maryland)

This follow-up study examined 1) the stability of the processes that contribute to regulatory disorders in children and, 2) the long-term developmental outcomes of infants with regulatory disorders. It was hypothesized that a sample of untreated regulatory disordered infants with early symptoms of irritability, poor behavioral organization, and sleep and feeding problems would be at high risk for developmental, learning, and emotional problems in the preschool years. The performance of samples of untreated regulatory disordered (n = 9) and normal (n = 13) children were compared at 8 to 11 months and at 4 years. Three levels of analyses were conducted to examine group and individual differences and prediction of group classification status. Eight of the nine regulatory disordered children exhibited developmental, sensorimotor, and/or emotional and behavioral deficits at four years. Group differences were found in general behaviors of attention and activity level, emotional maturity, motor coordination, and tactile sensitivity using a Sensorimotor History Questionnaire at four years. When examining individual differences, infants with sensory hypersensitivities on the Test of Sensory Functions in Infants scored lower on perceptual, verbal, motor and general cognitive functioning as measured by the McCarthy Scales of Children's Abilities and displayed problems in bilateral motor integration, reflex integration, and overall sensory integrative functions as measured by the DeGangi-Berk Test of Sensory Integration. In addition, regulatory disordered infants who attained lower scores on the McCarthy Scale subtests. The results of this study suggest that untreated regulatory disordered infants may not outgrow these difficulties over time, and instead develop more serious long-term developmental and behavioral difficulties.

MEDIATION VARIABLES RELATED TO SECURE ATTACHMENT OF DAY CARE INFANTS
M.A. Scheerer (DeKal, USA)

Reviews of research on the day care effects conducted in the 1980s indicate that infants beginning day care in the first year of life are "at risk" for insecure attachments to their mothers. Findings from a number of studies indicate that the percentage of infants beginning full-time day care in the first year who were insecurely attached is greater than the percentage for those in seemingly comparable groups of infants reared at home through the first year, because the majority of individuals in "at risk" groups commonly show normal adaptation, however, over 50% of day care infants still experience secure attachment.

This study investigated certain key variables that might mediate the potentially negative effects of day care experience on the attachment of infants. Specifically, it looked at the following research questions relative to the fact that some infants in early extensive nonmaternal care are securely attached to their mothers, while others are insecurely attached:

1. Are such differences in outcome due to:
   a) differences in the stress experienced by families
   b) to the quality of the day care setting
   c) to variations in ongoing parent-child interactions, or
   d) to particular behaviors to strategies used by day care parents?

Results indicated that assessments of mothers' perceptions of stress discriminated securely and insecurely attached day care infants; and the quality of ongoing mother-child interactions differentiated
the two groups. In addition, it appeared that mothers of securely attached day care infants utilize particular strategies and behaviors which may mediate the potentially negative impact of the day care.

MOTHER-INFANT INTERACTION IN DEPRESSED POSTPARTUM MOTHERS BEING TREATED IN INPATIENT AND OUTPATIENT SETTINGS

S. Ross, S. Popper, K. Jennings (Pittsburgh, USA)

Maternal psychopathology in the postpartum period is a significant risk factor for the development of maladaptive parenting practices and disturbed mother-infant interaction. Many depressed mothers are able to interact with sensitivity to their infant's signals, especially in free play situations in which the mother tends to follow the infant's lead. However, in structured play in which mothers must take an active role, many depressed mothers exhibit nonoptimal strategies for gaining and maintaining their infant's attention in a specific activity. Some mothers have used gentle but notable physical restraint to structure their child's activity. Others exhibit impaired flexibility in allowing their infants to cycle between interest and disinterest. This may represent impaired coping under stress in these depressed mothers. We have also found that maternal depression is related to other characteristics that may influence the mother-child relationship. For example, severity of depression is negatively associated with parenting role satisfaction. Mothers who have a major depression are more likely to have difficulty caring for their child or fear of being alone with their child than mothers who do not meet full criteria for major depression. We will present the methods we use to assess the quality of mother-child interaction in both inpatient and outpatient psychiatric settings, and data on how maternal psychopathology affects mothers' and infants' behavior.

THE IMPACT OF POSTNATAL DEPRESSION ON BREASTFEEDING

T.M. Tamminen (Tampere, Finland)

This study examines the impact of postnatal depression on breastfeeding itself (duration, manners, success) and on mothers' experiences and opinions of and attitudes towards breastfeeding.

A representative sample of 279 first-time mothers from a normal population was followed from late pregnancy until one year after childbirth by five postal inquiries (ten weeks before and one week, two, six and twelve months after delivery). Mother's depression was evaluated by the Edinburgh Postnatal Depression Scale. To confirm the diagnosis (to evaluate the sensitivity and specificity of the EPDS), a subsample of 39 mothers was selected for a psychiatric interview, the Present State Examination.

All five postnatal inquiries included detailed interview schedules about breastfeeding. Breastfeeding and childcarig attitudes was measured by the Breastfeeding Attitude Scale developed by the author. The scale has been tested and some of its psychometric qualities have been estimated. The scale is divided into two parts, each consisting of 20 similar statements: the respondents are asked to say first whether they themselves agree or disagree with those statements on a five-point scale, and then whether they believe other mothers agree or disagree with the same statements. The mothers also filled in the Neonatal Perception Inventory.

A remarkably high proportion of all mothers (97%) considered breastfeeding important for their mother-infant relationship throughout the study period. However, the depressed mothers breastfed for significantly shorter time than the non-depressed mothers. According to the mothers' reports, the most notable and constant difference was that the depressed mothers found it significantly more difficult to understand their infant during feeding.

The attitudes of all mothers towards breastfeeding were most positive during pregnancy and most negative one week after delivery. The depressed mothers showed significantly more positive (idealistic) attitudes than the non-depressed mothers. On the other hand, the non-depressed mothers had very positive opinions about their own way, and their opinions became even more positive during the study period. The depressed mothers' opinions about their own way were most positive during pregnancy. After delivery, these opinions were significantly more negative than those of the non-depressed mothers.

AN EARLY CLINICAL INTERVENTION PROJECT WITH "NEW-BORN" FAMILIES AT THE UNIVERSITY CLINIC IN COPENHAGEN

H. Munck, I. Poulsen Dutton, P. Matejka, G. Greisen, M. Alvarez, E. Olsson, M. Steffensen (Copenhagen, Denmark)

This poster presentation focuses on an early clinical intervention project conducted with newborn infants and their families, at the University Clinic in Copenhagen from April 1989 to October 1991.

The aim of the project was 1) to explore the prevalence and the etiology of the rather severe psychological difficulties in coping with parenthood, which have been reported among Danish families. These are seen in spite of planned parenthood, a relatively high socio-economic level and a paid maternity leave of six months, and 2) to develop models of infant therapy and other preventive psychological and social services to families with infants between 0 and 1 year.

The multi-disciplinary team of our Center cooperated with the municipality of Copenhagen and seven health nurses from a neighboring district. Out of 1200 families cared for by the health nurses, their work with 60 families was supervised during group conferences. 48 of these families were further referred for treatment at the Center.

The poster includes a description of:

- the families and the problem areas treated,
- the intervention models developed in adaptation to the individual families' resources and difficulties,
and
-- two cases illustrative of the preventive work and therapeutic possibilities of our service (with photos from videotapes). In both cases the original reason for referral was disturbances in the mother-infant relationship involving severe ambivalence on the mother's side.

EFFECTS OF EARLY INTERVENTION ON MATERNAL PROGRAM INVOLVEMENT
A. Paulson (Chicago, USA)

Despite legislation which mandates parent involvement in the early intervention programs of their young children, research has shown that parents have taken a passive stance in participating in recommended intervention services for their children. This passive stance has been attributed to discontinuity in the beliefs, attitudes, and values between the parents and service providers. The goal of this ongoing study is to examine the effect of an early intervention program which directly attempts to increase parental involvement by addressing parental perceptions of discontinuity. 30 mothers and their at-risk 0-3 year-old children (from low SES minority homes) who have enrolled in the experimental intervention program and 30 matched controls (enrolled in early intervention programs without the experimental condition) are being followed over a six month period. A pre/post data collection design is being used with data first collected as the subjects enroll in their respective intervention programs and six months after that date. Outcome measures include: maternal program involvement, maternal perception of needs, maternal attitudes regarding parenting, and global ratings of parent-child interaction. It is hypothesized that mothers in the treatment group will perceive themselves as more competent, have less family needs, use more positive interaction strategies, and be more involved than the mothers in the control group. The following research questions will also be addressed: 1.) Is there an interaction between the treatment group and perceived level of need with respect to mothers' program involvement and interaction strategies? 2.) Is there an interaction between treatment group and maternal child development attitude with respect to mothers' involvement and interaction strategies. Data collection will be completed in December, 1991.

ATTACHMENT SECURITY, MATERNAL BEHAVIOR, AND CHILD SOCIAL COMPETENCE IN THE PRESCHOOL PERIOD
N. Silverman (East Providence, USA)

This study examined the concurrent associations between child attachment security, maternal behavior toward the child in the home, and child social competence in preschool. Thirty-seven three-year-olds and their mothers were observed in the home for approximately ten hours. Following the home visits, two observers independently completed a measure of child attachment security (the Waters Attachment Q-Sort) and two measures of maternal behavior toward the child. Preschool teachers provided a measure of child social competence in nursery school. Results revealed significant associations between Attachment Q-Sort derived security scores, certain maternal behaviors (e.g., warmth and sensitivity) and child social competence in the preschool. The obtained results were in accord with both attachment theory and prior research. In addition to providing information about the nature and function of attachment security during the preschool years, these results can be interpreted as offering evidence for the validity of the Attachment Q-Sort as a measure of child security in the post-infancy period.

INFANT: A COMPUTER CONFERENCING NETWORK FOR INFANT MENTAL HEALTH
M. Rains (Alma, USA)

This poster presentation describes an international network of infant mental health clinicians, trainers, and researchers who communicate and exchange resources via personal computer. At their convenience, participants list items that would like to see discussed or about which they would like information. Others signing on the conference review new items which have been posted since their last consultation, respond, and add items of their own. This enables participants the opportunity to draw on the experience of colleagues around the world, enhancing dissemination of ideas and practices and reducing 'reinventing the wheel' in separate regions.

Features of the conference include an up to date listing of training and conference opportunities, access to electronic mail, employment listings, social/political issues announcements, etc. A case study is regularly presented for comment and consultation. The conference is open to new participants and information about joining will be available.

MATERNAL DEPRESSION AND PRESCHOOL-AGE ATTACHMENT
R.J. Harmon, K.A. Frankel, C. Maslin-Cole (Denver, USA)

This study investigated the impact of maternal depression on preschool attachment. Research has demonstrated that infant-parent attachment in affectively disordered populations can be disrupted. Depressed (N=30) and nondepressed (N=32) mothers were recruited using newspaper advertisements.

Mothers were diagnosed using RDC criteria assessed by the SADS interview. Inter-rater reliability was 100% for primary diagnosis during the life of the child. Mothers and their children were then seen for two sessions in a laboratory playroom. One session assessed the quality of mother-child attachment using the Ainsworth "Strange Situation" paradigm. Attachment classification was rated with the revised Three-to-Four Year Old Attachment Rating Manual (Cassidy & Marvin, 1989). Children were classified into A
(avoidant), B (secure), C (dependent), and D (disorganized) classifications. All children were coded independently by at least two raters, and reliability for the attachment ratings was .84.

There were no differences in attachment classification between the depressed and the nondepressed groups. However, the data indicated that there were differences in attachment classification within diagnostic groups. Mothers were grouped into three types of depression: 1) episodic (minor and/or major depression recurrent episodes), 2) intermittent (similar to DSM III-R dysthymia), and 3) double depression (meeting criteria for both major and intermittent depression). Mothers who had "double depression" were significantly more likely to have nonsecurely attached children than those with intermittent or episodic depression alone.

In summary, there were no group differences between depressed and nondepressed groups in attachment classification. Differences were found related to the type of the mother's depression; mothers with both a severe and chronic depression had children who were more likely to be in a nonsecure attachment classification.

SPECIFIC VS. GLOBAL MEASURES OF TEMPERAMENT: WHICH IS A BETTER PREDICTOR OF MOTHER-INFANT ATTACHMENT?
K.A. Kleiner, D.E. Wille, A.M. Moryl (Indianapolis, USA)

Matched samples of mothers who did and did not participate in a prenatal home-visiting intervention served as subjects. The groups did not differ in their statements about specific behaviors associated with their infants' temperaments (e.g., mood, intensity of response, reaction to strangers, etc.) but they did differ in their global perceptions of their infants' temperament (intervention infants were perceived as "average" while control infants were described as "easier than average" by their mothers). The relationship between the specific behavior-based and global assessments of temperament and a Q-Sort measure of mother-infant attachment will be discussed.

A. Guedeney (Paris, France)

Talking about the effects of maternal depression on the child, what is now considered is the general affect of depression. Depression means a loss of stimulation for the child, a change in the meaning or a loss of information. The experimental studies by COHN & TRONICK and by T. FIELD have in fact insisted upon the motor retardation, in the still-face experiment. But do we know in fact what makes what in the effect of maternal depression on the child? Does it come to the same to have a very retarded mother or to have an impulsive or a mother with very blunt affect? Stern has shown us all the importance of affect attenuation, which can be severely hampered by emotional blunting. Studies by Widlocher, Jouvent & Al have given reliable tools to assess psychomotor retardation and depressive mood.

These dimensional tools are more adequate to psychopharmacological studies. Psychomotor retardation is the target for antidepressive drugs. Some of several dimensions as depressive mood, like emotional blunting, are relieved by dopamine agonists.

These new trends in adult depression could be used to understand the effect of maternal depression on infant.

THE CORRELATES OF PSYCHOLOGICAL WELL-BEING IN MOTHERS OF YOUNG CHILDREN
J. Rodd (Victoria, Australia)

The literature on parenting in contemporary society suggests that becoming a parent and raising children can be experienced as either enhancing psychological well-being or resulting in negative psychological outcomes such as dissatisfaction, marital problems, decreased self-esteem and ill health (Mclanahan & Adams, 1987). While previous research has indicated that parenting young children is associated with positive outcomes, for example, lower rates of negative health behavior (Umberger, 1987), decreased mortality (Kobrin & Hendershoff, 1977) and an enhanced sense of life meaning (Umberger & Gore, 1989), some evidence is emerging in the United States which challenges the view that having children is a positive development for adults. The transition to parenthood and the parenting of young children may in fact represent a crisis which is associated in a decline of psychological well-being within the individual and within her or his relationships. Indeed, living with young children has been shown to be associated with psychological distress (Campbell, 1981; Glenn & Weaver, 1979).

Many studies on the effects of parenting have addressed the issue of gender and the data show that the burden of active, involved parenting falls more heavily on women than men, even if women are employed outside the home (Nock & Kingston, 1988). It is hypothesized that the context of parenting differs for men and women in ways that produces greater parental role strain for women. Goldsteen and Ross (1988) examined the issue of role strain or burden and suggested that parenting may affect women's well-being primarily through the mechanism of "perceived burden". This research project aims to examine aspects of psychological well-being of mothers with children under five years through an analysis of perceived role strain with measures of self-esteem, general life satisfaction, parental satisfaction and psychological well-being. An exploration of the perceived value of the community supports available to mothers of young children is included in the study.

Data have been collected from a sample of 100 mothers with children under five years of age who were resident in a suburb which is considered to be representative of the general population of Melbourne,
Australia. The sample included mothers with children at home, in long or occasional child care and who were attending kindergarten. Each mother completed three questionnaires which included measures of general and specific well-being concerns, measures of perceived parental strain, Grover's measure of Social Interest, the Parenting Stress Index and a measure related to the value of community services provided for families with young children. Sub-scales measuring positive affect, agitation, depression, meaningless and self-esteem were built into the measure. Data are currently being analyzed with preliminary results available by December 1991.

A CAUSAL MODEL FOR HOW MATERNAL MENTAL HEALTH AFFECTS PARENTING CONFIDENCE
D. Gross & B. Conrad (Chicago, USA)

The purpose of this study is to test a causal model for how mothers of toddlers (1-3 years) attain confidence in their parenting abilities. Using a longitudinal sequential design, 155 mothers of 1-year-olds (cohort 1) and 155 mothers of 2-year-olds (cohort 2) completed a series of questionnaires measuring maternal confidence, depression, state anxiety, toddler temperament, marital quality, and support from family and friends. In addition, mother-toddler interactions were videotaped during home visits to determine the relationship between maternal confidence and quality of interaction. The mothers in this U.S. sample are primarily from minority groups (75%) representing a range of socioeconomic backgrounds. Most mothers are employed outside of the home. The best fitting model for 1 for both cohorts indicates that the mother's mental health is a driving force in predicting her confidence as a parent and her perceptions of her toddler's difficulties. Maternal mental health is influenced by support from family and friends and marital quality. Overall $R^2$ for the dependent variables in the model were 96% for cohort 1 and 89% for cohort 2. The longitudinal and mother-toddler interaction data are currently being analyzed to determine the stability of this model over a one-year period and its implications for the quality of mother-toddler interactions. Results will be discussed as the relate to Bandura's theory of self-efficacy.

MEANING AND ATTACHMENT BETWEEN MOTHERS AND TODDLERS
B. Fish (Urbana, USA)

This research explored how a mother's view of her attachment experience with her own mother impacted on: (1) her sensitivity to her toddler's signals and (2) the meaning she derived from her toddler's behavior.

Hypotheses follow: (1) Mothers who have a secure internal working model of attachment will more sensitively interact with their toddler around attachment-related tasks than mothers who have an insecure working model of attachment. (2) Themes that have salient meaning to a mother when discussing attachment experiences with her own mother will reappear when she discusses her toddler and the meaning of her toddler's attachment behavior.

Thirty mother-child dyads were videotaped in free play, separation, reunion, and a novel stimuli (a beeping robot) sequence. These sequences were coded for maternal sensitivity to toddler signals using the Ainsworth (1974) Scale. Mothers were interviewed about their experiences from childhood to young adulthood with their mothers. Mothers filled out the Maternal Acceptance Subscale of the Mother-Father-Peer Scale (Epstein, 1983) which measured the mother's experience with her own mother the first ten years of her life. This score was combined with interview ratings to yield a score of the security or insecurity of a mother's working model of attachment. Mothers with a more secure working model of attachment were significantly more sensitive to toddler signals ($p<.0282$).

The second hypothesis involved two thematic content analyses regarding (a) the reoccurrence of themes from the mother's childhood into her discussions about, and behavior with, the toddler: and (b) the relationship of the toddlers' mothers with their own mothers throughout the lifespan. As predicted, themes did reoccur intergenerationally. For the second thematic analysis, the mothers were divided into three groups, secure, insecure, and mixed.

The themes of the secure group were much more positive towards their own mothers than the themes of the other groups. The secure group mothers experienced a sense of love and emotional closeness with their own mothers continuing into beginning parenthood. The insecure group mothers felt little emotional support and their view of their mothers did not change much throughout the lifespan. The mixed group mothers were only slightly more positive about their mothers than the insecure group mothers. What distinguished them from insecure group mothers was their emotional acceptance of what they did not receive from their mothers as they were growing up. They seemed to have a cognitive and emotional understanding of what happened between themselves and their mothers and to make sense of their experience with their mothers in a coherent and accepting manner. The mixed group mothers also had a greater sensitivity to their toddler's signals than the insecure group mothers.

MATERNAL DEPRESSION AND COGNITIVE AND EMOTIONAL DEVELOPMENT IN EARLY CHILDHOOD
H. Janson (Victoria, Australia)

This paper reports the results of the second stage of a two part longitudinal study on depression during pregnancy and postpartum. A sample of fifty one primigravida took part in both stages of the study, which was undertaken to identify the extent of, and relationship between, depression during pregnancy, postpartum and three years after delivery, and to assess the development of the first born children at three
years of age.

The Beck Depression Inventory was administered prenatally, five days postpartum, four months postpartum and three years after delivery. There was a significant positive correlation between depression scores three years after delivery and on each previous occasion. The highest correlation was between depression prenatally and three years after delivery.

No significant association was found between maternal depression and child’s cognitive development at three years. However, independent reports of child behavior disturbance by both mothers and fathers correlated significantly with maternal depression scores. These findings suggest that depression during pregnancy is a predisposing factor in later depression, and that maternal depression is more likely to impact on child behavioral organization than on cognitive functioning.

DIFFERENTIAL MORAL RESPONSIVITY IN THE SECOND YEAR OF LIFE: A NEW APPROACH TO MEASUREMENT
S. Lamb, J. Faude, E. Thomas, K. Watson-Gray, K. Lock (Bryn Mawr, USA)

While observational studies have shown that signs of moral development arise sometime in the middle of the second year, few researchers have examined the underlying mechanisms of these signs. This research examines changes in heart rate as a sign and thus possible motivator of moral responsivity. Three groups of toddlers (14, 18, and 22 months) were presented with three objects, the second of which was prohibited by the experimenter with a firm "No." Few heart rate accelerations were noted in response to "No" however, many toddlers' heart rates accelerated when the third, control, object was placed in front of them. There were significant differences between the older groups vs. the younger group with regard to latency to touch the third object, facial distress or social referencing after presentation of the third object, and heart rate acceleration. These findings confirm age changes in moral development and suggest new possibilities for measurement of moral responsivity.

ETHNIC DIFFERENCES IN THE RELATIONSHIP BETWEEN POSTPARTUM SOCIAL SUPPORT AND PARENTING STRESS
D. Zuskar, L. Kubicek (Chicago, USA)

There is growing interest in how different ethnic groups experience the transition to parenthood. This study examines the relationship between social support and level of parenting stress experienced by a group of 150 mostly low SES Black, Mexican, and white women during the early postpartum period.

The women were interviewed on four occasions: (a) during their second trimester of pregnancy, (b) during their third trimester of pregnancy, (c) in the hospital within 48 hours after the delivery of their baby, and (d) at eight weeks postpartum. On each occasion, they were asked questions about stress, self-esteem, social support, depression, maternal adjustment and attitudes, marital satisfaction, demographics, ethnicity, and acculturation. For this presentation, data analysis will address the relationship between social support (Social Network List, Samin & Michaels, 1987; the Maternal Social Support Index, Pascoe, Loda, Jefferies, & Earp, 1981) and level of parenting stress (Parenting Stress Index, Abidin, 1983) assessed at eight weeks postpartum. Discussion will focus on the similarities and differences in the relationship between these two important variables in the three ethnic groups and on the implications of our findings for the design of ethnically sensitive interventions for use with at-risk families. The applicability of the rather traditional measures of stress and social support employed here to the nontraditional family structures often found among our lower SES, ethnically-diverse sample will also be considered.

INTERNAL WORKING MODELS: A CROSS-CULTURAL PERSPECTIVE
D. Freedman, J. Gorman (Chicago, USA)

Mothers and their 24-36 month olds were videotaped in the home under reasonably standardized conditions: There was an initial 10 minute session in which mother was instructed to help her toddler finish the shape sorter task as many times as possible in the allotted time; a second 10-minute segment involved "doing anything you want" with an opened Stanford-Binet testing kit; a final segment of about 10 minutes was filmed by following the 'miscellaneous' action of the child. Ten cultures are reported, with 11-13 dyads in each: Japanese, Cantonese, American Middle-class, adopted Koreans, all located in Chicago; Milanese in Italy, Kibbutzim and Arab Villagers in Israel; Icelanders in Reykjavik; South Indians in Kerala; and Punjabis in New Delhi.

All tapes were scored via an 100-item Q-sort consisting of about one-third each of 'child', 'maternal', and 'dyadic' items. Within-group reliabilities among at least three raters ranged from correlations of .74 to .83, with an average of .80. Within-group homogeneity was measured by correlating all mother-child pairs within a group, and these figures ranged from .80 to .92 (average .88), indicating 'good' cultural groupings. Groups were compared statistically and cultural-specific Internal Working Models developed for children and mothers on the basis of Q-sorts and ethnographic descriptions.

RISK FACTORS ASSOCIATED WITH SUBSEQUENT ADOLESCENT PREGNANCY: HEALTH, LIFESTYLE, AND SOCIAL SUPPORT
B. Thomison, I. Hoffart (Calgary, Alberta); J.G. Macdonald (Toronto, Canada)

Adolescent pregnancy is associated with a number of negative consequences to both the young mother and her child. Teenagers who experience more than one pregnancy may be at increased risk for health,
lifestyle, and social difficulties.

The study defined health risks as infant outcomes, pregnancy delivery complications, and nutrition and self-care. Lifestyle variables focused on substance use, contraceptive use and financial status. Social variables included family structure, social support networks, and status of the birth father.

This study examines the risks associated with a subsequent adolescent pregnancy. Two groups of pregnant adolescents were compared: those experiencing a first pregnancy and those who had a previous pregnancy.

The pregnant adolescents who attended a perinatal interdisciplinary program served as the studies population. The program's philosophy is based on research findings which suggest that poor pregnancy outcomes may be preventable. The application of the program philosophy is aimed at young pregnant women known to be at risk for a poor outcome due to health, lifestyle, or style conditions.

The study population included 118 adolescents with a previous pregnancy and 442 adolescents pregnant for the first time. The program's closed files contained interview data on the adolescents' social, health, and lifestyle factors. Analysis of variance was used to determine if the comparison of 165 variables resulted in any significant differences between the two groups.

The findings demonstrated that previously pregnant young mothers and their infants are at higher risk for health, lifestyle and social problems. Specifically, these adolescents were higher consumers of substances such as alcohol and tobacco. As a result they had more complications during pregnancy and delivery, and reported more malformities in infants. Moreover, the previously pregnant teenagers had inadequate financial resources and were isolated from family and peer networks.

Eco-map technique is used to graphically illustrate the results. The gaps in service provision are evident in the comparison of the two groups' eco-maps. These disadvantaged young women and their infants continue to experience difficulties accessing health and social service resources. The interdisciplinary linkage of policy, research and programming is essential in meeting the needs of pregnant teenagers as well as preventing subsequent pregnancies. Suggestions for service delivery in addressing the health, lifestyle and social needs of adolescents and their infants are provided.

**IMPACT OF RESEARCH ON ATTENDANCE TO A CLINICAL INFANTS/PARENTS PROGRAM**

E. Taylor, S. Dongier, P. Doehring (Verdun, Canada)

Lack of assiduity is a well known problem of programs for Infants and Parents. Frequently the problem of the infant is not easily recognized by the parents. Nonattendance has a detrimental effect on staff patient relationships.

It appears mainly in families whose awareness of their own difficulties and motivation to change are unclear and ambivalent. Lack of trust, feeling of being judged are present especially in multi problem families, in Youth Protection cases and in general when denial is the main was to cope with anger and ambivalence. The lack of common clear goals between family and therapist, the lack of a feeling of ownership of goals by the parents are major obstacles.

The aim of the present research is to explore the possibility that involvement of the family in a research project besides their involvement in a regular clinical Infant Parents Program can play a role in modifying their basic general attitude towards the program and to improve regularity in attendance.

The research in which families are invited to participate is centered on the development of the child and relationship of the child to his/her mother. Relevant information is given to the parents on the consent form. This research is conducted in two sessions of 2 hours each. During the first session the mother has an individual clinical encounter with the psychiatrist and completes the questionnaire about herself. The second session is centered around the child (videotaped play session, developmental test and a temperament questionnaire).

To measure the impact of research on attendance we study a group of 15 families already known by our services. We compare attendance during 12 weeks preceding their introduction to research and 12 weeks after it. A short questionnaire is completed by the parents to explore their response to participation in the research. We make the hypothesis that the research protocol can give the parents, 1) a sense of active contribution to data collection, 2) an opportunity to look at their difficulties with more personal involvement and with some distance and less anxiety, which can foster a better participation in the program.

**MOTHER-CHILD INTERACTION PATTERNS AND THEIR RELATIONSHIP TO CHILDHOOD TEMPERAMENT IN MOTHERS WITH PSYCHIATRIC DISORDERS**

S. Hughes, J. Derevensky, S. Dongier, C. Boucher (Montreal, Canada)

Research has documented a strong relationship between maternal psychopathology, especially depression, and detrimental outcomes in children. Some recent research has found that the level of child dysfunction may be more strongly related to the presence and severity of maternal psychopathology rather than to specific diagnosis. Studies using an observational paradigm have become more important as investigators examine the process involved in the transfer of emotional disorder from mothers to children. Those studies assessing maternal responsivity found that depressed, abusive and neglectful mothers are extremely insensitive. In addition, studies have suggested that difficult temperament adversely affects the mother-child relationship if mothers are exposed to other risk factors.

The present study investigates the relationship between various maternal psychiatric disorders and their effect upon mother-child responsivity. In addition, the degree to which childhood temperament modulates the effect of maternal psychiatric disorder on children is examined. Two groups of mothers, with and without psychiatric diagnosis, who have children aged 3 to 36 months (N=60) are involved in this study.
The presence or a sense of psychiatric disorders is assessed by clinical interview (DSM-III-R) and a psychiatric symptomatology index.

Mothers complete a childhood temperament questionnaire and are videotaped in a semi-structured play interaction. The interaction is coded using the CARE-index (Grittenden, 1988). Data will be analyzed by a two-way Multivariate Analysis of Variance examining the effects of maternal psychiatric disorder and temperament upon maternal and child responsivity.

The implications of this study for assessment, intervention programs, and psychotherapy will be discussed in light of the results.

COGNITIVE DEVELOPMENT OF AT RISK INFANTS BORN TO LOW SES TEENAGE MOTHERS IN BRAZIL
L. Nunes, N. Colnago, R. Sisdeli, C. Taborda, I. Freire, M. Carvalho, M. Balthazar (Rio De Janeiro, Brazil)

Adolescent parenthood has increased in Brazil in the last decade. This phenomenon has occurred more frequently among teenagers from low SES families. Infants born to these mothers are at-risk for developmental delay not only with respect to physical health but also because of inadequate child-rearing practices. A psychoeducational program was conducted to train low SES teenage mothers to improve their at-risk infants development. Sixteen adolescent mothers and their babies, who attended a Public Health Center in S. Carlos (Brazil), participated as subjects. Eight subjects were trained in their home (Home Group) and eight received training at the Public Health Center (Center Group). The individualized training program was based not only on the strengths and weaknesses of infants development assessed by Uzgiris-Hunt Scales, but also in the analysis of the data on mother-infant interactions gathered in observational sessions conducted at the families home. To evaluate the efficacy of the training program, assessments of infants cognitive development were made at 4-month intervals over the first 18 months of life. Data on infants deviation scores Uzgiris-Hunt Scales indicated that, in general, both groups improved their performance over time. The Home Group had better scores from the first to the fourth evaluation in all seven scales. The development of the Center Group showed upward trend in all but two scales - Operational Causality and Construction of Objects in Space.

THE ROLE OF EMOTION IN THE DEVELOPMENT OF THE PERSONALITY
A. Borokina (Moscow, Russia)

This investigation is devoted to studying the role of emotions. The development of the emotional sphere is actual in the making of the child's personality. The emotional screening helps to reveal the level of one's social activity. The investigation was made among children of the age from birthday to 15 years old bringing up both as in the family and without it. At every age stage the concrete role of contact was analyzed. During the increasing of the social activity for the child becomes important not only his inner feelings but their expression too.

TEMPERAMENT, PERSONALITY DEVELOPMENT AND STRUCTURAL CHANGE OF THE FAMILY
H.-G.W. Voss (Darmstadt, Germany)

The study reported here is on developmental changes in infants' temperamental characteristics across several stages of structural changes in the family. Structural change refers to three stages: the one-child family with a 14 months old firstborn and the family with two children, the second born being 8 months and 14 months old. Infant temperament includes both normal and pathological personality functioning, the latter being manifested in the so called "difficult child" syndrome. Credit is given here to a developmental view that stresses the role of interpersonal relationships within the family system for the formation of early personality dimensions. The question is not as much what differences in family functioning across several stages of structural change may exist, but rather how the family system maintains its functional integrity when facing subsequent events that alter the structure of the family (e.g. the birth of siblings).

Thirty two families participated in this longitudinal study. Families were seen when the first child was 14 months old and again when the second child was 8 months old. A third wave of data collection referred to the family system when the second born were 14 months old. Temperament was assessed by both parental questionnaires and observations of behavioral style. Change and continuity in temperamental dimensions including "difficultness" was related to a complex system of within-family concepts related to both relationship patterns as well as personality factors of both parents. The concepts involved in a structural equation model (according to a derive of the LISREL technique) included mother-child and father-child interactional quality, parental belief systems, personality factors of both parents, the developmental history of the mother, the marital relationship and the quality of sibling interaction. Results show that changes in temperamental dimensions across the stages of family structural change involved in the study can be interpreted in terms of efforts of the family system to adapt to both new structural events such as the birth of a sibling as well as the establishment of new relationship patterns such as the sibling relationship.

THE USE OF WHO CHILD CARE FACILITY SCHEDULE IN THE PERSPECTIVE OF CHILD MENTAL HEALTH PROMOTION
P. Caldeira, P. Medeiros, P. Cunha, M. J. Goncalves-Cordeiro (Lisbon, Portugal)
Similarly to what has been happening around the world, Portugal has witnessed the growth of a loose network of child care programs through the last 15 years. Our experience has shown us that there is great variability on the quality of the centers that we visit, namely when mental health issues are at stake.

We decided to try to use the WHO Child Care Facilities Schedule (CCFS) in Portugal in a modified way, suppressing the controlling aspect of the schedule and placing the emphasis on the information provided, in a perspective of child mental health promotion. We mailed the User's Manual of CCFS to the directors of about 250 centers in the Lisbon District. We proposed that the mannet should be discussed in each center and be used as a basis for a self-evaluation of local conditions.

We also sent some rating forms, stating that they could be filled up and sent to us on a voluntary and confidential basis. A new request for self-evaluation will be done by the end of the school year. The data gathered will allow us to make a profile of these centers and we will be able to determine the efficacy of using the schedule in this way for the purpose of promoting young children mental health.

NEUROPSYCHOMOTOR DEVELOPMENT OF THE CHILD WITH AUTISTIC DISORDER IN THE FIRST YEAR OF LIFE
J.R. da Silva Lippi (Belo Horizonte, Brazil)

According to DSM-III-R (American Psychiatry Association, 1987) the terminology Autism (or rather "Autistic disorder") to use the mannet's language) is a subtype of the pervasive developmental disorders. Reviewing 21 years (1968 - 1991) we attempted to evaluate from our files of former and present patients those main characteristics of neuropsychomotor development in the first year of life. We have thus selected 25 clients, whose ages varied (11 of them still undergoing treatment and 14 have been discharged). Their features are as follows: 1) Atypical development = 45%; 2) mood: labile = 30%, passive = 35%, excited = 35%; 3) disturbed family dynamics = 65%; 4) socioeconomic breakdown: upper = 25%, middle = 45%, lower = 30%; 5) social smile in the first six months = not detected in 70%; 6) reaction to environment stimuli in the first six month = 50%; parents attitudes towards the children: adequate = 10%, overprotection = 25%, negligent = 40%, inconsistent = 25%; 7) heredo-family factors = 10% (psychotic manifestations, mental retardation and epilepsy have been associated); 8) perinatal factors: disturbed pregnancy = 35%, physiological childbirth =30%, instrumental birth = 15%, cesarean = 55%; 10) weight at birth: above 3.200 kilograms = 70%; 11) appetite voracity = 50%; 12) sex breakdown = 90% male. Some characteristics coincide with those found in international bibliography and others shall deserve special discussion.

POSTPARTUM DEPRESSION: PREDICTIVE SIGNS AND RISK FACTORS. AN EPIDEMIOLOGICAL PROSPECTIVE STUDY
J. Manzano, M. Righetti-Veltema, E. Conne-Perreard, M. Riaut, W. Pasini (Geneva, Switzerland)

The principle aim of our study is to establish predictive signs of postpartum depression, already during pregnancy. We intend to describe some correlations between the troubles of early mother-child relationship, postpartum depression and different characteristics observed during pregnancy, including obstetrical complications. With these predictive signs, we wish to elaborate a scale with a score that could predict postpartum depression.

We intend in particular to verify the hypothesis of the importance of non elaborated mourning or loss in the outcome of postnatal depression. Up to a larger extent, we think that other life events may have the same meaning as mourning, and that a correlation exists between the way one copes with mourning process and postnatal depression.

The methodology of this epidemiological prospective study consists in interviewing 500 women twice with 2 questionnaires who include some already validated scales (Hopkins Symptom Checklist of Derogatis validated on a French population by Guelfi, 1984; the Edinburgh Postnatal Depression Scale of Cox, 1987; 16 indicators of early distortion in mother-child relationships during the first 3 months of life of Gualdi, 1985). The same research member will interview each woman during the last trimester of her pregnancy, and again 3 months after childbirth, at home where the mother-child relationship will be observed using the evaluation scale of V. Bur (1989). A 3rd questionnaire will resume all the important data from the medical files. This study is still going on. We will present and discuss our immediate results.

SEVERE MATERNAL MENTAL ILLNESS IN THE POST-PARTUM PERIOD AND THE DEVELOPING CHILD
A. Wipfell, E. Mehulsh, R. Kumar (London, UK)

Severe maternal mental illness that occurs in the immediate post-partum period has a devastating effect on the mother and her family at a time of enormous adjustment to the arrival of a new baby. Hospitalization is usually necessary, and in Britain, 'joint' admission of mother and baby to a specialized psychiatric unit has become increasingly common over the past 25 years. Admission of the mother and her infant together may reduce some of the risks to the child's psychological development caused by physical separation, and a number of reports concerning the mother have suggested that relapse rates are reduced and recovery is hastened by this practice. Remarkably though, the impact on the child of exposure to severe maternal disorder (both psychotic and non-psychotic) has received very little research interest.

A prospective study of twenty-seven mothers and infants who have been jointly admitted to a specialized unit for treatment of severe maternal illness was described. The dyads were recruited over a 20-month period, the mothers interviewed and the child's developmental level measured at 2, 6, and 12 months post-partum. At the final contact, the quality of the infant-mother attachment relationship was assessed.
using Ainsworth et al.'s Strange Situation Procedure. Sixteen mothers who were postnatally depressed ut not admitted to hospital, and forty-three matched-pair controls were also seen on each of the three occasions during the first year.

No clear differences in cognitive or physical development were found between the pairs of infants, ut within the 'mentally ill' groups, data suggested the mothers' psychiatric diagnosis was closely related to the child's attachment classification. The implications of these findings for management of the mentally ill mother and her infant will be discussed.

FACILITATORS AND REGULATORS: MATERNAL STYLE AND SEPARATION ANXIETY
A. Scher, R. Sharabany, O. Blumberg (Haifa, Israel)

There are different dimensions according to which motherhood has been conceptualized. One of the most recent one has been offered by Raphael-Leff (1985, 1986, 1990). The central dilemma for mothers consists of having to attend simultaneously to conflicting purposes. One is a tendency and expectation to be available to the child as much as possible. This is a view often attributed to traditionalists and psychoanalytically oriented theories; in Raphael-Leff's conceptualization, this is the tendency to be Facilitator. The second tendency is the need to regulate the behavior of the child, and to mediate to him/her the outside world (a tendency to be Regulator). Each individual mother has to come to terms with both tendencies on a daily basis, as well as in values and educational ideology. Raphael-Leff reports significant differences between Facilitators and Regulators in their work patterns, care-taking and self-esteem.

In the present study, the concept as well as the predictive validity of the two maternal styles were studied. 97 mothers who took part in a longitudinal study (Scher, 1991) completed the F-R questionnaire. When their infant was 3, 9, and 12 months old, the mothers responded to the Maternal Separation Anxiety Scale developed by Rock et al. (1982). The findings indicate that maternal style is related to separation anxiety in the first year of life. Mothers who adopt extreme responses in their choices of Facilitating and Regulating tendencies also show greater separation anxiety. Mothers who choose moderately elements from both dimensions, report lowest separation anxiety.

Developmental comparisons at 3, 9, 12 months indicate that there are interaction effects of maternal style and the developmental marker of the child which produce different anxiety levels. Thus, the concepts of Facilitator-Regulator seem to be valuable in identifying maternal tendencies which capture both stability (predictive validity to different developmental stages) and changes in maternal behavior from one phase of development to the next one.

SYSTEM CHANGE: A COMMUNITY'S RESPONSE TO P.L. 99-457
M. Weissbourd, C. Rolland, M. Patrick (Chicago, USA)

The Early Childhood Services Network: Chicago Project is a field test program site developed to test Illinois' proposed system of coordinated comprehensive identification, diagnosis, and treatment services for families with children with developmental delays, disabilities or risks thereof. The project aims to create a family-focused network of community and professional organizations located on the north side of the city of Chicago to respond to the myriad needs of very young children and their families. A major goal of this project is to identify infants at risk for developmental delay and to intervene promptly when delays are evident.

The North side of the city of Chicago comprises a highly diverse mix of socio-economic, ethnic and racial groups. Reflecting this population heterogeneity, the agencies providing services to infants range from family-oriented community programs to specialized treatment projects. It is a challenge simply to begin a dialogue among these diverse service providers. Programs are often unaware of the nature of services offered at other sites, even when they are geographically located within blocks of each other.

It is an equally great challenge to shift the orientation of most service providers from an organizational focus to a family focus. Translating the rhetoric of Public Law 99-457, which insists that services be family-centered, into a rational system of services requires changes in institutions and staff. Institutional barriers and personal defenses frequently converge, creating problems among agencies and between professional staff and parents. The Chicago experiment is identifying problems in system delivery and is proposing solutions to these problems. Among solutions is a plan for staff development on issues of interagency cooperation and parent-professional partnerships. Staff training is essential to the success of community-wide collaborative efforts for families with young children. The Early Childhood Services Network: Chicago Project is rich in information on identifying and mastering the difficulties of applying theoretical systems in real communities.

"STAYING ON TRACK" AN EARLY TRACKING, IDENTIFICATION AND INTERVENTION PROGRAM
S. Landy, S. Jewell, A.B. Allen, F. Brooks, R. de V. Peters (Toronto, Canada)

This workshop will describe the implementation and ongoing functioning of an early tracking, identification and intervention program in rural Ontario, Canada. The program commenced in October, 1989 with the objective of tracking all infants born in a town whose parents agree to participate. The model
utilizes comprehensive screening measures which can be conceptualized under three headings: child congenital and biological factors; sociodemographic and family factors; and the relationship and interaction between caregiver and child. Infants, children and their families are seen at home, in clinics or in schools at birth, 6 months, 18 months, 2 1/2 years, 3 1/2 years, 4 1/2 years and 5 1/2 years. The interventions include an assessment, provision of parenting information, on-the-spot counseling and, if necessary, follow-up visits and referral to other relevant agencies in the area. Three target groups of 200 subjects have been selected and monitored for approximately 2 1/2 years. The first cohort will be screened prenatally through to 18 months, the second cohort from 18 months to 3.5 years, and the third cohort will be tracked from 3.5 to 5.5 years of age. The three cohort procedure allows for the creation and evaluation of a tracking system over a five year range in a three year project. It also means preliminary data will be available on a large number of cases covering nearly a six year range. The large sample size will allow multiple regression analysis of a wide range of factors in order to determine their independent contribution to the manifestation of a number of physical and mental health related outcome measures in each cohort. From this data variables will be identified, in addition to biological and congenital risk factors, which show a strong predictive association with subsequent self control and regulation, psychosocial competence and physical and mental health problems.

The project is a collaborative effort and builds onto the existing service systems of public health, children's mental health and education. A Community Advisory board of representatives from a number of service-providing agencies in the area, facilitates interagency cooperation and collaboration in referring and providing more intensive services to children and families identified as needing them. By tracking all infants and children at various ages stigmatization is reduced and the potential to increase access to counseling and referral for segments of society, who traditionally experience difficulties in seeking out or receiving services, is improved.

The tracking system is extremely well received in the area and parents are asking for additional group sessions on various parenting issues. Preliminary findings show that of children without this intervention, by 3 1/2 years of age, 25% are showing significant emotional, social or behavioral problems. These and other preliminary findings and videotapes of the interventions will be presented to illustrate the methods and results of the tracking system.

THE JAPANESE I FEEL PICTURE TEST
K. Inoue, Y. Hamada, C. Fukatsu, K. Okonogi (Tokyo, Japan)

The purpose of presenting the Japanese Infant Facial Expression looking at Pictures Test (abrev. JIFPIT) is to discuss with other researchers of other countries the validity of this test and the various possibility of with the data we have up to the moment.

The I-Feel Picture test was initially developed by Emde, RN and Osofsky J to evaluate emotional availability of adults. The same test was submitted to Japanese in 1987. From this application, we noticed the need of Asian infants picture in this test. This need, lead us to develop the JIFPIT. The process of developing this test was presented in the previous congress.

Data:
In this workshop we would like to present the data of JIFPIT administered to:
1. Japanese University students: 400 subjects. (By Inoue K)
2. US (Hawai) University students: 80 subjects (By Hamada Y)
3. Pregnant mothers and mothers with infants: 250 cases (By Inoue K)
4. Retiree mothers: 20 subjects (By Fukatsu, C.)
5. Schizophrenic mothers: 30 subjects (By Hamada, Y.)

Method:
Above 4 groups submitted the JIFPIT test which is composed of 30 pictures, mounted in album, except the Japanese University students which was administered in slide form.

Besides the JIFPIT, a questionnaire composed of demographic data sheet, Self Esteem Scale, Mother role scale, Baby Image scale, depression scale, identity scale, among others were included. Subjects were requested to describe freely what each infant in JIFPIT was feeling them to answer the questionnaire.

All responses of JIFPIT were coded by two dependent writers into 18 categories of emotions (joy, shame, fatigue, thinking, anger, sadness, sleepiness, anxiety, attention, doubt, surprise, object seeking, pain desire, perseverance and others).

Results and Discussion:
Result showing the significant differences among the answers will be presented in the workshop.
The facilities and difficulties of submitting JIFPIT was evident among each of 5 groups mentioned above. Our proposal is to present these data in order to understand more the sensibility adequate of reading facial expression of emotions and to verify the possibility of making a condensed version of JIFPIT.

PARENTS PROTECT AND NURTURE CHILDREN BY RESOLVING THEIR HISTORY OF CHILDHOOD SEXUAL TRAUMA
B. Kennison (Traverse City, USA)

The poster will focus on adults, sexually traumatized in childhood, who are now parents. Sexual trauma will be defined and data from clinical experience will demonstrate the psycho-social-physiological- and spiritual impact this form of trauma has on the parent's particularly mother's interaction with her child or children. The following are some of the areas that will be addressed: guilt, self blame, anger often bordering on or turning into rage, lack of trust in self and in others, lack of clear boundaries, difficulty forming meaningful relationships, loss of control over one's body, distorted perceptions,
nightmares, and placing oneself at risk as a means of developing a personal sense of mastery and control.

The use of case examples will enable the participant to see the healthy outcomes on parent-child relationships that arise when parents resolve their own history of sexual trauma. The commitment on the part of the parent or parents to break-up unhealthy patterns that arose from the trauma result in the following: (1) supports the development and ongoing maintenance of healthy interaction between parents, 2) leads to their ability to protect and nurture the child or children and (3) serves as a first line defense in preventing generational abuse.

RANDOM INTERACTIVE EVENTS
M. Montes de Oca, J. Rosenfeld, G. Coyer (Paris, France)

In our research concerning the screening of early interactive precursors of autism from birth to 24 months of age, we focused our attention on the concept of bizarreness. Our method of analysis involves a blind sequential analysis of family home movies. The affective assessment scale is composed of several items: boredom, insecurity, sadness, indifference, anger, pleasure and unknown (specify the diverse affects felt), bizarreness.

Bizarreness is perceived in two ways by the observer. Firstly, the unpredictable interactive event appears which he is unable to interpret according to his usual cultural interactive code. Secondly when the infant interacts in a repetitive way, the reproduction of the exchange gives the impression of a discontinuity. Using the affective assessment scale, this bizarreness seems to include two qualitative aspects: one involves the affect felt by the observer and the other the distortion of the interactive code. However, we currently realize, as our observation becomes more refined, that the affect is linked to the dysfunctions.

We observe that the affective items in the scale, with the exception of bizarreness, include a consensus of the observers' representations. When we analyze more closely the sequences, we find that bizarreness can be defined as a temporal dynamic process. On the one hand, the bizarreness of an interactive moment can be associated with the incongruity of the different interactions. Usually, visual, tactile, body, vocal, facial interactions are integrated and organized together; bizarreness is felt when they are not. On the other hand, we can observe the bizarreness of the plot, that is, fragmentation of behaviors, disruption of variations. We will illustrate our hypothesis using film sequences showing the infant in interaction with his father, mother and grandparents.

How can bizarreness be detected and transmitted? What happens to the observers' empathy, what freezes his empathy? How are temporality and affect linked? Bizarreness is a concept which tries to understand that the code of subjective information can develop errors. These errors seem unexplainable because of their randomness. However, it is precisely these accidental events that may allow for a renewal of the interactions with a baby, because they create a new subjective, unfamiliar, but reproducible event that can enrich the dynamics of relationships.

DISTURBIOS DEL SUEÑO Y DEPRESION MATERNA
M.M.O. Alves, S. Celis (Porto Alegre, Brasil)

De acuerdo a P. Mazet "una depresion materna restringiendo considerablemente la capacidad de atender a las necesidades del bebé perturba mucho el sueño de este." Siguiendo a Brown y Harris "depresión no es solamente un problema más, sino un eslabón central entre muchos tipos de problemas: los que llevan a la depresión y los que pueden seguirlo." Zuckerman, Stevenson y Bailey realizaron un estudio longitudinal donde la hipótesis de que los sentimientos depresivos maternos tienen un papel clave en los disturbios del sueño fue demostrada.

Fueron entrevistadas y analizadas madres conjuntamente con sus bebés de 1 a 24 meses de edad con los siguientes objetivos:

a) dactar disturbios del sueño en los bebés: b) presencia o no de depresión materna: c) actitud materna en relación al problema del sueño del bebé. Los binomios madre-hijo fueron seleccionados en una clínica pediátrica donde trabajan 12 pediatras.

Criterios de Inclusión:
- Bebés nacidos a término y sin complicaciones perinatales;
- Sin patología orgánica que provocase disturbios del sueño;
- Presencia de perturbación del sueño; e; sea;
a) Tardar una hora o más para volver a dormir después de despertarse en la noche;
b) Despertarse tres o más veces durante el transcurso de la noche;
c) Cualgquier problema del sueño del bebé capaz de causar interrupción severa del sueño materno.

Entrevista con la Madre:
¿ Cuantas noches se despertó en la última semana?
¿ Cuantas veces se despertó en cada noche?
¿ Quál es la demora para volver a dormir después de la interrupción del sueño?
¿ Con que frecuencia el bebé es trasladado a la cama de los padres?
¿ El bebé es alimentado en el pecho?
¿En el caso contrario cuantos mililitros de leche en mamadera ingiere por noche?
¿Qué es su actitud frente al bebé que no duerme: amamantarlo o alimentarlo, llevarlo para la cama de los padres, dejarlo llorar, meterlo, castigarlo, darle remedios?
¿La madre está separada del marido?
¿Trabaja fuera de casa; cuantas horas; tiene algún auxilio (padre, abuela, empleada)?
¿Juega con el bebé; cuantas horas por día?
¿El bebé tiene una rutina para dormir: horario, local, objetos de transición, etc. . . . ?
- Renta familiar.
- Profesión de los padres.
- Raza
Para evaluar la depresión materna fueron empleadas las escalas de Hamilton y de Beck.

"PROGRAMA DE ATENCION A LA GESTANTE ADOLESCENTE"
G. Viçosa (Porto Alegre, Brasil)

Un equipo multidisciplinario compuesto de obstetras, pediatras, psicólogos, odontólogos, enfermeras, nutricionistas y asistentes sociales ofreció atendimiento a la gestante, de bajo nivel socioeconómico, a su compañero, familiares y al bebé hasta el final de su primer año de vida.

OBJETIVO: Favorecer la interacción padre/madre y bebé, propiciando condiciones que reduzcan el nivel de ansiedad, con la finalidad de establecer una mayor disponibilidad maternal y paternal.

TECNICA: Los pacientes tuvieron atendimiento semanal, individual y grupal sobre los fenómenos que acompañan la gestación, el puerperio, el desarrollo psicosocial del bebé, la valorización de la distribución de papeles en la familia, la higiene y la nutrición, con la finalidad de reducir los factores que provocan riesgos y ansiedad en esa fase.

NOTIFICACIÓN: El equipo multidisciplinario se ha propuesto como modelo de disponibilidad durante el trabajo.

CONCLUSIONES: Después del atendimiento a los 1,600 casos, el equipo ha observado que:
- 31% de las gestantes no mantenían unión estable con el compañero;
- 54% de ellas pertenecían a las familias cuyos padres estaban aislados;
- 43% eran hijas de madres que también habían sido "madres adolescentes;"
- 38.8% tenían padres, donde uno de ellos era alcohólico;
- Una de las características del grupo de gestantes fue el abandono emocional y el miedo de la "hora del parto."

RESULTADOS DEL ESTUDIO: Los resultados del trabajo fueron evaluados a través de los siguientes aspectos:
- Tipo de parto: 81% fueron partos vaginales;
- Incidencia de prematuridad: 12% amamantación: la gran mayoría de las gestantes han amamantado y 50% hicieron además de los seis meses;
- Número de hijos ofrecidos a la adopción a la adopción: 3.

LA COMPETENCIA COMUNICATIVA DE BEBÉS A LOS 3 MESES DE EDAD -UN ESTUDIO EPIDEMIOLOGICO SOBRE LOS PRECURSORES DE LA LENGUAJE Y EL DESARROLLO PSICOSOCIAL"
E.F. Furtado

En una muestra representativa de bebés a los 3 meses de edad, extraída de una población de primigenitos nacidos en la ciudad de Mannheim y sus cercanías, en Alemania, durante el periodo de dos años, fueron registrados a través de videos, en secuencias estructuradas de diez minutos, las interacciones Madre-hijo como parte de un estudio longitudinal, lo cual investiga los factores de riesgo, sean orgánicos o psicosociales, en el desarrollo de las perturbaciones y enfermedades mentales en la infancia. Escalas fueron creadas para evaluación del constructo "competencia comunicativa," donde la producción prelingüística recibió atención particularizada. Buscada una descripción del fenómeno en la muestra estudiada, haciéndose investigar las relaciones con parámetros del desarrollo psicosocial a los 3 meses y a los 2 años de edad. En la misma manera investigase el papel de los factores de riesgo orgánico y psicosocial, investigados en el niño y en la familia, a saber."

EL TEST DE BOEL: UN ESTUDIO SOBRE LA COMUNICACION TEMPRANA EN 511 BEBÉS DE 8 MESES DE EDAD PERTENECIENTES A HOGARES CONFORTABLES Y NO CONFORTABLES DE BUENOS AIRES, ARGENTINA
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El Test de BOEL es un instrumento de prevención de los trastornos de la comunicación destinado a bebés sanos de ocho meses de vida. Detecta la capacidad del bebé de dar prioridad a determinados estímulos que llaman su atención. Esta atención selectiva es la que le permite seleccionar unas señales e ignorar otras.
La comunicación está basada sobre un intercambio de señales elegidas que son decodificadas y respondidas adecuadamente mediante el uso de reglas aceptadas.


Las pruebas - que insinúan entre dosis y quince minutos incluyen respuestas a diferentes estímulos visuales, auditivos y sociales. Se comprueban también la postura, manipulación, socialización y lenguaje adecuados a los ocho meses de desarrollo.

Medialidad operativo: Fueron convocados pediatras pertenecientes a Medicina Privada y Hospitales Publicos. Ellos invitaron a las mamás a participar de la experiencia. La agrupación en BHC (Bebés de Hogares Confortables) y BNHC (Bebés de Hogares No Confortables) se logra teniendo en cuenta el acceder o no a los servicios públicos.

Hipótesis de Trabajo: Los BNHC mostrarán un BOEL negativo. Los BHC, un BOEL positivo.

Conclusiones: Los resultados sobre 511 bebés muestran que en ambos medios el porcentaje de BOEL negativo se da del 10.5% y con interesantes diferencias en la calidad de las respuestas, en las variaciones de las pruebas positivas y en la composición del vínculo mamá-bebé. El estudio permite inferir que un exceso en la estimulación puede perturbar la capacidad de atención selectiva tanto como un bajo nivel de estimulación.

ABUSO SEXUAL EN LA INFANCIA: MANEJO Y ABORDAJE TERAPEUTICO

Los autores presentan una revisión actualizada de la literatura sobre definición características y consecuencias del abuso sexual en la infancia. Salientan aspectos relevantes del manejo inicial y discuten algunas modalidades actuales de intervención: psicoterapia individual, atendimiento en grupo de los niños abusados, sus madres y padres.

Consideran, todavía, la importancia del carácter preventivo de la intervención en los casos de abuso sexual en la infancia con el objetivo de interrumpir el ciclo de perpetuación del abuso de generación a generación.

AUTISME INFANTILE ET ACTIVITE DES ANDROGENES
S. Tordjman, P. Ferrari (Reims, France)

Nous avons observé chez 4 enfants autistes prématurés de 6-10 ans l’apparition précoce de caractères sexuels secondaires (pilosité pubienne) suggère une élévation de l’activité des Androgènes dans l’autisme infantile. En outre, tous les auteurs relèvent une forte prévalence masculine dans l’autisme : 4 fois plus fréquent chez les garçons que chez les filles.

Ces observations cliniques sont à rapprocher des travaux de Geschwind et Galaburda : un excéd de Testostérone chez le foetus provoquerait des anomalies du développement de l’hémisphère gauche entraînant une déficience des fonctions cognitives. Or cette déficience est retrouvée chez les autistes. Pour tester l’hypothèse associant hyperandrogénie et autisme, nous avons procédé à des dosages plasmatiques de Testostérone et d’Androgènes surnucléiques chez des enfants autistes. Cette étude a porté sur 9 enfants autistes (6 garçons et 3 filles âgées de 5-17 ans), correspondant tous aux critères DSM III R. Certains auteurs ayant montré une liaison positive entre Testostérone plasmatique et agression, ces 9 enfants ont été classés en 3 groupes en fonction de leur comportement agressif pour contrôle cette variable (auto-agressif, hétéro-agressif, non agressif); 3 enfants présentaient depuis quelques mois des conduites hétéro-agressives (colère, objets cassés, adultes ou enfants frappés, mordus, griffés...); trois autres présentaient des conduites auto-agressives avec automutilation; les trois derniers, confinés dans un retrait autistique n’avaient aucune conduite d’agression extériorisée. Ces enfants autistes ont été comparés à des témoins appariés pour l’âge, le sexe, le poids et le stade pubertaire de l’enfant, choisis en pédiatrie parmi des enfants dont le développement physiologique était normal. Tous les prélèvements de sang ont été effectués à 10 heures du matin, écartant tout biais de possibles variations circadiennes. Les mesures de concentration plasmatique Testostérone (CTP) et d’Androgènes surnucléiques (Sulfate de Dehydroépiandrosterone : DHEAS) ont été réalisées par une technique immunoradiométrique après prélèvement veineux de 5ml de sang. Les résultats des dosages ont apparaître une importante augmentation de Testostérone plasmatique chez 3 autistes sur 9 (figures). Ces 3 enfants appartenant tous au groupe hétéroagressif, une CTP élevée est donc retrouvée chez 100% des autistes hétéro-agressifs : l’un deux, un garçon prématuré de 10 ans présentait une pilosité pubienne, un autre, une fille de 13 ans accusait un taux de DHEAS augmenté 633% comparé aux témoins (les autres dosages de DHEAS sont normaux).

LA CLASSIFICATION DIAGNOSTIQUE DANS LA PREMIERE ENFANCE L'EXPERIENCE CLINIQUE DE U.P.I.

DIAGNOSTIC CLASSIFICATION IN INFANCY: THE CLINICAL EXPERIENCE OF UPI

M-J. Gonçalves Cordeiro, P. Caldeira, I. Martins (Lisbonne, Portugal)

The evaluation of our work, the research, the need to communicate with other technicians and the search for a common language are vital tasks for the development of our science. At UPI we feel the importance and the necessity of a reflection in this area. So, we set up a study group with the aim of applying different types of diagnostic classifications to infancy.

For each case we tried to use several nosographic frameworks, bearing in mind the advantages in terms of different information provided by each of them. A diagnosis was proposed on the following approaches:

Clinical (syndromatic, developmental/structural and etiologic), interactive, associated situations and DSM-III-R.

This paper is based on about 40 cases. It studies the relationships among different types of diagnoses, its agreement and contradictory issues. We make a critical reflection about the insufficiencies and advantages of applying DSM-III-R to infancy and make proposals to better it.

L'évaluation de notre travail clinique, la recherche, l'intérêt de la transmission des connaissances et d'un langage commun sont des tâches vitales pour le développement de notre science.

Dans notre service (U.P.I.) nous avons un groupe de travail dont l'objectif est l'application comparative des grilles diagnostiques dans la première enfance (Kreisler et D.S.M. III-R).

Dans chaque cas nous avons essayé différentes grilles diagnostiques, gardant à l'esprit les avantages de l'information apportée par chaque grille.

Dans 40 cas nous avons utilisés les approches suivantes : clinique (sindrome, évolution/structurale et étiologique), interactive et la D.S.M. III-R.

Nous étudions les rapports entre les différents types de diagnostic, ses concordances et contradictions.

Nous faisons une réflexion critique sur les insuffisances et avantages de l'application à la première enfance de la D.S.M. III-R et nous proposons quelques modifications dans le but de l'améliorer.

DEPRESSIONS DU POST-PARTUM : UN "ATTOUTMENT" BOITEUX ?

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Les conséquences des dépressions du post-partum sur la relation mère-enfant sont évaluées au travers du suivi de 48 dyades mères-enfants de la naissance à 3 mois.

Des différences significatives apparaissent non seulement dans la relation mais aussi dans les caractéristiques affectives entre les mères déprimées et non déprimées.

Par ailleurs, les bébés dont les mères sont déprimées ont une consommation médicale cinq fois plus élevée que les bébés dont les mères ne sont pas déprimées.

Nos résultats convergent avec ceux d'autres études vers l'idée que les dépressions du post partum peuvent être responsables de troubles chez les bébés.

Les différences de caractéristiques affectives des mères, déprimées et non déprimées, pourraient conduire à un dépistage précoce des dépressions du post partum et à une action thérapeutique auprès de ces dyades en danger.

ETUDE DE LA CONSTRUCTION DE L'IDENTITE DE L'ENFANT ET DE SES TROUBLES DANS LE LANGAGE ADRESSE PAR LES PARENTS AU BEBE

O. Le Marec, L. Zabre, E. Charles, G. Catoire, M. Squillante, D. Houzel (Brest, France)

Une recherche sur les premiers signes pathologiques remarqués par les parents dans le développement d'enfants autistes nous a montré que ces signes, que nous appelons "signes d'alerte", se regroupaient dans certaines périodes précises de la première année. Nous avons fait l'hypothèse que ces périodes correspondaient à des phases significatives du développement de l'individuation et de l'identité chez tout enfant et que les "signes d'alerte" d'autisme infantile pourraient traduire l'incapacité de l'enfant à franchir une de ces étapes critiques.

Pour étayer cette hypothèse, nous avons étudié le langage adressé par la mère et le père au bébé chez 15 nourrissons normaux qui ont fait l'objet d'une observation selon la méthode d'Esther BICK, qui comporte une observation d'une heure chaque semaine pendant 2 ans. Ce sont les notes détaillées des observateurs qui ont constaté notre matériel d'étude.

Une grille de lecture du langage d'adresse a été mise au point. Elle inclut des items qui portent sur :

- les modes d'appellation de l'enfant par ses parents,
- l'attribution par les parents à l'enfant d'une activité psychique autonome,
- les limites et interdits que les parents opposent à l'enfant.

Les résultats de cette étude portent sur les 9 premiers mois des enfants. Ils sont présentés dans ce poster. Ils sont comparés aux données recueillies dans l'anamnèse de 30 enfants autistes.

Des hypothèses psychopathologiques sur la genèse de l'autisme infantile en tant que défaillant de mise en oeuvre des processus d'individualisation et de construction de l'identité sont proposées.

MERCISME, LE DERNIER RECURS
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Le mérycisme reste plus méconnu que rare. Des cas peuvent être observés dans des milieux aussi différents qu'un hôpital universitaire français ou un camp de réfugiés surinamiens.

L'amorce de la symptomatologie par des régurgitations sans spécificité détourne l'attention de la ruminaton qui survient lorsque l'enfant est seul.

Celle-ci repose sur des expériences sensorielles agréables de l'oropharynx que le bébé va chercher à reproduire. Initialement de découverte fortuite, la reproduction de ces sensations est l'ultime recours d'un bébé en situation de carence affective pour protéger l'unité de son narcissisme et éviter une désagrégation du "sens de soi".

Pour obtenir cette satisfaction archaïque, il doit réaliser une avance de maturation cognitive aboutissant à une distorsion entre divers secteurs de son fonctionnement mental.

À ce titre et devant le dépassement des capacités d'hallucination du désir, le mérycisme mérite plutôt la qualification d'auto-fonctionnement que celui d'auto-érotisme.

La réaction d'accrochage à la "mère-soignante" est l'élément crucial de l'évolution et mériterait de plus amples études.