ABSTRACTS

World Association for Infant Mental Health

Sixth World Congress

Tampere, Finland
July 25–28, 1996

Editors

Antoine Guedeney
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Foreword

As the Co-Chair of the Programme Committee of WAIMH Sixth World Congress, I was very pleased that our idea of theme for the Sixth World Congress was well accepted, and particularly the theme of intervention. I believe it is about time for us professionals in the field of infant mental health to focus on the issue of early intervention as one, if not the main theme of our work. The high number of submissions received for this Congress may be an indication of the growing interest towards the different aspects of early intervention.

The baby is now more and more considered as a person. We know more and more about his abilities, but we have also to consider his needs. Now we have to link the large array of experimental work with clinical knowledge. The issues of how to design, learn, teach and evaluate a clinical parent-infant programme has become a key one, in which WAIMH has already acquired and will develop its specific multidisciplinary expertise.

The specificity of infant mental health is mirrored in the different sub-themes of this meeting; theory and practice, research and clinical application, teaching and learning, hard-to-reach families and intervention within different cultures.

I feel also personally very happy that this Congress takes place in Finland, a country with a deep and long standing dedication to the importance of infancy; also a country with a special ability to host, to share feelings, while staying strongly attached to its values and ways of thinking.

Infants live now in a fast changing world, which seldom pays sufficient attention to their specific needs, nor of the needs of mothers and families. Our more urgent task, reflected in our Congress theme, might now consist in bringing the fruit of intervention research and best clinical thinking to the people, infants and parents who most need it.

With my very best wishes for a fruitful and pleasant meeting,

Antoine Guedeney
Co-Chair, Programme Committee
Sixth World Congress of WAIMH
# ABSTRACTS

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**Idea of codes:**
- **TW**  = Teach-in (T), Wednesday (W)
- **ST**  = Symposium (S), Thursday (T)
- **WF**  = Workshop (W), Friday (F)
- **VS**  = Video (V), Saturday (S)
- **PLSU** = Plenary (PL), Sunday (SU)
TW 1/1 PERINATAL LOSS OF A TWIN

Authors: Cherro Aguerre, M.; Defey, D.; Zito, G.; Correas, P.; Lores, R.; Fuentes, A.

When a child's death is too near the beginning of life parents and all that surround them are overwhelmed by a numbing feeling of void, inadequacy and rage. When these feelings coexist with the need to attach to another child, the psychological burden may be too heavy and bonding disorders may ensue. For parents losing one or more twins during or after pregnancy (be it through natural death or selective embryo reduction) the living twin(s) becomes a permanent reminder of all that the dead sibling(s) has missed. Thus the relationship with him or her is filled with ambivalence and a shadow is inevitably cast upon his/her whole existence. Parents develop different coping strategies in dealing with this situation: some postpone mourning until they have gone through the earliest stages of bonding with their living child; others manage to split their thoughts, their time and their energy and deal with attachment and disattachment quite successfully at the same time; yet others pretend the lost twin never did exist and expect the surviving twin to fulfill all their expectations. These cases pose several management problems for infant mental health professionals and therapeutic approaches should be complemented by educational interventions addressed to the medical, nursing and teaching staff involved with parents and the surviving infant(s).

TW 1/2 THE LOSS OF A CHILD BEFORE BIRTH

Authors: Defey, D.; Díaz Rossello, J.L.; Friedler, R.; Nuñez, M.; Terra, C.
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Intrauterine death during the last trimester fills parents with confusion and bewilderment and poses a relevant problem as it becomes a major risk for disturbed mourning and subsequent deleterious effects for parents, other living children and children to be born later, who are in risk of developing replacement or vulnerable child syndromes. The medical and nursing staff are also affected and tend to generate a conspiracy of silence, dealing with the loss as a non-event, thus transforming it into an overlooked catastrophe. Sensitizing staff to parents' needs thus becomes a major aim for infant mental health professionals, since clinical management seems to be crucial to later working through the loss in the family. The video-tape hereby presented conveys through artistic production and selected fragments of interviews to mothers and staff, some theoretical considerations on bereavement processes and artistic production a panorama of the feelings involved. It also offers some guidelines for clinical management of perinatal loss.
INSTITUTING COUNSELING PROGRAM FOR HIV+ MOTHERS WHOSE CHILD IS SUFFERING FROM AIDS  Weil-Halpern, F., UIH HOPITAL DES ENFANTS-MALADES

149 rue de Sèvres 75015 PARIS FRANCE
Program support by ANRS
Objectives: To help a young mother with at least one HIV infected child to cope with daily life and to care for herself and for the child.

Methods: Counseling consultation in the outpatient clinic of a pediatric hospital is given as informal interviews, during the course of which we can: A° evaluate the capacity for coping with the child's illness, and to anticipate the future for herself and for the child. B° gather information through the means of 1° questionnaires focussing on social; medical; marital, familial; etc. Status, 2° observation of mother-child interactions; 3° evaluation of child development.

Results: We could appreciate the impact of the interviews through the evolution in the content of the conversation with the mother. The denial mechanism observed to be so very strong in the first interviews were seen to lessen considerably subsequently. It allowed the mother to think of her own death; to consider who would care for the child after her death; and to speak about it. This allowed us to put in place the program of palliative care for the mother and/or the child, or foster care for the child.

Conclusion: This type of counseling prevents the catastrophic separation of the mother and child in the case of the mother's incapacity of caring for the child

MELANCOLIA AND MOTHER BABY INTERACTIONS: » A DIFFICULT TRANSPLANT»

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The case presented here is a melancholic depression in a french mother after adoption of a 2 month-old baby girl from South America.
This case raises the question hypothesized by B. CRAMER that a certain number of significantly clinically observable interactions are induced by fantaisies, which means that certain maternal representations are materialised in visible behaviour.
The adoption set fire to a narcissic problematic illustrated by impossibility of eye to eye interaction in the first months.
In this case a particular therapeutic intervention and setting was "created". The psychopathology of the mother, its repercussion on the mother baby interactions, the treatment set out and its out come will be discussed.
TW 4  »FAILURES» OF BONDING AND ATTACHMENT: 
THE ROLE OF VIDEO FEEDBACK IN CLINICAL 
INTERVENTION

Dr Andy Sluckin, Principal Clinical Psychologist, Bethel Child and Family Centre, 
Mary Chapman House, Hotblack Road, Norwich NR2 4HN, UK

Three case examples will be presented in which video feedback played a crucial role in enabling the mothers gain a new and more positive orientation towards their infants. In the first case, a mother seeking to adopt a fifteen month infant with both physical and mental delays was concerned whether the infant would ever be able to form an attachment to her. The second and third cases involved the reverse situation. Both these severely post nataly depressed mothers were distressed about 'having no feeling at all' for their five and nine month old babies. In all three cases there was professional concern both about current and future risks to the infants' well-being.

The development and elaboration of a video feedback approach to parental guidance will be discussed. How this approach arises from theories of infant-parent communication and how it fits with a variety of therapeutic perspectives will be examined. Finally, current knowledge about 'failure to bond' will be reviewed. This will lead to a participatory discussion about the ways in which the concept of maternal bonding is socially, as well as biologically, constructed and the implications this has for therapeutic interventions within a variety of cultures.

TW 6  HOSPITAL TREATMENT OF MOTHER AND BABY 
AIMING TO INDUCE THE SEPARATION 
INDIVIDUATION PROCESS

P. CHARDEAU, M.D. 
L. MORISSEAU, M.D.
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In our in-patient unit, which offers 16 beds - eight for new born children and eight for displaying severe personality troubles mothers - we address simultaneously the mother's psychotic troubles and the baby's functional manifestations, looking for the best adjustment to the infant's needs.

The purpose of this hospital care, which may last several months, is to allow the establishment of an irreplaceable relation between the mother and her baby: irreplaceable for the child, for these first few weeks or months of life condition his/her future psychic organization, irreplaceable for the mother in the setting up and development of her maternal function.

In our quest for objective criteria to appreciate the benefit of our treatment for the child, we made use of the separation-individuation process described by Margareth MAHLER. She distinguishes four phases in the child's development, following the symbiotic stage of the first few months.

Our aim is to show the value of long term in patient treatment of the dyad for the child's psychic development, as can be detected according to Mahler's description.

On the basis of successive observations of the infants' manifestations, we have been able to define the criteria leading to the decision to let the mother keep her child, or more seldom to separate them.
Three clinical observations.
TW 7  PARENTS, INFANTS AND EARLY PSYCHOPATHOLOGY

Romana Negri
Università degli Studi di Milano / Centro Benedetta D'Intino, Via Sercognani 17, Milano, Italy

The video shows a way of intervention on the very young infant (who can be just a few months old) through the work of the parents and of the doctor. I have developed this pattern in a fifteen years activity. For the structure of my work I have considered the achievements of Cramer, Emde, Harris, Lebovici, Monzano, Miller, Palacio Espasa, Sameroff, Stern, and Wittenberg.

The first part shows the most significant elements of a psychopathological risk in the baby: I call them "alarm symptoms" since they indicate a psychopathological risk. They are also present in healthy children in a transitional way, while in children at risk they are predominant and become crystallized parts of their personality, opposite to the integration of the child's sensoriality. So they testify the failure of the development of the baby. At the same time the work considers the anxieties and the projections of the parents.

The very young infant is in fact very perceptive of its mother's anxiety, which, especially at the beginning, hinders the adequacy of her response to the child's complex communication. Thus a complex field of relationships can exist in consultations. It is essential for the therapist to set up a "work group" with the child's parents, giving them equal responsibility. Together, the therapist and the couple work towards the objective of better understanding what is happening to the child.

I then describe how to organize the setting that will frame the treatment.

In the second part I will evidence the practical modality of intervention with the parents and the results.

To enlighten my work, I will show the case of Davide, a two months old infant who was sent to me by the pediatrician as he was supposing a form of blindness. The child is shown through his evolution up to school age.

TW 8  INTERVENTION FOR BEHAVIORAL PROBLEMS IN INFANTS AND TODDLERS WITH CEREBRAL PALSY

Donald F. Wuori, M.D. (University of South Carolina School of Medicine 3555 Harden Street Extension, Suite 103, Columbia, SC 29203, USA) Harry H. Wright, M.D., M.B.A., Suzanne McDermott, Ph.D., Richard Nagel, Ph.D., Tami Leonhardt, Ph.D.

Children with Cerebral Palsy (CP) usually have problems in addition to the abnormalities of motion and posture which characterize the disorder. Behavioral problems are on of the more common additional difficulties, but early intervention for behavioral problems in this population is rare. We describe a behavioral medicine consultation for occupational, physical, and speech therapists that provided the necessary support for effective intervention for behavioral problems presented by young children with CP. Specific problems identified by parents and therapists are discussed within the context of the one year outcome.
TW 9
THE FACELESS DOLL (SECOND PART): EVALUATION OF THE PSYCHOANALYTICAL CURE OF AN AUTISTIC CHILD FROM 14 MONTHS TO 5 YEARS OF AGE

Graciela CABASSU, 74 Rue Dunois, 75646 Paris Cedex 13 - France

Introduction: Clinical characteristics of the case and therapy setting

The child presented a primary autistic syndrome without detectable organic or genetic factors. Both parents and sister were in good health.

We shall recall the case history and the therapy setting as exposed in our paper "La poupée sans visage" (The faceless doll) presented at the WAIPAD 5th World Congress, Chicago, USA, September 1992.

Evaluation

The evaluation will consider the following points:
1/ Impact and limits of early intervention.
2/ Analyst’s position and functioning in the particular setting of the mother/child therapy: the difficulty of facing two simultaneous transferences.
3/ Difficulty of the passing from the mother/child therapy to the child’s own therapy, which in this case turned into a deadlock, leading to the interruption of the therapy.

After a short global evaluation of the improvements obtained during therapy, we shall try to examine the mechanisms supposedly producing the interruption, and particularly the metapsychological status of the "window’s representation": is it a screen-memory or a fantasy? is it repression or foreclosure? can we distinguish among acting-out, passage à l’acte and mise en acte?

Can the representation foreclosed from the Symbolic come back to the Real otherwise than as a delirious construction? If this is possible, can we consider the mise en acte as such "come back"?

If so, what will be the clinical consequences?

What can we learn from this deadlock for other mother/child therapies, particularly as to the passing to the child’s own therapy?

TW 10
EFFECTS OF MOTHERS’ DISCUSSION GROUPS DURING PREGNANCY

Pirkko Niemelä
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University of Turku, 20500 Turku, Finland

Discussion group members were six mothers, or three couples, expecting their first child, and two psychologists as facilitators. The groups met from midpregnancy till their babies were at least three months old. The discussions focused on conflicts about motherhood. Ambivalent feelings were acknowledged, accepted, examined and processed together in the group.

The effects of the discussion groups were examined by means of comparing the mothers in the discussion groups (29 "group mothers") with mothers who did not participate in the groups (35 "comparison mothers"), all of whom were individually interviewed one month before and one month after the childbirth.

Before the childbirth the "group mothers" were more concerned than the "comparison mothers" about whether they would love their child and stand out the baby care, but after the childbirth they were more eager to take care of their babies, and enjoyed their motherhood more. One month after the childbirth they were more comfortable with breast feeding and their babies sucked better. They also felt that their partner relationships had improved.

The "comparison mothers" had a more romantic image of motherhood before the childbirth, but after the childbirth they experienced that they had to manage the hardships of motherhood alone, without support. They also demanded of themselves that they had to fulfil the image of the ideal mother.
TW 11  FORCE FEEDING: IMPLICATIONS FOR INFANT AND CHILD DEVELOPMENT

Molly Weaver, Bloorview Children's Hospital, Willowdale, Ontario, Canada  M2J 4S9

This presentation will address the alarming damage that force feeding does to infant and child emotional, social, cognitive and physical development. Force feeding can be defined as the forced insertion of food into an infant's/child's mouth when the child has shown no readiness or has shown actual resistance to taking in nourishment. Force feeding can occur at any stage of the infant's early feeding history, but typically occurs before the child is totally self-feeding. It can prevent self-feeding. Force feeding is a serious possibility when an infant has medical conditions that interfere with physical growth and the solution to the growth problem is the intake of sufficient nourishment provided by a caregiver. It also occurs in the absence of any medical condition, as in 'non-organic failure to thrive' situations. Force feeding can be executed by parents, nurses, day care staff, babysitters - in short, anyone who has the responsibility for providing nourishment to infants and toddlers. It appears that the earlier it starts and the longer it goes on, the worse the impact on the child's development. Force feeding affects many aspects of the child's life and development - it affects the capacity to interact and to co-operate, thus having deleterious effects on learning, medical therapies, speech therapy as well as cognitive development, play and socialization.

The teach-in presents a description of the damage in the various areas of development with accompanying videotapes of children, who have been force fed, playing and interacting with caregivers. Psychotherapeutic and behavioural interventions will be described.

TW 12  POT OF GOLD AT THE END OF THE RAINBOW: A 22 YEAR FOLLOW-UP

Alice Eberhart-Wright, M.A.
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U.S.A.

This presentation focuses on one family that suffered the effects of single parenting, poverty, maternal chronic mental illness, child abuse, poor attachment to one's family of origin, biological vulnerabilities in the infant - the multiple problems that frequently make service providers throw up their hands in despair and families remain in their generational spiral of dysfunction for many years. The intervention program was an intensive program that provided Monday through Friday services to the family from the time the baby was 11 days old until kindergarten. 22 years later, the baby has married and moved out of the welfare cycle and the mother is working on a college degree. This case serves as a study to glean out the key components that may lead to better, happier lives for families fighting incredible odds.
TW 13  IN THE FACE OF THE GORGAN: CREATIVE HOME INTER-VENTIONS WITH HARD TO REACH FAMILIES WITH INFANTS

DR. STELLA ACQUARONE, ENGLAND, CARMEN NUDULMAN, SOUTH AMERICA. DESIREE SADDIK, AUSTRALIA, DR. JEANNETTE MILGROM, AUSTRALIA

ADDRESS: Dr. S. Acquarone, Parent-Infant Clinic, 278 Frognal, London. NW 3, England
TIME REQUIRED: 1 1/2 hours.
The many faces of the gorgan may include difficulties of government, limits of service delivery - threatening to cut, freeze or radically reduce the capacity of services; the desperate cries of families for assistance, those who have had experiences of very deprived family backgrounds, war, cultural torture and abuse, and no luxury of time in which to respond. Failure to respond, in the face of the gorgan may lead to an infant at risk, an infant mortality, or the death of the creative life of the infant.

Services may appear as the gorgan herself to such families, the infant may appear as the gorgan to the worker and the mother may appear as the gorgan to the infant.

Panel members, from 3 different countries, will present creative responses, informed by Fraiberg's outreach work, for hard to reach families. Is there the possibility of responding in the face of the gorgan, in a way where one is not frozen, threatened or killed, and not a headless man?

The symposium will emphasise the modification of setting and technique, as compared to Fraiberg's outreach work and the impact of this on the behavioural and intra-psycho experience for the parents and infants, and on the therapist.

TW 14  ANAL DESORDERS AND PSYCHOANALYTIC PSYCHOTHERAPIES OF THE EARLY PARENT-CHILD RELATIONSHIP

A.Watillon, Cl.DeVriendt, M-P,Durieux, N.Ferard.

Psychoanalytic therapies of the early parent-child relationship are particularly difficult to manage in the case of anal disorders. We intend to speak about constipation and/or refusal to defecate in the toilet.
The anal phase seems to be a capital turning point in the psychosexual development of the child. In the normal psychic development, a "good enough" anality leads to: access to the mental processes, active regulation of object relations, distinction between inner and outer worlds, management of aggressivity and narcissistic reassurance through control over helplessness, aso...
Theoretical aspects of the psychopathology will first be presented by A.Watillon and illustrated by clinical cases by Cl.DeVriendt, M-P,Durieux, N.Ferard.
TW 15  ILL-TREATING DISTORSIONS OF THE PARENT-INFANT RELATIONSHIP: CHILDCARE NURSES AND PSYCHIATRISTS BETWEEN THE HOSPITAL AND HOME  O. Bonard, O. Halfon, C. Muller-Nix, M. Chollet, France

The care network around a newborn baby and his parents is dense in our agglomeration and reunites the hospital and outpatients' sectors in a collaboration stimulated by a certain emulation. Pediatricians and childpsychiatrists, nurses, midwives, childcare nurses and social workers are the actors.

The workshop will set up a discussion between the actors of the network about two clinical situations followed during one to two years.
1) a serious feeding disorder (force feeding) in a context of promiscuity and acculturation, presented by the childcare nurse who tried an intervention at home and by the childpsychiatrist of the hospital where the family was finally discharged.
2) a sleep and behaviour disturbances (spells of screaming) after a birth with uterine rupture followed during one year at home with a late direct intervention of the childpsychiatrist in a magic-like manner.

TW 16/1  BILL IS A TWO YEARS OLD BOY WITH A CEREBRAL PALSY: HE FEELS DEPRESSED  
Gianna Tissier, Psychothérapeute – Psychanalyste, Centre d’Assistance Educative du Tout Petit de l’Entraide Universitaire, 27/29, rue du Colonel Rozanoff, 75012 Paris, France

Bill was having treatment, from 19 months to 5 years old, from an early medical social center in Paris for cerebral palsy (C.P). He has always been backed by his parents (whether they attended or not their son’s sessions). By the account of this treatment, I want to point out how painful it is for a two years old child to face the limits of his willpower, while seeing his power hindered by C.P, how his psychic growth, his personality building, his sexual identity are much jeopardized by depression. Actually, it can not be easily traceable since his depression is unfortunately attributed to disorders linked to his disability. The clinical expose will show off four significant stages concerning this child, but which suit all children affected by CP. This child stresses how he needed to commit himself libidinally in motor activities in order to take over his body and thus his disability and finally to emerge from his depression. The relationships with his parents have been frequent and significant. Relationships within the team proved to be difficult, often dispiriting since the transference infers a powerlessness and guilt feeling. According to the child, he is « ugly, evil, wicked ». He lives along with his guilt in every moment, every failure and in all his parents’ sorrows. In spite of every precaution, every accurate and warm word to rehabilitate the child, it seems that his gesture, his motion are not the good ones, and this characterised his disability. This requires a warm team work, particularly containing.
Children from 0 to 6 years old suffering from mental and motor disabilities, with disorders linked or not to mental disease have treatment in a early medical social center (C.A.E. - Paris 12ème). There, the therapy for those children is rather peculiar since that parents are actively involved with the children’s treatment sessions. By means of clinical cases, I would emphasize the nature of transference from parents and its metamorphosis into the counter transference from the therapists. They can be afraid of dispossessing parents from their child, being in competition with them, or giving them advice. Therapists, in the broad sense of the term are caught in a web made of multiple transferences: from children and from all the parents.
What thought can be arisign from the group about this topic?
What answer can be brought from a clinical point of view?

I would like to present the psychotherapy in private consultation of Alice, an infant of two years and half, with an hospitalised mother, as «a psychotic». Her father is very offently in jail and separated from with his wife. The judge confed Alice to a familial placement where two of her brothers are already.

My intervention began with distinguishing the demands of several personnes of the network around Alice: three poles of it where pointed:

1) the family worker responsible: explaining them how this infant is tuching them.
   the mother: I don’t meet her, she is under treatment faraway.
2) The woman taking care of Alice: recognition that she keeps; her human contract;
3) the infant: talking to her about my work with her, with words. I ask the family worker team to consult an other social psychanalyte to evaluate the quality of the family placement. Then I continue my anamestic consultations of the different personnes involve in this network.

Alice seems to feel better during her psychotherapy. We can notice modifications concerning her entry in the langage and in her socialisation already.
TW 19 A THREE-DIMENSIONAL VIEW OF
TRANSFERENCE IN PARENT-INFANT
PSYCHOTHERAPY: CASES OF EARLY
ALIENATION AND RETRIEVAL

Hisako Watanabe. Department of Paediatrics, School of Medicine, Keio
University. 35 Shinanomachi, Shinjuku, Tokyo, Japan

Winnicott said, "When the baby sees his mother, he sees two things,
its mother's eyes and its mother looking at it." This also applies to
the mother when she looks at her baby. Lebovici suggested three different
images of infant active in the mother's mind: the real, the imaginary
and the 'fantasmatic baby'. Similar to this is the mirroring mechanism
in the therapeutic relationship, by which the mother-infant duo projects
three dimensions of the object onto the therapist: the real therapist,
the imaginary and the fantasmatic parent. Understanding the multi-
dimensional nature of the transference is most helpful in dealing with
victims of the transgenerational transmission of psychopathology.

Two video-taped cases will be presented of a male fetus and a baby
boy whose mothers had been abandoned by their fathers in early life. The
first features a male fetus and its anorexic-bulimic mother in sadomasochistic
conflict. To make up her mind to have her baby, the mother
needs to falsely accuse the therapist of insisting termination, thus
making a rejecting father out of her. The second case is of an abnormally
regressed 19 month-old boy whose mother was brought up in an orphanage
from the age of 8 month to 8 years, after she and her mother had been
abandoned by the father. The mother acts out the abandonment by making
the therapist leave the therapy room.

TW 20 LIAISON PSYCHIATRY IN NEONATOLOGY

Carole Muller Nix, M.D, François Ansermet, M.D., Prof.
Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Pédopsychiatrie de
Liaison, Bâtiment Nestlé, CHUV, CH-1011 Lausanne, Switzerland.
Discussants: Claire-Lise Fawer, M.D., André Calame, Prof, M.D.
Departement Universitaire de Pédiatrie, Service de Néonatalogie, CHUV, CH-1011
Lausanne, Switzerland

This workshop will discuss the comprehension of the processes to which the parents of
preterm children are confronted and their incidences on the history, investment and
development of the child.
A premature birth is at risk of representing a trauma for the parents, in function not only
of the premature event, but also of the place of the child in the desire and the history of
their parents. When the preterm child necessitates intensive care or a long hospitalization,
the normal lag between mother's fantasies about the child and the actual child can
become too large and loses its normal dynamic function.
The parents are focused on the reality of the problem of the child, leaving no place for the
child to become as a subject. A gap interrupts the normal elaborative and creative
interplay in-between the real child and its representation, with a particular incidence on
the child's development.
The authors discuss the possible ways of how to approach the child and his parents in a
neonatal care unit.
TW 21  PTSD IN INFANTS AND SMALL CHILDREN: ILLNESS AND MEDICAL TREATMENT AS TRAUMATIC EVENTS. A CLINICAL REVIEW

Barbro Lundequist M.D., Sachs' Children's Hospital, Box 17912, S-118 95 Stockholm, Sweden.

Very little has been written about the effects of illness and medical procedures in infants and small children, although already in 1949 Levy described symptoms which he compared to combat neurosis in children who had undergone surgery. In his material the frequency of post-operative reactions was higher in children under three years of age and the intensity of their responses greater than in the older age groups.

During many years' work as a child psychiatrist in a children's hospital it has become increasingly clear that infant behaviour and development are determined not only by the infant's individuality and his relation to his mother. His past experiences need also be taken into account. Somatic illness and necessary and sometimes even life-saving medical procedures can sometimes constitute such overwhelming experiences that a posttraumatic stress disorder is developed. Naturally hospital staff finds it very difficult to admit that their efforts has not only cured the child, but has also caused psychic damage. Parents are therefore often left with their anxiety and feelings that their child is suffering.

Infants with PTSD due to medical trauma, just as all traumatized infants, are at serious risk for later developmental difficulties and emotional problems that need to be identified and treated as early as possible. By denying the problem the possibility of psychic repair is lost.

A clinical material of 25 infants traumatized by illness and treatment during their first year of life will be presented; all of them meeting the criteria of PTSD of the Zero to Three Diagnostic Classification. Case presentations will illustrate the severity of the symptoms. Background factors influencing the development of PTSD and the impact of serious neonatal illness will be discussed. A model of intervention will be described.

ST 1  IACAPAP-SYMPOSIUM: INFANTS AT RISKS, TROUBLES IN THEIR DEVELOPMENTS; POSSIBILITIES OF FUTURE PREDICTION ON MENTAL HEALTH

SALVADOR CELIA (BRAZIL): COORDINATOR;

"FOLLOW-UP LONGITUDINAL STUDIES OF AN INTERVENTION IN MULTI-DISCIPLINARY PROGRAM FOR INFANTS AND FAMILIES IN THE CONDITION OF MALNUTRITION;"

SERGE LEBOVICI (FRANCE): "IS IT POSSIBLE TO HAVE REAL PREDICTION FROM THE INFANT'S TROUBLES ABOUT A FUTURE MENTAL HEALTH?"

MARTIN SCHMIDT (GERMANY): "EARLY CHILDHOOD DEVELOPMENT AFTER BIOLOGICAL AND PSYCHOSOCIAL RISKS"

MIGUEL CHERRO (URUGUAY): DAY CARE CENTERS: "CONCERNS AND ACTIONS".
TW 21  PTSD IN INFANTS AND SMALL CHILDREN. ILLNESS AND MEDICAL TREATMENT AS TRAUMATIC EVENTS. A CLINICAL REVIEW

Barbro Lundequist M.D., Södertörn Children's Hospital, Box 17912, S-118 95 Stockholm, Sweden.

Very little has been written about the effects of illness and medical procedures in infants and small children, although already in 1945 Levy described symptoms which he compared to combat neurosis in children who had undergone surgery. In his material the frequency of postoperative reactions was higher in children under three years of age and the intensity of their responses greater than in the older age groups.

During many years' work as a child psychiatrist in a children's hospital it has become increasingly clear that infant behaviour and development are determined not only by the infant's individuality and his relation to his mother. His past experiences need also be taken into account. Somatic illness and necessary and sometimes even life-saving medical procedures can sometimes constitute such overwhelming experiences that a posttraumatic stress disorder is developed. Naturally hospital staff finds it very difficult to admit that their efforts have not only cured the child, but has also caused psychic damage. Parents are therefore often left with their anxiety and feelings that their child is suffering.

Infants with PTSD due to medical trauma, just as all traumatized infants, are at serious risk for later developmental difficulties and emotional problems that need to be identified and treated as early as possible. By denying the problem the possibility of psychic repair is lost.

A clinical material of 25 infants traumatized by illness and treatment during their first year of life will be presented; all of them meeting the criteria of PTSD of the Zero to Three Diagnostic Classification. Case presentations will illustrate the severity of the symptoms. Background factors influencing the development of PTSD and the impact of serious neonatal illness will be discussed. A model of intervention will be described.

ST 1  IACAPAP-SYMPOSIUM: INFANTS AT RISKS, TROUBLES IN THEIR DEVELOPMENTS; POSSIBILITIES OF FUTURE PREDICTION ON MENTAL HEALTH

SALVADOR CELIA (BRAZIL): COODINATOR;

"FOLLOW-UP LONGITUDINAL STUDIES OF AN INTERVENTION IN MULTI-DISCIPLINARY PROGRAM FOR INFANTS AND FAMILIES IN THE CONDITION OF MALNUTRITION;

SERGE LEOVICI (FRANCE): "IS IT POSSIBLE TO HAVE REAL PREDICTION FROM THE INFANT'S TROUBLES ABOUT A FUTURE MENTAL HEALTH?"

MARTIN SCHMIDT (GERMANY): "EARLY CHILDHOOD DEVELOPMENT AFTER BIOLOGICAL AND PSYCHOSOCIAL RISKS"

MIGUEL CHERRO (URUGUAY): DAY CARE CENTERS: "CONCERNS AND ACTIONS".
ST 2/1 DIAGNOSTIC CLASSIFICATION IN INFANCY: RESEARCH AND CLINICAL APPROACHES

Chairperson:
Cordeiro, Maria, MD, Hospital D. Estefania, Unidade da Primeira Infancia (UPI), Lisbon, Portugal

Participants:
Anders, Thomas, MD, University of California, Davis, USA
Hofacker, Nikolaus v., MD, and Papousek, Mechthild, MD, University of Hamburg, Germany
Guédeney, Antoine, MD, Institut de Puericulture de Paris, France
Cordeiro, Maria, MD and Caldeira da Silva, Pedro, MD, UPI, Lisbon, Portugal
Emde, Robert, MD, University of Colorado, Health Sciences Center, Denver, Colorado

This symposia aims to present and combine relevant research and clinical issues in order to contribute to the clarification of some diagnostic classification entities.

Prof. Anders will focus on technical and scientific problems associated with classifying subtypes of sleep behavior disorder (DC 0-3) and present results from three longitudinal studies from birth to one year of age.

Dr. Hofacker will present the qualitative assessment of infant-caregiver relationships in young infants (0-6 months) with persistent crying, with data form a comparative study with 63 regulatory disordered infants.

Dr. Guédeney will address the diagnosis of infant depression in different systems and their links with clinical entities such as withdrawal, anxiety, autism and Kwashiorkor.

Dr. Cordeiro will present a study based on clinical data of eating disorders in the first years of life and their significance within the general framework of clinical entities, providing elements for differential diagnosis.

Prof. Emde will end the symposium with his comments on future directions and challenges for research on diagnostic classification.
ST 2/4 QUALITATIVE ASSESSMENT OF THE INFANT-CAREGIVER RELATIONSHIP IN YOUNG INFANTS (1–6 MONTHS) WITH REGULATORY DISORDERS

N. v. Hofacker, M. Papoušek
Dept. of Child & Adolescent Psychiatry
University of Hamburg, Martinistr. 52, D-20246 Hamburg

Persistent crying in young infants is one of the major presenting symptoms suggestive of a regulatory disorder. The clinical work-up of these infants often reveals a more general regulatory problem, affecting several behavioural domains. In addition, multiple organic and psychosocial risk factors may be found in affected families. As the infants’ behavioural regulation is intimately linked to the regulation of the infant-caregiver relationship, qualitative assessment of this relationship is of particular importance.

The "Munich Interdisciplinary Research and Intervention Program" is a consultation service for families with regulatory disordered infants, designed to enhance clinical and theoretical knowledge on the etiology and therapy of these disorders. The work-up includes a semistandardized clinical interview, questionnaires, behavioural diaries, a physical exam and videotaped mother-infant interactions. The infant-caregiver relationship is assessed using the Parent-Infant Relationship Global Assessment Scale (PIR-GAS).

Data will be presented on a sample of 63 regulatory disordered infants (1-6 months). Two subsamples of infants with either well adapted transiently distressed relationships (sample 1) or clearly disordered relationships (sample 2) will be compared to each other as well as to a community sample of infants with normal behavioural regulation (sample 3).

The results demonstrate, that in about a quarter of infants with regulatory disorders there is evidence of a relationship disorder. Differences in the severity of the regulatory disorder, the pervasiveness, as well as the amount of different organic and psychosocial risk factors in the three samples will be shown. Early intervention is necessary, as affected mother-infant dyads seem to be at developmental risk.

ST 3/1 PARENTAL REPRESENTATIONS IN THE PERINATAL PERIOD: RESEARCH AND INTERVENTION

Chairman: François ANSIERMET, Prof., M.D., Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Bâtiment Nestlé, CHUV, CH - 1011 Lausanne, Switzerland

Discussant: Barry M. LESTER, Ph.D., Women & Infants' Hospital, 101 Dudley Street, Providence, R.I. 02905-2499, USA

This symposium will underline the importance to take account of parental representations in the process of intervention in the neonatal intensive care unit, as well as in the clinical child guidance. The assessment of parental representations in the peri-natal period then has became a crucial issue, not only for intervention, but also for the general understanding of natural changes in parental representations, as early as the pregnancy period. Methodological aspects will be discussed, and specific instruments will be presented, such as the R interview (Stern, Robert-Tissot et al.), the CLIP (Meyer, Zeanah, Boukydis & Lester) or the IRMAG & IRMAN (Ammaniti). Their usefulness in intervention programs will be commented and the question of the evaluation of interventions programs will be raised.

The four presenters and the discussant come from different countries (USA, Israel, Italy and Switzerland); they have different trainings, but they have in common to work in clinical centers with an interest to link intervention and research. The discussant will comment contributions in the light of his experience of psychosocial intervention in a neonatal intensive care unit and of the use of instruments such as the CLIP to assess parental representations.
ST 3/2  MATERNAL REPRESENTATIONS: COMPARISON OF CLINICAL AND NON-CLINICAL POPULATIONS

Christiane ROBERT-TISSOT, Dr Psycho.

Unité de Recherche, Clinique de Psychiatrie Infantile (Prof. B. Cramer), 41, Crêts-de-Champel, CH-1206 Geneva, Switzerland

According to Anders (1989), what clinicians have to consider, for assessment as well as for treatment, is not only individuals but interactions between individuals, and not only behaviors but the underlying representations stemming from the past relationship histories of caregivers (Bretherton 1985, Stern 1989, Fonagy, Steele & Steele 1991, Main, Kaplan & Cassidy, 1985). The Adult Attachment Interview (M. Main) is the best known instrument allowing the binding of the child's attachment behavior to the "internal working model" of the parent. The R Interview (Stern, Robert-Tissot & al 1989) is another tool, useful for clinical and research work. A validation study of this tool was developed. The presentation will focus on the comparison of clinical (N=140) vs non-clinical populations (N=64), the specific and differencial as well as the general results.

The data provide useful findings for clinical and research work. First, reliability is high in the test-retest assessment with the control mothers. Second, the data collected in the two groups provide a base-line for comparing clinical subjects before and after treatment with non-clinical subjects, and indicate which items are particularly sensitive and linked with relational disturbances. A qualitative analysis of maternal spontaneous description of the infant provides us with various "portraits" that can be understood in terms of maternal projections.

ST 3/3  STABILITY AND CHANGE IN MATERNAL REPRESENTATIONS DURING PREGNANCY AND POST-NATAL PERIOD

Massimo AMMANITI, Prof., M.D.

University "La Sapienza", Dipartimento di Psicologia dei Processi di Sviluppo e Socializzazione, Via dei Marsi 78, I - 00185 Roma, Italy

Substantial evidences have been collected both in clinical practice and in research, which show that maternal representations during pregnancy can be considered sensible criteria for studying motherhood. During the life cycle, as for example during pregnancy, mental representations are enriched and they undergo more complex interpretation processes.

The aim of the present study is to explore the underlying dimensions of the contents and characteristics of the woman's representations and compare the dimensions of the representations before and after the birth of the child. The sample is composed of 108 primiparous women without psychiatric disorders or medical complications in pregnancy, and a stable family situation. At the time of the first interview women were in the seventh month of pregnancy and of the second four months after the child was born. The instrument consisted of 5 questionnaires which were part of the IRMAG (Interview for the Maternal Representations during Pregnancy, Ammaniti et al., 1990) and of the IRMAN (Interview for Maternal Representations after birth).

The perceptual configurations at 7th month of pregnancy and 4th month after the birth are discussed and compared in order to put in light stabilities and changes in mental representations.
PARENTAL REPRESENTATIONS AND EARLY PSYCHOSOCIAL INTERVENTION IN THE NEONATAL CARE UNIT

Miri KEREN, M.D.
Geha Hospital, P.O.B. 102, Petah-Tiqwa, 49100, Israel

Early psychosocial interventions in Neonatal intensive care units (NICUs) have become quite common around the world, as a result of increased awareness of the developmental risks inherent to low/very low birthweight and prematurity. The study of the complex interplay between biological and psychosocial risk factors in determining the long-term developmental outcome of the child has led to the concept of family-centered early psychosocial intervention, based on the transactional model of development and of intervention. According to this model, determination of the parental representations of their vulnerable baby, is a crucial component of the pre-intervention assessment and the contingent planning of the intervention. Though this concept of family-based intervention in the NICU, based on the parents' individual needs and perceptions, and on the individual infant's behavioral characteristics, has a sound theoretical basis, it is new, relatively uncommon in practice, and its effectiveness has yet to be proved.

We propose to present here the results of a pilot study which aims were: 1) to develop and to use a standardized method of assessment to describe, quantify and compare two Israeli NICUs, one with the family-based approach, the other with the traditional care. 2) to study the course of development of the parental readiness for parenting their low/very low birthweight infant along the period of the hospitalization.

PARENTAL REPRESENTATIONS: A PRELIMINARY STUDY ON PARENTS OF PREMATURE NEONATES WITH RESPIRATORY DISTRESS

Blaise PIERREHUMBERT, Dr Psycho., P.D., François ANSERMET, Prof., M.D., André CALAME, Prof. M.D., Claire-Lise FAWER, M.D. & Carole MULLER, M.D.

Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (Prof. O. Halfon & Prof. F. Ansermet), 25 A, Rue du Bugnon, CH - 1005 Lausanne, Switzerland

Socio-emotional, mental and motor development of premature infants has become a growing concern (Field, 1992; Myers et al., 1992), as neonatal care units are confronted with prematures of earlier and earlier gestational ages. There is some consensus in the literature however to recognize that the effect of prematurity on socio-emotional and on cognitive development is progressively decreasing through childhood, provided there are no identified major organic, neurological or neurosensory defects (Portnoy, 1988). The contribution of prematurity on developmental variables in fact seems to be progressively dwarfed by familial and environmental factors, which include the family's socio-economical background (Fawer, Dayer, Forcada & Calame, 1994) as well as parental representations (Greenberg & Crnic, 1988). However more research is needed to fully understand the importance, respective weight and interaction of these factors, especially when extremely premature and respiratory distressed infants are concerned.

Results of a preliminary study will be presented, including the CLIP, a semi-structured interview for parents of high-risk infants (Meyer, Zeanah, Boukydis & Lester, 1993) and the R Interview (Stern, Robert-Tissot et al., 1989), proposed to parents of prematures of equal or less than 32 weeks, with respiratory distress.
ST 4  EARLY MOTHER AND CHILD RELATIONSHIPS: CROSS-CULTURAL THEMES AND WITHIN-CULTURE CHANGES FROM 6 TO 12 MONTHS

CHAIR: Professor I. Kolvin
DISCUSSANT: Dr. Roseanne Clark

PRESENTATIONS

1. Hypothesis-generating research: Using findings on cross-cultural differences in toddlers to advance hypotheses about mother-infant interactions. (UK and Japan).


3. Short-term changes in temperament and behaviour and links to mother-child interactions: Case vignettes (UK).

4. Short-term changes in temperament and behaviour and links to mother-child interactions: Case vignettes (Israel).

5. Non-verbal cues in monitoring and coding mother-child interactions: the rating of video extracts with and without sound and/or language. (UK and Japan).

Authors
UK: E. Arbiter, O. Burke, R. Graham, Professor I Kolvin.
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ST 5  THE SPECIFICITY OF PSYCHOANALYTICALLY INFORMED WORK WITH PARENT AND INFANTS: DISCUSSION ON COUNTER- TRANSFERENCE AND TRANSFERENCE ISSUES ABOUT A CASE

Organizer: A. Guedeney, M.D., Institut de Puériculture de Paris, 26, blvd Brune, 75014, Paris, France.

The WAIMH study group has continued its work since Chicago, meeting twice a year in Paris. The symposium, in English with possible consecutive translation into French, will summarize our work. As we usually do, the discussion will start with the discussion of a clinical case that enlightens the theme. Transference and counter-transference are the core of the specificity of psychoanalytically informed work with parent and infant. The symposium will launch a discussion about their use for intervention. Does infant transference exist? How to deal with parent transference? What is counter-transference in such a setting, and how can it be used? What is the effect of focalisation and brief work on transference? These are but a few of the issues raised by the theme.

Dr. Anette Wattillon-Naveau (Brussels) will present a case, discussed by Bertrand Cramer (Geneva), Serge Lebovici, (Bobigny), Bernard Golse (Paris), and Dilyas Daws (London), along with the participation of the other members of the Study Group (Rosine Debray, Paris, Francisco Palacio-Espasa, Geneva, Michèle Maury, Montpellier, Marie-Rose Moro, Bobigny, Nicole Guedeney, Paris, Michel Soulé, Paris and Martine Morales-Huet, Paris).

* See page 259
We will discuss the impact of an excessively crying infant on family relations. We have found psychological differences in the families who have a colicky infant. These differences exist even before colicky symptoms, continue during infantile colic, and persist at least three years. In the Finnish Family Competence Study with 1400 families, the families who experienced their baby as colicky, had had more dissatisfaction during pregnancy and after delivery, and the dissatisfaction with family life continued still three years later.

Fifteen families with colicky infant and 15 control families were videotaped in the structured situation. The shortened Parent-Child Early Relational Assessment (ERA)-method and Beavers Interactional Scale were used to assess parental interaction. Colicky families had more problems in family atmosphere, communication, affective state, family activity, and empathic responsiveness than control families.

Thirty six Swedish mothers of crying infants were unwilling to leave the baby to another caretaker. The strong interaction between the mother and her crying infant should keep in mind when giving advice to parents of crying infants.

These studies give guidelines for early interventions in families with an excessively crying infant.

Some of the behavioral patterns that have but lately been identified as significant to parent-infant interactions could only be detected with the help of audiovisual microanalyses of interactions. The knowledge of those patterns has contributed both to theoretical interpretation of such interactions and to clinical evaluation of their course for diagnostic and therapeutic purposes. Observable cues of infant needs, emotional responsiveness, or coping with problematic situations appear to elicit and regulate caregivers' supportive interventions, intuitive guidance to infant communicative and integrative development in particular. The adaptive significance of this nonverbal parent-infant communication is reflected not only in effective motivators of self-regulation but also in the pathogenetic mechanisms of interactional failures.

For researchers, clinicians, and therapists, audiovisual analysis enhances the indispensable part of diagnostic procedures — observation of parent-infant interplays — and facilitates it even in cases where rich repertoire, fast sequences, and nonconscious forms of interactional behaviors surpass observers' capacities. A systematic introduction, research data, and examples of diagnostic or therapeutic applications based on the author's 25-year experience are to be included in this presentation. For a more specific application in clinical interventions concerning excessive infant crying, see the teach-in presentation by Mechthild Papoušek at this congress.
WT 1/2  DIAGNOSTIC ASSESSMENT OF INTUITIVE PARENTING AND ITS FAILURES: RESULTS FROM A CLINICAL STUDY OF INFANTS WITH PERSISTENT CRYING

Mechthild Papoušek
Institute for Social Pediatrics, University of Munich, Heiglhostr. 63, D-81377 Munich, Germany

Intuitive parenting has become a key issue in recent attempts to model the developmental psychopathology of both infantile disorders of behavioral regulation (such as persistent crying) and disorders of early parent-infant relationships (Papoušek & Papoušek, 1990; Papoušek & von Hofacker, 1995). Moreover, current knowledge on intuitive parenting has become crucial in clinical approaches to diagnostic assessment of interactional failures and therapeutic intervention as practiced in the Munich Interdisciplinary Research and Intervention Program (MIRIP) for infants with persistent crying.

Diagnostic assessment of intuitive parenting and its failures depends on careful behavioral observations in relevant interactional contexts. The assessment builds on microanalytic behavioral evidence of both the infant's self-regulatory capabilities and constraints and the parent's intuitive regulatory and didactic support as demonstrated by Hanus Papoušek at the present conference.

Global assessment scales were operationalized for clinical use in order to account for (1) visual attention to the mother's face, (2) states of interactional readiness, (3) expressiveness of the repertoire of intuitive parenting and (4) its adjustment to infant cues of interactional readiness. Individual profiles on the four scales were used to describe distinctive patterns of interactional failures. Scoring was done from videotapes of mother-infant interactions in the laboratory (still-face paradigm) in 30-second intervals by two independent observers. The clinical applicability of the method was investigated in a clinical sample of 100 1- to 6-month-old infants referred to the Munich Interdisciplinary Research and Intervention Program (MIRIP) because of persistent crying and in an age-matched control group of 50 infants from the local community.

The first part of the Teach-in focuses on description and video-demonstration of the scoring techniques. The second part provides comparative results on the distribution of visual attention, interactional readiness, expressiveness and adjustment of intuitive parenting. The third part illustrates patterns of interactional failures as observed in individual cases and discusses their pathogenic significance and their potential for immediate therapeutic interventions.

WT 2  METHODOLOGICAL RESEARCH ABOUT EARLY HOME VISIT INTERVENTIONS

Chairman: Dr. Martine LAMOUR

1. Rationales of home visit interventions with infants under 2 in an outpatient infantile psychiatric clinic
G. DANON, A. LE NESTOUR, B; WEIGEL, I. PATOUILLOT
L'Aubier, 7ème Intersecteur de Psychiatrie Infantile-Juvenile, 121 bis avenue du Général Leclerc, 92340 Bourg la Reine (France)

2. An experimental essay in prevention: a four month (from 2 to 6) follow-up of depressed mothers and their babies treated by a systematic home visit program.
L. CONQUY, J. LATOCH, O. ROSENBLUM, M. BYDLOWSKI
Association Claude-Bernard.
Laboratoire de Recherche de Gynécologie et Obstétrique (Cochin-Port-Royal), Paris, France.

3. Rationales of early home visit intervention for postnatal depressed mothers
O. ROSENBLUM, J. LATOCH, L. CONQUY
Association Claude-Bernard.
Laboratoire de Recherche de Gynécologie et Obstétrique (Cochin-Port-Royal), Paris, France.

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WT 3  ETHEOLOGICAL APPROACH TO PARENT - INFANT
INTERACTION

Herman van Engeland and Sophie Willemsen-Swinkels
Department of Child and Adolescent Psychiatry, Utrecht University,
P.O. Box 85500, 3508 GA Utrecht, The Netherlands

In (child) psychiatric diagnostics, treatment and research direct observation of
behavior is being used to a considerable and increasing extent. A science that is
engaged in the study of behavior and is characterized by a theoretical background
and method of its own is ethology. Ethological concepts and methods are being
used with good results in the field of developmental psychology and in the
psychiatry of children and adults.

The ethological methodology attempts to reduce an apparently chaotic
process, i.e. the behavior of one or more subjects with all their movements,
postures, gestures, expressions and interactions, to structured time series of coded
events. These time series can be subjected to statistical analysis, in order to test an
experimental hypothesis. The basic technique used, consists of recording sequences
of events and the time at which they occur.

In this workshop, the ethological methodology will be explained, including a
demonstration of a software package for collection and analysis of ethological data
(The Observer). We will discuss the possibilities as well as the limitations of the use
of ethological techniques in the study of parent - infant interaction. Finally, the
results of an ethological study on the interaction between autistic toddlers and their
parents will be presented.

WT 4/1  EARLY NEUROPSYCHOLOGICAL DEVELOPMENT
IN CHILDREN WITH DOWN SYNDROME

Organizers: Stefano VICARI* & Giacomo STELLA^*
*I.R.C.C.S. Ospedale Pediatrico Bambino Gesù, Santa Marinella, Roma, Italy
^Centro Regionale Disabilità Linguistico-Cognitive. Unità di Neuropsicologia dello Sviluppo,
Bologna, Italy

In recent years an increasing number of studies has been dedicated to describing the
neuropsychological abilities of persons with Down syndrome. This evaluation has essentially
two aims. The first one is part of the now historical debate regarding the nature of mental
retardation (retarded or atypical?); it involves determining whether mental development in
Down syndrome follows the same developmental stages as in normal children (although more
slowly and with precocious arrival at the asymptote) or, vice versa, whether there is a lack of
homogeneity in the cognitive performance profile of persons with Down syndrome (because of
selective deficits in particular cognitive spheres) specific to the syndrome.

The second aim of neuropsychological evaluation is to describe personalised profiles of
the cognitive abilities of the children under examination; this is an essential premise for
carrying out individual educational programs which have as their objective the achievement
of each child's maximum potential.

The Symposium will present and discuss these aspects, exploring the topic: "Early
Neuropsychological Development in Children with Down Syndrome".

Presenters: Stefano VICARI, I.R.C.C.S. Ospedale Pediatrico Bambino Gesù, Santa Marinella,
Roma, Italy; Giacomo STELLA, Centro Regionale Disabilità Linguistico-Cognitive. Unità di
Neuropsicologia dello Sviluppo, Bologna, Italy; Gert-Jan VERBERNE, Nieuw Spraeland,
Wanssumweg 14, 5807 EA Oostrum, The Nederlands.

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Santa Marinella (Rome) - Italy.
Phone: 39.766.535444  FAX: 39.766.538037
WT 4/2 NEUROPSYCHOLOGY IN MENTAL RETARDATION: THE STATE OF ART

Gert-Jan Verberne
Nieuw Spraeland, Wanssumseweg 14, 5807 EA Oostrum, The Nederlands

Neuropsychology in the field of mental retardation has seen quite some development in recent years, which make it a very promising part of clinical psychology. This is true for as well theoretical research as clinical applications. In this presentation an overview will be given of as well the historical development as recent developments. The recent developments will be discussed according to a number of mainstreams:

- theories and experiments in information processing.
- information from differential use of intelligence tests.
- developments from the Luria Nebraska tradition.
- information from neuropsychological research in Down syndrome dementia.
- genotype-phenotype research.
- case studies.
- developments in neurology and in neurophysiology.

It will be concluded, that modern thinking on psychopathology and behavioural problems is asking for sophisticated new diagnostic methods, enabling us to specify strengths and weaknesses in individuals and to clarify the nature in which these as well as developmental factors, environmental factors, etc. interact. Neuropsychology can be of great help.

However, much research has to be done yet, but new developments are very encouraging indeed.

WT 4/3 EARLY VOCABULARY DEVELOPMENT IN CHILDREN WITH DOWN SYNDROME

S. Vicari*, M.C. Caselli*, L. Lami*, C. Pizzoli*
*I.R.C.C.S. Ospedale Pediatrico Bambino Gesù, Santa Marinella, Roma, Italy
*Istituto di Psicologia CNR, Roma, Italy
*Centro Regionale Disabilità Linguistico-Cognitive. Unità di Neuropsicologia dello Sviluppo, Bologna, Italy

Existing studies on Down Syndrome (DS) report defective speech and language abilities in these subjects (Miller, 1992; Fowler, 1990; Cardoso-Martins et al., 1985; Rondal, 1978). Although DS subjects vary greatly in linguistic performance their language impairment in DS persons seems much more involved with production than with comprehension (Miller, 1992). In order to explain why children with DS have deficits in language production, it is necessary to discover how general or specific the deficit is and to explore the characteristics of language during different stages of development. The present study was aimed at investigating the characteristics of early language development in Italian-speaking children with DS. For this purpose, the Italian version of the MacArthur Communicative Development Inventory (Caselli and Casadio, 1995) was administered to a group of 40 children with DS (chronological age varying between 2.2 and 7.9 years) and to 700 normally developing subjects (chronological age varying between 8 and 30 months).

Our results document that vocabulary learning is slower in DS than in normally developing children and, in the first stages of linguistic development, DS children exhibit a more relevant asynchrony between comprehension and production than controls. Furthermore, comparing the two groups of children on the basis of their verbal comprehension, DS children are more proficient than normals in gesture production. Thus, gestures improve DS children's initial communication and may be a means of augmenting speech. This conclusion seems relevant not only from a theoretical point of view but also in a rehabilitative perspective and in early intervention.
COGNITIVE DEVELOPMENT IN INFANTS WITH DOWN SYNDROME: A LONGITUDINAL STUDY

G. Stella, L. Lami, C. Pizzoli

Centro Regionale Disabilità Linguistico-Cognitive. Unità di Neuropsicologia dello Sviluppo, Bologna, Italy

In our study we examined 25 DS children, ranging in age from 6 months to 6 years, in a longitudinal study on cognitive development carried out examining our subjects every six months, over a follow-up period varying from 1 to 6 years, depending on age of subjects at the first examination. Our aim is to find out discrepancies and similarities on cognitive development between normally and mental retarded children from the very early stages using fine-grained parameters of observation of language and cognitive skills.

Dunst revision of Utzgiris-Hunt ordinal scales were used for cognitive evaluation up to 40 months, and Leiter Developmental scale were used at later ages.

Our results show very important differences of cognitive functioning in mentally retarded children from the very early stages of development, not due to lack of stimulation or social environment. These differences seem affect not only timing on skills acquisition but also qualitative aspects like attention, object interaction, strategical behaviour.

INTRODUCING NEW IDEAS INTO OLD SETTINGS

Dagnija Tenne, Liepaja, Latvia. Care of: K. Tuters, Suite 9, 315 Avenue Road, Toronto, Ontario M4V 2H2, Canada, Astra Jansone, Liepaja, Latvia and Gunta Sture, Toronto, Canada

Subsequent to the WAIMH Regional Conference in Riga, Latvia (June 1994), some of the ideas presented at the conference were attempted to be implemented in the infant and children's homes. One of these projects will be described in some detail.

Following the Riga conference, a faculty member from the Department of Child Care from as community college in Toronto, Canada, had organized weekly workshops of a few weeks duration to discuss and clarify some of the ideas presented in the conference that might be suitable and possible to implement in the local institutions. What was being recognized and addressed was the realistic fact that frequently important and even useful ideas learned at conferences tend to disappear unless there is an organized active attempt made to implement them.

What the workshops concentrated on in particular were the institutional dynamics of maintaining a focus on the individual needs of each infant and child from the emotional perspective rather than the medical/administrative needs of the institution itself. This recognition came from a paper presented by Dr. Peter de Chateau at the conference. Along with this came ideas of how to integrate the institution more into the surrounding community.

The project that is going to be presented here involves a large residential home for 160 infants and children. The enthusiasm, the uncertainty, the frustration of introducing new approaches into established old settings will be described.
COMMUNITY INSERTION: »APPLICATIONS OF THE THEORY OF INITIATIVE»


Introduction:

The purpose of this paper is to present a community experience supported by the theoretical developments on the initiative theory in child development, carried out by Dr. Miguel Hoffmann. The community experience was planned and put into practice by the preventive area of our institution (C.I.A.D.). Its aim is a preventive technique for pregnant women. Considering the importance of initiative in the construction of the self, we think that a technique during pregnancy is essential to prevent conflictive interactions that might interfere the natural unfolding of the infant's initiative. We want to provide a life model of conceiving childhood, involving the revaluation of woman, man and family as the basis of life.

STOLEN GENERATIONS – LOST GENERATIONS – EUROPEAN OCCUPATION OF AUSTRALIA – IMPLICATIONS FOR INFANT MENTAL HEALTH

Angela Clarke, Koori Liaison Officer, Royal Children's Hospital, Melbourne, Australia
Neville Austin, Social Work Student, Preston TAFE, Melbourne, Australia

Since the occupation of Australia by European powers over 200 years ago, there have been a constant stream of official policies directed towards extinguishing the Aboriginal culture. These policies have included the systematic removal of children from their families. This presentation will address something of the impact upon generations of Aboriginal people of the disruption of family, culture and fractured attachments. Neville Austin will present in a video interview his own account of as an infant having been taken away from his mother and as a teenager of the powerful experience of reunification with her. Angela Clarke will discuss some of the innovative approaches to improving health and mental health for Aboriginal families - including the vital role of culturally sensitive health care delivery. The role of the Aboriginal Liaison Officer in a paediatric teaching hospital and the development of the Koori Kids Mental Health Network in Victoria will be discussed.
THE CROSS-BREEDING: EARLY TRANSGENERATIONAL TRANSMISSION

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The baby of a mixed couple is the object of a particular psychic transmission.

The parents are in fact confronted with conciliating two distinctive filiative lines to transmit to their child common operative models free from conflictuality, thus the transgenerational mandate of which it is the object is not alienating.

The arrival of the baby upsets the logic of continuity of transmission and therefore enstores uncertainty. the dynamics of transgenerational transmission is therefore at work, the early narcissic regulation seems the key to the future of the crossbred child.

SETTING OF INFANT-PARENTS RELATIONSHIP IN A CARRIBEAN MATRIARCAL SOCIETY

Bruno R., MD; Bourgeois H., Ph.D.; and the Infant's Group of Fort de France,
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Martinique, F.W.I.,

The "infant's group" in Fort de France (Martinica) is something like a hammock slinged to give psychological care to babies in trouble and their mothers, and to prevent them from falling in more deeper difficulties.

In this caribeann island the society is still mainly of a matriarcal type where infants are traditionally surrounded by a women's network who assume the main part of all the emotional and educational needs of the youngest children. It works in a vertical way with women of several generations and in an horizontal way with friends or family's women of the same generation as the one of the mother.

In some cases, for reasons that will be detailed in this presentation, this frame doesn't work. The goal of the infant's group is to refresh this network, giving it sufficient strenght by several ways. The main idea leading all of them is to begin to act at a junction of the way of life of the baby, trying to change it in a solid knot on which new or stronger threads can be tightened. The weaver is one of the women working in the infant's group using specialised pedopsychiatric tools (like group-therapy, paddle-therapy, education with the child or supportive therapy with the mother) or everyday life activities (like day-nursery for the child or social group activities for the mother) for her purpose. More frequently the challenge is to turn undistinguished or inexistant human relationships in some like these of a crystal on which the mother and the baby can rely in the future.
WT 8/1 THE DECODING PATERNAL FUNCTION.
PATHOGENIC MESSAGES IN THE MOTHER-
CHILD RELATIONSHIP

Emilia DE ROSA, Caterina FISCHETTI
(Department of Psychiatry - U.C.S.C. L.go Francesco Vito, 1 00168 ROMA)

Activating the paternal function to decode inherent pathogenic messages in the
mother-child relationship can be one of the many ways to make either the mother
or the child emerge from emotional difficulty during early infancy. In the following
two cases the missed passage to the Oedipal triangulation and the permanence
of a state of pathological symbiosis became manifest in a one-year-old child
through perverse behaviour (a foot fetish). These symptoms disappeared after a
few sessions by activating a paternal function of breaking the pathogenic
relationship. In one case this function was given to the natural father in the
second case it was carried out by the therapist.

As the symptoms disappeared the mothers were lessened at their emotional
burden and were then able to more easily elaborate their separation anxieties
which were radicated in unelaborated mourning.

The focus of this paper is hence on the active function at the father, not only a
therapeutic function on the psyche of the child in early infancy.

WT 8/2 EARLY PSYCHOLOGICAL INTERVENTION
TECHNIQUES WITH PARENTS OF TWINS

Caterina FISCHETTI, Emilia DE ROSA
Department of Psychiatry - Catholic University Sacred Heart, L.go F. Vito, 1 - 00168
ROMA.

The following paper looks at the function of the infant psychoanalyst in a hospital setting
in preventing psychological alterations in young twins.
The psychoanalyst who operates in a multidisciplinary center specializing in twin studies
decodes the unconscious fantasies projected onto the twin couple by parents (in
groups).
The parents studied either during the pregnancy or with twin children in various stages of
development are made to become aware of their own. Unconscious emotions not worked
out in their childhood and which they project onto their children.
"Baby Observation" according to the E. Bick technique supplements the clinical research.
Central to all of this is the double process of individualization and separation from the
mother and from the other twin that each child must face.
The father figure in supporting the mother and creating a good relationship with her is a
determining factor on the twins.
The appearance of early psychosomatic illness which will be described in one clinical
case, can be traced back to relational problems between the mother and one of the
children (the less vivacious and demanding one). Exposing these problematics allows us
to offer help to the parents early on, so that they can look after the special needs of each
child and start off again their natural development.
WT 9/1 THE INFLUENCE OF THE FATHER’S ENGAGEMENT IN CARETAKING ON THE INFANT’S SOCIABILITY

France FRASCAROLO

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In this study, the influence of paternal engagement in caretaking on their infant’s sociability has been observed by means a strange situation adapted from Ainsworth’s. 37 families have participated when their only child was 12-14 month old. According to their answers to a questionnaire, 20 non-traditional fathers were very engaged in caretaking and 17 fathers were little or not at all engaged. The infant’s sociability has been evaluated with three of Ainsworth’s rating scales concerning proximity or contact seeking, avoidance and distance interaction. Results show that infants of non-traditional fathers are globally more sociable with all their partners (father, mother and stranger) than are infants of traditional fathers. Besides, results indicate that it is not only the father-infant relationship or the infant development but the whole family system which is concerned by the father’s engagement in daily caretaking. The family’s functioning in non-traditional families appears different from the traditional one. The non-traditional parents appear more equal or equivalent as partners in direct interaction (father-infant and mother-infant relationships) as well as in indirect interaction (as security base). These finding have evident implications for family policies.

WT 9/3 THREE TOGETHER (BABY, MOTHER, FATHER) IN A MODIFIED STRANGE SITUATION – A NEW THEORETICAL AND METHODOLOGICAL APPROACH

Dr. Kai von Klitzing, Kinder- und Jugendpsychiatrische Universitätsklinik und -poliklinik, Schaffhauser rheinweg 55, CH - 4058 Basel, Switzerland.

In our research group we conceptualise the infant's development and relationships not only from a dyadic standpoint but much more from a triadic point of view. We assume that the baby has an inborn capacity and need to enter relationships with more than one partner. If the conditions are suitable this capacity for multidirected relationships can be mobilised. It produces an interactive "threesomeness" and develops into a competence on the infant's part to build up intrapsychic and interactive "trialogues". In a prospective longitudinal study concerning the transition to parenthood and early child development, 38 non-clinical couples and their first child were examined from pregnancy on up to the fourth year of life. The interactions in a three-person-system (father-mother-12 months old child) were evaluated in a modified "Ainsworth-Strange-Situation" setting (the same sequence of sceneries, but with both parents simultaneously). The videotaped experiments were evaluated according to specially created rating glossaries, assessing "regulatory competences" of the one year old and "parent-child-dialogues and trialogues". "Regulatory competence" means the capacity of the baby, to balance his inner functional equilibrium and well-being. By "trialogue" we mean the presence of a dynamic and communicative interchange between father, mother and baby, being related to each other and excluding nobody. In the workshop the instrumentes and methods will be directly demonstrated and exercised on videosquences. The longitudinal design allows also to explore, if there are similarities and correlations between the observed scenes of the triadic-relatedness and aspects of the parents' representational world (assessed during pregnancy) as well as the child's temperament and cognitive development. Clinical-practical implications of our research, in the sense of early preventative and therapeutic intervention with a three-person-relationship in view will be discussed.
VT 1

A UNIVERSAL LANGUAGE OF NEWBORNS AND INFANTS

Georgina A. Sumner
University of Washington, Seattle WA 98195-7920

Non-verbal behaviors are the universal and primary language of the newborn and infant. A taxonomy of non-verbal behaviors has been developed based on the basic schema of engagement and disengagement processes. This taxonomy will be presented along with video taped examples of these cues. This represents one window for adult caregivers to view and more fully understand the infant’s message as key to their caregiving. Processes for providing this information as well as information about infant state, and parent-infant interaction to professional, lay and parent caregivers will be presented and discussed.

VT 2

DEPRESSED MOTHER INFANT INTERACTION IN A ORANG ULU TRIBE OF BORNEO

Video Presentation

D.RABAIN, MD, UNITE PETITE ENFANCE, 28, allée Vivaldi - 75012 PARIS

The purpose of this video-tape presentation is to illustrate a cultural point of view of a mother infant interaction in the clinical field of mother's depression. The film show the dynamic of the interaction between a ORANG ULU (KENYAH Tribe) depressed mother and her fifteen month old's baby. The framework of this search is a longhouse village situated upper RAJANG RIVER of BORNEO.

In this clinical interview we can observed a watchfulness baby avoiding eye's contact and communication with his mother. We describe and discuss in a microanalysis study the empeding display of the mother to each movement of the baby, in particular during a playing game with a spin reel and rattle. We compare this dyadic behaviour with another in a brief sequence during a feeding bottle interaction in an IBAN village.
VT 3
INTENSIVE, ENGAGING, INTERACTIVE PLAY AS EARLY INTERVENTION IN ATTACHMENT AND RELATIONSHIP DISORDERS  Jukka Mäkelä

The presenter has after an introductory course in Theraplay, an intensive form of active, engaging play, started using the format in a large pediatric hospital in consultation cases with clear relationship problems. It has been used with toddlers showing feeding problems, separation anxiety and oppositionalism. The theoretical background is a developmental systems approach in which primary relationship formation is seen as a species-specific, high priority developmental goal. Thus, a specific nudge in the way of affective bonding will have a long-lasting, self-accelerating impact.

First, a semi-structured relationship assessment is done by video-taping parent-child task interactions, the tasks having been chosen to demonstrate different aspects of being together. The parents can then be shown the various aspects of their relating which seem maladaptive. These are addressed in the following 10-15 therapeutic play sessions 30 min. each, which the parents view from behind a one-way mirror together with a co-therapist. After a working relationship has been formed between the therapist and child, the parents start to join the sessions. After completion of the therapy, parents are encouraged to continue with similar activities at home. The dimensions of the play attempt to replicate early relationship formation. They can be divided into structuring, challenging, engaging and nurturing, with aspect of playfulness permeating the interaction. The emotional cues of the child are responded to in an affectattuning way, but the therapist is continually in charge and entices the child into interaction.

VT 4
ATTACHMENT DRAMA  
Maarit Silvén, Päivi Halonen, Minna Vienola
Department of Psychology, University of Turku, SF-20500 Finland

Early childhood development has been actively studied in the United States as well as in Europe in the past twenty years especially from the conceptual framework of attachment. The relationship between a mother and a child is usually the first attachment created to assure security. Ainsworth and colleagues (1978) described how infants in a threatening situation display attachment behavior to achieve the mother’s closeness and restore in this way their feeling of security. The infant’s quality of attachment can be assessed using the Strange Situation Procedure developed by Ainsworth, a cumulative stress situation with two separations from and reunions with the mother. The Strange Situation is made up of eight short episodes, each lasting approximately 3 minutes, set in an unfamiliar environment with a female stranger to the infant. The video shows 12-months-old finnish infants’ social-emotional activities during the Strange Situation. Based on these activities infants’ security of attachment can be classified as avoidant, secure or resistant.
INFANCY AND CHILDHOOD SERVICES IN FINLAND IN 1990’S  Vappu Taipale

Autumn 1995 the Finnish Government gave its Report on Childhood Policies to the Parliament. Infant and child care, child welfare services, and children under the economic recession were some of the most urgent topics discussed. Finland as a Nordic Welfare State has learned that a society has always to keep the needs of childhood as a priority. The present Finnish maternity, paternity, infancy and childhood services, largely public, form a safety net for all Finnish children. The basic characteristics of the system are municipal decision making and decentralization, universal services for all families and children, strive towards equality between the sexes, equitable income distribution, and wide citizen support and interest in public services. The service and benefit system in infancy and childhood will be concisely presented, as well as the quality policy and user assessments of the services. Societal and political targeting and discussions around the service system are illustrated. The health gains in Finland are e.g. one of the lowest infant mortality in the world, high breast feeding rate, constantly diminishing abortion rate, utmost low teenage pregnancy rate and high paternal participation in the care of infants.

INFANT PSYCHIATRY IN PRACTICE IN FINLAND  Merja-Maaria Turunen

Finland has developed two kind of services that are provided for infants on population basis: well baby clinics in health centres and public daycare. These services are both preventive and supportive for infants and their families when special needs arise. Their role in mental health work will be discussed.

The recent developments in the theory of infant psychiatry has created a keen interest among researchers in the field and child care practitioners. This has led to an informal network of more than 70 researchers and workers in the field. The bridge from research to practice in the services has been set and future joint developmental projects will be presented with case reports. The Infant Psychiatry part of the national depression project in Finland will be described.
ST 7/3  SUCCESSFUL FAMILY PLANNING IN FINLAND

MD. Ph.D. Matti Rimpelä
Stakes,
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Project Leader Maija Ritamo

In Finland the number of teenage abortions and pregnancies is low. In 1993 there were 8.8 teenage abortions and 10.5 child births per 1000 girls aged 15 to 19.

The comprehensive family planning policy of Finland has been successful. However, we are aiming at even lower levels of teenage pregnancies and, therefore, a R & D programme Family Planning 2000 was initiated in 1994. The main aims are: to develop the services with focus on the needs of the clients: women, men and couples and to further develop the quality of care in family planning.

ST 7/4  VOLUNTARY SECTOR ACTIVITIES IN THE FIELD OF INFANT AND CHILD CARE  Eeva Kuuskoski

In Finland non-governmental and voluntary organizations are very numerous, and largely appreciated, supported and participated by general public. Historically, they have provided the first services for people in need, and at present, too, they generate new ideas and renewed services in rapidly changing society. While in Finland public services cover most of the needs of children and their families all over the country, the voluntary sector activities, however, are most important providing alternative opportunities and supplementary services in good cooperation with the municipalities and the state.

The Mannerheim League for Child Welfare is one of the pioneers in child care. It organized the first well-baby clinics in the country and thus initiated the whole maternal and child health care nationwide. During the 75 years of its action it has provided numerous activities. The position of the father in the family, young parents' need for support in infant and child rearing, young children in need of adult contact, and many other phenomena in a modern society have found a solution in form of a new service system or training course by the League. The first child ombudsman in the country has been provided by the organization.
ST 8/1 PROCESSES UNDERLYING COGNITIVE AND EMOTIONAL DEVELOPMENT IN INFANTS OF DEPRESSED MOTHERS

STANLEY C, Murray L and Stein A. The Winnicott Research Unit, University of Cambridge, UK

Recent research involving systematically assessed community samples has shown that, compared with infants of non-depressed women, the offspring of mothers who have had a postpartum depression are significantly impaired on measures of cognitive and emotional development (Murray 1992). The present study was designed to test the hypothesis that the quality of maternal responsiveness mediates the association between postnatal depression and adverse developmental outcome. This was done by conducting longitudinal experimental investigations of a community cohort of primiparous postnatally depressed mothers and their infants (n=72) together with matched well controls (n=50). Videotaped mother-infant interactions were recorded at 2 months. Infant developmental progress was assessed at 3 months by means of an instrumental learning paradigm (Lewis et al, 1990) and a stillface perturbation of face-to-face interactions (Murray & Trevarthen, 1985). These assessments provided information about the infants' expectancies regarding the consequences of their behaviour in, respectively, their physical and social environments. A depressed:non-depressed comparison of mother-infant interactional style at 2 months was made using microanalytic observation techniques, followed by a similar comparison of infant performance at 3 months on the instrumental learning and blank face perturbation tasks. The influence of dyadic interactional style as assessed at 2 months on later infant performance was then examined. The implications of these findings for theories of infant cognitive and emotional development will be discussed.


ST 8/2 PSYCHOTROPIC DRUGS IN BREAST MILK: A STUDY OF POSSIBLE ADVERSE EFFECTS ON BREAST-FED INFANTS

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1Institute of Psychiatry, London UK
2Maudsley Hospital, London UK

We have studied 25 breast-fed babies whose mothers were taking antidepressant drugs (Imipramine, Amitriptyline, Clomipramine, Prothiaden, Fluvoxamine, Fluoxetine) and/or neuroleptic drugs (Chlorpromazine, Haloperidol). Control bottle-fed infants whose mothers were also mentally ill and infants of healthy mothers have been investigated in terms of their development. Samples of maternal plasma, urine and breast milk (fore-milk and hind-milk) and of infants' urine and from some infants' plasma were obtained at intervals to investigate drug and selected metabolite concentrations in maternal plasma and milk and transfer of the drug to infants.

All babies were examined at intervals in the first year (around 2, 7, 12 months) by the Amiel-Tison structured neurological test and by the Bayley Scales of Infant Development (the Bayley test). Breast-fed infants, furthermore, have been followed by the Bayley test up to 30 months.

Antidepressant drugs appeared in breast milk (higher concentrations in hind-milk than in fore-milk) and hind-milk concentrations were similar to those in maternal plasma. Plasma and milk assays of neuroleptic drugs have not yet been done and these drugs were not detected in infants' urine. We have not found any neurodevelopmental delays in breast-fed babies of mothers with mental illness who have been taking selected psychotropic drugs.
ST 8/3 MATERNAL MENTAL ILLNESS AND SEVERE DISORDERS OF MOTHER-TO-INFANT ATTACHMENT

KUMAR R
Institute of Psychiatry, London, UK

In a previous study, forty percent of a consecutive series of 119 first-time mothers reported an initial lack of affection for their newborn infants. Such reactions were unexpected and they were not related to the presence or absence of mood disturbance; they were related to the obstetric procedure of amniotomy and to mothers' recollections of a very painful labour or to the administration of a dose of 125mg or more of pethidine. In all but one or two cases, the mothers reported that they had developed strong affection for their infants after a few days.

Women with postnatal mental illnesses sometimes describe rejection and revulsion or entirely neutral feelings for their infants. Before prospectively investigating the prevalence, antecedents and outcomes of such severe reactions, a self-selected sample of 45 women was studied, all of whom described severe disturbances of relationship with their infants and all of whom had received support at some time for postnatal psychiatric problems from a volunteer organisation. Most women felt deeply guilty and many had not previously disclosed their feelings. Most pregnancies had been wanted and no links were found with obstetric or infant-related variables except, intriguingly, recollections of very painful labours. First-born children were not more affected. The association with postnatal illness may have been inflated by the source of the sample but it needs systematic study.


ST 9/1 THE CA-MIR: A FRENCH ADULT-ATTACHMENT Q-SET

Blaise PIERREHUMBERT, Dr Psycho., P.D., Athanassia KARMANIOLA , Olivier HALFON and Aimé SIEYE

Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (Prof. O. Halfon & Prof. F. Ansermet), 25 A, Rue du Bugnon, CH - 1005 Lausanne, Switzerland

Bowlby's concept of the internal working models of the self and others in attachment relationships has triggered a large amount of studies, representing, as Main puts it, a move to the level of representations in a field that was originally oriented primarily towards ethology. To describe adults' models of attachment has proved to be essential since these models may well mediate all social responses, functioning as inconsistent guides, interpreting and anticipating the partners' behaviors, assigning meaning to social information, selecting specific events for encoding in memory, etc. The construct of the Lausanne Adult Attachment Q-Set (Ca-Mir) focuses on memories from childhood, relationships in the present familial group, ideations and state of mind concerning relationships in general.

The validation study (N = around 600 subjects) will be briefly presented; the Q-Set proves to capture two basic relational strategies (relational security on the one hand, dismissing versus preoccupation on the other).
THE GENOGRAM

Michel BADER, M.D. and Prof. Serge LEOBOVICI

Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (Prof. O. Halfon & Prof. F. Ansermet), 25 A, Rue du Bugnon, CH - 1005 Lausanne, Switzerland

The genogram is a semi-structured interview, aimed at exploring the inter-generational determinants carried by the child, at the level of representations, conflicts, parental and family demands. The examiner records the subjects' family tree, with a special importance given to inter-generational determinants, demands and conflicts. The examiner tries to investigate three main axes (which will later represent axes used for the coding of the interview): structural transmission (existence of specific conflicts in the family group, reproduced from one generation to another or repeated horizontally); the conflicts transposed upon the subject (presence of conflicts or of "ghosts" defining or predetermining the place or the role of the subject in his/her genealogy); the transgenerational mandate (contracts, loyalty conflicts etc.). The examiner's appreciation concerning the coherence, the completion and the truth of the discourse is noted. According to Main & Goldwyn (1992), the coherence of speech shall be one of the most sensitive signs linked to the organization of Internal Working Models of attachment in the adult, especially when memories of relationships in childhood are addressed. The coding procedure will then look at inter-generational determinants as well as at the way these are expressed. Data will be put into perspective with the recording of life events (questionaire) and with attachment models (Ca-Mir).

THE TRIAD IN CLINICAL PERSPECTIVE.
FINDBINGS ON INTER-ACTIVE PATTERNS IN THE LAUSANNE TRIADIC PLAY. THEIR RELATIONS TO PRE-POST-NATAL FAMILY VARIABLES

E. Fivaz-Depeurisinge, K. von Klitzing, M. Lamour, M. Hedenbro, and collaborators

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One of the critical steps to take in Infant Mental Health is to move beyond the dyad in order to also systematically describe the development of triadic interactions between father, mother and infant and to establish their relationships to other key family variables. It will recast infant development in its core ecological niche, bridge developmental and family systems models and lead to new evaluation and treatment approaches.

The Lausanne Triadic Play (LTP) was designed as a step in this direction. Focusing on the family triadic unit, it covers each of its "2+1" and "3 together" configurations. It is built to offer the possibility of clinical evaluation as well as preventive or therapeutic interventions.

Five prospective longitudinal studies are now under way (ante- and post-natal) in the Universities of Lausanne, Paris, Basel, Seattle and Stockholm. Each of them links triadic interactions to other pre-post-natal variables.

This symposium includes the following presentations: 1) an overview of the Lausanne Triadic Concept based on microanalysis of triadic patterns in the LTP; 2) The results of the Basler team linking pre- and post-natal triangular representations of parents with triadic interactions; 3) The results of the Paris team linking paternal representations with triadic interactions. 4) An overview of the Stockholm study focusing on the role of fathers as primary versus secondary caregivers in the context of the triad.
ST 11 THERAPEUTIC APPLICATIONS OF INFANT OBSERVATION

HOUZEL Didier, LAZARTIGUES Alain, DAYAN Jacques, MARTINET Serge, SEIN Catherine, AUSSILLOUX Charles
6 rue de l'Académie, 14000 Caen, France

Therapeutic home visits are used frequently in some mental health care units in France. Their theoretical frames stem from Esther Bick's work on infant observation. Home therapists are trained in infant observation before practicing this therapeutic application. Three main components form the core of these treatments: 1) A child psychiatrist does an assessment of child disorders and links them to a mother-child-dyadic trouble; on this basis he proposes home visits; in addition he will further meet child and parents every 4 to 6 weeks; 2) Each visit lasts one hour, a very detailed record is written just after it. During the observation the therapist is not silent but discreet, non active and above all non intrusive avoiding advice and interpretations; home visits are performed once to twice a week; 3) Each week the records of different home visits are discussed with psychoanalytically trained supervisors. The therapeutic process involves transferential and countertransferential phenomena which are worked through during the weekly supervision. It seems to rely on a function of attention provided to mother and child by the therapist, function which plays the role of a container according to Bion's terminology.

HOUZEL and DAYAN (Caen) will present the historical background of this treatment, their experience of using it for autistic children and their understanding of the therapeutic process involved; MARTINET and SEIN (Pau) will present their results with abused and neglected children; LAZARTIGUES (Brest) will give an account of this treatment for infants and young children with psychosomatic disorders; AUSSILLOUX (Montpellier) will discuss the interest of different home-visit settings with autistic children.

ST 12/1 INTERACTION, ATTACHMENT AND LATER DEVELOPMENT Maarit Silvén

The purpose of this symposium is to focus on the role of interaction, both emotional and cognitive factors, in the development of infants' and preschoolers' quality of attachment as well as to discuss the effects of early experiences on children's later social behavior and their knowledge of other's emotions, and on the risk for psychopathology.
ST 12/2 MOTHER-INFANT INTERACTION AND INFANT’S SOCIAL-EMOTIONAL COPING

Maarit Silvén, Minna Vienola

Research has shown early mother-infant interaction to influence the quality of attachment in infancy: the mothers of securely attached children are more emotionally available to their children than the mothers of insecurely attached children. The goal of this study is to understand the relation between a mother’s emotional and cognitive sensitivity and the development of the child’s attachment security from 12 to 24 months of age.

Finnish-speaking parents of first-born children living in an urban area were contacted through the Finnish Population Register Centre. In the sample infants from intact homes, term at birth were only included. At 12 months of age (+/- 1 week) the infants (n=69) were videotaped at home with their mothers in a Play Situation and at a laboratory in a Strange Situation. The procedure was replicated at 24 months of age (n=66) at the laboratory.

The results of our study suggest that attachment quality in Finnish children shows both continuity and predictable changes from 12 to 24 months. Mother’s emotional availability seems to be an essential regulator of the development of attachment quality in infants and toddlers. Moreover, the cognitive components of maternal sensitivity are directly related to the organization of attachment behavior in toddlers.

ST 12/3 INTERACTIVE SYNCHRONY, PARENTAL REPRESENTATIONS NARRATIVES AND SOCIAL BEHAVIOUR OF THE CHILD

Grazia Maria Fava Vizziello, Marina Mussicco, Cristina Ferrero, Allessandra Simonelli

Utilizing the CARE-index by P. Crittenden in the analysis of videotaped two minutes parent-infant interactions at the day-care, three levels of parent-infant Interactive Synchrony were identified in a sample of 28 children from 9 to 30 months of age. Furthermore, We analized the videotapes of child’s behaviour in the 5 minutes following the separation from the parent, the five minutes before lunch, 3 minutes after lunch and at the reunion with the parent at the end of the day. We looked for associations between different levels of Synchrony and parental representations drawn from the semistructured R-interview by Stern et. al.(1989), using the WMCI by Zeanah et. al. (1989) and the child’s social behaviour with his peers at the day-care, when the parent is not there. The results point out the direct link between quality of interaction, content free dimensions of parental representation and social competence of the child, confirming our hypothesis. In particular, high synchrony was associated with "Balanced" parental representation and higher social competence; medium synchrony was associated with "Detached" representation and low synchrony to less socially competent children. At 60 months we studied children narrative and attachment through the Mc Arthur’s Stories
ORGANIZATION OF ATTACHMENT AND PRESCHOOLERS' THEORY OF MIND

Päivi Halonen, Maarit Silvén
Children use their concepts of self and other to participate in interaction, to predict the course of subsequent interaction, and to perceive, infer, and interpret behavior of the partner. These representations also regulate social information processing in relationships with later more or less significant others. The early representations lay the basis for continuously developing concepts of self and others as social operators. The aim of the paper is to discuss the relationship between the children's (n = 65) quality of attachment and and their understanding of other persons' psychological states, such as emotions.

QUALITY OF ATTACHMENT IN YOUNG CHILDREN AND RISK FOR PSYCHOPATHOLOGY

Patricia M. Crittenden, Angelika H. Claussen
A sample of 114 normative, maltreated, and emotionally disturbed children was studied to identify patterns of preschooler adaptation to adverse home circumstances. Two assessments of attachment were used: the Cassidy-Marvin system (C-M) and the Preschool Assessment of Attachment (PAA). The C-M system reflected theory regarding the implications of maturation for change in the organization of attachment behavior. The primary findings were that:

1) In the preschool years, there are new (PAA) patterns of attachment behavior (not present in infancy) that reflect adaptations to particular types of family problems.

2) Each of the new patterns involves constraining children's expression of feeling in ways that increase the likelihood of parental protection and reduce the probability of parent violence.

3) The PAA patterns suggest the origins of later disturbances, including compulsive and obsessive behavior.

4) The C-M patterns showed little relation with child maltreatment, mental health status, or maternal/family problems, whereas the PAA patterns showed strong differential relations.
WT 10  FEEDING, THE SELF AND THE MECHANISMS OF DEFENCE

Dr. Campbell Paul, Mrs. F. Thomson-Salo, Ms Sue Morse, Infant Mental Health Group, Royal Children's Hospital, Melbourne
Illustrated with Video Excerpts

The first presentation will be the report of a boy who was referred at 18 months for eating difficulties. The screening showed up the severe gaze avoidance of this child and the difficulty in being playful. Campbell Paul will describe the move from working with the child and his family together, to the different modality of his seeing the boy for psychotherapy while Frances Salo saw the parents separately, to see if this would facilitate forward movement. Once the parents felt safe to express anger in the transference, this matched a greater freedom in the boy and the beginning of a move to more secure attachment patterns. Ms Sue Morse will describe the psychoanalytically informed and innovative work she did as a speech pathologist to help the boy develop his use of language as communication. Three aspects will be discussed. Firstly, the role of countertransference and the infant's transference. Secondly, therapeutic effects of the therapist's attunement with the infant. Thirdly, justification for direct work with infants.

2. The Use of Countertransference in Psychotherapeutic Work with Infants Who Feed Too Much
Mrs. Dilys Daws, Tavistock Clinic, London

Early infant feeding problems can often be understood through the relationship between parents and their infants. Feeding difficulties later on may be a continuation of these problems or they may be new issues stirred up by weaning and the feelings connected with losing the breast or bottle and the first intimate relationship. The countertransference process is the tool with which to understand 'feed back' these discoveries to the family. If the parents are receptive, there are therapeutic effects for them and the infant.

3. Panel Discussion with Invited Mental Health Clinicians
This will focus on further possible mechanisms in the development of autistic-like syndromes arising from pathological use of defences in early infancy, and psychodynamic approaches to treatment.

WT 11  HOME-VISIT PSYCHOTHERAPY FOR FAMILIES WITH INFANTS IN FRANCE: CURRENT ISSUES FOR INFANT MENTAL HEALTH UNITS

N. GUEDENEY, M. MORALES-HUET, A. GUEDENEY, D. BRENGARD-DOS SANTOS, G. DANON

Unité de la Petite Enfance, 3 rue Georges Desplass, 75005, Paris, France

This workshop, in French with English consecutive translation, will present 4 French experiences of home visit psychotherapies for families and infants:

The teams of the "Unité de soins à domicile de la Petite Enfance" from EPERNAY, from the "Aubier" (VII Intersextor infanto-juvénile des Hauts de Seine), from the "Guidance Infantile" (Institut de Puériculture de Paris) and from the "unité de la Petite Enfance" (IIe Intersextor infanto-juvénile de Paris) will present their current main issues about this technic, inside the French public welfare system for infant mental health.

We will present the current indications, the network of multidisciplinary professionals, the technical choices of the modalities of intervention and the limits, in France, of a such practice. The chairman will be G. Danon. The discussion with the audience will contribute to improve the issues of such practice.
WT 12  FAMILY THERAPY TECHNIQUES IN THE
PERSPECTIVE OF CURRENT VIEWS ON EARLY
INTERACTION

Piha J, Savonlahti E, Schmitt F, Sourander A, Emde J. Child
Psychiatry Clinic, University of Turku, 20520 Turku, Finland

In family therapy, the non-verbal quality of interaction has
been emphasized. Current theoretical conceptualizations and
empirical findings in the field of early interaction accentu-
ate the importance of the preverbal mother-infant rela-
tionship. Using the Sternian theoretical frame of preverbal
infant development it is possible to find new contents in the
customary family therapy techniques.
Family therapy techniques "joining" and "therapeutic provoca-
tion in holding context" can be understood from Sternian frame
as therapist's "communing attunement" in order to create a
good enough working alliance and "purposeful misattunement" in
order to increase the therapeutic tension inside the family.
From view point of the development of family therapy the
important issue will be would it be possible to create speci-
fic techniques which allow the therapist intentionally to use
the domains of preverbal relatedness in order to activate in
family members new ways to experience the preverbal self or to
evoke new senses of the self. The use of this kind of techni-
ques would put all family members, children and adults, in an
equal position in regard to the therapeutic interventions.
Experiences gained in a family therapy training program with
special focus on children will be described and demonstrated.

WT 13/1  THE ROLE OF THE GAZE IN INFANT
OBSERVATION AND INTERVENTION

Dr. Sara Murphy, Clinical Psychologist, 203 Hope Street, West Brunswick, 3055,
Australia

Form of Presentation: Workshop

Jacques Lacan, a French psychoanalyst who brought about a movement advocating a return
to the theory and practice of Freud, developed, in his lifetime, an intricate and compelling
theory of his own on the human gaze. While his ideas have been enthusiastically taken over
by visual arts theorists worldwide, they are not often referred to in the clinical context of
infant mental health. The present workshop aims:

I. to present some tenets of his theory on the gaze in the context of other Lacanian
   concepts such as ‘the imaginary’, ‘object a’ and ‘desire’

II. to show how observations of the gaze provide valuable data on the mental life of the
    infant especially regarding the complex process of identity formation and how it comes
    about in the mirroring gaze between self and others.
WT 13/2  EARLY INTERVENTION WITH OLDER CHILDREN
– TEN YEARS »TOO LATE»

Rolf Karlsson, child psychiatrist, Hökarängens PBU, Box 5003, 123 05 Farsta (Stockholm), Sweden. Short case presentations illustrating a fruitful method emanating from the understanding of the infinite significance of the mothering substance for the child's being-in-the-world. Theoretically the method is influenced and confirmed by the works of the late Francoise Dolto, former leading French child psychoanalyst. Experiences from infant psychiatry has convincingly indicated the advantages of early interventions when the baby deviates in development and maturation. The case reports presented indicates that interventions of this type in the mother-child relationship can be used with both preschool and latency children. The therapist's task is to help the mother to identify and understand the hindrances for the normal development of her child. This does not mean putting the blame on the mother for the child's difficulties. Instead the new understanding relieves her from the feelings of guilt that always persecute parents when their child does not behave in a normal way. The mother can now understand that she, like all parents, always has done her best for her child from her given life situation. The hindrances for the developmental process are often derived from the lack of motherly attachment, an attachment that is a necessary precondition for growth and maturation. The hindrances to this attachment are either social, psychological or biological. When the hindrances are removed, conditions are created for the child and the mother to resume and make a good enough attachment relationship and the child's development will continue towards further maturation. The process is stable with natural stagnation or regression in situations where the psychological stress becomes too strong. The positive results of this method are not surprising, considering that this method compensates for the previous lack in the attachment relationship - this relationship being the basis for all human development and maturation.

WT 13/3  TO TALK WITH BABIES. THE USE OF WORDS AND VERBAL LANGUAGE IN PSYCHOANALYTICAL CONSULTATIONS WITH INFANTS AND SMALL CHILDREN

Johan Norman, M.D., Utryktsväg 13, S-161 51 Bromma, Sweden.
Tel: 46 - 8 371060 (receiver), 46 - 8 378228 (evenings) Fax: 46 - 8 872404

Children understand words and verbal language long before they themselves can pronounce words and use verbal language. In psychoanalytical consultations with infants and small children together with their mother I have found that it is fruitful that I formulate in words and talk directly with the child about what I understand of the emotional state and disturbances which the child expresses in body and action. Among the cases which will be presented is a girl, 6 months old, and her mother. The girl avoided very skillfully and precisely to meet her mother's eye which contributed to prolong a depression in the mother. A second case is a girl and her mother, the girl was 18 months and she was very often hurt herself and kept mother occupied in an excited rescue play. The child pays an intense attention to the analyst's voice and words and the child's response can be seen in the process in the session and in the process which evolves from one session to the next. A complex structure involving resonance, projective identification and countertransference is established between the child, the analyst and the mother and the role of the analyst's putting into word will be discussed.
WT 14/1  I FEEL PICTURES

Hiltunen P, M.S., Szajnb erg N M, M.D., Moilanen I, M.D., Prof.
1Clinic of Child Psychiatry, Department of Pediatrics, University of Oulu, FINLAND
2Department of Psychiatry, University of California, San Francisco, USA

I FEEL pictures (IFP) is a newly developed instrument that assesses parents' perceptions and interpretations of infants' facial expressions. It may also function more like a projective task, as well as measure parents' sensitivity to their own infant's affects. Various studies demonstrate systematic variability in mother's perceptions of infant affects in adolescent, depressed, abusive and preterm mothers (Emde, Osofsky and Butterfield 1993). Some cultural variability has also been noticed when comparing different countries (Szajnberg 1995).
The aim of this workshop is to compare the IFP results in different countries: USA, Finland, Croatia and Japan. We want to evaluate cultural and linguistic aspects when using I FEEL in different places: development of affect perception and maternal covariates, like: depression, parity, age, race. Linguistic aspects will be discussed in terms of validity when conducting the survey in other languages and cultures.

WT 14/2  THE JAPANESE I FEEL PICTURE TEST (JIFPT), ITS DEVELOPMENT AND APPLICATION TO RESEARCH AND CLINICAL FIELD

Presenters of the workshop: Kako Inoue, Department of Psychology, Yokohama National University and Keiko Okonogi, Infant Research Group of Wellness Center, Keio University
Joint researchers: Chikako Fukatsu, Department of Neuro-psychiatry, Keio University; Naoki Hirano, Sapporo Juvenile Classification Home; Yoko Hamada, Student Health Center, Saitoku University; Toshiko Takiguchi, St. Margarets' Junior College; Sachiko Mori, Infant Research Group of Wellness Center, Keio University

How JIFPT was developed:
The Japanese version of the I Feel Pictures was developed, composed of 30 Japanese 12 months old babies' facial expression photos mounted on an album, as stimuli. These were selected from 4000 photos taken by professionals. The criteria for this selection was to have wide range of clear emotional expressions and blended ones.

How the 18 category system was developed:
Subjects were supposed to write down the emotions of the babies. Free answer responses were coded. From these initial codes the emotions were classified into 18 categories.

To whom JIFPT were applied:
The JIFPT were applied to university students, pregnant mothers, mothers with babies, fathers, mothers with difficulty in child rearing, mothers of disabled infants.

In the workshop we will discuss reason of the need to develop JIFPT, the reliability problems, and also discuss globally the results of researches of JIFPT conducted not only by us, but also by other researchers in Japan, which are independently presented in the poster sessions.
WT 14/3  THE I-FEEL ASSESSMENT OF THE WAR-VICTIMS IN CROATIA AND BOSNIA AND HERZEGOVINA

S. Matačić, M.D., J. Škrinjarić, M.D., G. Majić, M.D., S. Nikolić, M.D., V. Vidović, M.D., Clinic for psychological medicine, Medical School, University of Zagreb, Kišpatičeva 12, 10000 ZAGREB, CROATIA

In the Republics of Croatia and Bosnia and Herzegovina the war started in spring 1991 and is not finished yet. A large number of people were ethnically cleansed and displaced. A lot of children were born in refugee camps in which our professionals and paraprofessionals in the field of child mental health tried to arrange psychosocial help and support. In various refugee camps we applied the I-FEEL assessment to mothers who were strongly traumatized by the war.

In this study we intend to compare the mothers perception of infant affect in this population with the pre-war Croatian sample (year 1989), already published. The results will be presented at the Congress.

WT 15  BREAKING LINKS AND HIDDEN RELATIONSHIPS. WHICH EVOLUTION?

Cattedra di Neuropsichiatra Infantile, Florence
Viale Morgagni, 85- 50134- Florence- Italy.

We have analyzed the problems related to a research-intervention, coordinated by the Department of Child Neuropsychiatry at Istituto degli Innocenti in Florence, for the reception of mothers and their children who find themselves in serious social situations, and of children who have been temporarily or permanently abandoned. These children are at serious evolutive risk, having been pluri-traumatized, due to both the alternation of several significant parental, and to serious disorders and distortions of such relationships. We have elaborate the data concerning six mothers-child couples which have been observed for a two-year period mothers underwent both A.A.I. (Adult Attachment Interview - Main, Goldwyn) be in a later phase, the W.M.C.I. (Working Model of the Child Interview - Zeanah, Benoit, Barton), whereas the establishment of the relationship was followed through direct observations. The analysis of the material concerns the courses of such cases and the issues about programming a “helping intervention for the mother-child couple. A serious problem which has emerged is how to adequately assess the mothers' parental skills and the respect of their processes of maturation. We propose a “helping intervention which may facilitate mothers' evolutive course towards the promotion of her relationship with her child, either in case of a possible maintenance of the relationship, or if its dissolution is deemed to be more helpful.
WT 16/1  ASSESSMENT OF EARLY LANGUAGE AND COGNITIVE SKILLS IN THE CONTEXT OF DEVELOPMENTAL RISK

Dept. of Psychology, University of Jyväskylä, P.O.Box 35, 40351 Jyväskylä, Finland

Hagtvet, B., Horn, E., Lassen, L., & Lyster, S.
Dept. of Special Educ., Univ. of Oslo, Postboks 1140 Blindern, N-0317 Oslo, Norway

Le Normand, M. T.
Inserm, Lab of Clinical Child Neuropsychology, Hôpital de la Salpêtrière, Paris, France

Early identification of risk for developmental delay is necessary for effective intervention. Knowledge on the precursors of reading difficulties and on the most fruitful approaches to early intervention is scarce, and relatively few reliable diagnostic tools are available in the early years. The goal of the workshop is to discuss approaches to early assessment and intervention and the possibilities for construction of novel methodology. Examples are drawn from Scandinavian and French research projects. The Jyväskylä Longitudinal Study of Dyslexia follows up from birth the early linguistic and cognitive development of children with familial background for reading difficulties. Similarly, follow-up studies on children’s linguistic development and on the advancement of reading skills have been carried out in the University of Oslo. The French research concerns follow-up from early babbling to early language and from early morphosyntax to reading.

WT16/2  EARLY LANGUAGE DEVELOPMENT AND KINDERGARTEN PHONOLOGICAL AWARENESS AS PREDICTORS OF READING PROBLEMS: FROM 3 TO 9 YEARS OF AGE

Åke Olofsson
Umeå University
S-901 87 Umeå, Sweden

Jan Niedersøe
Bornholm, Denmark

The predictive relationship between early language development and reading acquisition was assessed in a longitudinal study of 248 Danish children from 3 years of age to grade 3 in school (age 9). At 3 years of age several aspects of language development were measured, i.e. vocabulary, language comprehension, speech production/articulation and sentence production. In kindergarten, at age 6, the children were tested on syntax, phonological production and language awareness as well as verbal class inclusion and working memory. In the latter part of grade 2, the children’s word decoding ability was measured.

A path analysis revealed significant paths from early phonological, morphological and syntactic variables, through working memory and language awareness in kindergarten, and to word decoding in Grade 2. Language awareness in kindergarten, as assessed with a group test in the present study, contributed uniquely to the prediction of Grade 2 word decoding ability even after controlling for working memory and language abilities in kindergarten. Morphological development measured at age 3 was found to have a unique effect on word decoding in grade 2, beyond the effect mediated via kindergarten language variables. The results suggest that there is a relationship between early language abilities and learning to read and this relationship extends beyond the proportion mediated by language and language awareness in the late preschool years.
WT 17  PARENT-INFANT INTERACTION RELATED TO INFANT'S TEMPERAMENT, GENDER AND MOTHER-FATHER RELATIONSHIP


How do infants with different temperament (active-passive) and gender (girls-boys) create their relationship with their mother and father during their first year of life. Furthermore, how does the mother - father relationship affect the parent - infant relationship.

The interaction between infants and parents was studied in 52 Finnish middle-class urban families. Infant - mother and infant - father interactions were video taped in free play situation when the infant was 3 months and 12 months old, and evaluated by the Early Relationship Assessment method developed by Roseanne Clark.

The infants' temperament was assessed by parents by means of Infant Temperament Questionnaire and Toddler Temperament Questionnaire as well as observed by means of Bailey method. The interaction between the parents was videotaped and assessed by means of the Beavers-Timberlawn Family Evaluation scale. The parents also filled a questionnaire describing how they experienced their partner relationship.

The results, based mainly on the 3 month's data, will be presented.

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VT 5  INITIATIVE AND CREATIVITY: INSTRUMENTS FOR THE CONSTRUCTION OF SUBJECTIVITY

Authors: J.M. Hoffmann*, Graciela G. de Benito Silva, Paula Bonomini, Laura Pobla, Valeria Z. de Grande.

The aim of this videotape, is to show the correlations we find between the infant's development of initiatives during the second semester of the first year and the ability of creative playing of these infants during the second and third year. Parallel to this, we will point out in which way the maternal responses influence over such developments.

To achieve this goal, we have published positive and negative interactions of sequences between mother and child based on two research projects related and consecutive, which were carried on in our center. Such sequences recount on how the good signs referred to initiatives, low aversivity and suitable interactive clime during the first year, go together with an appropriate ability of playing and creativity during the following years.

We agree with those who sustain that the infant is agent of the construction of his self, and his mother the guarantee of such process. We sustain that not only initiatives but creativity as well are privileged instruments for the fulfillment of this assignment.

We consider initiatives to be the mediated expression through action of the spontaneous gesture; they emerge from the true self, and thanks to them, the infant begins to stamp not only his presence but his individuality.


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VT 6  I AM TOO YOUNG FOR SELF SERVICE
Mara Sidoli, Dr. Psychology (Italy), Cert.PsyA,
Jungian Analyst, Child Psychotherapist – Member,
Society of Analytical Psychology London (GB) New York (USA)

The video tape recorded in the course of a weekly Infant Observation Seminar in Sante Fe, NM shows the struggle of a 2 and a half month old baby girl, Sheila, to feed herself from a bottle put to her side by her father. The parents, in the same room, ignore her feeding struggle and carry on a conversation between themselves. The video tape has been recorded at a very dramatic time in when Sheila has developed a severe urinary tract (reflux) infection for which she had needed hospitalization. The attachment to the mother had been fraught with a lot of rejection and ambivalence on the mother’s part, so that the father had stopped working after Sheila’s birth to take over her care. However, after two months he had to return to work and the baby developed the severe somatic symptoms as a consequence of the loss of his care. Sheila, apparent from the tape, struggles on her own with the bottle to the utmost of her possibilities and does not cry for help even though her parents are in the room. It is a very interesting example of how in the case of poor attachment the child has to fall back on her own resources and hold everything inside. This “heroic” behavior on her part which aims at preserving the tenuous attachment with her maternal object has created omnipotent defense mechanisms against her helplessness with disastrous repercussions on her physical health. The video is very disturbing to watch in so far as it shows the suffering of the baby in her isolation and helplessness.

It also clearly shows that feeding needs to be a relational experience not just with bottle but with the whole of the mother offering it.

VT 7  THE CHEM SYNDROM

I.M. BETTICH, M.D
René Descartes University of Paris

According to traditional theory, the less than one year old baby can be seized by a bad smell of witch nature (Serra) and falling ill. It may even die if it is not treated in an adequate manner by the Ferraga a specialised therapist for the treatment of this illness called chem.

The Ferraga will initiate a massage of the head of the baby considered open, to harden its articulations. She will also proceed with a double swathing with the help of a white materiel brought by the mother on which she spreads a mixture of hemmae and egg equally brought by the mother so as to close the child.

The baby will keep this enveloppe during three days and will be seen once a week during four weeks.
VT 8 VIDEO-PRESENTATION OF A NEW COMMUNITY OUT-PATIENT UNIT IN INFANT PSYCHIATRY

D.RABAIN, M.D., B.FRANJOU, Architect
UNITE PETITE ENFANCE, 28 allée Vivaldi - 75012 PARIS - FRANCE

This video-presentation will show the multi-disciplinary study made by a treatment team and an architect. It took place during the designing process of a new concept of infant therapy setting. The program has been elaborated on the basis of the new theories and research developed about infant early interactions and development. The setting includes space organization as a determinant factor that have effect on parent-infant interactions and, as a consequence, on observation and on intervention strategy.

The result of our collaboration is the creation of a new community out-patient unit in infant psychiatry as a part of the Salpêtrière Hospital in Paris. The presentation will comment on some arguments and criteria that have been taken into consideration during the designing process of the unit and their consequences on space setting and therapy situations.

PT 1 ON MOTHERING AS PROCESS – A MATERNAL PERSPECTIVE
Margareta Kinbom, Spådbarnsverksamhete,
Blackebergsbacken 5, S- 161 56 Bromma, Sweden

Mother and child in interaction has become subject to considerable research endeavors within the fields of developmental psychology and infant psychiatry. Our knowledge about the infant’s contribution to the interaction is growing with the extensive research being focussed on the infant. A focus on the mother as well is justified and could prove to be productive - even from a normative point of view. The concept of mothering is conceived of in two aspects, where the second and less biological aspect concerns the wilful, intentional caretaking and "promoting" conceived to originate from within a human "mother subject". Concepts concerning dimensions of mothering introduced by Winnicott and Benedek with an interest in a "mother subject" perspective are discussed as for their relevance to clinical work with mothers and babies in a mother and baby unit. A series of observations of two mother/baby pairs is presented and discussed in a phenomenologically inspired analysis with processes of mothering that emanate from the mother in focus. The sustention of a valued "mother subjectivity” on the part of the mother is suggested to be at the core of mothering, sustained even in front of adversities or contradicting experiences. The recognition of this possibly crucial maternal function by the mother and by her environment can be vital to its being realized.
PT 2 JAPANESE MATERNAL SATISFACTION WITH
CHILDREARING OF 4-MONTH- AND 10-MONTH-OLD
INFANTS: COMPARISONS BETWEEN ESTIMATIONS
BY MOTHERS AND THEIR HUSBANDS

Yasushi Ohyabu and Tadahiko Maeda
Dept. of Psychology, School of Literature, Waseda University,
Shinjuku, Tokyo, 162 Japan

The purpose of this study was to compare the estimations of maternal satisfaction with
childrearing and other cognitive factors by mothers of 4- and 10-month-old infants with
those by their husbands. Both mothers and their husbands estimated that maternal
satisfaction with childrearing and marital intimacy decreased between 4 and 10 months after
birth; however, maternal conflict caused by combining vocational pursuits and childrearing
increased with age. Although mothers of 10-month-old infants experienced lower paternal
coopetiveness in childrearing and housework, their husbands reported no change in the
stated period. Mothers assessed that conflict caused by combining vocational pursuits and
childrearing was the most important correlate of maternal satisfaction with childrearing. In
short, increased conflict was the principal cause of declining maternal satisfaction with
childrearing. However, the fathers did not observe their wives' maternal conflict,
responding only to their wives' marital intimacy. These findings suggest that mothers might
need more paternal cooperationliness in childrearing and housework than their husbands
believe is necessary, and the conflict caused by combining vocational pursuits and
childrearing confronted by mothers has to be shared by their husbands in order not to
decrease maternal satisfaction with childrearing. In addition, the characteristics of fathers'
work-centered and home-centered responsibilities are discussed.

PT 3 EMOTIONAL AVAILABILITY IN ADOLESCENT
MOTHERS

Report of the Research Group of Universidad de la República at Pereira Rossell's Hospital,
Montevideo, Uruguay.
Rimano, V.; Cherro Aguerre, M. (Coordinator).

Research relevance. Uruguayan population is a total number of three million and two
hundred thousands inhabitants. The adolescent group (ages between 13 and 19 years old) represents
the 16% of the total population.

Pregnancy among adolescents has an important incidence.

We took our sample (30 cases) from a population of low socio-economical level, who
attends our hospital for their children medical assistance.

The research has two stages. The first one is the emotional availability of younger,
adolescent mothers (less than 17 years old) comparing them with older primiparous (more than 19
years old). In the second stage our aim is to develop coordinated actions in order to properly take care
of this situations according to the knowledge acquired in the first stage.

We can make some statements now based upon the initial findings of our research:

1) From a risk point of view, we found that in the first six months, and related to the
emotional availability of the mother, the maternal age does not constitute a risk factor if the social-
family support is adequate.

2) The adolescent pregnancy and motherhood is not such a traumatic experience in
our sample depending on the mother's "life project" determined by their social background.

3) Early development and the kind of bonding developed between the baby and its
caretaker, depends greatly on the equilibrium that appears between the three different kind of babies
described by S. Lebovic: imaginary, fantascied and real. This equilibrium should not only appear in
the mother but in the father as well.

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PT 4  THE CONFLICTUAL EXPECTING OF A CHILD DURING A MATERNITY HOSPITALIZATION

Béatrice Igert
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94 300 Vincennes – France

Mrs H., who is in hospital for risk of premature delivery, becomes the subject of a psychological research on primiparous women showing risks of premature delivery with indetermined etiology. The combined effect of psychological investigations and of the midwife's work brings progressively to light significant internal conflicts of the patient. Interaction of these conflicts with the nursing team is demonstrative. The team takes it as a failure that treatments give no results. On the side of the beto-maternal relationships, psychosomatic manifestations are spectacular. Impact of these events on the parents' patient provokes until now unspoken conflicts between the patient and her parents. With the psychological support, conflicts will lead to sudden awareness and a fruitful reconciling between them. Cooperation of the psychologist and the midwife was determinant for the evolution of the members of the familial group around this birth.

PT 5  DEVELOPMENTAL RESEARCH: RESULTS OF MATERNAL REPRESENTATIONS BEFORE AND AFTER THE BIRTH OF A FIRST CHILD, WITH PARTICULAR REFERENCE TO THE BIRTH EXPERIENCE AS AN INTERVENING VARIABLE IN THE PARENT- INFANT RELATIONSHIP

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The parent child relationship exerts a powerful influence upon child psychological development. Traditional research on infant development focused on the interactional patterns of infants and their care-givers. Investigating interactional patterns alone seems inadequate as it does not capture the meaning of relationships (Zeanah & Anders, 1987), internal constructions of relationships (Sroufe & Fleeson, 1988), the sense of self (Stern, 1985) for a dyad.

Thus, a recent development in infant research is the focus on MENTAL REPRESENTATIONS. These depict and are the internal relationship patterns that guide external interactional behaviour (Zeanah & Barton, 1989).

In this presentation we report results of an ongoing study. We have measured maternal representations before and after the birth of a first child in 82 primiparous women. Particular reference to the birth experience as an intervening variable, will be discussed.

The women are all over 20 years of age, English speaking, free from obstetric and psychiatric complications, and attended antenatal clinics of an Obstetric Hospital.

The aim is to reconstruct the representations the woman has of self, of the baby, of the partner, of herself as a mother and of her own mother, before and after the birth. The hypothesis is that the representations will change from before to after birth and the change will be influenced by the perception of the birth experience as positive or negative. Two semi-structured interviews of MATERNAL REPRESENTATIONS DURING PREGNANCY (I.R.M.A.G., Ammanit, 1992) and of MATERNAL REPRESENTATIONS 4-MONTHS POST-BIRTH (I.R.M.A.N., Ammanit, 1992) are used. As part of the semi-structured interviews, each subject is given 5 questionnaires at 7 months pregnancy and at 4 months post-natally. (The I.R.M.A.G., I.R.M.A.N. and questionnaires are established instruments of the University of Rome).

In addition, each subject completed a SCALE at 4-MONTHS POST-NATALLY on the perceived experiences of the birth.

The study provides an opportunity to assess the lived experiences of women during pregnancy and 4 months post-natally which could contribute to a data base of normative experiences.
Beyond Mothers: The Child's Other Caretakers

Maria Tereza Maldonado, Carmen Nuelmann, Salvador Celia, João Gomes-Pedro, Carlos Enrique Prego Maerino

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Literature on family relationships has thus far mostly emphasized the importance of the mother-child bonding. The authors think the time is ripe to talk more extensively about the influence of others caretakers in the young child's development. Besides the obvious importance of the father, there is also a significant role played by grandparents, siblings, and the community itself in forming a psychosocial network in the first year of a child's life.

The presentation will include research data showing the increase of father's participation in child rearing; reflections on the difference between "help" and "interference" in relationships among grandparents, parents and children; a critical review of the literature on the reciprocal influence of siblings in their early years of life; and the presentation of a program of community health in a day-care center.

The Influence of the Father's Engagement in Caretaking on the Infant's Sociability

France Frascarolo, PhD

Centre d'étude de la famille, Site de Cery, CH 1008 - Prilly, Switzerland

In this study, I observed the influence of paternal engagement in caretaking on their infant's sociability by means a strange situation adapted from Ainsworth's. 37 families have participated when their only child was 12-14 month old. According to their answers to a questionnaire, 20 non-traditional fathers were very engaged in caretaking and 17 fathers were little or not at all engaged. I evaluated the infant's sociability with three Ainsworth's rating scales concerning proximity or contact seeking, avoidance and distance interaction. Results show that infants of non-traditional fathers are globally more sociable with all their partners (father, mother and stranger) than are infants of traditional fathers. Besides, in the non-traditional families the father-infant relations are equivalent to the mother-infant relations. This is not the case in the traditional families. In sum, I assume that the father's engagement in caretaking is linked to the total family system and not only to the father-infant relationship or to the infant's development.
PT 8  PSYCHOPATHOLOGY OF PERINATAL FATHERHOOD: »UP-TO«DATE ORDINARY SHAPES, EARLY PREVENTION AND INTERVENTIONS

Aubert A, Denis P, Jardin F, Moreau A, Squires C., 4 rue de Sèvres 75006 Paris
Growing father is a psychic process including oedipian and preoedipian phenomena Proud gladness in the reciprocal gift of an happy baby to a shining mother dresses and transforms destructive wishes of the man. Deviant situations exhibit hidden part of process: regression, identification to the baby, repetition of archaic trauma. Maternal primary drives may prevail on fathering process when the mother is not mentally able to care her baby, or when she is overworking just after the birth, when she can't impose her motherhood. Sometimes the father wants very much to be the mother and the mother let him do, as if he was her mother. Not constituted triade set questions:
Are maternal drives underground part of fathering? Is motherhood of his wife pressing back the maternal desire of the father? Is primary symbiosis parent-baby an unconscious need where fathering is rooting? Is paternal perinatal depression a necessary psychic work, mourning work, a part of the process for be able to be adult, to have childhood and be father? Care givers at Maternity, day nursery, have to care of fathers of babies, psychologists and psychoanalysts are spelled about men recently fathers in pain. When are these paternal phenomena mental disease? In what way are they healthy psychic productions where primitive affects prevail on reasonable thought, with psychosomatic disturbances, authorizing symbolisation work, this time through repetition if they meet a good enough institution for containing and restituting transformed them. So, would not it be better for prevention of mental disease and of maltreatment to welcome and promote different maternal expressions by a man becoming father?

PT 9  DO FATHERS TREAT THEIR INFANTS DIFFERENTLY FROM MOTHERS?

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The aim of the study is to describe gender differences between mother and father in early interaction. These differences are investigated from video recordings with the Parent-Child Early Relational Assessment (ERA) -method. In addition to perspectives specific to the ERA we study in more detail the way mothers and fathers express their gender in physical contact and in play with the infant. This information we collected qualitatively by watching the video recordings through, making observations and classifying them.

The forty families in the study included both the mothers and the fathers. They were videotaped for five minutes when playing with their three-month-old girl/boy infants in their home. The parents were asked about the fathers’ participation in the delivery, child care and paternity leave. They were also inquired about the amount of time they were together with their infant per day and the kind of activities they spent that time in.
PT 10  FATHERHOOD, FAMILY, AND THE SERVICES OF MATERNITY CARE AT PRIMARY HEALTH CARE

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ABSTRACT: The purpose of this study is to describe the experiences of fathers about their growing to fatherhood, about family, and the services of maternity care at primary health care. The study will also describe the fathers' suggestions about improvements in order to develop the maternity care.

The research has been conducted in Tampere, the sample consist of 643 fathers, who answered to a questionnaire. This study is about the answers of the open-ended questions. The data were analysed using the quantitative content analysis. According the study results the life-habits of the fathers changed during the pregnancy. Part of the fathers thought that their smoking, alcohol consumption, diet, and exercise habits improved during the pregnancy. Fathers also mentioned their attitude and behavior towards their wife improving. The changes of family life after the birth came as a surprise to some of the fathers. The decrease of their free time, the responsibilities, and the amount of time a newborn needs from parents were the most central surprises. Fathers suggested to improve the maternity care towards a more individualized and family-centred care. They also wished to get more attention during their visits with the mother to the clinics.

PT 11  FATHER-MOTHER-BABY, GENESIS OF TRIADIFICATION AND TRIANGULATION PROCESSES

Lydie MILLER, 45 bis rue d'Hautpoul, 75019 Paris, FRANCE.

The aim of the study was to show the relations between interactions and representations in the father-mother-baby triad during the first year of the life, in a non-clinic population.

Two methods were principally used:
- Interviews of parents (Clinical Team: S. Lebovici, M. Lamour);
- Lausanne Triadic Play (Clinical Team: E. Fivaz-Depeursinge, M. Sacco).

The results expose three main issues:

1- the familial alliance degree would be predictive about the triangulation process.

2- it would be possible to objectify the baby's "subjectivation process" in the first year of his life;

3- fathers would have an important part in making the triangulation process easier for their child.
PT 12  AN INVESTIGATION OF THE INDIVIDUAL AND CONTEXTUAL FACTORS THAT RELATE TO MATERNAL INTERACTION BEHAVIOR AND SUBSEQUENT CHILD DEVELOPMENT

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Parent-child interaction has long been a research focus. Many contextual variables influence maternal and child interaction behaviors as well as there being a transactional effect between the mother and child’s behaviors. How all these variables relate with one another is especially important information for children who have disabilities, in order to plan and implement effective early intervention programs. Path analysis allows us to statistically examine the relationship between multiple variables simultaneously. In this poster the relationship between maternal behavioral constructs (maternal responsivity, affect and directiveness) and family functioning, family risk factors, child functioning, and child interaction behaviors are examined in a sample of 261 dyads in which the child has disabilities. Initial findings demonstrate that child interaction behaviors that demonstrate more play maturity, toy interest and social responsiveness are associated with maternal responsivity. The relation of family risk factors, child functioning and family functioning to maternal responsivity are of lesser magnitudes. Models depicting the relation of family functioning, family risk factors, child functioning, and child behavior to maternal affect and directiveness will also be presented.

PT 13  INTERACTIVE SYNCHRONY, PARENTAL REPRESENTATIONS NARRATIVES AND SOCIAL BEHAVIOUR OF THE CHILD

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Utilizing the CARE-index by P. Crittenden in the analysis of videotaped two minutes parent-infant interactions at the day-care, three levels of parent-infant Interactive Synchrony were identified in a sample of 28 children from 9 to 30 months of age. Furthermore, we analyzed the videotapes of the child’s behaviour in the 5 minutes following the separation from the parent, then five minutes before lunch, 3 minutes after lunch and at the reunion with the parent at the end of the day. We looked for associations between different levels of Synchrony and parental representations drawn from the semistructured R-interview by Stern et al. (1989), using the WMCI by Zeannah et al. (1989) and the child’s social behaviour with his peers at the day-care, when the parent is not there. The results point out the direct link between quality of interaction, content free dimensions of parental representation and social competence of the child, confirming our hypothesis. In particular, high synchrony was associated with "Balanced" parental representation and higher social competence; medium synchrony was associated with "Detached" representation and low synchrony to less socially competent children. At 60 months we studied children narrative and attachment through the Mc Arthur’s Stories.
PT 14  INFANT TEMPERAMENT AND MOTHER’S SENSITIVITY IN EARLY MOTHER-INFANT INTERACTION

Marja Kivijärvi  
Department of Psychology  
University of Turku

The aim of this work is to assess the relationship between the infant’s temperament and the mother’s sensitivity toward the child in mother-child interaction. The sample consists of 67 mothers and infants who were videotaped in their homes when the baby was 3, 6, and 12 months old.

In this study infant temperament is defined by the parts of temperament which are susceptible to change resulting from interaction. These are mood, activity, sociability, rhythm and emotionality. Mother’s sensitivity is defined as mother’s capacity to notice and react to infant’s needs in interaction.

Questionnaires and Clark’s Parent-Child Early Relational Assessment (ERA) are used to identify differences in infant temperament and to study the degree of mother’s sensitivity. The presumed findings are that the degree of mother’s sensitivity influences the direction of infant’s temperament change from 6 to 12 months and that the infant’s temperament type influences the mother. Changes in mother-child interaction will be found with Dyadic Variables of ERA.

PT 15  SOCIAL SUPPORT AND FIRST TIME MOTHER-CHILD INTERACTION

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Abstract: The purpose of the study is to identify stressful areas in mother-child interaction after baby is born and when baby is 3 months old, and to explain the relationship between social support and mother-child interaction.

In order to collect data there were two questionnaires, The Norbeck’s Social Support Questionnaire (NSSQ) and The Parenting Stress Index (PSI), given to 271 first time mothers in Tampere university hospital after baby was born, and when baby was 3 months old the questionnaires was sent by mail. The PSI instrument was developed to measure early identification of dysfunctional parent-child systems.

According to the research supportive persons listed in the mothers’ network was 1-15. The spouse or partner, relatives and friends were the most frequently reported. The mothers got a great deal of support from the members of their social network. The relationship between social support and mother-child interaction will be presented.
PT 16  AFFECT REGULATION AND SYNCHRONY IN MOTHER-INFANT PLAY AS PRECURSORS TO THE DEVELOPMENT OF SYMBOLIC COMPETENCE

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This study examines relationships between the organizing processes of affect in infancy and the toddler’s symbolic competence. Thirty-six mother-infant dyads were observed at 3, 9 and 24 months. Maternal and infant affective states during face-to-face play at 3 and 9 months were coded in .25 second frames. The underlying structure of infant affect and the time-lagged synchrony between mother and infant affective states were assessed by time-series analyses. Two global composites, infant affective expression and mother affect attunement were also coded at 3 and 9 months. At two years, three dimensions of toddlers’ symbolic competence were evaluated; verbal IQ, symbolic play, and the child’s use of internal states words. Infant affect regulation at three months, defined as a semi-periodic cycling between affective arousal and neutrality in the infant’s series of affective states, predicted verbal IQ and symbolic play. Affect regulation in combination with positive affective expression predicted the child’s use of internal states words. Maternal synchrony and mother affect attunement were related to symbolic play and internal state talk, but not to verbal or visual IQ. The organization of behavioral sequences into coherent affective configurations is suggested as a possible precursor to the general capacity to develop symbols.

PT 17  AFFECT ATTUNEMENT AND THE INFANT’S PERSONALITY

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We have been performing a longitudinal observation of nineteen pairs of mothers and infants with the aim of studying the shift in the mother’s tuning behavior as internal development proceeds in the infant. Through the observation, we have confirmed that the affect attunement is established between the mother and the infant by the twelfth month. In this presentation, we will discuss the inter-relationship between the infant’s personality observable at their thirty-sixth month and the mother’s tuning behavior and internal representation observed by the eighteenth month.
PT 18    IDEALIZING MOTHERHOOD AND THE MOTHER-BABY RELATIONSHIP

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Idealizing Motherhood as a defence against ambivalent feelings about motherhood has been studied in an 18 years long study on first time mothers. It has been measured by the degree of agreement the mother expresses with statements like "a woman should become a mother in order to be a real woman", and "pregnancy and childbirth make a woman a real woman". Idealizing Motherhood, in this respect, has been closely related to The Ideal Mother Image, measured by the degree of agreement the mother expresses with statements like 1) "the ideal mother is always patient", "the ideal mother never resents child care" (labelled as An Ideal Mother Denies Her Own Feelings), 2) "the ideal mother is unselfish", "the ideal mother is self-sacrificing", (labelled as The Ideal Mother Forgets Her Own Needs), and 3) "the ideal mother attempts to be a perfect mother" (labelled as The Perfect Mother).

Mothers’ relationships with their three month old babys are described by means of Early Relationship Assessment (ERA) developed by Roseanne Clark, in 67 mother-baby pairs. Video samples of mothers and babies in feeding and free play situations are assessed by the ERA dimensions. The difficulties of idealizing mothers in their relationships with their babies will be described in detail.

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PT 19    EMOTIONAL ENGAGEMENT AS A PREDICTOR OF THE WELL-BEING OF MOTHER/INFANT RELATIONSHIPS

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A longitudinal design is employed examining the mother-infant relationship in the ongoing context of normal development. The normal relationship is investigated across a range of domains including the social, emotional, cognitive and kinesthetic. It is hypothesized that a construct labelled here as "emotional engagement" represents a reciprocal interactive process, informing and connecting the social, emotional, cognitive, and kinesthetic development of each mother/infant relationship. "Emotional engagement" represents the sharable world of the mother and infant and, although this world is unique to each relationship, the quality of its impact on infant development is predicted to provide common patterns across the social, emotional, cognitive, and kinesthetic (touch) development of observed dyads.
PT 20  SHARED MINDS: BECOMING INTENTIONAL WITHIN MOTHER-INFANT COMMUNICATION PARTNERSHIPS

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Characteristics related to the quality of early mother-infant communication partnerships influence the way in which the young child begins to act with intention and to interpret herself and others as intentional beings. A developmental model is proposed for examining one of these characteristics: choice co-constructions occurring as mothers and infants communicate. A longitudinal design is used to examine the process through which 10 infants and mothers appear to choose what they focus on, what they communicate about, and how they effectively convey meanings to each other. It is concluded that when the process of choice co-construction reflects consistent expectations and communicative intentions, a phenomenon labeled "shared minds" is observed. In contrast, when there is no evidence of shared minds, a breakdown in the mother-infant relationship occurs with the communication interaction marked by mismatching of intentions. The observation of shared minds is related to developmental achievements such as quality of attachment, infant’s communicative and cognitive developmental levels, and quality of reciprocity, affect, and touch within the social context established between the mother and infant.

PT 21  SLEEPING AND WAKING PATTERNS IN SWEDISH BABYS AND TODDLERS

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The aim of this study was to explore the prevalence of parentally experienced infant sleeping problems and to describe sleeping/waking behaviour in the age between 6 and 36 months. A sample of one thousand Swedish parents from an innercity area has been asked to fill a questionnaire on the sleeping/waking patterns of their children. 756 of them responded. Some 145 wrote further comments on what they considered important about their experience of their children's sleeping and waking during the first three years of their life. An analysis of the statistical data as well as an interpretation of the qualitative data is going to be presented. The preliminary analysis of the latter gives suggestions about different parental ideas of infants sleep. These ideas influence the methods that parents apply to put their children to sleep as well as the representations of the infants and their own image as parents.
PT 22 SLEEPING-IN AND EARLY MOTHER-INFANT INTERACTION

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Keywords: Mother-infant interaction, daily contact, sleeping-in problems.

The aim of this study is to evaluate connections between early mother-infant interaction and possible problems in sleeping-in. Balanced and stimulating daily contact between mother and infant are supposed to be connected with sleeping-in without any permanent problems if the baby is otherwise healthy. This study is part of the early interaction research in Finnish families. 67 full term well babies are videorecorded at their homes together with their mothers in 5 min sections at 3, 6 and 12 months of age. These sections are analyzed with the ERA-method by Roseanne Clark. With the help of special questionnaire developed for this study the baby's sleeping manners are asked for. The question here is not whether the baby is really sleeping in a physiological sense, but rather the mother's observations. Possible changing patterns in sleeping-in are looked for between 3-6 months and 6-12 months of age.

PT 23 A COMPARISON OF THE QUALITY OF THE MOTHER-INFANT RELATIONSHIP WITHIN DYADS WITH INFANTS DIAGNOSED WITH AND WITHOUT CONGENITAL HEART DEFECT

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Research and clinical practice show the significant impact of the parent-child relationship on the child's future development. A diagnosis of Congenital Heart Defect (CHD), representing an immediate threat to life, may have a stronger effect on the quality of the mother-child relationship than that of other chronic illnesses, regardless of severity. Interattachivity is employed as a measure of the quality of the mother-infant relationship and is defined as a sense of emotional intimacy, connectedness and "being with" experienced between mother and infant, and the experience of sharing on a feeling level (Weissmann, 1987); it is assumed to be the result of Stern's (1985) affect attunement. This study compared the development of interattachivity in 31 dyads with infants diagnosed with CHD (Group A) and 31 non-CHD control dyads (Group B) matched for SES, maternal age at birth of child, maternal years of education, parity, child's age at time of study, and sex of child. Results indicate a significant difference in the development of interattachivity between the two groups. These findings support the hypothesis that in dyads where infants are diagnosed with CHD, the result may be a dyad impaired in a sense of connectedness and in the ability to share on a feeling level.
PT 24 TROUBLE OF RELATIONSHIPS BETWEEN MOTHER AND BABY IN THE GASTROESOPHAGEAL REFLUX DISEASE

M. ZANNOTTI* - M. MYQUEL**

The GERD (Gastroesophageal reflux disease) appears as the first pediatric disease in early time of life (Prevalence : 20 %). The psychodynamical factor has rarely been taken into account for this disease and this fact is astonishing when ones notices that GERD seems to be a functional phenomena involving the Lower Sphincter of Esophage submitted to multiple influences : environment, condition of life, anatomy.

The authors propose to take into account the psychopathological factor in GERD and they made the hypothesis of a disturbance of relationship between infant and mother in earlier age of life. To explore this hypothesis they made a study including twelve babies, aged of one to two month, and their mothers. Inclusion occurs when the diagnosis of GERD was made by pediatrician. At inclusion the authors administrated:
1) a semi standardised interview exploring fantasmatic perceptions of the mother.
2) a videoesoscopic record of interaction analysed with the help of the GEDAN.

The results shows disturbances for nearly all infants in term of fantasmatic perception of the child by the mother and interactive disturbances occurs for half of baby-mother observations. But without a control group authors cant conclude on some specificity of GERD. So, this field seems to be very interesting and after this preliminary study authors confirm the necessity of a control study.

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PT 25 IMPACT OF PRENATAL DIAGNOSIS PROPOSITION IN CASE OF TRANSMISSION OF A GENETIC FATAL DISEASE ON MOTHER/BABY'S INTERACTIONS

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Program support by Institut National de la Santé et de Recherche Médicale (INSERM)

The birth of child with the suspicion of genetic lethal disease is the source of a deep sorrow for a young couple. Severe combined Immunodeficiency is a lethal disease during the first months of life. It can be detected by a prenatal diagnosis.

Objectives: Determine the impact of prenatal diagnosis on mother/baby interactions and the child development. The objective is to identify specific interactive system and risk factors that would lead to strategies of care and prevention.

Methods : Interviews of 30 families accepting prenatal diagnosis and giving birth to a healthy, before and after decision of pregnancy, after prenatal diagnosis, before and after decision of abortion and after birth, observations of mother/baby's interactions. Study of mothers representation of the baby at different stage of the process.

Results: The decision of a prenatal diagnosis is not easy to take and provokes feelings of guilt and culpability. It can be dependant of the history of the mother, the family, or the couple or also of a political event as an intervention of the pope, or an action of anti-abortion commandos. After the birth of an healthy child, the feelings of culpability are still very strong. 26 of the 30 mothers are still dreaming or thinking that they could kill by abortion this wonderfull baby. 15 mothers on 30 cannot believe they have a lively child. Nevertheless interactive system is quite satisfactory for 24 of them.

Conclusion: The mothers who are taking decision of a prenatal diagnosis need to be supported during the whole process.
PT 26  LONGITUDINAL STUDY OF THE TRIADIC INTERACTION BETWEEN FATHER, MOTHER AND INFANT

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We have studied the evolution of the triadic interactions between father, mother and baby during the first year of life in the Lausanne Triadic Play in twelve families. This situation explores triadic functioning in the three organizations "two plus one" (two in dialogue + one observer participant) as well as in the single "three together". Though all families are non-clinical, some have moderate to very problematic interactions. The alliance type, which corresponds to the capacity of the triad to define a frame which permits them to smoothly modify their rules of organisation. We assess the type of "alliance/misalliance". It is stable in 66.7% of cases. When it is unstable we observe either a positive or a fluctuating, but no negative evolution. A therapeutic effect of the research is conceivable.

PT 27  THE CONTINUITY OF INFANT-MOTHER ATTACHMENT AT 5 YEARS

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This longitudinal study investigated the continuity of attachment of the preschooler child. The sample was of 12 swiss children at the age of 5. These children were observed in the Ainsworth's "Strange Situation" from 0 to 2 years. The aim of this study was to determine whether behaviors observed at 21 months of age in the "Strange Situation" and categorized in two different ways (the "traditional" attachment dichotomy, secure versus insecure and a "temperamental" dichotomy) would differentially predict outcomes at age 5, such as children's behaviors (in an adaptation of the "Strange Situation") and mothers' reports of temperament (PTQ). The effects of attachment and temperamental categorization were expected to be affected by children's experience during the preschooler years, i.e. the rate and type of non parental care. Results showed that attachment categorization at 21 months of age predicted attachment categorization at age 5. Temperamental categorization predicted specific variables of the PTQ (adaptability, distractability and approach). Results presented here restrict the generalisation of data because of the weak sample size. Further investigation has to be done concerning continuity of attachment and temperament variables.
PT 28  THE ROLE OF ATTACHMENT DIFFICULTIES IN THE DEVELOPMENT OF ADHD. A TREATMENT CASE

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The treatment of a 5 year old boy with ADHD is presented. The early family history revealed that mother and child experienced significant stress in the early parent-child relationship. These stressors seemed to interact with other risk factors, including a negative maternal mental representation, child vulnerabilities and the projection of negative paternal characteristics into the child.

Attachment difficulties were noticeable during infancy, toddlerhood and the preschool years.

With the improvement in the parent-child relationship the child became symptom free.

It is argued that ADHD may represent a disturbance in attachment resulting from multiple stresses in the early parent-child relationship.

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PT 30  PREVENTION ON INFANT MENTAL HEALTH; BAD STARTS, LOST OPPORTUNITIES?

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ABSTRACT: Retrospective study of children and their families (n=82) who came to our Infant Mental Health Unit (IMHU) for a first consultation during 1994. OBJECTIVES: to study and evaluate some conditions considered as a risk for infant mental health during the first year of life; to characterize this population and study his pathways through health services; to evaluate the needs of primary and secondary prevention on infant mental health. METHODS: determine the incidence of 20 risk factors presented on the first year of life and grouped on four clusters (Quality of Care Giving, Parents/Child Relationship Disturbances, Socio-Familial Conditions and Adversities on the Families, Organic Conditions on Children); characterize the sample and to study the pathways as follows: age at first consultation, sex, who is referring, main symptoms, age at symptoms elicision, who noticed the symptoms, period of time between elicision and 1st consultation, previous interventions, asking for help, parents expectation about treatment at IMHU. RESULTS: Parents/Child Relationship Disturbances was the most found cluster. The most important risk factors were Qualitative Behavioural Disturbances in Parents/Child Interaction and Parental Psychological Adversity (Maternal Depression, Alcohol and Substance Abuse). 2/3 of the population has an association of more than 3 risk factors. More boys than girls were referred. Feeding and sleeping disturbances, behavioral problems and speech delay were the most common symptoms. The population’s average age was more than 24 months at 1st consultation; most of the children had symptoms since the first 18 months and generally took 7 to 12 months to come to IMHU. Children are generally referred by Paediatricians and G.P.’s. CONCLUSIONS: There is an association of risk factors; some emphasis on the need of a risk evaluation may be important, especially on those related to disturbances of Parent/Child Relationship on the early years of life. Children do spend some time with no medical intervention; the need of early diagnosis and treatment is reinforced as so is the need of a strong liaison with Paediatricians and G.P.’s on the Infant Mental Health field.
PT 31  CHILD ABUSE IN FINLAND

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ABSTRACT: The purpose of this international quantitative study is to use a family dynamics perspective that will compare families of abused and non-abused children in Finland. Nurses and other health practitioners may then provide comprehensive treatment for families at risk of child abuse using a family dynamics perspective.

The sample will consist of 240 adult family members from four big Finnish cities. Three family groups will be statistically compared: families with small children reported to authorities as abused (N=80), families with small children not reported to authorities as abused (N=80) and families currently without children (N=80). Families will be from social and health care agencies.

The data collection has begun in 1995. Some preliminary analyzes show quite interesting results about family dynamics in abusing and non-abusing families. The findings of this study will be later compared with the findings of a U.S. study.

PT 32  REGULATORY PROBLEMS IN AN EARLY LIFE OF A CHILDPsyCHIATRIC INPATIENT POPULATION AND THE CONSEQUENCES FOR ACTUAL TREATMENT

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Introduction: child psychiatry is to a large extent developmental psychiatry. Children in psychiatric day-care of residential treatment show many problems which have initially started on the first two years of life. Although there exists a variety of ICD-10 or DSM-IV diagnostic categories, a considerable amount of the child psychiatric patients cannot regulate their intrapersonal en interactional behaviour.

Study: from an inpatient childpsychiatric population stimulusregulation and behavioral organization in the first year of live has been described by rating the anamestic data, and by interviewing the parent(s). Especially the prestructured interview have shown that a remarkable amount of regulation problems existed in the early life of those children. Problems which are comparable (, but maybe are not the same) with those in their present life.

Hypothesis: growing knowledge about the continuity and discontinuity during childhood of regulation can learn a lot about the place of adaptional constants in severe developmental psychopathology.

Conclusion: the consequences of this study for the treatment practice will be formulated.
THE EARLY LIFE EXPERIENCES OF THE HOSPITALIZED CHILD PSYCHIATRIC PATIENTS PRESENTED BY MOTHERS IN SEMISTRUCTURED DEEP-INTERVIEWS

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The largest and therapeutically most difficult group of the hospitalized patients are the children with behaviour disorders. These children's way to act, make disturbance in group situations and get panics, often indicates difficult and poor experiences in their baby life (integration disorder). A minor part does not have severe behaviour problems. - It was found that the personnel did not have much conversations and knowledge or understanding concerning children's early lives. - The aim and interest now is to know more about the children's early life experiences, estimate the early interaction between mother and child and the connection with the children's actual symptoms. An additional aim is to estimate the usefulness and possibilities of the interviews in clinical work. - The mother (and the father in the currently three death cases of the mother) is interviewed by the child psychiatrist also responsible for the treatment. The focus is in the mother's memories and experiences, feelings, fantasies and troubles concerning the child's early time (pregnancy, birth, baby life, family life). The interviewer listens, makes questions and writes up. The mother needs time for contact, criticism and own actual questions and troubles, too. The interview takes usually a couple of hours. - Of the written interviews, the first 27 stories have been partly analysed, and it seems that very much terror, threat and different kind of trouble has been experienced inside the family already during the child's baby life and even later. The mother's long-lasting trouble history can lead to an exact diagnosis during the child psychiatric hospital treatment.

ANXIETY IN THE ANTENATAL CLINIC

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This is a prospective study examining the anxiety level of mothers who have antenatal screening for renal abnormalities and choroid plexus cysts, and following them up until the baby is 2 months old. Previous studies have reported increased levels of anxiety in mothers whose ultrasound scans show this finding. Via postal questionnaires to the mothers and questionnaires to the ultrasonographers, we plan to determine ways of providing a protocol to best support mothers in this situation.
PT 35 INFANT’S TECHNIQUES AS A PREDICTING MEASURE OF THEIR ADJUSTMENT RESOURCES TO A GIVEN MILIEU

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Our intention is to value the infant’s resources thought the way it manages to construct its inner mind in milieu when disorders may have the upper hand over many other occurrences. With this aim of view, we try to debate on some special techniques we detected among infants during their first six months they were observed. In our notes, we find the moments the infant introduces new patterns of comportment into the interactions, coinciding with variations in mutual disposal condition of the interaction partners. During the first weeks, the infant shows own competences in identifying the way its mother is caring about it: entirely or partly. Somewhere about the time of care variations, the baby introduces personal techniques of entering its body into the interactions. It could be possible to consider then the baby being content with an adjustment as far as an alteration in the interactive milieu is concerned. Nethertheless, the study of what will become of these techniques, with regard to the infant, shows the latter will tend to continue using them, even after the return to a situation just like the initial one. It results from this very importance given to these techniques, that the baby will be taken away from the context that justified their unexpected arrival. Then we ask ourself if the baby, moving away from events, would not take the first step with these techniques in the forming of an object idea. In a way, these techniques would show the capability of the baby to experience a mother going away in a dispositional condition. In our notes and some other researchers one, because different babies in different milieus are using these techniques facing same interactive events (variations in mutual care), we suggest a predicting value for the observation of these techniques, in order to estimate, during the first three months of life, the infant’s resources in a given milieu.

PT 36 HUNGARIAN PARENTS’ REPORTS ON THEIR INFANTS’ BEHAVIORAL DEVELOPMENT

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Normative research on the Hungarian version of the Kent Infant Development (KID) Scale demonstrated that Hungarian parents can reliably report valid developmental observations of their infants that is useful for screening, diagnosis and prescriptive programming in pediatric/psychiatric outpatients clinics. Under the direction of childpsychiatrist medical assistants from 6 hospitals located in nearby towns collected KID-H Scales from parents of more than 700 healthy infants, 1 to 15 months of age, to construct the age norms to be presented at the World Congress of WAIMH in July 1996. 362 infants had three KID-H Scales, one made by father and two made by mother which then were used to calculate interjudge (r=84) and test-retest (r=86) reliability coefficients. The indicated reliability coefficients are high. 53 infants were administrated the Brunet-Lézine Infant Scale, and satisfactory concurrent validities for the 4 Brunet-Lézine subscales and KID-H are reported. (state by Aug. 1995) The experience of successfully gathering this large number of infant developmental data using medical assistants and other clinical personnel from local hospitals bodes well for the feasibility of using the family-based KID-H Scales for clinical purposes in the near future.
FACIAL EXPRESSION RECOGNITION USING NEURAL NETWORKS CAPABLE OF RECOGNIZING AT AN INFANT LEVEL

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Neural networks are available to model mathematically the information processing scheme of the human brain, and also have the pattern recognition capability due to training of these networks as well as the human beings' power. A psychologist P. Ekman systematically analyzed to classify facial expressions into happiness, anger, sadness, fear, disgust, surprise, and defined FACS for all the expressions from these six expressions. This led us to making use of computers to model neural networks and perform facial expression recognition. In this paper, we mention a facial recognition system. The system is modeled using mathematical Wavelet transform and a neural network is implemented on a computer. As a preliminary step, the pictures of human faces with CCD camera are input into computer. We must capture the face into the considering space. To do so, we provide a system based on the light contrast between a face and its background. Next we extract the features of facial expressions. To capture features of facial expressions from facial domain, this system uses Wavelet transform. By wavelet-transforming the facial domain, the light contrast of the face is extracted. It can be said that the transform like Wavelet transform is carried out in the sight system of the human beings. Finally we use neural network to recognize facial expressions. This step is for the processing that corresponds to object recognition of the human beings.

In the experiments, the results show that our system can reach high recognition rates about happiness expression, even if the resolution of an input image is reduced. Because the sight of an infant just possesses a low frequency domain of a received image, we can conclude that it is easy for an infant to recognize an expression of happiness.

EFFECTS OF NEONATAL HANDLING ON AGE-RELATED CHANGES IN NORADRENERGIC TRANSMISSION IN RAT CEREBRAL CORTEX AND HIPPOCAMPUS

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The effects of postnatal handling (H) on β-adrenoceptor binding and isoprenaline (ISO)-stimulated cAMP accumulation were analyzed in CX and HC of 1 and 3 month old male Wistar rats. The pups were handled daily over the course of the 21 days postpartum, removing them from the mother for 10 min. Binding assay was performed with "H-CGP-12177 and unspecific binding was defined with propranolol (1μM). cAMP was determined by an isotopic displacement method after ß-adrenoceptor blockade by phenoxybenzamine (1μM). In saturation assays, ß-adrenoceptor density was not significantly modified with age (Bₘₐₓ = 43.3±2.4 vs 31.1±4.4 fmol.mg⁻¹ protein in 1 and 3 months old controls). Bₘₐₓ was significantly reduced by H in 1 month rats (p<0.05) but no at 3 months. Affinity was not modified with age either in C or H. ISO stimulated significantly cAMP production in C (p<0.001) and H (p<0.001). H did not modify basal cAMP levels compared to C but after incubation with IBMX the net increase in cAMP was higher in H (53.7%) than in C (17.9%) at 3 months of age. The concentration-dependent increase induced by ISO was higher in H than in C at 1 (p<0.001) and 3 (p<0.001) months without significant changes in Eₘₐₓ. Neonatal H induces long-lasting modifications on different aspects of central noradrenergic transmission. Supported by Ramón Areces and Marcelino Botín Foundations).
NAME-GIVING AS AN EXPRESSION OF INTERGENERATIONAL TRANSMISSION IN GREEK SOCIETY

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Intergenerational transmission is a normal procedure which, through identifications, contributes in the formation of the individual's self image. It suggests a common name, a religion, a series of traditions and myths that signify our sense of belonging.

In greek society, one third of the families are extensive. The grandparents live in the same house or participate essentially in the children's care and rearing. Furthermore greek tradition obliges the parents to name their child according to a predetermined series (the first child takes the paternal grandfather's name, e.t.c.).

It is impressive that a number of the child's personality traits according to his parents, are inherited from the ancestor whose name has been given to the child.

Examining some clinical cases, we present a study concerning the origin of early infant pathology as a result of the impossibility of the ancestor's mourning whose name and characteristics are later transmitted to the child.

PSYCHOLOGICAL ASPECTS IN SHORT CHILDREN: PRE-SCHOOL AND SCHOOL ACHIEVEMENT. SOCIAL IMPLICATIONS
Dina Edelmuth, Argentina

NOT MUCH INFORMATION IS AVAILABLE ON THE PSYCHOLOGICAL ASPECTS OF SHORT CHILDREN.
WE STUDY CHILDREN WITH ISOLATED GROWTH - HORMONE DEFICIENCY (GHD), DESPITE AVERAGE INTELLIGENCE ABSENCE OF SIGNIFICANT FAMILY DISFUNCTION AND ADVANTAGED SOCIAL BACKGROUND A LARGE NUMBER OF CHILDREN HAD ACADEMIC UNDER ACHIEVEMENT AND SOCIAL PROBLEMS.
THERE USED TO BE ELEVATED RATES OF (INTERNALIZING BEHAVIOR) ANXIETY, SOMATIC COMPLAINTS AND (EXTERNALIZING BEHAVIOR) IMPULSIVE DISTRACTIBLE ATTENTION SEEKING. ALSO SOCIAL COMPETENCE WAS REDUCED IN ALL ACTIVITIES.
THE HIGH FREQUENCY OF UNDERACHIEVEMENT BEHAVIOR PROBLEMS AND REDUCED SOCIAL COMPETENCE IN THIS CHILDREN SUGGEST THAT SHORT STATURE ITSELF AND THE SOCIAL PREJUDICES, MAY PREDISPOSE THEM TO SOME OF THEIR DIFFICULTIES.-
THE CHILDREN WITH CANCER: THE CONCEPTION OF PSYCHOLOGICAL REHABILITATION

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The Centre of social and psychological rehabilitation in the Hospital of Radiation Medicine in Aksakovshina is one of three Centres opened in Belarus according to Project 64 of the UNESCO-Chernobyl Programme. The main point in the conception of the Centre is psychological work with ill children who come to the hospital from nuclear contaminated regions. The main diagnosis is the cancer of thyroid glands. These are the basic principles of the conception.

| The situation of the illness and status of “Chernobyl children” causes the | The goal of the Centre is |......|
|-------------------------------------------------------------------------|-------------------------|
| considerable psychasthenia, reducing the possibilities of memory, thinking, attention etc. | to strengthen their cognitive abilities by means of the special developing games |
| special negative emotional state, which makes difficult treatment and causes additional psychosomatic disorders | to help children to overcome negative feelings through playing and art therapy |
| psychological isolation and loneliness, frustration of needs of contact | organisation of intensive intercourse in training and discussion groups |
| distortion of personality development in the forms rent attitudes, passiveness, orientation only to outside help | to include the children into social world through different activities (publishing of magazines, newspaper, establishing theatre studio etc.). |
| sharp feeling of self inferiority, unlikeness with healthy children, opposition “we are ill” “they are healthy” which leads to artificial disability | drawing the children in real healthy world through active joining up of both settlement children and the children from the hospital |
| position of carrying monotonous life which impedes his creativeness. | to give each child the possibility to express his creative activity in numerous art groups |
| psychological problems of child- parents interaction | to give a child and his parents an individual psychological consultation |

THE ROLE OF AUDITORY DYSFUNCTION IN CHILD-PsYCHIATRIC DISORDERS

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There exists some research evidence concerning the importance of higher order auditory dysfunction (AD) as one important background for the development of cognitive and behavioral aspects related to speech disorders, attention deficit disorders, as well as to autistic and psychotic symptomatology.

Nevertheless, it seems to be quite difficult to use valid and reliable methods for the diagnosis and therapy of AD to be useful in child-psychiatric practice. Therefore, a critical overview is given about the diagnostical and therapeutical methods used today especially in Germany. For the future, these methods should to be developed further. Thus our aim is a better evaluation, especially of the diagnostical and therapeutical methods of AD. To reach this goal, intensive cooperation between child-psychiatrists - also in private practice - and the research centers at the universities is suggested.
THE IDEOLOGICAL FOUNDATIONS OF THE RESEARCH, THE PROBLEMS OF THE PREVENTION OF MENTAL PATHOLOGY IN EARLY CHILDHOOD

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Multidisciplinary study of the specific features of early ontogenesis of infants and toddlers puts us on the way of looking for early predictors and prophylactic measures for endogenous mental diseases. 140 children at genetic risk for schizophrenia were singled out and observed from two months to five years of life. The clinico-psychopathological and neurological observation, psychological experiment, EEG analysis, was the basic research methods. The pathological symptoms & observations in the high-risk group of the infants can be observed from the first month of life. The identification of clinical presymptoms (markers of disease) in early childhood can be carried out on psychiatric, neurological, and psychological levels.

The ideological foundations of the research of problems of the mental disorders are as follows: 1. This is a complex problem; 2. This can be achieved by both social psychological and biological influence; 3. The primary prevention of psychopathology can be carried out from the pre and perinatal periods of child development; 4. Adequate prevention of psychopathological deviations in childhood can be effective only in the process of intensive work with the child's family.

NEW DATA ON DEPRIVATION DISORDERS OF EARLY AGE ORPHAN CHILDREN

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50 orphan children were examined in the age dynamics during three-four years since the first years of their life.

The children were examined in the multi-disciplined way: clinically (psychiatric and neurological examination, examination by paediatrician), psychologically, electro-encephalogram analysis.

Starting with the first month of mother deprivation of orphan children deprivation syndrome was formed in the following ways: emotion disorders (deprivation depression), motion disorders (deprivation stereotypes), delay of cognitive development, somatic-vegetative disorders (delay in physical development, not enough weight, skin disorders, disorders in motion rhythm).

The data showed that personal disorders in the form of typical deprivation development of the person were formed by the age of 3-4 years, and predictions were noted since the first days of life.

The arisen deprivation disorders of a person are characterized by weak reversibility of disorders in case of chronic deprivation. Thus, it becomes clear that the earliest possible (before the age of 1 year) preventive interference in the form of adoption of children by non-biological parents is necessary.
CONDUCT DISORDERS IN TODDLERS OF SINGLE MOTHERS: THE FUSIONAL TIES REVISITED

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Our experience of early therapeutic interventions on parent-child relation leads us to describe a particular configuration of high intensity conduct problems (anger, opposition, intolerance towards frustration) appearing between toddlers and their single mothers. We expose the underlying psychopathological features of a small clinical sample and discuss the controversial concept of fusional tie or relation.

TRICHTILLOMANIA IN INFANTS, TODDLERS, AND PRESCHOOL CHILDREN

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Trichotillomania in young children may be more common than previously described. The early onset (infant and preschool) and later onset (childhood and adolescent) trichotillomania has been described as different conditions. The early onset condition is considered mild and often self-limited with a duration of several weeks to several months. We describe infants, toddlers, and preschool children who presented to a specialty infant mental health clinic and a developmental pediatrics clinic with hair pulling as a problem. The conceptualization of trichotillomania as an anxiety disorder in young children is highlighted in the discussion of the characteristics of the children and their families presenting with this disorder.
PT 47 INFLUENCE OF TEMPERAMENT TYPE ON THE STRUCTURE OF NEUROTIC DISORDERS IN CHILDREN

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We have attempted to determine how important is the temperament type in forming the clinical picture of children with neurotic disorders. With this purpose temperament type and peculiarities of clinical picture were investigated in seventy child inpatients of Tartu University Psychiatric Hospital in Department of Child and Adolescent Psychiatry (twenty girls and fifty boys in age 8-12 years). All cases were treated in 1993-1994. For determining the temperament type material of physicians' interviews with parents and children, kindergarten nurses and school teachers' observations of children behavior in different situation were used. All psychiatric syndromes were diagnosed and classified according the rules of ICD -10 version.

Our research confirmed that for children with vigorous nervous processes most typical reactions in condition of prolonged psychological stress are conduct and adaptation disorders. Children with weak nervous processes went quickly through the stage of conduct and adaptation disorders and reach the stage, that will demand restricted behavioral style for adaptation (phobias, somatoform disorders and even depressive syndrome).

By our experience investigation of temperament type is very useful for profound understanding of the clinical picture and planning the intervention strategies in children.

PT 48 POST-TRAUMATIC ANOREXIA IN TWO SOMATIC DISEASES

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Claire Squires, Michel Grappe

1) A case of infantile insipidus diabetes complicated by total anorexia raises the question of the origin of feeding difficulties in a complex somatic and psychological syndrome. Insipidus diabetes (nephrogenic polyuria) caused electrolytic disturbances that could explain the vomits. Moreover the treatment of the syndrome with anti inflammatory medicines were by itself aggressive. Besides, the anteral nutrition to prevent deshydratation was also a factor of vomits and anorexia. Several hospitalisations between six to eighteen months of age showed us the deprivation syndrome due to a long period of separation from maternal care. We shall discuss the psychopathogeny of anorexia in a somatic disease, the therapeutic advice, the issue of the treatment and the follow-up.

2) A case of polymalformative syndrome, associating cardiac inter ventricular communication and gastric oesophagus back flux, complicated by a total secondary anorexia, raises also the question of feeding difficulties in a specific context of somatic and psychological intricate troubles. The cardiac inter ventricular communication was operated on twice, and because of the back flux a third surgery was done, involving an uninterrupted hospitalisation between birth and age seven months. The cachexy, linked to the surgeries, needed to set up a gastrostomy, with permanent nutrition probe, factor of vomits and nausea. The phobic symptomatology of the infant and the maternal depressive symptoms shall be discussed along the psychopathogenic line.
PT 49 CHILDREN WITH RELATING AND COMMUNICATING DISORDERS

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The main purpose of this study is to characterise the population of children diagnosed with relating and communicating disorders attending our Infant Mental Health Unit (UPI). The aim is to find out some clusters of features of the clinical cases providing a contribution for the characterisation of this disorder. The diagnoses of these early disorders have changed during the last years, following the progresses made on the field of infancy diagnosis classification. Historically, a long way has been achieved from the initial categories of "autism" and "child psychosis" followed by the operational criteria of DSM3R -Global Developmental Disorders - to the recent 1994-DC-03 designation of "Disorders of Relating and Communicating" from NCCIP. Nevertheless the diagnostic criterion is an important issue deserving study and discussion.

During last two years in UPI, an important number of children presenting relating and communicating disorders has been diagnosed. Methods: Subjects: 30 children diagnosed with relating and communicating disorder, at UPI, during 93-95. Procedures: For this study we have defined the following steps: 1. Construction of the data base file (36 items) from the clinical file items 1.2. Collection of family and clinical data from each file 1.3. Analysis of variable distribution and variable correlation 2.1. Detailed analysis of the more relevant items identified in 1.3. from clinical files information or reinterviewing the families 2.2. Construction of a new questionnaire in order to be used in cases with "relating and communicating disorders"

The first approach to the analysis of the data revealed that these children are between 1 and 4 years old, black and white race and come to consultation mainly on account of language delay. They belong to organised families and parents are without identified psychopathology. Furthermore, sleep disturbance is a very common functional disturbance in the first years of these children’s life.

PT 50 POSSIBILITIES OF EARLY DIAGNOSIS OF CHILDREN PSYCHOSIS

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ABSTRACT:

It studies a population (in the Basque Country) of 137 children with a diagnosis of psychosis specifying their early symptomatology and collecting their medical attendance through different consultations (general practice-early care, specific paediatrics- neuropaediatrics- and psychiatry).

It assures the frequence and precocity of the diagnosis of these children in some paediatric services even before they reach the Mental Health Service later.

It studies the reasons of the early consultation, diagnosis and therapeutic decisions.

The documentation available allow to know wich of the different care services have the first contacts and possibilities for the earliest diagnosis and clarify the need for an interdisciplinary approach, in order to start the treatement of the psychotic children in the earliest phases of their psychotic evolution, avoiding the consequences derivated from the early chronification of their pathological functioning/behaviour and their repercussions in the parental’s psychological balance.
PT 51 EARLY PSYCHO-VEGETATIVE DIATHESIS IN INFANTS, SUFFERING FROM FUNCTIONAL HEART RHYTHM DISTURBANCES
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The infants, suffering from functional paroxysmal tachycardia (PT), have mental disorders aggravation of 1-2nd relation in 97% of families. 70% of patients are aggravated by alcoholism. Organic and functional heart-vascular diseases have been found in 90% of families; the other psychosomatoses - in 57%. 70% of mothers had affective disorders during pregnancy. Overwhelming majority of infants had the first PT attack under 1,5 years old.

87% of patients under PT manifestation had varied vegetative and mental disorders (without exogenic provocation) in diverse combinations: permanent vegetative - belchings, diarrhea, dyspepsia, meteorism, hypotrophy, the other dysnutritions, allergic diathesis, dyssomnia - in 70%; attack-like vegetative - polymorphous accesses, including muscular hypotonia, hyperthermia, hyperhydrosis, pallor, dysnutritions and sleep disturbances - in 27%; mental prolonged or episodical - in form of dysthymia, affective bipolarity, diurnal affective circulatory rhythm, fears, hyperactivity, anxiety, cry - in 80%. Thus, infants have under PT manifestation varied vegetative and mental signs that could be called "psycho-vegetative diathesis" - as multifactorial predisposition for functional vegetative and mental pathology. Infants of that kind need attentive observation and preventive intervention.

PT 52 CLINICAL FEATURES OF INFANT SCHIZOPHRENIC ATTACKS
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Clinical research of 42 children suffering from schizophrenia with "gained" hypomania or "gained" affective circular disorders and personality defect in the form of emotional deficit, autism, psychic infantilism - peculiar states were discovered that appeared in infancy (3-18 months). The main pathologic disturbances in them were affective and motive disorders. The agitated-merry and anxious-fearful background of the mood or their alternation were prevailing. At the same time was either motion agitation with stereotype pretentious movements or immovability with high/low muscular tonus. This symptoms were observed coupled with fearfulness and unusual shrill paroxysmal cry. Mental disorders were accompanied by massive somato-vegetative signs - disorders of sleep and nutrition. In all the cases researches marked disorders of maturing rate of psychomotor functions: deceleration/suspension of development or the loss for a while of some skills and psychomotor functions. Chronic monotonous hypomanic symptomatology on the background of psychic development distortion appeared at once or 2-3 months after attack completion. Taking into consideration the features of disease course and specific personality deficit occurring on the background of chronic hypomania, it likely to estimate the described states as overearly schizophrenic attacks.
STABILITY OF ATTENTION DEFICIT DISORDER IN EARLY CHILDHOOD

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The aim of this study was to find out whether the children with attention deficit disorder (ADD) at 1.5 years still had it at the age of 5 years. Neurodevelopmental evaluation was done to 332 children at both ages. ADD was diagnosed at 1.5 years by the pediatrician and at 5 years by the child neurologist. The diagnosis was based on observing the behaviour of the child during the neurodevelopmental assessment. In addition, the neuropsychologist examined the children by using four attention tests.

At 1.5 years 33 children, 17 boys and 16 girls had ADD. At 5 years only five of them still had ADD. Instead, a new group of 30 children, 22 boys and 8 girls were classified as having ADD. 269 children had not ADD at either ages. Compared with them, the children with ADD at 1.5 years did not differ, but those with ADD at 5 years had more disturbances in three of the attention tests.

We conclude that the early ADD may represent transitional pattern of development.

PROLONGED PSYCHOGENIC DEPRESSION IN EARLY CHILDHOOD

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Russian Medical Academy of Advanced Education.
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Clynical-dynamic & catamnestic techniques were used to study 34 children with protracted reactive depression developed as a response to their maladaptation to the nursing house condition. The following stages of the disease were single out: I—acute affective-shock responses; II—subacute reactive depression; III—protracted polymorphic depressive-neurotic state; IV—regress of the disease, compensation; V—postreactive state, the outcome of the psychogenia. The psychopathological and psychological characterization of each stage was performed. Some of the "background" factors appeared as determination of the course and outcome of the disease.
THE FORECAST OF THE DEFLECTION IN THE
PSYCHOMOTOR DEVELOPMENT OF FIRST YEAR
CHILDREN

Prof. TONKOVA - YAMPOLSKAYA R.V.

D. sc. FRUCHT E.L., the chair of the Physiology of the Deve-
lopment of the Children, Russian Medical Academy of postgra-
duate education.


The work is about the control and the correction of the
psychomotor development of the children of the first year.
The timely forecast of the early deviation on the base of the
elaborated method of the diagnostics and the correction pro-
ceeded from the level of the development of the child permits
to prevent the patalogical evolution of the personality.

FUSSY BABIES AND NORMAL BABIES

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This project is the first step of a broader family study aiming at early identification of babies
with congenital hyperactivity disorder. The main aim of this first step is to test out methods
that can differentiate between two groups of families: those complaining about having a fussy
baby and those with no complaints about the baby.
The referral of the families to the research-team is blind. The research procedure is
interviewing the mother about the parents, the family and the child. We are video-taping the
mother-child interaction in two sessions, a feeding situation at home and a play situation at
the Institute, each situation taped for 5 minutes.
The interaction analysis is done by independent scores using two different interaction scales.
The population consists of 12 - 18 months old toddlers, 20 in each group.
We want to answer the question if it is possible to describe the characteristics of the two
groups of families by the mother-child interaction and if so, what kind of characteristics?
Cases will be presented to demonstrate the differences in interaction pattern.
PT 57 INFANT TWINS TEMPERAMENT AND FAMILY ATTITUDES

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This study is a part of research dedicated to mental development of twins, connections infant twins temperament with cognitive development and parental attitudes to twins.

19 twin pairs were observed at ages 3-5, 7-9, 10-12, 15-18, 24, 30, 36 mo. We use the test "Baby's day" evaluating the child's character and the attitudes of his family by G.Ballezyguier.

Easy and difficult character obtained more frequently. Difficult character is more frequent among MZ, easy character - among DZ.

Twins have lack of control their inner tense and behaviour, because they have overflow of high tense; MZs are more desadaptive then DZs.

Among families types under-stimulating type was obtained more often - 32%. MZ families are under-stimulating or strict; DZ families are under-stimulating.

Inappropriate parental attitudes may increase twin's desadaptation. On the one hand, families often insufficiently stimulated infants. On the other hand, parents counteract difficulties in twins' behaviour regulation by excessive external limitations, that leads to further desadaptation.

PT 58 CONSTRUCTION OF SELF-OTHER DIFFERENTIATION WITHIN THE TWIN COUPLE AT 24 MONTHS: ROLE OF MATERNAL PRACTICES AND ATTITUDES

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The study aims to explore the hypothesis that the attitudes and representations of certain mothers of twins may facilitate or hinder the construction of the sense of identity in their children. The study concerned 32 families with twins who were encountered in the home when the twins were 24 months old. Data was gathered via a semi-structured interview with the mother, observation of her child-raising methods, and observation of the twins' behavior. Data analysis was based on two scales. The scale of the mother's child-raising attitudes and practices regarding twin individuation dealt with three areas: degree of similarity or difference in the children's wardrobe and toys, assignment or non-assignment of separate toys and clothes to each twin, and potential short separations of the children. The scale of the construction of self-other differentiation within the twin couple assessed three areas of development: the sense of ownership of objects and clothing, verbal indicators of the construction of the person and autonomy with respect to the co-twin (reactions in cases of separation, search for proximity in the home or outside in a peer group). The results will also be examined as a function of the type of twinship (monozygotic/dizygotic twins, same-sex/ different-sex twins.

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BIological AND PSYCHOSOCIAL RISK FACTORS INFLUENCING EARLY MENTAL DEVELOPMENT IN INFANT TWINS

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In the continuing longitudinal study of early mental development determinants in MZ and DZ infant twins we analyse biological risk factors such as gestational age and birthweight and psychosocial risk factors using the Bayley Scales of Infant Development (BSID) for mental development evaluation. Twins were tested at the age of 3-5mo, 7-9mo, 10-12mo, the first observations were done at elder ages. In order to analyse the data in more details we subdivided the mental development scale of the BSID to 8 subscales: visual, manual, visual-manual, visual-hearing coordinations, extrapolation, control of action, coopeation, expressive communication. According to the current results birthweight and gestational age have significant relationships with mental development index of the BSID, however, the dynamics of relationships with age are different in MZ and DZ samples: MZ twins are more dependent on biological factors than DZ. In the relationships between subscales indexes with biological risk factors and age three levels of interplay are noticable: (1) different age dynamics of relationships in MZ and DZ twins; (2) selective correlations between subscales indexes and biological risk factors; (3) changing of the structure of relationships with age. The first observations made on elder ages show that twins often have symptoms of attentional deficit, impulsiveness, desorganisation of activity. The situation becomes worse because of low socioeconomic status of the most of twins' families in our sample. Rather frequently twins have no their own "organised child space", which could help to organise their activity.

THE EVALUATION OF TWIN INFANT DEVELOPMENT IN THE LONGITUDINAL STUDY

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We carry out the longitudinal study of infant twins from 3 to 42 months of age (DZ and MZ pairs). The aims of this study were to evaluate the mental, motor, behaviour development, to assess the temperament and family attitudes. We have researched the continuity of these lines of development and to create the individual corrective programs. We use the next tests in our study: Bayley Scales of Infant Development, Ballenguer Temperament Scales (for assessment of the temperament and family attitudes of child), Diamond trials (for cognitive, motor and neurological assessment), the trial of symmetrical OKN (for the evaluation of cortical maturation), the Questionnaire for Stereotyped infant behaviours. In present time 15 DZ and 15 MZ pairs were studied. The infants were assessed in the following intervals: 3-5 mo, 7-8 mo, 10-12 mo, 15-18 mo, 24 mo, 30 mo, 36 mo, 42 mo. The results of these evaluations permit to stand out the universal and individual peculiarities of infant twins such as the general mental and fine motor deficit, the delay of the behaviour control and the individual difficulties connected with their internal and external family control of behaviour. These main points were reflected in the individual corrective programs.
PT 61 THE LANGUAGE TROUBLES REHABILITATION: WHICH TREATMENT AND FOR WHOM?

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A childhood neuropsychiatric department, which provides, among its own services, with the diagnosis and treatment of the childhood instrumental troubles, is often requested by the parents for an intervention on a retardation or a linguistic function disorder of the child. It seems essential to me preceding a full individual evaluation of the child, which concerns his mental and instrumental functioning, with a careful examination of the family members’ interrelations, possibly coming to explore both parents’ phantasmatic representations, especially those related to the conflicts of being parents. In fact, it seems to exist, by my experience and from the literature review, a remarkable connection between symptomatic communications and specific language disorders, as well as between the latter and some child psychopathological disorders.

Thus, those difficulties of which the child’s symptom could be the emerging point, are broadly taken in charge, and it may become possible to go on with a progressive and contemporary treatment of the child’s disorder and of the altered psychological interrelations in which the child takes part too. To this purpose, some passages are referred from the initial sessions with three families who requested my consultation at the department.

PT 62 LANGUAGE AND AFFECT DURING THE TRANSITION FROM ONE- TO TWO-WORD SPEECH: COMPETITION OR FACILITATION?

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Normal timing variations in the onset of important developmental transitions may be associated with differing patterns of socioemotional organization and communication (e.g., Biringen, Emde, Campos, Appelbaum, 1995; Bloom, 1993). Bloom has proposed a competition model for language and affect around the transition to language leading to an inverse relation in the expression of these two forms of communication. As a result, earlier talkers are hypothesized to be less emotionally expressive than later talkers. Two alternative models are proposed. A mutual facilitation model hypothesizes a positive relation between language and affect such that earlier talkers would be more emotionally expressive than later talkers. Conversely, a specific emotions model hypothesizes that earlier talkers would be more or less expressive than later talkers depending on the emotion. This ongoing longitudinal study explores these alternative hypotheses for 70 toddlers during the transition from one- to two-word speech. Development was assessed at regular intervals between 15 and 30 months. Our measures included: (a) the MacArthur Communicative Development Inventory, a parent-report recognition-based measure of language comprehension and production, (b) the Emotion Prototype Questionnaire, a parent-report measure of prototypic emotional expressions, (c) Mean Length of Utterance, a standardized observational measure of syntactic development, and (d) the Laboratory Temperament Assessment Battery, a standardized observational assessment of responsibility to emotion-eliciting events. Preliminary results at 15 and 21 months do not support a general competition model for expression of language and affect, but a specific emotions model instead. Results will be extended to 30 months of age. Discussion will focus on theoretical issues raised by these three models.
PT 63  TRANSGENERATIONAL HISTORY, BIRTH AND PSYCHIATRIC SYMPTOMS DURING ADOLESCENCE

G. Abatzoglou, E. Faitakis, S. Amiridou

Adolescents live intensely the present, their families are mostly preoccupied by the adolescent's future. These two attitudes often influence the clinical approach: the therapist may act under the pressure of this present-future demand as he feels entangled between resolving actual problems and counseling for the future.

The importance of the history of past generations, the meaning of descent, often condensed around birth and the first years of life, may appear in the clinical regard only if we focus on this period of life. The approach of adolescent symptomatology may then be illuminated from a very different point of view.

Examples of clinical research are given from our therapeutic work with adolescents.

PT 64  APPROACH TO EARLY CHILD'S EDUCATION IN FRANCE AND IN CZECH LANDS IN HISTORY AND AT PRESENT

Markéta Pazlarová

This presentation is based on own experience from a study stay in France over three years. Franch children compared to Czech children appear evidently more independent and easier to take own decisions. Czech children, on the other hand, more enjoy sharing and cooperation.

While in Czech Republic maternal leave has been prolonged gradually (up to 4 years now) to enable mothers to stay with their children at home, children in France are very early entrusted either to care of institutions or other people than primary family educators.

Differences in approach to infants can be followed down far into the past. The historical and philosophical context of these approaches in both of the countries will be presented.

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SHOULD WE CHANGE THE BABY'S POSITION?  
INTERDISCIPLINARY THINKING ABOUT THE  
POSITION OF THE NEWBORN ON HIS CRADLE

AUTHOR: Dr. Osvaldo Angel Menendez

The unexpected or inexplicable death of the newborn made pediatricians think about the baby's position on his cradle. This paper is an attempt to think about this subject within an interdisciplinary frame. Anthropology made its contribution through the reversal of roles in sexual intercourse. History tells us why and how the culture gave the baby its own space, represented in the cradle, as an attempt to cope with the problem of infanticide. It also reminds us how the baby achieved a broader freedom of expression after the culture decided to give up the girdle, the strip and other means of "reprimand". Philosophy reminds us that there are opposite theories on whether man is good or bad by nature. A potentially evil baby is bound, held down, girt, kept away from its parents. When people consider something's right, they act in the opposite way. Psychoanalysis makes its contribution showing the theoretical changes that have taken place during this century: from the "reconstructed" baby to the "observed" baby, from a baby that avoids stimulation to a baby that discriminates from the very beginning and looks for stimuli rather than avoid them. From a fused and symbiotic baby to a baby that depends on its environment but is able to produce changes, promoting interactions. Experiencing and making space to do so have become the theoretical support for human development. We could consider that we are faced with a culture that, by putting the baby face up, wants to offer him more possibilities of expressing his identity.

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THE INFANTILE ORIGINS OF SELF-DESTRUCTIVENESS

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A capacity to idealize is part of the equipment of the human infant; it is a vital survival mechanism that can take both positive and negative forms. The positive ideal drives the infant to cling to the glorified, angelic other on the one hand, and the negative ideal, to avoid the demonized, dangerous other on the other. Thus, this function of ideal formation leads to two distinct clusterings of opposite valences. These become organized structures within the psychic apparatus, and, in time, take form as the nuclei for the subsequent elaboration of the primary regulatory apparatus of the psyche.

In this report, the origins and the consequences of regulatory activity by the negative ideal are explored. In particular, the origin of such emergents in the course of infantile experience involves specific events such as neglect and abuse, which bring about negative ideal formation. The traumatic quality of these intense early experiences leads to the internalization of these massive onslaughs, and their subsequent addition to the regulatory apparatus. The ensuing internalizations then take form as primitive, destructive inner promptings which are often visualized as grotesque and monstrous. Later in development, these manifest as institutionalized self-hatred and self-destructiveness.

Where a preponderance of the inner ideal formations is negative, the later developmental course is shadowed by a constant emission of negative inner messages which dominate the child's life. Much of the "bad behavior" of children is in response to this inner tormentor and its demands for punishment.
THE CONCEPT OF INTEGRATION IN
D.W.WINNICOTT AND D.STERN
Jukka Mäkelä, M.D., University of Helsinki,
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In this paper, I go over the stages of self-integration described in The Interpersonal World of the infant and the picture Winnicott gives of early infancy and the infant-caregiver bond in his later papers published in The Maturational Processes and the Facilitating Environment. I have found them to be surprisingly similar, with both stressing the early relatedness of the infant to the caregiving environment. The first two months, called by Winnicott the time of holding and by Stern the formative period of the emergent self, are the time of slowly integrating islets of consciousness, with similar experiences linking and cross-linking continuously. The infant is prone to primitive anxieties, of going to pieces, of falling, of having no orientation and of having no means of communicating. Both see these as real experiences of relatedness: Winnicott stresses the role of the holding other, Stern the insufficiency of the basic apparatus of amodal perception and integration. The next period, when extreme adaptation is no longer necessary for the infant to experience continuation of being, Winnicott calls the period of handling and Stern the formative period of the core self. Both see this as being the time when the infant forms a strong reality of himself as whole, willful, and capable of having effects on the outer world. The infant is still prone to the primitive anxieties but to a much lesser amount. He needs a "self-regulating other" to be capable of experiencing excited states. The period from 7 - 9 months till the advent of speech at about 15 months both see as a time of mental representations, of mind communicating with mind. Winnicott calls this the time of concern, when the infant realizes his capacity to hurt her loved one but also to heal, to repair. Stern names it the formative period of the subjective self, and stresses how selective attunements of the caregivers can lead to constriction of what can be affectively shared. This leads to what Winnicott calls the False self; that is, one which has been formed as a reaction to the environment. The last stage described in Stern's book is the formation of the verbal self, one capable of symbolization. Likewise, Winnicott sees the concept of illusion central to the second year of life, with symbolic play becoming meaningful. The conceptualization of non-integration follow very similar lines with serious, psychotic/PDD psychopathology, experiences of aloneness and faineness, the constriction of spontaneity, being prone to primitive anxieties and incapable of deep relationships - that is, narcissistic and borderline personality disorder-like clinical phenomena.

EMERGENCE OF CAUSAL REPRESENTATION IN INFANTS IN THE PERCEPTION OF RELATIONS BETWEEN MOVING OBJECTS

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We'll present three experiments (Stréri, Léouy, Ruel (1991); Léouy, Bourcier (1993); Léouy, Bourcier (1994)) concerning the way three-month-old infants perceive many different collision events (a ball hits another ball that starts immediately or after a delay) displayed on a TV monitor.

We would like to know when does infants consider a relation between an event A and another event B as a causal one.

Those experiments try to provide evidences of the infant's capacities to differentiate what adults consider as causal or non causal events as a function of movement continuity or discontinuity.

Then we'll discuss that particular infant's capacity to understand relations between objects on which he or she isn't acting.
THE USE OF GRIFFITHS' DEVELOPMENTAL SCALES IN THE DIFFERENTIAL DIAGNOSIS OF PERVERSIVE DEVELOPMENTAL DISORDERS

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"Pervasive Developmental Disorder" (DSM-IV, ICD-10) covers a wide range of clinical conditions in infancy and childhood in which no clear etiology can be demonstrated.

Language developmental delay, is most commonly the presenting motive for consultation at UPI, requiring a careful assessment and an as accurate as possible diagnosis.

Our experience showed that different developmental patterns emerge from the systematic application of the Griffiths' Developmental Scales in the infants included in this diagnostic category. The aim of this study is to define those patterns and correlate them with the etiological assumptions. A group of 15 children with 2 to 4 years of age diagnosed with PDD is assessed with the Griffiths' and their developmental profiles analyzed, comparing the global results with the results in the different subscales.

Two main patterns were identified: one suggestive of processing difficulties of cognitive information; the second pattern appears in those cases in which the importance of affective and relationship disturbance is preponderant.

The early detection of these profiles, provides a tool for differential diagnosis not limited by the classification definitions, giving the clinician a more accurate perspective of treatment planning and outcome expectations.

PRESENTATION OF AN INSTRUMENT OF VALUATION OF RISK INDICES IN THE PRECOCIOUS MOTHER-CHILD RELATIONAL DISORDERS

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In this work, we will report the validation of an instrument for the discovering of risk indices for precocious relational disturbances in subjects within first infancy age. This instrument allows to valuate the behaviour of a mother-child couple during a session of therapeutic consultation. The instrument is applied to videorecorded sessions of 30 minutes duration, during which what happens spontaneously between mother and child at the presence of an active interlocutor is codified without giving any specific task to the couple. The instrument consists of 36 parameters grouped in 5 categories which analyse the intercourses reciprocally displayed in space by the couple during the period of observation, the exchanges occurring whether through the extra-verbal communication or through the verbal one, the use of toys during the interaction and the affective tonality which prevails in the relation between mother and child.

In this work, we are going to discuss:
1) the methodology of the instrument's validation;
2) its use for initial assessment in a pathological group;
3) its use in the valuation of the changes produced by the therapy of the mother-child relation in some pathologies of the first infancy.

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PW 1/3 RESEARCH OF THE ANTENATAL PREDICTABILITY OF POSTPARTUM DEPRESSION: CREATION OF A SCREENING SELFQUESTIONNAIRE FOR PRIMARY AND SECONDARY PREVENTION

JACQUEMAIN F., DAVID D., GOLSE B.

Because of its frequency and the possible long-term consequences for the child, the postpartum depression is a major problem for public health. Some of the risk factors have already been individualised, but there is no reliable tool for prediction during pregnancy as yet. We are presenting a self-questionnaire standardised in a French pregnant women population. The validation of the questionnaire is in progress. This instrument can be used as early as the second trimester of pregnancy and is easily usable by medical staff members. The use of such an instrument must facilitate the proposition of an early intervention in pregnant women while they are not yet involved in the inter-relation with their baby. The main goals of this kind of intervention is on the one hand to help the mother, and on the other hand to prevent future possible psychiatric disorders of the infant.

PW 1/4 ADOPTIVE PARENTING: ASSESSMENT ISSUES

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Adoption, especially intercountry adoption is known to be a hazardous undertaking, because of the high rate of adoption disruptions. Since it is nearly impossible for a 'receiving' country like the Netherlands to control child related factors other than age at entrance, the focus is on the adoptive parents. Assessing the family potential prior to the adoption in a valid, standardized way is considered crucial to obtain a higher success rate in intercountry adoptions. The assessment of applicants prior to the adoption, the home study, is a major step in the Dutch adoption process. The home study ends with an advise to give or reject a formal consent for the adoption. The procedure of the home study and the decision on the consent however, lacks a theoretical background. Therefore only a minimum of guidelines to direct the decision of the social worker is provided. In this research project we search for a theoretical background and try to give guidelines in order to make the decision of the social worker more explicit. Theories on risk and protective factors, the idea that adoption is not a regular means of family formation and a model on specific adoptive parenting tasks, provide the basis for a new assessment instrument: the Prospective Adoptive Parenting Questionnaire (PAP-Q). This poster presents a brief overview of the construction and experimental use of the PAP-Q, which aims at charting 36 risk and 33 protective factors in each couple. The PAP-Q leads to a Parenting Profile which forms a guideline in the interview the social worker has with the prospective adoptive parents. Between January and October 1995 the PAP-Q was used in 111 home studies. Reliability measures, validity and practical use (judged by both the prospective adoptive parents and the social workers) are discussed. The findings indicate that the use of the PAP-Q does contribute to a more systematical and theory based way of conducting the home studies and taking the decision on the consents in Dutch intercountry adoption.
A SUPPLEMENT TO THE HOME SCALE FOR USE WITH YOUNG CHILDREN LIVING IN THE INNER-CITY
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The Home Observation for Measurement of the Environment (HOME) is the most widely used instrument to assess the home environments of children. However it has potential limitations when used for young children living in the inner city. Specifically, HOME lacks items that assess the adequacy of basic needs of the child such as food, clothing, shelter and the spectrum of nurturance and stimulation provided in the home. The purpose of this study was to develop a supplement to the HOME-Infant Toddler Version to make it more applicable for young children living in the inner city. Based on interviews with clinicians working with disadvantaged families and a piloting process, 20 new items were developed and added to the HOME. The resulting 65 items were administered in the homes of 73 high-risk families living in the inner-city of New Haven who had a child ≤3 years of age. All families were on Medicaid, and 73% were enrolled in a home based family preservation program. During the home visit, the Nursing Child Assessment Feeding (NCAFS) and Teaching Scales (NCATS) also were administered. The addition of the new items did not prolong or alter the flow of the original interview or change the basic psychometric properties of the HOME. The new items had positive item-total score correlations and excellent inter-observer reliability (Kappa = .75); the Kuder Richardson coefficient of internal consistency of the 65 item instrument was .86. The addition of 20 new items did not detract from the content validity of the HOME as demonstrated by similar correlations with NCAFS and NCATS and maintained subscale-total scale correlations. This addendum to the HOME Scale offers a reliable and valid measurement of the basic needs and an assessment of nurturance and stimulation for young children living in the inner city.

ERTL 4: SCREENING TEST TO EVALUATE THE LANGUAGE OF 4 YEAR OLD CHILDREN

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This test can be used by doctors. It allows detection and early orientation of children whose language does not develop normally. ERTL 4 answers to medical surgery's imperatives:
- it takes 5 minutes
- it is easy to use and to rate
- it is attractive in order to facilitate children's collaboration
ERTL4 has been elaborated for children from 3;9 to 4;6 years old. A failure to this test allows suspicion of word or language troubles, voice or fluency anomalies, or communication problems, and must lead to a thorough examination by a speech therapist.
PW 1/7  INTERVIEW AS A MEANS OF FAMILY-CENTERED INTERVENTION

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In Finland, there has traditionally been made interventions focusing on children and their impairment(s). A new way of thinking the whole family as a target of intervention has been brought into Finland by the research project VARHE (Early Childhood and Special Education) at the university of Jyväskylä. The aim of present study was to develop assessment methods for needs and resources of families of children with special needs, and to adapt them to professional practices. As a means of intervention were used seven Family Assessment Scales developed by Dunst, Trivette, and Deal (1988) along principles of empowering and enabling families, as well as others of Bailey and Simeonsson (1988), e.g. family is not only mother but every member of it. Interviews were implemented by professionals of different organizations. They interviewed their client families at home or at clinical conditions and tape recorded interviews. Along the feedback I received from both families and interviewers, the User’s Manual and the scales were improved. The results were of three kind: first, families learned a new way of handling family issues, fathers participating with unexpected activity; second, the professionals found out that they realized a new way of thinking of families and their daily routines; and third, family assessment method differentiated families who need a lot of public services from others who manage on their own. The special significance of interview as intervention is the possibility that public services can be focused on real family needs, not only on children or impairment.

PW 1/8  SOCIAL INTERACTION SCREENING QUESTIONNAIRE IN INFANTS AND PRESCHOOL CHILDREN
Jaswinder K. Ghuman, Kennedy Krieger Institute, 1750 E. Fairmont Ave., Baltimore, MD 21231

This presentation will focus on a research design and preliminary data on the utility, reliability and validity of a screening questionnaire for social interaction in children six months to five years of age. Social interaction is important in the overall adjustment of all children. A simple method of detection of delayed or deviant social interaction will provide the primary health care provider with guidelines for when to refer the child for further assessment, and for specific interventions to promote the interactive capacities of the child. Such an instrument can also be useful to predict outcome in the treatment of children who have developmental disabilities. The authors have developed a 54 item parent-report questionnaire, the Screen For Social Interaction (SSI), that: 1) specifically addresses the development of social interaction in children 6 months to 5 years of age; 2) is written in simple and clear language (4th-5th grade level) for ease of administration to parents who have a wide range of reading levels; 3) is not time consuming. Initial data analysis shows that: 1) SSI mean scores differentiated between normal controls and clinical subjects; 2) SSI scores at time 1 and time 2 as well as SSI scores obtained from two different caregivers were strongly correlated for test/retest and inter-rater reliability respectively; 3) SSI scores and Vineland socialization scores were moderately correlated; 4) there was significant negative correlation (as expected) between SSI scores and reciprocal interaction score on the Autism Diagnostic Interview.
NEONATE CONSOLABILITY AND MATERNAL SOOTHING BEHAVIORS

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The object of the report is to study the interpersonal differences in the neonates consolability as well as to evaluate their influence on maternal soothing behaviors.

The Brazeiton scale (BNBAS) has been used to observe the differences of consolability and irritability for 40 neonates. As a result, a neonates typology has been drawn up and ranks the infants in 3 groups accordingly to their sensorial reactivity. The first group needs close corporal contact to appease, the second only calms down with a tactile contact whereas the third can be appeased with distant visual and auditory stimulations.

A compromise and longitudinal approach has been adopted which consisted in studying in the first 2 months of life, episodes of appeasing held at home during bath time. Objective is, on one side, to evaluate the stability of interpersonal differences observed at birth and, on the other side, to observe how mothers become aware of their neonates consolability constitutional characteristics and how they adjust their soothing behaviors.

The typology at birth seems to be predicative of the future consolability. The neonate keeps these characteristics and more specifically his reactivity towards a specific soothing behavior developed by his mother. Mothers sensibility towards the baby's sensorial reactivity depends on his typology as well as on his "general style".

A PRACTICAL INTERVENTION THAT IS HELPFUL IN THE CASE OF A BABY WHO CRIES EXCESSIVELY – THE »SOOTHING SUITCASE« –
A joint project of the Riagg Noord-Kennemerland (Institute for mental care and psychotherapy) and the Regionale Thuiszorg (home-based care)

There is much theoretical knowledge about the psychological development of the newborn baby and we also know much about the effects of a disturbed mother-child interaction. In the case of the 'irritable baby' for instance, a baby who cries excessively, 70% will end up as anxious youngsters, as opposed to 30% otherwise. (D.C. van den Boom, 1988). When a baby cries for hours on end, the parents (in most cases the mother) get depressed or turn aggressive. To prevent these things from happening we developed the 'soothing suitcase'.

The suitcase contains objects which have proved to be helpful in this matter. It also contains information concerning crying and soothing. If a mother or a father turns for help to the home-based care in the case of a baby who cries excessively, a nurse visits the house. She brings along the suitcase and she shows the articles in it. The suitcase is lent out for a month. Parents can work out for themselves what helps best in soothing their baby.

Until now (the suitcase has only been in operation since a couple of months) all parents have reported that the babies cry less. So far we have not been able to discern exactly what objects are responsible for the improvement.
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PW 2/3  REGULATORY BEHAVIOR OF «COLICKY» INFANTS IN CLINICAL AND COMMUNITY SAMPLES

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The ability to regulate arousal, the behavioral state and the integration of experience is a task of the developing infant. Immaturity or failures in one or more of these domains are referred to as regulatory disorders. Infants with colic often exhibit other regulatory problems such as irritability, problems with the sleep-wake-cycle, a lack of consolability and poor self-consoling.

Twenty-nine colic-infants (2 -7 month) referred to the 'Munich Interdisciplinary Intervention Program' were compared to a control group (n=46, age-matched). A standardized 'Test of Regulatory Competence of Infants' (Malinowski 1994) was performed on the infants in order to detect domains of behavioral dysregulation. Derived from the model of 'Infants Fundamental Adaptive Response System' (Papousek & Papousek 1979), regulatory capacity was observed and scored in the motor, the physiological, and the communicative systems.

For statistical analysis, children were grouped into three sub-samples: Control infants (n=45), infants with a moderate cry-problem (n=16), infants with a severe cry-problem (n=14; after Wessel et al. 1994: > 3 hours crying; > 3 days for > 3 weeks). Regulatory disordered infants, especially in the severely crying group, showed more often hypertonicity in the motor system and a tendency to higher physiological arousal than the control group. The visual attention span towards a stimulus was shorter. Furthermore, they needed more co-regulation by the examiner, and the exam was abandoned earlier.

In conclusion, the clinical impression of regulatory problems in severely colicky infants was confirmed by the test results. Colic behavior seems to be one manifestation of a more general regulatory disorder.

PW 2/4  FAMILY INTERACTION AND CRYING PATTERNS OF INFANT

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The purpose of this study was to evaluate interaction and functioning of family with respect to infant's crying at the age of 3 and 12 months of infant. We suggested that there is a relationship between family interaction and infant's crying.

Fifty-two families with full-term, healthy infant were recruited to the study from the well-baby clinics of Turku, Forssa and Tampere, Finland. The family research consisted of two videotaped sessions in home. At both sessions, mother and father played together with the child for five minutes. Then parents had two structured tasks; they drew a family-line about changes experienced during time they had lived together and they gave a story of one Object Relation Test-picture. These videotaped sessions were evaluated according to the modified version of the Early Relational Assessment -scale (ERA) and Beavers Timberlawn Family Evaluation -scale (BT). The crying pattern of infant were assessed by the questionnaire filled by mothers. The relationship between the crying of infants and psychological characteristics of the families will be presented.
THE DEVELOPMENT OF AN EXPERIMENT TO REDUCE CRYING IN EARLY INFANCY

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Researchers at two Western Canadian universities have over the last ten years studied excessive crying in early infancy. This presentation analyzes the studies and discusses the importance of an interactional perspective associated with the crying phenomenon.

**Problem:** What defines problematic crying and fussing behaviours in early infancy? Of what importance is reducing infant crying and enhancing parent-infant interaction?

**Methods:** A variety of research designs and data gathering techniques including grounded theory, phenomenology, experimental design and secondary analyses of existing data have been used to address various research questions associated with infant crying and soothing.

**Sample:** In addition to the case study method, theoretical and random sampling have been used in the study of families of normal and excessive criers.

**Instruments:** Psychosocial, physiological and environmental measures have been used to determine the parameters of excessive crying in early infancy. Psychophysiological measures included heart rate and cortisol levels. Social and psychological measures have determined effectiveness of certain soothing interventions on infants and their families.

**Results:** Studies using parent kept records of infant behaviours and those employing physiological data distinguish between minimally fussy and excessively fussy infants. To date intervention studies have shown few lasting effects on families resulting from early infant crying experiences. However, the effectiveness of certain movement and soothing techniques on the reduction of crying is currently being addressed.

**Conclusions:** Complex interactional problems, such as infant crying, benefit from examination by both quantitative and qualitative techniques and from a collaborative research approach.

FUSSY BABIES AND NORMAL BABIES

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This project is the first step of a broader family study aiming at early identification of babies with congenital hyperactivity disorder. The main aim of this first step is to test out methods that can differentiate between two groups of families: those complaining about having a fussy baby and those with no complaints about the baby.

The referral of the families to the research-team is blind. The research procedure is interviewing the mother about the parents, the family and the child. We are video-taping the mother-child interaction in two sessions, a feeding situation at home and a play situation at the Institute, each situation taped for 5 minutes.

The interaction analysis is done by independent scores using two different interaction scales. The population consists of 12 - 18 months old toddlers, 20 in each group.

We want to answer the question if it is possible to describe the characteristics of the two groups of families by the mother-child interaction and if so, what kind of characteristics? Cases will be presented to demonstrate the differences in interaction pattern.
PW 3/1  EDUCATIONAL RESOURCES SUPPORTING COMMUNITY PROGRAMS FOR INFANT/TODDLER CARE AND DEVELOPMENT: A RESEARCH BASED CURRICULUM DEVELOPMENT PROJECT
Valerie S. Kuehne, Ph.D., Associate Professor & Director, School of Child and Youth Care, University of Victoria, B.C. Canada V8W 2Y2; Beverly Boisseau, M.A., Linda McDonell, B.A., Lee Harrison, M.A.

The goal of this federally funded project was to develop educational resources for university students intending to work with infants, toddlers and their families; early childhood and early intervention practitioners; and parents of infants and toddlers, particularly those infants and toddlers identified as "at risk" or requiring extra supports. Based on a needs assessment process including questionnaire and focus group data collected from both practitioners and parents across the province, literature survey and curriculum review, three senior undergraduate courses, two professional development and two parent resource packages were developed. They focused on the priority educational needs identified in the needs assessment process: knowledge and skills to work effectively in parent/professional partnerships, given family, cultural and socioeconomic diversity; increased personal and professional self awareness; knowledge and skills to improve child and family advocacy; improved communication skills. The needs assessment and curriculum development processes were guided by stakeholders from various provincial ministries and cultural groups, professional organizations, parents and educators. All materials were designed for distance learning and independent study to maximize their accessibility to students, practitioners and parents in remote areas.

PW 3/2  DEVELOPING A MODEL FOR THERAPEUTIC INTERVENTION IN INFANCY WITHIN THE COMMUNITY: COPING WITH BIRTH OF A NEW TREATMENT MODEL
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We will present a pioneering project of an infancy clinic in a general hospital in Tel-Aviv, which complements the existing therapeutic and care-giving facilities. The psychological interventions of the clinic focuses on detecting and treating infants up to age three from an interactive point of view: the real relationships and the fantasmatic interaction between baby and parent. We emphasize cooperation with various services dealing with newborns' family. The work in the clinic was developed concurrently with the construction of an infrastructure in the community with the Well-Baby clinics. We begun with a theoretical and clinical workshop for the clinics' nursing staff on the subject "Development and Early Intervention". The second stage included weekly staff meetings within the framework of the Well-Baby clinics. We provided them with assistance in handling problematic cases and supervising their interventions and observations of mother-baby dyad. In addition we institutionalized one-time group session with pregnant women and with mothers and their newborn babies, focusing on the earliest relationship.
COMMUNITY BASED TREATMENT FOR MOTHERS SUFFERING FROM POST-NATAL ILLNESS, WITH EARLY INTERVENTION FOR THEIR INFANTS

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In the U.K. approximately 10% of women suffer from post-natal illness and approximately 0.04% will require hospital treatment. Although most women sufferers will recover in time, with or without medical treatment, the outcome for their infants is not so optimistic and current studies in Cambridge have shown that maternal depression has a permanent and damaging effect on the development of children of sufferers. Since May 1992, two mental health workers in the South West area of Sheffield have been working together to develop a service for women suffering from post-natal illness. The service has grown slowly, with very little funding and is multi-disciplinary and multi-agency. It now involves 15 disciplines, both Health and Social Services, and the voluntary sector. However, the most important development has been the involvement of the women sufferers, who have formed a User group and who support each other in daily activities and in crisis. They have received no funding.

The outcome of the project has been to reduce the rate of hospitalisation to zero during the last three and a half years of the project. Intervention in the early mother and child relationship is offered informally within the context of a support group and formally through the networks which have been developed. In this way mothers are helped to relate effectively with their babies whilst they are still depressed, rather than waiting for them to recover when much damage has already taken place.

SMALL CHILDREN CHALLENGE SERVICES: THE PSYCHIATRIC CENTER FOR SMALL CHILDREN IN LASTENLINNA HOSPITAL, FINLAND

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Small children challenge health services with their interrelatedness with other people and the environment, their communication and activity styles, and the nature of their problems. The more we learn about small children, the more imperative it becomes to develop services which match their special nature. Health services in general are based on the medical concept of disorder and they are modelled on the needs of a physically ill adult patient. This means an individual and disease based conceptualization of disorders, dichotomized into mind and body. Because the disease is understood as being embodied in the person, the patients move -with their problems- from one examination room to another, in order to be seen by different professionals. In between the visits, the patients sit in waiting halls. The important things happen inside the offices. - This service structure fits poorly small children.

In order to understand children’s problems, children need to be assessed in their natural activity and environment; in interaction with parents and siblings; in everyday transactions such as meals, napping; in play with peers; in novel situations with challenges and strangers. The Lastenlinna Center for small children was founded to meet the new challenges.
This symposium congregates reports of experiences in early interventions, by different professionals acting in some public institutions of Northeast of Brazil. These experiences rose from the need to intervene as soon as possible, and are guided by some common aims: early intervention in children at risk of psychic suffering; preparing of groups who deals with children, to enable them to solve simple problems, and refer children with more complex problems to the specialist, when necessary.

The strategies adopted are:
1-Interventions at level of pediatric sectors and sectors alike.
2-Interventions through specific projects as Kangaroo assistency to pregnant adolescents.
3-To attend the pair mother-baby with orientations and short psychotherapic interventions or long psychoanalytic treatements.

Rapid social and political changes which started in Estonia, Latvia, and Lithuania in the end of 80's influenced positively the development of new approaches in the field of services for children with (or at risk of) developmental disabilities and their families. After several years of separated activities within professional groups and countries, in recent years there has been an obvious movement towards interdisciplinary, interagency, and international collaboration in the Baltic region. As a result, the Baltic Association for Rehabilitation of Persons with Developmental Disabilities (BARPDD) was established in 1995.

For the process of positive changes in the field, the training of professionals is a very important issue. Interdisciplinary team approach has to be developed, and new professional groups (social workers, occupational therapists, etc.) have to find their place in the changing system of services for the children and families. BARPDD will welcome the participation of developed countries in the new projects aimed at the development of services for developmentally disabled children in the Baltics.
THE CHALLENGE TO FUND AND IMPLEMENT A NEW INFANT MENTAL HEALTH SERVICE: OBSTACLES AND OUTCOMES EXPERIENCE BY HAMBURG’S PARENT-INFANT PROGRAM »MENSCHENSKIND»

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Germany is rather poorly developed with regards to infant mental health services. The latest knowledge in infant research and parent-infant treatment modalities has yet to reach many health professionals and those responsible for health policy and funding. To raise funding and implement a specialized infant mental health program in this climate constitutes a major challenge. "MenschensKind" is one such service, funded as a child abuse prevention program by the state government. Located in Hamburg’s second poorest suburb, the program opened in October 1993, after two years’ fundraising and adapting the American concept to meet local needs and conditions. Based on the seminal ideas of Fraiberg and her colleagues, the program’s clinical approach applies a) the latest developmental knowledge in infant research and, b) psychoanalytically oriented principles. Treatment may take the form of developmental guidance or parent-infant psychotherapy with the focus on the relationship between parents and child.

Following an extremely difficult beginning, "MenschensKind" is now a flourishing service. Client numbers have increased rapidly from 64 clients in 1994 to 106 new clients between January and October 1995. Main reasons for referral are babies’ excessive crying, sleeping problems and parent-infant power struggles. Approximately 70% of referrals are infants under one year. In 70-80% of cases treatment is short term, consisting of 2-4 sessions. There is now growing interest in opening similar programs nationally.

This presentation follows the development of the German parent-infant program "MenschensKind" from conception and threatened miscarriage to happy toddlerhood.

»VAKU«(COT) FOR BABIES AND THEIR MOTHERS AND FATHERS – OUTPATIENT TREATMENT PROJECT FOR PROBLEMS IN EARLY ATTACHMENT

Sinikka Mäkelä, Leena Launis, Riitta Kanerva

A new outpatient treatment project is started in 1996 for three years, 1996-1998, as a joint effort of the Units of Psychiatry and Child Psychiatry in Jorvi Hospital. The catchment area of the Jorvi Hospital comprises 217 800 inhabitants with 3400 childbirths a year. The main focus of the treatment program is on babies aged 0-1 years and their parents with problems in the early baby-parent relationship.

Both individual and group treatments are offered. According to the Swedish model mothers and their babies attend group treatment 3-4 hours a day, 3 times a week, for approximately 2-10 months. Individual meetings are offered for families not willing or unable to attend a group. In both treatment modalities fathers, whenever possible, are included in the treatment program from the beginning. Data will be gathered of the continuous process, also structured and semistructured interviews and self-ratings in the beginning, in the end, and during the program with specific intervals are used.

The treatment model has been studied and developed in our unit by home-based baby-family work which has focused, for instance, on family and three-generations-view, and on positive, alternative, and transference aspects of the baby-parent relationship.

The main purpose of the project is to help the parents to trust themselves and find out ways to handle situations, and to normalise the attachment relationship.
EARLY INTERVENTION IN CAMBRIDGE, UK

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An early intervention project for young mothers during pregnancy and after until their child is 1 or 2 years old is described. The project is non-residential and is run by Lifespan Healthcare, N.H.S. Trust with a multi-disciplinary team consisting of nurses, an occupational therapist, health visitor, midwife and counsellor. The mothers are heavily involved in making recommendations for the type of support they need each six week session. An evaluation of this project is underway using retrospective interviews and preliminary results will be reported.

THE FRENCH PMI: »PROTECTION MATERNELLE ET INFANTILE», 50 YEARS OF PUBLIC HEALTH SERVICE ON BEHALF OF YOUNG CHILDREN, THEIR MOTHERS AND THEIR FAMILIES

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Since 1945 France has been endowed with a public service devoted to the promotion of mother and child health care. The service has been evolving from a strictly sanitary mission to a global approach of preventive health care.

The constant aims of the PMI service have become family planning and abortion prevention, and avoiding premature birth and perinatal pathology. Others priorities are to prevent and detect early risk of child abuse, to integrate disable children, to reduce the risks depending on social problems and poverty, to prevent failure at school, to check the quality of life in day-care centers and in home-based family child care.

To identify and target mothers and infant-oddler children at risk, PMI teams work with medical, psychological and social indications based on modern clinical and epidemiological knowledge on early development and families’ ability. The work is done through multidisciplinary PMI teams linked in networks.

Partnership with mental health teams allows preventing early major developmental problems and disabilities caused by unbalanced family relations. This partnership requires common sharing on theoretical knowledge on early development and common public health aims.

PMI policy recognizes that families and society are partners in raising the next generation.
PW 3/11  A COLLABORATIVE MODEL FOR THE DELIVERY OF INFANT MENTAL HEALTH SERVICES

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Early intervention with young children at risk and in the early stages of emotional and behavioral disorders has long been recognized as important for decreasing the prevalence of mental disorders in a community. A collaboration between four institutions serving infants with a variety of needs has resulted in a comprehensive infant mental health clinic that focuses on evaluation, treatment planning and home intervention. The interdisciplinary professionals involved work as a team interviewing, observing, and assessing the infant and family in a two hour session. Specific recommendations and follow up is provided for the family. In our setting, this model for delivering of mental health services has been cost effective and efficient.

PW 3/12  PSYCHIATRIC HOSPITAL DAY IN INFANCY

Departement of child & adolescent neurology & psychiatry -Spedali Civili - Brescia - Chief: Dr.Prof.E.Menegati

Perini A., Tiberti A., Menegati E.

Since 1991 our department has been provided with a psychiatric hospital day for children with social behavioural disorders. Children are divided in groups on the basis of age and performance skills. The groups are conducted by two educators, with the overiew of physician: the work is directed to improve the social abilities (expressive communication, interpersonal relationships, control of aggressive behavior). When possible, children and adolescents are encouraged to take part of groups in their own quarters.

There is a strong interaction between school teachers and phisicians. Families are involved in a psychoeducational project.

Bibliography
PW 4/1 RESULTS FROM A FOUR YEARS FOLLOW-UP STUDY OF EXTREMELY LOW BIRTH WEIGHT INFANTS LESS THAN 901 G AND PRESENTATION OF AN INTERVENTION PROGRAM TO SUPPORT THE FAMILIES AND THE CHILDREN’S DEVELOPMENT IN THE PRESCHOOL PERIOD

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Extremely low birth weight (ELBW) infants with birth weight less than 901 g surviving at the neonatal intensive care unit (NICU) in the University Hospital in Lund, Sweden, during 1984-1986, were after parental consent included in a multidisciplinary prospective longitudinal follow-up study and compared with carefully pair-matched full-term infants. The aim was to follow the development and behaviour of the children. 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.

20% of the ELBW infants had major neurological impairments. Developmental assessment at four years of age showed that 85% of the ELBW-infants had a development within the normal range, but with lower developmental quotients than the fullterm controls.

The birth of an ELBW infant caused crises reactions in 85% of the mothers and 65% of the fathers. 58% of the ELBW parents reported that the stress related to the birth of the child had led to strains on the husband-wife relationship during the first year. The ELBW children had during the first year higher frequency of insomnia, eating disorders and signs of hyperactivity than the full-term children. At age 4 hyperactivity and concentration difficulties remained but they did not have an increased rate of behaviour problems.

As a result of our findings we have started an intervention program for infants born before gestational week 30 or with birthweight < 1500g. The program is lasting for five years, aiming to facilitate parental adjustment to the care of an ELBW child, to improve the child's development and diminish behavioural deviations. The intervention team consists of psychologist, neurologist, nurse, physiotherapist, speech therapist and dietitian.

PW 4/2 PREMATURE INFANTS AND THE TRANSITION TO PARENTHOOD, INSIGHTS FROM SWEDISH PARENTS

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This study investigated how Swedish parents to premature infants (range of gestational age: 23-32) experienced the transition to parenthood and how these observations compared with findings from a US sample (McCluskey-Fawcett, et al., 1992). Seven Swedish mothers (range 26-39 years) of premature infants were in-depth interviewed. In addition, both mothers and fathers (n = 14) filled out a questionnaire.

Labor and delivery: Our results show that all mothers report a lack of mental preparedness at the onset of the premature labor and that they experienced high levels of stress. Hospitalization: The parents reported that they had been able to spend time in close contact with their baby and that they, on the whole, were satisfied with the support and help they had received from the NICU, although they also made clear that they did experience the overall situation as quite stressful. Transition Home: The parents tended to report relatively low levels of anxiety concerning the homecoming of the baby.

The parents in our sample seemed relatively satisfied and content with the care and attention they and their baby had received. However, they did experience stress, and the transition was not experienced as an easy one, although we did not find as strong signs of stress as reported by McCluskey-Fawcett et al. (1992). A highly tentative comparison between Sweden and the USA indicate that American parents might receive less social and emotional support and are informed less by the staff than parents in Sweden.
PW 4/3 TECHNIQUES OF INTERVENTION IN THE CASE OF PREMATURE BABIES AND EVALUATION OF THESE INTERVENTIONS

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Though every human being is born incomplete, only premature babies require the aid of special devices to guarantee their survival. What may be the effects of these specific conditions on the psychological development of the babies? In this intensive care situation, what are the possibilities of and limitations on the constitution of a relationship between the baby and the adults around it? Is the premature baby capable of constructing common meanings with others and of entering an intersubjective relationship, and if so, when? From the observations of 30 premature babies in the neonatal Hospital of Nancy (26, 27, 28 weeks of gestation and weighing less than or equal to 1000 grams), we can notice the role and importance of verbal communication in three main dimensions of the premature situation: First, in relation to the baby itself, the caretakers’ words associated with the touch of their fingers, used as a singular mediation thanks to its grasping reflex, are something to turn to in facilitating the future development of his competence to communicate. Second, as far as the parents are concerned, they are assisted in giving the baby cultural birth and in coping with their own trauma Third, the touch behaviors and the words uttered, seem to be most important in establishing the first attachment responses of these infants with their parents. The evaluation of these interventions is made on the basis of continuous examinations of babies at the hospital and at home, by means of parents’ interviews and regular testing of the babies. We shall present a case study of a baby born at 26 weeks of gestation who was followed in his home during six months through video-films, interviews with his parents and evaluation of his development through the Brunet-Lézine assessment.

PW 4/4 EARLY PREDICTORS OF BEHAVIOR PROBLEMS IN MEDICALLY FRAGILE PREMATURE CHILDREN

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Ninety-three Very Low Birthweight (VLBW) infants with Intraventricular hemorrhage (IVH) were longitudinally followed at two sites (Utah, SC) in a larger study of early intervention effectiveness. The sample (46 male, 47 female) had a mean birthweight of 1160 grams, and was culturally diverse (63% Caucasian, 37% African American; 23% single parent families). Child and family variables from the perinatal period and evaluations at 24-30 months were used to predict behavioral outcomes at 5.5 and 7.5 years of age. Neither gender nor perinatal medical problems predicted Achenbach Child Behavior Checklist (CBC) scores at 5.5 and 7.5. On the other hand, temperament at age 2 correlated with both externalizing and total problem scores at both ages. Children rated as being more difficult to parent at age 2 (on Parenting Stress Index, PSI) were more likely to show higher rates of internalizing, externalizing and total problems at school age. Single parents and parents of lower SES reported more externalizing problems in their 5.5 and 7.5 year olds. Parents’ own stress was correlated concurrently and predictively with CBC scores. Results suggest that by age two we can pick out the VLBW IVH children at greatest risk for behaviors that may stress their family and school support/intervention systems.
THE PSYCHO-AFFECTIVE DEVELOPMENT AT ONE YEAR OF PREMATURE INFANTS BELOW 33 WEEKS OF GESTATIONAL AGE – A PROSPECTIVE CONTROLLED STUDY

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Prospective studies have already demonstrated the importance of careful clinical and psychological evaluation in assessing the impact of prematurity on the somatic, sensory, motor, intellectual and emotional outcome of the children. With developmental and comportemental analysis of premature infants we know the importance of neuromotor and sensorial sequelae.

The following study attempts to measure the impact of the initial moteur-child separation on the psycho-affective development of 50 infants born prematurely (< 33 weeks). 100 term infants, matched for certain criteria (e.g. Maternal, socio-cultural environment, etc) served as controls. Are excluded of this studies children with confirmed sequelae.

The psychological evaluation, using the Brunet-Lezine scale was performed at 12 months corrected age, in the presence of the parents and included a period of observation of parent child interaction through a grill.

The results show that the level of psychomotor development is normal and similar between both groups of children. The mothers of the ex-prems were however, more prone to anxiety or discuss about their children. Additionally, the mother-child relationships which were overprotective with excessive stimulation were associated with a deficit in concentration in the prematurely born infant.

EARLY PREVENTIVE PSYCHOTHERAPY INTERVENTION WITH PARENTS OF A PREMATURE INFANT WITH VERY LOW BIRTH WEIGHT: THE ULM STUDY

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The birth of a very or extremely small preterm baby is a traumatizing experience for many parents. They feel overwhelmed and have to mourn over the unexpected loss of the pregnancy; they struggle with feelings of depression, guilt and shame. Despite of 24 hours of visiting possibilities in most Neonatal Intensive Care Units, parents feel partly separated from their baby for the time of the in-patient treatment. Lifethreatening medical complications of the preterm can disrupt the ongoing coping process.

Some parents experience that their past traumata of loss and separation are reactivated by the separation trauma of the preterm birth. This can interfere with the parent-infant-relationship and the development of a secure pattern of attachment from the very beginning. The vulnerable process of attachment between parents and their baby might be disturbed under these circumstances.

In the ULM STUDY we started with a preventive psychotherapeutic intervention program for parents with very small preterm infants (< 1,500 gms) as soon as possible after delivery. The comprehensive intervention program includes insight orientated individual psychotherapy, supportive group psychotherapy, home visits and a sensitivity training by video feed back. The intervention aims to improve parental coping, the process of attachment and parent-infant-interaction. The theoretical implications, the design of this prospective randomized longitudinal study and preliminary results will be presented.
PW 4/7 EFFECTS OF EARLY INTERVENTION FOR VERY LOW BIRTH WEIGHT INFANTS

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Very low birth weight (VLBW) infants without major neurologic impairments may have visual motor problems and learning disabilities. Developmental evaluation and early intervention are important, as is psychological support for anxious parents.

Eight of 22 surviving 2yo VLBW without major handicaps participated in the study.

By questionnaire, we compared parental satisfaction with their children's daily behavioral characteristics in VLBW with early intervention and in controls.

The parents were satisfied with "Group participation", "Contact with people", and "Living skills". In contrast, parents of VLBW without early intervention, reported "Daily regularity" and "Language development" to be highly satisfactory. The study participant's parents were satisfied with "Relationships with other participant's parents".

These results suggest that early intervention leads to parental satisfaction with the development of VLBW infants.

PW 4/8 A MODEL OF PREMATURE DEVELOPMENT OVER THE FIRST 12 MONTH: A PREVENTIVE CARE PROGRAM FOR LOW BIRTHWEIGHT INFANTS, WHICH INCORPORATES PARENTS NEED

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Tiberti A., Perini A., Menegati E.

In our studies various disciplines (developmental paediatrics, developmental neurology, child psychiatry) have to contribute to a problem centered approach to the study of neurobehavioural in preterm newborn, with very low birth weight, recovery in neonatal intensive care unit and parents' need.

Our study's group examined the relationship between the parents' experience and capacity for attunement with infant to his development and well-being.

It was found a synaective model of neonatal behavioural organization:

- frame work for the assessment of neurobehavioral development in the preterm infant and for support of infants and parents in the neonatal intensive care environment.
- the follow up with home intervention program for parents: the outcome is studied at six and twelve mounths.

Bibliography
PW 4/9  PROSPECTIVE CONTROL OF BIOLOGICAL HIGH-RISK POPULATION

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This work exposes the follow-up of the biological high-risk population (BHR) carried out from a Neonatology service to all the children admitted in the neonatal stage which when given discharge presented these diagnosis (BHR).

All of them received early intervention carried out by the nurses and parents all through the several phases of the time of hospitalization.

In the follow-up carried out until 7 years, in coordination with the resources of the zone where these children derived (sanitary, educational, psychological, family, educational and social type of variables were valorized.

This work will present the analysis of these variables.

PW 5/1  FOLLOW UP OF MOTHER INFANT ATTACHMENT IN TERM AND VERY LOW BIRTH WEIGHT INFANTS WITH NEUROLOGICAL PATHOLOGY: THE IMPORTANCE OF INTERACTION

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Material: 7 very low birth weight (VLBW) and 2 term infants with ages between 1 and 18 months. Both groups had neurological pathology. The VLBW infants had moderate developmental delay and the term infants had mild developmental delay.
Method: We used Massie Campbell Scale of Mother Infant Attachment. We chose the items of touch and support as the most important infant interaction in case of biological risk. We observed that these show patterns of stable synchrony and reciprocity. The items of touch and support would be predictive of early learning patterns allowing or not the installation of assimilation and accommodation which in turn affect future formal learning.

The approach of this paper is interdisciplinary and preventive of early bonding alterations and their impact on learning fields.
In this work we are dealing with the influence of different environmental conditions on the development of premature babies. Premature (94) and term (50) children are a sample from the institution for the Parentless children Hall in Belgrade. Premature children from the adequate complete families from Belgrade are the control group (N=54). The development of the children of 9-30 months is measured with BL-1 Baby testom Brunet-Lessing.

The results of the research represent the contribution to the theoretical postulates about mutual relationship between maturing of new system and environmental influences.

PW 5/3 MATERNAL ATTACHMENT ORGANIZATION AND THREATENED PRETERM LABOR: AN INTEGRATIONAL PERSPECTIVE

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Introduction: Psychosomatic symptoms of distress during pregnancy can be conceptualized as marking a struggle in the transition to motherhood and as indicating possible intergenerational risk factors for mother-infant interactions. This model was tested in a population of mothers with threatened preterm labor (TPTL).

Research question: Are mothers with threatened preterm labor (TPTL) more likely than a control group to demonstrate an intergenerational risk of relationship difficulties with their infant, as indexed by an insecure adult attachment organization?

Method: Subjects were thirty mothers with a history of documented TPTL during their current pregnancy and a control group of thirty mothers with similar characteristics. After being discharged from the hospital and prior to delivery, mothers received the Adult Attachment Interview. Narrative interviews were scored for the quality of attachment-related experiences and for state of mind with respect to attachment. Narratives were assigned into one of three attachment categories: autonomous (F), dismissing (D) and preoccupied (E). For data reduction purposes, transcripts were reclassified as secure (F category) or insecure (D and E categories).

Results: Mothers with TPTL are more likely than a control group to demonstrate an insecure adult attachment organization (n=60, chi-square=15.01, df=1, p<.01). Partial correlation of TPTL and security of attachment with parity, education, age, race, and marital status covaried was -3.91 (p<.01).

Discussion: This study suggests that maternal attachment organization should be further investigated in multi-risk models assessing developmental outcome of premature infants. However, these results are retrospective and must be interpreted cautiously.
PW 5/4 A COMPARATIVE STUDY OF THE VOCAL INTERACTIONS OF THREE CATEGORIES OF AT RISK-INFANTS AND THEIR CARE-TAKERS

Janine ABECASSIS, Isabelle BULLE, Carole ELBAZ, Université Louis Pasteur, I Laboratoire de psychologie de l'enfant et de la famille, 12 rue Goethe 67000 STRASBOURG. Fax 88 613454 and Nancy neonatal Hospital.

The hypothesis we use to work with normal babies can be used to conduct our observations on at-risk-infants. The voice is one of the first means of a normal human relationship. The newborn expresses himself by his crying reflexes and those become signals and signs due to the interactions between parents and children. In the case of premature babies, blind infants and autistic children, what are the effects of the utilisation or non utilisation of this means of expression?

I. Bulle analyses the effects of specific conditions on the psychological development of premature babies (26 weeks of gestation). In this intensive care situation, the possibilities of and limitations on the constitution of a relationship between the baby and its parents is interesting to analyse because these babies can cry but cannot be heard because of the special devices they have in their mouths to guarantee their survival. C. Elbaz works on her side with blind babies in the L. Braille Institution and she analyses the effects of the vocal exchanges between the caretakers and the babies during the two first years of their lives. In this case the voice is the most important mean with the touching behaviors to build the intersubjective world and prevent autistic developments in these infants. (S. Fraiberg, M. Smith, E. Adelson) J. Abecassis states the works of several authors on early autism in children (P. Mundy, D. Cohen, H. Tagger-Flusberg) They notice the impossibility of autistic children to build a theory of mind because of their lack of joint attention in the first years of life. The investigation made in day-care centers and the interviews of their parents let suppose they never had the expressive babbling described by linguistic researches and their syllabic babbling is underdeveloped. These comparative findings will be discussed with respect to theoretical assumptions and empirical findings of attachment research on vocal interactions with at-risk-infants and their parents.

PW 5/5 MOTHERS AND PREMATURE INFANTS: EARLY INTERVENTION AND LONGTERM EFFECTS

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The aim of this longitudinal study was to investigate possible short and longterm effects of an NBAS-inspired intervention aimed at enhancing mothers’ adjustment. Sixty-five preterm healthy infants born between gestational weeks 29-34 were randomised into two groups, an intervention - and a control group. The intervention sessions occurred four times, once a week, during the infants first 6 weeks of life. Interviews, questionnaires, and videotaped assessments were conducted of mother-infant interaction when the infants were 2, 6 and 18 months old (non-corrected age). There were no significant effects of the intervention found on any of the measures included. Various issues in relation to intervention studies of preterm infants are discussed.
The aim of this longitudinal study was to compare the behavior and perceptions of mothers of pre-term and full-term infants. Sixty-five preterm healthy infants born between gestational weeks 29-34 were compared to 27 healthy full-term infants. Interviews, questionnaires, and videotaped assessments were conducted of mother-infant interaction when the infants were 2, 6 and 18 months old (non-corrected age for preterm infants). The results indicate that initially it is harder to interact with a premature infant, and that mothers of preterm infants feel less secure, competent and satisfied than mother of full-term infants. These differences have, however, disappeared when the infants are 18 months old.

The present findings underscore the need for psychological support to parents of preterm infants during the first months after delivery.

Autistic individuals often appear to have heightened anxiety, disordered arousal and problems in dealing with stress. Clinical observations suggest that anxiety and stress could be one of the main problems of autism. The other typical symptoms of autism such as stereotyped behavior could be organized around this anxiety problem and appear in order to reduce the anxiety levels. Preliminary observations suggested evolutive clinical steps in autistic children according to different levels of anxiety and stress.

In order to better understand the anxiety problem in autism we carried out clinical and biological research on 70 autistic individuals (age 2 to 20) compared to 120 normal control subjects. We examined a range of physiological (such as heart rate), biological (stress hormones) and behavioral measures in basal and control stress conditions. This research will be presented and implications will be discussed with respect to our concept of autism. In our view autism can not be explained by only one biological cause but rather involves a multifactorial etiology and requires a multidisciplinary approach (a clinico-biological approach) that takes into account the interaction between biological and environmental factors.
PW 5/8    SEVEN YEARS LATER: EVALUATING THE AGE-AT-START INTERVENTION FOR MEDICALLY FRAGILE INFANTS

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A critical issue in early intervention concerns the appropriate time in an infant's life to initiate intervention programs.

The present paper compared developmental data taken when children were 7½ years old for two groups of infants. One group began intervention at three months of age and a second group who received interventions beginning when they were 12 to 18 months of age. All subjects were low birthweight and suffered medical complications including intraventricular hemorrhage. The infants were matched on birthweight and medical complications and randomly assigned to early or late treatment groups.

The type of intervention received during both the early and delayed phases of the project were based on the Curriculum and Monitoring Systems (CAMS) (Casto, 1979). The intervention provided to infants in the early intervention group was given to the infant and parent by a physical therapist. During the second phase, all families received home visits by an early childhood specialist, and services were provided by a physical therapist as needed.

No significant differences were found between the two groups. Approximately 30% of the children in both groups scored one standard deviation below the mean on the measures given. A higher than expected incidence of behavior problems was found.

PW 5/9    LONG OUTCOME OF PREMATURE MULTIPLE BIRTH: MENTAL DEVELOPMENT OF QUADRUPLETS

Tomoko Takamura, Ph.D., Chisako Mitsushi, MD, Ph.D., Hitoshi Hara, MD, Ph.D., Kiyoko Yamaguchi, MD, Ph.D., Hiroshi Nishida MD, Ph.D.
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As remarkable development of perinatal medicine dramatically improved survival rate of high risk neonates of such as premature birth and multiple birth, "the quality of survival" of those infants became the issue to be discussed. Long-term follow-up study is necessary to investigate the outcome of those infants and to intervene the infants and their families with medical, psychological and educational viewpoints.

Four groups of quadruplets (A, B, C and D, including 9 boys and 7 girls) born from October 1987 to November 1990 were followed up. Eight subjects of A and B quadruplets were evaluated with WISC-R at the first grade in elementary school (6~7 years), while 7 subjects of C and D quadruplets were evaluated with WPPSI at 4 years of age (one case rejected the test).

The mean values of IQ, Verval(IQ) and Performance(P)IQ were 90.6, 84.5 and 100.1 on WPPSI, 86.8, 84.3 and 92.1 on WISC-R respectively, which were lower than those of our population group of very low birthweight. However, the developmental spurt often observed in children of premature birth was recognized in one subject who were evaluated at both 4 and 6 years of ages. Also, slight delay in verbal development of the subjects was reflected on VIQ<PIQ profiles of WPPSI and WISC-R.

While none of perinatal factors was related to the test scores, family environments such as existence of supportive members possibly influence early development of children.
PW 6/1  DIAGNOSIS AND TREATMENT OF FEEDING DISORDERS CHARACTERIZED BY FOOD REFUSAL

Irene Chatoor, M.D. (USA) and Diane Benoit, M.D. (Canada)
Children's National Medical Center
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This symposium will address the importance of a thorough diagnostic assessment to choose the most effective treatment for specific feeding disorders. Three different feeding disorders characterized by food refusal will be addressed: 1. picky eating (Dr. Chatoor), 2. post-traumatic feeding disorder (Dr. Benoit), 3. infantile anorexia (Dr. Chatoor).

1. Picky Eating: Three types of picky eaters will be described. a. the sensory aversive type (toddlers who have strong sensory aversions to certain types of food), b. the control type (toddlers who use food refusal as a means to exercise control over their parents), c. the mixed type (toddlers who have sensory aversions to certain types of food and who have also learned that food refusal can be a powerful tool to exercise control).

2. Posttraumatic Feeding Disorder (PTFD): This feeding disorder is characterized by pervasive food refusal secondary to traumatic or frightening oral experiences (e.g., choking on food or medicine, forced feeding, intrusive medical procedures). This presentation will focus on the description of symptoms of PTFD in infants, using videotaped vignettes to illustrate. Results of a pilot study examining the efficacy of a brief, structured three-phase intervention in the treatment of 36 infants with PTFD, aged 7 weeks to 34 months, will be presented.

3. Infantile Anorexia: This feeding disorder is characterized by food refusal and failure to thrive. The onset is most commonly between 9 and 18 months, during the transition to self-feeding. This presentation will focus on the findings from a recently completed study which explored the hypothesis that infantile anorexia is a relationship disorder which is driven by the interactions of the infant's special temperament and the mother's vulnerability to react with anxiety to the infant's food refusal. A brief psychotherapeutic intervention based on this transactional developmental model was developed. Results of a follow up study of 20 infants who were treated with this method in an open clinical trial will be presented.

PW 6/2  A REVIEW OF INFANTS ADMITTED TO THE ROYAL CHILDREN'S HOSPITAL, MELBOURNE, WITH A DIAGNOSIS OF FAILURE TO THRIVE

Zoe Williams, University of Leeds, England  Campbell Paul, Melbourne.

A retrospective review of a random sample of histories of infants admitted with a diagnosis of failure to thrive (FTT) was undertaken to assess the level of awareness of and enquiry into details of feeding and infant parent interaction by the ward paediatric staff. Few infants were referred for mental health assessment and little was recorded about the nature of interactions around feeding. Further results will be reported and we will discuss the application of these findings in setting up an infant feeding clinic.
PW 6/3  FADING AWAY TO A SHADOW – A CASE OF SEVERE FOOD REFUSAL IN AN 11 MTH OLD GIRL

Michele Meehan  Brigid Jordan
Royal Children's Hospital, Melbourne, Australia.

M, an 11 month old girl was admitted with Failure to Thrive and Rickets, secondary to dietary insufficiency. This presentation describes the process of assessment and treatment for M and her family, including strategies to facilitate her regaining the desire to eat.

PW 6/4  INFANT MORTALITY NUTRITION RESEARCH PROJECT

The purpose of the Infant Mortality Nutrition Project was to test the effectiveness of a Program of Pre-and-post-natal in-home education and training on the reduction of the incidence of infant mortality in selected sections of the District of Columbia, and to develop a model program for nationwide use. The subjects were 331 first trimester pregnant women divided into three research groups.

The results showed an Infant Mortality Rate (IMR) of 8.9, less than 1/2 of the District's IMR of 20.1 for the same time period. For women in Experimental Group I who received the more intensive treatment of one-on-one teaching and coaching within the home the IMR was 0. The mean infant weight was 6.7 pounds. The mean number of home visits was 8.27 per pregnant woman.
PW 6/5  DURATION OF BREAST FEEDING AND BEHAVIOR OF THREE YEAR OLD CHILDREN

Minna Tarri-Mattsson, Soili Keskine and STRIP baby-study group, Cardiorespiratory Research Unit, University of Turku, Kiinamyllynkatu 10, 20520 Turku, Finland

The purpose of the study was to evaluate the duration of breast feeding to the cause-effects on the behavioral status of three-year old children.

The population under study consisted 179 children selected from the STRIP baby-project (Special Turku coronary Risk factor Intervention Project for babies). The children who were breast-fed either under two weeks or more than ten months were analyzed.

These two groups did not differ in most of the demographic variables (age of mother, size of the family, children's birth rank), but the longer breast-feeding mothers had a higher level of educational status and professional training.

More than ten months breast-fed children had statistically less frequently problems in quieten down for sleeping than children from the other group. In the behavior of three-year old girls there were no differences. The shorter-time breast-fed boys had more infection symptoms and bed-wetting than boys from the other group.

The material has not been totally collected or analyzed yet. The results will be ready in Spring 1996.

PW 6/6  BREAST-FEEDING AND FAMILY RELATIONS

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I study mother's breast-feeding experience in a family context with the parental relationship taken into account. My hypothesis is that good relationships between the mother and the infant and between the parents have an effect on breast-feeding.

40 breast-feeding mothers and their 3-month-old babies are videotaped in a breast-feeding situation. A period of 5 minutes of each feeding is evaluated by Roseame Clark's ERA-method. The mothers have answered special questionnaires in which they are asked about their breast-feeding experiences and their relationship with the baby's father. This involved, for example, choosing the suitable alternatives from a long list of adjectives to define their breast-feeding experience, and drawing a family line to describe their marital relationship.
IMPLEMENTATION OF THE BABY FRIENDLY HOSPITAL INITIATIVE IN FINLAND

Sirpa Sairanen, MD, Petri Volmanen, MD, Arja Lyytikäinen, M.Sc.(Nutr.), Kaija Hasunen, Dr.(Nutr.)
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Breastfeeding is unique process that provides ideal nutrition for infants and contributes to their healthy growth and development. During the past decade the knowledge of the value of breastfeeding has increased substantially. Breastfeeding reduces incidence and severity of many diseases. It provides most women with a sense of satisfaction when successfully carried out. It has an important effect on mother-infant bonding.

The Baby Friendly Hospital Initiative has launched by WHO and UNICEF to protect, promote and support breastfeeding. As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age.

In Finland, attitudes have traditionally been positive to the breastfeeding. However, the duration of breastfeeding has varied considerably during last decades. Changes in the routine of infant feeding during neonatal period have been fulfilled in hospitals. Another factor may have increase breastfeeding rates in Finland was the lengthening of the maternity leave and amendments in social benefits. Although, in comparison with other Western countries, the Finnish breastfeeding rates are rather high, there is still much to improve in institutional practices. The National Research and Development Centre of Welfare and Health started the quality assurance project in the area of health care services in 1993. Subsequently, an multiprofessional Expert Group on Promotion of Breastfeeding was established. At present approximately ten hospitals have started to implement into the practice Ten Steps to Successful Breastfeeding. According to the recent, first national-wide survey, which was carried out in 1995, the exclusive breastfeeding is quite rare, only ten per cent of women breastfed their infants at the age of four months. In Finland, the well developed non-institutional maternity and child welfare clinics are important part of health care. Consequently, to improve the collaboration between these and hospitals and both to develop the joint indicators for both institutions are the aspects emphasizing in Finnish programme.

RESEARCH OF EARLY CHILDHOOD DYSFUNCTIONING IN ANOREXIA NERVOSA DURING ADOLESCENCE, PSYCHOTHERAPEUTIC CONSEQUENCES, EARLY INTERVENTIONS

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There are a lot of theories concerning the psychogenesis of anorexia nervosa, which are often contradictory. Anorexia is considered by the nosographic approach as a whole entity. However, the question of a neurotic or of a psychotic structure remains. The clinic and the psychoanalytic theory lead us to get clear of this debate, and to postulate a very early dysfunctioning, which is hidden by an hypernormality, often met in the early history of the child.

We think that a meticulous study of the first age will allow us to find some clinical elements, witnesses of an early failure, not inevitably through obvious difficulties during feeding or sphincterian learning, but at more archaic levels.

We propose to study these clinical elements. We will expose the modalities of parental interviews, their content, the methodological difficulties (the main is the reconstruction of the reality), and the first results.

The aim of this work is to have a better understanding of early processes involved in the anorexia nervosa. We hope that it will help in the psychotherapeutic process with the adolescent, and will lead to early preventive interventions.
PW 6/10  AN ALMOST EXPERIMENTAL CORROBORATION
OF A POINT OF THE PSYCHOPATHOLOGICAL
THEORY ON INFANT’S RUMINATION

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Nathanal (2 years old) was like the mascot of a nursery and
was taken with excitement in the arms of every one. But he was suffering of a
nanism, a delay in his development and a failure to thrive of unknown etiology.
We discovered that he was also ruminating.

Taking this fact in account and remembering a special point
of the psychopathology in merycism which insist on the particular difficulty of
these babies in establishing relationships focused on preferential partners, we tried
to provide him the possibility of a true attachment. For this we took him out of the
nursery where it would have been very hard to restrain the number of people
interfering with him (he was such an "old chap" for everybody !) and we entrust
him with a single care-giver who took him home. This mother substitute paid a
special attention to reinforce the relation of the baby with herself in a very rich
way and avoid that it spreads with anyone. This was enough to stop the ruminating
in less than one month with a weight-gain of nearly one kilogram in three months.
This improvement go on with the beginning of babbling. On the other hand he wanted
to keep control of everything, that is rather common in the subsequent development
of ruminating babies.

Even if it is a single case, the sequence of the facts allow to
think that the turn of his way of life was at the beginning of his improvement which
probably wouldn’t come if he would have been left in the nursery.

Subsidiarily it’s the opportunity to recall that in infant’s
psychosomatic illnesses like ruminating, somatic values are guide marks of the
evolution beyond all question.

PW 6/11  ASSESSMENT OF THE DEVELOPMENT OF
INITIATIVE IN INFANTS AND OF MATERNAL
RESPONSES TO THEM IN THE FEEDING
SITUATION. WIDENING OF A PILOT STUDY

Menaldo.
The results of a longitudinal study on maternal response to the infant’s initiatives will be shown.
This is the final study from a pilot study of which the results were presented at the WAIPAD V
World Congress in Chicago in 1992. This starting point of the research is an interactive
phenomenon but the aim is to study the infant’s contribution with a subject of the interaction,
although at different levels of potentialities as regards the mother. The study of the maternal
attitudes is restricted to those behaviors divided into adverse or favorable to initiative. The infant is
considered subject of interaction, that is to say, a being that makes his own contribution to the
interactive field through his initiatives. The mother, at the same time, reacts in a favorable or non
favorable way to the development of those initiatives. The generation of aversive responses on the
side of the infant and of interactive conflicts between them is studied as a proof of a potential or
future derailment on both individual and interactive development. The sample includes 40 mother-
infant dyads, videotaped once a month from the onset of spoon feeding until the first year of life.
This includes a total of 235 feeding situations. This study has implications for the theoretical,
diagnostic and clinical fields.
PW 7/1  DRUG-ADDICTED PARENTS: IS THERE A HIDDEN RISK FOR THEIR CHILDREN? EXPERIMENTAL RESEARCH AND AID PROJECT ON THE RELATIONSHIP BETWEEN DRUG-ADDICTED PARENTS AND THEIR CHILDREN

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The actual problems of drug addicts' children are hardly known; due to the difficulty of establishing a continuous and collaborative relationship with such patients, it is also difficult to follow the development of their children. A Therapeutic Residential Community ensures continuity in the therapeutic contact and comprises a multiple focus view to drug addiction that bears in mind also the requirements of the parent-child relationship. Research has shown that the mother-child relationship may endanger the development of the child, because of the particular life-style and individual psychological problems, not so much for the drug abuse itself. When considering the parental role of drug addicts it is generally their failings and incompetence which are emphasized, their children being assigned to granparents thus a confused generational pattern is created, moreover discontinuity appears one of the main features in the children's life.

We present an experimental research and aid project on the relationship between drug-addicted parents and their children that we carried out with 12 drug addicted parent-patients in residential care from 1989 to 1992. This project was carried out by means of different combined interventions: Group and individual psychotherapy for the drug addict, interactive parent-child guidance, group psychotherapy for grandparents. Our objectives were: to facilitate the parent-child meetings while the drug addict patient is in community treatment, to observe the quality of the parent-child relationship, to encourage the drug addict's awareness of parental competence, to re-establish the generation pattern (grandparent-parent-child), to assess the development of the child.

PW 7/2  THE NATURE OF MOTHER-INFANT INTERACTION WHEN THE MOTHER HAS ABUSED AMPHETAMINE OR HEROIN: A CASE STUDY

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The main purpose of this study is to investigate the nature of mother-infant interaction and the infant's cognitive development when the mother is or has been a drug addict (i.e. addicted to amphetamine or heroin). A second purpose is to study how the mother experiences pregnancy, motherhood and her relationship with her infant. The cornerstone of the theoretical perspective is the attachment theory.

The study is a case study and includes three mother-infant pairs who stayed in a home for pregnant women and new mothers and their babies. The institution had a special program for mothers who had abused alcohol or drugs. The mother-infant interaction was observed when the infants were between two and nine months old. One mother-infant dyad was observed repeatedly during this period and video-taped on two occasions. The infants' cognitive development was assessed at least once (Griffiths 0-2 years). Analyses which cover the nature and the development of mother-infant interaction when the infants were between two and nine months old will be presented as well as the infants' cognitive development. By way of example the results demonstrate that these mothers have difficulties in being responsive and sensitive to their infants' signals and needs. The mothers' interaction patterns with their infants are characterized by a low level of close physical contact and difficulties in establishing a socioemotional and communicative dialogue with the baby. The results stress the importance of an early intervention program for mothers who have been drug addicts. It is important to develop programs and techniques which support and help the mother to be sensitive to her infant's signals and needs, thereby helping the mother to develop a strong bond with her infant and facilitating the attachment relationship between infant and mother.
PW 7/3  IMPROVING INTERACTIONS OF SUBSTANCE ABUSING MOTHERS AND THEIR DRUG EXPOSED INFANTS

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The purpose of this study was to determine whether teaching comforting and interacting techniques in the early postpartum period to substance abusing mothers improves early maternal-infant interactions. Sixty mothers from an inner city clinic were assigned to one of three groups based on results of a drug toxicology (experimental, control, and drug free comparison). Most mothers were single, African American or Caucasian women over 20 years of age with less than a high school education. Infant birth outcomes were within normal bounds. However, infants of substance abusing mothers had lower birth weights, gestational ages, head circumferences, and chest circumferences. The Barnard Mother-Infant Interaction Model provided the conceptual framework. Two NCAST observers completed the NCAFS on all subjects within 24 hours of delivery (hospital) and 72 hours after discharge (home). After the hospital NCAFS, mothers in the experimental group were shown how to comfort and interact with their infants. A one-way ANOVA indicated a significant difference between the experimental and control group on total NCAFS ($F=5.18; p=.0085$) and the parent subscale ($F=6.48; p=.0029$). There was evidence to support that teaching comforting and interacting techniques to substance abusing mothers does improve their ability to interact with infants. Analysis of the experimental group indicated that the treatment seemed to be most successful in mothers with prior parenting experience.

PW 7/4  BEHAVIOR OF DRUG-EXPOSED INFANTS AND MATERNAL PERCEPTIONS OF STRESS

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Objective: To report data on the relationship between infant behavior and maternal perception of stress in the parent-child system for prenatally drug-exposed infants. The data are part of a longitudinal research intervention for children from birth to three.

Subjects: Twenty women who used drugs (tobacco, alcohol, marijuana, and cocaine) during pregnancy and their 12-month-old infants. Mothers were primarily African American, single, and poor.

Procedures: Mothers were asked to complete the Parenting Stress Index (PSI), which predicts the quality of mother-child interaction, and potential for abuse and neglect. Infant-mother pairs were then invited to a play-room to engage in free play while a psychologist rated the infant on the Behavior Rating Scale (BRS) of the Bayley.

Results: Two IBR ratings were significantly correlated with mothers' ratings of stress as located in the child: social engagement ($r = -.55, p=.02$) and hyperactivity ($r=-.52, p=.02$). Negative correlations indicate that less adaptive functioning in the infant is associated with higher stress reported by the mother. Hyperactivity ratings by the psychologist on the BRS were also significantly correlated with mothers' ratings of stress as located in the parent ($r=-.44, p=.05$).

Conclusions: Mothers who indicate high stress in the parent-child system have infants who make few attempts to interact socially and who are typically fidgety and agitated in movement. A significant minority of these infants displayed behaviors that threaten the parent-child bond and had mothers who report clinical levels of stress in the parent-child system.
PW 7/5  EFFECTS OF PRENATAL DRUG EXPOSURE ON 6-, 12-, AND 18-MONTH-OLDS

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Objective: To report data on the development of prenatally drug-exposed infants. The data are part of a longitudinal research intervention for children from birth to three.

Subjects: Ninety-four women who used drugs (tobacco, alcohol, marijuana, and cocaine) during pregnancy. They were primarily African American, single, and poor.

Procedures: At 6, 12, and 18 months infants were invited to a play-room with their mothers while an interdisciplinary team played with them, and completed (1) the Test of Sensory Functioning in Infants, (2) the Hawaii Early Learning Profile, and (3) a Pediatric and Neurological Exam.

Results: Infants were functioning below age level in the gross motor domain, had abnormal muscle development in the lower extremities, and poor postural control at 6 months, but not at 18 months, suggesting these are problems that may be outgrown. Domains exhibiting deficiency at all three ages were adaptive motor functions, visual-tactile integration, and perceptual-motor abilities. Over a fourth of the children had an inappropiate relationship between height, weight and head circumference, and facial abnormalities were present at all three ages. Infants were functioning below age level in the cognitive and expressive language domains at all three ages, with the decrement increasing with age, suggesting these are problems that emerge with age.

Conclusions: The present study provides a comprehensive picture of infant development in this high-risk population. Perceptions of the adequacy of these assessment tools and the play-based setting will be discussed.

PW 8/1 MATERNAL MENTAL REPRESENTATIONS AND PSYCHOLOGICAL FUNCTIONING OF CHILDREN OF DEPRESSED MOTHERS

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In this study the authors assess two main issues: 1) Mental representations of depressed mothers and their impact on mother-child interactions. 2) Psychological disturbances in the offspring of this group.

Aims: to evaluate the impact of maternal depression (in correlation with other significant risk factors) on children's psychological functioning.

Subjects: the study group consists of 12 children, between 9 and 30 months of age, whose mothers are clinically depressed. The control group is composed by 12 children, matched according to age, sex, s.e.s. and whose mothers do not suffer from depressive symptoms. All children are recruited from community Day Care Centers.

Methods: the study takes place in two phases. In the first phase (at the Day Care Center), mother and child's educator are assessed. Mothers who meet the Hamilton Scale and/or the Beck Depression Inventory criteria for Depression are requested to answer the Maternal Representations Interview (Stern and al., 1989, adapted). The educator's representation of the child is also assessed through this interview and compared with mother's representations. The second phase takes place at the Infancy Unit, where child and mother-child interactions are evaluated; the assessment tools were: Symptom Check-List (Robert-Tissot and al., 1989); Griffiths Development Scale. Mother-child interactions were also video taped during a 10-minute structured series of episodes (observation of child's free play, behavior at separation/ reunion, mother-child play). The point of view of an independent observer is used to evaluate them.

Results: the first phase results indicate that depressed mothers have difficulty in recognizing their children's affective states, especially their sadness, when compared with the educator's representations. Their perceptions of the children are unrealistic and they recognize in them qualities they would probably wish for themselves. The preliminary results of the second phase point out to a higher incidence of separation anxiety, aggressiveness and other behavior problems amongst children of the study group. Patterns of insecure attachment are frequently present.
DOES MOTHER'S HEART SING BABY BLUES?

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The Federation of Mother and Child Homes and Shelters in Finland started a Baby blues -project in 1993 to help and support mothers and families suffering from post natal depression. It will continue 3-4 years. The project is executed by the mother and child homes in Jyväskylä, Lahti and Oulu.

The Federation of Mother and Child Homes and Shelters is an organisation for children's protection, founded in 1945. It has 20 member associations all over Finland. Mother and child homes have 50 years of experience in nursing and supporting mothers, babies and families.

The objective of the Baby blues -project is preventive children's protection. The project aims at facilitating families' everyday life by different supporting measures. At the same time, getting through and effectiveness of these measures are under investigation.

Methods of assistance consist of different group activities, consultations without hurry, home help and a few days' rest in mother and child home where personnel takes care of the baby. Measures are controlled both qualitatively and quantitatively. Information is collected by compiling statistics and filling customer cards. Customers are kept aware of the experiment. The purpose is to identify the changes produced by helping measures in families.

In 1994 there were 123 families in the sphere of the services. The number of customer families almost doubled in one year. Co-operation with local clinics has been fruitful. The ultimate goal of the project is to produce a special treatment model for mother and child homes. It should be ready by 1996.

RELATIONSHIP OF THREE TYPES OF PARENT-CHILD INTERACTION IN DEPRESSED AND NON-DEPRESSED MOTHERS AND THEIR CHILDREN'S MENTAL DEVELOPMENT AT 13 MONTHS

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This secondary analysis compared the maternal joint attention, feeding interaction, infant attachment classification, and Bayley Mental Developmental Index in 36 dyads involving 13 month old infants and depressed and non-depressed mothers. The 18 depressed and 18 non-depressed mothers were highly educated with a mean of 16.8 and 15.7 years respectively. There was a significant relationship between the infants' secure attachment scores and higher developmental scores. The results demonstrated no difference in parent-child interaction of depressed and non-depressed mothers. In a multiple regression analysis, depression, maternal education, and attachment classification explained 16% of the developmental score. High maternal education in short interactions may obfuscate the true nature of prolonged parent-child interaction.
PW 8/4  MATERNAL DEPRESSION AND INFANT BEHAVIOR

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Objective: To explore the relationship between maternal depression, infant behavior, and parent-child interaction over the first two years of life.

Subjects: A selective subsample of ten depressed women and their infants participating in an intervention program for prenatally drug-exposed infants conducted by an interdisciplinary team at a large USA medical center. Mothers were primarily single, impoverished, and African American.

Procedures: The Beck Depression Inventory was administered to mothers at entry to the intervention program, and repeatedly as the infant turned 6, 12, and 18 months of age. The infant's behavior was rated on the Behavior Rating Scale (BRS) at these same 6 month intervals by a psychologist in a play-room setting. Mother-child interaction was scored from videotapes by trained observers on the Parent-Caregiver Involvement Scale.

Results: Data have been collected on each of these variables, but results have not yet been fully analyzed. The authors will conduct a series of single subject studies of 10 dyads to describe commonalities and differences in the progression of infant behavior as it relates to maternal depression within the context of other demographic variables.

PW 8/5  DEALING WITH THE IMPACT OF POSTNATAL DEPRESSION: A COMPARATIVE STUDY OF PARENTHOOD AND PARENTING


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Work in progress. 50 couples are being interviewed and video-filmed with their 14 -18 months old children. Half of the mothers scored > 12 on the Edinburgh Post Natal Depression Scale 2 - 3 months post partum and were seen by a psychiatrist for a clinical assessment. The other half of the group will serve as controls. The purpose of the study is to investigate how parents review and value their childhood and attachment to own parents and to examine how they look upon their current parenting style and interact with their infants. The Adult Attachment Interview ( Main & Goldwyn 1994) in the Swedish translation made by Broberg, University of Gothenburg will be used. Questions concerning pregnancy, delivery and the first year are added. The parents and children are being video-taped in 4 -5 different situations including a short separation session. The tapes will be analyzed with the help of the Parent-Child Early Relational Assessment (Clark et al.1993). The results will be presented at the conference.
PW 8/6  CHILDREN OF DEPRESSED MOTHERS

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This prospective follow-up project analyses the impact of mother's postnatal or present depression on her preschool aged child's welfare and behavioural, emotional and social development. The project started in 1989 when about 200 first time mothers from the normal population were followed from late pregnancy until twelve months after childbirth. The psychiatric state of the mother, breastfeeding and the early interaction between mother and infant were assessed. The children of the study sample are now 4-5 years old. The follow-up study has a two-stage design. First, the entire sample (N=200) has been evaluated by postal inquiries. Mothers' depression was evaluated using the Edinburgh Postnatal Depression Scale (EPDS). The behavioural and emotional problems of the children were evaluated by the Child Behavioral Checklist (CBCL). Information on the life situation, life events, health and economic situation of the family was gathered by a questionnaire for General Information.

Secondly, a subsample of depressed and non-depressed mothers (N=48) with their children was studied in more detail at a laboratory visit. Reliability of the evaluation of depression will be verified and sensitivity and specificity of the EPDS scale will be evaluated by a psychiatric interview Present State Examination (PSE). The other methods used during the lab visit are the Story Stem Test and the Griffiths' Mental Developmental Scale for the child and the Early Relational Assessment for the mother-child dyad.

Of the mothers 79% (158) participated in the follow-up. According to the EPDS possible depression was found in 7.6% of the mothers. According to the CBCL milder but clinical symptoms were found in 20% (32/157) of the children (T-score>60). More severe behavioural and emotional symptoms (T-score>64) were discovered in 10% of the children. Mothers’ depression at any moment seems to increase the difficulty in childrens psychological functioning.

PW 8/7  EARLY INTERVENTION IN POSTNATAL DEPRESSION

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Postnatal depression (PND) is a common, not recognized, and consequently neither treated disorder affecting 10-15 % of new mothers. This workshop will deal with:

1. The results of a Swiss study exploring the effects of PND on mother-infant relationship and child development at 3 and 18 months (using a versatile set of evaluation methods designed for early interaction).

2. Some Finnish experiences of and propositions for early, time-limited treatment of PND. Two distinct models for early intervention has been designed and experimented: the marital couple therapy-model, and the mother-infant therapy-model.

Detailed description of the models will be presented, and early intervention issues will be discussed in regard to the results of the Swiss study.
PW 8/8  LONG-TERM EFFECT OF POST-PARTUM DEPRESSION ON CHILD DEVELOPMENT

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As many as 10-15% of women will suffer from moderately severe post-partum depression. Despite this incidence there have been few studies that have followed up mothers and infants longer than 12 months. An increasing number of short term studies on the relationship between infants and mothers who have suffered from post-partum depression have indicated that the relationship is likely to be problematic in the early months. Ainsworth and Bowlby have shown that the infant-parent attachment is crucial to infant development. We do not know if the early difficulties are long lasting on the child's development. The results of this study are disturbing. We have followed women who were diagnosed with post-partum depression when their infants were aged 3 months and conducted a follow-up at 42 months, using various psychosocial measures and videotaping the mother-infant interaction. The results have shown that there were few differences at 3 months in the characteristics of infants of mothers who suffered with post-partum depression but by 42 months the differences were significant when compared to infants of non-depressed mothers. Children of post-partum depressed mothers were shown to be more problematic on the Australian Short Toddler Temperament Scale, the Achenbach Child Behaviour Checklist, and had lower verbal and full scores on the Wechsler Preschool and Primary Scale of Intelligence-R. In addition they had poorer language skills as measured on the Early Profile Screening.

PW 8/9  PREVALENCE AND BACKGROUNDS OF POSTNATAL DEPRESSIVE STATE IN MOTHERS

Ami Murata, MD, Arata Oiji, MD, Yukiko Morioka, MD, Hiroko Chiba, MD,
Kyota Watanabe, MD, Katsuo Inoue, MD and Toshihide Nadaoka, MD
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In the present study, we employed prospective study design to investigate prevalence of depressive state in mothers after childbirth and relationships between psycho-social and somatic factors and depressive state. Ninety-nine women agreed to participate our study. They were asked to receive first examination in the 8th months of pregnancy. The first examination consisted of self-rating depression scale (SDS), state-trait anxiety inventory (STAI), parental bonding instrument (PBI) and semi-structured interview including several questions about pregnancy, delivery and child-rearing. They were asked to receive second examination about 5 days after childbirth and receive third examination 4 weeks after childbirth. The second and third examination consisted of SDS, STAI, Stein's maternity blues scale (Stein scale) and semi-structured interview about child-rearing. We obtained complete data from 90 women. We employed 8 points as the cutoff point of Stein scale.

From the results of Stein scale, 8 subjects was thought to be in depressive state 5 days after childbirth and 10 subjects was thought to be in depressive state 4 weeks after childbirth. In the subjects, point prevalence of depressive state in the early postnatal period was 8.8%. Point prevalence of depressive state in the 4th week of childbirth was 11.1%. Factors relating to the depressive state were rearing attitude of mothers' own mother, experience of delivery and physical problems in infants.
PW 8/10 STUDY OF INFANT TEMPERAMENT RATINGS BY DEPRESSED AND NON-DEPRESSED PRIMIPARAE

Ou Yang Jui Lin, Kuo Sue Tsou, Wei-Tsuen Soong, Wu Hung Luan
Department of Child Psychiatry, Taipei Municipal Women and Children Hospital, Taipei, Taiwan.

The ratings of infant temperament by Infant Temperament Questionnaire, ITQ between depressed and non-depressed primiparae at 6 months postpartum were investigated. 345 primiparae women were assessed on demographic variables, depressive symptomatology and on ratings of ITQ. Center of Epidemiological Studies-Depression Scale (CES-D) were given on three stages: the third day, one-month, six-month after delivery. Infants' temperament were rated at 6-month. Significant difference were found between ratings of depressed and non-depressed mothers on the following 3 dimensions: approach, adaptability and mood. Moreover, the differences were consistent and high over the six months postpartum. The infant's scores on the five dimensions of temperamental difficulty were summed to obtain an overall score of the infant's temperamental difficulty. The mean scores rated by depressed and non-depressed mothers were 16.12 and 15.40 respectively. (p < 0.5) On self statement, 24.1% of depressed and 39.4% of non-depressed mothers reported their infants as easy (p < 0.5). Overall, the proportion of easy: intermediate: difficult infant was 33.5: 57.6: 8.9.

PW 8/11 A TELEPHONE INTERVENTION TO REDUCE DISTRESS IN MOTHERS WITH DIFFICULT INFANTS IN THE COMMUNITY 4–6 MONTHS POSTPARTUM

Authors: Thome, M. & Alder, B. Queen Margaret College, Edinburgh, Scotland.

In a national survey on distressed mothers in Iceland in 1992-93 (N 734) it was found that 14% of mothers suffered from frequent depressive symptoms 2-3 months postpartum (EPDS: Cox, et al 1987) which correlated with parental distress (Abidin, R. 1989), in particular role-distress (r .64). Distressed mothers were divided into two samples by severe and medium level of distress. Those with a medium level of distress entered the intervention study (N 78); half of them received brief, cognitive-behavioral telephone consultations for child difficulty and distress and the other half served as a control group. All mothers entering the intervention study had reported difficult infant behavior at a mean age of 12 weeks. Assignment to intervention or control group was randomly sequential. Intervention started when infants where 4-5 months old and lasted maximally for two months. Results indicate selective beneficial effects for the intervention group with regard to maternal depressive symptoms, fatigue and symptom distress. There was a significant decrease for some maternal distress measures in both groups over time which is interpreted as psychosocial postpartum adaption.

During telephone consultation the following concerns of mothers and infants were discussed: Maternal (fatigue, health problems, role conflict, miscancellable). Infant (sleep problems, crying-fussing, feeding-digestion, health-problems). Causal attributions of these concerns by mothers will be outlined as well as proposed change-strategies. Three case-studies will be presented to show a continuum from improvement to no-improvement in maternal distress measures and to demonstrate this way both relative value and limitations of the telephone-intervention.
Some aspects of therapeutic interventions with mother and babies show characteristics that are typical:

- These treatments can often be brief (less than 12 sessions). Some technical aspects are typical for those brief interventions: the quick definition of a focus, the high level of therapist’s involvement (verbal, affective, cognition, and - even - interactive).
- The infant brings its contributions to the treatment; for example, infant and mother can interact in such a way that a main conflict is enacted by these two partners within the session, allowing the therapist to elaborate possible causes, or maintenance factors of the infant’s symptom.

In this presentation, I will present clinical and research data describing some of the parameters of processes going on during therapy. To illustrate both common features and different techniques, we will use examples of two forms of therapy, one called « Interactional Guidance » and the other being of the psychodynamic variety. Both video and quantitative research data will be used.

SF 14  INTERVENTIONS THAT EFFECT CHANGE IN PSYCHOTHERAPY: A MODEL BASED ON INFANT DEVELOPMENT  

Jeremy Nahum, Group leader* 
N. Bruschweiler-Stern, A. Harrison, K. Lyons-Ruth, A. Morgan, L.W. Sander, 
D.N. Stern**, E.Z. Tronick

This symposium addresses the basic question: what causes change during psychotherapeutic interventions? To answer this question we have reviewed adult and child psychoanalytic case material from the perspective of the change process observed during parent-infant interactions.

Afterall, infancy is the period of the greatest mental change in the lifespan due to interactive input as well as biological. We propose that the reordering of the intersubjective environment within the dyad is the key element for change. We describe in detail the interactive process that brings about a reordering of the intersubjective environment in both normal development and psychotherapy, and propose a descriptive terminology of the steps involved in this process. We suggest a theoretical account of why this is the key mutative element. Examples from psychotherapy and infant development will be provided. Conceptually, we are putting development knowledge to a different use than that traditionally employed. Instead of describing early events or stages that may have later consequences, we are exploring a developmental model of change to inform us about therapeutic interventions.

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SF 15   EARLY THERAPEUTIC INTERVENTION:
CLINICAL AND RESEARCH ISSUES

B. Cramer, C. Robert-Tissot (Geneva), A. Guedeney (Paris), G. Fava Vizziello, L.
Rebecca, V. Calvo, R. Invernizzi (Pise)
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Therapeutic interventions with parents and infants are now used in a great deal of clinical
situations. They have proved to be efficient in many cases. However, many questions
remain difficult to answer. In this symposium, we will try to raise questions about
indication, about processes in good and poor evolutions, and about application of
interventions to certain high risk populations.

1. In this first presentation, A. Guedeney will discuss criteria for positive indication and
for exclusion of brief psychotherapy. He will focus on what occurs during the first two
sessions in several clinical vignettes. (A. Guedeney (Paris) : Clinical applications of B.
Cramer & F. Palacio's indications for brief parent-infant therapy).

2. We will then present various studies of processes, in an attempt to highlight what
promotes positive versus poor evolutions. Particular attention will be paid to patient-
therapist interactions in easy versus difficult cases. (B. Cramer, C. Robert-Tissot
(Geneva): Mother-Infant Psychotherapies : good and difficult cases)

3. We will then turn to a study of intervention with a particular high risk group: premature babies. Various forms of interventions will be discussed, with a particular
attention to parental representations and to attachment. (G. Fava Vizziello, L. Rebecca,
V. Calvo, R. Invernizzi (Pise) : Longitudinal follow-up of premature babies in therapy :
attachment and representations).

SF 16   PUTTING THE TRAIN ON AN OTHER TRACK:
ATTACHMENT-BASED INTERVENTIONS WITH
FIRST-TIME MOTHERS AT RISK

Marian J. Bakermans-Kranenburg*, Martha Farrell Erickson*, Femmie Juffer*,
and Marinus H. van IJzendoorn*

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Children, Youth & Family Consortium, University of Minnesota, St. Paul, USA
Discussant: Peter Fonagy, University College, London

Several studies have shown that insecure attachment in infancy is associated with a higher risk of
malfunctioning in the socio-emotional domain during the preschool years. Thus, intervention studies
aiming at the prevention or correction of insecure attachment have been performed, with diverging
effectiveness (Van IJzendoorn, Juffer, & Duyvesteyn, 1995). Infant-mother attachment has been linked to
maternal sensitivity on the one hand, and to the mother's mental representation of attachment, i.e. her
perception of her attachment biography (Main, Kaplan, & Cassidy, 1985) on the other hand: Insecure
representations of attachment were found to be associated with an insecure infant-parent relationship.

In the first study, mothers with an insecure attachment representation received parenting support including
video-feedback in four sessions with different themes, aiming at enhancing the mothers' sensitivity. These
themes, the role of the intervenor, the motivation of the mothers involved, and the relevance of video-
feedback for this group will be presented.

The second presentation is based on findings from Project STEEP, a broad-band preventive intervention
program for high-risk parents. The development of the STEEP program as well as findings on the effect of
the program on parental attitudes, behavior, and the parent-child relationship will be presented.
Furthermore, the challenges of serving multiple problem families will be discussed, with an emphasis on
relationship issues that complicate this service.

The third presentation brings the two types of insecure attachment representations into the limelight:
-dismissing parents, who idealize their parents or devalue the importance of attachment relationships for
their own lives, and preoccupied parents, who are still involved and preoccupied with their past
relationships. In this study, two types of intervention were applied. In one group, the intervention efforts
were directed at maternal sensitivity by means of written information and video-feedback; in the other
group additional discussions about the mothers' attachment experiences took place in order to affect
the mothers' attachment representations. The differences in the intervention processes with the two attachment
types (dismissing and preoccupied) will be highlighted, and, on the basis of some preliminary results, the
association between type of insecurity of the parent and effectiveness of the intervention will be explored.
SF 17/1  WHEN CHILDREN ARE THE OFFSPRING OF DRUG-ADDICTED PARENTS: PROBLEMS, NEEDS, RESOURCES

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Children born from drug–addicted mothers since the early stages of their development belong to an environment in which they have to cope with the "consequences of exposure to drugs". The drug factor comprising a wide set of affective, relational, social and economical items which characterize their parents' lives.

Such elements reemerge during maternity and may affect the relationship with the child. These considerations made researchers work on the development of those children in the attempt to find and modulate suitable answers to that ever growing phenomenon.

The following works have been carried out with respect to this problem:
1. Battistel N., Stocco P. devised a methodology to tackle the mother–child relationship when the mother is a drug–addict. The session represents both a space for the child to share his/her emotional experience and for the mother to reflect. The aim is to help them find a way to communicate to each other and build a relationship anew. The work has been carried out inside a Residential Therapeutic Community.
2. The work of Fava Vizziiolo G., Capra N., Simonelli A. is a study of the transmission of intergeneration style of attachment and of relational modalities by using AAI for adults and the Strange Situation procedure with children. Attachment is assessed in the grandparents–mothers–children generation lines, along with the evaluation of the child development (Griffith, Check–list) in order to detect elements of continuity, regarding both problems and resources.
3. Cristofalo P., Gavagnin T. present a formal and content analysis of a series of group therapy sessions with a sample of 12 grandparents of children living in the community with their addicted mothers. The main aim is the observation of family relationship, the impact of the therapy and the changes within families with many problems.
4. Lo Rosso A., Querini P., Fiscitello M. inquiry theoretically on drug–addiction as a disturbance of narcissim and of affective life of the individual, capable to affect the child's normal development in the interaction with his/her parent. Therefore the group work with drug–addicted parents aims at elaborating such difficulties in order to help parent build an adequate behaviour with the child. This is made possible by improving his/her skill in dealing with symbolic or identification aspect, which had failed his/her previous developmental age.

SF 17/2  THE RELATIONSHIP BETWEEN THE DRUG-ADDICTED MOTHER AND CHILD: A CLINICAL APPROACH AND RESEARCH PROJECT

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Since October 1995, six drug–addicted mother and their children (aged between 6 months and 3 years) have entered the Therapeutic Residential Community "Villa Aurora" and have been involved in a programme of therapeutic and educational rehabilitation of mothers. The program includes observation of the dyad (Sander 1962) and intervention on the mother–child relationship, and assessment of the attachment (Strange Situation, 1978, Adult Attachment Interview, 1985). The aim of the "Aurora Project" is to give the dyads and integrated intervention in which psychotherapeutic aid on the mother–child relationship is supported by educational –pedagogic counselling in actual everyday life. A residential intervention allows comprehensive and enlarged care of these multi–problem situations. The purpose is to make the most of the patental competence of the mothers and to promote the development of a relationship enabling the separation–individuation process of the child. In our study we will report on the quality of the mother–child relationship observed in the community, and assess the effectiveness of preventive work of guidance in support of the mother–child interaction.

The latter consists of fortnightly 50–minutes sessions of interactive parent–child guidance by a psychotherapist trained in child development; subsequent sessions with the mother are devoted to re–elaborate on the issues raised in the meeting of her child. The sessions are video–taped to perform an analysis of the contents.

The team's efforts are directed towards integrating of the two basic aspect of the project (research data clinical observations) in order to gain a deeper understanding of these unstable situations and to provide appropriate and effective clinical support to the specific requirements of the dyad. Treating drug–addicted women and their children together can give us an opportunity to dispel the myth that women do not care about their own children.
SF 17/3  TRANSGENERATIONAL ATTACHMENT TRANSMISSION: GRANDPARENTS, TOXICOMANIC PARENT AND CHILD

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The present work is based on the theoretical and methodological assumptions of attachment theory (Bowlby, 1969-82, Ainsworth, et al., 1978, Main, George & Kaplan, 1985) according to which it is possible to detect the features of the attachment between a subject and the relevant persons in his/her early years. Such features seem to persist during the child's development and eventually in his/her whole life involving the relationship with his/her own children.

A sample of 30 drug-addicted mothers living in a Therapeutical Community and their mothers have been assessed by means of AAI in order to evaluate the state of the mind of the subjects with respect to attachment, as well as the similarities in their modalities and those of their parents.

A subgroup comprising 6 drug-addicted mothers with children aged 6-36 months have been assessed with respect to attachment by means of the Strange Situation procedure, with a more general observation of the mother-child relationship (Sander, 1962) and of the child's development (Griffith, 1970, Tissot et al., 1984). The work with the latter group aims to evaluate continuity patterns through generations so that the observation in the experimental work may help develop a clinical approach to such cases.

SF 17/4  SUPPORTING IN ORDER TO RE-CREATING: A GROUP FOR GRANDPARENTS

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The therapeutic work on the mother-child relationship carried out with drug-addicted mothers resident in a therapeutical community with their children, convinced us it was necessary to create a support group for the parents of these women: the group of grandparents.

The main motivation for creating such group comes from the fact that grandparents play a parental role towards their grandchild and often they are even legally entrusted with their care, being the real mother absent.

The group was made up of 6 couples of grandparents and involved a series of fortnightly sessions of one hour each. The sessions were recorded and a formal and content analysis was carried out, which allowed us, as therapists/observers:
1) to assess the impact of the residential therapeutic intervention on the mother-child relationship at a the family level;
2) to deepen our understanding of the dynamics belonging to these multi-problem families and of the features of continuity of these patterns through the generations;
3) to give support to the new educational function of the grandparents, who no longer play a merely substitutive parental role to their grandchildren.
SF 17/5  RESEARCH / INTERVENTION AIMED AT PREVENTING PSYCHO PATHOLOGICAL DISORDERS IN CHILDREN OF DRUG-ADDICTED PARENTS

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The aim of our research is to verify the hypothesis that a mental representation of their child is either distorted or absent in drug-addicted parents.

When drug-addicted parents succeed in investing emotionally in their child, we assume that the discrepancy between the mental representation they have of the child and the 'real' child (a discrepancy which is however present in all parents), is more marked than in non-addicted parents.

To achieve the objective of our research we use the 'Group' instrument, with a maximum number of 15 drug-addicted parents. Group therapy shall involve weekly sessions for one year at least. Such instrument will allow the observation, assessment and therapeutic feed-back of the emotional experience and of the mental representation the parents have of their parental role and of their children.

At the same time, an assessment of the child’s development and of the parent-child relationship will be carried out in order to determine any discrepancy between the mental representation parents have of their child and the real situation of the child.

SF 18/1  SCANDINAVIAN MODELS FOR DIFFERENTIATED THERAPEUTIC WORK WITH INFANTS AND THEIR FAMILIES

Within the Scandinavian countries different intervention models have been developed for therapeutic work with infants and their families. The symposium will highlight some therapeutic models and challenges involved in this work. There will be five contributors each one focusing on different aspects of an overall integrated model:

1. **Hanne Munck** (Copenhagen, Denmark) focuses on the special kind of therapeutic neutrality, engagement and flexibility involved in this professional work.

2. **Margareta Kinbom** (Stockholm, Sweden) attends to mothering as a process and how to integrate a maternal perspective in the therapeutic work.

3. **Kirsten Møller-Pedersen** (Oslo, Norway) addresses the specific challenges involved in relational therapy for toddlers with discrete developmental problems.

4. **Bjørg Røed Hansen** (Oslo, Norway) shows a step-by-step model of integrated therapeutic work with a whole family.

5. **Margareta Fagerlund** (Sollentuna, Sweden) presents a highly intensive group model for treatment of disturbed mother-infant relations.
SF 18/2  NEUTRALITY AND INVOLVEMENT IN MOTHER-INFANT THERAPY

Hanne Munck, Associate Professor
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Neutrality in psychotherapy is not a question of non-involvement, but a question of balancing the therapeutic involvement. The mother-infant relation in trouble is a special challenge in therapeutic work. The therapist has to witness pain, ambivalence, loneliness, emptiness, aggression, in both mother and infant. This takes place here and now, right in front of you, and not in a reconstructed way, as in traditional psychotherapy. Furthermore, a small infant has a tremendous impact on adults, including therapists - an impact that hits one in ways that are almost beyond conscious knowledge. Some few years ago we therefore often saw therapists totally ignoring the infant. Now it seems to us, that therapists are in danger of going to the other extreme. The urge to act, to stop the pain, easily overwhelms the therapist, often at the expense of a more balanced and timed approach, which could have brought about permanent changes in the relationship. The paper draws on the experience from our cross-disciplinary therapeutic work with "newborn families" at the Centre for Infants and their Families, University of Copenhagen.

SF 18/3  CONSIDERING PARALLELS: A PERSPECTIVE ON MOTHERING AS PROCESS WITH IMPLICATIONS IN A THERAPEUTIC MOTHER AND BABY UNIT

Margareta Kinbom, Spädbarnsverksamheten, Blackebergsbacken 5, S-161 56 Bromma, Sweden/University of Stockholm; A normative conception of mothering from within a "mother subject" perspective can give us new means to raise our understanding of mother-infant-relationships. Daniel Stern has proposed a "Motherhood Constellation" to bring light to universal and intriguing aspects of mothering that have implications for therapy with mothers and babies. A proposal of plausible and basic ingredients in mothering is put forward, based on a discussion of clinical realities in a mother and baby unit in terms of concepts from Winnicott, Benedek, and Benjamin, and on a phenomenologically inspired analysis of mother-infant-observations. The suggestion of a valued "mother subjectivity" and intentionality on part of the mother is suggested to be at the core of mothering, sustained even in front of adversities or contradicting experiences. Ingredients and basic elements in the "promoting" that emanates from the therapist are suggested to be parallel, and a focus here may bring light to the enigma of the "nonspecific commonalities" of different techniques of therapy mentioned by Stern, that all seem to bring about change in mother-infant-relationships.
APPLICATION OF NEUROPSYCHOLOGICAL THEORY TO A RELATIONAL MOTHER-INFANT TREATMENT IN SMALLER CHILDREN WITH DISCRETE DEVELOPMENTAL PROBLEMS

Møller-Pedersen, Kirsten
Nic Waals Institute, Oslo Norway

In integrating the biological and psychodynamic aspects in the child psychiatric services it is our experience that a systematic analysis of the natural parent-child interaction gives the opportunity to
- a good demonstration of the neuropsychological vulnerabilities of the child
- and the possibilities of how to enhance the development of the child.

This is an alternative to do testing procedures of the toddlers and is a way to get a more differentiated impression of the functioning and behavior of the child.

Using the parent-child interaction as a starting-point of intervention it is possible to work systematically with the possibilities of the child.

What kind of limitations the neuropsychological difficulties give the child, will show in the developmental course and during the treatment process.

A "normally good parental" functioning is often not sufficient when the child has specific needs and it is essential for the parents to recognize the manifestations in the parent-child interaction in order to give the child a good enough upbringing.

It is essential to increase the emotional availability in the families and the Marte Meo therapeutic approach is functional.

THROUGH TEARS TO ATTACHMENT – A CASE STUDY ILLUSTRATING A STEP-BY-STEP FAMILY THERAPY MODEL

Bjørg Røed Hansen, ph.d., ass. prof. and clinical psychologist, Nic Waals Institute, Pb. 143 Tåsen, 0801 Oslo, Norway

This paper presents an integrated step-by-step family approach, where the therapeutic focus moves according to main relational themes and changes in the family system. Relationship as represented as well as the interactional behaviour are sources of information and therapeutically dealt with in sequence. The theoretical background is an integrated model of psychodynamic understanding and attachment theory, coupled with infant research and family system thinking. The therapeutic approach aims at staying close to the narratives of the parents as well as the non-verbal communication and interactional behaviour of the children. The model is demonstrated through a case that has been worked with over a period of two and a half years. This is a family with a mother, a father, a four-year old boy and a baby boy of two months. They were referred to therapy because the four-year one was socially withdrawn and had severe disturbances in development of play and language. The therapy started with "floor time" with the whole family as well as sessions with the parents. The next phase was individual sessions with the four-year old paralleled with sessions with the parents. The following step was bringing the mother into the sessions with the four-year old, followed by also bringing the father in. The "floor time" with the whole family was continued throughout these changing phases, but at a less intensive level. The two final steps were couple therapy with the parents, followed by individual sessions with the mother. An analysis of the process and the different therapeutic steps will be given.
SF 18/6  LOW BUDGET HIGH INTENSIVE GROUP MODEL FOR TREATMENT OF DISTURBED MOTHER-INFANT RELATIONS

Margareta Fagerlund psychologist, Anne Sohlström social worker

Adress: PBU:s konsultverksamhet vid mödra- och barnhälsovården, Turebergsvägen 5, S-19147 Sollentuna, Sweden

Since 1991 we have tried a group model for treatment of disturbed mother-infant relations. The model has worked well when there already is a disturbance in the mother-infant relation as well as when there is a risk of being a disturbance because of anxiety and lack of capacity for mothering. During this period we have had about 50 families in treatment, 4-6 at a time. Most of the babies were less than 3 months when they entered the group and the average time participating has been about 8 months.

We want to describe and discuss an idea of treatment which includes a main focus on using the group. All the mothers and the therapists focus each child in order to help the mothers to “see the real child”. The treatment also includes a group based work with the mothers’ representations of themselves as mothers, their children and their own mothers and fathers etc.

Our experience is that after treatment most of the families find a “good-enough” way of relating. Even in families where the parents need more help in the future at least the child has got a capacity of relating and a good expectation on relations so it can benefit other relations like day-nursing.

SF 19/1  MODES OF THERAPEUTIC INTERVENTION FOR CHILDREN WITH SERIOUS DEVELOPMENTAL DISORDERS  J. Manzano, Geneva, Switzerland

In this Symposium the participants, who are coming from different countries and departments, intend to present recent developments concerning different early modes of intervention for children suffering from serious development disorders. These interventions have in common to take in account the parent-child interaction and to act on this interaction according to each author and it is interesting to confront similarities and differences of these methods: some use the "at home" intervention with intensive mother-child psychotherapy; the others use a Day-Centre with intensive educational therapeutic programs for children conjointly with therapeutic group intervention for the parents concerned with these programs. One should note that these interventions are accompanied with tools and observational scales which measure on their own way the interactions and their evolution. Certain scales study especially the parent representation of the children and the evolution of this representation in a direct manner by questionnaire. Others analyse interviews with the parents.

From these descriptions result new insights about the ongoing process in the early serious developmental disorders.

SF 19/2, SF 19/3 and SF 19/4, see pages 259–260

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THE PLACE OF A GROUP OF THERAPEUTIC OBSERVATION IN THE TREATMENT OF YOUNG CHILDREN SUFFERING FROM SEVERE DEVELOPMENTAL DISTURBANCES

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This "Open" group is destined to five or six children aged from 18 months to 4-5 years, suffering from severe attachment or developmental disturbances (disharmony, retardation, autism, etc...) and take place twice a week. The group consists of a responsible psychologist, a nurse, a training psychiatrist ("interne") and a training psychologist.

The author discusses the articulation between the function of observation and evaluation on the one hand (of interactions between the different partners of the group, the separation of the child from his parents or those who accompany him or her, the child's potential of evolution, the parent's attitude) and the therapeutic function on the other hand (its action as a therapeutic "starter", even the association of this therapeutic place with other similar ones).

THERAPEUTIC GROUP FOR PRE-SCHOOL CHILDREN WITH DEVELOPMENTAL DISORDERS AND THEIR PARENTS

A. FABRIZI, A. PANDOLFO, G. LEVI
Dipartimento di Scienze Neurologiche et Psichiatriche dell'Età Evolutiva, Via dei Sabelli 108, I-00185 Roma, ITALIA

The therapeutic model followed in our Day Hospital is addressed to 2-6 years aged children with developmental disorders and their parents. Small groups composed of 4 or 5 children are put in an intensive care therapy model, four hours daily, for a period of two months. Each group is run by a child psychologist, a language therapist and a kindergarten teacher. Children are allowed to re-enter the therapy program from the normal school yearly. Regular meetings with the children's normal school teachers are scheduled. The intervention with parents is made through the group analysis and elaboration of children parental representation. A systematic analysis (by video-tape) of the child-parents interactions efforts the work with the parents group.

Such a therapeutic model was effective in: a) balancing group psychotherapy, rehabilitation and pedagogical techniques working on the emotional conflicts related to the disadvantaged situation; b) pinpointing therapy on the critical developmental phases, making the most of the existing resources.
WF 18/1 MANAGEMENT OF MENTALLY ILL MOTHERS AND THEIR BABIES: JOINT MOTHER AND BABY HOSPITALISATION IN FRANCE: DIFFERENCES AND SIMILARITIES WITH OTHER COUNTRIES

MICHEL DUGNAT, Faculté de médecine de Marseille, France

Hospitalisation in mother and baby units (MBU) is a fairly recent practice in France that did not begin until the 1980's. This situation is due in part to the fact that the French mental health system is state-run and that the French social aid system for mothers and babies promotes paid foster parenting rather than adoption. About 80% of French MBU's are managed by child psychiatrists and they are considered as experimental by the French Health Ministry. They do not perform research and are smaller than British MBU's. A European study would be useful to compare French and European facilities for management of mentally ill mothers and their babies.

WF 18/2 MANAGEMENT OF MENTALLY ILL MOTHERS AND THEIR BABIES: TWO CONTRASTING MODELS OF WORKING WITH MENTALLY ILL MOTHERS AND THEIR BABIES

CATHERINE GASKELL, Mother and Baby Unit, Bethlehem Royal Hospital, UK

The mother and baby unit at the Bethlehem Royal Hospital takes about 50 admissions each year. Most of the mothers are admitted because they have developed acute postpartum psychotic illnesses; a smaller proportion have severe non-psychotic conditions and some have chronic disorders such as schizophrenia and thus there are grave concerns about their ability safely to parent the new baby. Therefore, in the majority of cases, the philosophy of the unit is to treat and rehabilitate the severely ill mother, to sustain and facilitate her relationship with her young infant and to work with her and members of her family in order to ensure a secure return home. At the same time staff may be engaged in assessing a single mother's competence, motivation and safety as a parent and may have to counsel and support her if it seems likely that the recommendation will be that the mother will not be the primary carer. Case histories will be described which illustrate the work of the clinical team and which raise issues for discussion at the workshop.
WF 18/3 MANAGEMENT OF MENTALLY ILL MOTHERS AND THEIR BABIES: USING OF A CLINICAL RATING SCALE TO ASSESS MOTHER-INFANT INTERACTION

ALISON HIPWELL* and R KUMAR†

*Winnicott Research Unit, University of Cambridge UK
† Institute of Psychiatry, London UK

Expert opinions are often requested about the motivation and competence of severely mentally ill mothers to be consistent, adequate and safe carers of their young infants. There are, to our knowledge, no reliable methods for assessing the mother-infant relationship and interaction in a psychiatric context. We shall describe the development of a rating scale that is used by nurses and other professionals, which attempts to operationalise observations that are made in the day-to-day clinical care of mentally ill mothers and their infants.

WF 19 DIAGNOSING & TREATING SLEEP DISORDERS IN INFANTS AND TODDLERS

Klaus Minde, M.D. and Dieter Wolke, Ph.D.
Department of Psychiatry, Montreal Children’s Hospital,
4018, Ste.Catherine St. West, Montreal H3Z 1P2 CANADA

Sleep problems are commonly seen in children attending child psychiatric clinics. They can be the primary reason for referral, especially in the case of young children, or present as an important symptom of other psychiatric disorders in older youngsters.

In the present workshop, the authors will provide the participants with:

a) A description of normal sleep behavior from infancy through adolescence.

b) A reliable and valid method to assess sleep difficulties within the context of the family. Special emphasis will be placed on differentiating difficulties infants have in settling from those of repeated night wakenings and the contribution of dynamic and biological factors to sleep problems.

c) A classification system of sleep disorders and their respective etiologies. This will include Disorders of Initiating or Maintaining Sleep (DIMS); Disorders of Excessive Sleep (DOES); parasomnias; and sleep-wake schedule disorders.

d) Treatment strategies for specific sleep disorders which have been empirically validated.

There will be case vignettes and the participants will be encouraged to present their own cases for discussion.
WF 20  DIAGNOSTIC ASSESSMENT OF FEEDING DISORDERS

Irene Chatoor, M.D. (USA) and Diane Benoit, M.D. (Canada)
Children's National Medical Center
111 Michigan Avenue, N.W. Washington, D.C. 20010, USA

This workshop will focus on a few diagnostic instruments which have been developed by Drs. Benoit and Chatoor to assess dysfunctional feeding behaviors in infants and their caretakers. Dr. Benoit will present the Infant Feeding Behaviors - Rater checklist (IFB-R). Dr. Chatoor will discuss a Feeding Scale and a Feeding Defensive Scale.

Infant Feeding Behaviors - Rater checklist (IFB-R) is a 30-item instrument which was designed specifically to identify "maladaptive" feeding behaviors (any mealtime behavior that interferes with oral intake). The infant's feeding behaviors are rated on two dimensions: the number of times and the percentage of time the behaviors occurs.

The Feeding Scale is a global rating scale standardized for the observation of mother-infant interactions during 20 minutes of feeding in a laboratory setting. The scale has a total of 46 mother and infant behaviors which are Likert rated along a four point continuum at the end of the feeding session and yield five subscale scores: Dyadic Reciprocity, Dyadic Conflict, Struggle for Control, Bargaining about Food, and Maternal Non-Contingency. Its reliability and validity were assessed through a number of studies.

The Feeding Defensiveness Scale is a newly developed unpublished instrument designed to differentiate food refusal stemming from fear to eat and swallow, from food refusal stemming from conflicts over issues of control in the mother-infant relationship. The scale has 17 behavioral items which are grouped into three subscales: a) Preoral Behavior I, b) Preoral Behavior II, c) Intraoral Behavior.

WF 21/1  FRAIBERG IN PARIS

A.Guedeney, M.D. N. Guedeney, M.D. I. Béguier, D. Blin, M. Moralès-Huet, , L.Renard , M J. Soubieux,

Guidance infantile, Institut de Puériculture de Paris , 26 BD Brune , 75014 Paris , France

This workshop in english will present our use of the Selma Fraiberg theoretical and practical guidelines for psychoanalytically informed work with parents and infants. The historical background of this choice, will be given along with a brief presentation of the french mental health system for infants. The differentes main key-words of the Selma Fraiberg concepts will be discussed, along with their practical applications: Setting, Therapeutic alliance, Assessment, Developmental Guidance, Focalisation, Transference and counter-transference.

The discussion, chaired by Steven Seligman, will allow participants to bring their experience about the application of Selma Fraiberg's model.
WF 21/2 SEARCHING FOR THE PLEASURES OF RELATIONSHIP: A CLINICAL CASE

Deborah J. Weatherston, MA Merrill-Palmer Institute, Wayne State University, 71-A E. Ferry, Detroit, Michigan 48202

The offer to help an overburdened mother, a frightened father and their tiny infant came "in the nick of time." The mother, newly married, unprepared for the care of a baby and overwhelmed, expressed worry that she might hurt her child. The father, although anxious about his wife and baby, offered them little support. The baby, 4 months old at the time of referral, was described by her mother as "irritable, difficult to feed, and failing to gain." The infant mental health specialist offered a service known to many as "kitchen table therapy" (Fraiberg, 1980). She visited parents and infant together, in the intimacy of their home, organizing the weekly intervention around the needs for developmental guidance, concrete services and emotional support, as well as infant-parent psychotherapy. The presenter will discuss her efforts to reduce the high risk of developmental failures through intensive, relationship-focused support. Within the context of a helping relationship with the infant mental health specialist, parents and infant grew in their understanding of the baby, their caregiving capacities and the importance of relationship.

This teach-in will offer opportunities to discuss techniques of "kitchen table therapy," to examine the role of the "infant" in infant mental health cases, to consider the clinician's response to relationship-focused work and to think about outcomes after one year of work.

WF 22 PREGNANT WOMEN, NEW MOTHERS AND SUBSTANCE ABUSE: THE EFFECT ON EARLY MOTHER-INFANT INTERACTION AND THE NEED FOR EARLY IDENTIFICATION

Pajulo M*, Savonlahti E, Piazza N, Piha J
*Child Psychiatry Clinic, University of Turku, Finland

Maternal substance abuse has probably a considerable negative effect on early mother-infant interaction. This endangers the psychosocial development of the child. Many factors seem to complicate the start of these mothers with their infants: lack of preparation for motherhood, somatic problems, the child's irritability, fear of losing custody of the child, and norm pressure. Consequently, it is important to identify the mother's problem as early as possible. Substance abusing mothers have traditionally been difficult to identify because of their high motivation to be defensive about their problem. Also the existing methods are not efficient enough for identification. There is little actual knowledge regarding the effects of alcohol or drug abuse on mother-infant interaction. One aim of this study is to validate a new screening instrument (the Substance Abuse Suble Screening Inventory, SASSI) in Finland for use in identifying pregnant women with alcohol or other drug problems. A second goal is to explore the quality of the early relationship between these mothers and their infants. This will be studied using the Early Relational Assessment Method (ERA) and based on Daniel Stern's theory of early child development. Information gained by this evaluation will make it possible to design clinical interventions to improve the quality of the interaction and to promote the well-being of both the mother and the child.

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WF 23/1  FAMILY INPATIENT WARD FOR INFANTS AND THEIR FAMILIES

Kaukonen, P., Korkeaaja, P., Pukuri, T., Penninkilampi, M., Tamminen, T.
Tampere University Hospital, Department of Child Psychiatry

The motivation for opening the new child psychiatric dayward for infants, small children and their families came from several sources. First, the new theories formulated by Daniel Stern and Robert Emde stressed that the individual development of a child is greatly affected by the early relationship between the child and his/her caretakers. Attachment studies have convincingly shown that the mode of attachment between a child and the caretaker determines the child's behaviour in his/her early years, and even later in life. The mode of attachment also seems to be transferred from one generation to the next. Secondly, there were the hypotheses that early, relatively short interventions might prevent later psychopathology in children by changing the relationship pattern. Published therapy case studies that focus on the child-caretaker relationship have been encouraging.

The dayward with capacity for eight children, or two families, was opened in December 1993. The staff consists of two child psychiatrists, a psychologist and six nurses with child psychiatric or adult psychiatric expertise. Additional members of the team are a social worker and a rehabilitation supervisor. Two family therapists work in close contact with the team, providing both consultation and brief family therapeutic interventions.

The family ward treatment model focuses on assessing and treating problems in interactions between children and parents in the systemic context of family relationships. Clinical work is based on an integrative model where infant psychiatric, psychodynamic and family therapeutic theories are used together in defining the problems and strengths of the family, and in choosing the best intervention techniques.

The short-term outcome of work done with families has been encouraging. This family treatment model and brief descriptions of the nursing and family therapeutic work will be the focus of the presentation.

WF 23/2  DAY TREATMENT FOR INFANT AND MOTHER FOCUS: EARLY FEEDING DISTURBANCES

S.J. De Raeymaecker-Verheem*, M. Reusens, B. van Eerd, D. De Raeymaecker

* RNO - BABYLON: Day treatment unit for infant and mother; K.P. van der Mandelelaan 10, Rotterdam, The Netherlands.

The focus of our presentation is interdisciplinary: different facets of early feeding disorder will be elucidated by mother - infant therapist, child psychiatrist and developmental psychologist, working closely together.

Population: all mother - infant couples, admitted to our unit for early eating and feeding difficulties will be presented.

The type of feeding disorder will be specified according to the model of Irene Chattoor; the "Diagnostic Classification 0-3" will also be applied.

Intervention and Discussion: A detailed exposition of our interventions will be the central theme of our presentation and therapeutic evaluation. Different theoretical visions will be briefly reviewed to illuminate the importance of the "early feeding transaction" between infant and mother.
WF 24/1  IMPLANTATION OF AN EARLY INTERVENTION PROGRAM IN THE NORTHEAST OF BRAZIL

Adresse: Rua Desemb. Martins Pereira, n° 204, Recife, Brazil-CEP 52050-220

The idea of an early intervention program for children in risk of psychic suffering has first started in September 1993 in the public sector of the northeast Brazil. Psychoanalysts of the Infantile Psychopedagogic Medical Centre, created on August 1991, observed that the treatment with autists and psychotics children has given better results the earliest it starts. It was also considered that, many times, the families who search for an early help didn't quite succeed on this experience because of the lack of information and adequate capacity of the professionals involved.

We've decided then to organize a program of formation in this field. At first, we've selected 06 (six) maternities and paediatrics centres of reference which has shown a persistent interesst in this area. It was created then the Paediatric and Psychoanalysis Group.

As a result of this activity, many programs of early intervention were developed in these institutions with assistance of families in risky positions. Five different publications describes part of this experience.

The authors describes in this publication the general ideas of this Program of early intervention considering each part of the institutions involved and presenting as well some obsevation that can already be discussed. For more specific results it's necessary later evaluations.

WF 24/2  EARLY INTERVENTION FOR CHILDREN AT RISK FROM PSYCHOLOGICAL SUFFERING: THE DYNAMICS AND DETAILS OF MULTIDISCIPLINARY AND INTERESTABLISHMENT GROUPS

Maria do Socorro B. Amorim, J.R.A. Correia, M. Allain, T.C.N. Queiroz, M.E.W.R. Queiroz

The Early Intervention Programme for children at risk from Psychic suffering began in December 1993 with the Psychoanalysis and Paediatric Group.

Once the objectives and strategy were defined the members of this group then concentrated on coodernating sub-groups in various different public institutions in the region. Six institutions are part of this Programme promoting text readings, case discussions, interviewing mothers and babies and reflecting on their work within the multidisciplinary and interestablishment teams.

In this article we describe in detail how the process works between the psychoanalyst and teams dealing with babies as well as the dynamics of each group and showing the peculiarities and common points.

We conclude that these sub-groups constitute an important means of institutional support for the development of the Programme and that the guarantee of continuity for these groups appears to be related to the fact that their coordination is not directly envolved with the day to day working of the institution. The Psychoanalysis and Paediatric Group continues to have the function of centralising the planning and control of the Programme's activities.
WF 25 EFFECTIVE ASSESSMENT OF PROBLEM BEHAVIOR: OBSERVATION OF TODDLERS AND PARENTS
Martha Julia Sellers, Child Study Department, Tufts University, Medford, MA 02155–5583 USA

An observational procedure for assessing toddlers’ problem behavior and parents’ interaction provides an effective basis for intervention. Observation takes place in a controlled setting during a problem-solving task designed to elicit certain behavior requiring self-regulation. Three types of behavior are distinguished: avoidance, frustration and hostility. Parental interaction during the same task is categorized for mothers and fathers separately as effective and ineffective according to its impact on self-regulation. Whether interaction reduces or aggravates problem behavior depends especially on the degree of match in their styles between parent and child and the consistency of interaction.

In contrast to interview-derived assessment of problem behavior, the observational procedure makes it possible to discriminate between perceived behavior and actual behavior. Sessions are videotaped so that behavior can be examined in detail. Children’s problem behavior is assessed in association with parental interaction. Videotapes also serve for pointing out to parents how their interaction is related to the child’s behavior.

WF 26 PRACTICAL APPROACH OF MOTHER-CHILD JOINT HOSPITALIZATION: BENEFITS AND RISKS FOR THE INFANT

Sylvie NEZELOF, Nathalie GANDELET, Paul BIZOUARD - Service de Psychiatrie et Psychologie Médicale, C.H.U. Saint-Jacques, F-25030 Besançon Cedex

For five years, in our Service, the collaboration between children psychiatrists and adults psychiatrists allows the hospitalization of a mother with her infant. This hospitalization is organised in the adult psychiatric department of the regional hospital where we are used to collaborate with pediatric and obstetric departments.

The baby who is registred as an accompanying person may be housed in the mother’s bedroom, or in another room in the same service, or in the Pediatric service, according to mother’s mental state. Mother-Infant relationships can then be supported by the medical team and nurses.

Joint hospitalization allows to take time to evaluate in a securizing environment the quality of mother-infant interactions and their evolution compared to the evolution of mother mental state (who may suffer from chronic psychosis, depression, toxicomania or post partum pathology). In this context, the infant behaviour and his psycho affective abilities with his mother and with nurses are attentively studied throughout the day.

It is one of the decisive factors in addition to the mother mental state and environmental quality, to decide whether we live mother and her baby together or whether we organise and cope a therapeutic family placement. In these joint hospitalizations it is important to identify signs of infant’s distress and to define limits bearable for the baby.
VF 9  THE DIALOGUE OF LOVE THAT BECOMES THE POWER OF DIALOGUE. Two videofilms.

Monica Hedenbro
Metodutveckling i familjearbete, Jordansv. 3 161 53 Bromma, Sweden

The Dialogue of Love is a film that shows the interaction between newborn babies and their parents. Recent research in infant behaviour shows that immediately after birth babies want to communicate with their parents and are able to do so with great subtlety. In interacting with infants, parents not only show their love of the child but also encourage further development. This film is used in groups of parents-to-be in Sweden to show what small babies are capable of and how parents can simply and naturally support development and encourage their children in everyday situations.

The Power of Dialogue shows the communication, with children between 10 months to almost two years, in daily life. The film focuses on how the communication from early infancy continues when the child grows and how the child is more capable to use the dialogue. It also will give some guidelines in what main principles parents use in their natural strength to help the child grow. This film is used in parents groups within the child and health care system in Sweden.

VF 10  USE OF THE VIDEofilMS »THE DIALOGUE OF LOVE» AND »THE POWER OF DIALOGUE» AS A TOOL IN PREVENTION

Monica Hedenbro
Metodutveckling i familjearbete, Jordansv. 3, S-161 53 Bromma, Sweden

These two films are focusing on natural supportive communication with infants and young children in daily life moments. In Sweden there has for long been a focus on prevention and support to becoming parents. The experience shows that parents already before the child is born wants to focus on the baby and the family relations. These films has become a tool for the nurses, who are in charge of parents in groups, to focus on this very important topic. With the help of the pictures parents get concrete information about children. It gives a possibility to observe the short moments of interactions in daily life, the moments in which the child gets the natural support for development and growth. By focusing on the child in the filmpictures, the signals and needs the child gives in the interaction become more clear so we can help parents to see them and look for them on their own child. And most of all it shows the pleasure which is the natural key for interaction.

In this teach-in I will give a guide-line and a theoretical framework for principles in communication to focus on. I will also talk about the experiences in which contexts it most favourable can be used. An evaluation of both parents and professionals experiences will be presented.
VF 11  EVERYDAY-LIFE IN RESIDENTIAL CARE FOR MOTHERS AND BABIES IN 1948

Hannele Törrönen, Psychologist

Federation of Mother and Child Homes and Shelters
Museokatu 24 A, 00100 Helsinki, Finland

The Federation of Mother and Child Homes and Shelters was founded in Finland 1945. The first home for mothers and babies started 1942 in Helsinki. The struggle of the rights of the mothers who were not married was hard and long. These mothers were despised and excluded. We have a film (8 min) which was made in 1948 about the everyday-life in one of those homes. It is a story of a lonely pregnant mother who is desperate and has even suicidal thoughts. Luckily she finds this community and gets supports during pregnancy and after childbirth. Reasons why mother comes to our mother-baby homes are nowadays quite different. These mothers have serious problems in their lives. What is striking is that our ideology is very much the same as it is shown in this film: mothers at risk should not be left alone, mothers and babies need security. They should not be separated, they need a place where they can learn to know each other. Mothers need "mothering" and help in the everyday-life.

VF 12  GETTING THROUGH THE DAY: A SURVIVAL GUIDE FOR PARENTS

(30 minute video and booklet)

Authors:  Christine Puckering, University of Glasgow
          Maggie Mills, Bloomfield Centre, Guy’s Hospital

Self help for parents with young children, derived from the Mellow Parenting intervention, and supported by Carlton TV.
SF 20/1  SCANDINAVIAN MODELS FOR EARLY PREVENTION WITHIN THE GENERAL HEALTH CARE SYSTEM

A. Arnesen (Oslo, Norway), F. Heian (Molde, Norway), K. Puura (Tampere, Finland), H. Munck (Copenhagen, Denmark), P. Risholm Mothander (PBU:s Psykologverksamhet vid MHV/BHV, Stockholm County Council, St Göransgatan 106, 112 45 Stockholm, Sweden).

This symposium is linked to two other symposia presented by The Nordic Association for Infant Mental Health, one dealing with preventive work with infants at risk and the other with specific types of parent-infant psychotherapy. In this symposium five infant specialists of four different Nordic countries will present programmes for preventive work, parental guidance, developmental support and parent-infant psychotherapy within the Child Health Centers representing normal base-line institutions reaching all families with infants and toddlers.

Anne Arnesen will present The Parent Support Programme, a national programme for parent counselling in Norway. This programme aims at promoting mental health of children through parental guidance. Frode Heian will present The Child Health Clinic as a base for Promoting Parental Ability, a population strategy focusing on how the qualitative aspects of parenthood i.e. parents self confidence, ability and coping with the parental role can be supported. Kaija Puura will present Child Psychiatric Consultation in Well-Baby Clinics. In this program the aim has been to offer psychiatric consultation to medical staff and at the same time give training in child psychiatry to medical students. Hanne Munck will present The Primary Prophylactic Approach in Denmark describing the development of the professional support offered to all families from pregnancy through infancy and discuss risk-group thinking in the light of a general prophylactic approach. Finally Pia Risholm Mothander will present psychotherapeutic work within the maternity and child health centers addressing some specific issues concerning the nature of psychotherapeutic work in a normal environment during the infancy period.

SF 20/2  THE PARENT SUPPORT PROGRAMME, A NATIONAL PROGRAMME FOR PARENT COUNCILLING IN NORWAY  Anne Arnesen

In Norway a national programme to support parents in raising their children is launched as a joint effort involving three Ministries; the Ministry of Children and Family Affairs, the Ministry of Health and Social Affairs and the Ministry of Church, Education and Science Affairs. The main objective of the programme is to promote the mental health of children through supporting and guiding the parents. The programme will reach out to all parents in the community. The programme is called for to meet a new set of problems caused by changes in family structure and life styles. The programme will be closely linked to the life events of the family and is designed to meet the parents need for support in every stage of development. The Ministry has engaged researchers to conduct a survey to determine their need for information and guidance.

Guidance and support for parents is traditionally provided through the local health centers for children, the Municipal Child Health Centers, open to all children from birth to the age of seven. The objective of the activities of the health centers is to prevent disease and injuries among children and promote their physical, mental and social health. The health centers are easily accessible for all families, and their programmes are utilized by almost 100 per cent of those eligible. The health centers for children is the primary setting in which the programme will be implemented. Kindergartens and schools will also be part of the programme. This calls for a closely knit network among personell employed by the municipalities.

Within the programme, a special effort is made to involve fathers in the daily caregiving of their children. The main objective of focusing on the fathers role in parenting, is to encourage him to give priority to his children and involve himself in their caregiving. Group sessions will be organized for expectant and new fathers where the specific role of the father and his impact on his child will be the main issue. A point will be made to involve the fathers themselves in organizing and leading the group sessions.

The health and social authorities of the municipalities will organize the parent counselling and support programme in the communities. This implies a strengthening of the services given at the Municipal Child Health Centers and an emphasis placed on team work involving personell from different areas of health and social services. The County Governor will organize educational programmes to train public health nurses, social workers, primary school teachers and other personell in parent support skills. The Ministry of Children and Family Affairs will jointly organize the development and the distribution of educational material such as videotapes, handbooks and manuals for personell and publications for parents on child development and parenting skills.
CHILD PSYCHIATRIC CONSULTATION IN WELL-BABY CLINICS

Kaija Puura, M.D., Tampere University Hospital, Department of Child Psychiatry, P.o. Box 2000, FIN-33101 Tampere

In Tampere child psychiatric consultation project for well-baby clinics was started in autumn 1989 with the co-operation of the Medical Faculty of Tampere University, the Child Psychiatric Clinic of Tampere University Hospital and the city of Tampere. The project had a twofold purpose: 1) to provide child psychiatric consultation directly to the nurses and doctors working in the well baby clinics and 2) to teach medical students on to recognize and treat child psychiatric and social problems in the primary health care system through a real consultation situation.

The child psychiatrist came to the well baby clinic and the nurse or the doctor presented the problematic cases they wanted consultation on. The students were present in the consultation session and the cases were discussed among all the participants. The consultant child psychiatrist made the final suggestions on how to proceed with the case. The most common problems presented were restlessness and aggressive behaviour in children. Of family problems most common were marital conflicts, divorce and problems in parenting. The suggested procedures included providing support for the parents by the staff in the well baby clinic in 33% of the cases. In 28% of the cases a referral to a child psychiatric clinic or family center was suggested. Child protection was suggested in 18% of the consultation cases. The primary health care workers in the well-baby clinics saw the need for child psychiatric consultation on regular basis and also felt that they had been helped in their work by the consultations. After the encouraging results from the first year the project has now been running without cessation for six years.

THE PRIMARY PROPHYLACTIC APPROACH IN DENMARK

Hanne Munck, associate professor, Centre for Infants and their Families, University of Copenhagen, Njalsgade 90, DK-2300 Copenhagen S, Denmark and Svend Aage Madsen, Ph.D. Head of The Psychosocial Unit, The Juliane Marie Centre, Rigshospitalet

This paper presents the state of the art in the prophylactic areas in Denmark today, describing which offers are given to all Danish families from pregnancy through infancy. The paper then presents in more detail the content of the professional work, and in doing this draws lines through the development during the last 20 years. This deals with the growing knowledge on motherhood and fatherhood as a developmental phase, on sensitivity and vulnerability, on the newborn infant as a whole human being capable of social interaction, on the parent-infant relationship as a process of mutual development. This knowledge has influenced attitudes and practice in many ways. The paper claims that the most influential processes take place in the primary prophylactic work that reaches all families. At the same time this area attracts considerably less attention than the more recently established treatment interventions. The paper also discusses problems related to looking for risk-groups in a community where the prophylactic work is global. Examples are drawn from new research in prophylactic work especially from the health-nurse system. This deals with the number of families who need more visits than the norm and/or more specialized help, which problems the families experience, characteristics of families that need more help, socioeconomic background, social network, etc.
SF 20/5  PSYCHOTHERAPEUTIC WORK WITHIN THE MATERNITY AND CHILD HEALTH CENTERS

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By international standards mothers and infants are well taken care of in Sweden. Preventive care is offered to pregnant women in the maternity health centers and to children under school age in the children's health centers. In addition to the medical preventive care, both maternity and children's health centers (MCH) can offer contact with specialists in parental and child psychology free of charge. Clinical psychologists from the child-psychiatric out-patient care have since long been working as consultants to the MCH centers in Stockholm. The objectives have firstly been to transfer knowledge of the impact of psychological factors on child development and secondly to offer psychological treatment within the framework of a primary health care setting i.e. a normal base-line institution open to everybody. The demand for early therapeutical interventions has grown rapidly during later years. The psychotherapeutic work in the MCH centers has been shaped by the setting and differs from other forms of psychotherapeutic work. Parent-infant psychotherapy in the MCH centers can be conceptualized as psychotherapy within the "Motherhood constellation" framework as described by Stern. The positive working alliance is a prerequisite for treatment. Many parents experience the contact with the MCH-psychologist as their first contact with psychological treatment ever. Parents do seldom identify themselves as patients or as having any psychiatric problems. They have a problem with their infant and they need help. At times the difference between consultations and brief psychotherapy is hard to tell. Sessions can be few but if a positive relationship is established parents tend to return for contacts later during the infant years. This paper will describe problem-areas and give illustrations of different types of parent-infant contacts.

SF 21  REACHING THE UNREACHABLE FAMILY: THREE APPROACHES ON THREE CONTINENTS

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Of great concern for infant mental health clinicians is the large numbers of families with young infants, who because of social disadvantages associated with ethnic minority status, immigration, multi-generational impoverishment, or other problems, are difficult to reach using traditional approaches. This symposium includes descriptions of 3 different programs in 3 different countries on 3 different continents which are attempting to reach these families.

Dr. Guedeney describes a program in Paris that has adapted the approaches outlined by Selma Fraiberg and her colleagues to the problem of hard to reach families, including cultural issues involved in the adaptation. Dr. Celia describes a program he directs in Porto Alegre which provides a comprehensive, community-wide intervention for severely impoverished families, with particular attention to the problems of mothers and infants. Dr. Zeana describes a comprehensive program for abused and neglected infants in New Orleans, including intensive clinician involvement in social service and legal systems.

Presenters describe the theoretical, legal, and clinical contexts of their work. Common issues include building a therapeutic alliance with disadvantaged families, overcoming practical obstacles to providing intervention, countertransference among professional staff members, and maintaining a clinical focus in large systems. Differences in the three settings and approaches are also considered.
SF 22/1  INTERVENTION WITH FAMILIES WHERE THE PARENT(S) HAVE A PSYCHIATRIC DIAGNOSIS AND AN INFANT 0–3 YEARS: IMPLEMENTATION AND EVALUATION


Families where the parent has a psychiatric disorder are identified as high risk in terms of the parent's welfare as well as the protection of their infants. These parents love their infants and want the best for them, but may find it difficult to balance the demands of parenting with the impact that their illness has on them.

Single (1993) reported problems with personality development of children of mentally ill parents as a consequence of dysfunctional parenting, typified as "failures in attachment and in the ability to be attuned to and respond appropriately to the baby". Whereas Goodman (19.) has noted that parenting by parents with a diagnosis was complicated by the symptoms and the impact of the diagnosis in other ways. Increased risk included; "child abuse and neglect, inconsistent responding, frequent separations and crises, exposure to illogical thinking poverty and economic instability" (p.671).

In Sydney Australia, the Families Together Programme has been established to reduce the negative effects to the infant of parental psychiatric disorder by supporting parents in a variety of ways. The programme is conceived as part of a collaborative, multidisciplinary approach providing a therapeutic safety net for families where one of the parents has a chronic, long-standing condition. The programme advocates for the infant both within and outside the family. It intervenes antenatally, or as soon as possible postnatally, to stabilise the family and help parents focus on and meet their child's needs. It monitors, not only the child's development and safety, but also, with the local Mental Health Team or Psychiatrist involved on the case, the parent's psychiatric condition. Thus the child's needs do not get lost in the maze of adult services.

Families Together grew out of the Benevolent Society's Early Intervention Programme where it was realised that in families where a parent has a long term psychiatric disorder, a specialised response is required, particularly around the stressful life stages of pregnancy, birth and early parenting. The programme is home based and workers visit at least once a week, and more frequently in times of crisis.

It is a two year pilot programme with evaluation being a condition of funding. This workshop will describe: (1) how the programme works to lessen the impact of the parent's disorder on the infant's development; and (2) the evaluation process and results.

SF 22/2  DEVELOPMENTAL PSYCHOPATHOLOGY IN AN INFANT FROM BIRTH TO THE AGE OF THREE DUE TO MOTHERS MENTAL ILLNESS

I: Presentation of the case history and the supportive psychotherapy of mother and child

Marie Gammeltoft, psychologist, and Lene Lier, childpsychiatrist.

Child and adolescentpsychiatric department, Infantpsychiatric unit, Bispebjerg Hospital, Dk 2400, Copenhagen, Denmark.

Third born child to a mother with a record of mental instability: deprived childhood, sexual abuse and as an adult fobic anxiety. A 14 year old son arrested for armed robbery, a 10 year old son diagnosed as a borderline personality. All three children have different african fathers. The mother has been seen by infantpsychiatric team from pregnancy till the infant is 3 years old. Supportive mother-infant therapy, individual psychotherapy for mother and participation in a mother-infant group were conducted. The development of the infant was followed up at the clinic, at the daycare center and at home. At the age of three the child had developed emotional and social disturbances.

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SF 22/3 DEVELOPMENTAL PSYCHOPATHOLOGY IN AN INFANT FROM BIRTH TO THE AGE OF THREE DUE TO MOTHERS MENTAL ILLNESS II: Psychoanalytic interpretation of the mother’s and the child’s inner world

Charlotte Benér, psychologist, childpsychotherapist, Ann-Kristin Persson, psychologist, childpsychotherapist.
Infantpsychiatric team, BUM Lasarettet, S 261 24 Landskrona, Sweden.

The same case has been reviewed and analysed by independent childpsychotherapists.
The lack of availability and inappropriate interpretation of the child’s emotional needs will be demonstrated through short video-sequences.
Theoretical aspects of the mother’s lack of empathy and the consequences for the child will be presented and therapeutic approaches will be discussed.

SF 22/4 SCHIZOPHRENIC MOTHERS AND THEIR INFANTS. COGNITIVE THERAPY USED IN MOTHER-INFANT RELATIONSHIP DISTURBANCES

Mala Mosczkowicz, childpsychiatrist, child- and adolescentpsychiatric department, infantpsychiatric unit, Bispebjerg hospital, DK-2400 NV, Copenhagen.

Schizophrenic mothers show great difficulties in "good enough" care for their infants. Due to disturbances in basic cognitive functions, the schizophrenic mother lacks stability in her daily plans and her social being with her child. Cognitive therapy has been conducted in mother-infant relationship treatment, comprising individual therapy with mother, psychoeducation and social skills training in the mother-infant relation.
Mother-infant interaction will be illustrated by short videoexamples and the therapeutic approach discussed.
SF 23/1 GROWING PAINS: THEORY AND PRACTICE OF EARLY PARENTING INTERVENTION

Authors: Christine Puckering, University of Glasgow
Maggie Mills, Bloomfield Centre, Guy’s Hospital
Dilys Daws, Tavistock Clinic
Dr Margareta Berg Brodén, Vittoria Garden, Malmo
Professor Antony Cox, Bloomfield Centre, Guy’s Hospital

The symposium will discuss approaches to working in the relationship between parent and child. The point of joining together with contributors from different countries is to compare and contrast models of intervention which are all theory-based and are all being well researched.

There has been an explosion of interest in parenting and it is valuable for disparate groups to share and speculate on common and contrasting features of their interventions. This group will encompass applied psychodynamic approaches, extensive use of home video and strategic management techniques.

SF 23/2 MELLOW PARENTING: TREATMENT AND EVALUATION USING A BRIEF, INTENSIVE GROUP PREVENTION PROJECT FOR FAMILIES WHERE PARENTING IS A GRAVE CONCERN

Authors: Christine Puckering and Maggie Mills (Guy’s Hospital Child Psychiatric Day Unit, London)

A new preventive approach will be introduced which focusses on parental functions and parent/child interaction using family videotapes at home together with therapeutic parenting groups and ‘hands-on’ experience facilitating the growth of a positive relationship between parent and child. The presentation draws on 5-years’ clinical experience with this approach emphasising the essential ingredients of a treatment programme aimed at preventing parenting breakdown which is likely to lead to abuse. The Mellow Parenting programme is being run in family centres and community-based projects in Britain in both the NHS and voluntary sectors and preliminary findings from an extensive research evaluation of the programme financially supported by the British Department of Health will also be presented. The approach is currently being tried in Israel, Sweden and Germany.

Parenting is not simply an aggregate of skills, though some skills can be learnt but the development of a unique relationship between two individuals from different generations. There is no one way to parent a child in Europe today; it is a complex and demanding task and a multi-dimensional one for which there are no qualifications, no training, no support and maximum opprobrium when, often in a context of demoralisation and deprivation, the parenting relationship starts to break down. Then prevention becomes desirable but is difficult to implement successfully with disengaged families or target appropriately.
REPAIRING AND REBUILDING EARLY PARENTING

Margareta Berg Brodén PhD Clinical Psychologist
Bim Riddersporre Clinical Psychologist, Speech Pathologist
Barn- och ungdomspsykiatriska kliniken, Malmö Akademiska Sjukhus, S-20502
Malmö, Sweden

At Viktoriagarden, a center for infant psychiatry in Sweden, we have built strategies for changing parental behaviour on two main lines, inspired by the works of Stern: working with the dyad in a social interaction in everyday situations, and enhancing the process of internalisation of the real child in the parent. During the first year, parenting is to a large extent intuitive and innate. Our treatment model reflects this fact, and an important part of the work takes place in a nonverbal area. As the child moves into phases of separation, and individuation issues of parenting changes. Interaction now includes a symbolic level, which is a prerequisite for language acquisition. The verbal relating between parent and child is matched by the verbal sharing and reflecting with the therapist. The therapeutic model is integrated in a developmental context, following the interactional patterns of the dyad.

Our treatment model has a bifocal approach, with equal importance of work with interaction in everyday situations and work with parents, internal representations. A double focus on the child and the parent enhances a genuine dyadic understanding of parenting.

BRIEF PSYCHOANALYTIC PSYCHOTHERAPY IN THE WELL-BABY CLINIC

Dilys Daws

Work in a General Medical Practice, and also in the Child and Family Department of the Tavistock Clinic is described. Parents come in a state of distress about problems in their baby’s or small child’s development, such as sleeping, feeding or excessive crying. Some parents come openly describing a difficulty in bonding. This is brief work but the approach is psychodynamic. The child psychotherapist sees the family a few times, sometimes only once or twice. The problems are looked at in the context of the history of the baby; memories of the pregnancy and the early weeks are discussed; as is the parents’ relationship with each other, and with their own parents. The therapist notes the use the family makes of her, and the manner in which a problem is communicated may have have a direct bearing on its nature. Making links between all these issues strengthens parents’ understanding, and enables them to find solutions. The baby is almost always present in the meetings, and this may lead to an opening up of the parents’ own infantile anxieties. Wherever possible both parents are seen so that they can think together and also may learn more about each other. The value of parents having two different points of view is recognised by the therapist, so that areas of conflict may become a useful widening of experience on behalf of the baby.

Clinical examples will be given.
SF 24  THE TECHNIQUE OF MOTHER-FATHER-INFANT
PSYCHODYNAMIC THERAPY

F. Palacio-Espasa, D. Knauer (Geneva), D. Houzel (Caen), B. Golse (Paris), P.
Muratori (Pise)
Clinique de Psychiatrie Infantile, 41, Crêts-de-Champel, CH 1206 Geneva, Switzerland

The aim of this symposium is to discuss several aspects of the technique of parents-infant psychotherapy. The specific role of the father will be closely studied, as well as the infant’s contributions.

In this setting the study of the mutual attention of both parents gives information about the functioning of the triad. The selectivity of the parents’ attention appears in a dialectic inter-relation with the dynamic of transference and counter-transference. (B. Golse (Paris) : Attention, transference and counter-transference in joint therapies).

Cases where parents-infant brief psychotherapy are indicated will be described. This indication is proposed when the therapist can define and formulate the conflictual focus common to both parents concerning their infant (F. Palacio Espasa, D. Knauer (Geneva): Father, mother, infant brief psychotherapies : indications and limitations).

The specificity of the father’s contribution during therapy will be outlined. The father’s presence modifies the interactive therapeutic in different ways and requires technical modifications. (P. Muratori & al. (Pise) : The role of the father in the creation of the fantasmatic scenario in brief parents-infant psychotherapies).

Even young children contribute, by using their means of communication, to the associative process and help to clarify the parents discourse, and thus the interpretation of the pathological fantasmatic interaction (D. Houzel (Caen) : The role of the child in parents-infant psychotherapy).

SF 25  FEEDING DIFFICULTIES IN INFANTS.
RESEARCH AND CLINICAL APPLICATIONS

Miguel Hoffman, Buenos Aires, Argentina. 2) Dr. Maria Ramsay, Montreal, Canada. 3) Prof. Dieter Wolke, Hertfordshire, U.K. 4) Dr. Martin Maldonado, Menninger Clinic. Box 829, Topeka, KS, USA. 66601

1) THE FEEDING SITUATION. DEVELOPMENT OF INITIATIVE, WILL AND POTENTIAL
FOR CONFLICT. Findings from a studies of the feeding situation, as systematically observed and recorded between young infants (under one year of age) and their mother are presented. Feeding interactions can promote the development of initiative and agency in the baby, a pattern of conflict and frustration. The crucial factor is respect, by the primary caretaker toward the signals and initiatives of the infant. Problematic interactions may be a marker of later feeding difficulties. Implications for clinical intervention are suggested.

2) NEONATAL SUCKING, MATERNAL CHARACTERISTICS AND NONORGANIC FAILURE
TO THRIVE. Results of a study of sucking ability in neonates, their interaction with the maternal response to these feeding patterns, and their progression in the future, are presented. The infant’s sucking ability is a predictor of later growth normality or failure. The feeding practices in the mother are a factor influencing infant’s feeding ability and growth. The psychological functioning of the mother determines her feeding practice. Results of study of 750 healthy infants followed up to 15 months are presented.

3) NON-ORGANIC FAILURE TO THRIVE (NOFT) AND MATERNAL DEPRIVATION: MYTH
OR REALITY? The findings of a large population study are presented. In a London Health district, 2610 infants and mothers were studied prospectively. 3.3% infants developed failure to thrive. Mother-infant interactions, feeding interactions and play, emotional expression were rated. Maternal ratings of IQ and psychopathology were obtained. The group with growth failure was compared with a matched control group of mothers and infants. The results question the role of maternal deprivation in causing NOFT.

4) INFANT-PARENT PSYCHOTHERAPY IN THE TREATMENT OF FEEDING DISTURBANCE.
The use of infant parent psychotherapy for treatment of feeding difficulties is illustrated with several clinical vignettes. After the assessment of the infant, the parent as individual, and the nature of the parent child relationship, an intervention plan can be designed. Its aim is to concurrently change the repetitive and maladaptive transactions between parent and child, including the behavior of the infant and/or the parent. Cases of NOFT, pica, diminished appetite are described. Implications for treatment are discussed.
MATERNAL DEPRESSION AND THE FATHERS' FUNCTION

Fava Vizziello G.
Dip. di Ps. dello Sviluppo e della Socializzazione- via Venezia, 8- Tel. 049-8276572- Padova
Discussant: Prof. Michel Souté

The maternal depression during post-partum and in the first months after birth is an extremely common pathology (10% to 90% of mothers suffer of it, following the studies) and is considered a heavy menace for child development. Nevertheless many protective factors prevent children' problems and often fathers' fonction in nuclear families is an important one between them. Fathers' fonction has been studied in different situations of mothers' depression and particularly:
1) Guedeney N. examines all references in mothers' speech during a study on maternal post natal depression during the first 4 months of life, and the indices they provide for risk factor assessment and therapeutic strategy. A specific constellation is observed in the differenciation of motherhood and fatherhood.
The other three groups worked with the same research instruments ( R-interview-AAI- SS- observation ) with different groups of parents and children in situations widely depressogenie for mothers : preterms and adopted children.

2) Benvenuti P., Guerrini Degl' Innocenti B. Valoriani V., Pazzaglì A., with preterm infants: after studying IWM of both parents, focus prevalent organization and role sharing in families, as well as fathers' fonction.
3) Rebecca L., Calvo V., Fava Vizziello, G.: with a sample of 33 preterms, study family interaction and compensatory organization of fathers' fonction, as well as longlasting stable family functioning with this pattern and the effect on children.
4) Antonioli M.E.,Volpe B R.,Zancato P.G. In 30 adoptive families, study mothers' and fathers' representations changes with the R-Interview since the moment they applied for adoption and all through the first year of child custody. Mothers' depression showed up at least after the first six months of custody of the child or later on,at different levels. Fathers face the situation, often undergoing the depressive state.

DISRUPTIVE BEHAVIOR IN THE INFANT/YOUNG CHILD: PRESENTATION, DIAGNOSIS, RELATIONAL INTERVENTION

Jean M. Thomas, M.D. and Roseanne Clark, Ph.D.
Jean M. Thomas, M.D., Director, Department of Child and Adolescent Psychiatry,
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Young children (ages 0-4) commonly present with disruptive behavior problems. Parent concerns include: hyperactivity, poor attention, impulsivity, temper tantrums, irritability, aggression and defiance. This heterogeneous group of children have a wide variety of biological and psychosocial risk factors including: 1) constitutional delays; 2) language, motor and sensory integration problems; 3) socioeconomic disadvantage, 4) traumatic, neglectful and abusive exeriences; and 5) parent-child relationship difficulties. The Zero to Three diagnostic classification system, Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (1994), provides organizing principles and multiple diagnoses on Axis I and II helpful in guiding assessment of and intervention with these young children and their families. Populations in two clinics will be described; then assessment, diagnostic and relational intervention issues will be discussed using video vignettes. Objectives: The participant will become familiar with 1) common presentations of multiple risk factors for disruptive behavior in children ages 0-4 years; 2) the Zero to Three diagnostic classification and how it compares with the DSM system for this population; 3) how the Zero to Three Axis II Relationship Disorder Classification informs assessment and intervention. Discussion will focus on ways in which the Zero to Three diagnostic system guides assessment, intervention and prevention for infants, young children and their families in the context of diminishing health care resources.
WF 28  A PSYCHOLOGIST AND PEDIATRICIAN JOINT-CONSULTATION: THE KEY CONCEPT OF THE GENEVA EARLY INTERVENTION PROGRAM FOR PREMATURE AND AT-RISK BABIES

Hôpital Cantonal de Genève - Division de Néonatologie - 20, rue Alcide Jentzer - 1211 Genève 14 - Switzerland.

An Early Intervention Program for premature and at-risk babies is presented: theoretical background, historical context, structure and evaluation of some preliminary outcomes.
The program, which was initiated four years ago at the Geneva Children's Hospital, focuses on the support of early attachment and patterns of development of premature babies of less than 32 gestational weeks, and of at-risk babies with various perinatal and neonatal complications, and their parents. Babies and parents are first seen in the NICU and followed at different stages throughout the first three years of life, i.e. at 3, 6, 9, 12, 18, 24 and 36 months. This longitudinal perspective underlies the developmental model of this program which aims at sharing the developmental processes of the infant with the parents.
Instruments such as the Neonatal Behavioral Assessment Scale, the Bayley Scale of Infant Development and a standard Neurological Evaluation are used during a « Joint-Consultation », of a psychologist and a pediatrician. The outcome thereof characterizes and defines the structure of the intervention. The infant's behavior is used as a mode of communication to build a collaborative relationship between parents and professionals.
The Joint-Consultation structure of a psychologist and a pediatrician has been found to be a very helpful type of intervention in the longitudinal perspective. Four years of clinical experience have been necessary to establish and develop this program. This presentation shall put special emphasis on the conceptualisation of the Joint-Consultation achieved by using (a) the theoretical background of the Behavioral Pediatrics approach used by B. Brazelton and his colleagues and (b) the model of Stern-Bruschweiler and Stern in order to define the elements « en jeu » in this particular clinical system, i.e. infant, parents, professionals, their actions and representations.
An assessment of preliminary results aims at evaluating the perspective and the structure of the program. For this assessment, perinatal and neonatal data are used to match the selected sample of the subjects. Developmental outcomes as well as dynamics of parental representations are presented and discussed.

WF 29  THE PSYCHOLOGICAL AND NEUROLOGICAL DEVELOPMENT OF TWINS AND TRIPLETTS

Åkerman BA, Ph.D.¹, Kunelius A, M.D.², Tirkkonen T, M.D.², Moilanen I, M.D., Prof² and Szajinberg NM, M.D.³

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Little is known about how the specificity of multiple pregnancies, births and environment may affect the development of infant twins and singletons. Biological variables, perinatal variables, environmental and psychosocial factors, as well as the relation of the infants to each other are unique for multiple birth infants.
The aim of this symposium is to describe the biological and psychological factors in four groups of multiple births. The groups from Sweden are made up of 34 pre-school twin pairs and 17 sets of pre-school triplets, and the Finnish groups consist of 30 infant twin pairs with their matched controls, and 184 infant twin pairs with their matched controls. The children's health, development, temperament, attachment and inter-twin relationships are studied in relation to prematurity, birth order, birth weight, perinatal problems, zygosity, gender and some family factors.
WF 30/1 WORKING TOGETHER FROM THE BEGINNING – MENTAL HEALTH AND CHILD PROTECTION

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The finnish child protection law demands the social services to provide both assessment and treatment when the infant's development is at risk. Intervening in the mother-baby dyad is a great challenge for the professionals, especially if the parents them selves are not initiating the request for support. The National Research and Development Centre for Welfare and Health has supported a development project in Korso, city of Vantaa. The project aims by joining the work of the child psychiatric team and child protection to develop more effective and integrated ways to help children at risk. The well developed municipal services provide opportunities to support the child and parents. Yet a strong personal commitment on the worker's part is needed. That numeros adults are working with the family and children does not necessary mean that the infant's developmental needs are noticed. A child oriented, proactive work stance is needed. Results of the project will be discussed and the benefits of using a child centered family worker in the home will be highlighted.

WF 30/2 WORKING WITH ABUSING FAMILIES IN A FAMILY CENTRE

Judith Trowell
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Child and Family Department
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The Centre has evolved and developed over the last five years. All the families have statutory involvement, mostly for physical abuse and neglect - not sexual abuse as we expected. More and more parents have mental illness, or are violent or substance abuse. Many have learning difficulties.

Recent evaluation work will be presented on the assessment programme, the short programme and the treatment programme.

Despite the very severe problems of these "hopeless" cases two thirds keep their children or have them back. Issues for providers will be discussed, the need for intensive work with multi disciplinary teams and future on going treatment.
WF 30/3 PROVIDING KEYS TO SOCIAL SKILLS FOR THE CHILDREN WITH SPECIAL NEEDS

Aila Juvonen
Ulvilantie 19a C 49
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When the child with special needs is born into the family parenthood radically changes in the pressure of medical care and the rehabilitation of the child. Parents experience the need to be professional and often use the hospital environment as a model for themselves. The healthy part of child's life gets smaller and aims of normal upbringing are forgotten.

Working with children with special needs aged 7-16 yrs in Skidikanntti-programme has disclosed areas where work could be done in early state of child's life to enforce his ability in social skills. Joining in the normal environment would be much easier if the child would know and acknowledge demands which every child and adolescense meet in the intervention with other children.

I have compared different kinds of groups (disabled, dyslexic, learning difficulties etc.) and individual children through exercises trying to figure out what kind of skills are lacking and why.

I shall introduce the structure of Skidikanntti-programme give examples of working with children and ideas how to change parents' professional attitude to good parenthood.

WF 31/1 HOME VISITING AS A MEANS OF PROVIDING FAMILY-CENTERED SOCIAL SUPPORT FOR INFANTS AND YOUNG CHILDREN AND THEIR FAMILIES

Richard N. Roberts, Ph.D.,
Adrienne L. Akers, R.P.T., M.S. Utah State University, Early Intervention Research Institute, Logan, Utah, USA 84322-6500

Although many European countries, such as the Nordic Countries and Great Britain, offer home visiting as a universal service to all families of infants and young children, the U.S. has mainly provided home visits for families with very young children who are at risk or who have identified medical needs. The tremendous growth of human services in the U.S. during the last decade has paralleled an increasing need to help coordinate services for families of infants and young children, and to provide the supports needed for them to meet their family goals. There has been particular interest in the U.S. in the concept of family-centered care which recognizes and builds on each family's strengths, and recognizes the diversity of families. A number of issues revolve around the variety of options for providing home visiting in a family-centered manner to assist families with infants in creating a nurturing and supportive family environment.

Staff from the Opening Doors Project, funded by the Bureau of Maternal/Child Health, will present preliminary results of a U.S. project on the use of home visiting. The project's three methodologies--a national survey of successful home visiting agencies, a meta-analysis of the research literature on home visiting, and case studies of several communities--will provide a broad view of the issues and challenges of providing home visiting in a family-centered manner.

An interactive discussion between presenters and audience will serve to enhance the knowledge and practice of all present. This session will enhance the audience's understanding of the use home visiting to provide social support, with particular emphasis on helping families identify and obtain the services and resources they need.
WF 31/2 IN-HOME CLINICAL INTERVENTION, A SHORT-TERM GUIDANCE APPROACH FOR PARENTS AND THEIR INFANTS: PRINCIPLES AND CASE ILLUSTRATIONS

Susan Herz, Ph.D., Mary Beth Steinfeld, M.D. and Susan Gonzales, M.S.W. UCLA, Department of Pediatrics, Los Angeles, California, USA

This workshop describes an in-home clinical intervention approach for parents and their infants. This clinical intervention approach is appropriate for a broad range of presenting issues, including families whose infants or toddlers present with regulatory difficulties, disabilities, significant developmental delay, or symptoms indicating relationship disturbance or relationship disorder.

This intervention approach utilizes empathetic support in conjunction with direct guidance in altering troubled patterns of parent-infant interaction. Intervention promotes identification with the infant or toddler’s developmental needs, feeling states and intentions, and fosters parent’s capacity to modulate and mediate their child’s experience. Techniques are presented for improving parental response to the infant or toddler’s distress states, promoting pleasure and responsiveness, expanding reciprocal interaction and enriching communicative rapport. Case examples illustrate this intervention approach with a parent-toddler relationship disturbance and with adolescent parents of a premature infant following discharge from an intensive care nursery.

WF 31/3 PARENT EDUCATION/HOME VISITATION FOR FIRST-TIME MOTHERS

Anne McDonald Culp, Rex E. Culp, Maureen Blankemeyer, and Linda Passmark 333 HES Bldg., FRCD Dept., Oklahoma State University, Stillwater, OK 74078, USA

Adolescent and nonadolescent mothers enrolled in an early intervention program which consisted of weekly home visits made by trained and supervised paraprofessionals who taught mothers parenting skills, child development and linked mothers to community services. The participants’ mean age was 18.5 years, range of 14 to 36 years; 71% were Caucasian, 15% Native American; 8% African American. Most were unemployed and poor. Currently, after 6 months of intervention, 55 mothers have completed assessments, and after 12 months of intervention, 30 mothers have completed assessments. Significant differences were made in adolescent mothers as well as nonadolescent mothers in the areas of empathic understanding of children’s needs, the roles of a parent as separate from and different from the needs of the child in the family, their knowledge of infant development and after 12 months, their knowledge of toddler development. In addition, their use of community resources increased and then stabilized over time. The mothers significantly improved the safety of their homes and maintained the new level of safety after one year. Compared to nonadolescent mothers, adolescent mothers began the program with less knowledge about parenting and child development, and they took longer to incorporate this information. This program is a cost effective approach that reduces the long term costs, both financial and social, on society, as well as families with infants.
WF 31/4  THE EFFECTS OF AN EARLY HOME-BASED INTERVENTION – A LONGITUDINAL APPROACH

Eeva T. Aronen M.D., Ph.D., Terttu Arajärvi M.D., Ph.D.
Child Psychiatry Unit, Lastenlinna Hospital, Helsinki University

This long follow-up study has investigated the effects of an early home-based intervention program on the child's mental health at ages 5/6 years, 10/11 years, and 14/15 years. The material of the study consisted of 160 families with a baby born in 1975-76. The families were picked from eight well-baby clinics in Helsinki area during the pregnancy. The families were classified with a weighted risk index into low-and high-risk families in respect to the child's future mental development according to the family data collected during the child's first six months. In the next phase, 80 of the families attended a five-year-long family counselling program and 80 families served as a control group for the effects of counselling (both groups included the same number of low-and high-risk families).

In the counselling group a psychiatric nurse visited the families once every 4-6 weeks for five years and discussed various aspects of upbringing and family problems. In the control groups these visits were not made.

The results of the five-year, ten-year, and fifteen-year follow-ups showed increasing positive effects of the counselling on the children's mental health. In the fifteen-year follow-up the adolescents of the counselling families showed significantly less psychiatric symptoms both according to the parents report (Achenbach's CBCL; t-test, t=2.44, p=0.016) and the youth self report (YSR; t-test, t=2.49, p=0.014) than the adolescents in the control group.

The symposium will present the study design in detail, the theory behind the intervention, the practice and the content of the counselling, the methods and the results of the follow-up studies, implications of the results for future preventive work, and the plans for the twenty-year follow-up study.

WF 32/1  TREATING THE COMMUNITY NETWORK: A MAJOR APPROACH IN THE TREATMENT OF HIGH RISK INFANTS

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In our experience, in an infant day-care psychiatric unit, liaising with the other medico-social workers of the community is crucial. This gives us access to psycho-social high risk infants, living in "hard to reach" families. In this context, we have identified the impairment of relationships between the family and the medico-social workers and those between the workers of the various services, because of the family psychopathology. This is an obstacle to the diagnosis and the assessment of parenthood disturbances as also to taking into account the particularities of the psychic functioning of the infant. It also gives rise to disruptions in the relations between the family and the medico-social workers that run counter to the needs of the infant and his family. Not only are the medico-social workers unable to coordinate their interventions, they also tend to reproduce parent behaviour and thereby participate actively and unconsciously in the transgenerational repetition of family's dysfunctioning.

This is the reason why we have created "help meetings" for professionals, which permit assessment and treatment of past and current mechanisms at work in these interactions. Two members of our team, who are not directly involved with the family but who have a good knowledge of interactive parent-infant pathology, help professionals to express their feelings, to share their understanding, to stand back and to elaborate. This is successful in breaking the vicious circle in which these families trap the professionals. Clinical and video illustrations will be presented.

Infant and parenthood psychiatric care is not only the care of parent-infant interaction, it is also the care of interactions between the family and the community network.

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WF 32/2  A NETWORK FOR TAKE IN CARE MOTHERS WITH PSYCHOLOGICAL OR PARENTHOOD DISORDERS AND THEIR INFANTS

M. MYQUEL* - C. DORVILLE*** - N. GAUDIN**** - Y. GAUTIER**** - C. GARCIA**** - A. JULIEN**** - MH. MARGARITORA**

We want to relate an experience of early intervention with different workers in infancy: child-nurses, social workers, maternal and child protection pediatricians, child psychiatrists and psychiatrists in a network. The purpose is to see as precociously as possible in pregnancy or post-partum mothers and infants "in risk" by the fact of mother's psychological disorders or parenthood disorders.

The network aspire to locate for prevent and take in care the family and infant, for avoiding no prepared mother-infant separation in front of infant risks.

In first time, this work rely on child nurses who make the link between maternity, family home and psychiatric team. Their functions allow to an approach easily the mother - infant in difficulties. They act in the concrete in furnishing help and staying to the mothers. In second time the child psychiatrist hold the child nurse work allowing affects and emotional elaboration. Then direct work about mother - infant interaction will be possible. Over and above many helps can be proposed to the family: day nursery, day nurses which are often difficult to be accepted.

Coordination and meeting between the different members of the network is necessary for the knowledge of the situations and its evaluation.

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WF 33/1  ILL-TREATMENT OF INFANTS WITHIN THE FAMILY. CLINICAL, PREVENTIVE, THERAPEUTICAL CONSEQUENCES

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Ill-treatment of infants within the family is often untraceable or difficult to recognise. The observation of parent-baby interaction and the behavior of the infant, can often highlight the existence of violence. We have seen through research, particulary that of Selma FRAIBERG, that the infant is very early able to create his own means of psychological defense. We can thus identify a number of « alarm signals », allowing the early introduction of adapted psychotherapical treatment, in particular :
- the necessary links with social and juridical fields and their limits,
- a changing in the therapeutical frame with the possibility of home care and/or the introduction of obligatory legal care.

To conclude, we shall discuss early traumas and new conceptual hypothesises.
Physically injured infants pose significant problems for risk assessment, especially when the caregivers deny any responsibility for the abuse, and also deny the existence of any other problems. In South Australia currently the prevailing philosophy of welfare and legal authorities is to promote both family reunification and parental rights. This means that infants are likely to be returned to parental care, provided the parent(s) profess love and commitment towards their child, and no other significant problems are apparent except the occurrence of the physical injuries.

In this context attachment theory and research was identified as providing a framework for assessment, and possibly therapeutic intervention, in situations where parental denial and resistance was high and the child’s young age precluded conventional interview methods.

Both the cases which are the subject of this presentation involved babies who suffered multiple injuries at few weeks of age whilst in their parents’ care. There was a lack of acknowledgment by the parents, in both cases, of involvement in causing the injury. Care and Protection Orders were sought by the State Welfare Authority, and family assessments were undertaken by the hospital-based Child Protection Services, whilst the children were in foster care.

During these assessments opportunities were sought to observe the infants with their caregivers, including both foster parents and birth parents, in such a way as to gain information about the attachment relationships between the various dyads.

The aim was to identify whether the attachment relationships showed secure attachment, anxious-avoidant, or anxious-ambivalent attachment, or features of disorganised attachment which has been found to be associated with abuse.

In practice a number of problems affected the clinician’s ability to observe and record the interactions, and therefore to describe and classify the attachment patterns. These problems, and implications for decision making and clinical intervention will be discussed.

Outcomes of this study include changes to family assessment process by including more structured observations and history taking relevant to attachment status, and by analysis of other aspects of the parent-child relationship.

Video-taped illustrations will be shown if appropriate, and subject to consent.

INFANCY’S INFANCY – WORKSHOP ON ORAL HISTORY PROJECT

Co-chairs: Antoine GUEDENEY MD (Paris) - Miguel HOFFMANN MD (Buenos Aires)

WAIMH has had an “Infancy’s Infancy” project going on for the last four years. The basic idea is that Infancy as a field is only now emerging and going through its own period of infancy. Infans, in Latin means without a language. For some time infancy had no language of its own. The firsts to speak for infancy as a field of mental health are still alive and around us. We thought it is a very interesting experience to share that those precursors should speak to us about their own experiences forty or perhaps fifty years ago, when they started to get interested in this new area. We will invite two of these forerunners to be interviewed in public for the Oral History Committee of Infancy’s infancy and share it with the other WAIMH members present at the Congress. The names of those that will come and accept our interview will be known closer to the date of our meeting. If time allows we might inform about the six other video-taped and registered interviews we have already collected along these last years.
VF 13  PROGRAM FOR THE ADMITTANCE OF SIBLINGS AND GRANDPARENTS OF HOSPITALIZED NEWBORNS TO THE NEONATAL INTENSIVE CARE UNIT (NICU)


This is an experience carried on with the families of newborns that remain hospitalized requiring special neonatal care for periods of 2 to 12 weeks.
The aim of this work was to perform a visits’ program for the siblings and the grandparents of the hospitalized newborns. The objectives of this program were: to create resources in order to obtain the best possible development of the functional capability of a family in crisis; to reinforce the supporting network and to enhance the parental bonding to the child.
The strategy designed for the Siblings’ Visit to the NICU included:
• A preparatory work where information was provided added to a graphic expression task.
• A subsequent group play session using elements specially connected with the situations of motherhood, newborn, preterm newborn, isolated area.
The strategy designed for the Grandparents’ Visit to the NICU included:
• A preliminary encounter to provide information and exchange personal experiences about the hospitalized grandchild situation.

Both strategies were performed in a preestablished time and place.
The graphic work of the children was assessed comparing the drawings made before the visit with the ones made after the visit. This process showed that the anticipatory elucidation carried on in this preventive work with children that are going through a traumatic situation was elaborative.
The outcomes of this work will be discussed jointly with the presentation of a videotape on the intervention techniques used with siblings and grandparents.

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VF 15  EARLY SEPARATION

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The newborns are born with outstanding human personalities and needs. They especially need love and intimate interaction, communication with their mother (and father too).

Body language of the newborn - facial, vocal and animate expression - tell its human needs. The first hour of life after delivery is important for the newborn’s and its mother’s quality of life and well-being. The newborn and the mother should stay together during this time, which we consider to be the fourth stage of delivery and birth.

The early separation of the newborns immediately after delivery is, in our opinion, one of the roots of anxiety in the subsequent life.
VF 16  INFANT-INFANT INTERACTION IN ORPHANAGE

Rifkat J. Muhamedrahimov, Oleg I. Palmov, Natalya V. Nikiforova
Discussant: Joy D. Ososky
St-Petersburg Early Intervention Institute, Infant Development Department,
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The purpose of this video presentation is to demonstrate infant-infant interaction in a
typical Russian Children’s Home, an orphanage for children from 0 to 4 years old. The
social environment in the orphanage is characterized by an absence of primary
caregivers, little and low quality infant-adult (infant-staff) interactions, and a large
number and frequent change of staff. The infants spend much time in a playpen, where
they usually are placed between bedtimes. In the socially deprived environment in which
they spend their time, a peer is one of the main sources of social and emotional
stimulation and thus, development for infants living in an orphanage. The video
presentation will demonstrate an infant-infant interaction for the same group of three
peers during a 6 month period from 3 to 9 months of age. The behaviors of the infants
will be analyzed with observation rating scales being developed for this purpose. The
findings from these observations have implications for understanding infants’ social and
emotional development and for planning early intervention programs for infants living in
orphanages in Russia as well as other countries.

PF 69  ASSESSMENT OF SOCIAL INTERACTION: A REVIEW,
Jaswinder Ghuman, Kennedy Krieger Institute, 1750
E. Fairmount Ave., Baltimore, MD 21231

In this presentation we will review the existing instruments as they relate to
reciprocal social interaction in infants and preschool children. Social interaction is
important in the overall adjustment of all children. It forms the basis for development of
the child's relationship with his/her caregivers, peers, and other important people in
his/her life. It is important for the child's adaptive functioning. Assessment of social
interaction in children is important for the purposes of evaluation, treatment and follow up
of outcome.

An extensive review of the literature revealed that most of the currently available
instruments do not directly assess capacity for social interaction, but rather, address
different aspects of social development and either include social interaction as one of the
domains/subcategory assessed or have some items that might pertain to social interaction
capacity. Based on the aspect of social development as its main emphasis the instruments
identified in this comprehensive literature search are grouped under the following
categories: social interaction, parent-child/peer-interaction, social skills/social
competence, play, communication, general development, adaptive behavior, problem
behavior, autism. Instruments identified are compared for: subcategories assessed,
method of assessment (e.g. direct observation, interview with caregiver or teacher,
parent or teacher report/questionnaire or structured testing), purpose
(screening/assessment), method of scoring, reliability and validity if available.
Handouts with comparison of the instruments will be provided.
Many individuals have experienced emotional hurt and pain as a child. The hurt may be as a result of a significant loss such as the death of a parent; from having been physically, sexually, or emotionally abused; of from having parents who did not give them the love and/or support they needed at key times of their childhood. Parents are often unable to give their children the nurturing/support they need either because they do not have the skills to do so, or they do not realise that the child has a need for special attention or support at a particular time.

Hypnosis is a tool which can be utilized to help adolescent and adult clients in rewriting their emotional history in order to overcome hurt, pain, and current dysfunctional behaviour associated with childhood experiences. This technique allows the individual to go back and experience the support or nurturing they needed at crucial times in their childhood. Rewriting the emotional history in this way can strengthen the client’s self esteem, teach them self nurturing and enhance their sense of worthiness.

Psychological disorders are often reflected in the organization of observable behavior in situations such as the face-to-face social interaction situations in which therapeutic treatments are frequently delivered and assessed. While it is widely believed that normal human interaction is much more regular than has yet been detected many questions regarding the types of hidden regularities to be looked for remain unsettled. In the present work, continuous human interactions, such as child-child or child-adult dyads, are viewed as the performance of a particular type of syntactic intra- and interindividual temporal patterns of verbal and/or nonverbal behaviors. These patterns are defined and illustrated through empirical examples and perceptual problems making such patterns hidden to the naked eye are illustrated graphically. The definitions make up a system of structural concepts describing various related aspects of temporal behavior organization such as behavioral markers, i.e., events of particular importance for behavior organization and models of complete interactions and behavioral streams as alternating performances of different patterns. Illustrative empirical findings from face-to-face interactions in children and adults include new results regarding effects of medication and training on social interactions of autistic children with therapists. The specially developed THEME software involves both data collection using an interactive multimedia program and automatic detection of the structural types.
PF 72  THE VIOLENCE OF YOUNG CHILDREN. CAN THE APPLICATION OF INFANT OBSERVATION DEVELOPED BY ESTHER BICK AID IN ITS PREVENTION?  Dr. Marie-Blanche Lacroix, France

Our clinical research group studies the violent acts of young children (biting blows, tearing off and other destructive behavior) regardless of the underlying psychic structure (psychosis, border-line, etc.).

Infant observation as developed by Esther BICK, as practiced with ordinary families shows the constitution of the fundamental enveloppes and links of the human personality. This method also reveals when and how these violent acts (attacks on linking and effraction of enveloppes) appear normally and then in the course of development take on a more human aspect in personal relationships.

In ordinary families, the processes of socialisation are activated thanks to the "holding" and to the "transformations", both bodily and psychic, of the emotions and the acts which overflow and overwhelm the entourage.

In the threatened families which for various reasons cannot assure this holding and transformations, can this infant observation, with a certain degree of participation, indicate and support these processes and thus have a preventive value?

PF 73  OBSERVATIONAL AND ANALYSIS MODEL OF THE »INTER-SUBJECTIVE RELATIONSHIP» IN ADULT/INFANT INTERACTIONS, AND HIS THERAPEUTIC APPLICATION THROUGH »GUIDED OBSERVATIONAL PROGRAM» WITH PSYCHO-SOCIAL RISK INFANTS AND HIS CAREGIVERS

OBSERVATIONAL AND ANALYSIS MODEL OF THE “INTER-SUBJECTIVE RELATIONSHIP” IN ADULT / INFANT INTERACTIONS, AND HIS THERAPEUTIC APPLICATION THROUGH “GUIDED OBSERVATIONAL PROGRAM” WITH PSYCHO-SOCIAL RISK INFANTS AND HIS CAREGIVERS.

Cecilia Pérez-Mínguez, Ph. D.; San Quintín no 6. Madrid-28013. SPAIN.

The propos in this paper is show a new instrument for the observation and analysis the quotidian interactions process, in the early infancy, between adult-infant relationship dyads.

This Model stresses the relevance in the reciprocq process of the “mutual influence” in adult-infant relationship, and offer an system to analyse this complex mechanism. This Model, was applied in a longitudinal study of the intersubjective activity. Results revealed the relevance of the defined dimensions and categories, and the reliability of the data gathered through the use of the instrument.

The “Guided Observational Program” is a therapeuic application of this Model, in adult-infant relationship disorder, when the first links had been interrupted or disturbed, and the “positive” reciprocity is lacking. This Program permit the mothers or caregivers auto-observe herself interaction with his baby, learn to recognize his signals and to fit with him.
EARLY INFANT DEVELOPMENT – THE USE OF THE KENT INFANT DEVELOPMENT SCALE AS A TOOL OF EARLY INTERVENTION

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AIM:
The Kent Infant Development Scale is a screening method that uses parental appraisals of infant’s developmental and behavioral status in the first 14 months. Our poster aims to analyse whether parental estimates of their infant’s development may motivate them to an increased interest in infant’s behavior and development.

SAMPLE:
39 healthy fullterm infants (20 boys and 19 girls) were followed. Their mean birthweight was 3422 grams (SD=418), and their gestational age was 39.5 weeks (SD=1.1). Majority of mothers had high educational level and were married.

METHODS:
The Kent Infant Development Scale contains 252 phrases that describe behaviors characteristics in five domains: cognitive, motor, language, self-help and social. The mothers completed the records from 1 to 14 months of age in 1-month-intervals. Psychological examinations using Bayley Scales were carried out at 3,6,9 and 12 months. In addition, the mothers completed a questionnaire on their attitude toward the use of the KID scale and its role in their infant care.

CONCLUSIONS:
The results confirmed a link between early developmental appraisal and early intervention: all mothers indicated that their detailed appraisals taught them to become more interested and more knowledgeable about their infant’s development, and that they helped them to develop their educational practice.

CONSIDERATIONS ABOUT MOTHER-BABY RELATIONS OCCURRED AT AGAMENON MAGALHAES HOSPITAL (INAMPS – PE – BRAZIL): – MENTAL HEALTH ASPECTS

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This paper proposes to bring out some reflexions in the context of an in-patient situation about the observation of the effects on the mother-newborn relation, on the baby, on the mother and his family, and on the relations that mothers among them establish in sharing an in-patient situation. The maternal-infant unity of the Agamenom Magalhães Hospital / INAMPS - FUSAM - Recife - PE, a brazilian northeastern public hospital following the model of the Kangaroo-assistance method is ours observation’s local. The biological stressed newborn premature or not, under other conditions of biological high-risk and his mothers, are object of our consideration. That’s a situation of mother-baby rooming-in where the last over-taked a biological high-risk in a Neonatal Intensive Care Unity. They stay there, in a "kangaroo" ward, until reach condition to follow-up in a hospital’s out-patient services. In this work, the author enfasizes the mother’s high-stressed feelings, of getting-out or standing-by; to resist and fight until complete recovery of his sons. Our work consists in look after being able to support the mother by listening to her anxieties.
PF 76   PRACTICAL APPROACH OF MOTHER-CHILD
JOINT HOSPITALIZATION: BENEFITS AND RISKS
FOR THE INFANT

Sylvie NEZELOF, Nathalie GANDELET, Paul BIZOUARD - Service de Psychiatrie et
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For five years, in our Service, the collaboration between children psychiatrists and adults
psychiatrists allows the hospitalization of a mother with her infant. This hospitalization is
organized in the adult psychiatric department of the regional hospital where we are used to
collaborate with pediatric and obstetric departments.
The baby who is registered as an accompanying person may be housed in the mother’s bed-
room, or in another room in the same service, or in the Pediatric service, according to mother’s
mental state. Mother-infant relationships can then be supported by the medical team and nurses.
Joint hospitalization allows to take time to evaluate in a securizing environment the quality of
mother-infant interactions and their evolution compared to the evolution of mother mental state
(who may suffer from chronic psychosis, depression, toxicomania or post partum pathology).
In this context, the infant behaviour and his psycho affective abilities with his mother and with
nurses are attentively studied throughout the day.
It is one of the decisive factors in addition to the mother mental state and environmental quality,
to decide whether we live mother and her baby together or whether we organize and cope a
therapeutic family placement. In these joint hospitalizations it is important to identify signs of
infant’s distress and to define limits bearable to the baby.

PF 77   PSYCHOSOCIAL REHABILITATION: CHANGING
VIEWS IN CHILD PSYCHIATRY

Departement of child & adolescent neurology & psychiatry -Spedali Civili - Brescia -
Chief: Dr.Prof.E.Menegati

Perini A., Tiberti A., Menegati E.

In Italy rehabilitative therapies for infants are usually applied to motor and learning
difficulties but not to psychiatric disorders.
Psychiatric disorders are usually treated by psychoteraapy only.
In our opinion, it is extremely, important in behaviour and personality disorders, to take
care of the disease-related social difficulties too.
In order to do that we have started with a psychiatric hospital day, with the aid of
physicians, psychologists, educators and social workes.
Our goal is to improve children’s socialization trough a group and family
psychoeducational process.

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PF 78  PARENTS' EXPERIENCES OF PSYCHIATRIC DAY CARE OF CHILDREN IN THE OULU UNIVERSITY CENTRAL HOSPITAL

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The study is part of a project for developing the child-psychiatric day ward in the Oulu University Central Hospital. The project addresses the experiences of the nursing staff, the children's parents and the children themselves concerning the care given on the ward. The parents of the children who had been or were on the child-psychiatric day ward (n=30) were interviewed in the spring of 1995. The following topics were discussed during the interviews: the reasons for the day ward care of the child, the methods of care, the cooperation between the parents and the nursing staff, the child's own attitude towards the day ward care, the possible consequences of the care for the child and the family, and the parents' views of developing the day ward care.

The preliminary findings revealed the following reasons for day ward care: retarded development, neurological disorders, problems at school, deviant behaviour and the child's fears. According to the parents the care had included examinations to find out the reasons for the child's retarded development or deviant behaviour. There had further been different therapies. School-aged children had been attending the hospital school. Day ward care had also included sociotherapeutic activities. The most significant part of the day ward care had been the discussions between the child's personal nurse, the child and the parents. The parents described their relationship with the staff as open and confidential. According to the children, the best thing on the ward was the social activities. For some children, the school activities had been adjusted to their developmental level. This had generally improved their motivation to study. Some of the children had learnt to speak and began to show more social participation. According to the parents, the child's attitude towards his/her parents had changed as a consequence of the day ward care. The children showed more affection to their parents and misbehaved less. The parents considered it an advantage of the day ward care that the child was not separated from his/her family. They also hoped that the daily operating hours of the ward could be made more flexible.

PF 79  HOW WE HAVE BEEN ABLE TO HELP PRESCHOOL-AGE CHILDREN: A PRACTICAL EXPERIENCE AT PSYCHIATRIC HOSPITAL

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It has been quite clear by now that the sooner we are able to help a child and family to solve their problems, the better and more lasting are the results. It is also important how and by whom, during how long period the help is given.

In the present paper the attention is focused on the 3-6 year-old children having undergone treatment at the child's department of Tartu University Psychiatric Hospital in 1984 - 1995. The total number of cases is 250, 62 of the patients being girls, 188 boys.

The paper consist of two parts. In Part 1, the essence of our patients' problems; patient's social background (family, etc.); methods of therapy and the influence of the recent social upheavals (life under the former Soviet regime, instability and insecurity, rapid changes, open realities, extension of knowledge and practical experiences) upon the very process are analyzed.

It shown in Part 2 how the help rendered has influenced the further lives of the children in view of how they cope with their problems at present.

In order to give better insight into our work with children, a few typical cases are described.
PF 80  EARLY PSYCHIATRIC CARES IN A MENTAL HEALTH CENTER

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Starting from a wide study about the presentation of psychopathology in babies and children up to 6 years old ( sample: 146 ) in a outpatient children and adolescents mental health setting ( Uribe center in Bask Country, Spain ) we intend to reflect the procedures of clinic evaluation and diagnosis, and its limits, also the preventive and/or therapeutic interventions.

One of the main objectives consist in analysing some of the available resources after 13 years since the opening of our center.

Special emphasis is made on the possibilities of children groups in a double dimension of observation and treatment at these early ages, above all on the borderline pathologies.

PF 81  HOW DO WE START? THE FIRST MOMENTS OF AN INPATIENT CHILD IN A CHILD-PSYCHIATRIC UNIT

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ABSTRACT: The purpose of this study is to describe and evaluate nursing practice concentrating on three focuses; the moments just before the admission, the admission and the first week of an inpatient child after the admission. The material was collected by the staff of a child-psychiatric unit. 31 professionals; child-psychiatrists, psychologists, nurses and a social worker and a kindergarten teacher wrote a prestructured essay on their experiences, feelings, critics and proposals focusing on those phases. The authors have classified progressively the material. The content analyzing is still going on and the study will be completed in December 1995.

KEY WORDS: Child-psychiatry, admission, evaluation, family-orientation
PF 82  SETTING UP AN INFANT AND PRESCHOOL PSYCHIATRY CLINIC: A MODEL OF COMPREHENSIVE EVALUATION, SERVICE DELIVERY, TRAINING AND RESEARCH FOR YOUNG CHILDREN WITH DEVELOPMENTAL DISABILITIES

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This presentation will describe process of developing an integrated model of evaluation and treatment of young children with developmental disabilities. The Infant and Preschool Psychiatry Clinic (IPC) is an outpatient subspecialty clinic that specializes in the psychiatric needs of children 0 to 5 years old and their families. Format of the IPC was based on feedback provided by a group of clinicians with interest and expertise in infants and preschool children regarding: essential components of a comprehensive psychiatric evaluation; systematic data collection specific to this population, needed for empirical research; training professionals in Infant Psychiatry. Comprehensive diagnostic evaluation and treatment services are provided by an interdisciplinary team comprised of psychiatrists, psychologists, and behavioral specialists. Additionally, the team is also involved in several ongoing research projects within the clinic. Young children with emotional and behavioral problems associated with disorders of learning and language, mental retardation and other developmental disorders are seen. In addition to the psychiatric evaluation, psychological and behavioral assessment, and assessment of play and caregiver-child interaction are also conducted. Follow-up treatment services include developmentally oriented caregiver-child psychotherapy, play and family therapy, and medication management, if necessary. In-home behavioral management and school advocacy services are also available. A family-centered approach is utilized to help children and their parents develop positive relationships, enhance the child's development, and strengthen parenting skills. The clinic also has a strong research foundation. Assessments of child temperament, attachment, and play, as well as parenting stress and family social support, are conducted with the use of standardized measures and the rating of videotaped caregiver-child interactions. The clinic also provides opportunities for teaching and training of various disciplines. Process of setting up an Infant Psychiatry subspecialty clinic, problems encountered and their resolution, referral sources, financial management of services and preliminary demographic data will be discussed.

PF 83  NEW CLINICAL INTERVENTION STRATEGIES BASED UPON INFANT DEVELOPMENT RESEARCH

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A new community out-patient unit in infant psychiatry has been recently created as part of the services of Salpêtrière Hospital in Paris. The treatment team has over the course of two years developed a multiple modality approach to working with infants and their families. A number of these intervention strategies are based upon contemporary videotape research of parent-infant interactions. In this presentation both case examples and theory will be discussed. Short videotape segments of clinical word will be shown.
CHILD BIRTH IN MODERN MOSCOW AND EARLY INTERVENTION

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The aim of this study is to reveal the principal problems which primiparous women deal with in modern Moscow, their need in psychological help and their social particulars. 148 primiparous women who were observed in ordinary policlinic were examined after two months of the baby's birth using the social express-test, semistructured interview, the W.Zung's adapted questionnaire with following clinical testing. The most part of the women mention, that they are not enough prepared for their new role of the mothering. More than a third of the women suppose, that they have been not prepared for their mothering in their childhood, and that they haven't got enough information about baby care during their pregnancy. More than 60% of these women mention the lack of psychological support and talk about their disposition to visit the special learning for young mothers. There were picked out two groups: depressed women (10.8%) and single women (8.1%), who more than others need psychological support and special psychotherapy. There was revealed the need in creation the network of special institutes, where pregnant women and mothers could communicate with each other, get the psychological support, the necessary information from specialists, and special psychotherapy if necessary.

THE EMOTIONAL EXPERIENCE OF THE FETUS: PRELIMINARY REPORT

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From the observation of the bonding behavior that the newborn shows even during the first hours of life, the high degree syncronization and transaction that he shows during interaction with his mother, and the capability that many mothers have of immediately establishing a relationship with him, we can arrive at a conclusion: the bonding-after birth, described by many authors as a separate entity, is really the continuation of the intrauterine contact that began long before. The Affective Syntonization between mother and child is a continuum of the Affective Syntonization between mother and fetus.

One of the most surprising and interesting aspect of the mother-fetus relationship is the kind of emotional dialogue that will take place between the two of them. Through analysis of, i) Fetal Heart Rate; ii) Maternal Heart Rate (before delivery); iii) Fetal Movements; iv) Movements of the Newborn; vi) Newborn Heart Rate (for a total of 15 aspectant mother), evaluated the symbiotic relationship between the emotional state of the mother and that of the fetus, and if this type of relationship is still present after birth. That is, if the emotional state of the mother (Activated vs Relaxation) [visually induced with the “Affective Picture System”, Lang, P.J] might influence that of the fetus, and if there is a limb between the fetal and the newborn conditions, when in this latter state intrauterine emotional stimuli and situations are represented in the cradle. And that type of behavior does the newborn have when, he is made to the listen to the heart beat of a different mother (control group).

From the analysys of the result it is possible to conclude that: 1) The newborn is more capable of recognizing his emotional state whit regards to his own mother when compared to an experience with different mother; 2) It is a through when presented with another mother’s heart beat, he only responds to the rythym of a noise he heard in the past nine months, where as with that of his mother he not only responds (reacting or relaxing) but also is capable of recognizing it and give more “creative” responses; 3) It could be hypothesized that in the intrauterine environment different “Prenatal Ego States” that make the newborn capable of distinguishing between different emotional states of his mother (from birth).
NEONATAL JAUNDICE, PHOTOTHERAPY AND MATERNAL PERCEPTION

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Neurobehavioral studies of jaundiced neonates have revealed sets of behavioral deficits (poor responsiveness to visual and auditory stimuli, alertness, muscle tone, cuddliness and high irritability) assessed by measure such as the (NBAS). Recently, it was reported that jaundiced neonates displayed the same behavioral deficits in interaction with their mothers during and after phototherapy treatment. The present study examined the possible negative impact of neonatal jaundice upon maternal perception of 40 primiparous mothers and their healthy full-term jaundiced neonates using NPI (Broussard, 1979) on three separate occasions: The first and second days after birth and the final evaluation was completed on the day the infant was discharged from the hospital.

The results of repeated measure analysis of variance revealed that overall, jaundiced neonate were perceived by their mothers less positively than their non-jaundiced counterparts. These difference were more evident during treatment (phototherapy) and after treatment was over.

THE RELATIONAL, COGNITIVE AND PSYCHO-AFFECTIVE ASPECTS AS RISK FACTORS OF THE LATE LIGHT CONSEQUENCES IN CHILDREN WITH BIRTH WEIGHT BELOW 1500 GRS

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The object of this study is to establish indicators of relational and psycho-affective risk (intellectual development, psychofunctional disorders, relational characteristics of the child, of the parents, of the couple, characteristics of the maternal representations) for the presence of the delayed light consequences.

In the broad psychiatric-psychological study that we have carried out, we find that the children of the sample born with less than 1500 gr. that don't present any serious o mean consequences, can be considered as normal in their global development in a 78.3% and as doubtful in a 20.7%.

The sensorial motor development presents a delay of 3 months (Brunet-Lezine) in the verbal test in a 26.6% of the cases.

A 40% of the studied population presents psycho-functional disorders, of which the most frequent are the behaviour and nourishment disorders. An 86.6% of the cases present normal family dynamics. A 21.2% present at least three indicators of psycho-affective risk.
EXTREMELY PREMATURE CHILDREN’S SELF-ESTEEM AT 5 YEARS 9 MONTHS AND IQ AT 18 MONTHS AND 5 YEARS 9 MONTHS

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Objective: Self-assessment of extremely premature children’s self-esteem at 5 years 9 months as related to their neonatal assessment, their QD of 18 months and their IQ at 5 years 9 months.

Subjects: 42 extremely premature children (24-28 weeks of gestational age)

Aim: Studying the relations between neonatal conditions, cognitive developmental evaluation at 18 months and at 5 years 9 months, and self-esteem.

Measurement: The children’s view of their self-esteem was assessed by our French version of J. Cassidy’s Puppet Plays Interview (1986, 1988). Two judges, blind to all information coded by verbatim transcripts of the children’s interviews. The QD was measured at 18 months by the Griffiths Mental Development Scales and the IQ at 5 years 9 months by the McCarthy Scales of Children’s Abilities.

Results: The interjudge reliability kappa was 0,93 for the self-esteem categories. Categories distribution was: open: 17% (n=7), perfect: 59% (n=25) and negative: 24% (n=10). The correlation between QD at 18 months an 5 years 9 months was significant (r=0,61; p<0,001).

We found that children’s mean Full Scale IQ at 5 years 9 months differed significantly according to self-esteem categories (negative: 80; perfect: 100; open: 102). On the IQ subscales, this difference was only observed for the Perceptual score and for the Memory score. By contrast, the 18 months’ Full Scale QD was not related to self-esteem categories at 5 years 9 months. It was also observed that IQ changes from 18 months to 5 years and 9 months were significantly related to self-esteem categories at 5;9 years. The children with negative self-esteem categories were those who demonstrate a decrease in their IQ’s. Among the neonatal variables, only the ventricular dilatation predicted the IQ decrease and the negative self-esteem.

Conclusion: At 5 years 9 months, extremely premature children’s self-esteem was significantly correlate with their concomitant IQ, but not with their 18 months’ IQ. A negative self-esteem may develop in children with a progressive decrease of cognitive capacities.

THE ROLE OF THE MATERNITY UNIT PAEDIATRICIAN IN TREATING EARLY INTERACTIVE DYSFUNCTION BETWEEN MOTHER AND NEWBORN

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Early interactive dysfunction is a frequent consequence of pathological pregnancy, medical or surgical complications interfering with delivery, or severe pathological conditions in the newborn (particularly where separation from mother is necessary). The maternity unit paediatrician, given his position, is the first medical practitioner to observe the mother-baby relationship. His role includes identifying early interactive dysfunction, including cases with an organic substratum, and his interventions may well prevent future disorders in the relationship. His action can be all the more effective in the maternity unit, since post-partum mothers have a particular emotional sensitivity which may favour a rapid solution of relational difficulties with their baby. The paediatrician’s thoughtful concern supports mothers in working through their difficulties; he may be able to help them discover in the family history traumatic events which cast light on the newborn’s present troubles, and in so doing alleviate them.

The present study was undertaken in an obstetric unit with an annual average of around 3800 deliveries; the infants concerned were born at term after a non-pathological pregnancy, and clinical examinations at birth were normal.

Three observations are reported; in the first of these, the newborn had sleep disorder, in the second on-going weight loss, and in the third refusal to breast-feed. None of these symptoms had an organic basis; all were related to interactive dysfunction associated respectively in the mother to difficulty over mourning, death anxiety concerning the father, and cultural differences between the parents.

The paediatrician must arrange his work schedule in such a way as to reserve time and space for relational issues, and appreciate the active role played by the newborn in its interactions with mother. Length of stay in the maternity unit has to be adjusted in order to facilitate the treatment of this kind of dysfunction. Close coordination with the child psychiatry unit is essential in all cases.
PF 90  THE CHILD PSYCHIATRIST IN THE NEONATAL INTENSIVE CARE UNIT

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The authors present their child psychiatry liaison activity with a Neonatal Intensive Care Unit from a Pediatric Service of a Central Hospital, carried out for the last two and a half years. This activity consisted mainly in brief psychotherapeutic interventions with mother and baby done in the Intensive Care Unit's facilities. A review of 46 observed cases is done and some protective and risk factors are pointed out as well as the overall intervention is evaluated. The following parameters were analysed: 1) gender, 2) motive for referral, 3) presence of the father in the Unit, 4) pre-natal maternal mental representations of the baby, 5) mother/ infant interaction, including: 5.1- adaptation to baby, 5.2- psychological involvement of the mother, 5.3- behavioral quality of interaction, 6) therapeutic intervention, 7) evolution. Preliminary results of an evaluation data's analyse for 16 cases show that better evolutions are associated with balanced pre-natal maternal mental representations and also with the regular presence of the father in the Unit. In those interventions in which there was compliance to treatment, the most favorable evolutions are associated with the cases presenting difficulties in mother/infant relationship (motive for referral) uncomplicated by chronic handicap of the baby. This type of intervention did not prove effective either in terms of compliance or evolution for those cases in which there was moderate to severe psychiatric disorder in the mother, namely drug abuse.

PF 91  STRESS AND PAIN IN THE PERINATAL PERIOD. METHODS FOR THEIR REDUCTION AND POSSIBLE LONG TERM EFFECTS

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Both the human fetus and the preterm neonate are exposed to many stresses including painful interventions. With the fetus little or nothing is done to reduce this. With the preterm neonate methods have only recently been introduced to reduce them, even in such extreme cases as heart surgery. There are several different reasons to try to reduce pain and stress in both the later fetus and the neonate to reduce immediate suffering; to improve immediate outcome by the reduction of stress and, possibly, to improve long term outcome. There is considerable evidence from animal studies that maternal or neonatal exposure to stress can affect the behaviour of the offspring for life. For example, the handling of neonatal pups in the first postnatal week affects later stress responses, and giving hydrocortisone to a pregnant rat also affects the behaviour of the adult progeny. In this symposium, these issues will be reviewed and discussed. Non pharmacological methods such as massage, intrauterine sound and skin-to-skin contact on the reduction of stress in babies in a special care baby unit are now being objectively evaluated by hormonal assay and the results reported. The fetus is generally treated as though it feels no pain and experiences no stress, even though there is considerable overlap in age between the older fetus and the preterm neonate. Interventions such as blood transfusions and shunt insertions are carried out with no analgesia. No consideration is given to reducing the possible stress or pain for the baby in difficult labours and births. Hormonal and Doppler Ultrasound methods for the evaluation of stress in the human fetus, and the effect of prior administration of fentanyl, will be described. The evidence for long term effects will be evaluated.
PF 92  STUDY OF INFANT, CHILD AND ADOLESCENT HOMICIDE IN SWITZERLAND, 1984–1994

Kammerer Martin, Rahel Zumsteg, Zweigstelle Horgen, Kinder- und Jugendpsychiatrischer Dienst des Kantons Zürich (Direktor: Prof. Dr. Dr. H.-Ch. Steinhausen)

In Switzerland minors (under 16 years) were the victims in about one tenth of all homicide cases in the period from 1984 to 1994, these figures are very similar in many West European countries. The sample under study consists of N=135 (72 male victims, 63 female victims). Data was provided by inquiries made to the Swiss courts and the psychiatric institutions that were involved in the legal proceedings. The anonymity of the perpetrators was guaranteed.

The most striking result of the data analysed up to now is that in only 6% of the cases the persons sentenced guilty were NOT parents or other members of the extended family or persons known to the family. Mothers (50% of the perpetrators) were the most likely person to have committed neonaticide and tended to be severely depressed at the time of the crime. Fathers were usually considered to be suffering from a severe personality disorder. The few male offenders who were not known to the family were diagnosed as suffering from both a severe personality disorder and a severe sexual perversion. Very young children were most at risk of becoming victims of homicide.

PF 93  NEUROBEHAVIORAL ASSESSMENT OF THE PRETERM INFANT: THE USE FOR INTERVENTION WITH INFANTS AND PARENTS

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AIM:
The aim of the study is to answer the question whether parental presence during administration of the Neurobehavioral Assessment of the Preterm Infant (NAPI) has potential educational benefits, and can enhance parental knowledge of the behavioral repertoire of their infant.

SAMPLE:
31 singleton premature infants with the mean birth weight 1747,7 grams (range 750 - 2410 g.), and with the mean gestational age 32,4 weeks (range 25,2 - 35,4 weeks) born in our Institute were followed-up with their mothers. The NAPI was administered to these infants at the mean age of 36,2 gestational weeks (range 35 to 37 weeks). The infants were medically stable, and free of drug addiction.

METHODS:
The American method „Neurobehavioral Assessment of the Preterm Infant“ (NAPI) - as an instrument measuring the the maturity of preterm infants was used. Mothers or both parents were incorporated in the process of evaluating the behavior of their infant. They were asked six specific questions concerning infant’s behavior before and after administration of the NAPI. In addition, the mothers were interviewed for their experience with the NAPI when their infant was 1 year old.

CONCLUSIONS:
The results show that parents can gain information for themselves about infant’s behavior during administration of the NAPI, and these may increase the level of parent-infant communications.
PF 94  PSYCHOSOCIAL SUPPORT FOR SUCCESSFUL BREASTFEEDING THROUGH BABY'S FIRST YEAR. NEW INTERVENTIONS NEEDED
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New scientific knowledge about the benefits of breastfeeding is available in many fields. However, western culture does not support women to breastfeed successfully. The health workers who should help mothers to understand breastfeeding, share the values of western culture and have many mental obstacles in giving support. In Finland women are well educated and 98% of them start breastfeeding. However, women's knowledge about breastfeeding is not good enough. The mother's ability to answer the needs of a quickly changing baby and to simultaneously interpret correctly how the breast works is crucial. The poster presents a supporting network of women for nursing mothers in Jyväskylä, Finland. The advantages of psychosocial support could be enlarged by using TV. The need for a new kind of intervention is obvious. In a TV-program the knowledge would be available not only to mothers and fathers, but to grandparents, other relatives, friends etc. who should be supporting the new mother and not disturbing as they often do, when they do not understand the basic processes of breastfeeding. Every woman, from a little girl to an old lady should have this basic knowledge about their bodies. Men could start to understand better the wonders of a female body and to appreciate the importance of breastfeeding, too. Babies would benefit of this program as their needs would be better understood. Facilitating breastfeeding in all levels of the society can be done only if the subject is well known. The main purpose of a TV-program will be to show that ordinary women can breastfeed successfully. Making this program has been postponed because of the lack of funding.

PF 95  INFanticide during perinatal time in france today: A clinical approach
A.L. Simonnot, Ph. Mazet *

In spite of social, economical evolution and the development of contraception and abortion methods, infanticide hasn't disappeared in France nowadays. This clinical reality points out the question of major failure in efficient parenthood abilities. In our recent experience of the Bobigny's Unit, we have met two situations of infanticide. In each case, very young mothers were involved in their child's murder during early perinatal era. Such an acting out is only to be understood as the result of major disturbances in what concerns relationship between baby and mother: deny of pregnancy and newborn's life, and relationship between mother and her parents: incest in the family, silence about sexuality and maternity.

This murder is extremely complicated and must be considered at an individual level in spite of tentatives of psychiatric classifications and attemps of psychopathological approaches.

The problem of prevention is in question, especially in the case of young mothers with disorders which can be integrated into a context of puerperal pathology.

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MATERNAL DEPRESSION AND FATHER'S FUNCTION IN PRETERM INFANTS

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V. Calvo
G. Fava Vizziello

Clinical observations and longitudinal studies of preterm infants and their parents repeatedly confirm the frequency of atypical paths. We then planned a follow-up research on 33 preterm infants (gestational age <36 weeks) to better identify the way this atypical development settles on. Compared to a full-term infants sample, in this sample was particularly significant the less important or slower modification in time both in the maternal representations and in the perceptive profiles of their baby and of themselves as a mother. The physiological postpartum depression then tends to assume a peculiar connotation: neither recognized with depressive affects nor on the self as a woman, but rather on the self as a mother, and like a detachment and freezing of emotions; otherwise the loss and the fear of death only come out in relation to previous losses. In this context the father takes a specific role in the family unit, a role of care-giver, compensating and integrating the maternal care. This compensative function exercised by the father tends to last over time and is significant for the prognosis of the development of the baby and his patterns of attachment, in those situations in which the mother shows particular difficulties in organizing her representations of the baby and of her parental function.

NEGLECTED BABIES IN REFUGEE MOTHERS

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This is a study 400 babies with special interest on new-borns and continuous monitoring of mother-child relationship in 8 refugee camps in Croatia and Bosnia and Herzegovina. Until now we have family histories from several hundred mothers having a baby (together with the results of the Infant-facial-emotional-expression-looking at pictures /"I FEEL"/ projective test for mothers) and several thousands of team intervention descriptions. Target of the treatment are mothers which have multiple psychological sequel of war experiences, denial of the body, denial of her family which should be joyful /in the situation having a baby/ and consequent rejection of an infant. They are traumatized by experienced and present happenings. Guilt, lack of self-confidence and non-acceptance of the child we found in 3% mothers accompanied by complete absence of emotional warmth for their new-born. Over 95% of severely neglected babies were formula fed only. Other mothers breast feed their children in 90%. In about 10% of all children moderate decrease in child nursing was accompanied by some diseases (malabsorption, rickets, skin infections, anemia). Those children have longer sleeping periods. Medical developmental gymnastics for babies was a key to make firmer contact between mother and a child. This specific modality of body therapy makes mother aware of baby's and her own body. Signs of malnutrition, chronic diseases and passive patterns of behavior disappeared within 1-3 months. Conclusion: Neglecting a child as a post traumatic stress disorder require prevention; or when it happens, immediate treatment as it might cause unrepairable damage to the child's psychological and somatic status. About 30% children experience some kind of neglectance and about 8% become severely abused (25% of new-born children, very few above 1 month of age).
PF 98 A COMPARISON OF FOSTER CAREGIVERS TO CAREGIVERS IN HIGH RISK FAMILIES WHOSE INFANTS HAVE REMAINED AT HOME

Nancy Bliden, PhD, Sandra W. Jacobson, PhD, Keke Pyrros, MA, & Ouida Cash, EdD. Youth Living Centers, 30000 Hively, Inkster, MI 48141, USA.

Sparse data are available on the quality of parenting in foster care homes. While changing the home environment for the child when abuse and neglect have occurred may mean a safer environment, there is little information on the quality of the foster care home environment. Youth Living Centers has implemented three early intervention programs based on a psychodynamic model targeting families with infants ages 0-3 years at risk for later affective problems: foster care, parenting teens, and low income/education families referred for therapeutic intervention.

The focus of this paper is to provide baseline data comparing foster caregivers of infants who have been removed from their biological families with caregivers in at risk families whose infants have remained at home. Comparisons will include demographic information; caregiver personality characteristics (Beck Depression Inventory, Brief Psychiatric Rating Scale); quality of object relations (Dietrich Object Relations and Object Representation Scale [DORORS], expressed emotionality interviews); and environmental background HOME Inventory, Life Events Scale, a violence questionnaire). Data will be presented on age at which foster placement occurred, length of time in foster care, reasons for removal of the infant, so that these factors can be considered in future comparisons of the long-term cognitive and affective infant outcomes and the impact on the infant-caregiver relationships.

PF 99 ADOLESCENT MATERNITY AND PSYCHOPATHY

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For those adolescent women sufering from an affective deficiency within themselves, the desire for « reconstruction » often presents itself in the form of pregnancy, where the infant is thus forced to adopt a role which is not his own. In the case of the young, psychopathic woman, the infant risks becoming the only support available to her in every act she performs.

Her pregnancy may arise from the « parthénogénétique » idea, or similarly with the specific aim of becoming an « all powerful » mother. In each case, the infant and both his physical and bodily presence, is not taken into account. It is after the birth, however, that the major difficulties emerge. The mother fails to identify the infant as an object separate from herself. Incapable of understanding the needs of her child, he risks being illtreated, both passively (« carence ») and actively. In the same way, she is unable to construct neither a stable mental countenance, nor as described by WINNICOTT, be a « good mother ».

To accompany young women like these during their pregnancy and the period after the birth is vital. One must let them live a life of an adolescent, yet at the same time allow them to assume their role as mother. It is similarly just as important to construct maternal care for their infants.
PF 100  PSYCHOSOCIAL HELP TO YOUNG CHILDREN AFFECTED BY WAR THROUGH CHILD DEVELOPMENT COUNSELLING SERVICES

Veronika Išpanović-Radojković, Nenad Rudić, Dejan Radojković, Andrea Kralgher-Guzina

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The war in former Yugoslavia (1991-95) brought about a large number of refugees (app. 800,000), half of whom were children (150,000 of preschool age, 12,000 born as refugees, and 17,000 under the age of one). Special help was needed to young children and their mothers who were overwhelmed by sadness and grief and were unable to meet the emotional needs of their children. As 94% of them were in host families, the best way to reach them was through Child Development Counselling Services (CDCS), specialized units of PHC (pediatrician, psychologist, social worker, special teachers) with well-developed home-visitor service. There is 32 CDCSs in FR Yugoslavia, out of which 16 started to operate in the years of the war. Staff of 10 CDCSs participated in UNICEF Psychosocial Training Programme (1993/94). Although their abilities in identifying and treating severely war traumatised children increased greatly, they still had difficulties in managing problems in families (traumatic loss or missing family member, family violence, and child abuse and neglect, etc.) and coping with counter-transferential issues. The modified training for all CDCSs started in July 1995 supported by Swedish and Norwegian "Save the Children". The results and experiences of these modified training will be presented in the paper.

PF 101  PREVENTIVE AND THERAPEUTIC INTERVENTIONS FOR INFANTS BORN IN »HIGH RISK« FAMILIES: PROBLEMS, GOALS, METHODS

Jean-Paul Matot (*), Nathalie Ferrard, Luce Cremers

We consider several problems related to our experience of pre- and post-natal care of infants born in "high risk" families for child abuse and neglect:

1° the difficulty to provide early interventions during pregnancy;
2° the difficulty of a reliable evaluation of the risks;
3° the difficulty to organize an effective therapeutic relay outside the hospital for long-term treatment;
4° the specific problems arising from parental drug abuse.

The rational use of limited preventive and therapeutic means implies:

1° the definition of the philosophy of our intervention;
2° the determination of a hierarchy of definite goals;
3° the organization of synergy inside and between the institutions and professionnals involved, based on a real convergence with respect to the preceding definitions.

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PF 102  SHORT-TERM INTERVENTION IN PSYCHOSOCIAL RISK-PARENTS STARTING ALREADY DURING PREGNANCY

Marie Wadsby, Ph.D., and Lena Blom, psychologist, Dept. of Child and Adolescent Psychiatry, University Hospital, S-Linköping, Sweden.

This presentation will describe a newly started department for treatment of psychosocial risk-mothers and their newborn children. The purpose of the activity at this department is to identify pregnant women at risk as soon as possible in order to motivate them and offer treatment when the child is born. The goal of the treatment is to support the mothers in their parenthood, strengthen their ability for caring for the child, and develop the mother-child interaction. As the emphasis is laid on early intervention, the child is not supposed to be older than six months when the treatment begins. The treatment is planned as a short-term intervention. During six weeks, the mother and child spend their days on the department under education and supervision by a personal therapist. We also offer the parents counselling/therapy, individual or in pair, and work with their social network. After the six-week period, the mothers continue their therapy and stays in contact with the therapist as long as needed and wanted. As the treatment is based on short-term intervention on an early stage of parenthood, the effects of the treatment is thoroughly evaluated in a research project. This will be presented.

PF 103  RELATIONSHIP BASED INTERVENTION WITH AT-RISK MOTHERS: OUTCOME IN THE FIRST YEAR OF LIFE

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This study shows that a home visiting relationship based intervention impacts certain areas of family functioning by the time an infant reaches 12 months. We compared two samples of mothers who were identified as at risk for inadequate parenting in late pregnancy with their first child: Thirty-one of these mothers experienced the intervention and a matched sample of thirty-three did not. Mothers given the opportunity of a positive, trusting, and working relationship with a weekly home visitor as well as a mother-infant group were significantly higher on ratings of their experienced partner and family support. It is hypothesized that in the context of these three major sources of support (intervenor, partner and family), work on personal issues involving themselves, their partner, their family, and their infant occur. These changes were reflected in changes in the mother-infant interaction and infant development. On a variety of indices including the responses to the Ainsworth Strange Situation and the Waters-Dean Attachment Q-sort, the children in the intervention group were more secure and their mothers more responsive to their needs. In test and free play situations, the mothers in the intervention group were rated as encouraging autonomy, as less intrusive, and their children were more compliant. Intervention mothers also did more to encourage their child's task involvement in a test situation and were more involved in synchronous free play with their child.
PF 104  RELATIONSHIP BASED INTERVENTION WITH AT-RISK MOTHERS: FACTORS AFFECTING VARIATIONS IN OUTCOME

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This study gives further evidence that a home visiting relationship based intervention impacts certain areas of family functioning by the time an infant reaches 12 months. A previous group comparison, Heinicke (1996), had shown that in families experiencing the intervention as opposed to a matched group that did not, mothers became more responsive to the needs of their infants and the infants were more secure in their attachment to their mothers. The present study focusses on variations in outcome for forty-six mothers identified as at-risk for inadequate parenting in the third trimester of their first pregnancy, and shows that variations at 12 months of age in the child's secure response to separation, his or her expectation of being cared for (felt security), and the mother's responsiveness to need are anticipated by variations in the mother's 7 to 12 month involvement in the home visiting intervention, the quality of her partner's support as measured at 6 months, her own felt security, her trust, and her ability to form stable relationships. Parents who at 1 month were responsive to the needs of their more soothing babies were more likely to have secure children at 12 months, but these associations were not as robust as those summarized above.

Generalizing from the above, we concluded that the nature of the mother's involvement in the work with the home visitor, the nature of the support from her partner, and various aspects of her personality functioning are likely to influence the mother's responsiveness to need and her child's security.

PF 105  EARLY INTERVENTION USING AN INFANT-FATHER GROUP PSYCHOTHERAPY: TARGETING FATHER ABSENCE IN AT-RISK POPULATIONS

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Father absence and uninvolve is a major social problem in the United States and in other western industrialized nations. The results of an infant-father group psychotherapy will be presented. The treatment intervention was a psychodynamic group therapy approach which included psychoeducational components. Both first-time fathers and their infants engage in activities together with the aim to enhance awareness of the infant's inherent capabilities. The dynamic psychotherapy will focus on the men's own experience of being fathered and on issues that surface as they parent their newborn child. The interventions are intended to help fathers examine their own internal working models of relationships. Creating a parental narrative in an all mens group will serve to augment reflective self-functioning and may serve to modify certain preconceptions about the infant. The development of a group culture which encourages exploration of these topics has been found to be essential. The goal is to create a preventative intervention which targets at-risk infants and fathers. Discussion of the intervention's application to specific at-risk groups will be included. Videotaped segments of therapy sessions will be shown to illustrate specific features of the group.
PF 106  THE GOLDEN CALF IN THE WILDERNESS: THE
NATURE OF SUPERVISION OF OUTREACH WORK
WITH HARD TO REACH FAMILIES WITH
INFANTS

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This paper examines the nature of supervision provided to a multi-disciplinary team that specializes in
assisting hard to reach families having difficulties with their infants in the 18 months of life. The program
which takes place in the family home is described.

The story of the "Golden Calf in the Wilderness" is used as a metaphor for the worker's wish for
containment and release from a situation where they are confronted by the primitive anxieties of mothers and
babies which prevent the mother from thinking and in turn cause the worker to struggle with their own
difficulties in thinking.

The "Golden Calf" refers to the object of worship that was created when the Jews were in the wilderness at
a time when Moses left in order to receive the 10 commandments from God. It was created when there was
the absence of leadership, and associated beliefs, and in the face of primitive anxieties. The creation of the
"Golden Calf" defied the existing law which banned idolatry, and substituted a return to earlier patterns of
belief, distrust and the inability to wait in the face of the unknown for a new shape to emerge.

The metaphor is developed further for it appears that the worker's difficulty in thinking, leads them to seek
a supervisory relationship which is idealized and perhaps a substitute for their own independent and
autonomous thinking.

Using case examples the paper looks at the supervisor's experience in providing a situation in which the
workers can establish a relationship which leads to autonomous thinking.

The paper refers to the work of Bion and Meltzer in order to explore the nature of this supervisor-worker
relationship.

PF 107  CLINICAL APPLICATIONS OF THE JAPANESE I
FEEL PICTURES TEST (JIFPT) TO MOTHERS
WHO ABUSE THEIR CHILDREN OR COMPLAIN
OF DIFFICULTY IN CHILD REARING

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I. We classify mothers who visit psychiatrists because they abuse their children, refuse to bring
them up, or complain of difficulty in child rearing (hereinafter referred to as "The Problems") into
the following three groups:
  Group A: Mothers who manifested borderline personality disorders prior to pregnancy or
delivery, and who, after giving birth, suffer from The Problems in child rearing.
  Group B: Mothers who had never visited psychiatrists prior to pregnancy or delivery, but who
suffer from The Problems, complaining of depression, anxiety, and irritation in dealing with
their children. These mothers have the Borderline Personality Organization (Kernberg, O.).
  Group C: Mothers who are at neurotic level.

We performed JIFPT on the mothers, compared these findings with the clinical pictures, and
found the characteristic traits for depressive, rejective, split, paranoid, and deviation types of
responses among mothers with The Problems.

II. Based on our understanding of the responses to the JIFPT shown by mothers who visited
psychiatric clinics with The Problems, we performed the same test on mothers during regular
health check-ups at public health centers when their children reached 18 months old and 3 years
old. (These public health centers are operated with the objective of managing people's health
under the jurisdiction of the Ministry of Health and Welfare). Applying JIFPT assessment, we
prescreened mothers who were likely to experience The Problems in child rearing, and later
verified the veracity of our predictions of the mothers' conditions through interviews. We wish to
discuss how JIFPT is effective in predicting and signaling the existence of The Problems in a mother.
PF 108  A STUDY OF GENDER DIFFERENCES AND PSYCHO-SOCIAL STATES AS FACTORS THAT DETERMINE THE RESPONSES FOR JAPANESE I FEEL PICTURES

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Japanese IFEEL Pictures (hereinafter referred to as JIFP) is the Japanese version of the IFEEL Pictures developed by Robert Eme and Joy Osofsky. Consisting of thirty photos depicting facial expressions of infants, the JIFP aims at assessing the subject's emotional availability by examining the emotions he or she interprets from each picture.

In our study, we performed the JIFP on male and female university students as well as pregnant women and their husbands. Responses of each subject groups were compared to find differences, if any, in the empathy each group felt for the infants' affect signals.

Based on the findings obtained from the above study, we wish to discuss the influence of the subjects' gender differences and/or psycho-social states on empathy.

PF 109  PROBLEMS IN CATEGORIZING THE RESPONSES TO THE JAPANESE VERSION OF I FEEL PICTURES TEST

Sachiko Mori, Yurika Murakami (Wellness Center, S.F.C. Keio University)
Kako Inoue (Yokohama National University) Naomi Hirano (Sapporo Juvenile Classification Home) Yoko Hamada, M.D., Keigo Okonogi, M.D. (S.F.C. Keio University)

We categorize the responses given by the subjects (hereinafter "Responses") to the Japanese version of I FEEL Pictures Test (hereinafter "JIFPT") using our own coding manual. Thus far, we have studied the characteristics of categories by their usage frequency, identified high-frequency, medium-frequency, and low-frequency categories, and formulated the JIFPT's subject profiles. We furthermore identified eleven photos of which over 40% of the Responses could be clearly categorized and nine categories whereby over 20% of the subjects responded to a single photo. In our presentation, we wish to report on the problems we acknowledged during the process of categorizing the subjects' responses to the JIFPT according to our own code table.

Concerning the pattern of subjects' experience in, and responses for JIFPT, we identified ① sympathy type, ② identification type, and ③ diagram type, then outlined the problems in categorizing the Responses. While investigating these problems, we concluded that it may be better to establish a stage of inquiry with the subjects after conducting the JIFPT to verify the Responses with the photos and to study the inner process of the subjects responses.
PF 110  RESPONSES OF MOTHERS OF DISABLED INFANTS TO THE JAPANESE I FEEL PICTURE TEST (JIFPT)

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KAZUKO SBOJI (University of Tsukuba, School Education Center)

The purpose of this study was to identify mothers who are suspected to have the difficulties in perception of infants’ facial expression and need to be supported.

The subjects were 30 mothers of disabled infants who visited the clinic of institution for disabled children in 1994. Their mean age was 31.73 years (SD= 4.27) and infants’ mean age was 24.93 months (SD=9.92). The level of infants’ disability ranged from border to severe. Three tests were performed. (1) JIFPT (Okonogi et al. 1994). (2) SDS (Zung 1965). (3) Scale for mother’s feelings to her infant (Hanazawa, 1988). The subjects were asked to respond to these three tests individually. At the same time their infants’ DQ was assessed. Results suggested that mothers’ negative feelings to their infants were expressed as projective interpretation of JIFPT pictures. The type of infants’ disability would somewhat influence mothers’ responses to their infants’ emotions.

Further researches should be made to support efficiently these mothers and infants.

PF 111  CLINICAL APPLICATION OF I FEEL PICTURES (JAPANESE VERSION) TO MOTHERS WITH DIFFICULTY IN CHILD REARING

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We have tried to apply Japanese version of IFP to mothers with difficulty in child rearing. We had meaningful experiences through IFP.

A and her son was referred to a clinical psychologist. A was a mother of a 9-year-old daughter and the 4-year-old son. Her son had complained about small fish bone stuck in his throat for 10 days. In the first interview, the son looked at X-ray film viewer and said, “We can see bone.” He muttered repeatedly, “Oh, My Goodness.” A seemed to have difficultly in catching the emotion of her son. In the third session, IFP was conducted. Her responses were short of reference to anxiety, sadness or loneliness. She was stimulated by IFP and talked about her original family in the interview after IFP. Her memory about mealtime in her childhood was mainly about competing with her siblings for foods. Her parents had been rather strict persons.

B consulted a psychiatrist for her daughter's violent behavior. Individual psychotherapy for her and her daughter was begun in parallel. In her psychotherapy, she revealed her stormy life. Her father had been wife-beater. She married a gangster and divorced two or three years after because of the violence of the man. She married another man. The man, her second husband, also beat her and divorced three years after. IFP was conducted in the 7th session of her psychotherapy. There were many responses referring to sadness, loneliness, or anger in her responses. After IFP, she said that she suddenly remembered a memory at the age of three. In the memory, a boy threw stones nearby and a stone hit at the head of her mother.

We had impression that IFP was useful to assess one's ability to recognize emotion of children and to explore unconscious conflicts about child rearing.
INFANT DAY CARE AS INTERVENTION: THE NATURE OF JOINT ATTENTION INTERACTIONS BETWEEN CAREGIVERS AND INFANTS IN AUSTRALIAN DAY CARE CENTRES

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Results will be presented from a study examining the nature of joint-attention interactions between infants and caregivers in Australian day care centres. Twenty infants less than 12 months of age were videotaped interacting with the mother, the father and their usual non-parental caregiver and as they played alone. Durations of infant fixation and manipulation were recorded, with particular attention to "focussed attention". Caregiver behaviour was coded in terms of sensitivity, responsiveness, restrictiveness, pleasure, tempo and intrusiveness. The frequency and duration of specific adult behaviours that support, structure, extend or challenge infant exploration were also recorded. Results will be presented in terms of the potential role of non-parental day care as a setting for intervention and discussion will focus on adult sensitivity, responsiveness and intrusiveness. The implications for training of non-parental caregivers will also be considered.

FAMILIAR ENVIRONMENT OF THE INFANT AND EARLY INSTITUTIONAL CARE SETTINGS

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This study considers the self constructed set of interactions at work in the close surroundings of the infant, wherever he or she is. The subjective reality that we call familiar environment of the infant includes any kind of human interrelations involved in the existence of one infant and the circumstances where these interrelations become possible. The familiar environment of the infant is most often represented through the models of the family institution, but other institutions allow different perspectives of observation that focus on the process of structuration of the familiar environment. The posters refer to the design of nurseries for infants with special needs. They identify three elementary functions that, beyond nurturing, work as organizers of the familiar environment. These are: the valorization of the familiar references resulting from subjective experiences shared with the infant, the facilitation of transitions making links between familiar and unfamiliar events, and the co-ordination of the educative attitudes of the adults who belong to the familiar environment. Insofar as a nursery setting gives a clear differentiation to those functions, the design of the particular place they each require emphasizes the influence they have on the way infants are observed and taken care of. Referring to the institutional setting where observations are made, this framework helps in evaluating the responsiveness of the familiar environment of an infant and identifying factors of dysfunction.
HOW TO CONTAIN BABIES PRIMITIVE ANXIETIES IN INSTITUTION? ANALYSIS OF EVOLUTION OF SEVERAL DAY NURSERY TEAMS

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To contribute to babies optimal development one has to accept to receive, to contain and to think their separation and specially primitive anxieties. Over the last decades, institutions have gradually improved babies welcoming conditions, but it still remains a lot of resistances on different levels.

A clinical research studied during 10 years day nurseries evolution and most precisely teams containing function. Institution must protect itself from inner primitive anxieties. These defences allow professionals to work but at the same time they lead toward limiting any kind of change: a modification in the organization or in the alliances with parents risks to throw up these anxieties initially brought to a standstill. The author hypothesis is that change results from the team working out some institutional situations such as an excessive bond between a care giver and a baby or the opposite phenomenon of the scapegoat. Team growth goes always with the setting into place and the development of different, interdisciplinary frameworks which induce containment of these anxieties.

This analysis is based on psychologist practise, knowledge of group unconscious life and baby psychanalysis observation according to E. Bick.

A MODEL OF GROUP-BASED PRENATAL INTERVENTION AND ITS EVALUATION

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The case is presented for a preventive group therapy intervention in pregnancy based on a developmental model of intrapsychic processes in pregnancy. The underlying model of postnatal distress draws on Raphael-Leff’s (1993) model of orientations in pregnancy (Regulator, Facilitator, Reciprocator) as revealing psychic sources of distortion in reflective self capacity, their manifestations in different phenomenologies of PND, and the different risk factors and different infant developmental crisis points for mothers of differing orientation.

The intervention model is introduced by a review of developments in groupwork, drawing on attachment and object relations theories as applied to interventions with pregnant mothers and spouses. The tasks of the groupwork utilise the concept of the group as providing a secure base; utilise current knowledge of intrapsychic developments in pregnancy and their deviations, to explore unconscious configurations of self and baby; and implement strategies to enhance self reflective function and secure attachment representations, especially through relating functioning in the group to behaviour and history outside the group.

Finally, the research model for evaluating process and outcomes of the groupwork will be presented. Chief issues will be the the link between theoretical concepts, intervention model and process and outcome evaluation; methodology for empirical research of phenomenological experience of mother and baby; and the phenomenological differentiation of different kinds of depression.
PF 116  PARENT-INFANT RELATIONSHIP AT RISK: GROUP INTERVENTIONS

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In the paper our experiences in group interventions with mothers and infants, up to 3 years
old are presented.

Dyads at risk were defined as those where evident developmental risk, child developmental
problems or clear signs of maternal dysfunction were present. Initial assessment was made by
clinical interviews and observation.

Groups were held once weekly, were designed as open groups and consisted of up to 10
pairs of mothers and infants and 2 therapists. The interventions were focused on both members of
the dyad.

The goals of the interventions consisted of giving adequate and sufficient information
concerning infant development, supporting the analysis and understanding of the ongoing
interactions between members of the dyad and addressing the mothers thoughts and anxieties
about child development.

The most prominent positive effects were reduction of mothers' anxieties, improvement in
the capacity for tolerating parental distress and of restoring the capacity for enjoyment in
relationship, that was previously significantly affected.

PF 117  THE MOTHER-CHILD AND FATHER-CHILD
PSYCHOTHERAPY: AN APPROACH TO
TREATMENT OF RELATIONAL DISTURBANCES
IN CHILDHOOD

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A design of a psychoanalytically oriented conjoint treatment of weekly alternating sessions,
with the same therapist of the Mother-Child and Father-Child dyads, as well as regular
meetings with the parental dyad is presented. The child's manifest disturbances are seen as
mostly reactive to and connected with parental difficulties and/or conflicts to meet changing
developmental needs.

We observe two parallel therapeutic processes for each participant in the dyads: one with the
therapist and one with each other. The therapist contributes as participant observer, facilitator,
translator-interpreter and safety-presence.

In the two-plus-one situation the child enacts and narrates the conflictual themes. Turning them
into "communication" enables co-construction of new meanings to old role-relations. The
parents gain in feelings of competence and experiential understanding of their own and the
child's changing needs.

Our therapeutic goal is to foster experiential changes in interpersonal functioning, in reflective
awareness of present meanings of relations, leading to development promoting experiences for
the child and enhancement of the caregivers' parenting resources.

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PF 118  YOUNG CHILDREN COPING WITH STRESS: CLINICAL AND THEORETICAL IMPLICATIONS

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Understanding how children cope with stressful experiences and determining how clinicians can help in this process is a major task facing the field of clinical developmental psychology. For example, this kind of knowledge may permit investigators to better alleviate stress in hospitalized children. Empirical studies have shown that children use a variety of coping strategies, such as problem-focused or emotion-focused coping (Lazarus & Folkman, 1984), blunting or monitoring coping (Miller & Green, 1985), activity, avoidance, distraction, support-seeking (Sandler, Tein & West, 1994). Coping has mostly been studied at a representational level through the use of self-report questionnaires or through self-recordings of the subject in his/her everyday life. However, this methodology is not appropriate with children.

We have designed two descriptive tools appropriate for younger children that do not rely on verbal report but rather take into account: (a) the child’s emotional expressions (The Kiddie-Infant Descriptive Instrument for Emotional States - KIDIES) and (b) the overt coping behaviors (The Descriptive Instrument for Coping Behavior - DICB), in order to evaluate empirically the different coping strategies used in a stressful situation.

Results show (a) that there are different styles both in emotional display and in coping behavior and (b) that there is a link between the two.

The clinical relevance of the results will be discussed.

PF 119  A STITCH IN TIME SAVES NINE

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An up-to-date evaluation of Maskan mother-baby unit (the Stitch) in Stockholm.

Do our approaches that aim to change interactive behaviour have effect, and, if so, on what level? How does improvement happen? Is improvement brief or is it permanent? These are the main questions in our research based on 25 mother-baby couples in treatment at Maskan in the years 1991 to 1994. Maskan is a county council mother-baby unit working within a group-setting with five to six mother and baby couples at a time. The mothers come three times per week, three hours per day with their babies. Length of treatment varies between two and eleven months. The staff consists of psychotherapists working along psychoanalytic lines. Families, with a variety of symptoms, are mainly referred from child health care centres, institutions spread over the whole country and frequented by almost all mothers-to-be and families with small children. Treatment at Maskan combines different methods of mother-baby therapy. Within the structure of ‘holding’, the mother’s representations of her baby and of herself as a mother is focused, as well as the overt interactive behaviour between mother and child. In the research the mothers will be interviewed twice. Interaction between mother and child will be videotaped and analyzed. The therapists will also be interviewed. Data will be analyzed especially to reveal growth of the children’s mental health. Furthermore, data will be analyzed to answer our questions about change within the mother’s representations and in the interaction between mother and child. Our belief is that treatment works - but how and why and for how long?
PF 120 DEVELOPMENT OF CHILDREN AND FAMILIES: EARLY INTERVENTIONS WITH EMPHASIS ON THE TRIADIC ROOM

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In a prospective longitudinal study of family and child development 38 clinically normal couples and their first born children were examined by semi structured interviews (Basle Parent Interview), different structured methods as well as two standardised observations of interactions. It could be demonstrated, that within the time of pregnancy and early parenthood the parents' psychic structure and their relationship were of a surprising stability. Specific changes during the transition to parenthood are shown by an increased openness of the parents and by the experience of intensified interpersonal relationships. The capacity of the father and the mother to understand their future relationship to the child, from the very beginning - even in pregnancy - in a "triadic room" was proved of prognostically high relevance for the development of the families. The ability of the parents to be flexible in their imaginations of the future child, especially to allow the existence of ambivalent feelings, is also to be considered as a favourable condition. The development of children and families will now be prospectively examined in a population, that looks upon parenthood under more difficult psychosocial conditions. Risk-families are examined four times totally, before birth as well as during the first year of life of the first child. It will be assessed, how the dynamics of the parental couple develop and how the imaginations during pregnancy influence the relationship to the real child and his development. A modified version of the Basle Parent Interview is used as main instrument. In the sense of an early intervention - the subjects "triadic rooms" and "flexibility of imaginations" are granted special importance. The focus is aimed at the process of transition to parenthood. Methods as well as preliminary results will be shown.

PF 121 MOTHER-INFANT TREATMENT IN ATYPICAL PERVERSIVE DEVELOPMENTAL DISORDERS: A RESEARCH PROJECT

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In this study we will present a research project whose main aim is to validate a technique of intervention on the mother-infant relation. Our model of intervention integrates the tradition of the contemporaneous mother-infant therapies (mother-infant psychotherapies of B. Cramer & F. Palacio Espasa; developmental therapy of S. Fraiberg). According to our experience, the application of this type of intervention to more severe developmental disorders needs an original approach. The investigation of the parental phantasmatic dynamics must be integrated to a more specific intervention on the real interaction, to help the mother in the decodification of the signals of an often little reactive and soliciting infant, as well as to develop her capacity of being in sintony with him. The research has been conducted on a sample of infants (14-34 months), showing early disorders of the psycho-affective development that can be classified within the following categories: ICD-10 F 83, F 84.8, F 94.1. In this study, we will present: 1) a new instrument for the evaluation of mother-infant interaction; 2) considerations on intervention technique with particular referent to: a) the use of the interpretative language; b) the way the psychotherapist can manage the mother's transfert; c) the temporal displacement between the changes of infant and mother's ones; d) the development of a play area and of symbolic sharing in the mother-infant relation; 3) methodology adopted for evaluation of the results.

We will discuss the project research in the light of clinical material and video-presentations.
PF 122 GETCEF – GRID FOR THE EVALUATION OF THE TRIADIC PLAY BETWEEN MOTHER, FATHER AND INFANT
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The GETCEF has been developed to observe and evaluate mother-father-infant interaction during the first year of life in the Lausanne Triadic Play (LTP) situation. Like for dialogue, the goal of trilogue play is to share positive affects. In optimal conditions partners build a strong working alliance. By coordinating their behavior on body and gaze levels parents translate the rules of the play into non-verbal signals for the baby. This, in turn, enables exchanges on the affective-expressive level.

This grid evaluates the quality of the triadic alliance. At body level we code "participation" (partners' pelvi and torsos orientations expressing interactive readiness) and "organization" (in particular, alignment/disalignment of the parents' torsos according to their respective roles). At gaze level we code the triad's degree of mutual attention. The body and visual variables are then classified in three main categories: consensual, conflictual, disordered (mis)alliances.

The GETCEF is meant for clinicians and researchers studying early triadic interactions.

PF 123 THE PARENT-CHILD EARLY RELATIONAL ASSESSMENT: ASSESSING QUALITY AND CHANGE IN PARENT-INFANT RELATIONSHIPS IN EARLY INTERVENTION RESEARCH
Roseanne Clark, Ph.D., Department of Psychiatry, University of Wisconsin Medical School, 600 Highland Avenue, Madison, WI., 53792, USA

This workshop will describe the conceptual background, psychometric characteristics and clinical and research utility of the Parent-Child Early Relational Assessment (ERA) (Clark, 1985). In most infancy research, assessment of the quality and nature of parent-infant interactions has been limited to time-sampling, frequency counts or ratings of the presence or absence of specific behaviors. The field of Infant Mental Health requires an assessment instrument that allows for the development of an understanding of the meaning of these behaviors for the individual and the dyad, within the family and culture. This requires a conceptually richer yet systematic method of assessment. The ERA is informed by psychodynamic theory, developmental studies and clinical observations of both normative and high-risk populations. The ERA was developed to capture both the infant and parent's experience of their relationship and utilizes global ratings based on intensity, frequency and duration of affect and behavior in the parent and infant. It includes the higher order constructs of sensitivity and responsivity to infant's cues, connectedness, mirroring, capacity to structure and mediate the environment, reciprocity, mutuality and organization and regulation of the interactions. The ERA consists of both objective and subjective components, allowing the parent to be involved in the assessment process, and identifies areas of strength and of concern in the parent, the child and the dyad. The profiles developed may be used in focusing clinical intervention efforts, for program evaluation purposes and in research with families at risk for or evidencing early relational disturbances. This instrument is currently being used internationally in clinical intervention and research projects. The results of studies documenting the reliability, validity and confirmatory factor analytic work that has been done will be described. The efficacy of its use in focusing therapeutic interventions and in documenting change in the quality of mother-infant relationships in early intervention evaluation research will be documented. The ERA assessment method will be illustrated with videotaped examples and workshop participants will be engaged in discussion regarding issues of its use with populations of interest to them.
PF 124  A PARENT-CHILD PLAY GROUP AS CONTEXT FOR TEACHING ABOUT DEVELOPMENT

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"Parents Interacting with Infants" (PIWI) is a parent-child play group. It is designed around the central theme of facilitating parents' interactions with their infants and toddlers by supporting and enhancing each parent's knowledge of his or her own child's development. PIWI also serves as a setting for preparing university students from several departments to work with parents and their babies using this model. In this session, PIWI will be described as a service delivery model and as a training model. First, information will be provided about the theoretical model on which the play group is based and how it is manifested in the various components of the project (e.g., physical environment, roles of interventionists). Second, information will be shared about how this setting is used in the training of graduate students in Special Education and other disciplines preparing for work with infants and toddlers with disabilities and their families.

PF 125  FACE TO FACE WITH INITIATIVE AND CREATIVITY; PLAY SITUATION: AN OPENING TO CREATIVITY AND INTERACTION


Following is the presentation of the design and results of a pilot project aimed at determining the creativity level of a child during an interactive free play session. To implement the project, a tool was developed enabling us to record and analyze the following data:

1) Creativity, evolution and involution of the child's play.

2) The properness of the mother's response to the play situation.

By implementing this tool, it will be possible to confirm or refute one of various predictions made in a previous project in which the development of initiatives in a feeding situation during the second half of the first year of life was studied. It was predicted there that babies who during the second semester showed positive development of initiative, low level of averseness and low interactive conflictivity, will show creative development during the second and third years of life capable of being registered in a situation of interactive play.

The «diad» population studied, which had no family pathology nor any reason for consulting, was the same as that used in our previous projects on initiative development. The rates of the play situation were obtained from observation and codification of video material filmed in a laboratory situation.

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PF 126    PLAY THERAPY AS INTERVENTION TO CHILDREN WITH LONGTERM ILLNESSES

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Early childhood with chronic conditions put the child at-risk for an acute reactive emotional disturbance and developmental disabilities. In Finland the play therapy in hospital settings is based on three significant main ideas: therapeutic, pedagogical and rehabilitative. By using play therapy we are trying to help the children to cope better with the stress and anxiety caused by the hospital experiences and to promote the children's normal growth and development during the hospitalization.

Play therapy or play intervention strategies include group settings and individual play programs. Individual program and intervention vary according to such factors as the age of the child, the specific illness, the length of the hospital stay, previous hospital experiences, the chronicity of the illness, the temperament of the child and specific medical treatments.

The play intervention in the Children's Hospital University of Helsinki include many different method: roleplaying, fantasy play, music therapy, art activities and the adolescent's activity program. During the year 1995 the play therapy unit has created the infant-parent music group carried out in the infant surgical ward. According to the evaluation made by play therapists it seems that involvement in the music group decreases the stress of parents and children, supports the interaction between the infant and the parent, and give an opportunity to relieve anxiety and frustration.

PF 127    HOME BASED TREATMENT MODEL FOR CHILDSPSYCHIATRIC PATIENTS

The experimental project of the Provincial Government of the Province of Turku and Pori.
Childpsychiatric Unit. Satakunta Hospital District
Erkolahti Ritva, Siivonen Marja-Liisa.

Home environment is the most familiar and comfortable setting for many children.
Is it possible to carry out the childpsychiatric investigations and treatment at home?
Which kind of families and children benefit most of home based treatment? To get the answer for these questions we formed a flexible childpsychiatric team which will carry out the investigative program within six months. Tools to evaluate the process: Video taping, CDI, Childrens Behaviour Checklist, Parents interview.

Home based working model has turned out to be a very good and helpful model in many respects.
HOME-BASED EARLY INTERVENTION WITH FAMILIES OF CHILDREN WITH DISABILITIES: WHO IS DOING WHAT?

Susan L. McBride and Carla Peterson, Department of Human Development and Family Studies, 101 Child Development Building, Iowa State University. Ames, Iowa 50011

Home visiting is advocated for and widely used to provide early intervention services to young children with disabilities and their families. Empirical evidence documenting the content and process of home visits for children with disabilities and their families is limited. The purpose of this study was to develop measures to describe the content addressed and the processes employed during home visits conducted by early childhood special educators with children birth to three years of age and their families. In addition, an effort was made to determine if home intervention differs for families in relationship to their available resources or their children's varying caretaking demands. Despite current emphasis on family-centered early intervention practice, findings revealed a model of child focused intervention most frequently implemented. Differences were found, however, based on level of family resources or caretaking demands of the child. When children had greater caretaking demands joint interactions with other service providers were more frequent and the role of the home interventionist was significantly more likely to be that of an observer. Family issues were more likely to be discussed when family resources were limited, whereas the child's skill development was more frequently the topic when family resources were adequate. Implications for training and practice were discussed.

HOME BASED SUPPORT OF MOTHERHOOD AND BABY-FAMILY WORK IN ADULT PSYCHIATRY

Sinikka Mäkelä

The object of our work has been the support of parenthood with the birth of a new infant in families where the mother (or father) has intensive fears, severe depression, psychotic thoughts or other mental problems. In Jorvi's psychiatric unit in Esbo (in the capital area of Finland) a team of 6-8 psychiatric workers started to specialize in making home visits to these families. The patients had also their individual treatment plan in the areal mental health centre.

We wanted 1) to see how the parenthood was experienced in the families, 2) to prevent the problems' affecting too much the baby's development and 3) to help a good interaction between the baby and the mother.

The idea of the presentation is to illustrate our vievs of the different problems that can endanger good parenthood and how we think about the success and the difficulties of this new kind of work for which had no previous model in Finland. The material consists of the first 32 families that were sent to us. In thirteen families a weekly contact lasted over one year, in the others the contact was shorter. The nature of the work was clarified by interviewing the workers and gathering available information of the families.
PF 130  A DESCRIPTIVE STUDY OF CALLERS AND REQUESTS FOR INFORMATION FROM A DOMESTIC VIOLENCE CENTER
Jerry W. Cleland and Lucia M. Stellato, Department of Psychology, Barat College, 700 East Westleigh Road, Lake Forest, IL 60045, USA

Domestic violence is a continual and generally underreported problem in the United States. The current study assesses the characteristics of over 5500 individuals who contacted a domestic violence center in a suburb of Chicago, Illinois. The data show that 90% of the callers were female and that most (74%) were between 20 and 35 years of age. Fifty-six percent of the callers were married and 38% were single. Most calls (77%) were from new callers and lasted for less than 15 minutes (76%). White callers were most numerous (46%) followed by Black callers (42%), Hispanic callers (7.8%), and Asian callers (2%). The first comment of callers was most often of repeat abuse (31%), followed by a need for shelter (19%), and a need to talk to someone (9%). The first service provided by the center was to find a shelter (24%), to discuss options (19%), and to connect the caller with a domestic service agency (15%). State law requires that the Attorney General to be notified of certain behaviors; the most often first-reported behavior from this center is domestic violence (94%). There was a dramatic increase in the number of calls during June 1994, the month O.J. Simpson was arrested for the murder of his wife and a male companion.

PF 131  TOWARD PARTNERSHIP IN DECISION-MAKING: CO-OPERATION BETWEEN PARENTS AND PROFESSIONALS

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The assessment of the children with developmental risks is usually guided by the traditional medical model and the role of parents is rather more passive than active in decision-making concerning their child. Parents are not always participating the meetings where decisions regarding their child’s rehabilitation and education are made.

In the study the practises of 11 teams were followed up. The idea of the teams was to include parents of children with disabilities as fully functioning team members and professionals from different agencies working with the child or the family. Statistically it seems that all members were nearly satisfied in team working. But this information is clearly inconsistent with the data collected with other methods.

At the moment I’m working in Early Intervention -project the objective of which is to develop new practices for co-operation of health-care, social work and families of children with disabilities or at-risk. In the project it is very important to support families to cope with their every day living. The project started 1994 (-1998) and is funded by Finnish Slot Machine Association (RAY). At the moment (Oct 1995) we are starting to report the experiences of first two years.
SERIE OF VIDEOS: A TOOL TO HELP PARENTS WITH YOUNG CHILDREN

Monique MEYFROET - Jacques BORZYKOWSKI - FRAJE, 100 - 103 Boulevard de Waterloo a 1000 bruxelles - Belgium - Tél : 32.2.542.83.48

It is important for psychologists to share with young parents and parents-to-be their knowledge and experiences about the needs of children in education. With this idea in mind, 4 associations working in the area of mental health, baby psychog and documentary film put their efforts together to create a serie of videograms. The philosophy of the work is the following: we want to create a reflexion on how the parents perceive the needs and demands of their children in order to be able to answer them in the best fashion possible. We don't want to transmit norms or moulds for them to fit in but to offer space for discussion.

The concept is to permit the identification with other parents and children. The videos are to become tools for professionnals who work with parents to introduce various subjects and permit discussion. The films are also designed to be shown through anyregular media such as T.V. programs.

In order to permit this identification from the vieuwer we choseed to interview different parents and children on the various themes. Those persons come from different social backgrounds and belong to various cultural origins. This allows us to use the videos almost anywhere. The problems they cover are (almost) international.

Although, the original idea is to share knowledge, the »specialists« are not present in the video as such. The interviews are conducted by the psychologist who worked on the conception of the tool. She is a clinical psychologist active currently in the field of baby psychology.

In order to help professionnals who would not feel confident in the different subject we also produced a booklet that contains some theoretical aspects of the themes.

3 videos are now produced and one is also translated in English, the two others will be soon « Les chemins de l'autonomie »: the meeting of parents and their newborn.
« Au fil des relations »: parents and adolescents seen through the needs of children
« Corps-Accords-Desaccords »: relationship between parents and 2 years old children.

VXX « HIS NAME IS TODAY », VIDEO DOCUMENTARY OF THE RIGA/WAIMH CONFERENCE ON THE MENTAL HEALTH OF INFANTS, CHILDREN AND FAMILIES, RIGA, LATVIA, JUNE 1994

Dr. Gerald F. Ronning, Psychiatrist and Candidate

at the Chicago Institute for Psychoanalysis and Cheryl Ronning, producer, director and actress, traveled to Riga to film the conference and the people and places of Riga. Using footage from the conference as well as sights and sounds of the city and its people, especially its children, the documentary becomes the narrative container of complementary of contradictory ideas. It is a case history of the conscious and unconscious communications; a conversation between the facts and experiences, the objective and the subjective. It unveils both the latent and manifest content of the conference, as interpreted by the clinician and the documentarian. The resulting documentary is both a review of an historic conference and a new approach to psychoanalytic research.

Persephone Productions was co-founded by the Ronnings as a company which explores the media as a means of escaping the limitations of scientific and artistic tradition; to study and exploit the intersection between art and science. Their work has been presented at both clinical conferences and film festivals.
CULTURAL COMPETENCE: IMPLICATIONS FOR THEORY, RESEARCH, AND PUBLIC POLICY

Hiram E. Fitzgerald, Department of Psychology, Michigan State University, East Lansing, MI 48824 USA.

Cultural competence has been defined as “a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.” This symposium focuses on issues related to theory, research, and public policy involving infants and families from cultures that are different from the culture of the investigator. To what extent does one’s culture of origin affect the questions asked, methods selected, and interpretations derived from the study of individuals in other cultures?
SS 27/2  STUDYING MOTHER-INFANT INTERACTIONS AMONG THE EFE OF ZAIRE

Edward Z. Tronick, Children's Hospital, Child Development Unit, 300 Longwood Avenue, Boston, MA 02115, USA

The Efe (Pygmy) foragers of Ituri Forest in Zaire employ an extensive form of multiple caretaking in which Efe newborns, infants, and toddlers spend about half of their time in social contact with individuals who were not their mother. These observations question theories of attachment and the formation of the self, and the assumption that maternal care is the proto-typical, "natural" form of human caretaking, an assumption embedded in most psychodynamic and analytic theories of infancy.

SS 27/3  THE CULTURE OF POVERTY AND CHILD PROTECTION

Annette Abrams, Assistant Director, Vice Provost for University Outreach Office, Michigan State University, East Lansing, MI 48824, USA

Fluctuating economic, racial, and ethnic stereotypes have historically linked America's child protection and public assistance policies. Stigmatizing the cultural norms of nonwhite, low-income, and immigrant families has contributed to disproportionately high rates of family separation and child institutionalization among children, youth, and families-of-color. Understanding that poverty--rather than race or ethnicity--is the primary perpetrator of child abuse and poor parenting can lead to more effective child protection and welfare reform policies.
SS 27/4  STUDYING SINGLE CHILD FAMILIES IN CHINA

Rowena Fong, School of Social Work, University of Hawai‘i at Mānoa, Hawai‘i Hall, 2500 Campus Road, Honolulu, Hawai‘i 96822, USA

In 1979 the People’s Republic of China enacted the single-child policy in order to control population. After almost two decades, research has indicated severe mental health problems for infants and children of single child families. The most recent is the abandonment of female infants in adoption facilities who suffer from malnutrition and neglect. The paper reviews the policy, the politics of studying single child families, and the impact on the functioning infants and children.

SS 27/5  STUDYING MOTHER-INFANT INTERACTION AMONG THE ABORIGINES OF AUSTRALIA

Campbell Paul, Royal Children’s Hospital and the Victorian Aboriginal Health Service, Melbourne, Australia.

A series of official government policies spanning nearly 200 years resulted in successive generations of Aboriginal children being separated from their parents. The traditional roles of fathers especially have been fractured by this pervasive policy of removal of children from their families. Few attempts have been made to work within communities in order to understand the impact of colonization on parent-child relationships and the development of the sense of self for young Kooris. There is an urgent need to understand more about the personal experiences of the Koori, who have inhabited Australia for at least 40,000 years.

Discussion:  David Lonie, Box B7, Boronia Park, NSW 2111 Australia

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REVISITING TRIANGULATION. A MULTILEVEL, DEVELOPMENTAL PERSPECTIVE

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In the clinical domain, traditionally, triangulation has come to connote the (Oedipal) experience of exclusion or of drawing a third party in a two-persons relationship. From our perspective, triangulation involves the dialectic of exclusion/inclusion that begins in the father-mother-infant triangle from birth, and which includes three aspects: interacting in the triad, representing this experience and transmitting it between generations.

To explore triangulation in these key aspects, the WAIMH study group on Interfaces has engaged in a collaborative study of a normal family. The father, mother and infant were observed in the Lausanne Triadic Play situation over the first year and at 48 months. They were then interviewed on their subjective and psychodynamic experience of these play sessions and on the triangular intergenerational scripts that were evoked by it.

On the basis of the findings, we suggest the following working hypotheses: 1) Infants are competent for triadic as well as dyadic interactions very early; they co-regulate triadic patterns at the successively developing levels of affect communication - social, intersubjective, moral, narrative. 2) Infants co-construct pre-narrative envelopes of triangular as well as of one-to-one relationships. 3) Infants also partake in co-constructing the triangular scripts that emerge from the meeting of mandates and scripts "inherited" from the origin families.

In this symposium, we will illustrate these propositions with data of the family and examine the implications of a developmental, multilevel view of triangulation, for clinical and research purposes.

LONGITUDINAL STUDIES AND FOLLOW-UP: SOME REFLECTIONS ON METHODOLOGICAL ASPECTS

Adriana Lis, Anni Bergman (1), Ted Fallon (2), Paola Venuti, Alessandro Zennaro
Dipartimento di Psicologia dello Sviluppo e Della Socializzazione, Universita di Padova, Italy
(1) City College, New York, New York
(2) Yale Study Centre Yale University, New Haven, Connecticut

All the participants to the symposium are involved from some years in wide range longitudinal and follow-up studies. They have been carried out mainly using mother-child observations, interviews and questionnaires with parents. It is always very difficult to comprehend the knowledge derived from these techniques with the complexity of the child as considered by the psychoanalytic approach classically more interested in investigating the "clinical child" (Stern, 1985) as it appears later in the psychoanalytic setting.

Aim of the symposium is to face the great problem of evaluation of the development focusing the attention on methodological aspects, keeping in mind a psychoanalytic approach. The different contributions are reported in the following separate abstracts.
SS 29/2  LONGITUDINAL STUDIES AND FOLLOW-UP: SOME REFLECTIONS ON METHODOLOGICAL ASPECTS. I. CHILD'S PARENTAL REPRESENTATIONS IN PREGNANCY AND WHEN THE CHILD IS 20 DAYS AND THREE MONTHS OLD, RESPECTIVELY.

Alessandro Zennaro, Adriana Lis
Dipartimento di Psicologia dello Sviluppo e Della Socializzazione, Universita di Padova, Italy
In these last years an increasing importance has been given to fathers. Wishing to give a further contribution to this theme, we have begun a longitudinal research where fathers, mothers, and their child are studied with different techniques (semistructured interviews, questionnaires, observations). In particular the paper will be devoted to some reflections on the application and evaluation of interviews carried out with parents in pregnancy, and later, when the child was 20 days and three months old, respectively. The aim is to illustrate how the evaluation of the material through content analysis would help to follow parents' perceptions of their functions and of their child. The semistructured interviews, administered to the couple together, have investigated many areas; for this study a content analysis was carried out on four specific topics: physical and psychological characteristics of the child; how the parents thought they will be and later were as parents (strict, democratic); what kind of activities they would share with their child. Our sample is made up of 60 parents of their first born baby.
Correlation and paths analysis were carried out to study the possible relationships between the different representations.

SS 29/3  LONGITUDINAL STUDIES AND FOLLOW-UP: SOME REFLECTIONS ON METHODOLOGICAL ASPECTS. II. MOTHER-INFANT INTERACTION AT 13 MONTHS: A PROPOSAL FOR A NEW CODE TO EVALUATE THE TURN-TAKING DURING A PLAY SESSION WITH PREFIXED TOYS.

PAOLA VENUTI, ADRIANA LIS, CAROLINA COCO
DIPARTIMENTO DI PSICOLOGIA DELLO SVILUPPO E DELLA SOCIALIZZAZIONE- VIA VENEZIA 8- 35100 PADOVA

Maternal capacity to insert her behaviour adequately in the child's activity and in his/her pauses structures their interaction in rhythmic sequences. The aim of this paper is to illustrate a method we have devised to study this maternal capacity starting from a videorecorded material and through a continuous coding.

Methodology
Sample: Our sample is made of 32 13-month old children (16 males and 16 females) all first born.
Procedures: Videorecorded observations: Children and their mothers were observed at home for 15 minutes in a context of structured play. They were asked to play with seven prefixed toys given by the observer.
Coding: The videorecorded material was transcribed following a specific schema (Longobardi, 1992), which have given the opportunity to detect a continuous coding schemata to study mother-child interaction in a sequential way. Following this schemata mothers and children have been evaluated according to different variables: a) who begins the action: child or mother; b) when the child proposes how the mother answers: supporting or not the child' actions; c) how the mother helps the child to continue his/her activity (sharing actions, controlling, etc.); d) when the mother proposes or helps the child to continue the action, how the child answers: accepting actively; passively or not accepting.
Results: The code devised have allowed to detect some general typologies of mothers: synchronic and a-syncronic. Synchrony is defined as mother's capacity to adapt to the interactive rhythm of her child and to share his/her experiences without break in the turn-taking.
LONGITUDINAL STUDIES AND FOLLOW-UP: SOME REFLECTIONS ON METHODOLOGICAL ASPECTS: THEORETICAL CHALLENGES IN THE MEASUREMENT OF BEHAVIOR AND INTERNAL STATES

Theodore Fallon, Jr., Yale Child Study Center, New Haven, Connecticut, USA

The study of behavioral and emotional states requires their measurement, both cross-sectionally (a population at a single point of time) and longitudinally (followed over time). In order for these measurements to be useful, they must be both reliable (operationally reproducible) and valid (have a meaning that we know, understand and agree upon). Aside from technical limitations intrinsic to measurement of any phenomena such as biases and the nature of statistical events, the measurement of behavior and emotional phenomena faces variances in the events being reported on and in the reporters themselves. These variances are present in every study, although they are rarely scrutinized. When they are studied, they are reported as reliability and validity of instruments (questionnaires, interviews) rather than as considering them as variances of the phenomena being studied.

Using data from an epidemiological study of children, this paper will present two examples of variances - those seen within a single reporter and those that occur between multiple reporters. When these variances are considered as intrinsic to the phenomenon being studied, our examination will reveal what of these phenomena are knowable and what are not knowable. These results from the epidemiological study will be considered in the context of psychoanalysis. In this context, variances seen in responses to questionnaires and surveys can be linked to the psychoanalytic concepts of conflicts, defenses and motivations both conscious and unconscious. The psychoanalytic realm introduces these latent constructs of pre-conscious and unconscious motivations, conflicts and defenses as a way to explain these variances. From this perspective, psychoanalytic study is an effort to understand these latent constructs and hence an effort to understand variances in behavioral and emotional states. Given this view of the study of human behavior and internal states and the progress that the psychoanalytic field and social sciences have and have not made, operationalizing reliable and valid definitions of behavioral and emotional phenomenon presents a tremendous challenge.

NEONATAL INFANT ASSESSMENT AND EARLY MATERNAL REPRESENTATIONS: CLINICAL IMPLICATIONS FOR THE MOTHER-INFANT DYAD

Chairman: Professor Bernard GOLSE

1. Correlations between NBBAS and early psychosomatic disorders in the first three months of life (predictive value of the NBBAS).
   D. CANDILIS-HUISMAN, M. BYDLOWSKI, M. HUBIN-GAYTE.
   Laboratoire de Recherche de Gynécologie et Obstétrique (Cochin-Port-Royal), Paris, France.

2. Correlations between prenatal maternal representations and neonatal equipment of the infant.
   M. BYDLOWSKI, C. SQUIRES, D. CANDILIS-HUISMAN
   (Paris, France)

3. Maternal behaviour during NBBAS testing
   D. MARCELLI, S. BOINARD, A. FAGET, C. TOURRETTE
   Service de Psychiatrie de l'Enfant et de l'Adolescent, CHSV La Milétrie, 86000 Poitiers, Cedex.

4. Neonatal assessment after announcement of fetal antenatal malformation. A 20 case-study
   I. ABADIE, A.M. RAJON,
   INSERM, C.I.F. 94.06, Service d'Obstétrique, Hôpital de La Grave, 31052 Toulouse Cedex.
THE PEDIATRIC WARD AS A HOLDING ENVIRONMENT. PREVENTION AND INTERVENTION IN A CHILDRENS HOSPITAL.
Barbro Lundequist, M.D., and Britt Tolf, child psychologist, Sachs Childrens Hospital, Stockholm

As Selma Fraiberg pointed out in 1977, a necessary part of a well planned community scheme for infant mental health is a program which combines the forces of pediatrics and child psychiatry in close cooperation.It gives possibility of an early identification of problems, prevention and intervention in cases difficult to reach without the medical input. The program that will be presented started nine years ago in the context of liaison child psychiatry, a child psychiatric team working in a childrens hospital.

More than 50% of the children in Swedish pediatric wards are below one year of age. Stressors in parent-infant relations often manifest themselves as symptoms in the infants. The emphasis on somatic health and somatic growth of the child health care program facilitates their labelling as medical problems. When treatment in primary care fails, the infants come to the hospital and the parents are afraid that their child is ill. The main group in our program is therefore infants with psycho-somatic types of problems, eating disorders, sleep disorders, excessive crying, vomiting, constipation, etc.

Another group treated is families with fragile infants from the neonatal ward, who often need a gentle transition from medically intensive care to a more psychologically oriented one. Infants who have been critically ill and have undergone extensive, sometimes painful medical treatment, resulting in a posttraumatic stress disorder need to be identified and treated. Families with chronically ill infants need continuous support and developmental guidance.

In the regular day care ward of the hospital a child psychiatrist and a child psychologist are working in close cooperation with the personnel and doctors. The day care ward’s limited number of personnel working every day enables the establishment of easily available holding relations. The parents anxiety, realistic or not, diminishes by the medical safety of the ward, the initial medical examination and constant proximity of the pediatricians. Regular case conferences and supervision assume good coordination. A holding environment is created, which liberates the creativity of the parents and facilitates therapeutic interventions.

RESULTS FROM A FOUR YEARS FOLLOW-UP STUDY OF EXTREMELY LOW BIRTH WEIGHT INFANTS LESS THAN 901 G AND PRESENTATION OF AN INTERVENTION PROGRAM TO SUPPORT THE FAMILIES AND THE CHILDREN’S DEVELOPMENT IN THE PRESCHOOL PERIOD

Karin Stjernqvist, Ph.D., Dept of Pediatrics, University Hospital, S-22185 Lund, Sweden.

Extremely low birth weight (ELBW) infants with birth weight less than 901 g surviving at the neonatal intensive care unit (NICU) in the University Hospital in Lund, Sweden, during 1984-1986, were after parental consent included in a multidisciplinary prospective longitudinal follow-up study and compared with carefully pair-matched full-term infants. The aim was to follow the development and behaviour of the children. 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.

20% of the ELBW infants had major neurological impairments. Developmental assessment at four years of age showed that 85% of the ELBW-infants had a development within the normal range, but with lower developmental quotients than the fullterm controls.

The birth of an ELBW infant caused crises reactions in 85% of the mothers and 65% of the fathers. 58% of the ELBW parents reported that the stress related to the birth of the child had led to strains on the husband-wife relationship during the first year. The ELBW children had during the first year higher frequency of insomnia, eating disorders and signs of hyperactivity than the full-term children. At age 4 hyperactivity and concentration difficulties remained but they did not have an increased rate of behaviour problems.

As a result of our findings we have started an intervention program for infants born before gestational week 30 or with birthweight < 1500g. The program is lasting for five years, aiming to facilitate parental adjustment to the care of an ELBW child, to improve the child’s development and diminish behavioural deviations. The intervention team consists of psychologist, neurologist, nurse, physiotherapist, spechtherapist and dietitian.
THE COPENHAGEN MODEL OF EARLY PREVENTIVE INTERVENTION TOWARDS HIGH-RISK FAMILIES

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Child-and adolescentpsychiatric department, infantpsychiatric unit, Bispebjerg Hospital, Copenhagen, Denmark.

Mentally ill mothers and their babies are at risk of pre- and perinatal complications, relapse of mother’s mental illness, problems in the infant’s stimulus regulation and mother-child relationship disturbances. However, even mothers who usually are reluctant to accept help are motivated to receive psychotherapeutic and medical help when offered in pregnancy and early motherhood.
The principles for preventive intervention are early casefinding and assessment of parental abilities and infant’s vulnerability in order to establish early therapeutic support. This requires a confident alliance between the mother and few professionals, and a working model concerning transdisciplinary collaboration. In order to meet these demands the infantpsychiatric-, the obstetric- and the psychiatric departments in Copenhagen collaborate to offer extended pre- and postnatal care to mothers with mental problems and their infants.

Our results have underlined the importance of early preventive intervention. Pre- and perinatal complications have been reduced, and mothers in need of psychiatric treatment most often accept it. As for the infantpsychiatric intervention it has been possible to obtain therapeutic contact with heavily strained mothers and their infants and to diagnose and treat early mother-child relationship disturbances. Serious developmental disturbances in the infants have been prevented through early therapeutic and pedagogical measures towards mother and child.

DEVELOPMENT OF MOTHER INFANT PSYCHOTHERAPY IN THE CONTEXT OF AN INSTITUTIONAL NETWORK

The Viktoriagården Model- a Scandinavian example

Margareta Berg Brodén, Phd, clinical psychologist
Bim Riddersporre, clinical psychologist, speach pathologist

This paper describes the origins, development and institutional context of a treatment model for mother-infant psychotherapy, at Viktoriagården (a treatment unit for children 0-4 and their families) Sweden, which now is spread to more than 50 institutions in Scandinavia. The development has taken place in more or less distinct phases, each with its emphasis on particular parts of the institutional environment.

The first phase(1978) was starting interactional intervention with toddlers and their families on a daily basis. During this period close collaboration was built with primary health services and pediatric clinic, based on methods for early identification of risk-signs, developed at Viktoriagården.

Since all treated toddler-families reported problems during the first year we started a mother-infant group in 1982. Work was based on attachment theory. New networks were built with all local institutions in contact with "newborn families" in crises, for collaboration and training in diagnostic issues and intervention.

As the model was formed, we went on to differentiate the treatment model according to groups of mothers for example depressed, psychiatrically ill and socially and intellectually deprived mothers. This led to more intense collaboration with psychiatric clinic and social welfare departments. Next step was to differentiate the model according to needs, problems and characteristics of the children. Differentiating treatment for groups of mothers as well as infants increases our capability of helping our identified patient - the dyad. The model has been developed in close contact and mutual interchanges with clinics and organisations in the local community. The effects of this truly interdisciplinary clinical work will be described.
SS 31/5  MULTIPLE METHODS FOR PREVENTION AND TREATMENT OF FAMILIES WITH INFANTS AND SMALL CHILDREN AT RISK

Coordinated efforts from different parts of the care system.

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Marit Bergum Hansen, Aline Spedbarnsentret, Arm Hansens gate 10, 0455 Oslo, Norway

There is a great need for development of differentiated methods to prevent early interaction difficulties, increase parental competence and prevent unnecessary breach between parents and children. This is a challenge for both the primary health and social services, the child care service and child and adolescent psychiatry.

NIC WAALS INSTITUT is a combined institution for clinical activity, training and research and a regional center within the psychiatric health care for children and families. Together with ALINE SPEDBARNSENTER, which is a combined institution for clinical services in the field of child protection and a competence center for research and developmental work, we have developed a close cooperation in order to meet with this challenge.

The cooperation takes place on several areas, from competence building and method development to dissemination of new knowledge for use in preventive work. A consulting team has been gathered for anonymous discussion of risk cases.

SS 32/1  PLAY AND COMMUNICATION IN DEAF CHILDREN

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Nathan Szajnberg, M.D.

This study is a prospective, normative follow-up study of four deaf boys born to hearing parents. They were recruited through the Audiological Department of the Helsinki University Hospital. The children were from ten months to two years of age when data collection started. The methods consisted of interviews of the parents, monthly videotapes made in everyday situations in the children's homes as well as structured examinations (Munich Developmental Scales, temperament questionnaires). In addition, attachment was assessed with the Waters-Dean Q-sort. - The children were followed intensively during three years.

A deaf child in an otherwise hearing family belongs to a different linguistic group, as he or she cannot communicate with the spoken language. There is a significant delay before everyone in the family is able to use a common language more or less fluently. The deaf child must deal with separations, frustrations and aggression without any 'verbal' means of expression during a considerable time.

We discuss the separation-individuation process of the deaf child and the significance of verbal and non-verbal communication in the early affective development. The developmental paths of these four deaf boys were quite different from each other. However, quality of play and other preverbal symbolic expressions seemed to predict the quality of linguistic communication. This finding is highlighted with fragments of videotapes of two different children.
SS 32/2 THE IMPACT OF DEAFNESS AND BLINDNESS IN EARLY MOTHER-INFANT INTERACTION

Gunilla Preisler, department of psychology, Stockholm University

The importance of visual and auditive means of communication like mutual gaze, facial expressions - smiles in particular - vocalizations as well as imitations, joint attention, and affect attunement in early normal mother infant interaction for the socio-emotional, communicative and cognitive development of the child, has been thoroughly described and elaborated in a number of studies. But if the infant or the mother lack either the visual or the auditive sense, how does interpersonal communication develop between these pairs? In parallel longitudinal, qualitative studies of deaf infant-deaf mother, deaf infant-hearing mother, blind infant-sighted mother, blind mother-sighted infant, deaf-blind infant-sighted-hearing mother, patterns of early interaction has been described. Similarities and differences between these pairs, as well as comparisons with normal mother-infant interaction will be discussed, as well as the impact of deafness and blindness in the formation of an intersubjective relationship.

SS 32/3 DOES DISABILITY MAKE A DIFFERENCE? FATHER-CHILD INTERACTION WITH YOUNG CHILDREN DEVELOPING A-TYPICALLY

J.Croll
Institute of Early Childhood, Macquarie University.

Research indicates that both mothers and fathers make a significant contribution to the overall care and development of their children. Through interaction they provide scaffolding which facilitates children developing an understanding of their social and physical world. However, there are differences in the parental interaction style which seem to be gender based. Fathers have been shown to be more play and action oriented, while mothers are more likely to use physical caregiving as the context for interaction.

Studies of adult interaction with children developing a-typically has focussed almost exclusively on mothers with little indication of characteristics which may also be demonstrated by fathers. This study investigated the mediational behaviours used by both mothers and fathers as they interacted in different contexts with their disabled and non-disabled children. Results suggest that the parental view of the child as a learner is an important factor.
SS 32/4  BLIND CHILDREN IN INTERACTION WITH THEIR MOTHERS: SHARING REFERENCE TO AN UNSHARED WORLD

J.Campbell
Institute of Early Childhood, Macquarie University

Studies of young blind children that have the primary purpose of investigating their language development have suggested that maternal linguistic input has been either inadequate or unimportant, depending on the theoretical basis of the study. The study reported here investigated the strategies used by mothers of young blind children aged 18 to 24 months to establish joint attention and maintain interaction. Analysis of the linguistic context provided by maternal input suggests that, rather than being inadequate, the mothers utilised a range of interactional strategies to maintain the level of engagement, but experienced difficulty in identifying what the child was interested in. Sighted adults have little experience in being able to utilise non-visual information in a way that is comparable in terms of interest and must choose other conversational topics and other ways of drawing attention to salient attributes.

SS 32/5  FAMILIES FIRST: EVALUATING OUTCOMES FOR PARENTS AND THEIR DISABLED CHILDREN IN A FAMILY-CENTRED EARLY INTERVENTION PROGRAM

J.Campbell
J.Croll
Institute of Early Childhood, Macquarie University.

The Families First program was established to support parents and their severely disabled children from birth to three years of age. The various elements of the program, including home-visiting and group meetings, were evaluated using a parent-satisfaction scale. Items on the scale were designed to provide insight into the levels of parent confidence in their children’s growth and change and their own changing self-view in terms of adaptiveness, risk-taking, resolution of conflict and re-negotiation of roles. The results of this investigation validated the particular balance of elements in the program, identifying a need for further development of the provisions being made for fathers.
A FOETUS HOSPITALIZED IN HER MOTHER’S WOMB

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The care of ill foetus is no easy task. This is a highly difficult new kind of médecine complex and multidisciplinary. With the hospital care of foetus, both parents and professionnals are faced with double sided reality, both medical and psychological. Psychological interventions in the foetal mediciné ward have become a routine for the I.P.P. team. Parents have to be accompanied psychologically when confronted with foetal anomaly and therapeutic abortion. Not only parents, but sibleaugs and grandparents need attention in such circonstances. Perinatal loss has a very strong narcisic, objectal and self impact. Also, mother-foetus interactions are now getting more and more attention which raises issues as to the links with ulterior mother-child relation ships and Winnicott's primary maternal preoccupation.

The language of Symposium or Workshop will be french

LE FOETUS DANS LE VENTRE DE SA MÈRE-
INTERVENTIONS EN PSYCHIATRIE FOETALE »L’INTERACTION BIOLOGIQUE – PRÉALABLE À TOUTES LES AUTRES – LE FOETUS COMME PRÉCURSEUR DU NOUVEAU-NÉ» MICHEL SOULÉ PARIS/FRANCE


La biologie foetale se réfère désormais à des schémas interactionnels et à la science des "informations réciproques" entre le corps de la mère et celui du foetus.

Le comportement du foetus est lui aussi interactif avec son milieu, sa mère est agile et agit donc par des voies biologiques encore mal connues.

Désormais, il faut faire un long travail, comme pour le nouveau-né, pour établir une clinique du foetus. L'imagerie médicale nous apporte des moyens nouveaux qui se perfectionnent.

Cette communication rapportera une observation de l’oralité complexe et riche du foetus avec ses variantes. Elle était prévue par S. Freud (Trois Essais) et parfaitement imaginée dans la "cavité primitive" de R. Spitz.

Le foetus est le précurseur du Foetus et il faut le connaître.
LA SAGE FEMME ET L’ACCOMPAGNEMENT DES PARENTS CONFRONTÉS À L’INTERUPTION MÉDICALE DE GROSSESSE. ELISABETH MEUNIER. SAGE FEMME. SERVICE DE MéDECINE FOÉTALE. INSTITUT DE PUERICULTURE DE PARIS

La sage-femme, praticienne de la naissance, tient un rôle important dans l’accompagnement des couples confrontés à l’interruption de grossesse tardive pour motif médical.

Cet accompagnement doit tenir compte dès le moment de la démarche diagnostique de la nécessité de respecter des temps : temps de l’information, de l’explication, de l’émotion et de la réflexion en aménageant des plages d’écoute pour que les parents puissent exprimer leurs angoisses, leur chagrin mais aussi leurs doutes, leurs révoltes et leur culpabilité. Seules une connaissance technique approfondie et une expérience personnelle du vécu de ces situations peuvent nous faire dépasser tout l’intolérable que suscite toujours en chacun de nous la confrontation physique de la mort décidée.

Dans notre service de Médecine Foetale, cet accompagnement se concrétise notamment par :
- Un long entretien qui suit immédiatement la décision d’expert, au cours duquel la sage-femme expose au couple tout le déroulement technique de l’interruption Médicale de Grossesse et ses aspects administratifs.
- La présence de la sage-femme durant tout le travail et au moment de l’expulsion. Elle accepte là, d’être l’intermédiaire et le témoin d’une rencontre et d’un au revoir entre des parents et leur enfant qui ne vit pas, pour que ces instants puissent, sans traumatisme irrémédiable, s’inscrire dans l’histoire, l’avenir du couple et de la famille.

LE FOETUS DANS LE VENTRE DE SA MÈRE-INTERVENTIONS EN PSYCHIATRIE FOÉTALE »DÉSINVESTISSEMENT DU FOETUS – INTERVENTIONS« FRANCOIS SIROL; MICHEL SOULÉ, PARIS/FRANCE

Si, après un diagnostic prénatal, la mère, le père et la famille prennent la décision d’interrompre médicalement la grossesse et la vie du foetus, on constate souvent que le désinvestissement du foetus est très rapide, dans la journée, et se fait plus vite que celui effectué par l’équipe technique. Ce que nous savons des composantes de l’interaction fantasmatique des adultes avec le nouveau-né explique cela, car le foetus est le précurseur du nouveau-né, jamais investi en tant que tel (il n’y a pas de foetus imaginaire) mais en tant que support de l’image du bébé à venir. Quand il est patent que le foetus réel ne peut pas assurer ce rôle, il est condamné à être remplacé par un autre foetus dans une autre grossesse. Il doit céder la place au plus vite.

Le désinvestissement entraîne une culpabilité de tous, dont les origines culturelles et religieuses sont en contradiction avec le souhait profond de la mère. Les intervenants en psychiatrie de la grossesse doivent aider les parents, mais aussi la famille, dans ce processus de deuil anticipé.
SS 33/6  PRICE EN CHARGE ANESTHÉSIQUE DE LA DOULEUR. D. MÉNEZ. ANESTHÉSISTE. SERVICE DE MÉDECINE FOETALE. INSTITUT DE PUÉRICULTURE DE PARIS

"... Une douleur n’étant ni petite ni grande qu’autant que le courage est ou grand ou petit". Jean Bertaut.

La douleur dans la société moderne est un phénomène complètement absurde. Le rôle de l’anesthésiste réanimateur dans les interruptions médicales de grossesse est en premier lieu de supprimer toute souffrance physique; ceci est quelque chose de facilement réalisable. Après cela il deviendra accompagnateur au même titre que les autres membres de l’équipe pour permettre au couple d’affronter la véritable douleur: celle de l’âme.

"O mort! éloigne - toi de notre pensée et laisse nous tromper pour un peu de temps la violence de notre douleur par le souvenir de notre joie" Jean Baptiste Bossuet.

SS 33/7  ASPECTS TECHNIQUES ET CLINIQUES DES INTERVENTIONS DU PÉDOPSYCHIATRE


Nouvelles, spécifiques, brèves, prudentes, intégrées à l'activité médicale du Service, les interventions du pédopsychiatre prennent en compte l'intensité des réactions anxieuses, dépressives et agressives des parents. L’entretien sous la forme de la libre association des idées ou semi-directif dure une heure. Il ne laisse pas aller à trop de confidences. Deux situations sont envisagées: 1) lors de la consultation anténatale pour une grossesse qui suit une perte périnatale. L'abord direct des manifestations cliniques mises en relation avec la perte périnatale permet la reprise du processus de la maternité, jusque là compromis par la culpabilité; 2) après une interruption médicale de la grossesse, moment privilégié pour aborder franchement la culpabilité qui réapparaît brutalement dans ces situations catastrophiques. L'effet déculpabilisant de ces entretiens, facilité par les associations spontanées des mères et des pères concernant leur histoire infantile, restaure le narcissisme profondément blessé. Les enjeux familiaux, dans ces pertes anténatales, souvent très précoces, sont pris en compte.
WS 35 USING WHAT WE KNOW ABOUT EARLY
EMOTIONAL AND CHARACTER DEVELOPMENT
IN PARENTING INTERVENTIONS: A NEW
EMOTION-BASED CURRICULA (PIPE)

Perry M. Butterfield, M.A. and Robert N. Emde, M.D., University of Colorado Health Sciences Center, 4200 East 9th Avenue, C268-69, Denver, Colorado 80262, U.S.A.

Research should serve to enlighten and inspire the clinician. Our research in early emotional development and its relationship to character development led directly to the development of a new intervention for adolescent and high risk parents. It is because of our view of the parent-child relationship in the first three years that a specific intervention was developed by way of an integrated curricula which could be adapted to school-based or home visit settings. This teach-in will explore the Partners in Parenting Education Program (PIPE) which involves an interactive and experiential teaching curricula and model for Parent Educators to use with parents of children zero to three. By beginning early to comprehend an infant’s individuality, communication style, and needs for regulating behavior, parents develop habit patterns which can lead to a strong and positive parent child relationships. We will share materials, skills, and research contained in the PIPE Program. Discussion should enhance ideas about parent education and share the cross-cultural experience and knowledge from other parent educators.

WS 36/1 EVALUATION OF THE THERAPEUTIC
INTERVENTION IN AN OUTPATIENT INFANT
MENTAL HEALTH UNIT

Rodrigues, E., MD; Marques, C., MD; Nascimento, M. J., RN; Caldeira da Silva, P., MD; Cordeiro, M.J., MD.
Unidade da Primeira Infância - R. 6 nº 8 à Calçada dos Mestres, 1070 LISBOA, PORTUGAL.

A general outline of our clinical approach and intervention methodology as well as an overall characterization of the population attending the Infancy Unit over the last ten years is presented.
The authors propose to study the adequacy of the therapeutic intervention to the clinical needs of the population.

METHOD
The infants and their families having a first appointment between January 1994 and December 1995 were studied according to:
- Parent-Infant Relationship Global Assessment Scale (DC 0-3)
- GAF Scale (DSM IV)

Information and scale scorers were obtained through clinical records and the therapists’ evaluation at the beginning of the intervention. The same data was collected again at the present state of each case. Results were correlated with:
- Type of intervention
- Clinical diagnosis (NCCIP’s DC 0-3, Primary Diagnosis)
- Graffar Scale

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PRACTICAL APPROACH OF MOTHER-CHILD
JOINT HOSPITALISATION: BENEFITS AND RISKS
FOR THE INFANT

Sylvie Nezelof, Nathalie Gandelet, Paul Bizouard - Service de Psychiatrie et Psychologie
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For five years, in our Service, the collaboration between children psychiatrists and adult
psychiatrists allows the hospitalisation of a mother with her infant. This hospitalisation is
organised in the adult psychiatric department of the regional hospital where we are used to
collaborate with paediatric and obstetric departments.
The baby who is registered as an accompanying person may be housed in the mother’s
bedroom or in another room in the same service, or in the Paediatric service, according to
the mother’s mental state. Mother-Infant relationships can then be supported by the
medical team and nurses.
Joint hospitalisation allows the quality of mother-infant interactions and their evolution
compared to the evolution of the mother’s mental state (who may suffer from chronic
psychosis, depression, toxicomania or post partum pathology) to be evaluated in a secure
environment. In this context, the infant behaviour and his psycho affective abilities with his
mother and with nurses are attentively studied throughout the day.
It is one of the decisive factors in addition to the mother’s mental state and environment
quality, to decide whether we leave mother and baby together or whether we organise and
cope a therapeutic family placement. In these joint hospitalisations, it is important to
identify signs of the infant’s distress and to define bearable limits for the baby.

EFFICIENCY – EVALUATION OF TREATMENT –
OUTCOME OF INFANTS SUFFERING FROM NOFT
(NONORGANIC FAILURE TO THRIVE)
COMPARING AN INPATIENT VERSUS
OUTPATIENT MOTHER-INFANT UNIT SETTING

Marguerite Dunitz and Peter Scheer, Division for Paediatric Psychosomatics and
Psychotherapy, University Childrens’ Hospital, Graz, Austria.

In a prospective study, the effect of three different treatment modalities on 87 infants with
nonorganic failure to thrive (nFTT) was compared:
1) traditional inpatient treatment in a primary care setting
2) interaction-oriented outpatient treatment
3) inpatient treatment of both mother and infant in a "therapeutic community" with a
multidisciplinary team approach
Three groups, consisting each of 29 singleton infants matched for sex, age, family
demographics and severity of failure to thrive defined by an initial Cole Index (CI=weight
for height in %) of <85%. A paediatric and a standardized multiaxial psychodynamic
assessment was performed on all 3 groups within the first week of referral. The kind and
intensity of therapeutic interventions in each of the 3 different treatment modalities is
compared and correlated to progress in growth parameters after 1, 3 and 12 months. The
results show the significant superiority of the dyadic inpatient treatment model: most
effective weight gain (mean CI 1 month: 86.4% in group 3 vs. 81.1% in group 1) could be
achieved with the most positive lasting effect (mean CI 12 month: 98.5% in group 3 vs.
89.7% in group 1). We highlight the role of inpatient relationship-oriented treatment and
the need to consider a multifarious and dynamic approach to FTT.
MENTALLY ILL MOTHERS AND THEIR INFANTS: EVALUATION OF OUTCOME

R KUMAR
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100 consecutive mother and baby admissions into a specialised psychiatric unit will be reviewed. There are many indicators of outcome including the mental and physical health of the mother, the child's health and development, the mother-infant relationship and interaction, the marital relationship, the father's mental health and parental role and, eventually, the reintegration of mother and baby into their domestic, family and social milieu. So far, only some of these indicators have been studied and there is a strong case for developing measures and methods that are reliable and valid and that are specific to the above topics. Only in this way will it be possible to compare and contrast the efficacy of different kinds of models of care - eg. management of mentally ill mothers separately from their infants or as joint admissions; in-patient vs. day-patient and domiciliary care.

A start is being made in this direction in the mother and baby unit, Bethlem Royal Hospital, London, and some preliminary information will be presented about the assessment of clinical outcome and about the evaluation of the mother infant relationships, with special reference to safety of parenting.

MEASURING PARENT-CHILD INTERACTION: EXPERIENCE WITH THE NURSING CHILD ASSESSMENT SCALES (NCAFS AND NCATS) IN DIFFERENT EDUCATIONAL, CLINICAL AND CULTURAL GROUPS

Kathryn E. Barnard, Colleen E. Morisset, and Anna Thomas
University of Washington, Seattle WA 98195-7920 and the Policy Studies Institute, London

Parent-child interaction is a micro process within the human development ecological paradigm of great interest to both clinicians, researchers, and scholars of early development. Parent-child interaction is the process through which the child gains experience about the world. Various conceptualizations have identified elements within this interaction process. One conceptualization is the model advanced by Barnard and colleagues at the University of Washington. In this conceptualization attributes of the parent and child in an interaction episode have been developed into behavioral items which can be observed during two standardized situations, feeding (NCAFS) and teaching (NCATS). The major attributes for the parent are sensitivity to the child's cues, response to distress, social-emotional growth fostering, and cognitive growth fostering. For the child there are two attributes, clarity of cues and responsiveness to the parent. The basic conceptualization will be summarized and video examples given. Evidence of the measurements' validity and reliability will be reviewed as well as a case application. Experience using the scales in various cultural and educational groups in the United States will be presented. The process of using the scales in other countries and cultures will be described including the need for training observers, issues of observing parent-child interaction in various cultural groups, and the interpretation of the empirical data.
WS 38  REFLECTIVE SUPERVISION: AN ESSENTIAL TOOL FOR TRAINING AND SUPPORTING INFANT MENTAL HEALTH PRACTITIONERS

Emily Fenichel and Linda Eggbeer, ZERO TO THREE, the National Center 2000, 14th Street North, Suite 380, Arlington, Virginia 22201-2500, USA

This proposed workshop grows out of 7 years of work by ZERO TO THREE/National Center for Clinical Infant Programs on the topic of reflective supervision as a key element in the training and ongoing professional development of all practitioners who work with infants, toddlers, and their families. ZERO TO THREE believes that the intense, emotionally and intellectually challenging nature of work with very young children and their families demands regular opportunities for reflection in the context of a supportive, collaborative relationship. The workshop is designed to: 1) discuss the conceptualization of reflective supervision as a relationship for learning; 2) presents excerpts from ZERO TO THREE's training videotape, *Reflective Supervision*, to illustrate our approach to introducing supervision to a broad range of audiences involved in infant/family work and training; and 3) to facilitate sharing of perspectives and promising approaches among workshop participants.

WS 39/1  MATERNAL DEFENSE MECHANISMS AND CHILD'S INTERACTIONS DURING A SHORT MOTHER-CHILD THERAPY

Michel BADER, M.D., J. Christopher PERRY, M.P.H., M.D.

Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (Prof. O. Hafon), 25 A, Rue du Bugnon, CH - 1005 Lausanne, Switzerland

This pilot study assessed the development of the maternal defense mechanisms and the mother-child interactions during two short six-sessions mother-child therapies conducted by Prof. B. Cramer and D. Knauer M.D. of Geneva. The central hypothesis is that the therapeutical process led to a better functioning of the maternal defense mechanisms. The secondary hypothesis is that the change of the maternal defenses went together a better child 's interactive profile. The methodology used the DMRS (Perry, 1990) and the study of the mother-child interactions (videotape, transcription).

The coding of three sessions (S1,S3,S6) showed significantly changes of the maternal defense mechanisms during the two short therapies: higher level of neurotic defenses, moderate positive change of mature defenses and lower level of personality disorder defenses. The child's interactives profiles showed a better quality of playing games, negotiations and self-assertiveness, but the acting out behaviors stayed persistent when the mothers frustrated or did not respond to her 13 months and 17 months old child. These pilot results suggest that the maternal defense mechanisms could be an interesting parameter to study some features of the maternal psychopathology and some changes relating to the therapeutical process during short mother-child therapies.
WS 39/2  CHOICE OF TREATMENT BY THE PATIENTS IN BRIEF MOTHER-INFANT PSYCHOTHERAPIES

C. Robert-Tissot, N. Ladopoulo, J. de Haller, F. Luethi, V. Barraud, V. Wasem
Unité de Recherche, Clinique de Psychiatrie Infantile, 41, Crêts de Champel,
CH 1206 Geneva, Switzerland.

The agreement between patient and therapist about the objectives of the treatment constitutes an important dimension of the therapeutic alliance. If one considers the patient to be an active collaborator, then his/her opinion about the choice of treatment should be taken into account. We have examined the pertinency of this proposition within the frame of a research programme on the evaluation of the effects and processes in brief mother-infant psychotherapies (Cramer & al, 1991).

Fourty mothers were able to express their opinion on the two forms of proposed treatments (psychodynamic or interactional guidance therapies) at the end of the consultation for a functional disorder of their babies (6 to 18 months old). The nature of the choices (by exclusion or positive) and the type of arguments are examined. The choice of treatment made by the mothers is then compared to the treatment recommended by the clinicians, blind to the mothers’ choice, but having at their disposal complete clinical information on the mother-baby dyad. The mothers’ choice is likewise compared to the prognosis and to the previous to treatment different variables. The choices expressed by the mothers and the clinicians are also put in relation with different aspects of the therapeutic process, like the alliance and therapeutic focus evaluated by the therapist and the patient after each session.

WS 40  PROVISION OF PRIMARY HEALTH CARE FOR THE PROMOTION OF CHILDREN’S EARLY PSYCHOSOCIAL DEVELOPMENT

Tsiantis, J., Cox, A., Owing to the nature of the work, research workers from different centres will contribute: P. Caldeira, N. Hribar, K. Papadopoulou, A. Skoulka.
"AGHIA SOPHIA” Children's Hospital, Department of Psychological Paediatrics, 115 27 - Athens, Greece

Within the context of primary prevention, a multi-cultural and interdisciplinary approach is designed focusing on the promotion of healthy psychosocial development of infants and young children in the general population. The approach is designed and applied in Cyprus, Great Britain, Greece, N. Yugoslavia, Portugal, Slovenia and Turkey. The aim of the workshop is to present and discuss a model for Primary Health Care Workers, which trains them in issues pertaining to children's early psychosocial development and enables them to foster such development through sensitising and supporting parents in their role. The focus is on the period from conception to the end of the second year of the child's life. Two main components of the programme are the training of PHCWs (theoretical and experiential) and the semistructured interviews which guide the workers in their practice. The programme is evaluated in terms of PHCWs knowledge, attitudes and practice with regard to the quality of PHCWs' contacts with the families as well as the quality of mother-child relationship, maternal well-being and children's development. Preliminary analyses of the data show effects of training in terms of changes in PHCWs' knowledge as well as in terms of maternal postnatal depression.
DISORDERS OF PERSISTENT CRYING, FEEDING AND SLEEPING: THE MUNICH INTERDISCIPLINARY RESEARCH AND INTERVENTION PROGRAM

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Although disorders of persistent crying, feeding and sleeping are among the most common problems in pediatric practice, its causes, consequences and interrelations have hardly been explored. The most frequently cited pathogenic factors include a maturational delay in neurophysiological and/or chronobiological adaptation, various pre-, peri- and postnatal risk factors, food allergies, individual variation in self-regulatory capacities, difficult temperament, or social interactional problems.

The Munich Interdisciplinary Research and Intervention Program (MIRIP) was designed as a clinical prospective study of 1- to 24-month-old infants referred because of crying, sleeping and feeding problems. The program offers comprehensive interdisciplinary diagnostic and intervention services which are carefully and systematically documented for later scientific analyses and diagnostic assessments (see paper by v. Hofacker). The program is based on a psychobiological developmental model (Papoušek & Papoušek, 1990) with a major focus on the dynamic interrelations between the infant's self-regulatory capacities and the parent's intuitive regulatory support during preverbal communication.

All infants and their families are examined with the same diagnostic procedures. These include: a semi-structured clinical interview; developmental neuropsychiatric examination; questionnaires on perceived temperament, maternal feelings and child-care attitudes, self-confidence, marital satisfaction, and perceived social support; a 5-day diary on diurnal cycles of crying, feeding, sleeping, and mother-infant play; and behavioral observations of mother-infant interactions (see Teach-ins by H. Papoušek and by M. Papoušek) and of infants' self-regulatory competence in a structured standardized context (see poster by M. Malinowski).

Four topics are chosen to introduce the Program as a matter for discussion: (1) the conceptual model; (2) a case study illustrating (video) the interdisciplinary diagnostic assessment and the individualized multidimensional approach to therapeutic intervention; (3) some of the results from a sample of the first 180 infants with regulatory disorders on organic and psychosocial risk factors and (4) on infant temperament, maternal psychological resources, and marital satisfaction.

POSTPARTUM PSYCHOSIS AND FILIATION DISORDERS: A NEW THERAPEUTIC APPROACH

J. Dayan, 6 Alée du Rubercy, 14112 Biéville Beuvillé, France and D. Houzel, 6 Rue de l'Académie, 14000 Caen, France

Based on our experience with psychotherapy in a gynaecologic and obstetrical department, a new modality of treatment of post-partum psychosis is presented and discussed. This specific modality implies that early and intensive intervention should be carried out before the acute phase of psychosis settles in.

Postpartum psychosis usually results in the mother being transferred to a psychiatric unit, and her new-born baby being temporarily removed from her. From careful clinical analysis carried out in the few days preceding the onset of psychosis, there is, however, growing evidence that early symptoms may respond to specific psychotherapy. This may be conducted without the help of psychotropic medication, provided the patient is seen daily for 1- to 2-hour-sessions, during a period of one to two weeks.

The principle of our therapy is based on the hypothesis that postpartum psychosis reflects a "filiation" disorder, where delirium represents defence mechanisms, directed against unacceptable representations that the birth of her child elicits in the mother. The therapeutic process requires adequate institutional coping on the part of the maternity staff, so that they may call the therapist immediately should any difficulty arise and that the therapist should be specifically trained in the psychotherapeutic approach of pregnancy.

Three clinical examples illustrate our hypothesis.
WS 42/2 REgressive care for Borderline Mothers

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Anne Maries Allé 36A, DK5250 Odense SV

The family centre of Funen County is a 24-hours institution for long-term treatment of families with deficient care of their infants.

Regressive Care is a form of treatment supplementary to psychotherapy in letting the borderline mother experience a regression to her traumatic infancy in order to create an attachment and subsequently to mould an adequate object relation toward the therapist in charge of the care taking. In the process of relating to a satisfactory mother figure, the mother in treatment can develop a healthy attachment and thereby internalise a better object and self representation. The lecture describes the goals and methods of Regressive Care, putting our treatment program within the context of opposing views concerning borderline treatment.

The lecture is followed by a video presentation, in which one of the recipients of Regressive Care tells about her experience of the treatment and it’s effect on her own life.

WS 42/3 The Trouble of Keeping Apart the Psychosis and the Baby – a Case Study

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Some relevant aspects from a mother-infant-psychotherapy over more than 2 years with a chronically paranoid mother and her son are presented. In this therapy the mother had to resolve a deep conflict between her internal psychotic life and the needs of the baby for her to be emotionally present. A crisis developed, when she had to recognize, that her son reacted to her paranoid fears. The characteristics of mother-infant-interaction in this special case are described, considerations about the psychic development of the child are made. Further work is to be done towards more autonomy for the child and his own access to reality. A strong positive therapeutic relation has to be established, if working with high-risk-dyads like this one will be fruitful.
WS 43/1  COMPETENCIES AND PSYCHIATRIC SYMPTOMS AMONG 3-YEAR OLD CHILDREN

Fredrik Almqvist and Maarit Jekunen

The annual rate of contacts to the child guidance clinics is only 0.1-0.2% for the age group 0-2, and 1.0-1.5% for the age group 3-5 but is nearly 2% in the age group 7-12. This 10-20 fold increase of the incidence by age is probably more related to the rise of the demands by parents, teachers, schools and others direct toward the children, than related to an awareness of the mental needs of the child. Our clinical work with small children also indicate, that deviant developmental crisis, symptoms of psychopathology and disturbed interactional patterns are not recognized early enough. The delay of adequate intervention, assessment, support or therapy is harmful and cause complications. We assume that the child's needs for better understanding and the parent's needs for support can be recognized and properly dealt with already at the age of 3 instead of at the age of 5 or 6 as today.

In this study we present epidemiological data on the mental health among 2-3-year old children. The method is the CBCL/2-3. We also assess the developmental level and some skills and competencies of the child with questions that resemble the competence items of the CBCL for older children.

WS 43/2  THE SOUKKA CHILD-FAMILY PROJECT FOR IMPLEMENTATION OF MENTAL HEALTH ASPECTS INTO THE COOPERATION BETWEEN SOCIAL WELFARE AND WELL-BABY CLINIC

Maarit Jekunen, Fredrik Almqvist, Aira Ikonen, Anu Larsson, Merja Nikitin and Sirpa Nurmi

In Espoo, a town with 200 000 inhabitants and next neighbor to the west of Helsinki, the municipal social and health organizations are integrated and the town is divided into five regional sectors. Our piloting preventive mental health project for families with small children is carried out in the housing area of Soukka, a part of the Espoonlahti regional sector. We evaluate the mental health of the 3-year old children and the psychosocial situation of their families. We also evaluate the annual 3-year visit and the examination at the well-baby clinic. We analyze the interactions in the triad child-parent-public-health nurse and appraise the possibilities to make an evaluation of the mental health and developmental state of the child. We use also the CBCL/2-3 and a DOF-related approach for assessment of the child's behavior and symptoms. The 3-year examination visit will also be illustrated by video-presentation.
THE NURSERY GROUP

Lydie MILLER, Service de Psychiatrie de l'Enfant, Hôpital d' Aulnay-sous-bois, FRANCE.

- The NURSERY GROUP is an observation and play group for children under 4 years of age who have been admitted to a general pediatrics service. The group is run jointly by members of the Pediatrics and Child Psychiatry Services. It is an example of close collaboration between these two services in an attempt to prevent the problems which arise as a result of hospitalization or which surface during hospital admission.

It is an established group with a regular setting. It is a transitional space: between the pediatric service and the home, between the inside and the outside, between the body and the psyche, between the conscious and the unconscious.

The group is perceived as a womb. In an atmosphere usually very calm, children and parents engage in a game of mutuality and identification. The group is often perceived as an idealized object that strengthens the narcissism of the parents. Here one learns to identify oneself with the baby and his needs without fearing to be absorbed by this relationship and without feeling guilty of overdoing it.

The group functions as a Third. Each session of the group evolves to a maturation and a transformation of bonds until separation. One sees "fantasmatic interactions" appearing when the game of a child evolves with the words uttered by his mother.

There is in this group a great power of mobilization, a power of fathering relationships between interpersonal and intrasubjective levels. The therapeutic project consists in reinforcement and widening of the elaboration levels which are a source of pleasure without being a source of regression.

EARLY INTERVENTION OF AUTISTIC INFANTS:
FROM THE VIEWPOINT OF RELATIONSHIP DISTURBANCES

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Abnormal perception in autism has been noted in some reports on recollection of autistic people. We are likely to think that the perception phenomenon is not an objective but an intersubjective one. Therefore we should investigate the phenomenon of perception in person-relatedness in the case of not only normal people but also autistic people. We have found that a patient with autism strongly perceived inanimate things as real persons. It is suggestive that such a phenomenon, or physiognomic perception (Werner, 1948) might be a very characteristic mode not only in infancy but also in autism (Kobayashi, R., J Autism Dev Disord, in print). In addition to this, we have proposed a new category "Perception Metamorphosis Phenomenon" (IACAPAP in San Francisco, 1994). This phenomenon reveals that things-around-them (both visual and audible) are perceived as metamorphic and strange even though they were previously exposed to the object/situation. Such an active perceptual mode in autism as the patient reveals not the affective communication deficit, but the hyperactivity of the perception in motor-affective manner. This might suggest that autistic people have an innate ability to have affective communication. Physiognomic perception, as well as vitality affects plays an important role in affective communication. It implies that, in the treatment of autism, this might be very important in how we can help autistic people to have affective communication with their mothers. Therefore, we are now trying to make early intervention to the autistic infants from the viewpoint of relationship disturbances in the care unit of "Mother-Infant Unit" at Tokai University. From our interventions, we will discuss the factors which determine the relationships between the mothers and their infants and the key points of facilitating their interactions, in the treatment of autistic infants, pointing out that it is very meaningful to take autistic disorders as relationship disturbances.
The purpose of the proposed presentation is to rouse the interest of the participants to the high value of the autonomous activity in the infant care and more particularly, to the practice of dr. PIKLER's conception of motricity through its implications. Our goal is to illustrate a teaching situation with audio-visual technic (film, its repeated observation, discussion). It is a mean to rise the adult competence about the "health-management" of the everyday life in the infant care-centers and in the families.

The PIKLER's conception of gross-motor development is based on the infant's initiatives concerning his autonomous motions. This means to give the infant the possibility, by ensuring the material conditions, to discover, experiment, perfect and at each stage, live its own postures and motions. Among others, the most important advantages are the good quality of coordinations, the security in the efforts and the continuity of the activities. This conception is based on the achievement of global motor acts specific to infant's age, which progress from one form to the next, all of them ensuring a dynamical basis of the autonomous activity.

The relationship between the adult and the infant is fundamentally influenced by this practice. On the one side, the wish of the infant to be active autonomously is stimulated by the attitude of respect of the adult towards his activity whether motor or else. On the other side, observation of the infant emphasizing his autonomous activity (that is of free motricity, manipulation investigation, the initiatives of the infant in relationship with the adult) induces this respect from the adult who is in charge of him.

Eliana Bensusan, Rosa Maria Peccli, Rbha Gandhi 393 ap. 301 y S. Garcia, 11300 Montevideo - Uruguay.

In this communication, we inform about a new stage of the investigation we carry out concerning the psychomotive educative technique, following the principles of Bernard Au courtier in the college Bartolome Hidalgo (Initial Education Sector), in Montevideo, Uruguay.

We centre, only to deepen in this analysis, in the sensoriomotive space. This space does not only denominate a space and it's specific ambientation, but also every space that this enables to "open" in a symbolic sense, validating in every child the possibility to live an operational and expressive manner involving his most early registers of psychosomatic existence. It is basic to stop to deepen in the supporting function (mother-ambient) of the motive discharges and impulses, specially the ones connected to the aggressivity, as they constitute the first ways of the child's expression. We question how this supporting function is continued in relation to the nessesities the child goes on expressing thru "his body n motion". We consider that the sensoriomotive experiences are early inscribed, according to the vicissitudes that this "pulsion of motion" travels in every existence, "destinies" respecting to the pre-symbolic activity of the affective life.

We think that the sensoriomotive space is very important related to the ripen itinerary that the child symbolically does, in his "come and go" thru the different spaces of the Psychomotricity Hall.
EARLY INTERVENTION IN THE NEW INDEPENDENT STATES (NIS) OF THE EX-SOVIET UNION

L. Chistovich, I. Chistovich, M. Guralnick, E. Kozhevnikova, R. Muhamedrahimov,
J. Reuter, A. Risberg, R. Suleymenova

Early Intervention Institute, ul. Chaikovskogo, 73, St-Petersburg, 191194 Russia

The symposium is devoted to the infant mental health in the New Independent States, to the first in NIS early intervention program developed in St. Petersburg, Russia and the application of this experience in Kazakhstan. The symposium includes four presentations. The St. Petersburg model of early intervention will be the topic of the first presentation. The history of the program, the role of international support to make it alive as well as the structure and main components of existing system will be discussed. The need in early intervention services in Kazakhstan and the current results of the efforts to arrange such services there will be described in the second report. The topic of the third presentation will be methods of the identification of infants and toddlers with developmental delays used in St. Petersburg early intervention program: KID and CDI questionnaires, and simple tests performed by parents. Multidisciplinary caregiver-child interaction centered infant development program will be the theme of the last presentation. The goal of the general discussion is to exchange information and ideas about how to improve social policies for infants and families, to support early intervention ideas and WAIMH approaches in Russia, Kazakhstan and other New Independent States of the ex-Soviet Union.

THE BEST START FOR PARENTS AND INFANTS: REINTRODUCING DOULA SUPPORT TO CONTEMPORARY OBSTETRICS

Kennell, John, Chalmers, Beverley, and Hemminki, Elina
Case Western Reserve University, Rainbow Babies & Children's Hospital,
GAP Division, 11100 Euclid Avenue, Cleveland, Ohio 44106 USA

Labor support provided by an experienced lay woman (a doula) has been demonstrated in randomized controlled trials (RCTs) in Finland, South Africa and the U.S. to increase the chance of offering parents and infants the best start in the delivery room. Previous RCTs demonstrated that doula support resulted in both obstetric and perinatal benefits for low-income women not accompanied by family members during labor. A recent RCT of 440 middle- and upper-income US women accompanied by their male partners resulted in less need for analgesia, shorter labors, and fewer cesarean deliveries for couples who received doula support (p<.02 for all). South African mothers supported by doula in a RCT showed increased self-esteem, less anxiety and less postpartum depression compared to control group mothers. Mothers in Finland who were randomly assigned to be supported through labor by student midwives or laywomen reported high levels of satisfaction. Data from Finland and the U.S. suggest that healthy mothers and newborns are often separated immediately after birth, a procedure that can negatively affect early parent-infant interaction. Doula support provides a possible paradigm for a centuries-old, risk-free intervention that can support a family through labor and enhance the early interactions of parents and their newborns.
SS 36  PARENTAL REPRESENTATIONS, ASSESSMENT
AND EARLY INTERVENTION

Chairman: Massimo Ammaniti M.D. (University of Rome, Via dei Marsi, 78, Rome)
-Nadia Bruschweiler-Stern M.D., Daniel N. Stern M.D. (University of Geneva, 9 Rte de Drize, 1227 Carouge, Geneve, Switzerland): "Missing Representations"
-Charles H. Zeanah M.D. (LSU School of Medicine, Department of Psychiatry, 1542 Tulane Avenue, New Orleans, LA 70112): "Representational interview in assessment of abusing families"
-Graziella Fava Vizziello M.D., Rebecca Simonelli (University of Padua, Via Venezia 8, Padua): "Follow-up and short term parents-infant interventions with preterms: outcome at 36 months.
-Massimo Ammaniti M.D. (University of Rome): "Changes in maternal representations after brief intervention".

The central focus of the Symposium are the parental mental representations which can be considered sensible criteria to assess parental competence and to study parental changes after interventions. After a theoretical statement about the mapping and rehearsing a possible future of representations the papers will focus the different ways of studying and assessing parental representations for diagnostic purposes and follow-up research after interventions.

SS 37  THE DIALOGUE OF ATTENTIONS: FROM
OBSERVATIONS TO CARE SYMPOSIUM ORGANIZED
BY THE INTERNATIONAL STUDY-GROUP WORKING
IN PARIS SINCE 1989 ON THE TOPIC: »INFANT
OBSERVATION: ITS IMPACT ON PSYCHOANALYSIS
AND PSYCHOANALYSTS»

Since the last WAVISH Congress in Chicago, the group has chiefly worked on the attention concept which is, as for the infant point of view as for the adult one, a very important component of observation setting.
These different aspects and the evolution of the study-group's work will be pointed out by B. Golse. Some videotapes recorded at the Loczy institute (A. Tardos) will be shown after concerning the different states of babies attention towards things and/or human beings.
The members of the study-group will have then a public working session about these videotapes and the discussion will be opened after that to the public of the symposium.
S. Lebovici will be in charge of the conclusions particularly about the dialogue of attentions between infant and adult and the therapeutic aspect of psychic attention process.

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SS 38  WEAVING THE FABRIC OF ATTACHMENT: PARENT-INFANT INTERACTIONS AND PSYCHOPATHOLOGY

Louise Newman, David Lonie, Isla Lonie, Mary Sue Moore
(discussant)
Paediatric Mental Health Service, 13 Elizabeth Street
Liverpool NSW 2170 AUSTRALIA

The symposium will examine the development of psychopathology in the context of disturbed parent-infant interactions, with particular reference to borderline personality disorder. Based on the model of attachment as a psychobiological system, the presenters will suggest that early traumatic and abusive interactions have long-term implications for personality development and result in deficits in affective modulation and physiological regulation. Borderline personality disorder may be conceptualised as a disorder of attachment with its origins in disturbed infant-parent interactions related to the caretakers own unresolved traumatic attachment issues.

Video material will be used to demonstrate the interactions and clinical material from psychotherapy will illustrate how these early interactions contribute to defective internal working models, which in turn prevent the regulation and containment of affect in the mother’s own children.

SS 39  TRANSCULTURAL INFANT PSYCHIATRY. LATINAMERICAN INFANTS AND FAMILIES: BELIEFS, PRACTICES. RISK FACTORS

Participants: 1). Dr. Clara Aisenstein, Washington D.C. 2). Dr. Teresa Lartigue, Mexico City. 3) Dr. Francisco Morales-Carmona, Mexico City. 4) Dr. Martin Maldonado, Box 829. Topeka, KS. USA

1. Migration into the United States. Latinamerican Parents and Their Infants. Clinical work with families of Latinamerican origin migrating into the U.S. will be described and illustrated with clinical vignettes. The challenges of cultural dissonance, cultural myths and child rearing practices enter into conflict with migration to the U.S. A number of defensive strategies are used by parents. Their effect on infants and parents and the stressors faced are illustrated (medical care, gender roles and hierarchy, financial pressures, disappointment with the U.S., linguistic barriers).

2. High Risk Pregnancy and Perinatal Loss in Mexico. High risk pregnancy and is stressors, risk of miscarriage, and the effects of perinatal death are described. After perinatal death there are multiple effects on the parents, including a sense of emptiness and failure, as well as a narcissistic wound. The phenomenon of the replacement child has been found, with repercussions on the identity formation of the young child, and the impact of the previous loss on the pregnancy. Strategies for early identification and intervention are illustrated.

3. Chronic Physical Illness in Infants in Mexico City. Several studies have found a high rate of family dysfunction. Problems arising from the lack of understanding of acceptance of the chronicity of incurability of the illness, problems stemming from the consequent lack of compliance with medical treatment, and resorting to folk-remedies and methods are illustrated. These children are at particularly risk, since the illness is not accepted as a reality, and dealt with accordingly. Strategies for intervention are described.

4. The Influence of Culture and Folk Beliefs in the Care of Infants in Mexico and Guatemala. The influence of cultural beliefs, myths and traditional methods of folk medicine and care are described in these two countries. The syncretism between Spanish and Indian beliefs (Mayan and Aztec) leads to a belief system for protection and care of babies. Phenomena like evil eye, susto, empacho, which are culture-bound syndromes affecting infants are described. Preventive strategies to protect the infant, for instant from the effect of envy and other influences are noted. The meaning of these for parents and infants is also described.

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DIFFICULT PERIODS DURING INFANCY:
REORGANIZATION, REGRESSION AND CONFLICT
Frans X. Plooij, PhD, Professor, and Hetty van de Rijt-Plooij, PhD

An impressive consensus was found in 15 normal mother-infant pairs on the ages when the infant is experienced as 'difficult' and shows regressive behavior. The link with CNS-reorganizations is discussed. Also mother-infant conflicts were clustered in distinct periods which shortly followed the regression periods.

'LEAPING HURDLES': A NEW PARENTAL GUIDANCE PROGRAM TAKING INTO ACCOUNT DIFFICULT PERIODS DURING INFANCY
Hetty van de Rijt-Plooij, PhD, and Frans X. Plooij, PhD, Professor

The program is based on meetings shortly preceding the age-specific, difficult periods as found in earlier research. The program provides optimal conditions for infant development by empowering parents through offering informational and emotional support. In evaluation research effects were shown on both parents and babies.

COMMUNICATION DEVELOPMENT IN INFANTS WITH CEREBRAL PALSY: PHILOSOPHY FOR INTERVENTION
Lesley B. Olswang, PhD, Professor, and Gay Lloyd Pinder, PhD

This presentation will explore a philosophy for early intervention that advocates short term, intensive phases of treatment (direct stimulation), based on a model of critical periods of development. Treatment data will be examined from five infants who were diagnosed with cerebral palsy and taught conventional communication behaviors.

DIFFICULT PERIODS DURING INFANCY:
REORGANIZATION, REGRESSION AND CONFLICT

Frans X. Plooij, PhD, Professor, Department of Developmental and Experimental Clinical Psychology, University of Groningen, Grote Kruisstraat 2/1, 9712 TS Groningen, The Netherlands, and Hetty van de Rijt-Plooij, PhD, University of Amsterdam

The following questions are addressed: First, do normal human infants go through periods of disorganization/regression, how are they expressed, and at what ages are they found? Second, how do mothers experience these periods?

An impressive consensus was found in 15 normal mother-infant pairs on the ages when the infant is experienced as 'difficult' and shows regressive behavior. These difficult periods were mainly characterized by an increase in crying and a decrease in independence and amount of sleep. Other infant behaviors that were reported during some of these periods for some of the infants were fear for other people, childish behaviors, decrease in amount of food intake, problems with changing/dressing, decrease in activity, peak in cuddling mother, and peak in cuddling objects. The reports by the mothers were validated through direct observation in the homes. The link with CNS-reorganizations is discussed. Also mother-infant conflicts were clustered in distinct periods which shortly followed the regression periods. It is argued that conflict creates opportunities for learning and progress, but, on the other hand, can escalate into abuse, neglect and psychopathology.
SS 40/3  'LEAPING HURDLES': A NEW PARENTAL GUIDANCE PROGRAM TAKING INTO ACCOUNT DIFFICULT PERIODS DURING INFANCY

Hetty van de Rijt-Plooij, PhD, Department of Pedagogical Sciences, University of Amsterdam, Illsbaanpad 9, 1076 CV Amsterdam, The Netherlands, and

Frans X. Plooij, PhD, Professor, University of Groningen

A new parental guidance, primary prevention program was based on meetings shortly preceding the age-specific, difficult periods during infancy as found in earlier research. The purpose of the program is to provide optimal conditions for infant development by empowering parents. The latter is realized by offering both informational and emotional support to make sure the parents leap the developmental hurdles without too much stress.

The program was evaluated by measuring effects in both parents and babies in a quasi-experimental non-equivalent control group design. The widely reported difference in temperament between boys and girls as reported by the parents has disappeared in the parents following the program. The information their judgement of their baby's temperament was based on had shifted significantly from obedience to parental rules and commands to the behavior of the babies themselves such as irritability. Their judgement of the developmental progress was based more on information concerning the mental development of their baby as opposed to motor development. Finally, the program has given the parents more 'internal locus of control'. The infants, in turn, were less ill, significantly more advanced on the Bayley mental scale, and more accepting and open to other persons.

The characteristics of the Leaping Hurdles program are compared with the common elements of other successful intervention programs.

SS 40/4  COMMUNICATION DEVELOPMENT IN INFANTS WITH CEREBRAL PALSY: PHILOSOPHY FOR INTERVENTION

Lesley B. Olswang, PhD, Professor, Department of Speech and Hearing Sciences, University of Washington, 1417 NE 42nd Street, Seattle, WA 98105-6246, USA

Gay Lloyd Pinder, PhD, Children's Therapy Center of Kent

Infants with cerebral palsy are frequently impaired in their ability to communicate with others and in need of early intervention. Recent research on critical periods in infant development and difficult periods in child rearing has provided a model that could shape a new philosophy for intervention. This philosophy would argue for short term, intense phases of treatment (direct stimulation) designed to facilitate change in an infant's communication behaviors corresponding to different critical, developmental periods.

This presentation will explore this philosophy by examining five infants, between the ages of 11.5 and 20 months, who were diagnosed with cerebral palsy and who were taught conventional communication behaviors (reaching and looking back and forth between objects and adults for requesting and choosing). The data will be examined to determine whether treatment facilitated the use of new behaviors, and if so, how much treatment was necessary (both in terms of contexts for teaching and numbers of weeks with direct stimulation). Results will be discussed relative to how behavior change can reflect critical developmental periods and thus support the proposed philosophy for intervention.
THEORETICAL CONTROL STUDY OF DEVELOPMENTALLY DELAYED INFANT INTERVENTION PRAXIS AND IMPLICATIONS FOR CHILD CARE PROFESSIONALS

Allen R. Sullivan, Ph.D., Ruth Turner, Ed.D. and Sonya Bemporad, M.A.

The early identification of developmental delays in infancy has been a topic of immense concern to mental health professionals. After the identification of these delays, appropriate interventions are needed. Families are confronted with a myriad of choices in accepting the diagnosis, and accessing intervention services for the child and family. There is a moral and professional dilemma involved in determining the relative effectiveness of the interventions in a formal experimental and control study format. The dilemma is centered around which children will be in the experimental group and which shall be in the control group. The dilemma involves an even more important question; should known interventions be withheld?

The authors will report on a Theoretical Control Study on the ecology of family decision making and child progress after an infant has been determined to be developmentally delayed. The major goal was to blend theory and practice in an applied research format while attempting to provide quality care and service to the focal infant and family. A panel of nationally recognized experts were asked to make predictions on a child's performance status at periodic intervals assuming no interventions were offered. Youngsters then participated in a systematic early childhood program of a large metropolitan school district. The youngsters' progress was measured against these predictions. Information gleaned from the study concerning programmatic components, systems thinking, practical implications for determining intervention effectiveness, child care and early education protocols, and healthy, hopeful perspectives for developmentally delayed infants shall be shared.

PSYCHOANALYTIC GROUP PSYCHOTHERAPY FOR BABIES AND THEIR MOTHERS – THE BABY TAKES THE LEAD

Dr. Campbell PAUL, Mrs Frances THOMSON-SALO, Infant Mental Health Group, Royal Children's Hospital, Melbourne, Victoria, Australia.

Infants who presented with psychosomatic and developmental problems to a hospital infant mental health team were assessed and referred to an ongoing psychotherapy group for babies and their mothers. The group psychoanalytic techniques used were those of the therapist generally responding to the group as a whole. Each weekly session was videotaped and an analysis of interaction between participants undertaken. Excerpts of video material of the Group will be shown.

One of the goals of this group was to utilise the therapeutic effects of infant-infant interactions, even as demonstrated in the first twelve months of life. The use of mutual gaze as a powerful medium of communication between babies was noted and at times made explicit within the group as an interpretative intervention. The group process demonstrated the power and intensity of the infant's social interaction with his/her peers and its potential to enhance positive growth and therapeutic change.

The powerful interactions occurring between the infants' parents, and the infants and therapists were also analysed in order to explore the therapeutic efficacy of interventions. The related concepts of infants experiencing transference phenomena and the therapists' action or gesture towards an infant as a form of interpretation are discussed. Finally, we discuss the capacity of the infant to transform the ways he/she initially related to the therapists and begins to use them as developmental objects in the course of the therapeutic process.
INTERACTIONAL GUIDANCE: TWO DIFFICULT CASES

S. Rusconi Serpa, C. Berney
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The Interactional Guidance (S. McDonough 1991) is a therapy whose goal is to reinforce the parents’ competencies by allowing an alternative decoding of the child’s signals, this being linked to the presented symptoms. Two difficult treatment cases will be presented and illustrated by video edgings. In the clinical presentation, mother-infant interactive styles and the therapeutic focuses fitted to each situation will be demonstrated. Both situations raise the problem of the opportunity of the father’s participation; his presence is both very useful and problematic; the other problem is the adaptation of the usual format due to special problems raised by these cases (need for intervention from other agencies, necessity of contacts between parents and therapist outside of the sessions). The first situation deals with a 6 months old baby presenting a severe sleep disorder, with a mother having important fears of abandonment. Therefore, the therapist had to contain the anxieties of this mother who is engaged in a very symbiotic relation to her child, and had to make decision about the usefulness of associating the father to the treatment. The second treatment is about a 3 years old girl consulting for a language delay and a motor dysharmony with a severe personality disorder. Moreover, the child is in a high risk situation of child-abuse, with a teenager mother, pregnant at the time of consultation. A major difficulty for the therapist was to deal with mother’s feeling of rage and aggressiveness against this very opposant child during interactions.

ENHANCING IMPACT THROUGH DEVELOPMENTAL EVALUATION

There is increasing demand worldwide for more effective preventive-intervention programs for infants, toddlers, and their caregivers. Today’s combination of ever scarcer resources and mounting service demands, has exacerbated pressures to have programs that truly improve outcomes for those served, and that use resources efficiently. Increasingly, the support for social service depends on assuring the public that prevention and intervention programs actually improve the lives of individuals enrolled in such programs.

In response to these pressures, an evaluation training program is being developed to provide certifiable evaluation skills to individuals in agencies involved in community-based preventive-intervention programs. The training program is being developed in collaboration with a network of community partners and emphasizes developmental evaluation, an approach that embeds evaluation dynamically within ongoing program activities.

The workshop will focus on the definition and implementation of developmental evaluation, principles governing successful community-university collaboration, the establishment of a statewide network of evaluation trainers, and the impact of developmental evaluation on agency skills, behaviors, and service quality. Emphasis will be given to goal setting, development of outcome objectives, and selection of quantitative and qualitative indicators of program objectives. Additionally, the organizing principles, community partnerships, and progress that has created and sustained such a collaboration will be explored.
WS 48  EFFECTS OF THE NIDCAP METHOD OF
DEVELOPMENTAL SUPPORT ON MEDICAL AND
BEHAVIORAL OUTCOMES OF PREMATURELY
BORN INFANTS: A REVIEW OF INTERVENTION
METHODS AND RESULTS OF EXTANT STUDIES

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During the past fifteen years, ten hospitals in the US have completed twelve formal
clinical trials (total n = 380) of the NIDCAP method of supporting the development of
prematurely born infants during their initial hospitalization. The hospitals have employed
remarkably consistent intervention strategies and have shown consistent improvements in
medical outcomes and developmental advantage for the infants receiving supportive care. The
intervention is based on detailed, naturalistic observations of each infant before, during, and
after a caregiving episode. These observations are repeated over time throughout the
hospitalization and, based on the information revealed by them, caregiving procedures are
modified to support the infant’s developmental progression. The medical outcomes of the
intervention infants include fewer days of mechanical ventilation and oxygen supplementation,
earlier independent feeding, more rapid hospital discharge, and lower hospital costs and
charges. Behavioral development of the intervention infants shows enhanced neurobehavioral
function up to three years of age. As the extent of benefit appears to be proportional to the
intensity of the intervention, the differences between the sites will be discussed.

The presenters have been directly involved with the clinical application, teaching, and
scientific investigation of the NIDCAP method. They are, separately, author and co-author of
several of the studies and are familiar with the intervention strategies used in all of the study
sites. They will explore the theory of synaptic development which informs the NIDCAP
method as well as its practical application. As the NIDCAP method is complex, participants are
invited to participate actively in discussing both it and the research.

WS 49/1  INFANTS IN FOSTER CARE – IS THE PROMISE
KEPT?

Katerina Haka-Ikse, University of Toronto, Department of Paediatrics,
The Hospital for Sick Children, Toronto, Ontario, Canada.

Infants who enter foster care shortly after birth or in the first year may not be
protected from developing attachment disorders. Observations during developmental
consultations indicate that a number of foster infants present paucity of reciprocal
vocalizations, infrequent or absent infant-cargiver interactions, limited affective
repertoire, lack of visual contact with the caregivers. Although the infants may be
compromised because of previous experiences and a variety of biological factors that
may make them difficult to care for or interfere with the attachment process, caregiver
related issues may be implicated as well. Preventative intervention consisting of
selection, provision of continuing education in the emotional needs of the infant and
support of the Child Protection Agencies Staff and the foster parents, may help avoid
a syndrome reminding hospitalism in infants who are removed from their biological
parents with a promise of better care.
WS 49/2  CLINICAL CONSULTATION WITH CASEWORKERS AND PARENTS OF INFANTS IN FOSTER CARE
Clyman, Robert B. & Jones, Brenda. Dept. of Psychiatry, Children’s National Medical Center, 111 Michigan Ave., NW., Wash. D.C. 20010 USA

There is an urgent need for developmentally sensitive clinical care for infants in foster care. 442,000 children currently live in foster homes (Children’s Defense Fund, 1994). 42% of children in foster care are below the age of six (Ruff, Blank, & Barnett, 1990); the majority of these are under age three. In addition to the sequelae of abuse and neglect, infants in foster care must cope with medical and mental health problems, and developmental delays.

This Teach-In will describe an innovative program which adapts the principles of infant mental health to working with infants in foster care. It will describe how to assist caseworkers and foster parents help infants cope with multiple caregivers, issues of loss, visitation, and the impact of growing up within a complex social-legal system. Much of the work focuses on how infants in foster care cope with the challenge of multiple attachments. Specific techniques to enhance infant-foster parent attachment will be discussed. Applications of these interventions will be described for children in different stages of foster placement, such as those undergoing visitation with the biologic parents or those who are moving towards adoption. Multiple other issues, such as enhancing autonomy and helping infants with common problems such as feeding and sleeping disturbances, will be addressed. Methods to address the conflicts which often arise between foster parents, biologic parents, and caseworkers will be discussed.

WS 50/1 INFANT OBSERVATIONS – A RESEARCH METHOD OR A VEHICLE OF THERAPY TRAINING?


1Oulu University Hospital, Kajaanintie 50, 90220 Oulu, Finland. 2Child Guidance Clinic of Helsinki, 3Jorvi Hospital, 4Child Welfare of Turku, 5Turku University, 6Children’s Castle, 7Child Guidance Clinic of Espoo, 8Finnish Student Health Service

Infant observation is well appreciated as therapy training, but its accuracy as a scientific research method has not been largely evaluated. In present arrangement ten neonatally normal infants were observed during their first year at home of each child, for an hour each week at least during the eight first months and every other week later. The observers were four child psychiatrists, one psychiatrist and four psychologists all working with mentally disturbed children in hospitals or on child guidance clinics. The experiences were discussed in groups of five and four members, each supervised by a child analyst. There were no clear hypothesis in the beginning of the observations. However the observers had in their mind the dynamic psychological tasks of the first year’s development of a human being. Most developmental steps were uniquely achieved. The supervision made it possible to share different experiences and to pay attention to the varieties of developmental aspects. As such the method proved to be a good vehicle for therapy training. It helps one to understand the importance of the first year of child’s development, the complexity of it and the manifold interactional aspects always present in a family. It will also be discussed whether infant observation can also be an excellent scientific method?
ENCOUNTERING FEELINGS IN INFANT CARE

by Marja Schulman, child psychotherapist
Visakoivuntie 23 A, 02130 ESPOO, FINLAND

Feelings and emotions are part of human development and the ability to manage and make sense of them is essential in healthy mental development. The babies lack this capacity but they are greatly helped if the parents can understand them.
We do not talk much about feelings, yet they are an inseparable part of infant care. Is this taken up seriously enough or are feelings being explained away? Are we thus creating more splits between somatic and emotional levels instead of bringing and keeping them together?
How can the professionals in infant care be helped in this task during the training and supported in their work?
How can we prepare the parents for meeting and coping with the impact of strong feelings that are inevitably follow the birth of a baby. They can be the clue to viscious and beningen circles.
To remain in touch with the fact that the baby is having a mind and going through different feeling states is part of professional work of high quality as opposed to detachment and nonfeeling. The attitude that feelings can be contained creates a friendly and safe atmosphere in the work of infant care.

ROLE AND PROFESSION OF AN OBSERVER IN THE INFANT OBSERVATION: ANALYSIS OF DEFENSES AND UNCONSCIOUS MOTIVATIONS

Simona Nissim and Maria Pagliarani
c/o Simona Nissim, Via Santa Marta 90, 56100 PISA, ITALY

More and more professionals - such as paediatricians, child psychiatrists, psychotherapists - consider Infant Observation as an opportunity of training and start it with the student's enthusiasm, apart from what they have learnt for other reasons. Unfortunately it is not easy to abandon the professional habit of mind especially when the mother interested in the observation is encouraged, maybe unconsciously, by the desire of living a privileged experience with a "specialist". In this paper we will consider the collusion - between the mother's unconscious motivation and the professional defenses - which can make the Infant Observation difficult or even endanger it.
DYNAMIC PLAY THERAPY: AN INTEGRATED EXPRESSIVE ARTS APPROACH TO WORKING WITH VERY YOUNG CHILDREN AND THEIR FAMILIES

Presenter: Steve Harvey, PhD, ADTR, RDT, RPT/S, Licensed Psychologist,
Academy of Dance Therapists Registered, Registered Drama Therapist,
Registered Play Therapist/Supervisor

This workshop will present various methods from dance, drama, art, and family play therapy which have been adapted in working with infants and toddlers and their caretakers. These methods are particularly helpful in generating expressive play between young children and their families which addresses attachment and emotional/relational difficulties. Case material concerning family expressive play therapy with young children who have experienced physical abuse, adoption, and several out-of-home placements will be presented to concretely illustrate this presentation. Movement interventions include observation of a child's expressive movement preferences and helping parents learn to follow their children's lead using full-bodied and organizing movement. Art expressions include involving parents and their toddlers in developing mutual expressive activities together. Dramatic interventions include using large stuffed animals and large pillows to help encourage scenarios families with older toddlers to develop dramatic scenarios. This workshop will introduce participants to skills and methods used in observation of parent-child mutual play which are useful in helping the clinician develop appropriate play activities as well as the methods of generating integrated movement, art, drama, and play between infants, toddlers, and their parents.

THE PRINCIPLES OF NURSING FOR CHILDREN WITH MINIMAL BRAIN DYSFUNCTION

Irma Kiikkala, Ph. D., R. N., Doc. of Nursing, Senior Researcher
National Research and Development Centre for Welfare and Health, Finland

The purpose of the study is to generate a model of nursing for children with Minimal Brain Dysfunction (MBD). The research question of this part of the study is as follows: What kind of principles do primary nurses carry out when they nurse children with Minimal Brain Dysfunction? The research data consists of the nursing documents of MBD - children (40) and the essays written by the children's primary nurses (18). The research method is grounded theory method.

According to the results primary nurses follow 12 ethical rules. Examples of these rules are as follows:
- The daily programs are organized by rhythmical way: activities of the life and peaceful phases alternate.
- The progress of action goes from easy tasks to more difficult tasks, from play to serious training.
- All the activities have the beginning and the end.
- The primary nurses seek for the joy of life and the experiences of happiness for children.
- Loving presence, tenderness and holding are included in the nursing.

The conclusion concerning the principles of nursing for MBD children can be derived from these ethical rules. The primary nurses realize mainly three principles: 1) beneficent, 2) avoiding harms and 3) justice. The core of all these principles is human dignity.
WS 52/2  NURSING AS A PART OF AN INTEGRATIVE TREATMENT PROCESS IN THE CHILD PSYCHIATRY DEPARTMENT IN TAMPERE UNIVERSITY HOSPITAL

Purho Anitta, RN, MSc-student, Selander Maarit, RN, MSc-student, Liukko-Sipi Raija, RN, MSc-student, Pukuri Tarja, Director of Nursing, MSc-student, Tampere University Hospital, Child Psychiatry Department, and Kiiikkala Irma, PhD, National Research and Development Centre for Welfare and Health, Helsinki.

The function of the child psychiatry department is based on an integrative treatment. This means that comprehensive theoretical knowledge is used in multidisciplinary teamwork and collaboration. The aim of the integrative treatment is to provide help for children and their families, so that they will be able to cope with the community where they live.

This research is a part of the action research, the purpose of which is to determine and develop the substance of nursing. The research material has been collected in the winter 1994-95 by interviewing as theme-interviews all nurses (n=26). The material will be analysed by qualitative content analysis. The aim of this study is to describe nursing in the integrative treatment process.

Preliminary results show that the interviewed nurses regard integrative treatment process as multidisciplinary teamwork. Our challenge is to make this integrated treatment process a part of the everyday work in the department.

WS 52/3  CHILDREN'S EXPERIENCES ON CARE ON PSYCHIATRIC CHILDREN'S WARDS

Researcher: Kirsi Harju, R.N. (psychiatric nursing), nursing science student at University of Tampere, Department of Nursing Science, Faculty of Medicine.

The study deals with children's experiences on their own care on psychiatric children's wards and seeks to answer the following questions: 1. What were the essential experiences of children on the care on the ward, 2. What were the children's essential experiences on their relationship with the primary nurse on the ward and 3. How did the children experience the contacts the primary nurses made with the children's parents/guardians, day care nurses, teachers, social workers or other significant persons? To describe the children's experiences, a qualitative, phenomenological research method was selected. The data were collected by means of unstructured interviewing. The interviews were taped and transcribed after receiving consent from both the children and their parents/guardians. The subjects were seven 10-14-aged children who had been hospitalized on psychiatric children's wards for over six months but were preparing themselves for discharge. The respondents described their care on the ward and their relationship with the primary nurse both extensively and openly. The central finding of the research is that the children hoped for open interaction between themselves and their nurses. They expected help, appreciation and engagement in mutual activities from their nurses.
VS 21  HOW A CLINICAL TRIAD REVEALED AN INSTITUTIONAL DYSFUNCTION

CUPA-PERARD D., DESCHAMPS H., MICHEL F., GENYK N., VALDES L., CONQUY L., MEAGLIA C.
34, 36 rue Dieulafoy 75013 PARIS, FRANCE.

PURPOSE: An approach to the dysfunction of an institution from the dysfunction of a triad.

HYPOTHESIS: The functioning problems of a clinical triad (a psychotic first-time mother, her baby, the absent father replaced with the baby's nurse) show the functioning problems of the institution in which the triad is to be found.

METHOD: In the setting of a more general research on the effects of parental representations on the primary interactions, a triad was followed in an institution, from the method coming after.

Seventh month of pregnancy: Semi-guided interview with the mother, D.N. Stern's R Interview.

Fifteenth day of the new-born: Video recording of standardized interactions according to the paradigm Fivaz-Depeursinge, Corboz-Warnery. Semi-guided interview with the mother. Neonatal Behavioral Assessment Scale of T.B. Brazelton. At each stage, staff were interviewed.

Data analysis: With analysis of the content of the interviews, GEDAN, and analysis of the counter-transference.

RESULTS: Analysis of triad n°1: The father was absent, the mother very infantile and anti-contingent, the baby very hypotonic. The baby's nurse was unable to correct the bad handling and the bad holding of the mother.

Analysis of triad n°2: The empty space left by the father in the triad n°1 led each protagonists into a repetitive search for a third person.

CONCLUSION: By analysing the clinical triad it was possible to adopt a dynamic approach to the institutional dysfunctions and should enable the institution to make improvements.

VS 22  MOTHER-INFANT INTERACTIONS IN CASES OF PREGNANT OPIATE ADDICTED WOMEN UPON JOINING METHADONE PROGRAM: WHAT ARE THE INTERPERSONAL TRANSFORMATIONS?


Objectives: Methadone treatment significantly decreases opiate dependant person's investment in seeking out drugs. Such programs allow for affective and social expressions, yet also favour reemergence of previous fears, particularly anguish and guilt related to mother's life events or childhood situations such as separation, abandon, violence, or any traumatizing experience. For example, depression in mother have an immediate effect on the infant, accompanied by long term consequences. Methods: 30 pregnant opiate addicted women. 2 interviews by the therapeute in charge of the methadone program a) during pregnancy, b) 3 days after birth. 3 consultations for evaluation of mother/baby 'sinteractions and of psychomotor development of the baby at 3, 6, and 18 months in the outpatient clinic of a pediatric hospital is given as informal interviews, during the course of which we can evaluate the capacity for coping with the baby and to anticipate the future for herself and for the child and gather information through the means of 1° questionnaires focussing on social; medical; marital, familial; etc. status, 2° observation of mother-child interactions; 3° evaluation of child development. Results: The beginning stages of a methadone program can be considered to be pre-operative phase prior to establishment of a terapeutic relationship. Whole major women themes in mother discourse remain, her representation of her infant changes, and moreover, mother/baby interaction had become more fonctionnal and "harm-reduced."

A video will be shown and commented during the session, to illustrate several cases.
PS 134  A NEW GRADUATE DIPLOMA IN INFANT AND PARENT MENTAL HEALTH

Dr. Campbell PAUL, Ms. Brigid JORDAN, Mrs. Frances THOMSON-SALO, & Mrs. Ann MANGAN, Department of Psychiatry, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Melbourne, Australia.

The Infant Mental Health Group at the Royal Children's Hospital was established in 1988 growing out of a long tradition of clinical collaboration work between mental health workers, psychoanalysts, paediatrician, nurses and speech pathologists at the Royal Children's Hospital, Melbourne. Stimulated by a vigorous response to a series of seminars, workshops and conferences over recent years, it was decided to establish a graduate diploma in Infant and Parent Mental Health. This poster will describe the content of the course, emphasising its multidisciplinary nature and broad foundations in clinical work in a paediatric setting, psychoanalysis and developmental psychology theory.

PS 135  A RESEARCH ACTION TRAINING PROGRAM FOR THE MULTI-DISPLINARY MANAGEMENT OF PSYCHOSOCIAL DEVELOPMENT OF HOSPITALIZED BABIES AND INFANTS SUFFERING FROM ULTIMATELY FATAL DISEASES, WITH ADDITIONAL AIM OF SUPPORTING THE PSYCHOLOGICAL WELL-BEING OF THE CARETAKERS IN MOSCOW, RUSSIA

Weil-Halpern, F., IUH Hôpital des Enfants-Malades, 149 rue de Sèvres, Paris, 75015 France

Program support by Fondation du Groupe d'entreprises AIR FRANCE, Ministère des Affaires Etrangères, Institut National de la Santé et de Recherche Médicale (INSERM). We have been asked to organize a training program that will enable professionals of Federation of Russia to respond to the fundamental and specific needs of the infants hospitalized with ultimately fatal diseases. Objectives: 1) To provide training to hospital staff on the psychosocial needs of terminally-ill babies and the consequences for the baby and his family when these needs are not met. 2) To establish a protocol to implement a care program based on the newly-acquired information and compare the subsequent development of similarly severely-ill infants in nearby institutions still cared-for in traditional manner. 3) To increase awareness among the hospital staff of the psychosocial effects to themselves of constantly caring for children with ultimately fatal diseases: how to protect themselves psychologically, how to grieve, how to avoid burn-out. Methods: Workshop 30 medical staff, 18 MDs, 12 nurses of 4 specialised unit caring for infant with cystic fibrosis, hematology, immunodeficiency diseases, genetic transmission of a lethal disease, bone marrow transplantation, kidney transplantation techniques. As methodology, we proposed Research-Action. It is a dynamic, short approach with two aims: set up and evaluate research projects and initiate social and behavioral change. With this methodology it is possible to present the current approaches to child development, palliative care and the essential needs of babies and young children, needs that must be met in order for them to thrive, grow, and develop their individual personalities. This training will enable those who work with hospitalised babies and young children to recognize their emotional and physical needs, demands, signs of the disease and pain. Evaluation: questionnaires administered at beginning and end of the workshop evaluate the increase in medical and psychological knowledge as well as attitudinal change. Evaluation missions every six months during two years. Results: We are in phase I. We anticipate that the providing information and increased understanding will modify radically the relationship between the caretakers and the children. The anticipated results are based on experiences with a Research Action Program on the early childhood development and the consequences of affective deprivation. The results of that study showed that there could be a complete change in the organization of work within the institution. The consequences of this change were very positive on relationship between mother and infant, professionals and families, on the child development.
PS 136  TEN YEARS OF TEACHING NORMAL DEVELOPMENT, MENTAL AND PHYSICAL HEALTh AND INTERVENTION SKILLS TO »INFANTOLOGISTS»

Galiya Rabinovitch, M.A., Saul Harel, M.D., and Irit Razeh, M.A.
Sackler Faculty of Medicine, Tel Aviv University, Israel.

A two-year Interdisciplinary post-graduate course, designed to enhance knowledge of professionals in the field of healthy infants will be presented. The course is given in the School of Continuing Medical Education of the Sackler Faculty of Medicine in Tel Aviv.

Target Population:
The course is open to: pediatricians, family doctors, public health nurses, development and clinical psychologists, social workers, various developmental therapists (speech, occupational therapy, physical therapy) and educators.
3 years of working experience are necessary and students in supervising roles are preferable.

Goals to Develop:
- Awareness of self and contact processes with infant and family.
- A holistic organicist approach.
- Perception of uniqueness of infant and family.
- Understanding of health and normality.
- The ability to plan individualized "tailor-made" family-centered intervention programs.

Teaching Methods:
Dialogs, discussion-groups, co-teaching, passive and active observations, clinical interviews, supervision groups, awareness workshops and community-based projects were all used as teaching tools in the course.

PS 137  A MODEL AND EDUCATION PACKAGE FOR UNDERSTANDING HOW VERY YOUNG CHILDREN MANAGE THEIR FEELINGS

Robyn Dolby and Judy Ungerer, Behavioural Sciences, Macquarie University, Sydney, NSW, Australia, 2109.
The specific aims of the research were:
[1] to develop a model of how very young children manage their feelings using a data base of 150 two and a half year olds
[2] to construct a training package (intervention) for parents and professionals who work with young children.

The model and the training package are based on attachment theory. According to this theory, children learn different strategies for dealing with emotion through interaction with their primary caregiver. They later use these strategies to contain affect when dealing with conflict or distress. Our model distinguishes between problem-solving and emotion-focussed strategies. Some children are able to use problem solving strategies to address conflict and try to resolve it. They can tolerate the negative feelings that come from engaging in the conflict and so get on with solving the problem. On the other hand, other children use emotion-focussed strategies to pull back from the conflict. Their efforts go into containing the negative feelings aroused by the conflict.

The paper will present the different strategies contained in the model and show how the training package assists parents and staff to support children in developing more effective strategies for managing their feelings.
PS 138 INFANT OBSERVATION AS A TRAINING METHOD FOR TEACHING INPATIENT CARE OF CONDUCT DISORDERED CHILDREN: FINDINGS OF THE PROJECT »CHILDREN WITH CONDUCT DISORDERS IN AN INPATIENT SETTING»

Siniikka Mononen and Tarja Vilman, Nurses in child psychiatry, Unit for Child Psychiatry, Central Hospital, Northern Karelia, Tikkamäentie 16, Joensuu, Finland, Tel 973-1711

When working with severely disturbed children the staff need to be in contact with early feelings, especially with anxieties. They manifest themselves mainly nonverbally, as do the traumatic experiences which have verbally, as do the traumatic experiences which have occurred during the first years of the child’s life.

Infant observation is a method of studying the development of the relationships between infant and parents and the development of the baby during the first year of life.

In order to help the staff (in this case two nurses, one psychologist and one child psychiatrist) to come better in contact with the experiences and feelings expressed by non verbal symbols an infant observation seminar was arranged as one of the training methods in the project.

The participants found that establishing an observing role in the family was a difficult task but, in due course, it allowed observers to explore the baby’s development in his or her family. It also allowed better understanding of the genuine way by which every parent coped and behaved with the child.

The training experience also emphasised the importance of a unique and personal approach toward the patients and their parents. An observational attitude concerning the child’s behaviour has helped the understanding of nonverbal communication better.

The poster will present the benefits of infant observation as a training method in child psychiatric work.

PS 139 TRAINING »HOME-INTERVENORS« FOR THE 0–3 POPULATION IN HIGH-RISK COMMUNITIES

Patricia A. Brady, M.Ed.
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Early Intervention for young children and their families is on the increase today. Research on the developmental outcome for infants in recent years has supported the idea that families, living in urban poverty, could benefit from intervention. This family unit should include the primary caregivers, the infants, as well as other extended family supporters who play a significant role in the family network (Hans, S., Ray, A., Bernstein, v. 1995). Yet, with this important recent information on the need for intervention, what is not known and has not been given much attention to is - what techniques and strategies are beneficial to individuals who become "intervenors" for these families at-risk. Immediate attention is also necessary on how the training of these key individuals could benefit the family at-risk and more importantly, guide the process for improving the developmental outcome for children under three. How much of the intervention will focus on the parent -- how much is left for the child or vice versa? This presentation examines important findings.
PS 140  LEARNING AND TEACHING METHODS OF INFANT MENTAL HEALTH CARING IN TAMPERE COLLEGE OF NURSING 1996–1997

Iiris Rautiainen, Tampereen terveydenhuolto-oppilaitos, Kuntokatu 4, FIN 33520 Tampere, Finland

The aim of this poster is to present Finnish methods in teaching infant mental health care. Infant mental health care and family nursing are being studied and taught in the community health care, in hospital maternity units and in children’s wards as well as in nursing colleges. The starting point is to understand and support the interaction between the child and adults. The most essential thing in studying and teaching these issues is to develop the methods of observing in order to support the baby and its family.

PS 141  INTERVENTION FOR INSECURELY ATTACHED ADOPTED CHILDREN IN THEIR SECOND YEAR OF LIFE

W. Monique van Londen, Femmie Juffer, René A.C. Hoksbergen & Marinus H. van IJzendoorn

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A previous study has found positive results of a preventive intervention with mothers of internationally adopted children on infant-mother attachment. The goal of the current study is to evaluate the effect of an intervention on attachment during the children’s second year of life. Participants are first-time adoptive mothers and their children, adopted from Asian and Latin-American countries between 6 and 12 months of age. The intervention, provided to insecurely attached dyads, aims to promote secure child-mother attachment relationships. Some preliminary findings will be presented: the child’s age at arrival in the Netherlands, Bayley scores at 13-15 months and security of attachment at 12-15 months. In a few case studies the intervention will be illustrated.
PS 142  ADOPTION AND EARLY INTERVENTION: A FOLLOW-UP STUDY AT AGE 7

Femmie Juffer, Eva E. Rigg & René A.C. Hoksbergen

Center for Adoption Studies, Utrecht University, Heidelberglaan 1, 3584 CS Utrecht, The Netherlands. E-mail: F.Juffer@fsw.ruu.nl; Fax: +31 30 2531619.

A short-term preventive intervention during the baby's first year of life was provided to 90 families who adopted a first child from Sri Lanka or South-Korea. At 12 months positive intervention effects were found on maternal sensitive responsiveness, infant attachment security and infant competence. In a follow-up study at age 7 the long-term consequences of the intervention on (social) competence are investigated. In this presentation the results from an intelligence assessment at age 7 are discussed. First, it will be explored whether the results show any intervention effects. Second, the results will be compared with intelligence data from normative, non-adopted samples.

PS 143  A ONE YEAR FOLLOW UP STUDY OF EARLY INTERVENTION PROGRAM FOR CHILDREN WITH DOWN SYNDROM AND THEIR FAMILIES


A literature review of this subject has been the first step of this program research on "Early Intervention" in children with Down Syndrom and their families. We have selected 52 children, one experimental group and two control groups from the age of 4 months to 30 months. We have pointed our attention to different context: correct information through a correct involvement of parents in the field of education, a correct implementation of neurological-rehabilitation program focused on Movement and language, according to the special needs of the families in a so difficult moment of their life, with the involvement of the psychologist in this program. The program started in October 1994 and we realized a complete evaluation of children and of parents in December 94 and January 95. We realized the first follow up evaluation in June and July 95, after 6 months and then we planned to realize the second follow up evaluation in December and January 96. The tests we used are:

- for children: Brunet Lezine, Denver Developmental Screening Test, Play Observation, Pediatric Evaluation, using Informatic Support for Clinical Record, two Questionnaire to evaluate communicative and linguistic development in children in the second year of age (Mc.Artur, Casali and Canali).
- For parents: a questionnaire on "quality of first information", a questionnaire on the level of anxiety (STAI) and on the level of Depression (CDQ).

We began an Early Intervention Program for the experimental group and for the control group using for the experimental group a very structured program. We tested also a second control group of children (12 children) that are not followed in our Service.
PS 144  OBSTACLES TO INTERVENTION AND FOLLOW-UP FOR INFANTS AND YOUNG CHILDREN WITH DIAGNOSED MENTAL HEALTH PROBLEMS

Linda S. Butler, Ph.D., LCSW, Lynda Gaillard, Ed.D., Susan E. McPherson, MS, RN, CS, Elizabeth Loewald, M.D., Julia Lockwood, M.D., Giovanna Hurley, M.Ed., Sharon Gentry-Stegeman, LCSW

The Spurwink Clinic  17 Bishop Street  Portland, ME 04103

The Spurwink Clinic in Portland, Maine is the only provider of comprehensive diagnostic infant mental health evaluations for families with young children from birth to 5 years old in the state. Not surprisingly, there exists a lack of information about diagnostics, treatment, and follow-up for these children and families with mental health issues in the Greater Portland area. To ensure optimal developmental progress for infants and young children in this part of the country, routine data collection and subsequent analysis and evaluation is imperative. To begin to systematically determine the challenges and treatment and service obstacles facing this group, a study was conducted on 100 young children from birth to 5 years old who had undergone comprehensive, interdisciplinary evaluations in the Diagnostic Evaluation Clinic and the Infant Mental Health Clinic at The Spurwink Clinic in Portland. These children were diagnosed with mental health and developmental problems and were referred for various therapies. Success/failure of treatment receipt and progress was reviewed and followed, and obstacles to service delivery were recorded. The trends and patterns of service impediments based on mental health and developmental diagnostic classifications and familial resources will be presented. These findings will indicate where program and service implementation needs to focus to improve the mental health and developmental outcomes of these young children and their families.

PS 145  INFORMATIC SUPPORT FOR CLINICAL RECORDS FOR SERVICES DEDICATED TO THE MANAGEMENT OF PERSONS WITH DEVELOPMENTAL DISABILITIES

G. ALBERTINI - E. CHIODI - P. SPINOGLIO.

Developmental Disabilities are an heterogeneous group of clinical and functional conditions. The expectancy of life duration now is completely different in comparison with the past two decades. Aging in Developmental Disabilities is now one of the most important perspectives in Research focused on Developmental Disabilities. Longitudinal follow up studies are very important and these implies the necessity to collect a lot of data for this special population. Informatic support for Clinical record may be a very important instrument to follow persons with Developmental Disabilities from child wood to adult age. We Develops a system that permits to collect a lot of data (medical history, symptoms and diagnosis according to the AAMR classification) and that offers us the possibility to manage them to realize statistical analyses and to control very well the population we are following. In our system there is the possibility to put together these data with images taken from the external world, taken by a videocamera (like x ray, Ct scan etc) or by videotape (images taken from videotape) or by scanner. In this way there is the possibility to have a complete picture of a single person and there is also the possibility to compare each person with group of patients using different codex or simple worlds. In our Clinic we are following with this system a group of 7.000 persons and informatic support is necessary to monitorized a so large follow up study. In this symposium Dr. Albertini can discuss about medical aspects of Information Support for Clinical Record. Dr. E. Chiodi can discuss about the informatic aspects. Dr. P. SpinoGlio can discuss about the possibility to associate images to the Informatic Clinical Record.
PS 146  »FAMILY FRIENDS« – EVALUATING AN EARLY INTERVENTION PROGRAM USING VOLUNTEER WOMEN AS MENTORS FOR »AT RISK« YOUNG WOMEN WHO ARE PREGNANT

Dr Dorothy Scott, Senior Lecturer in Social Work, University of Melbourne, Parkville, Victoria, Australia 3052

Recent research on the association between lack of social support and maternal depression, the structural and interactional properties of social networks, and the application of social network concepts in clinical practice and community development, forms the rationale for the design of “Family Friends”, an innovative pilot program developed in a non-government agency in Melbourne to serve homeless young women who are pregnant. The content of the program, including the groupwork with the young women and the volunteers, the process of matching volunteers with young women, the design of the evaluation, and the preliminary findings, will be described and discussed. The evaluation, which is still in progress, has both formative and summative components. The formative component involves a content analysis of the detailed notes kept by the social workers on their implementation of the program, and conducting regular interviews in which they reflect upon their practice. The summative component involves a semi-longitudinal study consisting of separate interviews at regular intervals with the young women and the volunteers, and analysing the dynamics and evolution of their relationships. In addition, the “Experience of Motherhood” questionnaire (Astbury, 1994) was administered to the mothers when their baby was 6 months of age, and the Social Network Map (Tracy & Whittaker, 1990) was used as a baseline measure and repeated at intervals to trace changes in their social network and level of social support. The implications emerging from social network building programs for working with difficult to reach populations, and for evaluating small scale programs in close collaboration with service providers and users, will be explored.

PS 147  THE EFFECT OF AN EARLY INTERVENTION ON ENHANCING THE QUALITY OF MOTHER-INFANT INTERACTION

Jaqueline Wendland-Carro, Cesar A. Piccinini,  
(Federal University of RGS - Brazil)

Stuart Millar  
(London Guildhall University)

The study examines the efficacy of an intervention on the quality of early mother-infant interaction. The intervention was designed to influence mothers’ sensitive responsiveness toward their infant by presenting information about the newborn’s competence to interact and promoting affectionate handling of the infant. Thirty-six primiparous mothers and their newborn infants took part in the study. On day 2/3 after delivery mother-infant dyads were assigned either to: (1) an experimental group which received an intervention program designed to enhance mother-infant interaction; or (2) a control group which was presented with an intervention which emphasized general caregiving skills. One month later an observation was undertaken in the home to assess the mother-infant synchronous (reciprocally responsive) and asynchronous (unresponsive) interchanges during free-play and infant bathing. Major differences between the enhancement and control groups were revealed. The enhancement group showed reliably greater frequency of co-occurrences which included vocal exchanges, looking to the partner and physical contact. There were also differences in mothers’ responses to infant crying and involuntary responses. The findings show that early intervention can enhance mothers sensitive responsiveness.
PS 148  ADULT FUNCTIONING OF NEONATAL INTENSIVE CARE GRADUATES: RESULTS OF A TWENTY-FIVE YEAR PROSPECTIVE STUDY

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The Providence Longitudinal Study (PLS) is a prospective investigation of 928 pediatric high-risk and comparison subjects born into the National Collaborative Perinatal Project in the 1960s. The goals of the PLS are to examine the long-term psychiatric, medical and psychosocial outcomes of infants born with a variety of obstetrical complications and pediatric illnesses. Over 75% of the sample completed a three-hour face-to-face interview at a mean age of 23.0 years. 56% of the subjects were female and 73% were white. In this paper we compare the adult functioning of 56 infants who required intensive medical treatment at birth, 46 infants born with moderate levels of perinatal distress, and 591 comparison infants. The high-risk subjects show elevated rates of neurological abnormalities (relative risk (RR) = 1.4), behavioral abnormalities (RR=1.8), and lowered cognitive performance (RR = 1.5) at age 7 relative to the comparison subjects. Differences between the groups diminish in adulthood, although there remain nonsignificant increases in rates of substance use, antisocial personality and anxiety disorders, diagnosed according to DSM-III criteria. As adults, high-risk infants report more social isolation (RR = 1.5) and fewer friends than healthier infants. Protective factors that distinguish the resilient high-risk infant with successful adult outcomes include dimensions of social competence, temperament, health status, academic success and family support. We conclude with public health policy recommendations for high-risk pediatric populations.

PS 149  EVALUATING OUTCOMES IN A COMMUNITY-BASED PARENT EDUCATION PROGRAM: REACHING PHYSICALLY ABUSIVE FAMILIES WITH PRESCHOOL-AGED CHILDREN.

Ellen E. Whipple, Ph.D., ACSW, School of Social Work, 244 Baker Hall, Michigan State University, East Lansing, MI USA 48824–1118

Interest in the evaluation of interventions with physically abusive families has grown considerably over the past decade in effort to address the multiplicity of needs typically presented. This study tested the effectiveness of one community-based parent education and support program designed to meet the needs of high risk families, focusing on how the program impacted parental stress, parent-child interactions, verbal and physical aggression, and the overall quality of the home environment. The study site was the Family Growth Center (FGC), a behaviorally-grounded parent-child program in a moderate-sized midwestern city in the United States. The FGC offers a variety of programs including respite care; a weekly ongoing support group, Helping Ourselves Parent Effectively (HOPE); a Stress Management class; a Parent Nurturing Program (PNP) and an Early Childhood Development (ECD). One hundred and sixteen FGC parents completed self-report measures during a one year period, including a Demographic Questionnaire (NCPA, 1993); the Conflict Tactics Scales (Straus, 1990); the Parenting Stress Index (Abidin, 1990); and a Program Involvement Questionnaire. Instruments were completed on a pre- and post-test basis for the structured groups and every three months for the support group. Observational measures by FGC staff included a Risk Assessment Form (McCurdy, 1995) and the Early Childhood Home Inventory (Caldwell & Bradley, 1984) for ECD families only. This presentation will provide detailed descriptions of program content and process, demographic characteristics of participants, and examine the level of program involvement associated with positive changes. Suggestions for both research and clinical work with physically abusive families will also be offered.
PS 150  PRELIMINARY EVALUATION OF A DAY CARE CENTER FOR HOMELESS CHILDREN
Karen L. Olson, Ph.D., Harvard Medical School and Child Development Unit, Children’s Hospital, Boston, MA 02115, U.S.A.

Mothers whose children attend a free day care center for homeless children were interviewed as part of an ongoing evaluation. They range in age from 18-35 (M=25) and have from 1-3 children at the center. After initial warm-up questions, mothers wrote about their strengths and weaknesses, answered questions about what the center should provide for the children, relationships with staff, and goals and strategies for accomplishing goals. Then they wrote about their children.

While many mothers report positive things about the staff ("they do a really nice job with the kids"), not all experiences are positive ("they need to be more understanding"). Mothers want to know the staff is qualified to take care of their children ("that they know what they’re doing"). It is important for the staff to respect and listen to them ("talk to me, ask me how I’m doing").

Mothers express loving feelings about their children ("special little girl" "very amazing child" "I love him very much" "I am very proud"). They are aware of potential harm from the outside world ("it’s scary raising boys in the city"). They hope to provide support, structure, and be a good role model for their children ("as long as I’m positive and behind him" "make sure he goes to school" "by being a positive influence"). Some discuss their difficulties ("sometimes I feel like doing nothing with my life" "my self esteem tends to get low at times"). However, motivation to carry on often comes from the children ("my children, they keep me going" "and that [to improve the life of my child] is exactly why I’m doing it").

PS 151  PROMOTING INFANT MENTAL HEALTH: AN ANALYSIS OF A NATIONAL AUSTRALIAN SURVEY OF HOME VISITING PROGRAMS

Associate Professor Margarita Frederico,*Ms. Cathy Davis, Professor Graham Vimpani and Professor Lesley Barclay

*Head of School of Social Work, Australian Catholic University, Canberra Campus, PO Box 256, DICKSON ACT 2602, Australia

This paper will address the literature on the value of home visiting programs and report on a National Australian Survey of such programs for children aged 0-18 months. The analysis of the programs will review the stated objectives and the strategies utilised to achieve them. The findings of the study will be analysed in the light of the literature.
CYCLICAL GRIEF & THE EFFECTIVENESS OF EARLY INTERVENTION

Ralph C. Worthington, PhD, Department of Family Medicine, Brody 4N-66, East Carolina University, Greenville NC 27858-4354

The effectiveness of early intervention can be limited if professionals and families do not anticipate the impact of cyclical grief on families with children who need early intervention. Traditional models of grief generally assume that the process of grief is linear, i.e., it proceeds from the grief event through a period of emotional disarray to recovery. These models cannot be applied to families of at-risk children because these models assume (1) that the future is knowable whereas the developmental outcomes for many children are uncertain; (2) that families should "get used to" a static situation similar to the loss of a loved one. Instead, families face stresses that change over time; (3) the physical presence of a child who requires constant care is different than the loss of a loved one that allows the family to "self-select" the fond memories of their lost loved one.

In contrast to these linear models, a cyclical model of grief assumes that recurring, sometimes unpredictable, stresses face families. These stresses, if not dealt with effectively, can impede the family's ability to access early intervention, to work collaboratively with professionals, and can lessen the effectiveness of early intervention. Cyclical grief allows professionals and families to see that family normalcy can be disturbed temporarily by grief-provoking events such as threats to the child's health, and that families can move successfully through a period of emotional disarray to healing and return for some time to normalcy. This normalcy can be later disturbed by future grief-provoking events. This model reviews common grief-provoking events and ways to deal effectively with them.

This presentation is based on the presenter's work with families with at-risk children. The cyclical grief model is quite appropriate for interdisciplinary audiences and is a culmination of a series of presentations and publications focusing on cyclical grief and effective family-professional relationships.

FIRST RESULT OF A FOLLOW UP CONCERNING 77 CHILDREN ADMITTED WITH THEIR MOTHERS TO A PSYCHIATRIC MOTHER BABY UNIT IN CASE OF POST PARTUM PSYCHOSIS FROM SEPTEMBER 1980 TO JULY 1994 (PAUL BROUSSE HOSPITAL, VILLEJUIF, FRANCE) Odile Cazas

Methods

Examination both short and longer term measures of outcome including indices of child development as well as of the mother-child relationship.

Under the age of 3 :

- Study of the interactions between the mother and the infant in standard situations,
- Psychometric tests (Brunet-Lézine).

Between the age of 3 and 12 : tests NEMI, CAT, TAT.

From 10 : half directed interviews.

7 research projects.
PS 154  CHARACTERISTICS OF PEOPLE ATTENDING A CHILD PSYCHIATRY SERVICE

AUTHORS: AVELLANOSA, I., COLLADO, A., RUIZ FERNANDEZ, V., CRESPO, B., GOVANTES, C.

CHILD PSYCHIATRY SERVICE. CLINIC UNIVERSITARY HOSPITAL SAN CARLOS.
C/ MARTIN LAGO , s/n. 28040. MADRID. SPAIN.

ABSTRACT: We have been analyzing retrospectively the child population under 36 months attending our child Psychiatry Service during 1994-95.
We have studied the psychomotor, cognitive, language and social conduct development, and their evolution during this period, relating to the family environment.
In this way, emotional disturbances relating to linking and separation of the child when they begin to go to kindergarten.

PS 155  EARLY INFANT-MOTHER RELATIONSHIP THERAPY – THE CO-OPERATION PROJECT OF CHILD GUIDANCE CLINIC AND HEALTH CENTRE

Kinnunen, Irmeli and Östring, Helena
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The early infant-mother relationship effects on child's and family's further life. The mental problems in later development are commonly seen to be based on the problems in that relationship. In clinical practice it has been found out, that the families with such a problem can not always be reached and supported sufficiently with traditional therapeutic methods.
Internationally there are positive results achieved with interventions in infancy. The early phase of infant-mother interaction is very sensitively responsive. Changes in interaction have been quick. Especially the treatment results in Sweden (e.g. Spådbarnverksamheten Maskan) have been inspiring.
This project aims to improve infant-mother interaction, to develop practical working methods and produce knowledge and skills to identify the interaction problems in early infancy. The outcomes will be evaluated and a regional co-operation model for Eastern Helsinki will be developed.
The experiences from Sweden and Porvoo, Finland, will be utilised in this project. Infant-mother group gets together twice a week. The main focus in the group is on the interaction situations, thus providing mothers possibility to learn from each other. Video recording is used to monitor each infant-mother interaction. Each mother has her own therapy session with her therapist weekly. Family session is held once a month. The problems and treatment goals are defined together with the family. These will be assessed and checked in family sessions.
This two year project will commence in spring, 1996. Informing and organising the practice for co-operation and referrals with parties concerned will be the first steps of implementation. Therapeutic work is planned to start-up in autumn, 1996.
PS 156  THE MOTHER AND CHILD PSYCHIATRY PROJECT (MCPP): A COOPERATION BETWEEN THE AFRA FOUNDATION FOR YOUTH CARE AND THE PSYCHIATRIC HOSPITAL 'VALERIUS CLINIC'
Anna Bakker, Jan Gerrits, Bas Vogelvan, Vincenza Spijker

The MCPP offers professional help for multi-problem families in which one or both parents suffer from chronic psychiatric problems, and their (normally developed) children up to 6 years old. Afra takes care of the child, the Valerius clinic takes care of the mother. Both institutions are within walking distance. Alongside separate individual treatment of the mother and child, workers stimulate the development or restoration of the relation between mother and her child. Social workers of both Afra and the Valerius clinic meet regularly to coordinate all efforts. Long-term goals for these clients are: 1) Independent functioning of mother and baby together, with continued professional support if necessary. If living together is not possible for mother and child, and independent functioning of mother and child apart is needed, efforts are made to ensure regular contact between them 2) Prevention of developmental damage in the child, because of untreated psychiatric problems of the mother. And 3) Prevention of new/repeated pregnancies of the mother, by helping the mother accept her inability to fulfill her parenting tasks and responsibilities.

The mother visits her child on (preferably) a daily basis. During these visits, the mother is expected to be responsible for taking care of her child. Afra-groupworkers assist the mother in carrying out this task. Should the mother be unable to take up her parenting role, foster parents are selected for the child. In these cases, optimal conditions for regular contact of mother and child are ensured.

PS 157  EARLY INTERVENTION IN AN URBAN DISTRICT
Gitte Bie Nielsen, Elisabeth Thorgaard, Denmark

In Nør. Sundby county, which is in the Northern part of Jutland in Denmark, a preventive and supporting project started in the year 1993. The project addresses itself to pregnant women and women, who are the mothers of babies less than one year old. The women and the babies are referred to the project, if they are in risk of maldevelopment. They are preferred primarily from social workers and health visitors, but also from midwives and general practitioners. Most of the women are referred because they feel insecure in their role as a mother or because they have mental or psychic problems.

11% of the mothers and babies from the district are referred to this project. Many of the women are socially and emotionally stressed, and many of them are single compared to a normal standard in Denmark. Many of the women have no education, and quite many are very young. The offered help is arranged individually for each family and may consist of many different parts, for instance psychotherapy, advice, group therapy or family therapy or practical help and several other possibilities. 1/3 of the clients received help for less than 6 months. 1/3 for 6-12 months and 1/3 for more than 12 months. Most of the families received more than one form of help. The work in the project is carried out by a psychologist, a midwife and a social worker.

The project has a background group with a psychiatrist, a child psychiatrist, a general practitioner and a gynaecologist. Every month the group meets with child psychiatrists for supervision. After 1 1/3 year an evaluation was made. We want to tell about this project - its theory and practice and about the evaluation. We also want to focus on the role of the child psychiatrists in relation to this project.

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PS 158  INFANT PSYCHIATRIC CONSULTATION
Eija Virta, M.D., Child Psychiatrist, Tampere City,
Child Guidance and Family Counseling Centre,
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The aim of this project was to find new ways to improve infant mental health in the work of child health centres.
The project included systematic child psychiatric consultation in three child health centres, the team includes the child psychiatrist, the public health nurse and the health centre doctor. The consultation was focused in children on age 0-2 years.
During the two years process there was 10 appointments per one year and one child health centre, 60 altogether. The team met 18 families and in addition to these they discussed the problems of 17 children and their families. Only 5 of the children was older than 3 and 16 of them was under 1 year of age.
13 consultations of the 60's the staff wanted to spend by discussing their own work more widely.
The most common problem the family/the staff wanted to discuss was sleeping disorders and crying by nights (10/35). In six cases the mother had the feeling that she/the child/the parent hood was in some way different, not the "usual one". Five of the families were "multiproblematic".
The evaluation of the change after 6 months showed that the problem had stayed away in 10 cases and the problem did not bother any more in 10 cases. In 7 cases the problem did not solve, the team had met only one of these seven families.

PS 159  PROVISION OF PRIMARY HEALTH CARE FOR THE PROMOTION OF CHILDREN'S EARLY PSYCHOSOCIAL DEVELOPMENT

Tsiantis, J., Dragonas, Th., Skoulika, A., Papadopoulou, K., Paizi, I. (Greece); Cox, A., Smith, M. (U.K.); Caldeira, P., Beirao, M. (Portugal); Kyriakides, S. Paradisiotou, A. (Cyprus); Ispanovic, V., Radijekovic, D. (N. Yugoslavia); Hribar, N., Plankar, T. (Slovenia); Erol, N. Turgutzen Z. (Turkey); Faria, J.S. (W.H.O.) "AGHIA SOPHIA" Children's Hospital, Department of Psychological Paediatrics, 115 27 - Athens, Greece

The design of a multi-cultural and interdisciplinary package is outlined, focusing on the promotion of healthy psychosocial development of infants and young children in the general population, through Primary Health Care Services. It is developed and applied in Cyprus, Great Britain, Greece, Portugal, N. Yugoslavia, Slovenia and Turkey. The approach has a tripartile focus: (i) the development of a training programme for PHCWs; (ii) the development of a semi-structured interview to be used by PHCWs in their contacts with families; (iii) the evaluation of the approach in terms of the effectiveness of training as well as its impact on participating families.
The training and intervention model is organised in three phases, namely pregnancy to 3 months after birth, 3 to 12 months and 12-24 months.
The programme's evaluation is effected through the use of specific instruments, especially developed or adapted for the purposes of the project.
Results from participating countries are presented with respect to: changes in PHCWs knowledge and beliefs in issues of children's psychosocial development; reported maternal postnatal depression; quality of mother-infant interaction.
Results are interpreted in terms of the effects of training as expressed through the differences between trained and untrained PHCWs and the respective families participating in the project.

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PS 160  GROUP WORK IN TRAINING OF PHCWs FOR 
PROMOTION OF DEVELOPMENT IN EARLY 
CHILDHOOD

Dejan Radojković, Veronika Išpanović-Radojković, 
Nenad Rudić, Andrea Kraigher-Guzina
Institute for Mental Health, Palmotićeva 37, 11000 Belgrade, Yugoslavia

The paper discusses advantages and disadvantages of the group work as a 
method of Primary Health Care Workers (PHCWs) within international WHO/EURO 
Project: "Promotion of Psychosocial Development of Children Through Primary Health 
Care Services". Since 1991 the Project has been continuously implemented in 2 Child 
Development Counselling Services (CDCS) in Belgrade. The main objective of the 
Project is to stimulate psychological and social development of children through regular 
contacts of trained PHCWs with mothers, starting from the first months of pregnancy to 
child's second year of life.

The paper discusses in details the work method, the way of conducting the group 
and dynamics between group members. The increase of group cohesion as well as 
establishing the group matrix are described. The relationships in the group were 
interpreted according to the principle "here and now". It was expected that fostering 
positive identification with the models of relationship based on empathy and mutual 
trust the PHCW will develop the similar attitudes in contacts with the mother.

PS 161  TRAINING OF FAMILY COUNSELLORS IN 
MOLDOVA

L. Stempovskaia, Chisinau, Moldova

The most actual problems in the sphere of family relations are following violation of family 
field protection, fear of future, financial problems, unexpected change of social status of one 
member of the family. Original 
programme- ther fate was used in order to train people. It includes dynamic aspects of receiving 
their own life and their family's life as a whole in the past, present and future. The programme 
has five steps, which includes various psychotherapeutic methods.

Special attention was given to the work with future. We use some aspects of Christian 
philosophy and Moldova traditional culture. Our work will help participants to decide their own 
psychological, social, professional problems of family planification with the aim to decrease the 
frequency of handicapped cases etc. Our workshops have obvious regional direction because 
most of them took place in small towns and villages. The problem of family 
counselling is sharply actual in Moldova conditions.
PS 162  THE ROLE OF HUMANITAS ASSOCIATION IN PROBLEMS OF EARLY INTERVENTION AND INFANT RESEARCH

L. Scoriaina, Chisinau, Moldova

The Humanitas Association is a non-government, non-political, independent organization, created on criteria of charity. It was officially registered by the Government of Moldova and the Ministry of Justice. Its members are specialists from different fields of activity and parents handicapped children. The sphere of interests covers a wide range of tasks, some of which are: the establishment of scientific criteria concerning the prophylaxis, medico-psychopedagogic and social therapy of children's psychical and physical deficiencies; examination of families with such children; family planification with the aim to decrease the frequency of handicapped cases; the preparing of volunteers for work in the field of health care of mother and child; the diagnosis of handicapped children and their enrolment in recovery institutions; judicial protection of families with handicapped children, etc.

The Association has managed to carry on a rather extensive activity and to become popular in the Republic. It needs a larger co-operation with similar associations and organizations from abroad as well as their support.

PS 163  RESEARCH AND TRAINING: COLLABORATION BETWEEN NON MENTAL HEALTH WORKERS AND MENTAL HEALTH PROFESSIONALS

N. Guedeney, MD, M. Bouthelot, Nursery Nurse, C. Floth, Nursery Nurses. A. Guedeney, MD.

Unité de la Petite Enfance, 3 Rue Georges Desplas, 75005 Paris France.

This workshop will present two examples of collaboration between psychiatric researchers and Infant and Mothers welfare services (Protection maternelle et infantile) in Paris. In the perinatal psychiatry or in the infant psychiatry fields, the importance of the secondary prevention impose to psychiatric teams to collaborate with non mental health workers and to design specific screening tools. We shall detail the improvements of the clinical assessment for the psychiatrics and the description of a semiology of "alarm" which contributes to improve the assessment tools: screening scale design; post natal depression assessment guidelines for non psychiatric users.

The non mental health workers will emphasize on their new ability to listen to the mother or to look at the baby, to recognise the necessary components of their assessment and to pass these informations to the others professionnels.
EARLY INTERVENTION: BIO-PSICO SOCIAL AND DESCENTRALIZED APPROACH

By Conxa Bugic, Isabel Lorente & Glòria Ruiz.

In the last 10 years we have developed an Early Intervention model in order to cover the needs of 0 to 4 years old children in our country, Catalunya, with 6,000,000 people in its territory. The number of "Child Development and Early Intervention Centers" is 44 now. The most important characteristics of our model are:
- the interdisciplinary team participating in the diagnostic and intervention process. The professionals in our teams come from the neuropsychiatric, psychiatry, psychology, fisiotherapy, language and communication therapist and social work.
This interdisciplinarity opens the possibility to a real consideration of different kind of factors that are influencing and, may be, conditioning a symptom or behavior in a child. We try to have all the possibilities in mind when we are dealing with the diagnosis and also when we prepare a therapeutic intervention. We try to understand how the biological and psychological factors interact in a child and family. Our experience has shown us that very often same aspects are forget or not take in consideration when there are not the possibility to consult with such a team.
- the possibility to give a therapeutic advise and treatment to children and families with different kinds and degrees of difficulties in our centres.
- the decentralised model: a team is implemented in area from 200,000 to 50,000 inhabitants in order to make more easy the assistance.
- we work in coordination with pediatrics, educational and social services.
This model have allowed us to achieve a good level of coverture, giving atention in 1994 to 4,000 children presenting different kind of disorders or difficulties in their development.

SOCIAL INFANT PSYCHIATRY; ORGANISATION OF A PROJECT OF CONSULTATION AND DIAGNOSTICS IN AN INSTITUTION FOR MOTHER AND CHILD

The youth department from a regional center for mental health in Amsterdam provided a child psychiatrist and a social psychiatric nurse to give consultation in a residential and day-care setting for little children and mothers.
Some practical, organisational and epidemiological features will be discussed.

M.Ch. Pam,
child psychiatrist
former Centrale Riagg Dienst Amstterdam
now: Tulpenburg / Amsteland (out patient department Den Helder) and private practice.
ROLE OF INFANT PSYCHIATRIST IN A MULTIDISCIPLINARY TEAM, CARING FOR ATTENTION DEFICIT HYPERACTIVE CHILDREN

Name of Author: Dr. Pratibha N. Reebye
Address of Author: Infant Psychiatry Clinic, B.C. Children’s Hospital, 4480 Oak Street, Vancouver, B.C. V6H 3V4

The author will discuss the role of the Infant Psychiatrist on hospital clinical teams. Specifically, outlining her experience and contributions to a clinical team geared to providing care for Attention Deficit Hyperactive children/toddlers.

A STRATEGEM DENYING MENTAL LIFE: PSYCHOLOGIST IN PAEDIATRIC WARDS

by Anne Rosenberg: APACHE B.P. 162 92185 - Antony Cedex - France.

For the last 15 years, Apache has striven to improve child’s reception and stay at hospital. The results of the national survey we have made in 1992 are published in our guide book « Enfants à l’hôpital? Suivez le guide ». They acknowledge that on the whole, paediatric wards are concerned in adapting themselves to children’s needs. It was more surprising to find out that very few wards mention spontaneously to be working with psychologists. The discrepancy between this result and the number of psychologists actually working on paediatric wards should be questioned. What are the explicit and unspoken assumptions for a team to ask for a psychologist on the ward?
- Hospitalisation remains an ordeal for children and their families.
- Psychologists are expected to work on their side, as any other consultant.
- Psychologists are mental life specialists and therefore ought to be able to make unconscious conscious.
- Only children and their families have a mental life.
- How may a medical team cope with anxieties and fantasies always vivid around illness and still be efficient?

A second survey has now started. It will enlighten in its positive and negative aspects, the state of mind in wards associating psychologists and the new questions arising. Psychic life cannot be colonised and civilized. Accepting children and adults inner world’s violence may help a hospital stay to become an experience. It is also the first step to sort out mental distresses and abuses.
PS 168  ESTABLISHING A PARENT-INFANT MENTAL HEALTH SERVICE IN SOUTH AFRICA

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

Following a successful congress on Infant Mental Health in January 1995, a Parent-Infant Mental Health Service has been started under the auspices of the University of Cape Town.

While the concept of early intervention is being received enthusiastically by all professionals involved with child health and adult mental health, three major difficulties present themselves to the establishment of such a service: Financial restraints of a developing country; reaching a disadvantaged part of the population and working within a culturally and socially diverse society.

The above challenges are being addressed by the development of two branches. The one is within a child psychiatric clinic setting where paediatricians from the city refer infants with behavioural problems. The other is within a well-baby clinic in a large developing community where 2 professionals educate and consult with primary health care workers.

PS 169  THE EARLY INTERVENTIONS OF A PEDOPSYCHIATRIC TEAM IN A DAY CENTER FOR PARENTS AND BABIES: THE »MAPPEMONDE»

Isabelle BEGUER, psychologist - Odette WAKS, pedopsychiatrist
CMP Cité Gaston Roulaud - BAT D, 93700 - DRANCY - France

The Mappemonde is a unit founded on the prevention policy of Dr Stavy's pedopsychiatric service (Seine Saint-Denis, north-east suburb of Paris). It receives pregnant women and parents with their children up to 3 years old, anonymously and without an appointment. The "Mappemonde" is open 4 half-days a week. The staff team is made up of 11 professionals (in particular, psychiatrists, psychologists, speach therapists, ...).

The relationship between staff on one hand, parents and babies on the other has particular characteristics: other than being a relationship of assistance and psychotherapy, it oscillates between prevention and care; it requires multiple competences which do not correspond exactly to the traditional boundaries between the different professions in the mental health field.

We shall present a clinical analysis of interactions between parents and babies and professional staff and people received at the Center.
PS 170  AN ATTEMPT ON EARLY INTERVENTION OR ON HOW TO INTRODUCE THE QUESTION OF THE SUBJECT IN THE BODY OF A UNIVERSITY HOSPITAL


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Inspired by Freud, I would say that presenting my work is comparable to be taken to the ball by a 6 month old male fetus, considering this work started recently. This work, using theoretical psychoanalytic background takes place at three levels: with physicians, mainly pediatricians, by means of meetings where texts on the interaction mother-child are read; interventions at the mother-child relationship in appointments and psychotherapy at the outpatient clinic; and finally the construction of a space of subjectivity at the institution.

I show in this report of a child suffering of a cardiac congenital malformation (interventricular septal defect) how the medical staff keeping its look at the body without word of medicine becomes entangled in certain transferential games, reinforcing certain "abnormal" behaviors in the mother which could give rise to an early psychosis.

I pose the following question to the doctors: guarantee by all means the survival of the body ignoring the matter of the subject? How to deal with these two risks: body's death or subject's death?

PS 171  EARLY CHILDHOOD INTERVENTION, INCLUSION AND PLAY

A.P. ANTUNES; G. VILAÇA
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Early childhood intervention is a new field where educators could work together in order to minimise children’s difficulties.

Using the definition elaborated by Meisels (1990) that refers that early childhood intervention as a set of multidisciplinary services provided for developmentally or disabled children and their families. Knowing that programs for early childhood intervention are designed to ameliorate the skills of the children’s with special needs and to involve the families giving them support services.

Having in mind the Salamanca Declaration (1994) that establish as one of is principle of action “develop schools that are able to adapted themselves to all children, independently of their physical, social, linguistic conditions or others”.

We develop an Educational Project of Early Intervention that try to involve all the intervenientes in the education of children with special needs - parents, grandparents, neighbours, local authorities, schools and health services.

Using the play as a tool to develop social interactions between the different child of a school community, the Project unrolls in a Toylibrie in a kindergarten. Each element of the community concurs for an improvement of the quality of life of the children with special needs and their families through a joint activity.

References

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Acknowledgement
Secretariado Nacional de Reabilitação, SNR, Portugal

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PS 172  HOLISTIC EMPATHY TRAINING PROGRAMS AMONG 3–5 YRS OLD CHILDREN

Mirja Kalliopuska
Psychology Research Mirja Kalliopuska, Vennissakatu 6, 01300 Vantaa, Finland

According to Kalliopuska's theory (1983) empathy is a holistic process of the human organism that has a positive impact on the quality of life. It combines affective (sensitivity, sharing emotions, temporary identification), cognitive (recognizing emotions, naming them, exact evaluation, role-taking, perspective taking, taking distance from and reporting as feedback the impressions of another person), physiological (the activation of emotion on the physical level), and kinaesthetic components (mimics, gestures, stress of the voice, changes of posture).

Referring to some of my empathy studies the conclusion is that we may improve empathy and prosocial level of children, aged 3–6 yrs old (Kalliopuska, 1983; Kalliopuska & Ruokonen, 1986; 1992; Kalliopuska & Tiitinen, 1991). With music education programs (even 5 hours or ten hours) empathy increased significantly among 3-5 yrs old children, education was conducted in music play schools of Päijät-Häme Conservatory and Helsinki Conservatory.

Holistic empathy training from a baby to a grandfather starts with baby massage and trustful relations between mother/father and child. Children training in early ages with music education and also parents' training are important means to promote empathy.

PS 173  EDUCATING PARENTS AND YOUNG CHILDREN FOR PEACE

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In each one of us, there is the potential for love and hate. It is necessary to expand empathy and gentleness and channel aggression into constructive pathways. This is the goal of the education for peace, in the joint work of family and nursery school, in order to counteract the increase of stress and violence.

In the details of everyday interactions, basic human values are immersed (cooperation, gentleness, generosity, solidarity) and can be stimulated in the "interactive circuits" among parents, children, siblings, teachers and classmates.

One essential aspect is the expansion of the "art of listening" to feelings. Thus, empathy may be enlarged and conflicts may be solved by "conjoint resolution", where the needs of both parties are taken into account in the creative solutions generated by all, by means of non-hostile pathways.
PS 174  CHANGES IN FAMILY DYNAMICS AFTER
CHILDBIRTH AS A BASIS OF PARENT
EDUCATION

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This longitudinal study is a part of the International Family Dynamics Project. The aim of the study
was to describe changes in family dynamics after childbirth using the six bipolar dimensions of
Barnhill's (1979) model of 'Healthy Family Cycle'. In addition to this, relationships between
sosiodemographic characteristics, infant temperament and changes in family dynamics after childbirth
were studied. A total of 160 families who were clients of antenatal clinics were included in the study
with both mothers and fathers participating in the study. The data were collected by questionnaires,
using the Family Dynamics Questionnaire, Revised Infant Temperament Questionnaire and the
Family Dynamics Measure of 62 Likert-type items developed in the U.S. (Lasky et al. 1985). The
instruments were translated from English into Finnish by using back-translation technique. Reliability
of the questionnaires was measured with respect to Finnish culture by studying correlations and
alphas. The statistical methods employed included percentage distributions, means and standard
deviations for every dimension. When comparing the groups on the basis of demographical data t-
tests were used and when studying repeated measurements, MANOVA was used. Family dynamics
was measured in three stages: (1) during third trimester pregnancy, (2) at the infant's age of 8-9
months and (3) at the child's age of 3-4 years. Less role reciprocity, and light isolation, as well as
distorted communication, was found after childbirth (between stages 1 and 2). Analysis of the total
data of this longitudinal study is now in progress. Results of this study can be used as a main context
of parent education. Then parent education responds more to the needs of the client families in their
transition.

PS 175  ENHANCING RESILIENCY THROUGH FAMILY
INTERVENTIONS

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Alexander, Center for Research in Applied
Measurement and Evaluation, The University of
Alberta, Edmonton, Canada T6G 2G5

This workshop will provide two outcomes for participants: first, the presenter will
describe the results of a study of the effect of family intervention on family support
and self sufficiency, and on children at high risk for future difficulties; second, the
details of the two intervention approaches will be presented as potential clinical
intervention strategies with families. The effects of the two interventions were
examined in a cross-over, control group design. Both single subject outcome and
group outcome data will be presented to examine the impact of the family
interventions.

Interventions fostering protective factors with families of at-risk
preschoolers will also be presented. The interventions were developed to test a
program of home support designed to enhance family resiliency and increase
development of social, cognitive and communicative competencies of children. The
children (aged 3-4 years) exhibited significant developmental difficulties including
communication, intellectual and/or behavioral problems. The Natural Teaching
Strategies Intervention focused on developing more effective parent-child
interpersonal relationships, social competencies, and effective communication
patterns in the children. The Cooperative Family Learning Intervention focused on
family problem solving strategies and cooperative learning approaches to enhance
family coping and adaptation to stressors, demands and daily hassles.

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PS 176  POINTING AND JOINT-ATTENTION A CLUE FOR EARLY AUTISM DIAGNOSIS

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Pointing is a gesture that appears in the normal development of toddlers between 9 and 13 months, just preceding the apparition of langage.

It is part and parcel of joint-attention behaviours, aiming at attracting attention in order to obtain an object or to share his center of interest.

Quiet usual among normal children, appearing with delay among mentally deficient children, such behaviours as pointing and joint-attention are inexistent or scarce among autistic children.

Their absence constitutes a clue for diagnosis of autism, and enabling, if precociously discovered, an early treatment.

This work is illustrated with clinical cases of infants with an autistic symptomatology for whom joint-attention behaviours that were initially absent, eventually appeared through clinical improvement.

PS 177  CLINICAL PROFILES OF YOUNG CHILDREN WITH A PREVISIONAL DIAGNOSIS OF AUTISM

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(3) Service de Psychopathologie de l’enfant et l’adolescent, Hôpital neurologique Pierre Wertheimer, LYON, France

The Infant Behavioural Summarized Evaluation (IBSE) is a rating scale specifically related to the assessment of behaviours of young children with autistic disorders. An original statistical approach including Correspondence Analysis and Cluster Analysis permitted the identification of behaviour profiles in a population of six year old autistic children. These profiles were differentiated by the presence and/or the absence of disorders of auditory perception and imitation.

We hypothesized that there is a similarity in the clinical profiles in autism, and that we would find the same disorders in a population of very young children suspected of autism. For this purpose, 62 children between 6 and 35 months of age were evaluated with the IBSE scale, after a consultation for suspicion of autism. The follow-up confirmed the diagnosis of autistic disorder. In this population, the same statistical approach with 12 items of the IBSE scale determined five profiles distinguished by evaluation of the intensity of items. We found similar profiles with the presence and absence of disorders of the auditory perception, but in this young population all the profiles have disorders in imitation.

This study contributes to the description of autistic disorder in young children and emphasizes that the disorders of imitation are important in the early detection of autism.
PS 178 PRECURSORS TO A THEORY OF MIND IN INFANTS WITH AUTISM: AN EXPERIMENTAL INVESTIGATION

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Systematic studies of infants with autism have not been previously carried out. Taking advantage of a new prospective screening instrument for autism (Baron-Cohen et al., in press), the present study found that 20-month-old children with autism were specifically impaired on measures of empathy and joint attention, producing very few examples of either behaviour. All groups demonstrated functional play but very few subjects in either clinical group produced spontaneous pretend play, although in the developmental delay group but not the autism group pretend play was shown following prompting. Some subjects with autism and some with developmental delay were able to imitate, although both groups performed more poorly than the normal controls. The pattern of emergence of these early social communicative abilities in this very young sample of children with autism is discussed in the light of our knowledge of the pattern of impairments and skills shown by older children with autism.

PS 179 BREATH-HOLDING SPELLS AS AUTISTIC DEFENCE

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The Authors note that breath-holding spells are often found in the clinical history of mentally disturbed children and adolescents. Breath-holding spells seem to be a symptom of some psychological fragility of the child connected with his/her inability to confront a stressful situation. The Authors will present some psychodinamic considerations. They hypothesize that breath-holding spells are an archaic bodily expressed defence mechanism in order to annul and not to confront a painful situation felt dangerous for self disintegration. Breath-holding spells are considered a self defence according to Michel Fordham's theory. More precisely they are thought of as an autistic defence by which the child dramatically cuts off the awareness of the outside world and at the same time the stressful situation. Holding his/her breath he/she seems to try to omnipotently control both his/her own body and emotional life. The painful or frustrating situation that usually triggers off breath-holding spells makes the baby aware that he/she and the mother are not the same object and makes the baby feel completely powerless and helpless, in the grip of terrible emotions. In order to cancel the unbereable experience, the child tries to annul the awareness of the distinction and the separateness between he/she and the mother, going back to a self integrate state where there is neither space, nor time.
PS 180  STUDY OF A GROUP OF AUTISTIC CHILDREN FROM THE FIRST EARLY INTERACTIVE DISORDERS UP TO ADOLESCENCE AND ADULTHOOD WITH THE HELP OF FAMILY AUDIO-VIDEO DOCUMENTS

A.L. SIMONNOT, L. BARBREL, S. MAGISSON, S. LEOVICI, Ph. MAZET

The purpose of this study is to evaluate the outcome of a group of autistic children. This study follows a first research which focused on the early interactive dysfunctionings as forerunner of an autistic outcome based on the viewing of family films of infants from 0 to 2 years of age. This research was undertaken with a population of autistic children compared with a population of children with another psychiatric diagnosis and with a group of children without developmental disorders.

I - OBJECTIVE OF PRESENT STUDY: The object is to carry out a new assessment on this population of autistic children now that these subjects are adolescents or adults. The assessment will encompass: diagnosis, importance and intensity of disorders, level of development, capacity to communicate and to interact socially, and the outcome of these different elements since the first early interactive disorders seen in the family films up until now. We compare this population with the two other populations mentioned earlier.

II - METHODOLOGY: First, a description of actual state (diagnosis and clinical) is undertaken for each subject and this in each group of patients. To realize this assessment, we used the following elements: DSM-III-R, ICD-10, the French classification of Child and Adolescent Mental Disorders, ADI (semi structured interview with parents), ADOS (standardized interview with the subject itself), language test, intellectual efficiency (QI), assessment of pathological behaviour and retreat, assessment of exciting disadvantages and incapacities. Secondly, these assessments will be compared with the results of the precedent research: Data of initial clinical examination at the time of establishing diagnosis of autism and data of family film observation concerning early interactive disorders.

III - PERSPECTIVES: Through better knowledge of early manifestations of child autism, especially of early primary interactive disorders, this study is going to analyse not only short term and medium term, but also long term evolutive potentialities. The importance of such an investigation lies in the perspective of a better preventive approach, therefore eventually undertaking more adequate early therapeutic interventions.

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PS 181  A SCHEME OF EARLY TREATMENT FOR CHILDREN UNDER 30 MONTHS SHOWING SIGNS OF PERVERSIVE DEVELOPMENTAL DISORDERS

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The attention paid to infant’s psychiatry brings more and more frequently child psychiatrists to be early confronted (sometimes as soon as few first months of life) with to emergence of evocative signs of a pervasif developmental disorder, an autism, or an early psychosis. After considering the available clinical tools to identify these troubles and discussing the diagnostical and prognostic value which should be assigned to these signs, which appear before the age of eighteen months, this paper will present a scheme of early treatment, developed within the scope of a child psychiatric ward through a range of clinical practice from home care to institutional group treatment, including the use of a class-room integrated in an ordinary kindergarten.
PS 182  INTERVENTIONS AND HABILITATION OF CHILDREN WITH AUTISTIC DISORDER IN THE DEPARTMENT OF PAEDIATRIC NEUROLOGY OF TAMPERE UNIVERSITY HOSPITAL (TAUH)

Lindfors Hannele

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The essential features of Autistic Disorder are the presence of markedly abnormal or impaired development in social interaction and communication and markedly restricted repertoire of activity and interests (DSM-IV). Diagnostic criteria and theories about the etiology of autism have changed over the last decades and in recent years more cases have been found in clinical work too. Symptoms of the autistic behaviour are recognized better than a few years ago in public health service and several methods of intervention and habilitation are used for autistic children currently. The number of child patients with autisticlike disorders has increased in the department of paediatric neurology of TAUH too. The assesment and the interventions are carried out by the multidisciplinary team in department of paediatric neurology. In this study the psychological viewpoint is essential. The aim of this study is to describe the number of children (age two to six years) with autistic disorder in TAUH during year 1995 (diagnoses, medical and psychological examinations and interventions). The results are presented by frequency and percentage distributions of the data.

PS 183  ROLE OF PARENTS IN PSYCHOTHERAPY OF THEIR OWN AUTISTIC CHILDREN – SPECTRUM OF POSSIBILITIES AND LIMITS

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One could differentiate the cases where the therapy of an autistic child can be carried out mainly or even solely through his parents, such cases, where the therapeutic behavior of the parents must be completed to a lesser or larger degree by adequate therapeutic or educational institution, finally, the cases requiring entirely institutional care and individual therapy done by a professional. Searching for the differentiating criteria the authors are trying to find the answers to the following questions:

1. what are the aims which could be set by the therapist of the autistic child family?
2. what can the therapeutic role of the parents consist of?
3. what are the formes, degrees and nuances of the parents' involvement in the therapy of their child?
4. what are the factors conducive to the fulfilling of the therapeutic role by the parents and the factors making the therapeutic role of the parents difficult or impossible?

Entrusting the parents with the role of therapist - to the extent to which it is possible - seems to be the most beneficial solution for the child and for his whole family.
PS 184 EXPERIENCES AND OUTCOMES OF VERY YOUNG CHILDREN WITH AUTISTIC, MULTISYSTEM, OR PERVERSIVE DEVELOPMENTAL DISORDERS WHO PARTICIPATE IN FAMILY CENTERED EARLY INTERVENTION IN HAWAI: DIAGNOSTIC PROCESSES, STAFF DEVELOPMENT, RELATIONSHIP BUILDING, PARENT SUPPORT AND TRAINING, PROGRESS, AND PRE-SCHOOL TRANSITION

Since 1992 75-100 toddlers in Hawaii have been identified as having Multi-System Disorder. Stanley Greenspan, M.D., Serena Wieder, Ph. D., Rebecca Shanok, M.S.W., Ph. D., Barbara Kahmanson, and J.K. Chuman, M.D. (Zero-To-Three Publication, October/November 1992) highlighted advantages of early intervention with these toddlers, and provided inspiration for this study. Integrated approaches for enhancing social-emotional development and family relationships were the most important intervention components. Cognition, communication, play, and sensory integration and motor development were also addressed in the context of daily living. This presentation describes staff training, diagnostic and intervention processes, and parent partnerships. Progress especially in areas not ordinarily accounted for in formal testing, will be presented re: descriptive statistics. Anecdotes, narratives, and video illustrating clinician and family experiences, responses to group meetings and collateral professional consultations will be addressed. Successes and problems encountered when children transitioned to preschool will be discussed.

PS 185 CHILD ABUSE AND MALTREATMENT: NEW INTERVENTION STRATEGIES

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Behind an ill-treated and sexually abused child there is a critical family and parental situation, which involves not only the maltreating parents but also the whole family system, often including the grandparents.

The Child Care Center (CTB) is a private association working since 1991 for prevention and intervention in cases of maltreatment, neglect and physical and sexual abuse of children. The aim of the association is to help the small victims by offering them a safe place to stay and helping their parents to get over the family crisis.

The operators working in CTB are psychologists, pedagogues, social workers, educators and volunteers.
PS 186  PARENTING A HANDICAPPED INFANT IN CORK, IRELAND: MOTHERS’ ADAPTATION AND NEEDS

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The dramatic growth of early intervention programs in the United States is a result of the recent passage of federal legislation mandating special education and family support services for high risk infants and toddlers. Among the many challenges to developing effective services for families is the need to individualize programming to meet the specific needs of each family. The cultural diversity of the U.S. society presents further challenges to service delivery and requires early intervention practitioners to be ‘culturally competent.’ Intervention strategies in the first years of life can be perceived by parents as intrusive or conflicting with beliefs of child rearing. Therefore, knowledge of the ways in which different societies or cultures interpret disability in the first years of life is needed to inform early intervention providers about the effects of culture on parenting within this context.

This presentation will describe a qualitative study conducted in Cork, Ireland that explored the ways in which the Irish culture informs and guides parents’ interpretation of, and response to, their infant’s disability. The focus of this study was to describe mothers’ interpretation of the meaning of the disability, methods of treatment, perceived social supports, and long and short term goals for their child. Using ethnographic methods, sixteen mothers of infants between twelve and thirty-nine months participated as primary informants. Data was collected through in-depth interviews, home and clinic observations, and a self-report questionnaire on social support. In addition, observations and interviews with professionals involved in providing early intervention were conducted to serve to triangulate data. The results of this study can inform early intervention providers of the unique characteristics of adaptation and coping of Irish mothers to the diagnosis of their infant, as well as describing the context of parenting a handicapped in Cork, Ireland. Methods of data collection have implications for clinical use as well.

PS 187  THE FAMILY AND THE HANDICAPPED CHILD

A. Racu, Moldova

The social-demographic investigation of the population in general and of families in particular revealed some unfavorable tendencies in the natural migration of the population, and, at the same time, a diminution of the general and specific fertility of women of reproductive age, which determines the specific value of each individual and the necessity of prophylaxis and early revealing of handicapped kids.

By investigating the problem of mother and child’s health protection, the role of the pregnancy and postnatal causes, which predispose to psychomotor disturbances of newborn children, was revealed. At the same time a complex of prophylaxis and tempestative treatment of these causes was elaborated. The objective factors of the negative influence on the procreation are, first of all, the consequences of the Chernobyl catastrophe and the deplorable situation of the irrational use of chemicals, pesticides, exfoliates in agriculture, i.e. the noxious ecological factors.

Another group of unfavorable factors of a subjective character is the unstable social-economic and political situation in Moldova as a result of passing from a totalitarian state system to a democratic one. As an outcome of it a growth of the population morbidity, an increase of pregnancies, associated with different pathologies, dangerous both for mother and child, have appeared.
PS 188  CHILDREN WITH PSYCHIC – MOTRIC PROBLEMS: THEIR RECUPERATIONS IN FAMILY AND SOCIETY

P. Rosca, Chisinau, Moldova

The presented material is based on a thorough study of the social-demographic situation of the family in the Republic of Moldova, examining the mother and child’s problems of health care at the present period of time as well as the appreciation of the concrete situation in families with handicapped children. At the same time measures of an early diagnosis, recovery and the reinstatement of such children are elaborated.

Great importance is given to the methods of early clinical-functional diagnosis of psychic-motor disturbances, their classification according to the degree of manifestation, elaborating well-reasoned solutions of medical psychic-pedagogical therapies of children and psychic therapy for the handicapped children’s mothers.

Investigations of children with psychic-motric problems: their recuperation in family and society as well as such children’s status were analysed. The research of their social-environmental and labour adaption, after leaving special schools, was carried out. The analysis of their labour and social integration was also performed.

PS 189  PROBLEMS EXPERIENCED IN FAMILIES OF DISABLED AND NORMAL CHILDREN

M. Andronache, Chisinau, Moldova

Parents, by virtue of their tasks in family life share common psychological and social needs in the contemporary time they face in addition many serious problems ranging from diseases to political upheavals. How do ale those tasks and situation affect parents? How do they cope? What kind of people they seek to get help? What kind of help they prefer? What are common trends in the responses regardless the special needs of children? What are the notable differences in responses with regard to special needs of children? These are the questions I am filled by 500 mothers (230 mothers of children with different special needs and 270 mothers of normal children).

The results show different patterns of the problems depend on special needs of children and social-cultural level of families. The coping strategies they used and helplessness they experienced seem to be also associated with these variables. Different models of counselling with regard to these results are discussed.
PS 190  EARLY INTERVENTION AND SUPPORT IN FAMILIES WITH DISABLED INFANTS — MULTIPROFESSIONAL ASSESSMENT METHOD AND HABILITATION THROUGH PLAY

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This study, the so called Play project was planned to create a play based assessment and intervention method for clinical use. The project is carried out during three years (1994-1997) at the department of Paediatric Neurology in Tampere University Hospital.

Play has been said to lead the development and it is a powerful medium for learning. An observation of play can be used as a tool of assessing level of psychomotor development. Development can also be enhanced through improving play skills. The role of play of a disabled child has been neglected although the aim of pediatric rehabilitation is to promote the child’s ability to function in his everyday environment. In this project a transdisciplinary orientation and ecological perspective was taken to develop a play based assessment and early intervention method to support families with disabled infants in their natural environment. The community-based model of working and the assessment method are presented here.

PS 191  PLAYBEHAVIOR OF DISABLED CHILDREN

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The aim of this study is to develop an observation method and habilitation program based on assessment of play behavior of multihandicapped children. Data comes from a larger project of early intervention, so called Play Project. The target group consists of 61 children aged 0 to 7 years. They have all been high risk infants, now diagnosed CP, MMC or delay of psychomotor development. Children visit regularly the department of paediatric neurology for assessment and habilitation.

The children have been randomly assigned to intervention and control group. The intervention group receives inpatient play interventions and a home-based habilitation program is planned to enhance the play behavior of a child too. For the control group traditional assessment and habilitation methods are carried out.

Preliminary results are presented concerning the assessment of play and developmental skills of the children.
PS 192  THE STRENGTHS AND RESOURCES OF THE PARENTS OF PREMATURE CHILDREN DURING NEONATAL INTENSIVE CARE: A FAMILY GROUP CASE STUDY

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The aim of this study was to examine what are the strengths and resources of parents of premature children during the time the baby is taken care in the neonatal intensive care unit (NICU). What gives the parents strengths and hope to cope with this very sudden and uncertain situation?

The participants were six couples of parents of premature children. The children were treated in the NICU, University hospital of Helsinki. All the children (7) were born during one month (weight in birth 483-1390 g). The parents had met each other in the NICU and in the family support group. During the study the group gathered together four times to discuss about their experiences and resources. The meetings were videotaped and the qualitative method was used when analysing the data.

The results showed in short that strengths vary depending on the situation of the child: 1) The relationship between mother and father and the knowledge of professionals. 2) Possibility to nurse the child made the baby the most important source of strengths and gave the parents the feeling of parenthood. 3) Moving home men that relatives and friends came more involved in the family system.

PS 193  PARENTS ADJUSTMENT TO THEIR CHILD’S DISABILITY: THE ROLE OF CAUSAL PERCEPTIONS OF ONSET FACTORS

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The aim of this study was to examine how parents of children with severe disabilities explain and interpret causes for their child’s disability. The hypothesis was that such explanations are important to parents and may have long-term effects on their child-related perceptions and adjustment.

The participants were 111 Finnish families, all of whom were entitled to the highest child care subsidy from the Social Insurance Institution at the time of the study. Children had various forms of developmental problems which their physicians had estimated to be severe enough to meet the criteria for the subsidy. The age of children ranged from 2 to 8 years. The mean age of fathers was 36.18, and for mothers’ it was 34.55.

The results from a path model testing supported the theorized model. The results suggest, that parents’ interpretations of their own or others’ responsibility of the causes for their child’s disability may have long term negative influences on their later adjustment. These parents seemed to interpret more often other child-related events by using the same blaming causal schemata.
EARLY PREVENTION AND COUNSELLING IN THE FAMILY OF MENTALLY RETARDED CHILDREN

T. Grosu, Chisinau, Moldova

The 20 percent of mentally retarded children can be known in beginning of their birth. 45-55 percent are known when they are two years old and almost one third of them start the school. Thousands of families face this reality when their children born or they become six years old. These families would be in an unbelievable situation but this happens when they have planned so much either educationally or else.

Counselling and guidance of these families could help a lot in accepting this reality and help them to cure or decrease their children’s problem. This paper will help families to discuss the role of parents in counselling and guidance of their children and discussing few experimental cases.

PRESCHOOL CHILDREN WITH SERIOUS DEVELOPMENT DISORDERS THE WAY WORK WITH THOSE CHILDREN AT OUR DEPARTMENT

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Children were 3-5 years old when the work started. Reason for being admitted to our department was serious problems with contact, social behavior, and for some: minor motor disturbances like "MBD". Most of them were diagnosed as autistic. Children with an autistic way of functioning often arose extraordinarily emotiosity both in parents an in professionals. Often the result may be a defensive split between psyche and soma.

Our way to understand the reason for those problems, is a multiple causality, including neurobiological, affective, relational and psychosocial elements.
(Margareth Mahler, Colwyn Trevarten, Daniel Stern, Bjørg Roed Hansen).

Our project started in 1991, based on individual sessions with each child, and separate conversations with the parents. Extern evaluation of our work revealed that parents could react negatively towards the fact that both therapist and assistant in kindergarten got a closer relationship and more expertise on the child, than the parent themselves.

Our current working model: Parents and child are in the playroom together with the therapist. The foundation is laid for the parents to be the primary link for the child.

Music therapy serves opportunity for creating speechless attention and giving emotional intimacy. Work in kindergarten once a month includ observation of the child and a guidance meeting with the staff, often in collaboration with the parents.

Process with Parents and Children: The children display an increased ability to concentrate, give attention, express feelings and communicate. The parents competence is increased and they get into an extensive process of development with their child.
SPECIAL PSYCHOTHERAPEUTIC PROGRAMMES OF PRESCHOOL CHILDREN WITH MBD AND SPEECH DISORDER BY DIRECT INTERACTION WITH PARENTS

M. ŇOURKOVA

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1. Pediatric Clinic, 2nd Medical Faculty Charles University Prague

The aim of the study was to prove the influence of special training on the development of psychic functions and verbal behavior in children with MBD by direct interaction with the parents.

We followed two groups:
A. 25 children with MBD and speech disorder, were intensively trained by direct interaction with parents.
B. The second group of 25 children with MBD and speech disorder without this special training. The children from the first group were intensively trained 6 months especially in the field of fine motor performance, speech and language development. The mean age during the therapy were between 5 and 6 years. The results of our study confirm that in the period between 5-6th year of age, when the basic development of speech is finished, children with MBD and speech disorder without this special training, use a smaller number of words for answering, then the first group with special training and intensively interaction with parents. The difference is on the 5% level of significance. This knowledge is important particulary from the view point of practical consequences at school, when a child with MBD and speech disorder may be evaluated less favourably than a healthy one. The results of this special psychotherapeutic programmes should contribute to the improvement of the child adaptation, the position in the family and the relation of parents to the child.

INFANTS WITH SEVERE PSYCHOLOGICAL DEVELOPMENT DISORDERS: INFANTS AND PARENTS TREATMENT UNIT IN PARALLEL GROUPS

PETITBÓ M. Dolors, Psychologist; IBAÑEZ, Margarita, Psychologist; CRUZ, Daniel, Psychologist; H. SANT JOAN DE DEU - BARCELONA - SPAIN

This Unit has been created to give a therapeutic response to those cases that present pathologies with symptoms that compromise the evolution of language, thought, movement, organisation of individuality and autonomy. In these disorders the passage from a dependant/behavioural system typical of the first two years of age, to a more independent/representative system typical of the establishment of the individuality and the rise of the subject, is generally in conflict.
The variegated manifestation of the symptoms leads to a wrong diagnosis of infant psychosis, autism or to realise a fragmented assistance of each particular symptom.
The Unit organises itself on the basis of a once a week half day stay. The children receive group care and the parents have an hour group session of psychotherapeutic approach. The assumption that supports the intervention is based on the mobilisation possibilities of the psychological structures of the children and of the family interaction patterns in these ages.
The Unit admits a maximum of 6 patients from 3 to 5 years of age, who present development disharmonies, narcissistic or depressive pathology that compromise their development.
PS 198  A MULTIFACTORIAL APPROACH TO SPECIFIC DEVELOPMENTAL DISORDERS: WORKING WITH MOTHERS IN A GREEK CONTEXT

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One of the services we offer in the Community Mental Health Centre of Byron-Kessariani, suburbs of Athens is an early intervention programme for children 0-6 years old who have special developmental disorders. The interdisciplinary team working in this programme have adopted a multifactorial theoretical framework to their intervention techniques.

The hypothesis under which we work is that these disorders are the result of a complex interaction of various factors: biological, environamental and emotional. In consequence, each child's problem is assessed individually, according to this framework. Apart from the intense therapy given to the child himself and the parent's groups, we also work with the mother/child interactional relationship, aiding the mother to "tune" into her child's communication level and thus, to improve her relationship with him. These sessions are video-ed, reviewed and assessed on two levels: the first level involving the therapist and mother, the second level involving the interdisciplinary team's in-service training.

Observations have been made concerning the effectiveness of this programme, especially with respect to the individual characteristics of the greek context in which we are working.

PS 199  EARLY INTERVENTION IN CHILDREN WITH GENETIC DEFECT; A RESEARCH PROGRAM ON CATCH 22

SOKOLOWSKY M., DERYNCK F., PHILIP N.

Some genetic defects lead to mental delay in children. CATCH 22, a Chromosom 22q11 deletion, associates physical abnormalities with mental development disorders of adults. 10% of CATCH 22 will present psychiatric disorders. In 10 to 25% of cases one parent bears the deletion and some of them present psychiatric troubles. Improvement in somatic treatments makes mental prognosis the major issue for patients. Nature and mecanism of mental abnormalities in CATCH 22 are not yet fully documented. Available longitudinal studies evoke early developmental defects. Reactive cooperation between genoma and environment is here, retained as a pertinent model. These concepts match with actual theories in development psychology on the role of child-parents cooperation through interaction in mental development. What is different in mental development in CATCH 22 children? Are child-parents interactions implicated? A positive answer opens fields to early interventions in infancy aimed at optimizing mental prognosis. The authors present a prospective study on mental development in children with 22q11 deletion and their families. Patients are extracted from a population of 75 French patients deleted. Children development is evaluated by psychometric test. Parental affective disorders by Beck's inventory. Parental mental representation of their child are assessed by Stern & Cramer "R" interview. Guidance is structured on the basis of brief parent-infant psychotherapy sessions, proposed on a voluntary basis. First results show a deep demand in parents for guidance and a high involvement of their mental representation.

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We propose to illustrate, with a clinical case, how the announcement of seropositivity of both parents and of the child affects the very first interactions between them and contributes to psychic troubles for the child, and how a child's psychiatrist may restore, with the medical and nursery teams, the parental functions in order to reestablish a future life for this child.

Jean is an only child, 3 and 1/2 years old, seropositive, whom we have been following for one year. His parents, aged 22, are recently immigrated Africans. They learnt they were seropositive in the fourth month of the pregnancy. After a normal development, around the 10th month of life, a psychomotor retardation and relationnal troubles appeared, which gradually grew worse. The mother is very depressed and the father doesn't accept his own seropositivity. Our program is organised following three areas: monthly consultations mother/child; insertion of the child in a therapeutic group twice a week; cooperation with the medical and the nursery's team. Whatever the diagnostic hypothesis are, we have firstly tried to recreate the «death link» between the mother and the child.

Secundly, the positive reinforcement of the medical team has played a direct role on the welfare of the child.

Objectives: In 1995 more than 3200 children living in institutions in Romania are HIV+. Some of HIV+ children discovered in 1989 are still alive and the others are newly infected. They pose a serious problem for Romanian health and social services which have done nothing in anticipation of their death. These much neglected and truly anonymous children, without future or past, have been removed from local orphanages and placed in groups of 80 to 100 in 24 orphanages throughout the country. Their neglect was caused by ignorance of the essential needs of infants living in institutions, accentuated by the fear of AIDS. Teach the medical and psychological techniques of palliative care, develop Romanian trainers who can then teach these techniques in other orphanages throughout Romania, and help the professional staff to develop research designs appropriate to existing problems.

Methods: Professionals in Romanian orphanages have had little experience with AIDS or large numbers of terminally-ill babies. Caretakers have expressed their fears and ignorance about the disease itself, as well as their inability to “connect” with so many dying children. Their sense of hopelessness has led them to avoid interaction with the babies as much as possible. This Train-the-Trainer workshop, sponsored by the CEC, focuses on putting caretakers in touch with their sense of grieving, using direct hands-on methods to demonstrate new techniques in child development and how to care for babies with HIV.

Results: Preliminary studies show that the professional staff are anxious to learn new techniques of child care and palliative care and that they respond readily to the positive developments in the children. The first effect of this program was a lessening of the level of fear of contamination which enables the staff to integrate the new information into their care of the children. The expected change in comportment has not yet been fully observed and before the second evaluation, on order of the ministry of health the HIV+ babies had been moved in others institutions where we could not reach them.

Conclusions: Despite a great handicap in resources and expertise, Romanian professionals are capable and eager to learn new and better ways to care for HIV/AIDS babies. Unfortunately HIV+ babies needs didn’t match with political aims. The majority of the HIV+/AIDS babies has been “deportee” in unknown institutions.
PS 202  THERAPEUTICAL INTERVENTION IN BREATH HOLDING SPELLS

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The term breath holding spells is used to indicate a clinical entity that is well-known for its clinical and physiopathological characteristics although various doubts still remain regarding its etiology. The affective nature of this symptomatology has urged many studies, the most exhaustive of which was published by Kreisler (1972), in which the affective spasms are defined as signals of a difficulty in organizing a heteroaggressive or mentalized reply of the child. The Author distinguishes two types of subjects with spasms, which correspond to the two pale and cyanotic forms of the disturbance: energetic children, the most typical opposers to blue spasms and more emotional subjects who are dependent and passive, typical of the pale form. From this data, we will propose, in our work, some considerations on a sample of 10 children (8F and 2M), between 13 and 32 months of age, who presented at the moment of intervention typical cyanotic breath holding spells and with which a therapeutical intervention was carried out together with the family. The following will be taken into consideration: 1) the clinical characteristics of the disturbance in our sample; 2) the psychological profile of the subjects; 3) the events which lead to the episode and the context in which it takes place; 4) the meaning that the symptom assumes inside the mother-child separation and individuation process; 5) the possible correlations that exist between symptom, the child’s psychopathology and the parents’ representations. Furthermore, data regarding some of these cases revalued in the ambit of a catamnestic study, will be proposed.

PS 203  IS THE PLAY OF MENTAL DEFICIENT THE SAME OF A NORMAL ONE?

José Joaquim Carlssara

“It is on play, and maybe on play just, that the child or adult flow his creation freedom” (DDWinnicott 1977). This research has objective to draw a parallel between how a mental deficient child plays compared with normal one, in the age of 03 up to 06 years, on the observer level for the therapy workroom on the direct work with a child. Many authors have difficulties in defining the correct meaning and function of the toy, because it includes various different aspects. For Piaget (1951), “The child when is playing she is learning to stablish and to enlarge concepts and abilities, and so they can integrate his mind and action and this way they can understand the new and complex events... and when they pretend play with his minds and not with all his body entirety”. Vigotsky (1988), “When the children is playing is the image of the adult, in himself way, where she is creating the norms or rules from the imaginary”. In the case, we guess that the toy and to play, are referring only to the child. We show, anyway, the development of a normal child and another with deficient mental. (AADM) This research includes play theory, plays classification, how important is the toy on the child development through development on the key ages: Since birth up to 6 years, and specifically in the running study from 3 to 6 years. The use of the toy on the child’s stimulation, how play the mental deficient, and on analyse of the difference more common between mental deficient on normal one, following the main aspects: Development motor, mental, emotional, rhythm, interest, imagination, capacity to make a good use from past experience.

To be concluded, we check that there is no difference between toy or fun for children bearer with mental deficiency or normal one. The mantal deficient child could play with the same toy with “normal one” inside his possibility. So, activity is the channel approach and the interaction more ample that the educators can stablish, without predetermination, that what they can do or not due. They bearing some kind of deficiency.
PS 204 INTER-DISCIPLINE INDIVIDUALIZED FAMILY ADAPTED EARLY INTERVENTION PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DISABILITY – A REPORT OF TAIWAN EXPERIENCE IN THE LAST 12 MONTHS

Authors: * Kuo, Huang-Tsung, and a team with 12 persons
* Department of pediatric medicine, God’s Help Hospital

The need of “Early” and “Inter-discipline” Early intervention program for infants and children with developmental disability is urgent all over the world. There are 21 Million People in Taiwan, and over 4 million of them are children with age under 15 years old. Since the incidence of children with developmental disability is around 10-17%, there will be about 400 to 680 thousand of infants and children, who needs special concern, either intensive follow-up or starting early intervention program.

Although the need itself is quite clear, the cause and effect can also be understood, but the action on those population of people is somehow not quick enough. For some people with enthusiasm in Taiwan have spent over 15 years on this issue. Till last year, first approved research program for interdisciplinary early intervention program was running and a real inter-discipline team was organized. Under a limited budget, a small but relative flexible integrated family service program was done in the last 12 months in east Taiwan. About 60 children has received direct, continuous, family adapted services and over 100 children has received thorough clinical developmental assessment.

Three large institutions with over 150 children has received weekly indirect services, 2 developmental service station was temporarily set up in 2 aboriginal rural village, 1 parent group was running for 5 more months, and 1 social resources referral unit has giving family counseling, home visiting and resources referral during last 12 months.... All those organization and function was running by 6 full time personnel (includes 3 physical therapist, 1 occupational therapist, 1 social worker, and 1 administrative assistant) and 6 volunteers (1 pediatric neurologist, 1 rehabilitation Dr., 1 psychologist, 1 senior physical therapist, 1 speech therapist, and 1 special educator).

In the last 12 months, the following major activities has been held:

1. Organization of basic components-- hardware, software and staffs was setup and enrolled completely in 3 months.
2. Announcement for enrolling children with developmental disability, also setup continuous referral system and it’s function
3. Preparatory and re-education course for professional staffs
4. Setup inter-discipline team discussion and referral system
5. Multi-modalities service flexibility (center-base, home-base, institution-base, and community- base services)
6. “Adopter system” in inter-discipline team incorporated into “multi-discipline individualized family adapted early intervention program”
7. Social resources referring unit
8. Parent group for the development of the parent

Some of the above-mentioned results will be presented in the congress.

PS 205 LONGITUDINAL PROSPECTIVE STUDY ON COPING PROCESSES OF PREGNANT WOMEN WITH A HIGH RISK FOR DIAGNOSIS OF FETAL MALFORMATION BY EARLY PRENATAL ULTRASOUND EXAMINATION

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In the last 20 years their has been a challenging development of technology for the early prenatal ultrasound diagnosis of fetal malformation. Today this technology is a firm and non invasive method for early detection of prenatal fetal malformation. In contrast to diagnosis by amniocentesis and chorion villus biopsy the malformation of the fetus can be visualized by ultrasound both by the examiner and the parents.

Several studies have demonstrated that prenatal ultrasound screening of the fetus can reduce anxieties of the parents, specially when the fetus develops normally, and improve parental-fetal attachment. In contrast longitudinal research is still missing on how parents cope with the early diagnosis of fetal malformation by ultrasound.

In a longitudinal prospective study the coping processes of women (n=300) during early pregnancy are analysed before and at several intervals after the prenatal diagnosis of fetal malformation. It is the main issue of the study to identify risk groups of pregnant women with maladaptive coping processes in respect to variance in levels of anxiety, personality, social factors and severity of the malformation. The results can be a baseline for an intervention project in progress. The design of the study and preliminary results will be presented.
PS 206  REFLECTIONS OF MOTOR DEVELOPMENT ON THE CONTENT OF INFANT SWIMMING PROGRAM

Sääkslahti, Arja & Numminen, Pirko; Department of Physical Education, University of Jyväskylä, P.O.Box 35, 40351 Jyväskylä, Finland

The programs of infant swimming vary a great deal in different countries and even within one single country. This might to be due to the shortage of research-based information of the congruence between infants' motor development and the content of infant swimming programs. The best practice effects, however, are attained through constructing the content of the programs specifically related to infants' motor development. Adults working with infants should be sensitive to the observable changes occurring in infants' motor development so, that s/he might be able to antedate the consequent changes and construct the content of the program to meet these changes. It is this match that evokes and sustains infant's intrinsic motivation for action. Thus this study tries to ascertain: 1) Whether the changes in infants' motor development are reflected on their motor activity in water, and further 2) whether these reflections are taken into consideration when constructing the content of swimming program. Subjects of this longitudinal study (n=7) were full term births. This swimming program was conducted on one-to-one basis with a single swimming session lasting 30 minutes for nine months once a week. To obtain motor development data the parents kept a weekly diary (22 items). The data was gathered four times during the treatment period by individually videoing each infant's motor activities in the water from the beginning till the end of a swimming session. The analysis of the data is still underway, and the initial results will be discussed at the conference.

PLSU  LESSONS LEARNED ABOUT EARLY INTERVENTION

Kathryn E. Barnard, RN, Ph.D.
University of Washington, Seattle, WA 98195-7920

History recounts the plight of children who have suffered from biological or environmental risks. The field of prevention and early intervention research is barely a century old. In that time there have been numerous studies where interventions have been implemented and evaluated. Several phenomena to be considered in planning future successful implementation of early intervention will be described and discussed:

a. **parenting readiness** - this involves appraisal of the parents' capacity, both intellectual and emotional to understand and have reasonable expectations of children as well as provide the nurturing and guidance needed. Data from two studies will demonstrate parents readiness to engage in the early intervention conceptualized to assist them with parenting skills. Discussion will include the need to incorporate an understanding of the parents' cognitive and relationship schema when engaging them in early intervention.

b. **generalized versus matched intervention** - identification of a specific target for intervention improves the outcome. Intervention to modify preterm infants' state of arousal in the early feeding experience has been demonstrated to be associated with differences in later parent-child interaction. This specific intervention technique serves as an example of how immediate behavioral change becomes a stimulus for later changes and hence potentates the influence of a very specific and limited intervention techniques.

c. **specific techniques with parent-child interaction** - direct feedback to parent-child interaction is demonstrated as a effective means of improving the parent-child interaction. Techniques of video feedback will be discussed in relation to studies with teenage mothers and their and preterm infants and parents.
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ST 4/2 MEASURING THE QUALITY OF MOTHER-INFANT INTERACTIONS ACROSS THE FIRST YEAR IN A CULTURAL CONTEXT

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In most infancy research, assessment of the quality and nature of mother-infant interactions has been limited to time-sampling, frequency counts or binomial ratings of the presence or absence of specific behaviors. Understanding the meaning of these behaviors for the individual dyad and culture requires conceptually richer yet systematic methods of study. The Parent-Child Early Relational Assessment (ERA) was developed to capture both the infant and parent’s experience of the relationship and utilizes global assessments of maternal and infant affect and behavior including higher order constructs of sensitivity and responsiveness to infant’s cues, connectedness, mirroring, structuring and mediating of the environment, reciprocity, mutuality and organization and regulation of the interactions. The ERA is informed by psychodynamic theory, developmental studies and clinical observations of normative and high risk populations. The U.S. site of the Cross-Cultural Study of Infant Temperment will report on our investigation of how maternal mood and personality translate into the quality of mother-infant interactions and the possible moderating effects of interaction quality on stability and change in infant temperament and behavior over the first year. The profiles developed both in a large normative study and in the U.S. matched sample of the Cross-Cultural Study will be compared to mother-infant interaction profiles from the other sites. Issues of validity and reliability in the use of a relational assessment method across cultures will be addressed.

SF 19/2 CLINICAL ASSESSMENT OF OUTGOINGS PROCESS UNDETT TREATMENT FROM AUTISTIC STATES

Bernard Golse, Unité de Psychiatrie Infandile de l'Hopital Saint-Vincent de Paul, 82 Avenue Demfert-Rochereau, 75014 Paris, France

Outgoings process under treatment from autistic states can be clinically assessed with different tools: accurate monographies, social adaptation evaluations, psychopathological scales (C. HAAG et al.). It will be discussed here the different aspects of these descriptions and chiefly the point to know if the clinical outgoings process is able or not to be informative about the psychic development of healthy children. So, the transformation of autistic anxieties into schizophrenic ones which is sometimes noticed, arouses many questions about the developmental point of view concerning the aetiology of early infantile autism.
SF 19/3  EARLY SCREENING AND TREATMENT FOR AUTISTIC CHILDREN

HOUZEL, Didier
6 Rue de l'Académie, 14000 Caen, France

A retrospective study has shown that early signs of infantile autism can be detected within the two first years of life. In case of early diagnosis therapeutic protocol is proposed including: monthly interviews with parents, weekly home treatment, intensive psychotherapy and school integration. Results of this protocol for a cohort of 15 autistic children are presented.

SF 19/4  FAMILY ENGAGEMENT: SPECIFIC THERAPEUTIC FACTOR IN PERSVASCIVE DEVELOPMENTAL DISORDERS

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We intend to describe and illustrate with clinical material the three levels (daily exchanges between parents and educators, parental group meetings, psychotherapeutic work with each family) of our work with the families of infants with pervasive developmental disorders.
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