

Example of proper citation:

Fitzgerald, H. E. (2006). Risk for paternal alcohol use disorders and child outcomes in low-income families. *Infant Mental Health Journal*, 27(3), No. 474.

Proposal Abstracts 1 – 169

- 1** **Introducing Diagnostic Classification: 0-3 Revised - Clinical And Research Advantages**
Jean Thomas, Helen Egger (United States)
This Pre-Institute will introduce the clinical and research advantages of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised, also called Diagnostic Classification: 0-3 Revised (DC: 0-3 R). Published by ZERO To THREE in August 2005, this "minor revision" is expected to provide major advantages for increased diagnostic reliability. First, the lead authors will introduce the English and French versions. Then, the guiding principles of the Diagnostic Classification: 0-3 (DC: 0-3) (Zero to Three, 1994) and key changes in the DC: 0-3 R will be detailed. Brief videotaped case presentations from two continents will illustrate both the guiding principles and the clinical and the research advantages of the Revised version. A panel of international, clinical and research experts will lead discussion. Specific DC: 0-3 R changes intend to: 1) Enhance the system's utility for clinical case formulation, 2) Facilitate reliability among clinicians and researchers, and 3) Set a new platform for advancing the evidence-based evolution of the DC: 0-3 system. To accomplish this, the diagnostic criteria have been "operationalized" to facilitate reliable measurement. Some categories include increased details, clarifications or more specific language. DC: 0-3 R also incorporates new criteria for post traumatic stress disorder, sleep and feeding disorders, and depressive and anxiety disorders. Many additional changes will be discussed.
- 2** **From Infancy to Adolescence: Prediction or Prevention**
Bernard Golse, Martine Caron-Lefevre, Peirre Delion, Grazia Maria Fava Vizziello, Sylain Missonier, Francisco Palacio-Espasa, D. Knauer, Biase Pierre Humbert (France)
null
- 3** **Prevention in Perinatal: The French Experience "An Innovating Prevention Policy in Perinatal Psychiatry"**
Francoise Molénat (United States)
- 5** **Brian Effects of Trauma in Early Childhood**
Nathan Fox (United States)
null
- 6** **Young Children and the September 11th Attack in NYC**
Daniel Schechter (United States)
null
- 7** **Young, Maltreated Children Follow Hurricane Katrina**
Charles Zeanah (United States)
null
- 8** **Young Children in Banda Aceh Following the Tsunami**
Marie Rose Moro (United States), Muriel Genot (France)
null

- 9** **Community Responses to the Rwandan Genocide**
Neil Boris (United States)
- 12** **The Serge Lebovici Distinguished Lecture: Prospects for Infant Mental Health**
Daniel Stern (United States), Bernard Golse (France)
- 15** **Working with the community network: a preventive and therapeutic approach to psycho-social high risk infants, living in hard to reach families.**
Martine Lamour (France)
- 16** **When home is hospital...working with sick babies ,their families and their hospital**
Campbell Paul (Australia)
- 17** **Diagnosis and Treatment of Attachment Disorders**
Karl Heinz Brisch (Germany)
- 18** **From Interactions to mental representations - theories, research findings, and clinical implications**
Kai von Klitzing (Switzerland)
- 20** **The Decade of Behavior Distinguished Lecture. Infant's Triangular Communication in "Two Against One" Family Triangles**
Elisabeth Fivaz-Despeurige (Switzerland)
- 21** **Developmental Benefits of Postural Care during Hospitalization**
Laurence Vaivre-Douret, Claudie Arnaud, Claude Guionie (France)
The objective of our video presentation is to introduce postural care in the premature newborn, those at term and beyond, hospitalized in intensive care units, neonatal care units and pediatric units. We will show our early intervention facilitated which uses a new particular device enabling maintenance of functionally correct motor positions. This device facilitates excellent neuromotor and posture management in the infant, as well as cognitive and emotional benefits geared toward parent-infant interactions and other caretaker-infant interactions. Additionally, it allows for the lessening of painful postures, bedsores, and physiological stress while at the same time, augmenting physiologically correct positions which generally calm the infant. This intervention can guide healthcare practitioners and community program leaders in the benefits of postural support maintenance. Our early intervention fits well into global health care policy issues promoting the developmental well-being of infants from a physical and socio-affective perspective.
- 23** **Emotional Resonance In Mother-infant Interactions And The Neurobiological Basis**
Massimo Ammaniti, Cristina Trentini, Delia Lenzi, Silvia Cimino (Italy)
During the first year of life, the mother and child create an emotional relational system based on imitative behaviors, which facilitate their communications before the development of the language. According to Winnicott (1965), when the mother looks at her child she transmits to him the image that she has built about him, organizing the development of his self. The resonating mother co-creates contexts of intersubjective resonance, functioning as a "biological mirror" (Papousek & Papousek, 1979) or an "amplifying mirror" (Schore, 1994). Mirroring has become a privileged topic in neurobiological research, throughout mirror neurons detection in the brain. The same neuronal structures which participate in personal emotional experiences have been revealed as involved in the coding process of others' internal states, defined also as emphatic understanding (Gallese et al., 2002). The purpose of this research is to study the neurobiological substratum of maternal emotional resonance, in 20 normal mothers, with weaning children, aged between 6 and 12 months. FRMI techniques are used to measure brain activity while mothers imitate pictures of their own and of unknown children. Our hypothesis is that the emotional resonance between mothers and their own children is significantly greater than the one between mothers and unknown children, and that a greater maternal emotional response corresponds to an increased activity in the cortical areas involved in the elaboration of emotions (orbitofrontal cortex, STS, insula and amygdala).

24 Intentional Attunement: From Mirror Neurons To Intersubjectivity

Vittorio Gallese (Italy)

Neuroscientific research has unveiled the neural mechanisms mediating between the multi level experiential knowledge we hold of our body, and the implicit certainties we simultaneously hold about others. Such personal body-related experiential knowledge enables our intentional attunement with others. This we-centric space allows us to understand the actions performed by others, and to decode the emotions and sensations they experience. A direct form of "experiential understanding" is achieved by modeling the behaviors of others as intentional experiences on the basis of the equivalence between what the others do and feel and what we do and feel. This modeling mechanism is embodied simulation. By means of embodied simulation, we do not just "see" an action, an emotion, or a sensation. Side by side with the sensory description of the observed social stimuli, internal representations of the body states associated with actions, emotions, and sensations are evoked in the observer, as if he/she would be doing a similar action or experiencing a similar emotion or sensation. Mirror neurons are likely the neural correlate of this mechanism. The implications of these neuroscientific findings for the Autistic Spectrum Disorder will be discussed.

25 Primary Human Intersubjectivity, Development Of Sympathetic Action And Self-conscious Appreciation Of Others' Meaning

Colwyn Trevarthen (Ireland)

From birth, human consciousness is intersubjective or intermental. The infant has a capacity, and a need, to improvise transactions of intention, interest, and emotion with other human beings. Humans are born with a level of expressive motor activity and sensitivity for the impulses and quality of energy in polyrhythmic movement beyond that of other primates. Dynamic emotions in mother-infant interaction excite synchrony of mind states. They monitor not just regulation of arousal, excitement, anxiety, pleasure, or distress of the individual subjects, but an "autobiographical narrative" of conscious purposes changing in a shared time frame. I will show how, from the initiatives and responses of protoconversations in the first two months, through motive-testing person-person games and shared rituals of "communicative musicality," then the person-person-object games that elaborate on the infant's increasing curiosity and desire to manipulate objects, to fully cooperative performances of shared tasks after nine months, the communication of expressive actions is supporting consciousness of one shared world, making it meaningful. The age-related developments in sympathetic moving provide essential data for interpretation of findings from neurophysiology and functional brain imaging concerning the processes that generate and regulate sympathy of actions and awareness. All levels of the human brain have anatomical and physiological adaptations for this inventive sociability that gives significance to the experience that grows in company.

26 A View Of Early Parent-infant Interactions In Light Of New Scientific Findings

Daniel Stern (Switzerland)

The issue of self-other differentiation and its developmental implications for empathy, identification, internalization have long been with us. We will explore the evidence suggesting that self-other differentiation begins at birth. Assuming this early self/other differentiation, we will view the various mechanisms (behavioral and neuroscientific) for participating in the experience of the other as providing the social roots of interpersonal and intersubjective relatedness. This view tips the balance of social-emotional far away from intrapsychic forces and structure and towards a radically new appreciation of social and intrasubjective traumas and interactive patterns.

29 1. Thirty Years Of Clinical Work With The NBAS? An Overview

Joao Gomes-Pedro (Portugal)

The sense of belonging, the belief in the continuity of the search of that belonging, and the quest for coherence are the forces that can balance destiny with the vulnerability nowadays recognized in the lives of families. NBAS is a model which inspires our clinical work. NBAS is a model of passion centered in relationships, involving the baby, the family, and the professionals. The NBAS represents, essentially, a philosophy through which one may discover a person - the baby - holder of abilities and individual strengths as well as vulnerabilities. As a whole, it allows the establishment of a reliable relationship project, being, therefore, an inspirer of an attitude on the part of the

parents. We have been using the NBAS in our every day activity as we believe this is the way to intervene adequately to face turmoil and risks, namely adversity in the attachment development.

- 30** **2."moments Of Meeting": Key Moments For Therapeutic Change In Neonatal Interventions**
Nadia Bruschweiler-Stern, Johanna Grenier (Switzerland)
In parent-infant neonatal interventions with the Brazelton Scale, the therapeutic action starts with establishing a therapeutic alliance with the parents, listening to their experience in becoming parents, and then conducting by a variety of therapeutic maneuvers among them validation, clarifications, explications, information, the discovery of the infant with the NBAS, modeling, sometimes the correction of parents interpretations of their child's behavior, etc. During the sessions, some particular moments that are called "moments of meeting" may happen. They often happen between mother and infant under the father's eyes. These special moments are emotionally charged, they are facilitated and underlined by the therapist. They are considered as key moments in the process of change and have a considerable impact on the development of the love bond, the parent-infant attachment, and on the couple. Video examples will illustrate these strong times in the clinical intervention.
- 31** **3.supporting Parents In Neonatal Units With The Nbas**
Joanna T. Hawthorne-Amick (Great Britain)
In a neonatal unit in England, a service was set up to provide support to parents using the Neonatal Behavioral Assessment Scale (NBAS). Parents can suffer anxiety, stress, and lack of confidence in their ability to parent their baby, who may be very different to their fantasy baby. Helping parents to read their babies' signals and cues and the practice of Developmental Care in neonatal units is becoming increasingly common. An extension of this work is to do an NBAS before and after discharge home. From admission, the psychologist held weekly sessions with parents to explore the baby's behavioral cues and to share parent's observations of their baby, before doing the NBAS in hospital and at home. In a survey of 22 parents, all found the NBAS helpful in understanding their baby's behavior and would recommend it to other parents. Several parents said the NBAS helped to affirm they knew their baby, and they felt more able to play with them and enjoy the present rather than worry about the future. More than half of the parents wanted more visits and appreciated the increased support, with emphasis on the baby's strengths rather than medical aspects. Medical and nursing staff refer parents and babies for the NBAS when they are concerned about the parent's anxiety or relationship with their baby.
- 32** **4.an Original Clinical Application Of A "transcribed" NBAS For Blind Mothers**
Edith Thoueille, Martine Vermillard (France)
La NABS occupe une place essentielle dans une démarche préventive des enjeux de la parentalité .Le parcours traumatique et carencé des mères handicapées visuelles (aveugles ou mal -voyantes) est parfois à l'origine de discours désaffectivés et de comportements opératoires enfermant les enfants dans des schémas inadéquats. La passation "transcrite" de la NABS constitue alors une modalité exemplaire de guidance précoce mère-père-nouveau-né.
- 33** **5.the Effect of The NBO on Postpartum Depression : A Randomized Controlled Study**
Kevin Nugent (United States)
The goal of this randomized controlled study of first time mothers and their infants (n=108) was to examine the effects of the Newborn Behavioral Observations (NBO) on postpartum depression at one month, as measured by the Edinburgh Postnatal Depression Scale. Results strongly suggest that NBO prevents postpartum maternal depression and decreased the odds of postpartum depression by approximately five and four times in crude and adjusted analyses, respectively.
- 36** **Interventions During Infancy**
Salvador Celia (Brazil)
The Baby's Week is a project that aims to raise the awareness of all the community members to the care that must be developed for children until three years of age, bringing together the educational,

health, cultural, and citizenship services, in a close collaboration with the local authority, with the university and other community services, in the town of Canela, situated in the south region of Brazil, with approximately 30,000 inhabitants. The project is already at its seventh edition and promotes prevention at institutional and community level, being useful to mobilize the authorities, the professionals, and the families in order to put forward public politics and also to inform the community members about the necessities of infants and toddlers. The methodology applied, as well as the results obtained, will be described and evaluated in the present paper, pointing out to the fact that this intervention has already been recognized as a model of community mobilization by the state and municipal governments and by UNICEF.

37 Early Intervention With Pre Term Babies

Silvia Abu-Jamra Zornig (Brazil)

This paper discusses early intervention based on a psychoanalytic approach with preterm babies and their families during their stay in the Intensive Care Unit of a public research hospital in Rio de Janeiro, Brazil. Taking Freud's concept of the infant's structural dependence on his primary caretakers as a point of reference, it discusses the different concepts of time in the construction of the infant's sense of self, including the parents' unconscious fantasies and narcissistic investment in the yet unborn baby, the relationship between the premature baby and the development of primary maternal preoccupation, and the role of the Intensive Care Unit as a transitional space for parents and for the construction of their attachment to the infant.

38 The Nursery Paradox: Place Of Care And Welcome - Place Of Separation

Regina Orth de Arago (Brazil)

The nursery paradox, of being at the same time the institution in charge of caring and welcoming the baby, and the one that by its very existence realizes the separation, promotes a contradiction which is inherent to its own statute. This paper aims to discuss how this contradiction, if it can be recognized by the nursery staff, may favor the working-through of the experience of separation which affects everyone: the baby, his parents, and the professionals involved in his care. The example of a day care center that functioned according to a psychoanalytic perspective regarding the emergence of the child's psyche and the vicissitudes of the establishment of first object relations, will be shown to analyze this paradox in the development of institutional practices. It will briefly describe the main institutional features that facilitate the working-through of the separation anxiety, taking into consideration the delicate and complex interplay of forces involved in the relationship between the child, his family, and the nursery. The modalities chosen to welcome the families, to organize the children's groups, to promote a relationship between the child's caretakers and his parents, the training and supervision of the professionals involved, attest for the permanent concern regarding the infant's need for holding in the time of separation, to help him construct in a co-joint effort with the nursery professionals and his family, a secure emotional basis to facilitate the constitution of a sense of self.

39 Jakair□ - A Day-care Center

Ricardo Gorodish (Argentina)

Jakaira is a day care center performing its activities in the city of Buenos Aires, with the purpose of offering support and therapeutic proposal to teenagers who are mothers and fathers for the first time and who are socially excluded and/or suffering from emotional problems. Our crucial goals are to facilitate the deployment of each one, including the care of their child, the marital, family and social ties as well as to fight for the rights of boys, girls and adolescents under the frame of the Convention on the Rights of the Children. We encourage the girls to build a project of their own and aim at a good early childhood for children facilitating their resilience ability.

40 Sleep Disturbances In Infancy As Indicators Of Risk To The Child Development

Victor Guerra (Uruguay)

This paper relates the author's experience in therapeutic consultations, for more than ten years, with children up to three years of age, in a day-care center. It will focus on the incidence of early sleep disturbances as an indicator of risk to the child development. Special attention is paid to the meaning of the intense ambivalence that this disturbance generates in the parents, with

consequences on the representation they build of their child, those being factors that may interfere with the narcissistic retreat necessary to fall asleep. From a follow-up of more than 50 cases, the author points out to the importance of the technical permeability in the approach of these clinical situations. He understands that the day-care center is a valuable place to treat these attachment difficulties, with a high predictive value of positive evolutions.

43 Do Early Co-parenting Dynamics Benefit From Coherent States Of Mind With Respect To Attachment

Jean Talbot, Donna Elliston, Jessica Thompson, Chris Scull, Rebecca Lieberson, James McHale (United States)

Conceptual advances in infant-family research have clarified important distinctions between parent-infant dynamics and mother-father-infant co-parenting processes. While we know that parents' prenatal states of mind with respect to attachment predict parent-infant attachment security, an unresolved question is whether early co-parenting processes are similarly predicted by prenatal attachment indices. Adults with more coherent attachment representations may better perceive infants' needs for well-coordinated social experiences, and thus be better positioned to collaborate with partners to create harmonious co-parenting alliances. In a test of this hypothesis, fifty couples transitioning to new parenthood completed Adult Attachment Interviews (AAIs) during the third trimester of pregnancy. AAIs were rated for coherence. At three months post-partum, couples took part in (a) a problem-solving discussion about parenting, rated for collaboration between partners; (b) Fivaz and Corboz's Lausanne Triadic Play paradigm (LTP), rated for collaboration, competition, and disengagement; and (c) a modified still-face procedure, with the "repair" phase following the still-face challenge rated for collaboration and competition. Men with more coherent prenatal AAIs were later parties to co-parenting alliances marked by more collaborative problem-solving discussions and less disengagement in the LTP. Women with greater prenatal coherence were later less likely to belong to competitive alliances. Implications of findings for both theory and clinical intervention will be discussed.

44 Parental Capacities For Triadic Relationships And Triadic Interactions During Infancy: Early Predictors Of Children's Representational And Behavioral Functioning At Preschool Age

Stephanie Stadelmann, Sonja Perren, Agnes von Wyl, Kai von Klitzing (Switzerland)

In prior longitudinal work, several research groups have uncovered the importance of triadic family interactions during infancy for children's psychosocial development. Our own focus on parents' capacity for triadic relationships - their capacity to anticipate or perceive their family relationships without excluding either themselves or their partners from the relationship with the infant - emphasizes the quality of both parents' representational worlds and relational worlds. Following 67 couples from pregnancy through age five, we have pursued prospective linkages between early triadic capacities, quality of triadic interactions during infancy, and representational and behavioral functioning of children at age five. All couples completed psychodynamic interviews both during their first pregnancy and one year post-birth to assess triadic capacities. Triadic interactions during play were observed at three months, children's narratives were assessed with the MacArthur Story Stem Battery at age five. A multi-informant-approach was employed to assess emotional/behavioral problems at age five. Results indicated that triadic capacities during pregnancy predicted quality of triadic interactions at three months, and that parents showing better triadic capacities prenatally and one year post-birth had children who showed more positive-coherent narratives and fewer behavioral problems at age five. Qualities of early triadic interactions did not similarly predict preschoolers' narrative performance. Results indicate the importance of assessing triadic processes not just on an interactional, but also on a representational level.

45 Differences In A Family Picnic Game At 5 Years Vary As A Function Of Quality Of Parenthood Transition

France Frascarolo, Nicolas Favez, Nevena Dimitrova, Chloe Lavanchy (Switzerland)

Recent studies of family triads demonstrate coherence in functioning through time, such that prenatal adjustment forecasts family process well into the toddler years. Our own work, tracking family functioning from the prenatal period through 18 months, focuses on cross-time relationships

in the nature of family alliances, defined as the capacity of the family members to manifest coordination in fulfilling tasks together. Our prior assessments of family alliance, which have used both a prenatal and standard version of Fivaz and Corboz's Lausanne Trilogue Play (LTP), have revealed three distinctive patterns of evolution. In "high stable" families, a good-enough alliance is in evidence at all assessment points (prenatally, and at three, nine and 18 months post-birth). In "high to low" families, there is a gradual deterioration of the alliance from pregnancy through 18 months. And in "low stable" families, problematic alliances are seen across the entire transition to parenthood. In this report, we re-visited these families when their first child was age five and assessed the alliance during a pretend family picnic (which involved the parents, the child, and any siblings). Findings indicated that "high stable" families continued to show highly functional interactions, while families from the other two groups scored significantly lower on scales assessing fun and imagination, family warmth, co-parenting, presence of marital exchange, authoritarianism, and child autonomy. Picnic game differences distinguishing the three longitudinal patterns will be presented and considered in detail.

46 **The Predictive Value Of Family Dynamics During Mealtime For Later Child Adjustment**

Agnes von Wyl, Sonja Perren, Stephanie Stadelmann, Kai von Klitzing (Switzerland)

This study examined cross-time connections between aspects of family group process when children were three years of age, and child adjustment two and three years later. To obtain contextually valid naturalistic data, 56 three-year-old children and their families were videotaped at home during a family mealtime. Parents also provided ratings of child behavior. Videotaped mealtimes were rated using the Family Factors Scale along dimensions assessing aspects of the triadic relationship, family warmth, constructive and destructive coparental behavior, and communicative aspects as mind-related comments. A principal components analysis indicated four underlying factors capturing family functioning: threesomeness, mind-mindedness, hostile competition, and setting of limits. Children's positive behavior, hyperactivity, conduct problems, and emotional problems were rated again at five and at six years of age, using a multi-informant approach that combined SDQ ratings from parents and teachers and Berkeley Puppet Interview with children. Family functioning at three years - especially hostile competition between coparents - predicted hyperactivity and conduct problems at age five and age six, even after controlling for externalizing behavior problems at three years. Family dynamics appeared to play less of a role in predicting later emotional problems and positive behavior. We discuss issues related to the predictive validity of early measures of family functioning for child's later positive behavior and behavior problems.

49 **Preschool Depression With And Without Co-morbid Anxiety Disorders: Support For Differentiation Of Internalizing Disorders In Early Development**

Joan Luby, Andy Belden, Jennifer Pautsch (United States)

The conceptualization of "internalizing" disorders commonly applied to preschool populations in the developmental psychopathology literature has, to date, lumped depressive and anxiety symptoms together, assuming they are poorly differentiated and inextricably related. Depression and anxiety are known to be common co-morbidities in older populations. We sought to investigate whether preschoolers could manifest a depressive disorder without co-morbid anxiety or whether they would instead manifest a mixed syndrome of anxiety and depression. A factor analysis of specific symptoms of key DSM-IV anxiety disorders was performed in a sample of preschoolers characterized by DSM-IV depression, disruptive disorders, anxiety disorders, and no disorder. A one-factor solution was forced to derive a weighted anxiety severity score. A discriminant function analysis was conducted to investigate whether discrete diagnostic groups could be differentiated on the basis of anxiety. Unique and significantly different anxiety symptom scores in children with depression without co-morbid anxiety and those with co-morbid anxiety versus disruptive disorders and no disorder were found. These findings support the hypothesis that depression without anxiety can arise as a discrete syndrome during the preschool period and that it is qualitatively different from co-morbid depression and anxiety, similar to findings in older children and adults. The findings provide support for the existence of differentiated internalizing disorders in early childhood.

50 Can We Distinguish Between Depression And Oppositional Defiant Disorder (odd) In Preschoolers?

Adrian Angold, Helen Egger, Sonya Sterba (United States)

Background: It has been observed that rates of comorbidity between depression and other disorders are very high in preschoolers. Most particularly, rates of comorbidity with oppositional defiant disorder (ODD) have been found to be much higher than in older children. We present a study investigating the relationship between ODD and depression in preschoolers. Method: One thousand and thirty-seven parents of children attending a primary care pediatric service were screened with the Child Behavior Checklist. Those scoring above the 70th percentile and a 20% sample of the rest were recruited for a child diagnostic interview with the parent (the Preschool Age Psychiatric Assessment). Three hundred and seven interviews were completed. Weighted analyses provide unbiased estimates of pediatric primary care population parameters. Results: 74% of children with unipolar depression also met criteria for ODD, but only 20% of those with ODD were depressed. Examination of the relationships among disorders, with all such relationships controlled simultaneously, showed that the association of depression with ODD was much stronger than that between depression and anxiety, a very different pattern from that seen at later ages. Confirmatory factor analysis indicated that notionally depressive and ODD symptoms loaded on extremely highly correlated latent factors ($r=.94$). Conclusions: These results suggest that conventional criteria for depression and ODD may not index separate disorders in preschoolers.

51 Depressive Disorders At 54 Months In Institutionalized Romanian Children Participating In The Bucharest Early Intervention Project

Helen Egger, Charles Zeanah, Nathan Fox, Charles Nelson, Sebastian Koga (United States)

Objective: To present data on DSM-IV/DC: 0-3R depressive symptoms and disorders in children participating in the Bucharest Early Intervention Project (BEIP), a randomized, case-controlled study of foster care versus institutional care in Romania. Method: The primary caregivers of children in the BEIP were interviewed using the Preschool Age Psychiatric Assessment (PAPA) when the children were 54 months old. The BEIP includes three groups of children: children who remained in the institution (IG); children placed from the institution into foster care (FCG); and never institutionalized children in the community (NIG). Data below is based on 141 interviews. By the summer of 2006, data on the entire cohort ($n=200$) will be complete. Results: Children in the IG and FCG were significantly more likely than children in the NIG to have depressive symptoms, to meet criteria for depressive disorders, and to be more severely impaired. Children in the IG were twice as likely as those in the FCG to be depressed. Depression in the ever institutionalized children was comorbid with autistic-like symptoms and symptoms of reactive attachment disorder (RAD). Conclusions: Preschool depression in institutionalized Romanian children is more similar to Spitz's anaclitic depression than depression found in never institutionalized preschoolers. The lower rate in the FCG suggests that changes in the caregiving environment may ameliorate depressive symptoms.

54 The Things They Carry: The Effects Of Initial Functioning On Program Utilization, Degree Of Change, And Parenting Outcomes

Anne Brady, Jessica Goldberg, Jana Chaudhuri, Joan Driscoll, M. Easterbrooks, Francine Jacobs (United States)

Researchers have long been concerned with understanding the factors that lead to differential outcomes for participants in prevention/intervention programs, and recently there has been increased interest in understanding how psychosocial variables may influence outcomes and program use. The paper proposed here focuses on the research question: Does the functioning of parents as they enter a program influence their use of the program, the magnitude of changes they achieve, and their final outcomes? This paper will explore this question in young mothers receiving parenting support through a home visiting program in Massachusetts. The program is available to all first-time parents under the age of 21 regardless of risk status from the prenatal period until child age three. Preliminary analyses using a composite variable of mothers' initial functioning indicate that it relates to their status at the end of the evaluation in a variety of domains including parenting attitudes and knowledge, parenting stress, parenting behaviors, the parent-child relationship, child abuse and neglect, and educational status. Initial functioning does not relate to program use or

duration as calculated in the "traditional" manner, but preliminary testing of a more complex model of program use reveals relations. Mothers who were functioning more favorably at the beginning of program involvement were faring better at the end of the evaluation regardless of program use. Differences in the amount of change in parenting domains and resilience analyses will also be presented.

55 Attachment-based Interventions In Infancy: Promoting Positive Parenting With Video Feedback

Femmie Juffer, Marian J. Bakermans-Kranenburg, Mariska Klein-Velderman, Mirjam Stolk, Jantien van Zeijl, Lenneke R.A. Alink, Judi Mesman, Marinus van IJzendoorn (Netherlands)

Based on a series of meta-analyses of attachment-based interventions, we developed a short-term sensitivity-focused intervention: Video-feedback Intervention to promote Positive Parenting (VIPP). This intervention program was tested in various clinical and non-clinical groups: families with insecure or eating-disordered mothers, families with preterm or adopted children, and in a daycare setting. Also, extensions of VIPP were developed: VIPP with a Representational approach (VIPP-R) including discussions of parents' attachment biography, and VIPP combined with Sensitive Discipline (VIPP-SD) directed at parents of young children with externalizing problems. Recent results will be reported, including the long-term effects of VIPP on the prevalence of behavior problems in the group of insecure mothers (N = 81). Children in that sample were at risk for the development of behavior problems because of the overrepresentation of mothers with an insecure representation of attachment. Indeed, at 40 months these children scored significantly higher on Externalizing, Internalizing and Total behavior problems than a community sample (all $p < .01$). A significant effect of VIPP provided in infancy was found on the prevalence of behavior problems: fewer VIPP children showed Total problems and Externalizing problems in the clinical range compared to control children (Total problems: 11% versus 42%; Externalizing problems: 11% versus 35%).

56 Why Did Mothers With Unresolved Trauma Fail To Benefit From An Attachment Based Intervention? Correlates Of Unresolved Status In A High Risk Sample

Heidi N. Bailey, Greg Moran, Carey Anne DeOliveira, Karin Gleason, David R. Pederson (Canada)

Our attachment-focused intervention with 100 high-risk adolescent mothers succeeded in increasing maternal sensitivity and infant security over the first two years; however, a subset of mothers with unresolved trauma (classified as Unresolved on the Adult Attachment Interview) did not benefit from the intervention. Further investigation of Unresolved mothers revealed deficits consistent with many of the characteristics of complex posttraumatic stress disorder. Unresolved mothers consistently reported higher levels of identity and relationship problems. An object relations interview found Unresolved mothers less flexible in their portrayal of relationships, persistently describing negative interactions with others. In response to pictures of infants with ambiguous facial expressions, Unresolved mothers perceived more shame and less contentedness, and more frequently provided atypical responses. They also reported relatively unresponsive styles of managing their toddlers' anger and sadness, and difficulty regulating their own emotions. Taken together, these findings depict a subset of mothers with significant social and emotional difficulties that would adversely impact the developing mother-infant attachment relationship. For mothers with complex social and emotional challenges, interventions aimed at enhancing the quality of the mother-infant attachment relationship may also require representational and relationship-oriented components to be effective.

57 Emic Constructions Of Resilience Across Cultural Communities

Jayanthi Mistry, Virginia Diez, Shireen Riley, Francine Jacobs, Christine Graham-Rawlings (United States)

This analysis of three qualitative studies highlights multiple resilient pathways taken by young mothers facing the risks associated with early childbearing. We examine case studies from three studies of parenting conducted within a large-scale evaluation of a parent education program in the United States. Our findings illuminate how different configurations of circumstances account for

differential outcomes across and within communities, and can inform program design and implementation. We draw the samples from five cultural communities ranging from urban to rural, majority to minority, in two U.S. regions. Each study uses data collected via interviews, scales, and observations to construct case histories of participants' trajectories through motherhood and how they make meaning of events. The elements analyzed include family background, socially-constructed beliefs about "good" parenting, self-assessments of own parenting, and the nature of formal and informal social support available and accessed in each community. Preliminary results show how universally-held beliefs are manifested differently across and within communities. Parenting appears as a catalyst for change requiring mothers to "put their children first." Some mothers see their new role as an individual responsibility calling for self-reliance and self-advancement. Others see themselves as family builders and focus on ensuring the presence of a father in their babies' lives. We discuss implications of these diverse "emic" perspectives about what is adaptive in the context of early childbearing for program outcomes and intervention design.

59 **Workshop 01: Feeling Attached: Teaching Perinatal and Infant Mental Health in the Community**

Anne Eliza Sved-Williams, Wendy Thiele (Australia)

Feeling Attached: Parent and Infant Mental Health in the Community: a teaching and resource package for primary health care workers. Specialised infant mental health workers gain knowledge from a diversity of research fields. Primary health care workers, such as general practitioners and adult mental health workers, and hence the communities which they serve, may benefit from this exciting new knowledge but have many demands on their time to keep up-to-date. A teaching package for primary health care workers in perinatal and infant mental health has been developed in South Australia, and evaluated as part of a Perinatal and Infant Mental Health in the Community project. The program agenda, power point slides and resource folders aim to provide: § A package of information which is relevant and appropriate to primary care § Remains as a resource at conclusion of the teaching § A vehicle for across discipline training so that workers gain a shared information base on perinatal and infant mental health and knowledge of other service provision in their local community. § A template for "train the trainer" so the teaching package can be adapted by other specialized infant and perinatal mental health workers to teach in their local communities. This package has been developed and extensively trialled and evaluated. This workshop will focus on: § Content of the teaching package § Discussion with the audience of the appropriateness of information chosen. § Difficulties encountered in embarking on a wide scale teaching project of this nature

60 **Workshop 02: Parent/Toddler Group Psychotherapy: Adaptation of a Parent Training Program to Foster Parent/Toddler Relationship**

Donna Marie Casa-Martin, Joyce Canfield (Canada)

The workshop will demonstrate a parent/toddler psychotherapy group in which an adaptation of the Webster Stratton Parent Training Program (WSPTP) is used. The WSPTP was designed to prevent and treat conduct problems in children of 3 to 8 years. Significant improvement in parent/child interaction and an increase in pro-social skills have been demonstrated. The results showed that these mothers reduced harsh/ineffective parenting. The therapeutic goal of the parent/toddler psychotherapy group is to improve dyadic relationship and functioning. Material from play and praise segments of the WSPTP is selected. It is expected that participating parents will be better able to observe their child's play, engage in the play by following the child's initiative, and think about the content and meaning of the play. This parent/toddler psychotherapy group is offered in a child psychiatry department of an urban paediatric health centre. The patient population is multicultural. The toddlers have been diagnosed with a psychiatric disorder. Parent/toddler relational problems, as well as parental depression and trauma characterize this clinical population. The use of the WSPTP provides containment and structure that supports the task of the group. Parents become aware of the importance of dyadic play in fostering a more positive relationship with their child. Video recordings of the psychotherapy group will be presented to illustrate the group process. Clinical vignettes and parental reports, supporting this model of therapy, will be presented.

61 Workshop 03: Fatherhood Psychologic and Psycho-social Changes

Jorge L. Tizon, Pietat Fuster (Spain)

Authors are concerned for years in the topic of the father's role and the characteristics of the transition to the fatherhood in our European and technologically developed societies. The reason for that interest is that from the psychoanalytical point of view the subject of the father and the role he plays in the integral development of his child has been really unknown and neglected. The similar thing happens as far as the empirical investigation in the clinical psychology, evaluative psychology and psychopathology are concerned. Nevertheless, the news perspectives in the investigation about the children development and growing up, from the systematically and/or clinical observation and the empiric studies points of view, consider them an increasing importance. The social and psychosocial changes of the family have supposed certain transformations at level of the mother's and father's roles (with their accompanying mental representations). In this way, main social and familiar changes were the extension of the use of the birth-control means, the woman's massive insert in the labor world, the woman's growing economic independence, and the news reproduction's techniques. In general, it begins to be proven that the man spreads to be constituted in active copartner of his wife's pregnancy. And it seem as if the "new fathers" are carrying out a paper completely different to the one that was considered and assigned until nowadays. From the empirical investigation point of view, we can group the studies about the transition to fatherhood into three types or sections: 1. Clinical studies, which use to focus on the conflicts and the needs that appear during the pregnancy and continue after the child's birth 2. Sociological studies: usually their consider the the paternity like a crisis in couple's relationship 3. Psychological studies: usually their are centered on individual and couple changes starting from the pregnancy. Nowadays there appear many studies and descriptions of the series of the changes that suffers the father and his role in the family, related with the pregnancy and the child's/children's birth. 1. Physical changes and changes in the owns body experiences and physiology. Many autors study the couvade syndrome, we don't know physical bases to explain them; but recently the investigators have found the hormonal's changes in the men, during their couple's pregnany. 2. Psychological changes: in the expectations and mental representations both of the child and fatherhood, motherhood or the intimacy in general, voice's changes and changes of the "self" as the consequence of the transition we talked above. 3. Changes in couple's relationship: The investigators speak so much of changes in the sexual relations, decrease in sharing free time, and the distribution of roles and work division. Many investigarions find and increase and accentuation of the stereotyoe character of the gender roles, with a increasing discomfort in the couple's relationship. 4. Changes in the social relationship: the men also tend to look for containment/resilience in their own family, so much external as internal. And based in this changes, in that symposium communication we shall present the latests results of our empiric research about fatherhood changes and the paternity transition among the fathers of a nursery in Sant Martí district of Barcelona. In general, the results point toward the importance of fatherhood as a psychosocial transition manifested at least for three groups of data: 1. The indicators of the couvade syndrome would be the increase of the global physical dysfunctions. 2. The indicators of the postpartum emotional imbalance or postpartum blues. 3. The indicators of the durable more aspects of fatherhood transition (12 month)

62 Workshop 04: The Solihull Approach Parenting Course: An Integrated and Relational Approach

Hazel Douglas, Karen Bateson, Sue Brough, Jill Delaney, Mary Rheeston (Great Britain)

This workshop will briefly present the Solihull Approach model and then show how it has been applied to the design of a 10 week, 2 hours per week, parenting group. The Solihull Approach was initially developed in the UK for use with individual families with infants, but it has been applied to other areas of work; foster carers/adoptive parents, childminders/nursery nurses, families with school age children and parenting groups. The model is an integrative, relational one, incorporating containment (a psychoanalytic concept), reciprocity (from child development) and behaviour management. The parenting group aims to promote reflective, sensitive and effective parenting, to give parents a strategy for repair when things go wrong, develop a framework of thinking about parent/child relationships which can be developed into a lifelong skill and promote the understanding of children's behaviour within the context of developmental issues. The structure

underpinning the 10-week group will be explored. The design of the one-day facilitators training relates directly to the Solihull Approach model and this will be presented. The evaluation of the parenting groups will also be presented.

- 63** **Workshop 05: A State Wide Early Intervention Program - Maintaining the Quality**
Pamela duRieu Linke, Sharyn Galwey (Australia)
Experience teaches that more focus needs to be given to the determinants of health wellbeing and to strategies that make a measurable difference in outcomes for children. Effective strategies to address child risk factors, beyond the application of larger scale clinical interventions, are needed. South Australia is in a relatively unique position of having a State wide child and family health service. This offers the opportunity to develop programs which can make a difference to the health and wellbeing of children across the state. The South Australian government has instituted an Every Chance for Every Child Initiative as an implementation strategy for early intervention. A keystone of the initiative is a State-wide universal nurse home visiting program which supports a cohort of parents over two years. The program is based on intervention in population risk factors and developing strategies both to address risk factors and to develop children's resilience. Goals of the early home visiting program relate to addressing risk factors where possible eg inadequate housing, and working with parents and infants to build protective factors including secure attachment, self efficacy, motivation and support networks. The presentation will explore the challenges and opportunities in particular in maintaining program integrity, consistency and quality towards achieving the resilience outcomes that are the program focus including training, staff selection, staff support and monitoring strategies. It will use video clips to demonstrate the learning process.
- 64** **Workshop 13: Psychodynamic Psychotherapy and Training - Two Approaches: Similarities and Differences**
Elizabeth Tutters, Sally Doulis, Susan Yabsley (Canada)
This workshop will present two clinical interventions used for training in terms of the similarities and differences. Both are infant led play interventions; one, WWW (Watch, Wait, Wonder) requires the parent, usually the mother, in the role to reflect on her infant's play without the active involvement of the clinician, except to articulate instructions, help the parent reflect, and hold the frame. The other, IPP, (Infant-Parent Psychotherapy), requires a more active participation of the clinician with the infant and with the parent. The clinician engages the infant and helps the parent understand what are the needs of the infant and subsequently the needs of the parent. Both interventions will be demonstrated using video tape vignettes of the progress of the work. Two case studies will be used to illustrate and teach the principles of both interventions and how these interventions are used for training.
- 65** **Kummer: A Life of Hermine Hug-Hellmuth**
Sara Murphy (Australia)
Kummer: a life of Hermine Hug-Hellmuth Synopsis The film looks at the modest life of Hermine Hug- Hellmuth, the pioneer of child psychoanalysis, one of the earliest members of the Vienna Psychoanalytic Society and a faithful disciple of Freud. The life that was characterised by devotion to a cause, however, concealed a dark, complex character that was to lead to tragedy. The film attempts to embrace a number of themes: that of her life and its connection with psychoanalysis, the politics of the Freudian movement in those early, heady days and, the emergence of psychoanalysis as a theory and treatment that was to have repercussions world wide on the understanding of the mind.
- 67** **A Trial Intervention In A Family Therapeutic Assessment Based On The Lausanne Trilogue Play Paradigm**
Elisabeth Fivaz-Despeurige, Chloe Lavanchy (Switzerland)
Recent trends in early intervention stress the therapeutic nature of assessment. Trial interventions are part of a therapeutic assessment method based on the clinical research paradigm of the LTP. Its principles are similar to mainstream methods of early intervention, but specifically addresses the whole family unit. Trial interventions are brief, mostly implicit gestures used by the clinical

researcher to trigger change in family interactions within the observation setting. In addition to enhancing the therapeutic alliance and facilitating insight, they allow to test the possibility of change and its extent. The method is illustrated by the clinical case of a family with a boy presenting behavior problems. The LTP assessment showed generational boundary disturbance, with a coalition of father and son against mother. A trial intervention triggered change in the family's organization and concomitant relief of the boy's behavior problems. Trial interventions are parsimonious; they show the power of implicit communication and are particularly useful in clinical research assessments.

- 68 Using The Lausanne Trilogue Play Paradigm In An Infant Mental Health Clinic**
Miri Keren (Israel)
Objective: To differentiate co-parenting from marital relationship in our clinical assessment and treatment plan of infants with emotional and behavioral disorders and their parents. We will illustrate our method by three triads of parents and infants referred to our Infant Mental Health unit and videotaped, using the Lausanne Trilogue Play procedure as part of the clinical assessment. Results: The LTP procedure helped us to differentiate between problematic co-parenting and functional marital relationship in the first case, problematic co-parenting and marital relationship in the second case, and functional co-parenting in spite of a poor marital relationship in the third case. In the three presented cases, the presence of the father had a special impact on either the diagnostic formulation and/or on the treatment course. Based on our clinical experience, structured evaluation of triadic interaction is more efficient at revealing problematic interpersonal family communication, and at defining the focus of the needed therapy, than free triadic play. Conclusions: The LTP procedure was helpful in the evaluation process as well as in the treatment planning, especially at differentiating the families where the main problem is co-parenting versus poor marital relationship. Its structured nature helped at defining together with the parents the focus of the intervention, thus starting a working alliance. It was also helpful at showing the progress of therapy.
- 69 Clinical Ltp: From Assessment To Planning Parents-children Psychotherapy**
Silvia Mazzoni (Italy)
During the Lausanne Trilogue Play (LTP), the family members express their own way to articulate the different triangular configurations. Our present goals are: 1) to use the LTP procedure in a clinical context to observe the interactional patterns of the family for parents-children psychotherapy assessment; 2) to construct a macroanalytical coding system for families with school age children to determine the family alliance; and 3) to analyze the relation between the diagnosis of the child and the family alliance. In our clinical sample, the lowest alliance scores were linked with the most serious clinical child diagnoses, such as obsessive-compulsive disorder and impulse-control disorder, indicating that the alliance coding discriminated among family interactional patterns. More specifically, the evaluation of interactional patterns in the different configurations of the LTP allowed to identify the most impaired relational configurations and to plan for an appropriate therapeutic intervention.
- 70 The Evaluation Of Family Alliances Within Conflictual Families**
Marisa Malagoli Togliatti (Italy)
The present work is part of the tutelage of family relationships in high risk situations, i.e. judicial or seriously conflictual marital separations for which judges rely on experts. Usual assessment methods tend to focus on dyadic parent-child relationships and are insufficient to give indications about family relationship reorganization or multiple interactions after divorce. We elaborated a standardized observational method to formulate a diagnosis in these situations. In a sample of 20 separated conflictual families observed in the LTP, the assessment showed that the majority of family interactions corresponded to problematic alliances. The LTP procedure allows to detect resources and problems at different levels of functioning (triadic and dyadic), enabling to propose focused and specific interventions. The assessment itself may have a positive influence on the problem.
- 71 Using The Lausanne Trilogue Play As A Clinical Assessment Procedure**
Didier Rabain, Elisabeth Aidane (France)

The Unit Petite Enfance et Parentalite Vivaldi is a part of the infant and adolescent psychiatry department. Focused on the perinatal period, it hosts pregnant women and parents with children from 0 to 3 years old, addressed by the perinatal network. We developed assessment procedures including psychodynamic infant development, as well as observation of dyadic and triadic interactions in various situations. We use the Lausanne Trilogue Play procedure as a method of assessment and therapeutic intervention with two parent-families. Using a semi-standardized procedure provides more precise criteria to detecting the target of intervention and to decide in particular whether to focus the intervention on the whole family, or one of the subsystems (parents, mother-child, father-child). Most parents readily accept to undergo the procedure and are interested in the video feedback, which we use as a part of the therapeutic intervention and as a way to build a positive therapeutic alliance. In this poster, we present cases illustrative of the work in our service.

72 The Use of the LTP in Parental Difficulties: When, Why, Where, By Whom?

Grazia Maria Fava Vizziello, Alessandra Simonelli, Mara Bighin, Sara Pasquato (Italy)

The following experiences summarize indications and counter-indications about introducing Lausanne trilogue play in clinical practice: 1. use of LTP in short treatments for families coming for difficulties with a child up to 5-6 years, following the strategy we have successfully used in applying. Interaction guidance (McDonough). 2. A follow up of 40 couples with LTPs from pregnancy to 12 months, which confronted us with some difficult situations. 3. Advice required by the Tribunal about the care of the child in judicial separations of parents. In clinical situations: WHEN: The LTP cannot be used as a routine test and only after a confident relationship has been established. WHY: 1. the high level of understanding of child-parents interactions in different situations indicates precise targets for intervention and better prognosis. 2. In judicial separations, confrontation between triadic and dyadic play is particularly revealing and often indicating practical solutions for visiting. WHERE and by WHOM : other people than the clinicians should present the test, in a different place from the clinical setting. Videoreviewing and the following discussion has a meaning only if it is done with the clinician. High skill is required for creating a positive present moment .

73 Use of the LTP in a Parent Consultation Model

Alexandra Harrison (United States)

The Parent Consultation Model emphasizes the importance of providing critical information to the parents as well as to the clinician in the evaluation of children with developmental and behavioral problems. The model utilizes micro-analysis of videotapes of family meetings or of therapeutic sessions to uncover key verbal and non-verbal interactions that could not be discovered without the benefit of detailed ex post analysis. The specific organizational structure in the PCM is inspired by the work of Fivaz-Depeursinge and colleagues. The triangular framework of the LTP includes observations of the family at multiple levels of interaction (participation, role, joint attention, and affective contact). Particularly important from the point of view of the PCM is the capacity of the LTP to organize observations of the non-verbal communications in the family in a systematic way. Our first session is for parents alone, to hear their concerns about their child, find out some facts about the development of the child and the family situation, and help the parents generate questions for the consultant. The second session is a family meeting with every family member present. It is a videotaped play session, and its major purpose is to provide opportunities to gather pertinent data. The third meeting is for parents alone, to answer their questions and make recommendations regarding treatment.

74 The Links Between Infant's Symptoms and Diagnoses and the Family Alliance

Adi Ron-Miara, Ronit Sherf, Miri Keren (Israel)

The link between infant mental health and the quality of the parent-infant relationship is a well-accepted fact. In contrast, the link between the quality of the triadic relationship and the development of symptoms in the infant, has been much less studied. Objective: To look at the link between the presenting symptoms and DC 0-3 diagnoses of infants referred to our community-based infant mental health unit and the family alliance and intersubjective communication in the LTP. Thirty triads of referred parents and infants were videotaped, using LTP procedure as part of the clinical assessment. Results: Pilot results indicate a link between family alliance and 4

subgroups of presenting symptoms: problems in eating, sleeping, aggressive behaviors (including hair pulling, head banging and defiant behavior), and in interpersonal communication (Pervasive Developmental Disorders excluded). Pilot results indicate a link between the family alliance functions and infant's DC 0-3 diagnoses on Axis I as well as on Axis II and Axis IV. Conclusions: Symptomatology in infancy reflects not only dyadic relational difficulties, but also triadic ones. Different patterns of problematic family communication are observed in different groups of symptoms. These preliminary findings confirm our previous ones on maladaptive family functioning in a clinical sample, regardless of the reason for referral.

75 Brief Family Therapy with Very Young Children

Diane A. Philipp (Canada)

There has been a paucity of literature addressing ways in which to work with the families of infants and preschoolers. They have primarily been offered individual or dyadic work, couples' counseling, or parenting courses. Our goal is to expand upon current treatment methods for infants and their families through the use of a family play model of treatment derived from the Lausanne Trilogue Play paradigm (LTP). As part of the standard assessment protocol, two-parent families referred to our team are given an initial LTP, which also includes observations of dyadic free play. Those for whom the clinical concern resides within the family alliance are offered a 6-8 week family play therapy, which utilizes the LTP structure for the first part of each session. In the second part of the treatment session the family views the videotape of their play. In this way the structure of treatment somewhat resembles an Interactive Guidance therapy session, however, with the presence of both parents (and older children in the preschool age group) we are able to observe and explore the ways in which the family system copes in the play setting. By viewing the young family as an emergent system still in its early development, the hope is to elicit change through both the possibility for structured group play as well as the subsequent observation of that play. Vignettes of sessions, including the play as well as the families' observations will be presented and discussed.

76 Oppositional Defiant Disorder And Conduct Disorder In Preschool Children Attending A Primary Care Pediatric Clinic

Helen Egger, Adrian Angold (United States)

In this talk, we will present data on the prevalence of oppositional defiant disorder (ODD) and conduct disorder (CD) symptoms and disorders and their associations with other psychiatric disorders and impairment in a representative sample of preschoolers (ages 2-5) attending a pediatric primary care clinic (screened N=1037; interviewed N=307). Parents were interviewed with the Preschool Age Psychiatric Assessment (PAPA). First, we will discuss our work to determine clinically significant boundaries between normative behavior and ODD/CD symptoms and to identify developmentally appropriate diagnostic criteria for ODD and CD. Using these criteria, the prevalence of ODD was 7.3% and of CD was 3.4%. There were no significant gender differences. While the rates of ODD were not significantly different by age, older preschoolers (ages 4-5) were significantly more likely to meet criteria for CD than toddlers (ages 2-3, OR=2.9). Of the children with either ODD or CD, 40% met criteria for both disorders. Examination of the relationships of ODD and CD with other disorders, with all such relationships controlled simultaneously, revealed that CD was significantly associated with ADHD and PTSD, while ODD was significantly associated with CD, depression, and social phobia. Preschoolers who meet criteria for ODD or CD were highly impaired, with those with CD more severely impaired than those with ODD. These data suggest that 1) the prevalence, severity of impairment, and comorbidity of ODD and CD in preschoolers are similar to those found in older children; and 2) ODD and CD are distinct disorders in young children.

77 Conduct Disorders In Preschool Children

Sandra Maestro, F. Apicella, B. Felloni, C. Grassi, A. Petrozzi, Filippo Muratoir (Italy)

Background: 10-15% of pre-school children present light or moderate behavior disorders. The behavior disorder represents the main reason of consultation or a comorbid problem in the 75-80% of pre-school children. A number of study have found an overlap between externalizing and internalizing difficulties (CBCL) in pre-schoole age. Methods: The aim of this paper consists in discussing the clinical expression of the conduct disorder in the I infancy. We will present the data

coming from a sample of pre-school children recruited among those referred for behavior problems to the Centro di Riferimento della Psichiatria della I Infanzia (Division of Child and Adolescent Neuropsychiatry) and diagnosed according to DC:0-3 criteria. Results: The sample is composed of children affected both by Affective and Regulatory Disorder that seem to support the behavioral problems. All the children share difficulties in the mentalization process and in the symbolic elaboration of the conflicts. They show, consequently, an inhibition of the fantasmatic sphere (poor play activity) and an attitude to externalized expression of the emotions (i.e.: fits of anger). On the Axis II (CD:0-3), we can observe a tendentially disturbed relationship (PIR-GAS: 50-79) in a large percentage of the sample (70-80%). Only 20-30% of children present a disturbed relationship (PIR-GAS: 0-49). Conclusion: Effects of the joint parent-children therapy will be discussed.

78 Behavior Problems From 18 To 36 Months Of Age: Outcome From Brief Parent-infant Psychotherapies

Sandra Rusconi Serpa, Ana Sancho Rossignol, Fabienne Lüthi Faivre, Dora Knauer, Remy Barbe, Christiane Robert-Tissot, Francisco Palacio Espasa (Switzerland)

A study was designed to examine the effects of brief parent-infant psychotherapeutic interventions (Psychodynamic and Interaction Guidance Therapy). Forty parents and their children, age 18 to 36 months, consulting a Child Psychiatric Clinic for aggression, tantrums, negativity, opposition (Clinical Group) and thirty control families recruited in the community (Non Clinical Group) were enrolled in the study. The aim of the presentation is to describe treatment outcomes. Method - Procedure includes three evaluation sessions: one pre-treatment (T1), one post-treatment (T2), and a follow-up 12 months later (T3). The non-clinical group participates only in T1 and T3. The assessment focuses on infant's symptoms, quality of parent-child interactions and attachment, familial context (life-events, marital adjustment, emotional support) and parental representations. Infant diagnosis is assessed with DC:0-3. Summary of results - After treatment, 37% of the Clinical Group is free from any diagnosis, behavior and relational problems, 43% showed improvement on several outcome measures while the remaining 20% did not improve. Results will be discussed according to infants' and families risk factors. Methodological and clinical implications will be outlined.

79 Infant Mental Health Theory in Pediatric Practice: An Integrated Approach to Assessing Children with Behavior Problems in Developmental and Behavioral Pediatrics

Prachi Shah (United States)

Child behavioral concerns are considered to be the “new morbidity” in pediatrics, comprising over 50% of all pediatric visits. In the early childhood period, behavioral problems are common, and are associated with child and family impairments, decreased social competence and later psychopathology. In the preschool period, behavioral problems are thought to be a manifestation of a parent-child relationship disturbance. Successful diagnosis and treatment of early childhood behavioral problems requires in-depth assessment of the child, and systematic evaluation of the parent-child relationship. In traditional pediatrics, assessment of the parent-child relationship is often not a part of the routine evaluation of children. In this presentation, we propose a new model of pediatric assessment which incorporates the theories of infant mental health in the practice of behavioral pediatrics. We will review the salient theories of infant mental health and early relationship assessment and we will describe our model of pediatric behavioral assessment for children with behavioral concerns. Select infant mental health/ behavioral pediatric cases will be presented which demonstrate how the tenets of infant mental health play a central role in the treatment and intervention of young children with behavior problems.

80 Early Disruptive Behavior: Improvement of Parental Skills and Reduction of Externalized Disorders in 2 Year Old Children

Thomas Saias, Romain Dugravier, Tim Greacen, Antoine Guedeney (France)

Numerous researches have revealed that children precociously present behaviours of physical aggressiveness that decrease all along childhood under social and educative pressure. Nevertheless, some of them pathologically maintain those aggressive behaviours. They will constitute a significative part of the juvenile delinquents. The aim of this study is the evaluation and the

adaptation of a program intending to promote resilience and to reduce the risks of violent behaviours, in a french urban context. Four hundred and forty pregnant women will be recruited and randomised in two groups. The inclusion criteria are the following: primiparous, age under 25, French speaking, and at least one of these three criteria: low income, low educational level, isolated. The first group will be visited at home weekly, starting before the 27th week of pregnancy, and continuously until the age of two. Visitors will be infant health professionals, and will work on increasing parental skills, reinforcing ties with social and health services, decreasing modifiable risk factors. The second group will be considered as “care as usual”. The program will be evaluated at 3, 6, 12 and 24 months by measuring prevalence of externalized disorders, postnatal depression, and type of attachment.

81 Predicting Aggressive Behavior in Infants and Toddlers: A Multi-level Analysis of Risk Factors

Neena Malik, Jane Squires, Brenda Jones Harden, Neil Boris, Linda Beeber (United States)

Structural equation modeling (SEM) was used to examine the links among SES, family interaction factors, and parent mental health with child aggressive behavior as reported by parents on the CBCL. Three hundred forty six infants and toddlers in Early Head Start and their parents participated. The model was a good fit to the data and accounted for 34% of the variance in child aggressive behavior. SES and partner support were significantly related to parental mental health, which in turn predicted child aggressive behavior. Implications for further research, policy, and clinical intervention will be discussed.

82 Understanding Maternal Depression in Early Head Start Families

Linda Beeber, Sherry Heller, Brenda Jones Harden, Jane Squires, Neena Malik (United States)

SEM was used to examine the links among SES, quality of family relationships, family stability, and child aggression and maternal depression. Three hundred forty six infants and toddlers in Early Head Start and their mothers participated. The model was a good fit to the data and accounted for 43% of the variance in maternal depression. Results indicate that child aggression is negatively related to positive family functioning, which is negatively related to maternal depression, when SES and family stability are taken into account. Implications for further research, policy, and clinical intervention will be discussed.

83 Exposure to Violence and Trauma in Early Head Start Children

Neil Boris, Neena Malik, Sherry Heller (United States)

Limited empirical evidence exists examining relations between trauma and violence exposure and functioning in infants and toddlers; this study examines these relations in Early Head Start children between 15 and 42 months of age. Descriptive analyses indicate that over half of these young children are exposed to trauma or violence. In terms of cognitive functioning, there was a clear interactive effect, such that young children exposed to trauma and domestic violence had lower mean Bayley scores than other children. Trauma exposure is also linked to internalizing and externalizing behavior in young children. Implications for further research, policy, and clinical intervention will be discussed.

85 Assessment Scales of Parent-Infant Bonding on First Encounter in an Orphanage Setting

Gary W. Diamond, Yehuda Senecky, M.D., Arthur Eidelman, Miri Keren (Israel)

Adoption of a child presents a unique opportunity to evaluate the initial dynamics of the attachment process, in a situation where there was no previous bonding from birth. The initial encounters between a chronically, institutionalized toddler and his prospective adoptive parents in the orphanage is an artificial situation where the initial bonding is supposed to take place and where the parents are expected to decide whether to pursue the adoption. Many parents report that the initial encounter is complex and overwhelming. They indicate a need for a simplified means to understand what occurred during the encounter. An observational tool was constructed to provide parents and consulting professionals with a means to objectively organize the clinical material from the

encounter in order to ascertain the chances for an early and smooth bonding process. Consecutive encounters enabled charting of progress over time. Low scores might indicate the inadvisability of the adoption. There were six subscales: body posture and movements, non-verbal communication, vocalizations, exploration, attention and oral/mouthing patterns. The scales, based on personal experience with 150 children and with 10 videotapes from Russia, were designed for use by a professional observer, either on site or by videotape. All children had been medically screened and all parents coached beforehand to maximize the clinical yield and enhance chances for bonding.

86 Quality of Life, Family Functioning, and Adoption

Herve Benony, Carine Botto, Christelle Benony, Frederic Huet, Jean Vital de Monleon (France)

The aim of this research is to study : a) the parent's and their infant's quality of life according to two types of filiations (biologic vs. adoptive) and the impact of the parent's quality of life on their infant, b) the family functioning of these two types of filiations in term of cohesion and adaptability. From december 2003 to july 2005, 21 families were compared to a control group of 21 families. The infants were aged between 3 to 24 months old. (mean age = 12.12 months \pm 4.36). The mean age of the fathers were 34.84 years (\pm 7.17) and the mean age of the mothers were 34.34 years (\pm 6.28). Each parent filled the GHQ28 (Goldberg, 1970-1979), the SQLP (Dazord & al., 1998), the QUALIN (Magnificat & Dazord, 2000), and the French version of the FACES III (Tubiana-Rufi & al., 1991). The results showed no difference between the two groups for the family functioning (cohesion and adaptability), the parent's general health, the parent's quality of life, the infant's quality of life. We found a link between parent's quality of life and their level of general health for the two types of families ($r = .68$ for the mothers, $r = .57$ for the fathers, $p < .05$). We observed no link between the infant's quality of life and the parent's quality of life (mother/infant, $r = -.01$, $p = .97$ and father/infant $r = .12$, $p = .77$ for the control group ; mother/infant, $r = -.21$, $p = .51$ and father/infant $r = .50$, $p = .09$ for the adoptives families). To conclude, the family functioning and the quality of life were very similar to those of the control group.

87 Children's Characteristics, Abandonment and Placement in a Child Care Institution

Grigori Abatzoglou, Christina Chatzidimitriou (Greece)

Purpose: The aim of the present study was to identify the characteristics of children placed in child care institutions as a means of better understanding the dynamics of child abandonment and/or placement in an institution. Among the factors studied were: sex, age at the time of the abandonment, legal status, social status, health status, type of health problem, mental health status, type of mental health problem, siblings. Methodology: The research sample was composed of 80 children, placed in different child care institutions and referred to the Child and Adolescent Unit for different mental health problems. A questionnaire constructed by the pedo-psychiatric team was completed retrospectively based on the pedo-psychiatric interview and the psychological tests. Results: The findings of the study do not designate the importance of any single factor as leading directly to abandonment of the child. The findings indicate however the influence of the characteristics of the child in the decisions taken by the social services involved.

88 Training Foster Carers and Adoptive Parents using an Integrative, Relational Approach: Solihull Approach

Hazel Douglas, Diana Fallowes, Mary Rheeston, Helen Young (Great Britain)

The Solihull Approach has been evolving since 1996. It is an integrative model supported by a comprehensive resource pack developed within the National Health Service in the UK. The model uses a psychoanalytic concept (containment) and a child development concept (reciprocity) together with behaviour management principles. It is now used in over 80 areas in the UK, both within the NHS, Sure Start programmes and, increasingly, across agencies. It was initially developed for practitioners working with children under 5 years and their families, but due to demand from Social Services and others, it has now been adapted to the needs of foster carers and adoptive parents. This poster presentation will briefly outline the Solihull Approach model and then show how it has been adapted to meet the requirements of foster carers and adoptive parents. The different emphases required on various elements within an under 5's child/parent resource in order to meet the needs of this particular group will be outlined.

- 89** **Adoptive Child is Coming: Idealization and Fear in the Parental Couple**
Donatella Cavanna, Anna Maria Rosso (Italy)
Introduction The aim of our work is to investigate the state of mind with respect to childhood attachment experiences and current romantic attachment in couples that are waiting the placement of the adoptive child. In particular the authors are interested in studying the relationships between the mental representation of the childhood attachment experiences and the current romantic relationship during the pre-adoptive period. Methods Participants: twenty volunteer couples aged 30 to 50 years without children, suffering from infertility, married at least since 5 years, waiting for their first adoptive child. Measures: Adult Attachment Interview (Main and Goldwyn, 1998) and Current Relationship Interview (Crowell and Owens, 1998) coded by two independent raters. Results High levels of idealization of the current romantic relationship and the childhood attachment experiences were frequently observed. Discussion Adaptive and maladaptive aspects of the idealization are considered. Implications for planning clinical preventative intervention in order to provide support to the adoptive couples are discussed.
- 90** **Myth or Reality? The Presumed Better Functioning of Adopted Children Placed as Infants**
Femmie Juffer, Marinus van Ijzendoorn (Netherlands)
In research and practice there is a long-standing debate about the presumed benefits of adoptive placement before a child's first birthday. Compared to placements after 12 months, children placed as babies are believed to run lower risks of behavioral maladjustment and developmental delay. We address this issue by analyzing our two comprehensive meta-analyses on adopted children's cognitive development and behavioral adjustment. The first meta-analysis included 62 studies of adopted children's IQ and school performance (N = 17,767 international and domestic adoptees). Analyses indicated no significant IQ differences in adoptees placed before or after 12 months. However, we found that later adoption (after the 1st year of life) appeared to be associated with lower school achievement. The second meta-analysis included 47 studies of internationally adopted children's behavior problems (N = 15,790 international adoptees). Analyses indicated no significant differences in externalizing, internalizing and total behavior problems of international adoptees placed before or after 12 months. In the two meta-analyses significant effects of pre-adoption adversity (malnutrition, abuse or neglect) were found on adopted children's school achievement and behavior problems. In the poster we will extend the meta-analysis of behavior problems to domestic adoptees also (adding 54 studies, N = 9,491 adoptees) and draw conclusions about the role of age at placement in infancy and pre-adoption adversity.
- 91** **Psychosocial Approach and Clinical Research of Foster Families**
Grigori Abatzoglou, Elena Fotiadou (Greece)
This research has been conducted in the context of the cooperation between the Child and Adolescent Unit (3rd Psychiatric Clinic, AHEPA Hospital, Thessaloniki) and the social services of the city of Thessaloniki. The aim of the paper is to examine the psychological aspects of foster care by means of recorded cases. A great emphasis is given in the personal history of foster parents and concepts of mourning and trauma are examined. Foster care is conceptualized as a special form of parenthood. The research procedure is based on clinical material provided by a) our meetings with foster parents, b) interviews with social workers and c) data from the monthly meetings with social services. The results show that important psychological factors influence the motives and decisions to become a foster parent. The research also shows the necessity of a consistent cooperation between social services and services of child mental health in cases of children placement.
- 92** **Multiprofessional Intervention Program in Child Custody**
Tuula Majapuro, Tuija Fontell, Paivi Koskela (Finland)
An intensive early intervention program as a part of Helsinki city social services and child custody is presented. Sofia Early Interaction Clinic for high risk families with baby under 1-year started in December 2003. The multiprofessional team consists of a chief of the clinic, a social worker and six nurses. Child psychiatrist and psychologist are purchased from the university hospital for children. Operational objectives are to change maladaptive models in parenting, break the intergenerational transmission of attachment and to support establishment of good enough attachment. Referral from

the social workers of child welfare is needed. Optimally the care begins at late pregnancy or after the newborn period. Care consists of a period of assessment and feedback, an intensive care period and at need an aftercare. Among the methods are mapping of the social circumstances, DC 0-3, network with other care sources, home visits, mother-baby sessions, mother-baby groups, care index and Theraplay (in training). Each family has three to four contacts per week. Approximate duration of the care is from 6 to 8 months. During the care period there is constant co-work with the referring social worker and with other family care sources. By September 2005 altogether 25 families have received services. The results of the care seem promising.

93 **Conjunction between Echographic Images and Dreamlike Creations (French Women versus African Women)**

Camara Awa (France)

The obstetrical echography which in France is an essential examination of pregnancy care, has been the subject of many perinatal professional's researches. This researches, particularly the French ones, proved us the importance of medical and psychological effect of obstetrical echography. However, the researches were carried out within the context of western culture where this equipment has been created. But, what about non western women. In a transcultural study we compare two populations whom cultural difference refer to the important they give to the interpretation of dream which is an essential element in the maternal representation during pregnancy. With a twenty pregnant women sample made up of ten French women and ten African women, we look for the meeting point between echographic images and dreamlike creations in the constitution of maternal representations.

94 **Group Discussion on Maternity: Elaborate on Group Midwives' Daily Experiences**

Cher Bahvani (France)

Interested by institutional psychology and group dynamics, I would like to bring forward my observation of a midwives' group discussion in the maternity section of a hospital near Paris. This group is made up of private midwives who have been working in this maternity section in preparing child birth and of hospital midwives. It's supervised by one of the psychologists of the maternity who proposes to his participants to elaborate together their daily experiences around child birth. Through this observation, I would like to bring forward the dynamic of this group. A group such as a transitional space between two ways of working, private and hospital work, where emotions can be deposited, brought into words and elaborated. A group such as an envelope obedient to rhythms of maternity's daily life, to the institution rules and its organization and where the work in collaboration between private midwives and hospital midwives is questioned. Two different ways of working who give place to a rich collaboration for perinatal prevention and preparing of child birth.

95 **Mizuko, the Child of the Water**

Marie-Laure Gustin, Catherine Diricq (Belgium)

Mizuko regroups parents in perinatal mourning. Psychotherapists working in a perinatal and a mental health department took the initiative for the creation of this group. Mizuko, in Japanese, means the child of water. According to Buddhist tradition, a river separates life and death. Children who died shortly after birth or were stillborn, were abandoned on the banks of rivers and were called the children of the water. The group provides space for these parents to be recognized in their parenthood. It allows them to express their bereavement and to think about their lost baby in order to write the short history of their parenthood. This may help decrease their suffering. The group is with the interface of the inside and the outside, left social hopper where the place of the stillborn infant is recognized in the family history. Together, parents and psychotherapists will create an alliance, within a psychic framework (to listen, to contain, to support the feelings of the parents) but also contractual definite (preliminary maintenance, rule of presence/absence, frequency, place...). But whereas the group grows and moves, questions of framework are posed. The presentation will allow a common reflexion on this subject.

96 **The Time of Immediate Postpartum: An Clinical Position in Alert and in Afterwards**

Joelle Rochette (France)

From a clinical experiment with parents and their infant in a Parent-Baby Therapeutic Centre, the author explores three types of psychic temporality which weave the screen of the immediate postpartum immediately after the born : the synchronic time of the baby, the diachronic time of the mother and the afterwards necessary made by the excessive experiment of the birth, and finally the time of the socius, which stresses and frames the psychic work of becoming parent or baby by ritual proposals. With the current failure of the rituality around the birth, the devices of care in perinatality – than baby weighting time - can then act as rites of passage.

97 The Pregnancy following a Medical Interruption of Pregnancy

Marie-Jose Soubieux (France)

A pregnancy which follows a medical interruption of pregnancy is a high psychological risk pregnancy, characteristically accompanied by anxiety and difficulty in investing the fetus, and even with the pregnancy itself, a cutting short of maternal representations and a dread of giving birth. Parents who have lost a child in such traumatic circumstances often wish to have another child immediately in the misplaced belief that it will compensate for the loss of their unborn child. Moreover, there are risks involved in such a choice because of the narcissistic wounds inflicted on the parents, the intense guilt they feel, and the special nature of a perinatal loss, which makes it difficult or even impossible to mourn. The parent-child relationship is often disturbed and can sometimes result in the future child becoming a mere replacement. However, when this event is welcomed, a new psychical reorganization more opened to life and new projects becomes possible. It may be possible to prevent the onset of these disorders, or at least contain them, if psychotherapy is made available together with multidisciplinary work.

98 Status of the Psychologist Working in a Maternity Unit During Her Own Pregnancy: First-hand Experience and Feelings of the Psychologist, Patients, Medical, and Paramedical Staff

Teissiere òika (France)

I work as a full-time psychologist in a maternity unit which delivers some 40,000 babies a year. This unit also carries out medical interruptions of pregnancy and receives every year in its neonatology ward premature babies, from 24 weeks amenorrhoea. In constant liaison with a multi-disciplinary team, my role is to help and support women and couples on a daily basis in their preparation for parenthood - sometimes from pregnancy to the birth of a healthy baby, but also in the case of unviable babies. Today, on this day dedicated to the Status of the psychologist in a maternity unit, I would like to give an account of the special experience and feelings of my patients and the whole team in my ward in relation to my own pregnancy. I always tried to keep my pregnancy discreet during my work in the ward. While I was worried about looks from patients and highly personal questions, I was even more afraid of reviving that pain suffered by the mothers I counsel daily, mourning the loss of their babies. Finally, I thought I had found two solutions to protect myself and the child I was expecting from these intrusive and mortiferous projections. The first was to wear a white blouse, to hide my condition, and the second was to seek support and protection from the team I have been working with for a long time. But events turned out quite differently.

99 Carrying on with a Pregnancy Despite a Forthcoming Handicap

Luc Roegiers (Belgium), Amina Yamgnane (France)

Nowadays prenatal diagnosis identifies two third of the congenital malformations (in the area of Paris for 69.1% identifications in 2000 there were only 16.2% in 1983). Claims for termination of pregnancy for medical reasons have increased relatively less: from 8.8% in 1983 to 30.1% in 2000 – mainly for serious handicap. This practice sometimes made commonplace by obstetrical teams conflicts with the refusals some couples display toward any proposition of termination of pregnancy. A study is presently undertaken by two centres of foetal medicine (Necker and Saint-Luc). Couples who wished for the continuation of their pregnancy are invited to talk about their choices during retrospective and semi directed interviews. Those narratives shed light on the couple's motivations, on their representations regarding the baby and the welcome he/she deserves, and on the look they take at the prenatal professionals who have given support during the pregnancy and the birth of their severely handicapped child.

100 Psychological Factors of the Obstetric Ultrasound

Michel Soule (France)

Obstetric ultrasound plays a fundamental role in the process of parent education, even in the most ordinary of cases. It's psychological impact on all the people involved (parents, baby and health professionals) is a good reason for extending the use of this new clinical technique. The relationships between the fetus and its environment are viewed as essential for the establishment of early links. The potential for tragedy occurs as soon as there is a suspected or confirmed abnormality and the possibility of interrupting the pregnancy arises. It is therefore essential that all the health professionals concerned should be educated and trained to cope.

101 Did you call this a "Happy Event"?

Nathalie Presme, Pascale Rossigneux-Delage, Dominique Vernier, Julianna Vamos (France)

In the midst of pain, suffering and violence, more and more clinical situations encountered in the maternity ward confront psychiatrists and clinical psychologists with emotional turmoil. Life and death are found side by side, death anxieties, anxieties related to the new life that emerges, deep anxieties emerging from infantile roots that let themselves be known, with no previous notice, taking some women by surprise, dealing with death (intrauterine death of fetus, termination of pregnancy for medical reasons). The request to be appeared is expressed as an emergency both by patients and the medical staff. The period of pregnancy is precious for initiating a meeting with a « psy » but this time is short and limited. A few clinical examples of these « extreme situations » will allow us to outline our thinking about the way we function and about our identity as « psy » on the maternity ward as well as on the course of these ever more frequent clinical situations.

102 Attachment Therapy: Diagnosis and Treatment of Attachment Disorders

Karl Heinz Brisch (Germany)

Based on attachment theory a diagnostic classification system of attachment disorders is presented. The presentation of clinical case studies (with video) demonstrates the differential use of the classification system of attachment disorders in infants and childhood. This attachment-oriented diagnostic approach is compared with classification systems of other diagnostic manuals (ICD) and advantages and disadvantages are discussed. The general and special guidelines of attachment therapy are presented. The special treatment approach and the process of psychotherapy with various attachment disorders is demonstrated with audio-visual material. Ref: Brisch, K.H. (2002) Attachment Disorders. From Attachment Theory to Therapy. Guilford Press, New York.

103 Take Two - Offering Intensive Therapy for Traumatized Infants

Jennifer Jackson, Margaret Askew-Walinda (Australia)

Take Two is a new intensive therapeutic service for Child Protection clients who have experienced extreme abuse or neglect, in the state of Victoria, Australia. The development of therapeutic interventions for infants within Take Two include, diagnostic assessment using DC:0-3 (ZERO TO THREE Diagnostic Classification Task Force, 1994), parent- or carer-infant psychotherapy, parent- or carer-infant group therapy, care-team/systemic intervention, and developmental/behavioural assessment. This service offers the capacity for long term intervention and has outreach capability. This presentation will provide clinical examples of the range of infant mental health interventions offered within Take Two. Examples of parent- and carer- infant psychotherapy, carer-infant group psychotherapy and systemic interventions will be provided and discussed. Video footage and case studies will illustrate clinical examples. Early research findings will be presented, including the evaluation of a time- limited carer-infant group psychotherapy. The particular challenges of working with infants who often do not come with a mother at all, let alone a good enough mother, are highlighted.

104 When Dada Won't Wake Up: Coping with Trauma and Loss

Alice Eberhart-Wright (United States)

Early loss of a primary caregiver is devastating for a young child. When combined with the trauma of being alone with the parent at death, the healing tasks are monumental. Three-year-old Buddy's case serves as an in-depth study of those steps. This clinical teach-in uses videotapes, process

material, and collaboration with the mother (the surviving parent) to demonstrate a therapeutic process in the home that reflects the thought processes, emotional challenges, and successes from thirty-six months to age five and a half. The therapist uses a collection of toys and materials chosen to elicit powerful expression of the issues, combining those with the child's own special toys and materials. At the same time the therapist supports the mother in dealing with her own loss and trauma and assists her in using her intuitive skills to help and protect her child. Therapist and Mother brainstorm to educate others (church, preschool, and family) about the child's needs. Discussion includes a summary of the latest thoughts, research, and methodology on dealing with loss in early childhood.

105 A Multi-modal Program for Treating Depressed New Mothers, their Babies and Partners: What is it We Do and How Do We Know?

Eda Spielman, Peggy Kaufman, Ruth Paris (United States)

The Early Connections program at the Center for Early Relationship Support of Jewish Family and Children's Service has evolved a model of treatment for depressed new mothers that aims to both improve maternal mood and strengthen the mother-baby relationship. The route to these ends is highly individualized and incorporates varying techniques and modalities, based on understanding the obstacles to the mother's feelings of competence and connection to her baby. A multi-modal approach has both strengths and challenges and raises questions about how and why change happens. A research collaboration with Boston University School of Social Work is allowing us to study these questions through clinician interviews and session synopses. This clinical teach-in will be an opportunity to share the work of Early Connections, looking through the lenses of both case material and the voices of clinicians to explore the questions of what we do, why we do it, when and how. The clinical material will illustrate the use of multiple techniques in work with depressed new mothers, looking at how various methods complement each other, and how each keeps the baby in mind. The data from the research study will offer a critical window into understanding this multi-faceted treatment, raising ideas and questions about technique, treatment philosophy and goals. Utilizing this range of viewpoints—from case vignettes, program philosophy, staff discussions, supervision, session notes and clinician interviews—offers a unique opportunity for exploring the details and complexities of clinical process in work with mothers and infants.

106 They Tell Us If We Listen

Julie Ribaldo (United States)

This workshop will detail two years of psychotherapy with a very young child, referred when she was three years of age, and her parents. She was referred to me after she had been diagnosed with an anxious attachment disorder. The little girl was adopted from China at the age of 12 months, after having lived with a foster family from the time she was seven days old. This presentation will highlight aspects of how the child reacted to the loss of her foster parents, including how she confused a recent injury with why she had to leave them. It will also address the sensitive caregiving she received from her adoptive parents which allowed her to eventually "tell" her story through play therapy and relationship-based work between her and her parents. Supporting the ability of the parents to hear and understand a very young child's communication will be highlighted as a primary intervention. Thus, this workshop will address the dyadic nature of the parents/child therapy, looking at the strengths and vulnerabilities these parents offered to their young child, and how it served her longer term mental health. In addition to this young child's story, the presenter will address the ways several other toddlers and preschoolers who have suffered early loss and trauma represent their experiences. Using an infant mental health and developmental framework, the presenter will suggest strategies to help very young children and their parents as they struggle to overcome traumatic loss and grief.

107 Thinking about ADHD in Children with Early Institutionalization and Later Adoption

Ana Luisa Fernandes, Marco Medeiros, Maria Antonia Silva, Pedro Caldeira da Silva (Portugal)

ADHD has a higher prevalence among institutionalized and/or adopted children. While following 3 clinical cases of institutionalized children who were later adopted and diagnosed with ADHD, a question came up to the authors: is this greater prevalence related to institutionalization and/or early

traumatic relationships, and the consequent establishment of a disturbed pattern of attachment? Although ADHD is highly heritable, environmental adversity, such as marital and family dysfunction and low social class, is also implicated in its etiology. Some literature suggests that institutional deprivation may induce an early biological programming or neural damage stemming, and that failure to experience a dependable relationship and/or disruption of early attachments may lead to the development of symptoms of mental disturbance such as ADHD. On the other hand, comparative studies of biological and adoptive parents of hyperactive and normal children may suggest a familial cause for the greater prevalence of ADHD in the population of adopted children; furthermore, some environmental factors of ADHD - such as obstetric complications, prenatal exposure to nicotine -act before the establishment of parents- child interactive experiences. The authors propose to make an historical review of these 3 children's prenatal and 1st childhood periods - through clinical process consultation, clinical interview and direct contact with institutions - in order to evaluate if their early experiences match the environmental factors referred in literature as predisposing of ADHD.

108 The Use of the Narrative as a Mediator in the Psychotherapy of Brazilian Children
Celso Gutfreind, Eva Aguirre, Sarah Benchaya, Luciana dos Santos Berneira, Rodrigo Boettcher, Marcelo Blum, Gabriela Exenberger Colling, Simone Fagundes, Denise Farias, Anelise Fleck, Daniele Goncalves, Liara Iglesias, Roberto Levy, Laura Matte, Elisa Munaretti, Vera Oliveira, Graziela Piccinini, Roberto Ritter, Clair Santos, Silvana Volpato, Gisele Elgues (Brazil)

This work describes a clinic research realized in a slum situated in the suburb of Porto Alegre, Brasil. The work shows the therapeutics importance of the psychotherapy utilizing the narrative as a mediator with children reunites around the diagnostic of learning disturb, but so marked by the presence of factors as strong poorness, violence and affective privation. The population was compound by forty children of primary and secondary series of the fundamental school and the ambulatory of primary care at the slum. It is an action-research, with the hybrid method, qualitative and quantitative. The procedure was initially the valuation of the children with the instruments ESI - scale of infantile stress, EACIP-scale of valuation of infantile behavior for the teacher and a questionnaire evaluating children creativity for parents and teachers. After the intervention of the psychotherapy group in co-therapy regime, utilizing the infantile narrative and with duration of one year at the school, the valuation was repeated; it was also realized the analysis of the content and the psychodynamic of the session's material. The results pointed a notable progress in these children, measured by the instruments, like a reduction in physical and psychological expression of the stress, an enlarging in the attention capacity, just as revealed clinics sequences were narrative appear as a mediator capable of stimulate the therapeutic process, specially in the development of the representation and symbolization capacity.

109 Neuropsychological Deficits and Socioemotional Difficulties: Clinical Implications
Stephen Seligman (United States)

This session is concerned with infants and older children whose subtle central nervous system problems interact with environmental factors to lead to difficulties that cannot be fully explained by traditional psychodynamic formulations or reductionistic organic formulations; many such cases do not present on the autistic spectrum. The presentation offers an account of such difficulties that integrates the neurocognitive descriptions of idiosyncratic processing styles with psychodynamic accounts of affective, symbolic and interpersonal disorders. Findings about "mismatches" in early infant-parent interaction leading to enduring patterns of later psychopathology are central here. Specific clinical orientations and techniques will be presented. The presentation attempts to bridge a gap between mental health professionals and those in related disciplines: Mental health professionals often underestimate the importance of children's constitutional difficulties, while educational specialists and pediatricians frequently overlook the transaction of these difficulties with emotional and interpersonal functioning. This paper integrates current knowledge of constitutional and environmental factors so as to understand children's personalities and relationships as a unified system that cannot be reduced or explained by a single set of factors, however important. The approach is non-linear, and applies developmental systems paradigms emerging from current developmental psychology, such as the "transactional" model.

110 The Risky Situation: A Procedure for Assessing the Father-Child Attachment Relationship

Daniel Paquette, Marc Bigras (Canada)

Focusing on the “exploration” dimension of attachment theory, Paquette (2004a, 2004b, 2004c) has recently theorized paternal attachment by developing the notion of the “activation relationship”, i.e. the affective bond that allows children to open up to the outside world. Contrary to the mother-child attachment relationship which permits children to be calmed and soothed, the father-child activation relationship obviates children’s need for activation and stimulation. In quality activation relationship, children learn to trust their own ability to cope with threats and strangeness in their physical and social environment, as their fathers encourage them to push their exploration further (or to take risks), while at the same time providing the children with the confidence of being protected from possible danger. The authors will present the Risky Situation, a new twenty-minute procedure for assessing activation relationship in children aged 12 to 18 months. The procedure was tested in Montréal, Canada with twenty fathers and their children. Videos will be used to illustrate each of the three types of attachment (secure, over-activated insecure, and under-activated insecure).

112 Are The Babies Able To Transfer ?

Bernard Golse (France)

Are the babies able to transfer, and if they are, which type of transference are they able to set up? As a matter of fact, many authors ask the question to know if the concept itself of transference is convenient with the babies. Of course, babies induce in the functioning of their caregivers some interactive modifications related to their very early relationships, but these modifications are probably qualitatively different of the impact of classical transference in the light of the deferred action theory. This debate which offers the most recent issue of the famous controversy between Anna Freud and Melanie Klein about the children's ability to transference, formed the subject of an interesting debate between Serge Lebovici and Bertrand Cramer, debate brought out in 1994, in the French journal "La Psychiatrie de L'enfant." Whatever is, or was, the technique of each of them in the field of mother-baby consultations or jointed therapies, the use of the concept of transference underlines the questions of the deferred action and of the temporality which have deeply evolved throughout the works of Sigmund Freud himself.

113 Empathy In Parent/baby Therapeutic Consultations : The Inheritance Of S. Lebovici

Sylvain Missonnier (France)

Parent-baby consultations accord a fundamental place to the intersubjective scene for which empathy is a matrix medium. The psychoanalyst's empathy accepts the challenge of opening up simultaneously to adults, to the baby, and to the complex interaction present. This framework is conducive to the expression of a primary empathy in the clinician that renders possible the therapeutic observation of its epigenetic avatars in the newborn and their generational resonances in the parents. In this context, the notions elaborated by Lebovici of metaphorizing empathy and enaction constitute a precious inheritance for psychoanalysis. The epistemological interest presiding over their conception encourages us to lend special attention to theories of the mind.

114 Serge Lebovici : The Infant, The Consultation And The Enacting Expanding Co-creative Process

Gisele Apter-Danon (France)

Serge Lebovici developed the concept of therapeutic enaction during the mother-infant or parent-infant consultation setting. He argued that the interactions that take place during the hic et nunc of the clinical meeting between therapist and dyad (or triad) are enforced through both verbalization and enactment of emotional perceptions by all partners. It is as if during the "drama" of the time of consultation, as in a play, unity of time space and action offered the therapist the possibility to act through (work through) different levels of psychological distortions. Addressing and perceiving the infant at its adequate eurodevelopmental and emotional level as well as the parent(s) in an empathizing manner is the framework in which interventions are constructed. Scaffolding the budding parent-infant relationship through the strength of the therapist's experience and benevolence allows for a mutative common creation: a co-creative expanding therapeutic process.

Serge Lebovici invented this exclusive way of intervening in single or small-numbered consults for interactive disorders of mild or moderate effect (infant sleeping disorders, maternal moderate anxiety or low MODD and poor self-esteem). However, using this framework and general theoretical reflection of enaction with the knowledge now available of developmental psychopathology, a number of other therapeutical applications in more severe and difficult maternal and infant disorders (maternal personality disorders, infant abuse, neurodevelopmental delay) are possible. Video examples will be shown, commented, and discussed.

115 The Intergenerational Transmission Of S. Lebovici Teaching Or The Art Of Fertilizing And Making Fertilize

Ouriel Rosenblum (France)

During his teachings and his consultations, Serge Lebovici used to show himself functioning with his flashes and his approximations in an unceasing activity of connection, and thus seemed to tell us "I show you how I am, follow me if you can." He was feeding himself with greediness and juvenility and he was acting what he actually was. He was offering a plasticity and a palette of identifications which allowed everyone of us to identify himself to one or several facets of his. The multitude of his disciples, including the occasional ones, reveals much of the breadth of his primary narcissism as well as of the libidinal moves that he knew how to arouse in any interlocutor. We were taught without the help of an established teaching, but he knew how to stay steadfast about some theoretical positions, such as the organizing function of the Oedipal conflict and the mother's phantasms in the presence of the child. This pedagogical solicitude drove him to urge us to confrontations that he wished fruitful with some guests; the discrepancies which emerged then allowed him to precise and sharpen his thought.

117 The Effect Of Maternal Adversity On The Neurodevelopment Of Infants: The Mavan Project

Klaus Minde, Michael Meaney (Canada)

Objective: There is increasing evidence that many forms of chronic illness have perinatal origins. For example, intrauterine growth restriction (IUGR) is often associated with environmental adversities that in turn trigger maternal and fetal endocrine responses which ultimately limit growth. These same endocrine conditions can also affect the development of the brain and mediate the increased risk for depression, anxiety and cognitive impairments. Method: This presentation will report data from the MAVAN project which encompasses evaluations of three different cohorts at 3, 6, 15 and 36 months - 1) Sixty infants born small for gestational age and 60 controls; 2) Sixty infants born to mothers who have been continuously depressed during their pregnancy and 60 controls; and 3) Sixty infants who have been brought to two infant psychiatry clinics because of behavioral difficulties. Assessments of maternal and infant attachment and other behavioral trajectories are undertaken and combined with repeated neuro-imaging using high resolution 3D-MRI methodology. Genomic and epigenomic approaches are used to assess genetic vulnerability using a candidate gene approach. Results and Conclusion: Preliminary findings indicate that children of all three cohorts show high endocrine stress (cortisol) levels. Securely attached children seem less stressed as are children whose depressed mothers were successfully treated during their pregnancy.

118 Antenatal Maternal Stress Is Linked With Reduced Infant Cognitive Development

Kristin Bergman, Vivette Glover (Great Britain), Tom O'Connor (United States), N. Modi, P. Sarker (Great Britain)

There is growing evidence that maternal stress/anxiety in pregnancy is associated with poorer behavioral and cognitive development in the child. However, what has not been established is whether this is because antenatal stress has a direct "programming" effect on the fetus, and in particular on the HPA axis. In the current study, women were recruited during pregnancy from an amniocentesis clinic and a maternal-fetal hormonal profile was collected, as well as a state-trait anxiety measure (Spielberger STAI) immediately prior to the procedure. Complete data were available for 262 mothers. Relationships between maternal and fetal cortisol ($r=.312$; $p=0.000$), and between maternal cortisol and state anxiety ($r=.177$; $p=0.004$) were demonstrated. Mothers and infants were then invited for a follow-up assessment when the child was 18 months of age. Findings

indicated that stress in pregnancy was associated with a significant reduction in the Bayley Mental Developmental Index (MDI) score at 18 months, independent of pre- and postnatal covariates. Further, there was no equivalent link with postnatal maternal stress. This adds support to the probability of a fetal programming mechanism. The responses to the questions that indicated problems in the relationship with the partner accounted for 19% of the variance in the child's mental development index, thus emphasizing the importance of screening for domestic violence during pregnancy, and devising appropriate interventions.

119 Prenatal Mood Disturbance Predicts Infant Behavior

Sherryl Goodman (United States)

We studied mood and cortisol in 85 pregnant women at risk for depression due to a history of major depression. We measured the infants' behavioral/affective, neurophysiological, and neuroendocrine functioning (stress reactivity), with five assessment points across the infants' first year of life. For brevity, this abstract describes the findings in the newborns. The paper would present data through twelve months. During pregnancy, between 30.8% (DSM-IV criteria) and 53% (BDI-II criteria) of the women became depressed. Among neonates, those who scored lower on Brazelton State of Organization had mothers who were more depressed, stressed, and anxious but no higher in cortisol during pregnancy. Infants who scored lower on Autonomic Stability (low scores reflect newborns' struggle to maintain basic homeostasis) had mothers who were more depressed and stressed during pregnancy, although no higher in anxiety or cortisol. More severe depression during pregnancy was associated with newborns' higher baseline and post-stress salivary cortisol and with increases from baseline to post-stress. Higher maternal cortisol was associated with newborns' higher baseline cortisol and with post stress and increase in response to stress. Results will be discussed in terms of implications for the potential of fetal exposure to maternal depression in a high-risk sample to be associated with the emergence of regulatory dysfunctions, which have potential to reveal vulnerabilities to the later development of psychopathology.

120 Early Caregiving Experiences And Long-term Outcomes

Charles Zeanah (United States)

This presentation will describe the work of Charley Zeanah and colleagues in the Bucharest Early Intervention Project. Findings from the study of children who experienced severe early caregiving deprivation will be used to show that there are persisting effects on psychological development and lasting disturbance on attachment and social relationships. Possible mechanisms underlying the persistence of effects will be considered.

122 Predicting Maternal Sensitivity In An Urban, African American Preterm Sample

Douglas Teti, Melissa O'Connell (United States)

This study examined sociodemographic and medical predictors of maternal sensitivity among urban, low-income African American mothers (M age = 27 years) of preterm infants (N = 91). The sample was at risk both medically and environmentally. Sixty-one and a half percent of the infants were very premature (< 32 weeks gestation) and 59.3% very low birth weight (< 1500 g). Mothers' median yearly family income was \$20,000 - \$29,000. Forty-five percent of the mothers were living full-time with a male partner, and 46% had participated in a NICU-to-home 20-week early intervention program designed to promote mother-infant interactions and infant development. Maternal sensitivity was assessed when infants were four and twelve months using the Maternal Behavioral Q-Set (Pederson & Moran, 1995). Sensitivity scores at these two infant ages were strongly correlated ($r = .59, p < .001$), and thus were combined. Partial correlations, controlling for intervention status, revealed that mothers' sensitivity was significantly associated with higher maternal education, family income, age, living with a male partner, and not receiving public assistance. Stepwise multiple regression analyses revealed that only maternal education and marital status were significant predictors. Maternal sensitivity was not predicted by maternal parity, household size, or infant medical indices (e.g., birth weight, cumulative medical risk at discharge). Intervention effects on maternal sensitivity and infant-mother attachment, and links between maternal state of mind regarding attachment, commitment to intervention, and maternal sensitivity also will be discussed.

123 Early Mother-infant Dyadic Interactions And Outcomes Of Prematurity At 18 Months
Margarita Forcada Guex, Blaise Pierrehumbert, Ayala Borghini, Adrien Moessinger, Carole Muller-Nix (Switzerland)

This study investigated the impact of patterns of mother-infant interaction at six months on behavioral and developmental outcomes at 18 months corrected age in prematurely born infants, as compared to full term infants. Mother-child interaction was explored during a 10-minute video taped play segment at 6 months corrected age and scored with the Care Index in a sample of 47 preterm infants (<34 weeks) and 25 full term infants. Behavioral outcomes were assessed at 18 months with the Symptom Check List, and developmental outcomes were evaluated using the Griffiths Developmental Scales. At 6 months, two dyadic patterns of interaction emerged recurrently in dyads with a preterm infant: a "cooperative pattern" with a sensitive mother and a cooperative-responsive infant and a "controlling pattern" with a controlling mother and a compulsive-compliant infant. Preterm infants in "cooperative" dyads were found to have similar outcomes compared to full term controls. Preterm infants in "controlling" dyads had significantly less positive outcomes compared to preterm infants in "cooperative" dyads, as well as compared to full term infants. These preterm infants displayed more behavioral symptoms (particularly eating problems) and had lower developmental social skills at 18 months. We identified specific mother-infant dyadic patterns of interaction which could play either a protective or a risk precipitating role regarding 18 month outcomes for preterm infants. Thus, early family-based interventions should support positive parent-infant interactions.

124 Mother's Postnatal Depression Is Associated With The Quality Of Mother-infant Interaction In Preterm Infants

Riikka Korja, Elina Savonlahti, Sari Ahlqvist-Bjarkruth, Suvi Stolt, Leena Haataja, Helena Lapinleimu, Jorma Piha, Liisa Lehtonen (Finland)

Preterm infants are thought to experience higher risk for problems in early interaction which may be influenced by mothers' pre- and postnatal stress and depression. In this study, the aim was to study the association between mothers' postnatal depression and mother-infant interaction in preterm and full term infants at 6 and 12 months corrected age. Study groups included 32 very-low-birth-weight (VLBW) infants (birth weight <1501 g or gestational age <32 weeks) and 38 healthy full term infants. All infants were native Finnish, their mothers' firstborn singletons. Free-play mother-infant interactions were recorded at 6 and 12 months corrected age and coded with the Parent-Child Early Relationship Assessment method (Clark, 1985). The Edinburgh Postnatal Depression Scale (Cox, 1987) was used to gather information about mothers' postnatal depression at 6 and 12 months corrected age. There were no differences between the preterm and the full term infants in the quality of mother-infant interaction at 6 months corrected age. However, mothers of preterm infants were more often depressed than mothers of full term infants at 6 months (preterm $M = 8.2$, $SD = 5.2$, full term $M = 4.7$, $SD = 3.3$, $p < 0.01$). Postnatal depression was associated with the quality of mother-infant interaction in preterm infants, but this association was not found in full term infants. The results of the 12-month assessments will be presented in the symposium. Postnatal depression seems to be one affecting factor in mother-infant relationship in the group of preterm infants.

125 Affective Engagement In Early Preterm Infant-mother Interactions And 16 Month Behavioral Outcomes

Julie Poehlmann, Jon-Paul Bianchi, Darci Fritz, Joshua Abrahams, Prachi Shah (United States)

The study investigated affective engagement and dyadic regulation during play interactions at 4 months corrected age in relation to preterm infants' 16 month behavioral and developmental outcomes. The sample included 98 preterm infants (<35 weeks gestation) and their mothers who were assessed at hospital discharge, 4 months, and 16 months (corrected age). Infant medical histories were collected at hospital discharge, and maternal depressive symptoms were assessed at each time point. At 4 months, mother-child interactions were assessed during live and videotaped play and coded with the Parent-Child Early Relational Assessment (PCERA) and the Pediatric Infant Parent Exam (PIPE). At 16 months, infants were assessed with the Bayley Scales of Infant Development 2nd edition and the Child Behavior Checklist. Preliminary analyses indicated that infants who experienced more neonatal health complications were more emotionally labile and

hyperactive and less readable during play at 4 months post-term. Mothers who were more depressed at 4 months exhibited less "joie de vivre," less visual contact, less sensitive responsiveness to infant cues, less affective mirroring, and were less consistent during interactions. In addition, 4 month dyadic interaction scores predicted 16 month behavior and attention problems. Infant, parent, and contextual variables were associated with affective engagement during interaction, which has implications for preterm infants' emerging self-regulation during the toddler years.

128 **What Is Transmitted From The Mother To The Child About The Father Lost On 9/11: Preliminary Sketches Of Three Styles Of Transmission**

Rita Reiswig (United States)

This paper describes different ways mother responded to the experience of losing their husbands on 9/11. Each mother's style was different in regard to what was transmitted to their infants. Preliminary sketches of three styles of transmission are suggested. They are: the mother who has mixed the loss of the husband/father with other significant and unresolved losses from her childhood; the mother who is not moving on; and the mother who has developed a transitional idea as a way to represent the lost husband/father. In the first two styles the mothers tend to describe the lost husband/father in concrete, literal terms with only some references to qualities and attributes of personality traits, behaviors, and interests. The third style of transmission represents the lost husband/father in a more abstract manner, suggesting internal properties such as feelings and thoughts. How these experiences are assembled, assimilated, and remembered by the child is not yet understood. What we do know is that the mother's state of mind during the mourning contributes significantly to the child's developing personality, and that the encoding of these experiences begins during the preverbal period. The representations of the lost father are transmitted to the child in a number of forms and these greatly influence and shape the child's idea of the lost father.

129 **Themes And Techniques In The Mother-infant Groups**

Donna Demetri Friedman, Mark Sossin (United States)

In this paper we describe prominent group themes among the mothers in the project. They included coping and mourning styles, perceived support and conflict with friends and family, new challenges with in-laws and families of origin, redefining a sense of self in the wake of the tragedy, anger at the perpetrators and at fate, reflections on the qualities of their lives and marriages, conceptions of death, efforts to communicate with and represent the lost husband/father, and concerns about single-parenting and the well-being of their children. Legal and financial decisions regarding victims often evoked renewed experiences of loss, while impinging mothers with concerns of equality. As time unfolded, challenges of getting on with life were variously greeted. Interest in potential careers, and especially in new romantic relationships, brought excitement along with inner conflict, while stirring need for support and fears of judgment. As we observed dyadic interactions in the group, we tried to heighten awareness of child states and relational patterns. Were the mother's preoccupations, stress and patterns of mood regulation compromising her ability to follow her child's lead, or to sense her child's intentions and affect states? Therapists also had to consider when treatment needs extended beyond the reach of the group, leading to referrals. This paper will also discuss how the therapists managed their complex relationships with group participants, co-therapists, and the larger peer supervision group.

130 **Videobonding Consultations**

Anni Bergman, Beatrice Beebe (United States)

We arranged to videotape mother/infant dyads in the project. Specific patterns of interactive regulation documented by microanalytic methods of infant research were applied to the clinical interventions with the mothers and infants. This brief treatment model included split-screen videotaping of face-to-face mother-child play, followed by therapeutic observation of the videotape with the parent in a separate session. The purpose of the video bonding consultations was to facilitate mother-child communication, by helping mothers to "read" the child's nonverbal "language," and to become aware of the ways that they may respond. We began the meetings with a discussion of how the mother is doing now, and how these past months, and years, since 9/11 have been for her. Earlier in the project we often revisited the horrible days and moments leading up to the realization that her husband was in fact dead. We discuss the impact on her, and on her children.

We review her relationships with her family of origin, and try to understand how her own background has affected how she is dealing with this terrible loss. Then we view the videotape together. We link the drama that we see on the video to the story of the mother's own history, and to her story of the loss.

131 What Have We Learned? Trauma And Models Of Intervention

Anni Bergman, Phyllis Cohen (United States)

The process of mourning has been grueling for the pregnant widows of 9/11. They have been dealing with a profound loss. They had to give birth, and handle in-laws, families-of-origin, neighbors, the media, and endless paperwork. Many had older children as well. Over time some adjusted better than others. Over the past 3 years, our project has provided a foundation of support to this severely traumatized and very vulnerable group. That trauma is transmitted from parents to children, and from mothers to unborn fetuses, has long been known. On the basis of our experience, we may speculate about the nature of this transmission. This paper will address how the trauma was non-verbally and unconsciously transmitted to the therapists in the transference/countertransference matrix, and discuss the coping skills and resilience of the group. Our project began with a focus on mothers and their unborn infants, and their children have now grown from lap babies to toddlers to pre-schoolers. Nevertheless, a need for services continues. We have learned that traditional approaches are not sufficient when reaching out to a population that has experienced such a traumatic loss, in light of their shifting needs, ambivalence, and distrust. We never imagined how difficult it would be to engage these mothers. This paper will discuss how we have expanded our analytic models by working with multiple therapists, utilizing systems theories, and offering non-traditional services.

133 Migration: A Binational Perspective Of Its Effects On The Mental Health Of Infants In The United States And Mexico

Mary Lou de Leon Siantz (United States), Maria Elena Marquez-Caraveo, Rosa Maria Aguilera (Mexico)

The importance of immigrant families and their infants to the vitality of the world in the 21st Century is exemplified in the migration that occurs for economic benefits between the United States and Mexico. Families that migrate between Mexico and the U.S. may temporarily leave their infants behind, take them and return to Mexico, or remain in the U.S. permanently. The stresses, strains, and economic benefits of migration on parents have profound effects on the mental health of their infants, whether they are left behind and later reunited, permanently remain in the U.S., or return to Mexico with their parents. The purpose of this paper is to 1) discuss the impact of migration on the mental health of infants and caregivers in home and host countries, 2) explore a wide range of policies, procedures, environments, and best practices needed to meet the special needs and integration of immigrant infants into the U.S. or reintegration and reunification in Mexico, 3) identify cultural strengths and protective factors that promote resilience, reduce risks, prevent the negative impact of child and family migration on the life trajectories of infants, and 4) consider both the positive and negative impact of migration on adaptation patterns and life trajectories of infants in immigrant environments. Finally, this paper will present potential collaborative research needed to promote infant mental health and an intervention research agenda in the context of migration.

134 Why Are Babies Of Immigrant Families More Frequently Depressed Than Infants From Non-immigrant Ones?

Marie Rose Moro (France)

In order to analyze the impact of maternal immigration on the development of the infant, we designed a controlled follow-up study. Both groups were high risk families with a sample comparable to the underprivileged ones that can be found in most occidental suburbs. A total of 100 clinical observations were included and video-taped. Each observation includes a clinical evaluation at 3, 12, 24 and 36 months of age. Psychological, social, and physical aspects were taken into account, as well as mother-infant interactions. This presentation will focus on only one result of the research, which is the higher rate of infant depression within immigrant mothers' infants. These results concern the examinations until 12 months. The infant's symptomatology in this group was much more manifest than the symptoms in the mother. The impact of immigration on the mother

may have indirect effects, through the mother's uneasiness or psychopathology, and direct effects on the interaction with the child. After 12 months of age, a sort of reciprocal adaptation seems to occur with a lesser degree of depressive symptoms in the infants. Symptoms in the infants therefore seem to be directly linked with the mother's disarray and insecurity, which appear to be very important during the first months post partum. This presentation will emphasize the necessity to take trans-cultural vulnerability specifically into account.

135 Cultural Mismatch As A Source Of Developmental Risk

Sam Tyano, Miri Keren (Israel)

Culture as a source of values shapes definitions of what behaviors and symptoms require intervention. The parameters with which we identify at-risk situations and actual problems are culture-related. How do parents know they should seek for the help of a professional for evaluation and possible treatment? The answer to this question is linked to whether the parent belongs to the culture of the majority or not. When the parent's perception of normative development is different from that of the broader society and its service providers, this begins to constitute a source of "cultural mismatch" that may put the child at developmental and/or socio-emotional risk. Cultural differences may also emerge within the context of interactions and relationships with service providers, while the planned intervention plan contradicts some of the basic values of the parents' culture. Culture also impacts on the therapist's clinical judgment, diagnostic, and countertransference reactions during the treatment. The on-going immigration and the wide diversity of cultures in Israel create a "naturalistic laboratory" of an emerging field that we may call "Social Psychiatry." We will show, through the presentation of a clinical case, how the cultural mismatch between the immigrant parent and the native therapist is especially problematic, because it eventually puts the infant at developmental and/or socio-emotional risk, and provokes resistance to the therapeutic process.

136 The Interplay Between The Original And The Host Culture On Immigrant Mothers' Caregiving Behaviors

Marie Odile Perouse de Montclos, Sandrine Deloche (France)

On the basis of a clinical observation of a Gambian mother and her infant, who was born in France, we bring here our reflections of impact of the cultural context on immigrant mothers' caregiving behaviors. The clinical meeting with this mother evoked questions in the psychotherapist, such as what does the mother transmit from her own affiliation history and her new culture affiliation to her baby? How does the mental health clinician's presence impact her caregiving behaviors? In that specific case, the mother's countertransference was to perceive the therapist as a "feminine forum," i.e. a group of talking women who has the traditional role of teaching culture-bound maternal behaviors. At the same time, the direct observation of this mother taking care of her infant, revealed the split between her "previous" self-identity as a mother, and her new culture one, with the risk of transmitting this split to the infant. This case is, in our view, enriching to all therapists who come to work with immigrant families, because it stresses the need to rethink the content of the therapeutic accompaniment these young mothers' needs, and to adjust our evaluation of maternal behaviors in a "double-culture" context.

138 Depression In Babies, Autistic Risk And Play Therapy.

Christine Anzieu-Premmereur (United States)

Early depression in babies can be evaluated regarding the developmental stage of the baby: before and after the depressive position. A primary depression in the first months of life is a narcissistic injury that could put at risk the Self and its integration process. The baby is at risk to feel the primitive agonies Donald Winnicott described: going to pieces, falling forever, having no relation to the body, having no orientation and complete isolation because there being no means of communication. Psychotic defenses could then occur: disintegration, depersonalization, and/or autistic states. Later during the first year of life, when the baby got access to a relationship with the mother as a total object, any threat with the loss of this object, which could be now separated from the child, can cause a huge pain: the acute sense of the loss, the sadness, and the mourning. The manic defense could then be associated with a regression to some autistic reactions. Working with the baby and its mother, the psychoanalyst offers the mother a space for playing with her baby and

to adjust to its needs for communication. The bonding between mother and child could be improved by the creation of the play space and gives an opportunity to prevent some autistic reactions as to protect the baby's capacity for representation.

139 Depression In Babies And Autistic Risk.

Bernard Golse (France)

Some children who have gone through an early depression during the first year of life, will be presenting some aftermath as autistic reactions that could be treated by psychotherapy and that do not set up as an autistic structure. One can observe this evolution in babies who suffer from neurological troubles. At the end of the first year of life, they present a depression due to the lack of interactions and relations that was caused by the neurological disorder. Through the awareness of the counter transference, the psychoanalyst can diagnose if the child suffers from autistic reactions or from an autistic structure, by observing the child's quality of glances, the dismantling, and the clinging to bodily sensations. Autistic mechanism does not have the same psychopathology as autistic structures: in the first one, subjectivity does exist, even with some troubles, but in the autistic structure, there is a total failure of the access to intersubjectivity.

140 Attachment Disorders, Mood Disorders And Developmental Disorders In Babies.

Francisco Palacio Espasa (Switzerland)

Two different types of attachment disorders can be observed in babies: 1-The baby's lack of attachment to those who are caregivers: from the easy-going child who can be taking care of by anybody or who can leave the mother to go with a stranger, to the severe attachment disorder as we observe in autism. 2-The symbiotic bonding as a way to overcome a deficit in attachment. Those disorders can be observed in a range of clinical consequences, mostly mood disorders, from light to very severe: from apathy to withdrawn and rejection of any kind of attachment as in autism. On the developmental line, there is also a range of pathology, from inhibition, disharmonic delay, to the severe developmental disorder with or without autism.

142 Reliability Of Socio-communicative Clues In 9-14 Months Old Children: Toward Very Early Screening Of Autism.

Claude Bursztejn (France)

There is a general agreement on the importance of early diagnosis of autism. Early screening of autism would be facilitated by the identification of signs, easy to observe in the context of routine examination and reliable enough to minimize the risk of false positive as well as false negative detection. A major advance has been brought by the CHAT: Checklist for Autism in Toddlers (Baron-Cohen et al., 1996). In a study involving 16,000 18-month-old infants, the children detected were diagnosed autistic at 20 and 42 months (Baron-Cohen et al., 1992, 1996; Charman et al., 1998). However, a subsequent epidemiological study shows that more than 60% of children with autism spectrum disorder had been missed by the CHAT. The M-CHAT, (Robins, & al. 2001), as proved efficient and more sensitive (.87) in 1,293 18- to 25-month-old children. In the purpose of identifying signs which could be used earlier in the development, we studied 26 developmental clues in 2,336 9- to 14-month-old children, during routine health examinations. Positive responses in 95% of children was considered a minimum threshold of reliability. This was obtained for only eight items. The value for the detection of autism of the absence of these items will be evaluated in the Preaut Research Project.

143 Pathways To Autism In The First Year Of Life.

Filippo Muratori (Italy)

A brief story of the research on features of autism before the age of one year will be presented. First, different ways of onset are presented through short video-clips, focusing on late onset types. Second, pathways of early social and non-social attention in the first year of life are described through the results of research on 15 home movies, regarding the first year of life of children later diagnosed with autism, compared with home movies of typical children. The significant differences between the two groups in the first six months of life and in the second semester describe an atypical early developmental gap and a later deficit of integration of social and non-social attention. These results suggest that the fundamental impairment of joint attention in autism could be

considered a consequence of the early disconnection between attention to people and to objects. Third, time of onset, as well as type, frequency, and stability of symptoms during the first year of life are described using the Behavioral Summarized Evaluation Scale, applied to 40 home videos of children later diagnosed with autism. A group of three more rated symptoms was found, constituting a typical pattern characterized by poor social initiative, hypoactivity, and lack of emotional modulation. This pattern suggests the deficit in putting into action the affects as a primitive deficit in autism. Finally we will suggest some new data emerging from specific research on late onset children suggesting a vulnerability of these children before the regression.

144 Presentation Of The Preaut Research : Evaluation Of A Consistent Set Of Tools Identifying Early Communication Perturbations That Could Lead To A Developmental Disorder Of The Autistic Spectrum. Results And Perspectives.

Filippo Muratori (Italy), Graciela Crespin (France)

The Preaut research aims at validating observable signs at the ages of 4, 9, 12 and 24 months, easy to use in day-to-day pediatric consultation, in order to evaluate the risk of developing an autism spectrum disorder in the children identified. The items tested are the Preaut signs (M.C.Laznik et al.) at 4 and 9 months, the Communication Development Questionnaire (C. Bursztejn et al.) at 12 months, and the CHAT at 24 months. A pilot study involving 1,800 babies has been carried out from 2001 to 2004. It confirmed the feasibility of the population follow-up and the pediatricians' ability to recognize the signs. The operational phase has been launched in July 2005 and will run over five years. This presentation will deal with the methodology, the inclusion and follow-up processes, and then discuss the different options that have been chosen as well as the intermediate results at the end of the first running year.

146 Prenatal Diagnosis Of Congenital Malformations And Parental Psychological Distress - A Prospective Longitudinal Cohort Study

Hans Skari, Ulrik Fredrik Malt, Thore Egeland, Kristin Bjornland, Guttorm Haugen, Marianne Skreden, Merethe Dalholt Bjork, Anniken Bjornstad Ostensen, Ragnhild Emblem (Norway)

Impact of prenatal diagnosis of congenital malformations on postnatal parental psychological outcome is unknown. Aim of the study was to test the hypothesis that postnatal parental psychological distress is reduced by prenatal diagnosis compared to postnatal diagnosis. Two hundred and ninety-three parents of babies with congenital malformations referred for neonatal surgery and 249 parents of healthy babies were included in a prospective longitudinal cohort study. Standardized psychometric instruments (GHQ, STAI and IES) were used assessing anxiety, depression, intrusive stressful cognitions and avoidant stress acutely, after six weeks and six months. Prenatal detection rate for anomalies was 36.5%. Significantly increased psychological distress was reported by parents who received prenatal diagnosis as compared to postnatal diagnosis; acutely 28.9/ 24.4, $P=0.006$; at six weeks 26.8/ 21.5, $P<0.001$; and at six months 22.6/ 18.7, $P=0.015$. Post-traumatic stress responses were reported by 9, 6, and 3 parents on the three occasions. Mothers consistently reported higher levels of distress than fathers. Multiple linear regression analysis showed that prenatal diagnosis and being a mother significantly predicted severity of acute psychological distress. After six weeks and six months mortality and associated anomalies predicted psychological distress. In contrast to previous expert belief, prenatal diagnosis of congenital malformations is associated with increased parental psychological distress after birth compared to distress in parents of babies with postnatal diagnosis. Perinatal parental support is important and selected parents may need professional assistance.

147 Parenthood And Comparative Levels Of Psychological Stress Among Mothers And Fathers - A Five Years Follow Up Study

Marianne Skreden, Hans Skari, Merethe Dalholt Bjork, Anne Faugli, Ulrik Fredrik Malt, Ragnhild Emblem (Norway)

The psychological health of parents with small children is important for the child's development. We have earlier studied psychological reactions in parents during the first six months after delivery. This is a five years follow-up study. The aim of the study was to compare parental psychological responses in the first six months after childbirth to the same responses after five years, and to look

for predictors of long time psychological distress. We performed a prospective, longitudinal, population-based cohort study. One hundred and twenty-seven mothers and 123 fathers were included. The assessment which was done 0-4 days after the baby was born, at six weeks, six months and five years, included General Health Questionnaire (GHQ-42), State Trait Anxiety Inventory XI (STAI-XI), Impact of Event Scale (IES), SF-12 and the Swedish Parenthood Stress Questionnaire (SPSQ). The response rates at the four occasions were 97%, 85%, 71% and 65%. Clinically important psychological distress was reported by 37% of the mothers and 13% of the fathers a few days after childbirth. Severe intrusive stress symptoms were reported by 9% and 2% of mothers and fathers respectively. The five year follow-up results will be presented.

148 Parental Psychological Distress Among Children With Nutritional- And Eating Problems

Tone Lise öitsland, Charlotte Kristensen, Kristin Bjornland, Tom Mala, Anne Faugli, Ragnhild Emblem (Norway)

Gastrostomy is a method of establishing enteral feeding in children with major nutritional- and eating disorders. These children often have major disabilities and serious diseases which may contribute to major parental psychological distress. Parents have reported better quality of life after gastrostomy insertion when asked. We wanted to test this in a follow-up study by registration of parental psychological stress before and after gastrostomy insertion in children with nutritional- and eating disorders. Sixteen mothers and four fathers were assessed before and after (3-12 months) their child had had a gastrostomy insertion. The assessment included General Health Questionnaire (GHQ-30), State Trait Anxiety Inventory (STAI X1-2) and Impact of Event Scale (IES). During a semi-structured interview, we asked how the parents considered the results of the gastrostomy insertion. So far parents of 19 children with median age 1.9 years (range 0.7 months-10.7 years) have been included. Preliminary results show that the children suffer from a variety of diseases including neurological impairment, heart disease and others. Results describing the children's situation and parental responses will be presented.

149 Comparison Of Parental Psychological Distress Among Children Diagnosed With Surgical Congenital Malformations And Children In The General Population

Anne Faugli, Kristin Bjornland, Marianne Skreden, Hans Skari, Merethe Dalholt Bjork, Ragnhild Emblem, Trond H. Diseth (Norway)

The birth of an infant with a congenital anomaly is a stressful and emotionally demanding experience for parents. Parenting stress is an important factor influencing parenting behavior and parent-child interaction. Little is known about parental stress around and after the birth of a baby with a surgical anomaly. The aim of the study was to assess psychological stress in parents of one-year-old children with a severe congenital malformation and in parents of children with minor congenital malformations compared to psychological stress in parents of children in the general population. As part of a prospective, longitudinal follow up study of children with esophageal atresia, we assessed psychological stress in their parents. Eighteen children with esophageal atresia with median age of 13 months, ten children matched on age and gender with minor urological problems, and 100 1-2 year old children in the general population and their parents were included. The study was a cross-sectional questionnaire study. Standardized psychometric self report instruments (GHQ 30, STAI-X1 and SPSQ) were used, assessing depression, anxiety, and parenting stress. Child medical data were registered from medical reports. Multidimensional outcome variables will be tested, searching for predictors of parent stress among children with surgical congenital anomalies and normal children. The results will be presented.

152 Early Motherhood And Substance Abuse Problem: Factors Related To Outcome Of Intensive Residential Treatment Intervention. A Collaboration Study Between University Of Tampere And Yale Child Study Center"

Marjukka Pajulo, Mirjam Kalland, Jari Sinkkonen, Tuula Tamminen, M. Andersson, L. Mayes, Nancy Suchman, Arietta Slade (Finland)

The general aim of this study is to investigate in more depth the psychological and social situation of mother-baby pairs, who are in residential treatment due to maternal problems with substances (alcohol, drugs, pills). The seven treatment units are situated in different parts of Finland, and are

specialized in supporting intensively both abstinence from substances and early relationship with the child from early on. The specific aim is to explore maternal reflective functioning (RF) and its importance in postnatal interaction behavior and treatment prognosis. Subjects are 30 mother-baby-pairs who are in these specialized units from pregnancy to at least 4 months postpartum. Follow-up assessments are made at 1 and 2 years of child's age. Data collection is carried out by treatment unit staffs, and evaluations are made by outside, "blind" raters. Methodology includes semistructured interviews to assess maternal RF during pregnancy and postnatally (PI, PDI), video assessments of mother-child interaction (Care Index, CIB, ERA), child development assessment (Bayley Scales), questionnaires for background data, current life situation, maternal psychiatric symptomatology (BSI, EPDS, IIP), trauma history (TAQ), and treatment experience. In this presentation, the results of the first fifteen mother-baby-pairs will be described.

153 Differences In Early Caregiver Emotional Availability, And Infant Development Between Random Normative, And Clinical Drug-abusing And Non-drug Abusing Sample Of 6 To 12 Months Old Finnish Infants

Saara Johanna Salo, Mirjam Kalland, Johanna Politi, Riikka Korja, Petriina Munck, Sarimari Tupola, Erja Halmesmaki, Satu Kivitie-Kallio (Finland)

There is accumulating evidence on the interrelations between early caregiver sensitivity and infant developmental status, including socio-emotional behavior as well as cognitive capabilities. Infants developing with more sensitive caregivers tend to also be more resilient throughout later childhood. The quality of early interaction has, however, rarely been studied in a randomized normal population sample as compared to diverse clinical groups. Therefore, it is not known whether early caregiver sensitivity actually differs among these groups and to what degree. Thus, the aim of the present study is to study the development and early caregiver-child interaction among a randomly selected normative, and a clinical sample of 6- to 12-month-old Finnish infants. The subjects were 98 caregiver-infant dyads comprising of 60 randomly selected normative, and 38 clinical infants. The age ranged between 6 and 12 months. The clinical sample comprised of prenatally opioid drug-exposed infants (n=16), non-drug-exposed institutionalized infants (n=12), and of infant-mother dyads participating to early interaction mental health service (n=14). The methods utilized were an emotional availability scale (with caregiver or substitute caregiver), reciprocity tasks, and Bayley Scales. Preliminary analyses indicate significant differences between normative and clinical group in early caregiver emotional availability, and infant engagement and responsiveness, and also, significant differences between the different clinical groups.

154 Prenatal Maternal Representations Among Drug-abusing Finnish Mothers

Johanna Politi, Fredrik Almqvist (Finland)

During pregnancy, the representation of self-as-woman and self-as-mother takes on a very definite configuration, and, at the same time, the individuation of the child on an intrapsychic level begins. Drug-abusing mothers may be at special risk during this process, given that there may be less intrapsychic flexibility as related to stressful life-situations, as well as to the drug-addiction per se. Thus, the aim of the present study is to evaluate the content of maternal pre- and postnatal representations of the baby, as well as psychiatric symptomatology among drug-abusing pregnant mothers. The sample comprised of 40 pregnant mothers, who participated in a special outpatient follow-up program designed for substance-abusing mothers at the Helsinki University Central Hospital. The mothers were interviewed at the pregnancy week 32-26 by experienced child psychiatrists. The follow-up interviews were made when the baby was 4 months old. The data was collected using standardized questionnaires on maternal well-being (e.g., maternal depression), and semistructured audio recorded interview, IRMAG (Ammaniti et al., 1992), focusing on richness of perceptions, intensity of involvement, coherence, differentiation, social dependence and immersion in fantasy. The preliminary analyses indicate that overall the maternal representations of herself as a mother, and of the baby are disengaged.

155 Behavior And Development From Infancy To 4 Years Of Age: A Case Study Of Severe Fetal Alcohol Syndrome

Petriina Munck, Jonna Maunu, Riikka Korja, Leena Haataja, Helena Lapinleimu, Liisa Lehtonen (Finland)

We present a case of severe fetal alcohol syndrome (FAS) in a boy born at 37 weeks of gestational age with birth weight of 1460 grams. Neonatal data, abnormalities in brain ultrasound, and MRI images will be shown. Baby Day Diary (Barr 1988) data showing irritable infant behavior with high amounts of crying and fussing in early months of life will be presented. Both Dubowitz test at term, at one month, and two months, and Hammersmith Infant Scale at one and two years of age showed non-optimal motor development. Bayley Scales of Infant Development II, repeated at 1, 2 and 3 years of age, show increasing deviation from norms by increasing age. Wechsler Scale for Preschoolers (WPPSI-R) will be used at four years of age. The results of Child Behavior Check List (CBCL) completed by the foster parents at the ages of 3 and 4 years will be presented as well. This study gives a multidisciplinary and longitudinal picture of behavioral and developmental aspects in a severe case of FAS. This case elucidates the extreme irritability of an infant with FAS, the behavioral feature not earlier connected with FAS.

156 Workshop 07: Theraplay - Interactional Parent-Child Therapy

Lotta Lassenius-Panula, Saara Johanna Salo (Finland)

Major clinical issue with infants currently sent to clinical evaluations seems to involve very rigid intrapsychic patterns for dealing with relationships. For these early structures of the self to be changed, a strategic method employing direct level of communication is needed. Theraplay (Jernberg & Booth, 1998) is a short-term parent-child therapy integrating experiential elements and interpretational level with the parents. There are two therapists working simultaneously in the same room, one with the parent and the other with the infant. The infant's therapist utilizes adult-directed schemata of various non-symbolic activities, such as lullabies, peek-a-boo games and tries to interact positively with the infant. The parent is involved in the interaction as much as possible with the help of his/her therapist. There are four developmental principles that guide the individual Theraplay sessions; structure – adult responsibility of the session, conducting the activities so that the infant can enjoy them etc; nurture – caring for hurts, giving nurturing touch; challenge – challenging the child with funny, and stimulating activities; and engagement – keeping the interaction reciprocal. The parent's therapist interprets what is happening with the child on-line, and there are additional parent-only discussions. The major aim of Theraplay is gradually to pass new models of interacting to the parent. In this workshop, case examples, and demonstrations of infant-parent therapy processes are presented using video-examples

157 Workshop 08: Promoting Infant Mental Health and Development through Health Care Encounters in Developing Countries

Ilgı Oztürk Ertem (Turkey), Meena Cabral de Mello (Switzerland)

Health care encounters are often the only opportunity for professionals in developing countries to influence infant mental health and development. Organisations such as the World Health Organisation (WHO) and UNICEF appreciate that health care including support for the mental health and development of young children has benefits to their survival and overall health and development. This workshop will explore models of promoting infant mental health and development through health care encounters in developing countries. We aim to share a global program of the WHO and UNICEF and programs that have incorporated such efforts into health care training in Turkey. Programs that will be presented include: a) the WHO/UNICEF Care for Development intervention, a public health intervention designed to train health care providers in using standard health care visits to enhance caregivers' interactions with their children through play and communication activities; and b) comprehensive programs in Turkey that address the training needs on infant mental health and development of health care workers at all levels (pre-service training for medical students and pediatric residents and in-service training for practising pediatricians and community health care workers). Participants will be provided with scientific evidence of the benefits of the programs as well as visual examples, and opportunities to examine and discuss the training materials used. The interactive workshop will encourage the sharing of information and experiences among presenters and participants.

158 Workshop 09: Infertility Treatments and Parenting

Grigori Abatzoglou (Greece)

Summary: Infertility treatments bring to light a series of ethical dilemmas and clinical problems

concerning parenting and historicity of the child and the family. At the same time mental health professionals and services are confronted to demands of psychological counseling and therapy (and also of public interventions) about parenting and parenthood, not only in cases of adoption but also in complex situations of descent and of the origins of the child. In Greece a special legislation was voted by the Parliament in order to regulate the practices of assisted reproduction (e.g. anonymity of the donor). In this symposium the basic dynamic aspects of medical practices as well as ethical and clinical issues will be discussed with emphasis on the social and familial context of Greece. An effort will be made to correlate the basic clinical questionings concerning infertility treatments and child birth with the specificity of the Greek situation.

159 **Workshop 10: Supporting the Early Relationships of High Risk Infants through Feeding Education**

Joy Browne, Ayelet Talmi, Erin Ross (United States)

This workshop describes the use of an educational program, the Rocky Mountain Fragile Infant Feeding Institute, which emphasizes reflective, relationship-based approaches to feeding high risk, medically fragile infants. The five-day multidisciplinary training program was initially designed to train hospital and community providers and caregivers in feeding, nutrition, and developmentally supportive care for infants and their families. Institute participants reported on feeding issues in their practice, family supports and challenges, barriers to care, and collaborative practice. These data revealed that addressing infant mental health, reflective practice, and working with families were critical to emphasize in the training. Institute faculty incorporated reflective, relationship elements into the curriculum in response to these identified needs. Participants in this interactive workshop will: 1) sample the content presented at the Fragile Infant Feeding Institute and learn about the changes in practice documented by participants, 2) discuss video vignettes and case examples to illustrate how reflective, relationship-based content was incorporated into the training, and 3) apply principles of infant mental health to their own programs to enhance services and outcomes for infants, young children, and their families.

160 **Workshop 11: Piloting and Evaluating an Emotionally Containing Approach to Professional Development with Nursery Practitioners Caring for Babies and Children Under Three**

Peter Elfer, Katy Dearnley (Great Britain)

This paper reports on the development and evaluation of a new teaching approach designed for use with nursery staff and focussed on the social and emotional wellbeing of young children. There is widespread agreement, between both researchers and practitioners, that the benefits of nursery are maximised when there are sensitive, responsive and consistent interactions between adults and children. Whilst this has resulted in official endorsement of attachment principles in nursery and methods of organisation to implement these, there is considerable evidence that these organisation approaches are not translating into practice. One possible reason for this is that conventional didactic methods of teaching do not address underlying anxieties about the personal implications for professional workers of forming close relationships with children. This paper therefore reports on a two phase programme of professional development with nursery practitioners to support the social and emotional well being of the children with whom they work. The programme has two immediate objectives. The first is to provide in phase one of the work, an emotionally containing space for nursery managers to explore their own interactions with children, enabling them to reflect as closely as possible on their real day to day feelings of working with a range of children. The second is to provide a model of an emotionally containing training role for the nursery managers that they can use with their own staff in phase two of the work.

161 **Workshop 12: Negative Affects in the Therapist: A Semiological Tool to Guide Therapeutic Strategies for Maintaining Therapeutic Alliance with Parents and Infants**

Michele Maury, Martine Lamour, Marie-Joelle Herve (France), Sandra Rusconi-Serpa (Switzerland), Marie-Odile Perouse de Montclos, Nicole Guedeney (France)

This workshop will present in French the concept of therapist's 'Negative feelings' using Emotion Theory, Intersubjectivity and Attachment theories and the Working Alliance concept. It will define the concept of Negative Feelings in therapist which are more than negative emotions: it contains the

contextual value of emotion and the loss of its functionality for the therapist: it has no more incitative effect nor a communication value. The semiology of negative feelings will be studied through the intersubjectivity and attachment motivational systems, particularly through the notion of conditional strategies. It will also be a signal of impairment in Working Alliance between the therapist and the family. A clinical case of a 8 months old will illustrate how this concept is relevant in helping the therapist to maintain his/her ability to make his/her therapeutic choices and to improve the working alliance.

162 A Watch Wait and Wonder (WWW) Parent Education Program and Video

Michael Zilbowitz (Australia)

Watch Wait and Wonder (www) is a highly effective intervention that uses a child led approach to heal troubled relationships between parents and children. The traditional method involves the parent getting down on the floor in the clinicians space and asked to follow the child's lead not to intervene in the child's play but be watchful and responsive to whatever the child wants to do. This lasts for 20-30 minutes and is followed by 30 minutes of discussion and the process takes place weekly over 6-8 sessions. I have used a modified version of www by either conducting it once in the traditional way and then asking the parent to do www three times per week at home or sometimes only describing in detail how to do it and then encouraging the parent to do www at home. I have been very impressed at the power of this modified version of www to alter the habitual dysfunctional pattern of interaction that often develops between parents and their children. It allows a new rhythm to develop in the attachment relationship. I believe that www is a universal concept applicable to most parent child interactions. With this in mind I have made a www parent education video and used this video as the springboard for parent education sessions. I encouraged the parents to do www at home and then evaluated the outcome of this experience with their child. In this presentation I will show the video and discuss the research.

163 Medical Staff and Parents Confronted with a Premature Birth: From Shared Parenthood to a Differentiation of Roles

Carole Muller Nix, Ayala Borghini (Switzerland)

This work is part of a prospective longitudinal study entitled "Parental representation and outcomes of prematurity: a socio-emotional and neurodevelopmental approach". We explored the quality of parental relationship with the medical staff during the hospitalisation of their infant and its impact on the parent-infant relationship. We used semi-structured videotaped interviews (CLIP, Meyer 1993) with parents at 42 weeks post-conception, 6 and 18 months (corrected age), with a population of 73 preterm (<34 weeks GA) and 36 full term parents. The premature birth appears as a stressful experience for the parents, challenging the investment of themselves as parents. Among other factors parental relationship with the medical team plays a crucial role. Constant reference to the medical team for the baby's care, imaginary rivalry with the staff, lack of intimacy in the NICU can raise complex feelings for the parents towards the staff and sometime their baby. If most parents have a high praise for the skills and support given by the medical team, they may also have difficulty affirming their position as parents, being too dependant or too competitive with the medical team. Supporting parents in their effort to differentiate their role from the one of the medical team promotes parents self confidence and parent- infant relationship. The video presentation will display parent discourse illustrating the aforementioned difficulties, and ambivalent feelings.

164 Interfaces between Dyadic and Triadic Interactions in a Clinical Family over the Transition to Parenthood

Miri Keren (Israel), Marie-Jose Herve (France), Diane Phillips (Canada)

165 Training Infant-Parent Psychotherapists: applying the principles of Infant Observation(using video,direct observation,readings and group reflection)

Elizabeth Tutters (Canada)

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- 166** **Parent-Infant psychotherapy: How to do Brief Work Slowly-A Psychoanalytic Way of Being with Parents and Infants**
Dilys Daws (Great Britain)
- 167** **Assessing Clinical Disturbances and Disorders of Attachment**
Neil Boris (United States)
- 169** **Contributions of the Mother-Infant Relationship to Dissociative, Borderline, and Conduct Symptoms in Young Adulthood**
Karlen Lyons-Ruth (United States)