

WEDNESDAY, 14 January 2004

25 The Irving B. Harris Distinguished Lecture: Healing the Child in Juvenile Court

*Joy D. Osofsky (United States), Cindy Lederman*

Juvenile courts in the United States are places of last resort where children and families come due to poverty, emotional deprivation and cumulative disadvantage. This is their last opportunity for help when all else has failed them. Since the passage of the Adoption and Safe Families Act of 1997 (ASFA), the child has been the center of the child welfare system and the physical and mental health and safety of the child is the main concern of the dependency court judge. While twenty percent of the child welfare population is composed of infants under the age of one and one-third under the age of six, this population of infants and young children are largely ignored by the courts. And yet, they are often children who are most amenable to intervention and a group that developmental research indicates can often be helped a great deal. Without intervention, by the time these children reach school age, they will also likely be at risk for social and behavioral problems in addition to learning deficits. The most frustrating moment for any juvenile court judge is to witness a dependent child who was abused or neglected and grew up in foster care become the mother of a dependent child. A focus of this presentation will be to describe a program that has been implemented in the 11<sup>th</sup> Circuit Miami-Dade Juvenile Court in Florida designed to intervene with evaluations and therapeutic services to help these children and families with their relationships, cognitive, social and emotional development and, ultimately, to reduce the risk of intergenerational transmission of child maltreatment. The Infant and Young Child Mental Health Pilot Site located in the juvenile court in Miami has implemented an intervention program that includes an evaluation, a 25-week dyadic parent-child therapy program, case management, therapeutic interventions, and parental guidance to help young parents learn how to be responsive to their infants and young children, to form a positive relationship with them, and to support their cognitive, social and emotional growth. Three years of data from the program show substantial gains in parental sensitivity, child-parent behavioral and emotional responsiveness, and positive affect as well as a reduction of negative behaviors such as anger, intrusiveness, and depression. There have also been no further substantiated reports of abuse or neglect and a very high rate of reunification. The Miami experience has shown that the juvenile court can play a crucial role in ensuring, often for the first time, that the most at-risk young children are evaluated, treated, and provided resources that are needed to support positive growth and development.

27 The Compromises of Motherhood

*Frances Thomson-Salo (Australia)*

In an increasingly complex world with family and social fragmentation, mothers have to juggle escalating pressures. The fullest understanding of the difficulties they face comes when a psychoanalytic view of unconscious motivations is blended with social and cultural understandings. Three psychoanalytic clinicians will discuss some compromises of motherhood, ranging from favorable outcomes to those where mothers have difficulty resolving ambivalence with resulting compromise formation (symptoms). A new baby is intensely disturbing even under ideal conditions there is contagious arousal. Isolation of smaller nuclear families results in intense dyadic relationships. For the primary caregiver, exposure to the infant resonates with primitive substrates within. Contagious arousal is exacerbated by sleep deprivation and hormonal fluctuations, especially when caregivers receive little support of their own emotional resources, usually stemming from situations of helplessness as children. This represent in symptoms of prenatal disturbance which are often overlooked. Are there new pressures with new Assisted Reproductive Technology and new expectations of family structures Do these changes have challenges for therapists and for the infant How can we expand our understanding beyond Postnatal Depression Masked forms of ambivalence such as

the mother's fantasy that the infant exists as her possession, not as a separate subject, will be considered. The hate does not appear as hate, as its expression is not understood intersubjectively.

28 Contagious Arousal in Parenting

*Joan Raphael-Leff (Great Britain)*

A new baby is intensely disturbing even under ideal conditions. Presence of a needy, vulnerable person shifts alliances within the family. Furthermore, social stratification, urbanization and insulation/isolation of smaller nuclear families result in intense dyadic relationships with the baby, unlike the extended family. For the primary carer, continuous exposure to the infant's raw feelings and neediness resonates with primitive substrates within. Similarly, unmediated contact with primal substances (milk, feces,) activates non-verbal procedural memories. "Contagious arousal" is further exacerbated by sleep deprivation, hormonal fluctuations and unpredictability, especially when caregivers receive little support and replenishment of their own emotional resources. Lack of intimate contact with babies while growing up deprives people of opportunities to rework unresolved early issues. These usually pertain to situations of helplessness in their own childhoods. For expectant parents, residues of these manifest in a variety of presenting symptoms. With recent emphasis on postnatal depression, these other perinatal disturbances are often overlooked, although some of them may result in dangerous interactions, particularly where the baby is part of a delusional system.

29 The Spectrum of Ambivalence in the Intersubjective World of the Family

*Ann Morgan (Australia)*

This presentation will explore different forms of ambivalence in the intersubjective world of the mother, the father and the infant. Some subtle or masked forms of ambivalence will be considered such as the mother's fantasy that the infant exists as a possession of hers, and not fully in his own right as a separate and independent subject, wiping out at some level the infant's autonomy. In this situation where at some level the hate is acted on, it does not appear as hate. The expression of it is not really understood as an intersubjective phenomenon so that the question of hate almost disappears but is nevertheless there, working silently away. There may at times be an overlap with Hopkins concept of the "too good mother". Some of the countertransference feelings aroused when working in this area will be described and elaborated in a clinical context. The following questions will also be addressed. Are there new pressures on the family with new Assisted Reproductive Technology and new expectations of family structures? Do these changes have any new challenges for therapists and their understanding of what these may mean for all the family members, especially the infant? . The paper will also explore difficulties at the other end of the spectrum, where the anxieties springing from ambivalence are more florid and debilitating. How can we expand our understanding beyond Postnatal Depression? Is there an increasing panic about the viability of the dependent infant? Are we all becoming frightened about our increasing vulnerability?

30 Loss Growth, and Distress in the Perinatal Period

*Ruth Safier*

In the weeks surrounding giving birth, women need to negotiate massive change - and hence are in a condition of considerable emotional turbulence. Winnicott described a normal illness he called Primary Maternal Preoccupation. I want to extend and include also Raphael Leff's Primary Maternal Persecution, and add the notion of a Primary Maternal Depression as normal states of mind in the peripartum woman. This very fluid and transient maternal mental state is thought to be necessary for optimal development of the infant. The sort of mental state evokes quite intense resistance. It can provoke recoil, abhorrence, dread because it involves contact with very primitive emotional states. It is greatly feared by most and also a great struggle to achieve a state of mind like this. It is not a state of mind which in our culture is prized as a

valuable capacity and tool. It is not easily remembered by mothers once they have recovered from it. Winnicott believed the memory mothers have of this state tends to become repressed. Perhaps this answer to the oft repeated complaint, 'Why weren't we told?' If Winnicott was right and the experience is repressed, then the responsibility for the proper care and support of mothers at the beginning devolves on the professionals.

33 Chronic Postnatal Depression and Attachment Difficulties: The Relevance of Attachment Theory to Home-Visiting Practices

*Catherine Anne McMahon (Australia)*

This paper reviews the empirical rationale for the decision to implement relationship-based intervention for women at risk of persistent postnatal depression. The paper presents data from a prospective study following up a cohort of women admitted to a parentcraft hospital documenting 1) the high rate of postnatal depression (60% of women admitted to a parentcraft hospital for unsettled infant behavior met diagnostic criteria for postnatal depression and 30% continued to report clinically elevated symptoms of depression in the second postnatal year). 2) Those women with chronic postnatal depression were significantly more likely to be classified as having an insecure working model of attachment with respect to their own childhood relationships with their parents ( $c^2 = 16.6, p = .002$ ) and to be classified unresolved with respect to childhood abuse or loss ( $c^2 = 11.5, p = .050$ ). Compared to non-depressed mothers and mothers with transient depression, mothers with chronic depression were also significantly more likely to be insecurely attached to their infants ( $c^2 = 10.56, p = .005$ ). The relevance of these findings and of attachment theory to home visiting practice is discussed.

34 Extending Nursing Practice: Building From a Secure Base

*Cathrine Fowler (Australia)*

The second paper describes the implementation of the home visiting intervention program. This home visiting program has required the development of at least four relationship subsets between the mother and her infant, the mother and the home visitor, the home visitor and their clinical supervisor and the staff involved in the research and the organization. This paper explores the provision of professional education support and mentoring for the home visitors and clinical supervisor, the reactions of nursing and allied health staff to the program, the acceptability of the program to mothers and Tresillian staff, and the importance of the developing relationships.

35 Where to From Here. What Does it Take to Establish and Maintain Relationship Based Home Visiting Interventions?

*Nicholas Kowalendo (Australia)*

Relationship-based home visiting interventions?

The third paper explores organizational and systematic issues that facilitate these changes. The steps taken to facilitate organizational readiness for change were evaluated, and will be described. Further requirements to support staff for a broader implementation of the program will be explored. How the program links with other services and integrates with existing service delivery models will be described. Lastly, with our discussant, we will comment on the impact of such changes on organizations delivering services in US and Australian contexts.

37 Supporting Baby and Family in the NICU and Beyond

*Glenna C. Boyce (United States)*

Four diverse approaches have been developed in Australia, Colorado, Kentucky, and Utah to support infants and their parents while they are in the NICU and as they transition to home and community services. These four projects present unique approaches used in the NICU and by early intervention staff to meet the needs of infants and parents (e.g., provide information, support in recognizing and reading infant cues, and support across transitions to home and community services). Information will be shared how the projects were developed and how alliances were formed across agencies and with parents. A similar format will be used in

- describing the four projects so that attendees can compare and contrast the procedures that were developed and identify ways to adapt the approaches to their own unique situations.
- 38 **Sharing the Journey with Parents in Transition Through Neonatal Intensive Care and Beyond**  
*Carolina A. Parjee (Australia)*
- The objectives of this presentation are to: gain an appreciation of individual needs of families whilst supporting them through NICU and transition to home care; gain an understanding of the importance of a continuing supportive relationship with families.
- Early discharge from NICU is now commonplace, with many babies requiring ongoing complex care at home for extended periods. Although it is easy to identify such babies soon after admission it is uncertain how their individual story will evolve. In particular, parents of babies who require major surgical procedures need specialised support to minimise interference in the developing parent-infant relationship. The process of supporting families commences early in the admission and relies on an alliance that will often continue over many years.
- Providing support for a family whose baby is expected to have complex needs requires judicious planning and commitment of health care professionals. Using case histories this paper will explore some of the key elements in ensuring that families are supported whilst preparing for their baby's discharge home and then during continuing home care.
- Providing parents with detailed information, teaching them special care skills and providing links with appropriate resources are essential requirements that will assist parents to feel capable of caring for their baby. Sharing the journey with parents as their baby's story unfolds whilst in hospital and following discharge ensures that these components are introduced at the optimal time.
- 39 **Coordinating Developmental Care for NICU Graduates: A Community Collaboration Effort**  
*Joy V. Browne (United States)*
- Many infants who have begun their lives in the NICU are at risk for relationship disturbances or developmental delays. These infants and their families need comprehensive, coordinated community based support. In Colorado, USA, we developed a statewide network of 28 NICU's including hospital professionals, community providers, and graduate parents who were committed to providing developmental and relationship support during the transition from NICU to home. Additionally, an Individualized, Family Service Plan called BEGINNINGS was developed to address the specific developmental and family relationship needs of the newborn. An educational program specifically designed for community professionals addressing developmental and relationship needs of these infants and families was also developed. The Family Infant Relationship Support Training (FIRST) program was provided statewide.
- Evolution of the statewide collaborative NICU to community model, educational programs, and BEGINNINGS will be presented. Current changes in the model, and the effect on statewide referrals to community support will be addressed.
- 40 **In Reach Procedures Support the Parent-Infant Dyad in the NICU and Through the Transition to Home and Community Services**  
*Glenna C. Boyce (United States)*
- In the first InReach study new procedures to support competence of the parent-infant dyad in the NICU and during transition to home and early intervention (EI) were developed collaboratively by NICU staff, EI service providers, and researchers. Findings indicated that the new InReach procedures in the NICU resulted in receiving EI services significantly sooner after discharge (when compared with a comparison group who received the typical

transition/discharge services), and that the procedures were beneficial for parents and NICU and EI staff. The keystone piece of this approach was the holding of a care conference in the hospital before the infant's discharge. Community EI personnel came into the hospital to meet the parents and NICU staff who had been working with the infant. Together they planned and individualized the intervention goals for services after discharge.

For families whose home communities were distant from the NICU, procedures were needed whereby people located in different places could participate in the care conference in a timely and cost-effective way. Desktop videoconferencing procedures, wherein parents and NICU staff participate in the care conference at a computer in the hospital and the EI service coordinator at her computer in the family's home community, were developed. Other technological tools, including the In-Reach website and an educational DVD were developed to support the extended family during the infant's NICU stay.

Portions of the DVD will be shown to demonstrate the care conference and other InReach procedures. Evaluation data will be shared.

41 Support During Crisis. BASICS: A Program Developed to Provide Information to Families with High Risk Infants

*Jackie Sampers (United States)*

BASICS, Baby Awareness and Support through Interactive Computer Systems is an interactive computer system designed to provide helpful information to families who have babies in the Neonatal Intensive Care Unit. BASICS acts as a complement to the professionals in the NICU, by reinforcing the information parents receive from health-care providers. Many parents are overwhelmed by the NICU experience, and many report that even coming up with questions is difficult. BASICS raises the comfort level of those families and enables them to get the information they need to best help their babies.

All information in the BASICS system was developed with parents whose babies stayed in the NICU. Content came right from parent requests for the information they wish they had had when they were in the unit with their baby.

Information is provided in an easy-to-use touch screen system and all content is written in down to earth language. The system has a voice-over for parents who do not read, and we are developing a Spanish voice-over.

By using BASICS families can find information about medical and genetic conditions, tips from families, typical equipment used in the NICU, reading babies' cues, professionals who take care of babies, and community-based services.

Like a book, BASICS provides families with information to them when it is most important to them. The information provided to them is not meant to replace valuable talks with health-care professionals, or make medical decisions for their baby, but can help them know what questions to ask.

42 Periods of Rapid Change in Early Infancy.

*Mikael Heimann (Norway)*

The brief periods of regression or periods of rapid change to be discussed in this symposium is probably evolutionarily speaking very old and has been observed among humans, primates, and non-primate mammals. These periods have mostly been taken to indicate recurrent regressive episodes in primate behavioral development, episodes that are observed at similar times and

become less pronounced as the infant develops. Although most researchers initially discussing the phenomenon based their writings on observations among animals, the field took a new path after the presentation of similar findings among human infants. One of the first studies on humans was presented by van de Rijt-Plooij. Plooij (1992) who found 10 regression periods in the first 20 months of life (weeks 5, 8, 12, 17, 26, 36, 44, 51-53, 61-62, and 72-73). These findings gave rise to a debate which will be addressed anew in this symposium which is organized into two parts. Part 1 presents replication studies (of various success) as well as possible links between regression in infancy and maternal depression, insecure attachment and child abuse. Finally, part 2 includes two integrative theoretical papers that, among other themes, will discuss biological substrates within the framework of early cerebral development as well as how these observations affect our understanding of continuities and discontinuities in early development.

43 Regressive Periods in a Sample of Swedish Infants

*Mikael Heimann (Great Britain)*

Aim: Previous findings indicate the existence of several regression periods linked to developmental transitions within the infancy period (e.g., from birth to 15 months), but no consensus exists concerning how many periods to be expected. The goal of the study was to replicate observations claiming that the young child passes through eight periods before his or her first birthday. Method: Seventeen mother-infant pairs (9 girls) were followed from birth to 15 months. All mothers filled in weekly questionnaires while a sub-group of nine infants were followed more closely through weekly home observations and interviews. Result: Evidence was found for a cyclical pattern matching the original study in number of regression periods per infant but the timing of these periods did not match perfectly the hypothesized periods. Support was found for six of the postulated periods: More than 60 percentage of the children were judged regressive in three of these (at 14-19, 32-37, and 40-46 weeks) and 50 percentage or more in three (4-5, 11-12, and 22-26 weeks). Implication: Overall, these observations support the existence of the cyclical pattern of stability-instability in early infancy which might be conceptualized as recurrent "regression periods" or "periods of rapid change". However, the overall observed level of regression seem to be lower in this Swedish sample than in other comparable samples. This difference will be elaborated in the presentation as will (a) consequences for working with parent- infant dyads during the preverbal period.

44 Continuities and Discontinuities in Infant Development: The Epigenetics of Social Ontogeny

*Kenneth Aitken (Great Britain)*

In this paper, I will begin with a brief review of theories of early social development from Mead, Piaget and Vygotsky as exemplars of discontinuous stage theorists and Watson and Skinner as accretion theorists through to models of discontinuity grounded in biology (Waddington; Edelman...), and developmental applications of systems theory (Kelso; Lewis; Granic ...). Research on discontinuities in aspects of physical; neurophysiological; neuropsychological and social development will be drawn on to illustrate the consistencies across populations with which discontinuous patterns of development reliably and predictably emerge. These findings will be used to argue for several irreducible propositions -

- 1) That the lowest level of analysis at which social development in humans can usefully be documented and described (except in the case of extreme pathology) is the dyad (Trevarthen; Braten...);
- 2) That the discontinuities observed in development can be most usefully understood, and knowledge in this area advanced, through developing our understanding of the neurobiological basis of and constraints on these processes (Kaufmann; Nelson...);
- 3) That the biological bases to the processes being described lead to the little explored conclusion that early social experiences will interact with and have effects on many other

physical aspects of development such as sleep (Plooij); concurrent and subsequent reaction to stressors (McEwan) and immune response to illness and disease (Plooij; Sternberg....).

45 **Mother-Child Conflict During Regressive Periods: Preventing Child Abuse and Neglect**

*Moises Esteban, Gemma Sadurni, Marta Sadurni, Carlos Rostan, Fina Patino (Spain)*

The process of human development can be seen as a dynamic flow between periods of gradual and continuous change which stabilize the system in a determined form of organization, and "leaps" representing a deep discontinuous modification in the structure and function of the components of the human system. During the last fifty years Developmental Psychology has studied the localization and nature of these transitions. More recently the question of these transitions has been linked to the loss of competencies or abilities that are shown by a child on the threshold of a developmental change, a phenomenon known as regression. Van de Rijt-Plooij & Plooij (1992) have suggested that regression indicates instability as a result of the change being experienced by the child's organism. This instability affects the emotional dominium and the relationship between the mother and her baby. The hypothesis of the authors sustains that babies show some common characteristics in these periods. They cry and become irritated more easily and sleep patterns become fragile. In our study, twenty mother-child dyads were analyzed. We grouped them into four cohorts of five months of longitudinal study of each one. The age of children was since 3 weeks to 14 months. The instruments and design of the research followed the study carried out by van de Rijt-Plooij & Plooij. Our findings are interpreted in the context of the children's well-being and maternal interaction. Discussion will emphasize the risk of parental maltreatments during these periods.

46 **Regressive Periods, Maternal Depression, and the Development of Insecure Attachment**

*John Richter, Ashley Woolmore (Great Britain)*

The detailed description, by van der Rijt Plooij and Plooij, of infant regression periods, the developmental spurts they mark and their timing is not only a rich and powerful contribution to understanding human development, it also offers a tool for further investigation, in our case of a possible process for the impact of maternal depression on infant attachment between 12 and 26 weeks. The study spanned three regression periods, at 12, 16 and 24 weeks, and confirmed their timing in the children whose mothers were not depressed. It also showed that insensitive research could easily miss these sometimes subtle changes in baby behavior. Regression periods tended to be a week later for the children of the depressed mothers. The first two regression periods of children of depressed mothers were longer but the 24/25 week period shorter than controls. This 24 week period sees the infant first being able to link two events. At this point avoidant behavior becomes possible and so we might have been witnessing the beginning of the avoidant insecurity, which is more prevalent in children of depressed mothers, where the child becomes less demanding of mother's attention in order to pursue the more important goal of basic protection and nurturance.

47 **Rock-a-bye Baby: A Thematic Analysis of 500 World Lullabies**

*Robyn Marguerite Brady (Australia)*

Lullabies are found in the communication repertoire of all cultural groups for the period of recorded history. A number of aspects of the lullaby event appear to be unique and transcultural, including in particular musical and rhythmic patterns which physiologically reinforce the desired state transition. Lullaby texts themselves are less critical to the desired infant response and may be a source of information regarding maternal mental and emotional processing in this context. This study, part of a larger analysis of world lullabies, evaluates some 500 lullaby texts or text fragments from some 80 cultural groups. The author has grouped those under three main headings which reflect the dominant emotional content or function of the lullaby text: these are 1) Adoration/ reverie, 2) Prayer/ protection, and 3) Catharsis/ grief-work.

Themes explored within each grouping include 1) adoration, gifts and promises, animals, cosmos: real and cosmos: fantasy, and projected futures: socialization, gender- training and betrothal planning; 2) traditional religious context, maternal/infant role models (e.g. Mary/ Jesus) and incantation or lullaby as protection from evil or abduction; 3) anxiety, inadequacy, frustration, angst, and preparatory grief-work including some death-lullabies. The author relates these findings to the specific work of the mother- infant relationship.

- 48 A Developmental-Based Intervention of Child Maltreatment: A Cross-Cultural Perspective  
*Zohreh Zarnegar (United States)*

Abstract Not Available

- 49 Responsive Teaching: An Evidence Based Intervention Curriculum for Infants and Toddlers with Developmental and Social Emotional Needs  
*Frida Perales, Gerald J. Mahoney (United States)*

The purpose for this workshop is to provide awareness level information about the objectives, instructional strategies, intervention and planning procedures as well as evidence for the effectiveness of Responsive Teaching, a newly developed Relationship Focused early intervention curriculum. This curriculum is designed to address the developmental and socio-emotional needs of children at-risk for problems in early cognitive, communication or socio-emotional functioning. Participants will be provided a description of the five components of this intervention model. This includes (a) the nineteen pivotal intervention objectives; (b) the 66 Responsive Teaching strategies that are the cornerstone of this curriculum; (c) the 135 intervention topics that can be used to help parents reconcile Responsive Teaching strategies with their own personal views about how to help their children develop; (d) guidelines for conducting intervention as well as observations of two sessions to illustrate how these guidelines look in practice; and (e) a computerized program to plan and track Responsive Teaching intervention sessions. This presentation will include videotape examples of intervention strategies, power point overheads as well as handouts. One third of this session will be devoted to participant discussion on practical issues related to implementing this intervention.

- 50 Building Infant Mental Health Capacity in Early Head Start: A Look at Lessons Learned  
*Susanne M. Randolph, Tammy Lynn Mann, Jennifer Boss (United States)*

**BUILDING INFANT MENTAL HEALTH CAPACITY IN EARLY HEAD START: A LOOK AT LESSONS LEARNED.** Twenty-four Early Head Start (EHS) programs were selected to participate in a 12-month training and consultation experience designed to enhance their ability to address the comprehensive mental health needs of infants and toddlers. Programs attended an intensive training experience and were matched with an Infant Mental Health consultant who provided follow-up consultation and support for 10 months. An independent evaluation, (quasi-experimental -- a one-group, pre/posttest) tracked progress in implementing plans and enhancing program capacity at 6 and 12 months following the start of the project. This workshop will highlight key findings from the evaluation and discuss implications for other early childhood programs looking to increase capacity to address mental health needs of infants and toddlers from a promotion, prevention, and treatment perspective.

- 51 The Solihull Approach: Facilitating Work with Babies and Their Families  
*Hazel Douglas, Jill Delaney (Great Britain)*

The Solihull Approach is an integrative model and comprehensive resource pack developed by practitioners in the National Health Service in the UK. The model enables practitioners to work together with families with babies or young children with sleeping, eating, toileting or behaviour problems. Awareness of the model has spread by word of mouth in the UK, leading to the development of a 2 day training course and a training manual. Hundreds of health

visitors and others (e.g. pediatricians, midwives) have been trained in over 30 areas in the UK. The Solihull Approach grew out of practice and case discussions, so the theoretical model emerged slowly over three years. It integrates concepts from different areas; containment from psychoanalytic theory, reciprocity from child development research and behavior management from behaviorism. Research suggests that training in the model changes practice, increases practitioners' confidence in their skills and increases their job satisfaction. It also suggests that the Solihull Approach can reduce symptomatology and decrease parental anxiety. This workshop will provide a practical introduction to the Solihull Approach. It will provide an outline of the theoretical model, a very brief overview of the research and several case examples of the model in practice. The workshop will show how the concepts in the model provide the nuts and bolts underpinning attachment. It will link to the research on baby brain development and illustrate how these concepts in practice can promote a healthy environment for brain development.

52 Tales from the Front Lines-Parent/Infant Bonding Post Diagnosis

*Lisa Sprenger (United States)*

The goal of this workshop is to highlight the strengths displayed by parents after learning about their child's diagnosis of a disability. What interferes with bonding How do parents effectively express their grief? What are some of the myths and truths about the impact on family life? One Midwestern, USA Parent Group shares their stories. Come learn from real-life researchers. Their stories and direct experience data could change your practice style or excite your next research project.

53 Motivational Conflict, Attachment, and Affective Communication Between Infants with Autism and Their Caregivers

*Ryuji Kobayashi, Kunimi Funaba, Tomoko Nakama, Natsuko Yamamoto, Masami Inui, Hiromi Kobayashi, Keiko Yoshida (Japan)*

Intervention was attempted capturing the problem of communication seen in autism as a relationship disorder based upon conflict surrounding attachment. The problem of communication, or the inability to share intent or interests between the child and caregiver based upon difficulty in establishing affective communication, was taken up as a large factor in the peculiar language cognition disorder seen in autism. The establishment of affective communication is only possible upon deepening of bonding between two parties, which is none other than treasuring the concept of "amae", or the expectation of leniency or indulgence in another, which has traditionally been a part of the Japanese culture. This relationship of expecting "amae" on one side and accepting and showing indulgence for it on the other, allowed for deepening of affective communication between mother and child, through which the mother became capable of readily empathizing with the intent behind her child's behavior. The child's attachment needs were satisfied by his "amae", and the nurturing of fundamental trust was manifested as active response to his mother's approaches. Through such exchange, the child eventually became capable of extending interaction beyond the sphere of mother and child, handling toys in the same manner as the therapist.

54 Autism? Breaking down the Walls Impacting Relationships by Building up an Understanding of Sensory Behaviors

*Corinne G. Catalano, Patricia Jean Wolters (United States)*

Through an interactive video presentation, the sensory needs of children diagnosed on the Autistic Spectrum will be explored. By cross referencing, the Parent Stress Index (Psychological Assessment Resources, 1995) and the Sensory Profile (Dunn, 1999) information are gathered about how sensory behaviors (needs) are impacting the relationships of children (0-5) with their primary caregivers. Data reveals that children who present with hypersensitive

sensory profiles (sensitivity to touch) tend to provoke higher stress for fathers, while children who present with difficulties in motor planning and body-in-space awareness tend to provoke higher stress in mothers. A format for providing workshops aimed at teaching how to observe and interpret sensory behavior will be discussed. Videos will provide the basis of the discussions; The workshops are targeted for primary care givers, extended family, teachers and therapists. Sensory needs are identified and specific strategies are provided. A solid interactive relationship between parent and child can be built, using the Developmental, Individual Differences, Relationship-Based (DIR) model as the mortar and an understanding of sensory behaviors as the br

- 55 Innovative Interventions from Infancy Through to Early Childhood: Using Infant Mental Health Principles to Promote Continuity and Well Being for at-Risk Infants and Young Children  
*Nicole Milburn (Australia)*

Zero to Three has defined infant mental health as the development of the capacity of the child from birth to age 3 to: experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn in the context of family, community, and cultural expectations for young children (2003). These principles form the basis of three innovative programs that have been developed to address the needs of infants and young children who are at risk of attachment and relationship difficulties through a family environment that has placed them at risk of significant harm. Each program offers a different perspective and mode of intervention, and all levels of care and interaction are represented. Research and evaluation findings will be presented alongside program principles and development from the three programs. The three programs illustrate three different approaches to the same underlying problem: how to assist vulnerable infants and young children to reduce distress and maximize their potential.

- 56 The Assessment of Infants Entering out of Home Care: Promoting Going on Being  
*Frances Thomson-Salo, Marell Lynch, Nicole Milburn, Jennifer Faulkner (Australia)*

Entering out of home care, (foster and kinship care), causes disruption in an infant's life. Usually the infant leaves their mother's care because of abuse and neglect, and goes to stay with a stranger. Frequently little information is passed on with the infant about his or her likes, dislikes and history, which for the infant can be like moving to a foreign country. A model of multidisciplinary assessment will be presented that aims to promote a sense of continuity of living for the infant in care, maximize the "fit" between infant and carer, and prevent mental health, attachment and settling difficulties. This type of therapeutic assessment also aims to help parents understand their infant better and therefore promote more mindful care of the infant upon reunification. The assessment works on a multi-tiered level to translate the infant's experience to directly assist carers and parents in their care of the infant and promote understanding of infant mental health to maximize case planning and service delivery through Foster Care and Child Protection Services. Post assessment some infants were found to be in need of ongoing infant mental health services. A parent-baby group was developed at the Royal Children's Hospital specifically for the Stargate clients. The leaders were an infant psychiatrist and child analyst who had previous experience of co-leading a mother-baby therapy group. Some learnings from this group, including theoretical framework and some technical issues will be briefly presented, as well as outcomes, and suggestions for developing such a group.

- 57 Developing the Community Within a Preschool Setting: How Strengthening the Relationships Between Staff, Children, and Families Achieves Positive Outcomes for the Children  
*Belinda Swan, Robyn Dolby (Australia)*

This paper will outline a relationship based intervention that KU Children's Services and The Benevolent Society undertook in an inner-city preschool in Sydney in 2002. The children (N=24) were a high needs group: many of them experienced distressed relationships at home

and at preschool their conduct and developmental problems were a concern for staff. The project involved using attachment principles in a preschool setting to promote a safe and secure community for children, staff and parents. The intervention aimed to highlight the staff as a secure base for the children. To support the staff to become more emotionally available to the children, the intervention: helped them understand the secure base concept; helped them to become more sensitive toward and welcoming of the children's attachment behaviors, and; mentored them in reflective functioning. i.e.: to reflect on their own and the children's feelings, particularly at times of stress and conflict. The secure base concept was introduced to parents as well. A framework was developed in conjunction with staff and used throughout the centre for two terms. The effectiveness of the intervention was evaluated using a repeated measures design. From pre to post test the emotional and behavioral problems of the children reduced (as measured on Achenbach's CBCL) and staff changed in how they perceived their relationship with the children. Themes of compliance/control (such as struggles over limit setting) reduced and themes of being protective (a reliable source of comfort to the child) increased.

58 Community BUBS: Developing a Neighborhood Model for the Long Term Well Being of Fragile Infants and Their Parents

*Jo Cavanagh, Lesley Hewitt, Cathi Flynn (Australia)*

Recent experiences with short term intensive support programs with very fragile infants and parents left practitioners and managers at Southern Family Life with a number of practice questions and ethical dilemmas.

What difference did our intervention make and what are the consequences for the longer term wellbeing of the child and parents?

Although parents demonstrated that they can care safely for the children with intensive support, what is the impact when intensive services are withdrawn, families breakdown and children are placed in care?

What is our responsibility as service providers for promoting a cycle of success / failure for these very fragile families?

And can we do better!

These questions, and more, have led to the formulation of Community BUBs, a three year privately funded demonstration project to trial an intensive community centered support program for high risk parents and infants. Based on a socio-ecological model, the Community BUBs program is evolving a model of 12 months intervention including individual, group and community support for a target of 12 families per year and 36 families over three years. The service is planned to move from an intensive holistic service to volunteer supported community participation. Evidence based research is being conducted in partnership with Monash University Social Work Department with a view to informing good practice and cost effective program modelling. The presentation will share practice and program development to date and early learnings from the project.

59 The Assessment of a Comprehensive Program for Abused/Neglected Infants and Toddlers in Foster Care

*Brian Stafford (United States)*

Abstract Not Available

61 The Use of the Alarm Distress Baby Scale (ADBB)

*Antoine Guedney (France)*

The Alarm baby distress scale has been designed to assess the social withdrawal behavior in infants. Withdrawal in infants has been described as a key feature in the behavior of infants of depressed mothers and generally with severe relationship disorders; withdrawal behavior is prominent with depressed infants, in PTSD, in autism, in some attachment disorders or in Reactive attachment disorders, in infants with severe and durable pain. It may be part of a regulation disorders (under reactive) and of some anxious disorders. The scale has been devised to help screening for early signs of withdrawal, making use of a structured situation, as the routine physical examination in a Well baby clinic. The workshop will present some studies having used the ADBB. One study has been made with depressed mothers, in Sydney, by Stephen Matthey al. Another study was made in Finland by Kaija Puura and has compared Murray Fiori's GRS Scales of infant behavior in a face to face situation with the ADBB scores. Another study by Clara Bookless in Adelaide has been done with high risk women and their infants. An Israeli study, made by Daphna Dollberg, has compared the ADBB scores with Feldman's Coding Interactive Behavior (CIB) scales in a playing situation. In Brazil, a replication in a Well baby clinic of the validation study has been made by Dr. Simone Lopes, J. Ricas and MC Mancini with 122 infants. The presentation will provide discussion of the interests and limits of the scale in research and clinical applications.

62 The Social Behavior of Infants During Routine Physical Check-Ups: Relationship to Mother's Mood Using the ADBB Scale

*Stephen Matthey (Australia)*

Considerable research has shown that infants of depressed mothers show sub-optimal social interaction behavior with their main carer (usually the mother). In addition, some research suggests that sub-optimal social behavior generalizes to non-familiar adults. The assessment of such behavior has typically been done using procedures and ratings scales that lend themselves more readily to research than routine clinical work. The ADBB scale, devised by Guedeney & Fermanian, attempts to overcome these clinical difficulties by allowing ratings to be made during routine physical check-ups of the infant. This study will report on the findings of a study of 44 infants presenting for routine check-ups. Videotapes of the social behavior of the infants were made, and assessed using the ADBB scale by three trained raters in Australia and France. The relation between the score on the ADBB scale, and the mother's current mood (assessed using the EPDS) and mood since birth (assessed via an interview question) will be reported. In addition, the relation between the clinician's ratings and ADBB rating will be discussed. Video clips will be shown to demonstrate the aspects of the infant's behavior being assessed using the ADBB scale.

63 The Alarm Distress Baby Scale in Assessment of Two-Month-Old Infants

*Kaija Leena Puura (Finland)*

Easy measures for detecting signs of infant distress are needed for ensuring swift treatment for infants and their families. 127 infants were assessed in a five-minute videotaped interaction with their mothers when the infants were 8- to 11-weeks old. Independent researchers rated these videotapes of mother-infant interaction with the Infant Scales of the Global Rating Scale (GRS) and with the Baby Alarm Distress Baby Scale (ADBB). The mothers were interviewed for gathering data on their life conditions and feelings toward the baby. Compared to the GRS infant scales held as the golden standard in the study, the sensitivity of the ADBB was 0.78 and specificity 0.80. The infants scoring over cut point in the ADBB were significantly poorer in their interaction with their mothers, and also their mothers were more less warm more intrusive than infants who scored low in the ADBB. When the background data was analysed, no difference was found between ADBB-deviant and ADBB-healthy groups regarding gender, birth weight or health of the infant, mother's marital status, or in net weekly income of the family. The only significant difference found in preliminary analyses was that 83% of the

infants who had never been breast fed were ADBB-deviant compared to 35% of breast fed infants ( $p= 0.03$ ). In conclusion, at the age of 8- to 11-months the ADBB is quite sensitive in distinguishing infants who have difficulties in interaction with their mothers.

64 A Longitudinal Study Examining Factors Associated with Withdrawal in Infants

*Clara Bookless (Australia)*

This paper will report on maternal and infant variables associated with infant withdrawal at 3 and 13 months of age. In particular, the association between maternal experiences of trauma, post trauma symptomatology, depression and infant withdrawal will be examined.

The study uses a longitudinal design with prior to birth maternal assessment and follow-up at two weeks, three months, 13 months and 18 months (planned) after birth. Prior to the birth, details of the women's current life stressors and appraisal of their preparation for birth of their baby were obtained. Two weeks after the birth, questionnaires associated with the birth, health of the baby, current life stressors and maternal mental health were completed. At that stage infant irritability was assessed with the aim of examining the relationship between maternal risk factors and infant irritability/consolability. Three and 13 months after the birth infant withdrawal and maternal mental health and well being were assessed. A detailed history of the mother's experience of lifetime trauma and adversity was also obtained.

Mother's subjective level of functioning in the weeks just prior to giving birth and two weeks after the birth predicted infant irritability at two weeks. A history of lifetime trauma and symptomatology was not significantly related to infant withdrawal at three months. Data is currently being analyzed with regard to early markers of risk associated with infant withdrawal at three and 13 months and will be the basis for the proposed presentation.

65 Sustained Withdrawal Behavior in Clinic-Referred and Non-Referred Infants

*Daphnia Dollberg (Israel)*

The present study looked at sustained withdrawal behavior in referred and non-referred infants by using the Alarm Distress Baby Scale (ADBB, Guedeney, 2001). The sample included 52 infants who were referred to our community-based infant mental health clinic and 47 matched non-referred controls. Mother-infant interactions were coded independently with the Coding of Interactive Behavior (CIB, Feldman, 1998) and again with the ADBB. Referred infants scored higher on the ADBB, pointing to higher levels of sustained withdrawal in that group, with many infants (26.7% compared to 10.6% in the control group) scoring within the pathological range. Of the CIB factors, Maternal Sensitivity, Maternal Limit-Setting, Child Involvement, Child Compliance and Dyadic Reciprocity were lower for the Referred Group, whereas Child Withdrawal and Dyadic Negative Emotionality were higher. Significant negative correlation were found between the ADBB score and the CIB Maternal Sensitivity, Dyadic Reciprocity, Child Involvement and Child Compliance, and positive correlation with the CIB Child Withdrawal score. The findings indicate that sustained withdrawal behaviour may be regarded as a signal of an early socioemotional disorder. The findings also contribute to the construct and discriminant validity of both the CIB and the ADBB coding systems.

66 The Distress Alarm Baby Scale: A Validity and Reliability Study

*Simone Lopes (Brazil)*

This study investigated the psychometric properties of the ADBB in a sample from a Brazilian pediatrics ambulatory. The pediatrician used the ADBB to evaluate the behavior of 122 infants, aged between 2 and 19 months, during their routine physical consultation. To study the inter-rater and test re-test reliability of the scale that physical examination was recorded on video, and four other investigators assessed these infants, using the ADBB. Subsequently a complete psychiatric evaluation of each infant was performed. The concurrent criterion validity was investigated comparing the pediatrician's evaluation, using the ADBB, to the psychiatric exam

that was considered a gold standard. These data were arranged in a paired 2X2 table and both criteria were compared according to the Mc Nemar test. The sensitivity, specificity, the percentage of false negative and false positive, and the negative and positive predictive values of the ADBB were calculated for different cut-off points of the scale. The results showed that the scale had good consistency (ICC=0.82) and stability (ICC=0.91). Considering the criterion validity, the scale had a high negative predictive value for clinical use. Statistically the score of 5 was a good cut-off point with sensitivity of 79% and specificity of 81%. The exploratory factorial analysis supported the construct validity of the ADBB. The authors concluded that the scale can be considered a useful method for detecting early psychopathological signs in paediatric practice.

68 Autism: Early Identification and Intervention

Moderator

*Kylie M. Gray (Australia)*

This symposium addresses two key issues in autism in young children - early identification and early intervention. Two papers are presented which highlight the early identifiable features of autism in infants and young children. One paper focuses on the development and evaluation of a parent completed screening tool, whilst the second paper addresses the area of movement abnormalities in young children with autism. The third paper in this symposium looks at early intervention for young children and their families. This paper reports a range of child and parent outcomes of a 20 week parent-based education and skills management program for the parents of young children (3-5 years) recently diagnosed with autism.

69 Screening for Autism in Young Children with Developmental Delay

*Kylie M. Gray, Bruce J. Tonge (Australia)*

Despite the finding that parents of children with autism report noticing problems with their child's development at an early age, research shows that diagnoses are often made at an age beyond that recommended for the commencement of early intervention. Research on the reliability of early diagnosis and the identification of early features has paved the way for the development of autism screening tools. Screening for at risk children will potentially assist in lowering the age at which autism is diagnosed, and facilitate the earliest possible commencement of intervention and support.

The results of a study which assessed a checklist (DBC) as a screening tool for autism in children with developmental delay aged 18-48 months will be reported. Analyses aimed to identify those items of the DBC which best predicted the diagnosis of autism. Univariate logistic regressions were performed to establish which items of the DBC differentiated the autism and control groups. A confirmatory factor analysis was performed with the 30 items identified by the univariate logistic regressions. Factor loadings were then used to develop the DBC screening algorithm. Receiver Operating Characteristics analysis was used to evaluate the overall performance of the DBC algorithm as a screening tool for autism. 17 DBC items were selected to create a DBC autism screening algorithm. A ROC curve was generated for the 17-item DBC screening algorithm. Data will also be presented on the sensitivity and specificity of the proposed screening tool, along with the results of a community field trial.

70 A Parent-Based Early Intervention

*Avril V. Brereton, Bryce J. Tonge, Neville King (Australia)*

Early intervention is promoted in the management of autism but little empirical evidence exists to support which, if any, of its components might be effective. This paper reports a range of child and parent outcomes of a 20 week parent-based education and skills management

programm for the parents of young children (3-5 years) recently diagnosed with DSM-IV Autistic Disorder. The early intervention comprised 10 small group sessions and 10 individual sessions which provided education on autism and parenting skills training. Outcome measures included assessments of parent mental health, family functioning, child psychopathology, cognitive, adaptive behavior and language skills. Seventy families have participated in the early intervention and their outcomes measured six and twelve months later were compared with a control group of age and sex-matched children with autism. Significant improvements in parental mental health and coping abilities were evident in the treatment group compared with controls. There were also indications of relatively better adjustment and development in the children whose parents had received early intervention, although as is the case with other early intervention studies, long term follow up is required to confirm these benefits.

71 Early Motor Features in Children with Autism

*Nicole J. Rinehart, Dudley Amanda, Bruce J. Tonge (Australia)*

Although movement abnormalities remain a striking feature throughout the developmental trajectory of autism, there has been little attempt to quantify and describe this area of neurological dysfunction. An accurate description of gross movement in autism is important if we consider a recent retrospective study which demonstrated that, even as infants, individuals with autism may display subtle atypical movement disturbances which, if detected and clearly defined, could advance early diagnosis. Indeed, early diagnosis of autism (eg. at 2 years of age) has traditionally been complicated by the innate difficulties in factoring out the effects of global developmental delay from those which are unique to autism. If there are clear and tangible motor symptoms which characterize children with autism, this is likely to assist clinicians in making an accurate and early diagnosis. Early diagnosis is critical so that families can access early intervention programs. This presentation will explore early motor features of children with autism (aged 3-6 years) using the GAITERite analysis system. Case examples will be used to illustrate their motor features

Prematurely: Its Impact on Neurobehavioral Development and parental Mental Health

73 Moderator

*Patricia Champion (New Zealand)*

New medical technologies used with preterm neonates have resulted in increased survival and a cohort of survivors who were born smaller, younger and sicker. Follow-ups of these babies now focus on issues facing their parents and infants behavioral, social and psychiatric outcomes, as well cognitive ones. Three papers in this symposium present current data on the unique behavioral characteristics of this most recent group of preterm survivors. The first describes the utility of neurobehavioral assessment at term, the second describes the pattern of behavioral problems in a large group of school-aged children who were born prematurely and the third the effect of quality of parental interactions on 2-year cognitive ability. This will give an overall idea of the progression and patterns of behavioral problems now becoming evident in the very prematurely-born, from infancy to school-age. The fourth paper examines the similarities and differences in stress and depression in mothers and fathers of premature infants. Parental mental health is one of the most important factors likely to affect the infant's development and social adjustment. Those who work with these families need to be aware of the multiplicity of medical and social factors that impact and influence infant's mental health and general development. Discussion: The need for intervention programs that address the whole range of premature infant's special needs and include the whole family.

74 Correlation of Neurobehavior Evaluations at Term with MRI Defined Cerebral Injury and Structure in the Preterm Infant

*Nisha Brown, Merrilyn Bear, Hong Wang, Michael Kean, Lex Doyle, Terrie Inder (Australia)*

Neurobehavioural examinations are an accessible and cost effective means of screening an at-risk neonate. However, little is known about how they correlate with the presence and severity of brain injury. The relationship between neurodevelopmental function (NICU Network Neurobehavioural Scale (NNNS) and Revised Dubowitz Neurological Examination) and the presence of cerebral injury defined by magnetic resonance imaging (MRI) was assessed in preterm infants. Advanced MRI of the infants was rated qualitatively on a range of measures of white matter injury (WMI) and grey matter injury, and quantitatively using brain tissue volumes. 80 preterm infants, mean birth-weight 993g (range 450-1686g) and mean gestation at birth 27 weeks (range 23-32 weeks) and 10 term control infants, mean birth weight 3475.10g (range 2980-4290g) and mean gestation at birth 39 weeks (range 38-41 weeks) were studied. There were 22 (23%) premature infants with moderate or severe WMI. ANOVA revealed significant associations between WMI and Dubowitz total reflexes ( $F=4.673$ ,  $p<.01$ ), total spontaneous movements ( $F=5.16$ ,  $p<.01$ ), and total score ( $F=4.693$ ,  $p<.01$ ); and WMI and NNNS non-optimal reflexes ( $F=4.769$ ,  $p<.01$ ), quality of movement ( $F=3.975$ ,  $p<.05$ ), regulation ( $F=4.479$ ,  $p<.01$ ), and excitability ( $F=4.678$ ,  $p<.01$ ). Regression analysis demonstrated a significant relationship between total Dubowitz score and tissue volume within the brain, adjusted for gestation.

75 Behavior Problems at Eight Years of Age in an Unselected Geographically-Defined Cohort of Children Born Very Preterm or with Extremely Low Birth Weight

*Peter Anderson, Lex Doyle (Australia)*

With the increased survival of preterm children due to 1990s advancements in perinatal intensive care, it is unclear whether the behavioral problems previously reported in this population persist. With more aggressive medical interventions and increasing numbers of very small and very immature infants surviving, it is possible that the frequency and severity of behavioral problems have increased. The aim of this study was to examine the behavioral outcome of 298 school-aged children born very preterm (<28 weeks gestation) or with extremely low birth weight (ELBW: <1000 grams) in the state of Victoria, Australia in 1991-92. A matched normal birth weight (NBW) cohort comprised 262 children of birth weight >2499g. Behavioral outcome was assessed between 8 and 9 years of age using the Behavioral Assessment System for Children (BASC) and the Behavior Rating Inventory of Executive Function (BRIEF). Parents and teachers reported more internalizing behavior problems and fewer adaptive skills in ELBW/very preterm children than their NBW peers. ELBW/very preterm children were more likely to display attentional problems, hyperactivity, depression, inflexibility, immature social skills, inadequate leadership qualities, as well as poor planning, organization and self-monitoring. The medical and psychosocial factors associated with behavioral problems in ELBW/very preterm children will be examined, and how these results compare with findings from previous eras will be discussed.

76 The Contribution of Parenting to Premature Infants: Early Cognitive Development

*Lianne Woodward, Michelle Van Dyk, Terrie Inder, Patricia Champion (New Zealand)*

Whilst there is clear evidence to suggest that premature infants are at high risk for a range of adverse cognitive and behavioral outcomes, relatively little is known about the biological and environmental mechanisms that account for these later difficulties. This paper examines the effects of the quality of early parenting on the cognitive functioning at age 2 years of a regional cohort of 100 infants born very low birth weight (VLBW: <1,500g). Within two weeks of their second birthday (corrected), study infants were assessed on the Bayley Scales of Infant Development and were videotaped interacting with their primary caregiver on a series of structured activities (3 problem solving tasks and a story book without words). Results revealed that VLBW infants obtained significantly lower Bayley mental development scores (MDI,  $p<.0001$ ) than their full term peers. Within the VLBW group, results showed that parental

negative affect, support of infant self regulation and the extent to which parent-child interactions were characterized by reciprocity and harmony were significant predictors of children's MDI scores at 2 years. These associations remained even after statistical control for an extensive range of perinatal (e.g., gestation, birth weight, illness severity, days on oxygen, presence of IVH) and child related factors (gender, activity level, sustained attention). These results highlight the importance of early parent-child relations in fostering the cognitive development of high risk premature infants.

77 Similarities and Predictors of the Patterns of Stress and Depression in Mothers and Fathers of Premature Infants

*Carol Newnham (Australia), Lianne Woodward (New Zealand), Nisha Brown, Terrie Inder (Australia)*

The stress and depression of mothers of premature infants potentially contribute to later adverse infant outcomes: cognitive development, parent-infant interactions, psychological maladjustment and the potential for child abuse. The aim of this study was to examine the nature, incidence and severity of stress and depression and associated factors in both parents of premature infants. Fifty mother-father pairs and an additional 44 mothers were interviewed when their premature infant (<1250 grams or < 30 weeks gestation) was term age equivalent. Interviews included depressive symptoms during pregnancy and over the past week, experience of the Neonatal Intensive Care Unit (NICU) and exposure to other life events. A significant proportion of mothers (30%) and fathers (16%) reported clinically significant levels of depression during pregnancy, which had decreased by the baby's term-equivalent age (14% and 9% respectively). A high concordance was found between maternal and paternal reports of depression and response to NICU stressors. Current depression was predicted by the history of pregnancy depression and by current depression in their partner, but not by NICU and other life stressors. The results will be compared with those of parents of normal term infants. These data highlight the importance of partners in adjustment to parenthood, and in this case, to the additional difficulties of having a premature baby. Given the importance of father-mother and father-child relationships for child development and maternal wellbeing, hospital and other services should address the issues of both parents, not just the mother.

78 Computer-Assisted Training of Home-Based Toddler-Attachment Observers

*John Kirkland, David Bimler (New Zealand), Carol Andreassen (United States)*

The procedures presented in this workshop were originally designed for training family observers involved in a large US longitudinal study. Several studies in different countries are now using our 45- item Toddler Attachment Sort (TAS45), with related data-collection methods, presentation- and capture- software, analytical and reporting protocols. The individualized computer-based instructional system saves time and other resources. The primary objective of this training is to equip observers, thus enabling them to make reliable reports about parent-toddler attachment behaviors in the home. This self-paced course consists of three modules, each of which takes between 60 and 90 minutes to complete. Module one introduces participants to the 45 TAS items and has two tasks designed to provide familiarity with these statements. Module two illustrates the procedures to be followed in the field when distributing the TAS45 items into one of 5-ranked piles (extending from most through least occur). Module three is like module two, but instead of written stories there are four video clips (of between 10 and 15 minutes) for viewing and summarizing via the TAS45 cards. At every step for all modules there is immediate feedback offering ongoing formative assessment. A demonstration of this set-up will be provided at the workshop. Participants will be invited to take part in the various exercises for a hands-on feel for what is involved during training.

79 Attachment-Caregiving Relationships in Preschool Child-Mother Dyads Exposed to Domestic Violence

*Bridget Boulwood, Preston Arthur Britner*

Internationally, few studies have incorporated valid attachment-caregiving measures into research on child or parent functioning following family violence. In the present study, children (aged 2 to 5 years) and their mothers were recruited from women's refuges in Western Australia. Two sample groups included children and their mothers exposed to domestic violence who accessed: 1) crisis accommodation from women's refuges; or 2) community outreach services provided by women's refuges. We examine the mother's caregiving behavior and her preschool child's attachment to her, in addition to other markers of coping, within the context of the trauma of domestic violence. The findings show that, despite the mothers and children in each group being negatively affected by exposure to violence, the dyadic relationship was predominantly secure, with lower rates of disorganization than have been found in other family violence samples. This was unexpected. We speculate that many women who have the wherewithal to leave abusive partners and to access women's refuges, may be in a position to continue to deliver sensitive care to their children, in spite of the stresses on the dyad. Results also support the use of attachment-caregiving assessments to gain a clearer understanding of the dyadic relationship in various contexts. Drawing on our experiences and research on family violence interventions, we will discuss the strengths and limitations of clinical assessment of the caregiving behaviors of mothers in a refuge or community setting.

Workshop 8: An Overview of Parent-Infant Interactional Assessment Tools (PIIT) Used with "Clinical Infant"

80

*Pratibha N. Reebye (Canada)*

Objective: No infant can be evaluated without considering infant -parent interactional milieu. Parent infant assessments are a crucial part of sound infant assessments. 1) This workshop describes commonly used PIIT in clinical practice and research. 2) And critically discusses merits of incorporating various PIIT used in infant assessment in everyday clinical practice. Both validated and not validated parent infant assessment tools are included in this discussion.

Method: A plan to search on different parent infant interactional tools was developed.

Screening tools and child abuse specific risk assessment tools are not included in this search.

The second part of this workshop is geared at presenting select clinical scenarios using the PIIT in clinical research inviting audience participation. Conclusions: 1) Simulation of real life situation is often difficult using semi structured assessment procedures. The results of these PIIT need to be interpreted taking contextual cues. 2) More focus on parental factors than child or dyadic factors in most PIIT. 3) Requirements of videotaping of episodes can introduce an extraneous factor that should be taken into account in final analysis. 4) Most popular PIITs emphasize need for training and establishment of reliability and that remains a major deterrent for their widespread use in clinical practice.

82

Infant Multiplicity: The Clan Being

*Jane Margot Selby, Benjamin Sylvester Bradley (Australia)*

This workshop is informed by our empirical work with babies in groups (under review, in press). Babies between 6 and 10 months are placed in strollers in groups of threes and left to their own devices. The infants display characteristics of group involvement, for example, simultaneous interchanges with more than one other and changes in significance of behaviors as a function of what happens in the group. We have argued the importance of conceptualizing the infant as a clan entity consistent with Bruce Perry's vision of the biological unit for humans being between 30 and 40 (a clan). Our work both opens up ways of conceptualizing the development of humans as group members (crucial to childhood and adult functioning). It also challenges us to consider how it may be that the unitary infant (e.g. perception research), dyadic infant (the attached baby) and our clan infant can be describing the same entity. The

workshop explores these questions after a presentation of the group work mentioned. Those attending need be prepared to consider participating in a collective biography style exercise (Davies, 1994), used here to help us to resource our thinking about the nature of infancy. Bradley, B.S. Selby, J.M (under review) Interpreting babies in groups: The ethical imperative. *Infant Mental Health Journal* Davies, B. (1994) Post-structuralist theory and classroom practice Geelong: Deakin University Press Selby, J.M. Bradley, B. (In press). Group behavior in infants: Multiple systems and linking. *Human Development*.

- 83 A New Collaboration Between Child Psychiatry and Children's Services: A Mentor Group at Child Care to Reflect on the Emotional World of Children  
*Robyn Mary Dolby, Elizabeth Warren, Sarah Mares (Australia)*

This workshop will describe how a clinical mentor group was set up in a child care centre to give psychiatry trainees and child care staff the opportunity to observe and reflect upon children's emotional development. The meeting point for the two disciplines has been a valuing of relationships in children's lives. Participation in the clinical mentor group is a core component in the formal training for trainee child, adolescent and family psychiatrists. The trainees visit the child care centre weekly for a period of one semester or 16 weeks. They come to observe the children and review filmed segments of their observations as part of the supervised group. Child care staff participates in the group, attending when the filmed observations are from their room. They have the opportunity to reflect on what they see themselves experiencing with the children. The group aims to provide a safe and uncritical climate for participants to explore the children's experience; to increase their own observation skills, especially around children's emotional communications, and to practice being reflective or putting themselves in the child's place. The conceptual framework for the group is from attachment theory and focus is on the children's inner experiences. The workshop will use video-clips from the program to enable participants to explore how the group works, and how it can give child care staff the opportunity for reflective consultation when trying to be emotionally available to children who are difficult to connect to.

- 84 The Expectancy Phase in Adoptive Parents-to-be: Parental Bonding Representations, Romantic Attachment Style, and Marital Functioning  
*Vincenzo Calvo, Mariangeta Battistella, Simona Pistelli (Italy)*

The aim was to study representations of past parental bonding, romantic attachment style, and characteristics and functioning of the couple system at the expectancy phase of the transition to adoptive parenthood. The hypothesis underlying is that this critical phase of parenthood development may affect parental representative world and familial organization. Participants: 20 couples of adoptive parents-to-be, during the period preceding the child placement, and 20 couples three months pregnant. Measures: (1) Parental Bonding Instrument (PBI), (2) Adult Attachment Questionnaire (AAQ), (3) Family Adaptability and Cohesion Scales (FACES III). Results: Statistical comparisons showed no significant differences between adoptive vs. non-adoptive parents- to-be on PBI. No statistical differences were found either on the AAQ scales. Significant differences between groups were found in the couple functioning: Adoptive parents-to-be were characterized by more Cohesion, which underline a more structured and often enmeshed type of family functioning. This result emerged both analyzing the couple as a whole, and the single individual belonging to the family system. An extreme type of Cohesion is more often observed in adoptive couples (55) than in the biological ones (15). As regard Adaptability, statistical comparisons yielded no significant differences between the two groups. Despite the extreme cohesion that characterize adoptive families, these parents-to-be were found to be more satisfied (less dissatisfied) with the overall family functioning and its cohesion.

- 86 Infants in Residual Care: A Comparison over Twenty Years of Reasons for Admission, Psychosocial Problems of the Parents and Children and Decisions on Future Remedial Measures

*Lene Lier (Denmark)*

In the year of 2002, 34 0-5 year old infants were placed at Bagsv rd Observation Home, the only institution for small children in the county of Copenhagen. The institution comprises a transdisciplinary team: psychologist, social worker, child psychiatric- and pediatric consultant and a staff of trained caretakers. The aim of the admission is to place children exposed to parental abuse and neglect outside home, to assess the developmental problems of the child and plan future remedial measures. The presentation comprises an analysis of the parents' psycho-social state, preventive measures before the admission, the child's development and psychopathology and decisions on future remedial measures. The 2002 results are compared with a similar study of the early 1980. During the last 20 years the social services have given priority to preventive measures in the family in stead of placing the child outside the parental home. The study examines the extent to which this attitude is reflected over time in the amount and quality of preventive measures in the families, and in parental psycho-social problems and child's psychopathology after admission and decisions on future remedial measures

87 Infants Admitted to a Children's Home. A Comparison Over Twenty Years of Reasons

*Susanne Varlev (Denmark)*

Abstract Not Available

88 Personality Profile in Couples Asking an Adoption: Attachment, Fantasies and Resources

*Adriana Lis, Saicuni Silvia, Parrinello Ilaria, Ceccato Pamela, Benelli Francesco, Salvadori Federica (Italy)*

The aim of this work is to present first results of an exploratory research on the mean personality profile of 11 couples that ask a son in adoption, through the use of three different psychological instruments: the Rorschach test, with the Exner's C.S. (Exner, 1991), the Adult Attachment Interview (George, Kaplan Main, 1997), the Five Minutes Speech Sample (Magana, 1986) and the Semantic Differential test titled My baby (Lis et al., 1997). The 11 couples have been enrolled in a Public Service of Health where an equip of specialists works on the evaluation features of future adoptive parents. Parents have been met twice. Time one: parents were first assessed together by using a specific interview on internal representation of them as parents and then with a semantic check list (Differential Semantics: My baby; Lis et al., 1997) regarding the internal representation and fantasies of their possible son. Finally, parents were asked to produce fantasies on the possible relationship between them and their son (FMSS; Magana, 1986). Time two: parents were assessed separately with the Adult Attachment Interview and the Rorschach test, according to the C.S of Exner (1991). Subjects have been compared with the Italian Normative Sample for each instrument. The results showed a complex profile of personality of the couples that ask a son in adoption. It seems they show a good attachment style, minor's levels of stress, better management of the affective and creative resources and one sure wealth and competence in the interpersonal relations.

89 Connecting Fathers to Their Infants in the Neonatal Intensive Care Unit

*Richard John Fletcher, Marie Mannion, Mark Amy (Australia)*

Over a period of two years, a fathers group was developed within the Neonatal Intensive Care Unit (NICU) at John Hunter Children's Hospital, a tertiary referral unit servicing northern NSW. The psychoeducational groups for fathers use a hands on format, teaching Cardio Pulmonary Resuscitation, baby handling and home safety as well as discussing the role of fathers in NICU. While the pilot groups were only moderately successful in recruiting fathers, those attending the groups appreciated the chance to discuss their situation. The pilot groups had a major effect on the attitudes of staff (120 females and three males). While most supported father involvement they were very cautious about the initiation of a father's only group. Once the group was established however, the nursing staff became very supportive and made changes

to procedures to ensure that dads were involved in the care of their baby. A major change was to see father s preparation for involvement as a legitimate part of the unit s role rather than a personal interest of some (male) staff. Procedures were established for the nurse in charge to ask dads to identify which fathers group sessions they would like to attend. While the groups were not compulsory, it was made clear to the dads that they were expected to attend. Changes were also made to the displays and printed information designed specifically for fathers.

- 90 Paternal Attitudes: A Study on Parental Attitude Research Instrument (Father's PARI) and Coparental Bonding Instrument (PBI)

*Vania Valoriani, Luciano Bartolini (Italy)*

Abstract not Available

- 91 Fathers of Infants with Colic: Their Views and Needs

*Robert Kristiansson (Sweden), Frank Oberklaid (Australia), Anna Sarkadi (Sweden)*

Infants with colic are a group of children who demand a lot from their parents. Both the mother and father often experience helplessness and seek help from their social network and health care. Research in the field focuses on the causes and consequences of colic as perceived by the mother, whereas fathers views have not been sought for. We invited fathers of infants who were referred to the unsettled infant clinic at RCH, Melbourne, during early 2002. Of 25 eligible fathers eight were interviewed. The attrition consists of two fathers whose wife declined, two agreed but did not show up, and the remaining couldn't be reached (6) or didn't have time (8). The fathers participating were mainly middle class, white and over 30 years old. Emerging themes from the qualitative analysis were: Me as a father; Work vs. family; The crying and peaceful infant two in one; Adult relationship; The soothing game; Disruption. The general impression was that these fathers are trying to cope with the demands of being a good father, partner, and breadwinner. They feel little support from the surrounding but at the same time they are acknowledging their own important role as sometimes only dad's hand works. They all want to be there and it is obvious that work has become secondary. They all feel the lack of knowledge how to handle the situation exemplified by is crying harmful. They are also torn between the urge of escaping and to be there for both partner and child.

- 92 Father Participation in Early Intervention Programs: An Exploratory Study

*Philippa Bodolai (Canada)*

FATHER PARTICIPATION IN EARLY INTERVENTION PROGRAMS: AN EXPLORATORY STUDY. The purpose of this study is to examine the participation of fathers in 3 Early Intervention programs in Ontario, Canada. Although family-centered service is considered best practice in the field of early intervention, mothers are often primary contacts for service delivery. It is important, however, to consider the experiences of fathers, so that services may also meet their needs. The objectives of this study are to explore the role of fathers in families of children with special needs; to examine factors that influence father participation in services; and to examine fathers' perceptions of support services. Data has been collected from fathers and Early Intervention staff in the three programs. The data will be analyzed qualitatively and the perceptions of both fathers and staff will be compared and contrasted. This will provide insight into the experiences of fathers in raising children with special needs and in their experiences of support services, as well as insight into the experiences of Infant Development Consultants. This will inform staff and directors of early intervention programs about the type and extent of services that are important to fathers, and the factors that are important in designing services that are sensitive to fathers and families.

- 93 Predictors of Sensitive and Responsive Interaction Between Fathers and Their VLBW Infants

*Nancy Feeley, Phyllis Zelkowitz (Canada)*

There is increasing empirical evidence to indicate that the quality of parent-child interaction is important in shaping the developmental outcomes of children born very-low-birth weight (VLBW). However, little is known about what factors influence sensitive and responsive interaction among VLBW dyads, and most previous studies have examined the interactions of mothers and their VLBW infants. The purpose of this prospective study was to examine the combined influence of a set of infant, parent and contextual variables on father-VLBW interaction. The infant variables examined were birthweight and perinatal illness severity, while the parent and contextual variables considered were level of education, state anxiety, perceived parenting support and dyadic adjustment. The participants were 62 fathers and their VLBW infants (i.e., weighed 1500 grams at birth and born at 32 weeks). Predictors were assessed when the infants were 3 months old (corrected) and father- infant interaction was observed at 9 months. Teaching interactions were videotaped in the home, and later coded using the Nursing Child Assessment Teaching Scale (NCATS). Regression analysis was used to examine the relationship between the dependent variable (NCATS score) and the infant, parent and contextual variables. The model explained only 21 of variance in father-VLBW infant interaction. Higher infant perinatal illness severity and lower paternal education were associated with less sensitive, responsive interaction.

- 94 Relationship Between Parental Depression and Quality of the Co-parenting Relationship Differs in Families of First and Second Born Twelve-Month-Olds  
*Inna Z. Khazan (United States)*

Co-parenting relationship between parents has been shown to play a significant role in shaping young children s development in areas such as school and peer adjustment (McHale Rasmussen, 1998; McHale et al., 1999), academic and psychosocial competence, and self-regulation (Brody and Flor, 1996). Therefore, it is important to examine factors linked to the quality of the co-parenting relationship between parents. No studies to date have examined the role of parental postpartum depression as one such factor. It was one purpose of this study to undertake this examination. In addition, research has shown that co-parenting relationship is different in families with one and two children (McConnell, Khazan, Lauretti, and McHale, 2003). This study seeks to answer the question whether the association between parental depression and the co-parenting relationship might also be different in one and two child families. One hundred and thirty nine families participated in a laboratory family interaction during which the co-parenting relationship between parents was assessed. Parents also filled out the Co-parenting Scale and the Center for Epidemiological Studies Depression Scale (CESD). The results showed that first, there is indeed a relationship between parental depression and co-parenting, and second, this relationship is quite different in one and two child families.

- 95 "When Two Becomes Three"

*Joanne Flora MacDonald (Australia)*

This workshop seeks to explore the role of Couple Therapy in a mental health program for infants, toddlers, young children and their families. The idea that the holding capacity of the couple's relationship is the foundation for the capacity of the new family to build triadic relationships will be examined. Following assessment of the infant and family as a whole, working with the adult couple is considered as a port of entry to family change, with the aim of improving structural and emotional holding of the infant. Working with the adult couple provides an opportunity to explore each adult's representations of the child, (and this interplay), the adult s representations of themselves as mother/father and as a parental couple. In Couple Therapy with "new" parents it will be argued that addressing Parenting issues is a necessary, but not sufficient, aspect of the work. This workshop seeks to explicate theoretical maps relevant to working with new parents. In addition to systemic and psycho-dynamic principles, intergenerational influences, Attachment Theory and Object Relations Theory will be

considered as tools for thinking about family relationships. The clinical application of these ideas to case material will be work shopped. In three presented family case histories a significant mental health issue has led to the mother being unavailable/absent for a period. The father became the primary parent. Discussion will examine the subsequent adjustments, how this impacted on family relationships, and how the mother's return to the family is negotiated.

96

An Exploratory Study of Stress and the Intergenerational Transmission of Parenting Styles

*Judy S. McKay, Henry M. McKay, Harry H. Wright, Nancy K. Freeman (United States)*

The object of this study is to see if three different parenting assessment tools, when used together to assess couples with first time children 24 to 36 months old, can show evidence of stress linked to the intergenerational transmission of differing parenting styles. The three instruments to be used are 1) the Adult Attachment Interview (George, Kaplan and Main 1984); 2) the Parent Stress Index (Abadin, PAR staff, Ona 1995) to identify stressors related to dysfunctional parenting; 3) the Parenting Satisfaction Scale (Guidubaldi and Cleminshaw 1994) to assess for satisfaction with the spouse's parenting performance, satisfaction with parent child relationship and satisfaction with one's own parenting performance. In addition to these three instruments the parents will be asked to fill out a questionnaire that includes questions regarding their birth order, number of siblings and cultural background. Eight sets of first time parents of children ages 24 to 36 months selected from a child development center will be asked to complete the above assessment tools. The assessment results will be shown in tabular and graphic forms on the poster.

97

Intervention While Criminal Charges Are Pending

*Brian Scot Stafford (United States)*

This teach-in will present an attempt to form a therapeutic alliance with a domestically violent couple whose son was physically abused. The decision-making process beyond the attempted treatment of the family will be elaborated at length, including the decision to offer treatment and remain as the forensic consultant. The decision to offer multiple therapies to the individual parents, both dyads, and the child will be shown. Benefits from each of the treatments will be highlighted through the use of videotape. Limitations of this approach due to pending criminal charges and conflicting forensic and therapeutic roles will be elaborated.

98

Mother-Infant at Risk for Child Abuse and Neglect. Risk Factors of Bonding Disorder and Postnatal Depression

*Hiroshi Yamashita, Tsuneo Takei, Keiko Yoshida (Japan)*

Abstract not Available

99

Mother-Infant at Risk for Child Abuse and Neglect in Japan

*Keiko Yoshida, Hiroshi Yamashita, Akiko Nakagawa, Sumiko Iwamoto (Japan)*

Background: Child abuse and neglect in terms of intergeneration transmission should be more investigated among mothers with severe and prolonged postnatal depression. Objective: To figure out psychological vulnerabilities among women with of postnatal depression and bonding disorders in a clinical case. Subject and methods: Case: A 32 years-old mother of three children with recurrent episode of major depressive disorders since the second childbirth has been followed for more than four years. Using the EPDS, the Bonding Scale to evaluate maternal psychiatric and psychological problems, as well as the psychological vulnerabilities using the Semi-structured Attachment Style Interview was performed. Results: The mother had a psychological vulnerability that was categorized in as Non-standard attachment style with Disorganized type. The mother demonstrated bonding disorder consistently regardless improvement of depressed symptoms. Only after the release from the child-care burden, her dysphoric mood recovered. Having Integrated the whole assessment procedure, this case might be understood as so-called primary bonding disorder. Conclusion: Attachment Style Interview

is useful instrument to evaluate psychological vulnerabilities of child bearing women and could suggest clinically useful point for treatment and support strategy for women who show prolonged bonding disorder in spite of treatment for depression

100 The Experience of Tube Feeding for Parents and Infants Under the Age of Twelve Months

*Libby Ferguson, Campbell Paul (Australia)*

Tube feeding, via a naso-gastric tube, is a common occurrence for infants with complex medical conditions. This poster presentation describes a qualitative research study involving six infants and their parents. In depth interviews were videotaped and transcribed to text, prior to coding into themes arising in the interviews. Parental emotional reactions and perceptions around the tube and process of tube feeding are outlined. Infant behaviors around the tube will also be considered.

Age-related Associations Between Individual Behavioral Disorders in Early Childhood

101

*Harald Wurmser, Mechthild Papousek (Germany)*

It has been suggested that regulatory disorders should be diagnosed in the presence of two or more of the following conditions: Hyperarousal, inconsolable crying, sleeping disturbance and feeding disorders. Although these syndromes are remarkably similar with regard to infant, maternal and relationship characteristics, little is known about the interrelationships between excessive crying, sleeping and feeding disorders. We investigated co-associations between these behavior disorders in a clinical sample. The results are based on data of 700 children (44.8 girls) aged 1 month to 36 months who were treated for excessive crying, sleeping and feeding disorders as well as other behavior difficulties. Diagnostics were sustained by comprehensive semi-structured pediatric and psychological assessments and supplemented by data obtained through questionnaires and behavioral observation. Our clinical data show that excessive crying, feeding and sleeping disorders frequently are interrelated in the self-referred sample studied. Furthermore, most disorders of behavioral regulation in infancy and early childhood can be assigned to age-related developmental processes. According to the impending developmental tasks, sleeping and feeding disorders are related to additional age-specific behavioral difficulties such as excessive clinging, temper tantrums or aggressive/oppositional behavior. These results may contribute to explain the developmental dynamics of individual behavior disorders in early childhood.

102 Mother-Infant Feeding Interaction in Feeding Disordered and Control Infants

*Harald Wurmser, Tim Bodeewes, Christl Butz, Mechthild Papousek (Germany)*

The quality of mother-infant feeding interaction depends on mutual attunement of the mother and her baby. Successful feeding interactions are characterized by functional behavior patterns with positive reciprocity. Dysfunctional interaction patterns, in turn, may contribute to the development and maintenance of food refusal. We compared feeding disordered infants to infants without feeding problems in terms of functionality of the mother-infant feeding behaviors, employing microanalytic observation methods. The clinical group consisted of 23 infants (12 boys), aged 7 to 11 months (mean age 9.6 1.2 months), and their mothers (mean age 30.9 4.2 years). This group was recruited from an outpatient sample referred for non-organic feeding disorders. An age-matched control group of 23 infants (13 boys; mean age of infants: 9.2 1.3 months; mean age of mothers: 33.0 3.8 years) without complaints of feeding problems was recruited by birth announcements in a local newspaper. Video recordings of feeding interactions in our laboratory at a regular mealtime were subjected to observational analysis. Functional and dysfunctional behaviors were observed in both groups of mother-infant dyads. However, significant differences with regard to functional behaviors were found for waiting for infant's cues of interest in eating, which occurred less frequently in the feeding disordered

mother-infant group. With respect to dysfunctional behaviors, food refusal and distraction on part of the infant and urging the infant to eat on part of the mother were the main distinguishing behaviors.

103 Developmental Transitions in Excessive Crying and Sleep-Wake Organization Throughout the First Six Months of Life

*Mechthild Papousek, Anja Schaumann (Germany)*

It has been well established that unexplained inconsolable crying is developmentally tied to the first months post term, a period of rapid maturational and adaptational reorganization in several domains of early behavioral and physiological regulation. The present study examines whether the syndrome of excessive crying changes with age from birth to six months in terms of both fuss/cry behavior and sleep-wake organization. We studied a clinical sample of 53 infants referred to a Fussy Baby Program, and an age-matched community sample of 47 infants. Mothers completed a behavioral diary for 5 consecutive 24-hour days. Age (3)-by-group(2) ANOVAs were used to analyze the effects of group and age on sleep and cry parameters. Infants with excessive crying slept significantly less than controls at all ages, with higher sleep latency, more and longer awakenings and reduction of longest sleep period. Total crying decreased by almost one hour from the youngest clinical subgroup to the older groups, whereas the peak of fuss/cry shifted from evening in the youngest to night in the oldest group. 1- to 2-month-old infants had the highest day/night ratio of sleep, due to circadian phase shifts or complete sleep reversal with relatively solid morning sleep. In contrast, 5- to 6-month-old criers exhibited extreme disruption of night sleep with high amounts of fuss/cry during awakenings. At the age of 3 to 4 months, however, measures of sleep disruption had approached normal values, indicating consolidation of sleep-wake organization at this age. The data have relevant implications for developmental counseling

104 Sleep Problems in Children with Regulatory Disorders

*Birgitt Naessens, Ulla Van Wetswinkel (Belgium)*

The objective of this study was to evaluate sleep problems in children with regulatory disorders. 20 Regulatory- disordered children, age 1 to 4 years, had a polysomnography and infra-red camera video registration. In order to gain information of sleep habits we conducted a semi-structured interview for the parents. The results are compared to a non- clinical age-and gender-matched control group. We hypothesize that children with regulatory disorders have more problems falling and staying asleep. We expect to find a longer sleep latency, more night awakenings and movement arousals. The outcome of the study will be presented and the results will be situated in existing literature on this topic. The clinical relevance to the treatment procedure will be discussed.

105 Neonatal Parent Group: From Parent Voices to Empowered Parents

*Natalie Marie Boyle (Australia)*

This poster will demonstrate the design and implementation of the Neonatal Unit Parent Group at the Royal Children's Hospital, Melbourne, Australia. The aim of the program is to promote the wellbeing of families dealing with the stress and trauma of a Neonatal admission. The program was established in response to parents themselves voicing the need for a parent group in the Unit. The Neonatal Social Workers have observed that many parents exhibit responses of stress and trauma related to the hospitalisation of their baby. The admission of an infant can also have significant repercussions on the developing relationship between parent and child. The Social Workers anticipated the benefits of a parent group would include: complementing existing individual casework; amelioration of stress and trauma experienced by families; exploration and development of parents relationships with their baby; education and information provision. The poster will demonstrate the group model, topics explained and discussion themes commonly raised. Parents have described how the opportunity to openly share their

experiences has resulted in a strong sense of mutual support. This has helped to lessen the isolation of an admission and engender a sense of empowerment. Parents report enhanced understanding of their infant's experience and greater confidence in interaction with their child. Finally, the poster will return to the parents' own voices to describe how the parent group played a part in sustaining them through their infant's admission in the Neonatal Unit.

106 Who Does This Baby Belong To?

*Joanna Hawthorne (Great Britain)*

In a study in four neonatal units examining information sharing between staff and parents about the baby's prognosis when the baby may have some neurological damage, the issue of who the baby belongs to often arises. The practical involvement of parents tends to increase when babies need fewer medical interventions. Some parents describe tensions and uncertainties during the gradual handover from intensive care, almost wholly provided by neonatal staff, to pre-discharge care mainly provided by parents. The study also examines whether knowledge of the baby's behavioral capabilities, using the NIDCAP and NBAS, influences parent's understanding of the baby as a person. Also, whether these supportive interventions with parents strengthen the relationship between mother and baby, and might affect the mother's feeling that the baby belongs to her. Themes from the interviews with staff and parents on the issue of belonging, meaning both attachment and responsibility, will be presented, and the key points about belonging in relation to the discharge of the baby will be identified.

107 Mental, Motor and Behavioral Development of Very Low Birth Weight Infants (<1500g) at a Corrected Age of Three Years

*Catharina Ganseforth (Germany)*

Improved survival rates of very low birth weight (VLBW) infants have focused interest on the outcome of these infants. The aim of the study was to investigate mental, motor and behavioral development, and to assess the impact of biological and psychosocial risks. Of 85 infants in a prospective longitudinal study, 72 were examined with the "Bayley Scales of Infant Development-II" at three years of age. The subjects were distributed across four cells of a two-factorial design (2x2), factor 1 representing the degree of organic, factor 2 the degree of psychosocial risk. VLBW infants are at double risk for mildly and significantly motor developmental delay and have a five times higher risk for significantly mental developmental delay compared to a reference sample. Regarding behavioral symptoms a higher rate scored in the borderline or clinical range. Mental and motor developments were only affected by biological but not by psychosocial risks. No combined impact of both risk factors on behavioral development was found. VLBW infants have a higher rate of developmental delays, which mainly depend on biological risks. (Sponsored by DFG and K In-Fortune)

108 The Effects of an Early Speech, Language and Cognitive Development Program in a High-Needs Community

*Jean R. Hughes (Canada)*

The purpose of TLC3 Nova Scotia was to pilot a prevention and promotion model in which a speech and language pathologist would work with families and staff to promote speech, language and cognitive development of young children within an at-risk community setting. The TLC3 program mix covers birth to age 5. Baby Talk was developed for moms and babies to assist in reading cues (0 to 6 months). Parent-n-Tot a parent-child interactive program focuses on the toddler stage. The parenting program You Make The Difference is appropriate for all parents. The language-enhanced Pre-school prepares children and their parents for entry into grade primary the following year. The impact of TLC3 was measured on 67 families using both quantitative and qualitative measures. In addition, semi-structured interviews with key informants were conducted. The TLC3 initiative has shown that speech and language pathologists can work effectively in prevention and promotion within a community setting; and

that their work can be enhanced and their reach expanded through working on a team basis with non-clinicians. TLC3 has led to the recent roll-out of TLC4, a joint federal- provincial undertaking across Nova Scotia.

109 Minnesota Infant Mental Health Services Feasibility Study

*Christopher Watson (United States)*

In response to the critical need for mental health services that support families with infants, the Minnesota State Early Intervention Team selected CEED, the Center for Early Education and Development in the College of Education and Human Development at the University of Minnesota, to conduct a Feasibility Study on an Infant Mental Health Services Framework for the State of Minnesota. The State Early Intervention Team is comprised of representatives from the Minnesota Departments of Health, Human Services, and Education who work together on cross-agency initiatives that coordinate programs serving young children and their families. To accomplish this study, CEED convened an interdisciplinary Consultant Team consisting of community experts representing a variety of fields and perspectives, including parents. Data for the study was gathered by means of a paper survey sent to parents and representatives from a variety of professional fields across the state, a series of focus groups held in five diverse Minnesota communities, and interviews with parents and key people in pivotal positions who serve families. The resulting study report includes a definition of infant mental health, guiding principals of infant mental health practice, a conceptual framework for a coordinated system of services, criteria for effective service delivery and specific recommendations for leadership action by state agencies. The Minnesota study has served as a model for other states and provinces, including New South Wales in Australia.

110 The Effects of Residential Early Parenting Services on Maternal Emotional Distress and Infant Behavior

*Jane Fisher, Heather Rowe, Colin Feekery, Jane O'Connell (Australia)*

**Background and Objective**

Australia has residential structured early intervention treatment programs to assist unsettled infant behavior, infant feeding difficulties and maternal emotional distress, but little evidence of efficacy is available. The effects of two programs on maternal psychological functioning and infant behavior have been investigated.

**Method**

All women admitted with infants aged < 12 months to Masada Private Hospital Mother Baby Unit (MPHMBU) and Tweddle Child and Family Health Service (TCFHS) in specified periods in 2002 were invited to complete a comprehensive questionnaire anonymously. It covered socio-economic factors; maternal reproductive and mental health and infant behaviour. Standardised psychometric instruments assessing mood, personality, quality of primary relationships and infant temperament were incorporated. Follow-up assessments were at one and six months after discharge.

**Results**

At MPHMBU 80% (81/99) and at TCFHS 52% (79/153) eligible women participated. On admission mothers were experiencing high rates of depressive symptomatology, clinically significant fatigue and elevated anxiety. The infants had poor daytime sleep, frequent night-time waking, cried for prolonged periods and could not be easily settled. Infant temperament was significantly more difficult than population norms. One month after discharge infant crying and maternal mood were significantly improved ( $p < .001$ ). Infants were sleeping for longer during the day, with less frequent night-time waking. For most, these improvements were sustained six months later. Differences in the magnitude of effects between the two programs may reflect variation in presenting problems, staffing and resources.

**Conclusions**

Brief admissions to residential early parenting programs appear to contribute to sustained improvements in maternal mood and infant manageability.

111 Dealing with War Children

*Emilia DeRosa, Hassan Giovanni, Maulucci Lucia Cocchi Cocchi Riccardo (Italy)*

This paper is about the activity of Bukavu's Mater Misericordiae centre (Democratic Republic of Congo). This centre has been supported by NED, a NGO in Washington. Since 1995, year of its foundation, this centre has been a shelter for almost 300 (three hundred) infant war victims from four to sixteen years of age. Some children have been tortured or drugged, others have been maimed or amputated, resulting in their families refusing them and sending them to the centre. Sometimes a child is a refugee: as a witness of his/her parents or closest relatives having been cut to pieces or buried alive, he/she is really vulnerable and risks being sought down and slain. The existence they are doomed to is a hide-away life. Their identity is shattered and changing constantly. They have no home, wandering from refuge to refuge. We found out that the most common psychopathological symptoms are: PSD- posttraumatic, stress, disorder, depression, aggression, (either self or others directed) nightmares, obstinate insomnia, autism, affect isolation. Young guests find assistance, medical care and rehabilitation. Special psychological aid is provided by the University Cattolica del Sacro Cuore of Rome (Psychiatry and Psychology Dep't.): children and operators are granted psychological support. When needed, young guests begin long term psychotherapy or family therapy (when the family is present, of course), to help them through such extreme situations.

112 The Place of Childcare in Infant Mental Health

*Sally Catherine Watson, Cecilia Ebert (Australia)*

There is considerable debate about the place of childcare in promoting good infant mental health outcomes. Some of this debate seems to stem from the perception of childcare and childcare workers. However, if one takes a view that childcare provides an opportunity for considerable early intervention in supporting the development of secure attachment relationships, the debate shifts. Childcare which provides rich programmes that engage children and their parents and provides secure and nurturing environments for all children and focuses on relationships has enormous potential. A model of Primary Caregiving provides such an opportunity. Working in partnership with other services and professionals high quality childcare provides an innovative approach to supporting families in focusing on the quality of attachment relationships that parents and professionals build with the children they care for. The focus of this workshop is to explore ways in which childcare can play an important role in the promotion of infant mental health. There will be discussion around how Lady Gowrie Child Centre in Adelaide has become committed to developing a relationship based program, and what this means in practice. A project, Through the Looking Glass, which has been a partnership between a number of organizations and professionals will be used to demonstrate how different professional working together can make a difference and promote The baby's place in the world has been a secure and safe one at home and at childcare.

113 The Role of Therapeutic Alliance in a Rural Healthy Families America (HFA) Program

*Ellen Whipple (United States)*

This presentation describes sociodemographic, program involvement, and outcome variables for 154 families involved in a rural HFA program for a 3 year, on-going program evaluation. Measures completed quarterly include: Sociodemographic Questionnaire; Program Involvement Questionnaire; HOME Inventory; Parenting Stress Index/SF and the Working Alliance Inventory (WAI). The Ages and Stages Questionnaire (ASQ) was administered according to the measures prescribed developmental time line and the Nursing Child Assessment Teaching Scale (NCATS) was administered as required by a trained nurse. While positive results were

noted on all outcome measures, the WAI appears to show the most promise in explaining program effects, with statistically significant findings noted on all FSW and client total and subscales (i.e., task, bond, and goal) during the first 9 months they worked together. Findings suggest that the FSWs and clients synchrony in establishing a bond, agreeing on tasks, and setting goals, are a critical component of program success. Overall, the client rated the alliance as higher than the therapist, and the greatest area of discrepancy was between the therapists and the clients goals for the program. The role of therapeutic alliance in home visiting programs will be further described and discussed.

- 114 Parenting Stress and Early Child Development: Outcomes from a Relationship-Based Home Intervention for High-Risk Primiparous and Multiparous Mothers and Their Babies  
*Lorraine Kubicek, Edy Purcell, Anne Rockenbach, Emily Hunt (United States)*

This evaluation assesses whether participation in the intensive home visitation program implemented by Denver Best Babies Initiative (DBBI) which incorporates Partners in Parenting Education (PIPE) relates to improved outcomes in maternal mental health and functioning and child cognitive, emotional, and social development. Subjects are 60 low-income mothers and their babies. Mothers are recruited during pregnancy; all are at increased risk for pregnancy and/or parenting problems. Half are receiving services through DBBI, the other half are not. This poster will focus on data collected at 4, 12, and 24 months postpartum. Both maternal report and observational measures are included. Of particular interest is how home visitation may affect parenting stress. Of equal interest is how different aspects of mothers' parenting stress may relate to child outcomes in infancy and toddler hood.

- 115 Successful Kids Equals Involved Parents: A Collaborative Community Initiative  
*Oseela Thomas, Hiram E. Fitzgerald, Gloria Bourdon, Jerry Johnson (United States)*

Michigan State University Outreach is in partnership with the Genesee County Intermediate School District to evaluate the Successful Kids Involved Parents (SKIP) program. SKIP is an All Students Achieve Program-Parent Education and Involvement initiative in which community partners in 21 Genesee County school districts are working collaboratively to build a supportive network for families of children ages birth to five years old. The primary goals of SKIP are to enhance school readiness skills, decrease need for special education services and programs, enhance family stability, and build community service networks. Michigan State University Outreach has collected data on both process level and individual level outcomes on 2,540 families and 3,480 children. Data collection is still in progress. However, preliminary analysis indicate that SKIP has made significant progress toward creating a systematic organization, establishing community collaboration, implementing services in attempts to meet the community needs, and increasing access to services and resources to families. These aspects are all necessary ingredients to ultimately achieve the project's goals.

- 116 Use of Child Development Educational Materials by Parents  
*Jessica Barnes, Diana F. Rosebush, Hiram E. Fitzgerald, Jessica Neale, Colleen Determan (United States)*

The current project uses data collected during parent and child interviews to understand how parent confidence, efficacy and knowledge of child development are related to the utilization of educational materials provided by an early prevention project and to child behavior. Preliminary results using the method of regression analysis have provided evidence for a significant and negative relationship between sense of confidence and use of the child development materials. A significant and positive relationship between knowledge of child development and confidence has been found. Finally, of all the parent factors examined, parent knowledge of child development has the strongest relationship with child behavior problems. Parent confidence and parent efficacy are also related to child behavior problems, but only to specific behaviors. This information is used to make recommendations to the program as to

- how they can better service families and to inform others as to how providing families with educational materials about child development can impact the lives of children and families.
- 117 **Family Literacy Intervention with Adolescent Parents: An Even Start Example**  
*Celeste Sturdevant Reed, Mary McKeeby Wallace (United States)*
- This poster describes the efforts of the Branch County (Michigan, USA) Even Start (ES) Program to develop and evaluate programming specifically targeted to teen parents. In the USA and in Michigan, the Even Start Program emphasizes a set of family literacy activities that include: interactive literacy activities between parents and children, age-appropriate education to prepare children for success in school and life experience, training for parents to be the primary teacher for their children, and parent literacy training. While all Even Start parents face similar issues, such as lack of high school diploma/G.E.D. or inadequate command of English, either of which can lead to inadequate employment, teens are particularly challenged. Research has shown that teen parents consistently experience greater difficulty in realizing their life plans and meeting goals, such as education and economic self-sufficiency, than women who do not become mothers during adolescence. The Branch County Even Start Program was funded initially in fall 2002 and began programming in May 2003. This presentation reports on initial differences found among three groups of parents: enrolled teen parents, eligible but not enrolled parents, and a comparison group of non-adolescent ES participants. In Michigan, where approximately 35 of the ES participants are age 20 or younger, the findings from this evaluation study should have utility for other ES programs.
- 118 **Changing Parenting Practices and Child Development Through Home Based Community Prevention Programs**  
*Vasiliki Mousouli, Whitney Pavlov, Jessica Barnes, Hiram E. Fitzgerald (United States)*
- Discovery Years is a community-based intervention designed to enhance readiness for school, decrease enrollment in special education, and enhance family stability in families with birth to five year old children. A home-visiting model, Parents as Teachers, is used to effect changes in parenting practices and parent-child relationships. We report data on the 2,085 families (74 married couples) and 2,911 children (53.5 males) enrolled in the program to date. 480 children have caregivers who report the presence of at least 1 risk factor in the child's environment. Analyses of developmental evaluations indicate that the time period from 16 to 24 months post natal age is characterized by higher variability, especially in measures of communication and language development. 36-48 months may represent a second high period of variability with respect to problem solving skills. Overall, however, children across the span from birth to five are functioning at age appropriate levels on measures of developmental status
- 119 **Evaluation of a Four-County Early Head Start Program**  
*Brandon Silverthorn, Hiram E. Fitzgerald (United States)*
- Evaluation of a home-based Early Head Start (EHS) program encompassing four rural counties in Michigan, USA is presented. The Early Head Start evaluation provides descriptions of demographic characteristics of the families and their performance on a variety of measures of parent and child functioning and family context. Analyses suggest that EHS has a positive impact on the quality of home stimulation provided for children, the level of family conflict, parental knowledge of child development, and the quality of parenting children receive. Moreover, the data suggest that particular transitional periods (4-7 months and 18-24 months) in early development may present special challenges for toddlers. Recommendations for home visitors in relation to parent and child characteristics and family environment are discussed.
- 120 **Profile of Home Visiting Staff in US Early Head Start Programs**  
*Rachel Schiffman, Mary Maguire Klute, Ellen Kisker, JoAnn Robinson, Jon Korfmacher, Helen Raikes, Brenda Jones Harden, Rachel Chazan Cohen (United States)*

This poster describes the frontline staff (mostly home visitors) in the US-based Early Head Start (EHS) Research and Evaluation Project and explores relationships between staff characteristics and qualities of EHS programs. Data come from staff surveys in 1997 (117 frontline workers) and 1999 (115 front line workers). The proportion with bachelor's degrees significantly increased from 27.6 to 61.8. The average years of experience also increased significantly from 7.7 to 9.3 years; however, the average age of the staff did not. Other measures included scales for physical health, depressive symptoms, job satisfaction, and workplace climate and one item on the perception of the difficulty of work. Most frontline staff were healthy, not depressed, and satisfied with their jobs and work climate; however, the perception of how hard the work was varied. Cluster analysis revealed a four-cluster solution: two clusters with positive views of health and work differentiated by difficulty of work and two clusters with negative views of work differentiated by perceptions of health. Cluster membership in 1999 was not associated with overall level of program implementation in 1997 or pattern of implementation in the area of staff development. Perceptions of staff about health and work may provide information to assist programs with hiring and retaining staff. Early implementing sites had a more highly educated workforce available or made a commitment to hire a more professional than paraprofessional staff. A more professional staff may lead to stronger outcomes.

121 The Psychological Continuum of Parents' Response When a Child Is Born with a Visible Physical Defect: The Journey From Dislocation to Relocation

*Molly Weaver (Canada)*

Parents expect to be parents of physically normal children. When a child is born with a physical defect their expectations are drastically changed as they struggle to cope with their child and their own response to their child. Suddenly they are no longer normal parents of a normal child as they had expected to be. Three aspects of their sense of self are altered: their personal sense of self, their sense of a developing self as parent and their sense of self relation to society. This presentation is based on qualitative research involving children born with visible physical defects. With the birth of a child with a visible defect, the parents are immediately thrust into a psychological process of adapting to their new and unexpected situation. The defect affects how they feel about themselves, their sense of their future and how they feel about themselves in relation to society. The research revealed three broad parent coping styles which develop over time. These styles have important implications for the mental health of the child and the family. Some parents manage this process better than others and this affects how the child manages their physical difference within themselves, within the family and in their social interactions. There are differences in how mothers and fathers manage the psychological work that is thrust upon them. This paper, along with overhead slides and verbatim parent quotations, will describe the parents' psychological journey that led to a continuum of successful living with a physical difference in the family.

122 The Effect of Past and Present Experiences on Mother's Perception of Her Infant

*Kaija Leena Puura, Mirjami Mäntymaa, Tuula Tamminen (Finland)*

We studied factors associated with mothers' perception of their infants, its effect on mother-infant interaction and the effect of a primary health care intervention. We assessed 165 mother-infant dyads at two months after birth giving with an interview, the PSI, the ICQ, a questionnaire on life events and the Global Rating Scale. Intervention Group (n 93) was seen by specifically trained and Comparison Group (n 72) by ordinary well-baby clinic nurses. Second assessment was at 24 months after birth. Mothers with negative perception of their mother were less warm with their infants and mothers of fussy infants were more intrusive in interaction. Mothers with parental distress and experienced recent negative life events perceived their infants as more difficult than other mothers. At 24 months poor mental health of the father and mother's distress were associated with infant difficulty, but life events had no

effect. In the Intervention Group, the proportion of difficult infants of distressed mothers diminished from 37.5 to 18.8 during the follow up period while in the Comparison Group the proportion of difficult infants of distressed mothers grew from 17.3 to 50.0. The results support findings of the effect of distress and life events on mothers' perception of their infants, and that mothers with a negative perception behave differently with the infant. The intervention changed distressed mothers perception of their infants.

123 Effectiveness of a Family Problem Solving Intervention on Changing Parenting Behaviour

*Jane Drummond, Linda McDonald, Gerald M. Kysela (Canada)*

Canadian data show that family functioning is significant to children's development. Further, competence in problem solving contributes to resilience in children. Ineffective problem solving creates disorganization that is frequently the presenting complaint in family therapy. Families who do not work co-operatively are less adaptive because they have failed to reconcile the varying perceptions of family members. Research Question: Can an intervention focused on skill building enhance family problem solving and parenting skills in families living in risky situations? 50 families with young children with mild to moderate developmental delays were enrolled in a random control group trial of the family-centred approach called Cooperative Family Learning: WE CAN. Results: Although the measurement of family problem solving proved difficult, parenting skill in the intervention group improved. Parents, during a play interaction with their children, had fewer and longer engagements with more reciprocity, and fewer interruptions and shifting of play focus. Clinical Applications: The WE CAN has subsequently been used to promote health in families of children attending Head Start and to promote family adaptation in families of children with autistic characteristics. These programs and other applications will be explored. The following research issues can also be discussed during the poster session: measurement of family communication, strategies to improve fluency and sustainability, and contribution of family problem solving to coping and support seeking.

124 When "Good Enough" Is Not Enough: Translating Best Practice for Families at a Tier II Homeless Shelter in NYC

*Rosalie V. Woodside, MS, SAS (United States)*

Using the principles of best practice for families and their very young children as a reference point, this poster presentation will compare the application of these principles in two strikingly different settings: a Tier II homeless shelter and a small upper middle class neighborhood nursery school. The poster presentation will visually document an overview of attachment theory, the impact of homelessness on parenting and development in very young children and the implications for "good enough" intervention in challenging settings.

125 The Best for My Baby: Health Professionals and Parents with a Mental Illness Working Together

*Elizabeth Fudge, Philip Robinson (Australia)*

The national Children of Parents With A Mental Illness (COPMI) project, led by the Australian Infant, Child, Adolescent and Family Mental Health Association, has been funded by the Commonwealth Department of Health and Ageing in Australia to promote better health outcomes for children of parents with a mental illness. Objectives of the project include the development and promotion of good practice principles and actions by services and people working with children and families affected by parental mental illness and the development of resource materials to support such practice. The poster will highlight the draft principles and action statements that were developed through a process of literature review and wide consultation that are seen to be of most relevance to the care of women with mental illness who are pregnant, or plan to become mothers, and to the care of infants. The poster will also feature a booklet (The Best For My Baby) that has been developed by mental health consumers, caregivers and health professionals. This resource provides information for women with mental

illness who are pregnant, planning to have a baby or who have a baby and for their partners and support people. It encourages them to work together and with their health professionals to ensure the best care for themselves and their babies. The booklet has been pilot tested with a range of Australian women living in both rural and urban settings and it is anticipated that it will be released in early 2004.

126 DSM Diagnoses for Infants and Toddlers in Specialty and Community Mental Health Settings

*Harry H. Wright (United States)*

DSM DIAGNOSES FOR INFANTS TODDLERS IN SPECIALTY AND COMMUNITY MENTAL HEALTH SETTINGS. DSM does not provide adequate coverage for making psychiatric diagnosis in the 0-2 year old age group. However, clinicians are seeing increasing numbers of children in this age group and they must give diagnosis for clinical, statistical and reimbursement purposes. Only recently has there been limited data available on the range of DSM diagnoses observed in this age group. This report describes the DSM diagnoses recorded for infants and toddlers seen in a specialty infant mental health clinic (N 150) and in community mental health clinics (N 850) in the same state. The demographics (gender, ethnicity and age) of the two groups were similar. Referral sources, distribution of diagnoses and range of services provided were different across the two settings. Co-morbid diagnoses were more frequent for the specialty clinic, while only one diagnosis was recorded for nearly 90 of the community clinic group. The most common service provided in both settings was assessment and family therapy.

127 The Solihull Approach: The Public Health Context

*Jill Delaney, Yvonne Bunce, Helen Lake, Hazel Douglas (Great Britain)*

The Solihull Approach can be used to address the wider public health issues arising from relationships in infancy affecting the development of coping and competency in adult life. The Solihull Approach is an evidence-based model that has facilitated exciting change within the field of health visiting practice in the UK. It is based on containment, reciprocity and behaviour management, all from different theoretical domains and is supported by a comprehensive resource pack and training manual. Further material can be accessed free from <http://solihull.dsk.co.uk/solihullkids>. Its application can begin early in the antenatal period. In reality it is a model for improving family health because of its far-reaching public health implications. It has implications for use at the individual, group, community and policy level. It promotes change in both antenatal and postnatal practice with groups. It is used to focus work at a community level, for example, using reciprocity as the core concept in setting up a peer support network for breast-feeding mothers. It is used to change policy to decrease risk factors, for instance, in the way that adult mental health services liaise with child services.