

Proposal Abstracts 561 – 688

561 Exposure to Violence: The Moderating Role of Attachment Security

Alissa Schactman, Margaret K. McKim, Esther Cherland (Canada)

Living in a turbulent family environment affects all family members including infants. Past research indicates that there are detrimental effects for infants and young children who have been exposed to violence. Previous studies have found that the quality of the attachment relationship has an effect on behaviour problems exhibited by children exposed to violence (Schaffer, 2001). The major objective of the current study was to investigate the role of attachment security as a moderator of the relationship between exposure to violence and behavioural responses to the still face paradigm. Infants' reactions to the still face procedure were coded for 15 discrete emotional responses which were classified into five composites: anxiety, concern, hostility, smiling, and preoccupation (adapted from Maughan & Cicchetti, 2002). Participants were 30 mother-infant dyads. To measure the quality of the mother-infant relationships, The Attachment Q-Set (Waters, 1987) was used. The Conflict Tactics Scales (Strauss, 1979; Straus, Hamby, Boney-McCoy & Sugarman, 1996) were used to assess spouse-spouse verbal and physical conflict over the previous year, providing a measure of exposure to violence. In order to examine the moderator role of attachment security in the relationship between exposure to violence and infant behaviours, hierarchical regressions were conducted. Preliminary results suggest that attachment security moderates the relationship between exposure to violence and the hostility composite. Implications for clinical interventions and future research directions are discussed.

562 Relations with Parents and Peer Attachment during Adolescence

Silvia Ronconi, Pietro San Martini, Giulio Cesare Zavattini (Italy)

Adolescence is one of the most important periods of personal development, it is a phase of progressive separation from parental figures and of reorganization of representational and symbolic mental functions. In this phase, peer friendships have a great influence: they are a source of self-confidence and, at the same time, a way to express the motivation to exploration and autonomy. This study considers some characteristics of parent-adolescent relationships and describes their influence on peer attachment. A sample of 400 adolescents, aged 14 - 18 years (mean age: 15,3) was administered with two self-report instruments, the Inventory of Peer and Parent Attachment (IPPA) and the Parental Bonding Instrument (PBI). The former evaluates the attachment experiences between the adolescent and his/her parents and peers, the latter evaluates the amount of parental care and (over)- protection experienced by the subject during childhood. A hierarchical multiple regression of parental IPPA and PBI variables on the peer attachment scale was done. IPPA's variables predicted a significant portion of the variance of peer attachment (11 %, $p > .000$); the amount of explained variance was larger in males (22%) than in females (7%). The addition of PBI variables did not produce significant increases in the prediction. Overall, the paternal function appeared to be more relevant than the maternal function both in males and in females. On the whole our findings suggest that the quality of parental relationships may have a moderate influence on peer attachment in adolescence.

563 Exploring Expressions of Disorganization in the Strange Situation at 12 Months in a High-risk Sample

Lindsey M. Forbes, Amy Cox, David R. Pederson, Greg Moran (Canada)

Disorganized attachment in infancy is a major risk factor for the development of psychopathology. This attachment category was identified when some dyads could not be classified by Ainsworth's original system. These infants featured a diverse range of behavior; the commonality was behavior that lacked a readily observable goal, intention or explanation. Disorganization is an inherently heterogeneous category; sometimes reflecting the absence of an expected organization or the presence of unusual behaviors. Given this diversity, there are likely sub-categories within the Disorganized classification. Infants may display different profiles of Disorganized behavior in the Strange Situation that may be associated with distinct histories and sequelae. Little is known regarding how Disorganization is expressed in the Strange Situation. The present study included a

high-risk sample of 57 adolescent mother-infant dyads who were classified as Disorganized in the Strange Situation at 12-months. A review of coding revealed that: 1) different indices of Disorganization were expressed at varying frequencies, 2) the global score for Disorganization was differentially linked to specific indices of behaviour, 3) few associations were found among the different Disorganized behaviors, and 4) infants assigned different secondary classifications (i.e., Avoidant, Secure or Resistant) displayed distinct profiles of Disorganized behavior. The findings provide a comprehensive description of how infant Disorganization is expressed in the Strange Situation.

564 Maternal Representations and Attachment Models during Adolescence

Renata Tambelli, Anna Maria Speranza, Flaminia Odorisio (Italy)

The present study explores the psychological dimensions of pregnancy during adolescence in an Italian sample. To this aim, we compared a group of 40 adult pregnant women with a group of 40 pregnant adolescents, interviewed during the 7th month of pregnancy, using the I.R.M.A.G. (Ammaniti, Candelori Tambelli, Pola, 1999) a specifically constructed interview, and the A.A.I. (Main & Goldwyn, 1989). Aim of the study was to ascertain if, in Italy, pregnancy during adolescence represents an at-risk situation and if the mental representations of the self and of the unborn infant in adolescents are different from adult women. The results highlight the presence of specific characteristics of the representational world of adolescents in the 3 I.R.M.A.G. representational models (Integrated/balanced, Restricted/disengaged, Not integrated/ambivalent) and in the specific categories of representation of the self as a mother and of the baby (Richness of preceptions, Differentiation, Social dependence, Fantasy emergence). In the group of adolescent mothers there was a higher frequency of restricted/disengaged representations and a lower frequency of integrated/balanced representations. Adolescents present a poorer representation of themselves as mothers, with a more limited differentiation from their own mothers. They experience pregnancy in a more defensive manner and they engage in dismissing and denial mechanisms. Also the representations regarding the unborn baby are significantly more limited and show a lesser degree of fantasies.

565 Reactive Attachment Disorder: Diagnosis and Controversies

Helen Minnis, Danya Glaser, Jonathan Michael Green (Great Britain), Tom O'Connor (United States), Anthony Pelosi, Joanne Reekie, David Young, Julie Arthur, Michael Follan, Amanda Burston, Eric Taylor, Brenda Connelly, James Barnes (Great Britain)

The workshop will describe and discuss the development of a new assessment for Reactive Attachment Disorder (RAD). RAD is one of the few DSM-IV diagnoses explicitly applicable to infants (Stafford, Zeanah and Scheeringa, 2003), but it is not known whether the subtypes persist. We have developed assessment tools for children aged 5-8 which include a parental interview, a structured waiting-room observation, which allows observation of the child's interaction with parents and strangers, and observations of both free and structured play. The assessment was developed by modifying items from existing measures used with infants for an older age-group through discussion with adoptive parents, foster carers and clinicians and piloting with both clinically diagnosed cases and family practice controls. Diagnoses made by the research team, using the new instrument, were checked by a panel of clinicians and researchers experienced in this field. There is debate as to the centrality, or otherwise, of insecure attachment in the nosology of RAD (Green, 2004; Boris et al, 2004). We have therefore also used an attachment measure (the Manchester Child Attachment Story Task). Preliminary results suggest that RAD can be reliably diagnosed and that secure attachment can co-exist with RAD. The workshop will focus on various dilemmas highlighted by the research which must be resolved if the field is to move forward.

566 A Study of Attachment Behavior in Young Children with Psychiatric Disorders

Marco Medeiros, Paula Vilarisa, Pedro Caldeira da Silva (Portugal)

The present study examined attachment behaviour in children with mental health and development disorders. The children studied are from an Infant Mental Health Unit in Lisbon. It was used a modified Strange Situation paradigm in 30 children. Videotape recordings were made from all the children. The diagnosis was made by a Child and Adolescent Psychiatrist. It was used DC 0-3 Classification. PIR- GAS assessment scale was used to measure infant- parent relationship

functioning. Based in previous studies the authors expected that the insecure attachment behaviours are not related to the Axis I diagnosis (Primary Classification) but can predict the Axis II diagnosis (Relationship Classification). The aim of this study is also to identify the behaviours observed in the standardized paradigm that can predict significant relationship difficulties. This study ends in October 2005. Results and conclusions will address the hypotheses.

567 **Observational and Representational Data in a Control-group Study on Dyads involved in Child Abuse and Neglect**

Giampaolo Nicolais, Massimo Ammaniti, Anna Maria Speranza, Francesca Ricceri, Chiara Cicala, Valentina Nassisi (Italy)

The “intergenerational transmission of abuse” hypothesis (Bowlby, 1980; Buchanan, 1996) has received support in the field of attachment, where also recent data (van Emmichoven et al., 2003) confirm that parents’ mental states with regard to attachment play a crucial mediation role in the transmission of abuse. Our representational data on adults involved in child abuse situations (Ammaniti, Nicolais, Speranza, 2004) support this hypothesis not only on the part of the offender, but also as far as the non abusing parent involved in intra familial abuse is concerned. In order to deepen our understanding of the role played by the non offending parent in the cycle of maltreatment, we devised a control-group study on a sample of twenty 4-6 years old abused children and their non abusing mothers. The representational status of the mothers and their children together with a measure of dyadic interaction have been assessed. Mothers involved in intra familial child abuse are poor in their interaction with the child, failing in the process of mutual regulation. This “vicious interactional circle” is a risk factor that has to be taken in serious account, as it impacts on the child in addition to the effects of the abuse perpetrated by the offending parent.

568 **The Personal Working Model Guide**

Maree Anne Foley (New Zealand)

This workshop presents a self reflexive model: the “Personal Working Model Guide” (PWMG). The PWMG is for clinician use to facilitate a process of self exploration into ones own internal working model. The PWMG is based on three interrelated hypotheses. First, to ‘apply’, attachment theory as a practice theory, in the absence of understanding ones own attachment relationship story, minimizes the clinical impact of attachment theory. Second, attachment theory is best utilised by those who have constructed personal sense of the material before endeavouring to create clinical sense and application of the material, and third, personal relevance increases the capacity of the clinician to offer accurate empathy accompanied with meaningful conversation(s) with clients. The PWMG has developed as a result of my experiences over the past 10 years, as both a clinician and as a supervisor. I noticed that many clinicians: 1) struggled to integrate attachment theory(s) in a creative way within their practice; 2) worked very hard to understand the complex gamut of attachment theory(s) literature to improve their practice; 3) this work was often not accompanied with a realization that the attachment theory(s) could provide personal understandings of ones own significant attachment relationships. This workshop will present the function, structure, and implementation of the PWMG. It will also present my current qualitative research findings on the use of the PWMG with a group of clinicians in New Zealand. Opportunities for discussion and interaction with the PWMG will be provided.

569 **Interaction Assessment Procedure - LAP: A Qualitative Approach to Parent/Infant Interaction**

Elizabeth Batista Pinto Wiese (Netherlands)

Considering the most important theoretical aspects of the parent/infant interaction, we developed a proposition for its analysis, which can be used in the clinical setting or in research. The method, named Interaction Assessment Procedure – IAP (Wiese,2005) uses a script inspired in the KIA-Profil (Stern et al., 1989), for the sequence of the interactive activities to be registered in video, and proposes a global qualitative analysis of the interaction exchanges, based in clinical aspects and in the criteria presented in the Emotional Availability Scales (Biringen et al., 2000). In the Interaction Assessment Procedure, the parent/infant interaction is recorded, in the following sequence: to play without toy, to play with toys, to teach, to ignore, to separate and to meet. The analysis must consider the behaviour and the affective interaction of the partners, mother/father and infant (0 to 4

years old). The parent's behaviour analysis considers: the sensibility, the structure, non-intrusiveness and non-hostility. The infant's behaviour analysis considers his/her responsiveness and involvement. The most important elements are the predisposition for the interaction and the affective quality of the exchanges of both partners. To illustrate the procedure we finish presenting short images in video which can show the interaction with atypical children and parents.

570 Assessment of the Parent-Child Interaction: What is Typical about the Atypical?

Francine Leenders (Netherlands)

For the diagnosis of young children with Autistic Spectrum Disorders (ASD) it is essential to make a thorough evaluation of the parent-child interaction. The great majority of the cases of ASD are likely to be a consequence of a genetic liability, together with contributive effects of non-genetic factors (Rutter, 2004). The genetic liability of the child influences his/her responsiveness and involvement towards the parents, as well as the behaviour, perceptions and representations of the parents towards the child. In this symposium we will point out how the use of the Interaction Assessment Procedure – IAP (Wiese, 2005), at Herlaarhof, Centre for Child and Adolescent Psychiatry in the Netherlands, can contribute to assess children with ASD. Clinical cases and videotaped fragments will show how the emotional availability of parents and child can be affected in the case of ASD.

571 Diagnosis of Relating and Communicating Psychopathologies: Treatment of the Parent-Child Interaction Comes First: A Videotaped Viewing

Annelies Brusee (Netherlands)

The diagnosis of young children is difficult, especially when it concerns psychopathologies in relating and communicating. It is only during the treatment of the young child, that it can become clear what his/her possibilities are, concerning especially the development of the ability to establish relationships and of his/her attention, (self) regulation and play. At Accare, a centre for child and adolescent psychiatry in the north of the Netherlands, there is a day-to-day treatment setting for infants (0-3 years old) with their parents. Socio-therapists, working in a multidisciplinary team, aim to help to develop a positive parent-child relationship, in which contact, connection, sensitivity and responsivity are the focus of the treatment. The parents learn to understand better about their child's feelings, needs and the meanings of their child's behaviors, and about their own feelings, thoughts and reasons for acting the way they do. As a consequence of the parents understanding, the way they make contact and the intensity of the contact with their child changes, the infant or young child is more easily regulated and parents learn to better guide their child. The video recording has proven to be an instrument which helps the parents to see for them selves what works well for their child, and this method helps them to develop their capacity for mentalisation, that is, the understanding that visible behavior is motivated by a mental state. In the presentation, video images will illustrate the statement that the diagnosis of the child cannot be made without treating the parent-child interaction first.

572 Mother-Child Interaction and Autism: Theoretical and Methodological Issues

Cleonice Bosa (Brazil)

This paper aims to highlight the controversy surrounding the theoretical and methodological issues in the study of social behaviour in autism. We intend to show that social interaction is a powerful tool to improve autistic children's social. Previously reviewed evidence of autistic children's ability to show communicative behaviours when seeking assistance and attachment behaviours towards the mother has helped to move away from the idea of a general deficit in communicative intent in autism towards the identification of specifically impaired areas. There are differences between joint attention and requesting abilities – a critical point for the diagnoses of autism. The concepts of others as agents of contemplation and/or of action have been brought up by researchers when attempting to disentangle the mechanisms involved in the distinction of this process (Bruner, 1981; Trevarthen, 2000, 2001). Moreover, impairment in the social behaviours of an autistic child may be confounded with the particular expectations and perception of the observer if the idiosyncrasies of communication in these children were not taken into account in the coding systems. The conclusion is that children with autism may respond to their caregivers and may even initiate interaction under appropriate conditions and that carefully designed observational studies may help to capture this

ability.

573 Impacts of Loss and Separation from Primary Caregiver(s) during Early Childhood due to War and Social-Political Turmoil: Historical, Ecological, and Developmental Perspectives

Zohreh Zarnegar (United States)

Wars and geo-political conflicts cause displacement of families, resulting in forced separation of children from their families and caregivers. A brief review of the research and theory on the impacts of systemic violence such as war, resulting in forced separation of a child from her/his primary caregiver during early childhood within the context of culture is presented. The Implementation of a developmental perspective in order to ameliorate the sequelae of traumatic loss and separation is a major subject of this workshop. The impacts of displacement, loss and separation in early years of life on attachment between child-caregiver dyad and developmental domains are significant as understanding and intervention of which are critical for achieving optimal sense of well-being for children. An ecological perspective introduces the effects of separation and loss due to war and geo-political violence on development of young children in the world, within the context of multigenerational and social-cultural domains. This workshop also considers family dynamics in the context of culture, community processes, and social negotiations as sources of cross cultural variations, and reviews how these variations transcends child rearing practices, parental attitudes and expectations toward children. This workshop also presents a description of examples of complexities among the first generation children of war-affected immigrant families in contemporary multi-cultural Los Angeles County.

574 MATERNAL INSECURE ATTACHMENT STYLE PREDICTS HEALTH PROBLEMS DURING PREGNANCY

Osman Sabuncuoglu, Neheeda Ismail, Meral Berkem (Turkey)

Background and Objective: Health problems, such as risk of miscarriage, severe forms of nausea-vomiting and preeclampsia, experienced during pregnancy may be associated with a variety of psychological factors and make a negative impact on the well-being of mothers and babies. The aim of the present study was to investigate the association between common health problems experienced during pregnancy and maternal attachment style in women after childbirth in Turkey. Methods: This study was carried out as part of the ongoing Parent-Infant Mental Health Project since 2001. A Turkish version of the Adult Attachment Style Questionnaire (AAQ) consisting of two parts by Hazan and Shaver (1987) and Mikulincer et al. (1990) and a sociodemographic data sheet which also includes items regarding health problems experienced during pregnancy were applied to women within 2 to 18 months postpartum. Sixty-one mothers, whose attachment style was consistent on both parts of AAQ were enrolled in the study. Results: Of all the mothers enrolled in this study, 18 (29%) reported significant health problems related to pregnancy. Severe nausea-vomiting and risk of miscarriage were the most common causes reported (n=8 and n=7, respectively). Maternal insecure attachment style was found to be associated with common health problems (P=0.01). Conclusion: Maternal insecure attachment style, stimulated by pregnancy may lead to more severe symptoms that may adversely affect this sensitive period. Clinicians, such as medical practitioners, obstetricians, psychiatrists, psychologists and midwives should be aware of this predisposition in order to improve mother-infant mental health both pre- and postpartum.

575 Which Infants Enlist Behavioral Therapy?

Judith Katharina Sinzig, Susanne Blanz, Martin Heinrich Schmidt (Germany)

Introduction: Since 1998 there is a revised version of the guideline „Psychotherapy“ in Germany and a supervised procedure is necessary before starting a behavior therapy that is paid by the medical insurance. The aim of this study was to have a closer look at those children younger than 7 years, especially those younger than 4 years. The information might be used for conclusions concerning prevention and therapy of toddlers and infants. Methods: 1021 applications of the year 2001 for behavior therapy were assessed consecutively and retrospectively out of a random sample by criterias concerning variables as family, (pre-) school, early development, diagnosis and medication. Results: Almost half of the children show expansive problems. 8,4 % (N = 86) children are younger than 7 years. Of those infants 82 % (N = 71) are male and 17,4 % (N = 15) were

female. 64,1 % (N = 54) of the parents live together, 32,1 % (N = 27) are separated or divorced. 20,3 % (N = 16) of these separations took place at the age of 3 and 4 years. 3, 6 % (N = 3) of the children have lost one father or mother. 36 % (N = 31) of the parents have a psychiatric disorder. 39, 5 % show developmental problems. 7 % (N = 6) take a medication, exclusively stimulants. Conclusions: The results stress the necessity to pay attention to these problems in order to prevent infants from having the need for psychotherapy.

576 Longitudinal Study of Depression and Maternal Attachment in Japanese Women during and After Pregnancy

Hitoshi Kaneko, Shuji Honjo, Satomi Murase, Kenji Nomura, Tatsuo Ujiie (Japan)

The aim of this study was to examine the depression and maternal attachment during pregnancy and after delivery. Two hundred and fifty- nine pregnant women answered questionnaires at middle pregnancy, and within 1 week after their delivery. The Edinburgh Postnatal Depression Scale (EPDS), the Self-rating Depression Scale (SDS), the antenatal maternal attachment scale, social support, anxieties concerning future child rearing, and menstrual tension before pregnancy were used. Approximately 14% mothers were EPDS-positive during pregnancy and postpartum. Antenatal maternal attachment scales were related to EPDS during pregnancy. The anxieties concerning future childrearing and premenstrual tension were related to EPDS during pregnancy and postpartum. These results suggest that the anxieties concerning future child rearing and the premenstrual tension before pregnancy can predict depression symptomatology postpartum.

577 An Interactive Centered In-Patient Therapy Program for Mothers with Postpartum Mental Disorders

Erika Hohm, Christiane Hornstein, Patricia Trautmann-Villaba, Elvira Rave, Simone Schenk, Susanne Wortmann-Fleischer, Markus Schwarz (Germany)

Background: The period around the delivery frequently causes diseases. Up to now only few possibilities have existed for in-patient treatments in Germany. The therapy-program developed at the mother-child unit in Wiesloch is especially suited for these patients. Objective: To describe the in-patient therapy-program and the population as well as to examine the treatment result. Methods: 153 mothers with postpartum disorders have been examined since 2000 at the beginning and at the end of the mother-child-therapy. This therapy- program is carried out in addition to the standard psychiatric treatment and consists of four modules. The psychopathological severity code and the psychosocial level of functioning were measures of central characteristics. Results: One third of the women have been in clinical psychiatric treatment for the first time. Overall results point out the more disadvantageous social circumstances and a higher grade of psychotic illness compared to affective and other disorders. All kind of disorders obtains significant improvements in relation to the analysed psychopathological signs. Conclusion: The interactive- centred treatment program for postpartal mental disorders leads to a significant reduction of the psychic-psychiatric severity code and of the associated psychosocial impairment, too.

578 Objective and Subjective Perceptions of Parental Self-efficacy by Women with Postpartum Psychiatric Disorders

Patricia Trautmann-Villalba, Christiane Hornstein, Erika Hohm (Germany)

Background: Evidence indicates that women, who experience a postpartum psychiatric disorder, report more negative cognitions than non-disordered mothers. Such negative beliefs are particularly important because they may predispose mothers to behave maladaptively in the relation to their babies, influence their bonding perceptions and affect their interpretation of the child's behaviour. Objective: The mother's perception of self-efficacy will be analysed in relation to the diagnosis and the observed behaviour in the mother-child interaction. Methods: In a study of postpartum disorders, mothers' perceptions and beliefs about their parental capacity as well as the mother-infant interaction were assessed. 40 dyads (22 depressive and 18 psychotic mothers) were videotaped in a diaper and play situation and the quality of the observed interaction was compared with their perceptions. Results: Depressive mothers consider themselves as more incompetent than psychotic mothers. Depressive mothers thought their mothering abilities were insufficient although most of the intuitive parental competences were observed. Nevertheless the strategies used by these mothers in the interaction were not adequate. Psychotic mothers were more satisfied with their mothering

abilities, but the observed behaviours did not correspond to this self-assessment. Conclusion: The observed maternal competence of women who suffer from a postpartum psychiatric disorder are associated with the maternal psychopathology and did not correspond with the maternal self-efficacy beliefs.

579 Severe Personality Disorders in the Offspring of Antenatally Depressed Mothers

Pirjo Helena Maki, Juha M Veijola, Matti Joukamaa, Paula Rantakallio, Jari Jokelainen, Liisa Kantojarvi, Matti Isohanni (Finland)

Objective: Mothers' antenatal depression is common. It has been connected to externalizing problems in children. We studied the association between mothers' antenatal depressed mood and severe personality disorders in their young adult offspring. Material and methods: At midgestation mothers of 12 058 babies in the Northern Finland 1966 Birth Cohort were asked at the antenatal clinic if they felt depressed. This general population birth cohort was followed up 31 years. Those offspring, who appeared on the Finnish Hospital Discharge Register between the years 1983-97, were identified. All psychiatric diagnoses were checked against DSM-III-R criteria. Results: Of the mothers of the offspring, 14 % felt depressed during pregnancy. The cumulative incidence of the hospital-treated personality disorders was 2.4 % in the male offspring of depressed mothers and 0.6 % in the sons of non-depressed mothers ($p < 0.001$). The corresponding numbers for female offspring were 0.8 % and 0.3 % respectively ($p < 0.05$). When adjusted, the risk was elevated for borderline personality disorders 10-foldly and for antisocial personality disorders 3-foldly in the male offspring of antenatally depressed mothers. Conclusions: Mothers' self-reported depression during pregnancy predicted severe personality disorders in their offspring, especially hospital-treated borderline and antisocial personality disorders in men. Acknowledgements: This work was supported by grants from the Signe and Ane Gyllenberg Foundation.

580 Pregnancy and Postpartum Mood and Hormones: Effects on Mother-to-Infant Bonding

Raquel Alexandra Costa, Barbara Fernandes Figueiredo, Ana Albertina Conde, Alexandra Pacheco (Portugal)

This study is aimed to investigate the effects of mood and hormones both during pregnancy and postpartum on mother-infant bonding. 87 participants were randomly recruited at the Júlio Dinis Maternity Hospital (Portugal), during the 3rd trimester of pregnancy. They have filled out the Edinburgh Postnatal Depression Scale (Cox et al, 1987), State-Trait Anxiety Inventory (Spielberg et al., 1983), and measured cortisol levels. These measures were repeated 48 hours after childbirth, plus the Bonding Scale (Taylor et al., 2005) asking about feelings toward the infant in (1) the first contact, (2) a time they felt closer and (3) a time they felt more distant from the newborn. Results show that both in the first mother-infant contact and in the first 48h after childbirth, women with lower trait anxiety and higher postpartum state anxiety exhibit more positive feelings toward the newborn compared to those with higher trait anxiety and lower postpartum state anxiety. Postpartum depressed mothers have more negative emotions and worse total bonding in the first mother-infant contact and less positive emotions, more negative emotions and worse total bonding in the first 48 hours after childbirth compared to non-depressed mothers. Women with higher cortisol levels show less not clear emotions in the first 48 hours after childbirth compared to women with normal cortisol levels. We conclude that postpartum mood is related to maternal bonding in the 1st mother-infant contact and that both postpartum mood and hormones are related to mother-to-infant bonding 48h after childbirth.

581 Mother-Infant Interaction in Adolescent and Adult Mothers and in Depressed and Non-depressed Mothers at 3-months Postpartum

Barbara Figueiredo, Alexandra Pacheco, Raquel Costa (Portugal)

The aim is to study mother-infant interaction at 3-month postpartum, exploring: 1) differences between adolescent and adult mothers; 2) between depressed and non-depressed mothers; 3) effects of protective and risk factors (mother's socio-demographics, previous life-events, parity, age, and mood, and child's gender). A sample of 250 (125 adolescent, 125 adult) women was recruited during the 3rd trimester of pregnancy at the Júlio Dinis Maternity Hospital (Porto, Portugal). Were assessed in terms of depressive symptoms (Edinburgh Postnatal Depression Scale, Cox et al., 1993)

and of mother-infant interaction, at 3-month postpartum. Interactions were coded using the Global Rating Scales by certified researchers (Gunning et al., 1999). Results showed that adolescent mothers and their infants have worse interactions than adult, as adolescents are more rejecting, insensitive, intrusive, and remote, their infants are more frightful, and the interaction is less mutually engaged. No significant differences were obtained when depressed mothers were compared with non-depressed mothers. Mother's parity and social adversities (to be less than 18 years old, single and non-employed), but not depression, predicts a worse mother-infant interaction. In the presence of social adversities, mother's mood does not predict mother-infant interaction quality. This agrees with recent results in the literature that highlight the impact of the mother's social and personal adversities in the mother-infant early interaction and not of mother's depression in the same extends.

582 Early Indicators for Depressive Symptoms and Bonding 2 Months Postpartum - A Study of New Mothers and Fathers

Maigun Edhborg, Ann-Sofi Matthiesen, Wendela Lundh, Ann-Marie Widstrom (Sweden)

The aim was to study associations between blues, bonding, breastfeeding, perceptions of the child's temperament and depressive symptoms two months postpartum in both parents. Questionnaires to be filled out during the first week were; Blues Questionnaires day 1-5, Postpartum Bonding Questionnaire (PBQ) and Edinburgh Postnatal Depression Scale (EPDS) and at two months; questions about breastfeeding, EPDS, PBQ and the Infant Characteristic Questionnaire (ICQ). In all, 106 couples returned all questionnaires, completely filled out at both occasions. Although there were differences in parents' rated levels of blues, depressive symptoms and postpartum bonding, we found many similarities in the ratings. Blues, bonding and depressive symptoms in the other partner were significantly related to EPDS in both parents. Thus, we found a risk for couple morbidity. The similarities between the parents' responses could be interpreted in terms of a broader human way of reacting to childbirth, while the differences e.g. their understanding of the child could refer to different gender roles.

583 Infant's Withdrawal and Parents' Depressive Symptoms

Mantymaa Mirjami, Kaija Puura, Ilona Luoma, Palvi Kaukonen, Tuula Tamminen (Finland)

Objective: To examine the relationship between infant's withdrawal and parents' depressive symptoms in a population based sample. Method: 260 infants aged 4, 8 and 18 months were examined by GPs during routine check-ups in well baby clinics, and their withdrawal symptoms were assessed with Alarm Distress Baby Scale (ADBB). Both parents were asked to fill in Edinburgh Postnatal Depression Scale (EPDS). Two hundred and fifty five mothers and 201 fathers completed the EPDS, and in 196 cases the information was available from both parents. Results: Eighteen mothers (7.1%) and nine fathers (4.5%) reported depressive symptoms over the cut-point (12/13 for mothers and 9/10 for fathers). Ten infants scored in the ADBB over the cut-point (5 or more) in two subsequent assessments, and they were more likely to have a mother reporting depressive symptoms. Of the infants assessed to be withdrawn 30.0% (n = 3/10) had a mother presenting depressive symptoms, compared to 6.1% (n = 15/245) of non-withdrawn infants (p = 0.026, Fisher's Exact Test). The infant's risk to be withdrawn was increased over 6-fold if the mothers reported depressive symptoms (OR 6.6, 95%CI 1.5-28.0). Father's depressive symptoms were not related to infant's withdrawal. Conclusion: Maternal depression is associated with infant's withdrawal. If a young child appears withdrawn, the psychological well-being of the mother should also be examined - and of course, vice versa.

584 Screening for Maternal Depression during the Prenatal Period: Findings from a Preliminary Sample

Tanya Rasher-Miller, Glen Palmer, Linda Jensen (United States)

Depression is the most common form of mental illness in women. Women of childbearing age are at high risk for depression, yet there is concern that depression during pregnancy is often under diagnosed. To date, there has been little research conducted regarding common screening instruments for depression as the instruments pertain to women during pregnancy. Women in the final trimester of pregnancy who met DSM-IV-TR criteria for major depression (n = 22) were compared with pregnant women (n = 43) without major depression. The participants were assessed

on three screening instruments used for depression including the Zung Depression Scale, Center for Epidemiological Studies Scale (CES-D), and Edinburgh Postnatal Depression Scale (EPDS). As expected, differences were found between depressed and control groups were found on all three instruments ($p < .01$). However, recommended cutoff scores for the three instruments revealed poor sensitivity for identifying women with depression in the sample. On the Zung, only 27% of women who met criteria for major depression were identified. The CES-D, 59% of the depressed group met cutoff criteria. The Edinburgh also correctly identified 59% of those identified as having major depression. Results suggest that modification of cutoff scores for common screening instruments are needed in order to identify a larger percentage of at-risk women during the prenatal period.

585 Maternal Postnatal Depression: Screening and Management

Marcelline Renaud Yang, Marlene Darmon, Marie-Ange Michaud, Martine Myquel (France)

MATERNAL POSTNATAL DEPRESSION: SCREENING and MANAGEMENT in PRIMARY HEALTH CARE CENTERS Postpartum depression, because of its high prevalence and its consequences on mothers and children's outcomes, is a real health, social and economic problem. But an effective, low cost and acceptable management is not simple to organize. Our research is held for more than one year in centers of primary care. We used collaboration between pediatricians, psychologists, perinatal psychiatrists and nurses, to find a mean to screen and to manage those women suffering from this form of "atypical depression". A control group, who has routine primary care, helped us to appreciate usefulness and limits of our study. Our experience made us think about the real part of each contributor in this research.

586 Family Health, Maternal Depressive Symptoms, and Family Coping: Relationships to Child-feeding Behavior and Beliefs

Seung-Yeon Lee, Sharon Hoerr, Rachel Schiffman, Mildred Horodynski, Lorraine McKelvey (United States)

The purpose of this study was to examine relationships among family functioning, family coping skills, maternal depressive symptoms, and beliefs and behaviors surrounding child feeding. Secondary data analysis was performed with 126 mother-child pairs who were participants in a follow-up study of an early intervention program. Healthy family functioning was positively associated with mothers' beliefs about the importance of their children's eating or tasting fruits and vegetables, while unhealthy family functioning was associated with poor child-feeding behaviors. Mothers' with higher depressive symptoms were less likely to eat breakfast, but the scores were unrelated to their child-feeding beliefs or behaviors. Interventions for families with limited incomes should consider that attention to healthy family functioning and mother's emotional status might have broader benefits for child health and nutritional status as well.

587 Netviewers in Leppäku

Sinikka Aulikki Makela, Tove Hertzberg (Finland)

In the poster a unique psychiatric baby family team between two organizations is introduced with presentation of some of its benefits and problems or challenges to the future. The name "netviewers" refers to a development project of the team. The work of the team is best illustrated by a case history of a depressed mother, who had difficulties in attachment. The teamwork made it possible to keep the mother in treatment in many risk points. Now these points have changed into corrective experiences but still it is problematic how to get the baby in the treatment or treat the interaction. The baby was a distressed child in the beginning, now she seems to be very avoidant towards her mother.

588 Depressed Mother-Infant Interactions at 9 and 18 Months After Birth

Fiorella Monti, Francesca Agostini, Sonia Cavedoni, Monia Salucci (Italy)

Many studies underline how Postnatal Depression (PND) has a negative influence on the interactive dialogue between mother and infant (Tronick et al., 2005; Murray et al., 1996; Murray and Cooper, 2003; Righetti-Veltema et al., 2002, 2003; Monti et al., 2004). The aim of the study is to evaluate the early interactions between a depressed mother and her infant at 9 and 18 months after birth. A psychologist met 217 mother-infant dyads at home at 9 and 18 months after birth. The

symptomatology of PND has been assessed by the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987; Benvenuti et al., 1999), and the videotaped interactive sequences analyzed by Bur Scale (Bur et al., 1989) and Guaraldi Scale (Guaraldi et al., 1985). At 9 months 10.6% showed depressive signs; at 18 months 8.9% was depressed (EPDS cut-off 12/13). The results of Bur Scale showed how, in the depressed mother-infant dyads, at 9 months corporal and vocal interactions were more pathologic compared to those of not depressed mother-infant dyads ($p=0.014$; $p=0.001$); at 18 months visual and gestural interactions were more pathologic ($p=0.042$; $p=0.020$). At 9 months visual exchanges were more altered in the depressed mother-infant dyads ($p=0.01$); at 18 months corporal exchanges were more altered ($p=0.01$). Guaraldi Scale showed, in the depressed mother-infant dyads, at 9 months fewer expressions of the depressed mother's joy in interacting with infant ($p=0.04$) and infant bathing difficulties ($p=0.03$); at 18 months, an impoverished depressed mother-infant verbal relationship ($p=0.04$).

589 The Mother-Infant Relationship, Maternal Depression, and Infant Outcome in a South African Peri-urban Settlement: A Controlled Treatment Trial

Mark Tomlinson (South Africa), Peter Cooper (Great Britain), Mireille Landman, Leslie Swartz, Christopher David Molteno (South Africa), Lynne Murray, Alan Stein (Great Britain)

A high rate of postpartum depression has been found in Khayelitsha, a South African peri-urban settlement. Such depression has, as in developed country samples, been found to be associated with significant disturbances in the mother-infant relationship, notably increased levels of maternal insensitivity and, by comparison with the infants of non-depressed mothers, the infants of depressed mothers were significantly less positively engaged in these interactions. A pilot study suggested that an intervention delivered in late pregnancy and the early postpartum period had positive benefits for the mother-infant relationship. In the light of these findings, a controlled trial has been carried out. A large sample of pregnant women ($N=454$) was randomly assigned to the index intervention or to no intervention. The treatment was designed to provide mothers with emotional support and included specific measures to improve the quality of the mother-infant relationship. The mothers and infants were assessed at 2, 6, 12 and 24 months postpartum. Examination of play assessments at six and 12 months indicate a significant benefit of the intervention in terms of maternal sensitivity to infant cues. These and other outcome data will be presented.

590 Transition to Parenthood: Depressed Mother's Perception of Difficult Infant
Sydney Hans, Yoon Lee (United States)

This study examined the relationship between prenatal depression in young mothers and their perception about difficult infant over time. 232 African-American women age between 13 and 21 ($M=17.6$) were interviewed at mean 84 days before and 1 day after childbirth. At the prenatal period, women were assessed for depression using Center for Epidemiological Studies Depression Scale (CES-D) and for their expectations about infants' difficulty using Neonatal Parenting Inventory (NPI). At postpartum, women's perceptions were assessed again using NPI. Results showed that the two groups were significantly different in their perception of infant difficulty at postpartum for their own baby. They were also significantly different at both postpartum and prenatal periods for 'average' infants. The repeated measure of analyses indicated that the depressed and non-depressed groups differed in their perception of infant difficulty for their own infants. At both prenatal and postpartum periods, women with prenatal depression expected significantly higher levels of difficulties in their own and in other infants than non-depressed women. The change in depressed women's perception for other infants' difficulty was significantly greater at postpartum than non-depressed women, and in fact, the two groups were shown to change their perception over time but in different ways. The findings suggest that mothers' prenatal depression plays a significant role in the way they perceive infant difficulty.

591 Psychological Support Program for Children and Families in Armenia
Gerard Robin, Leila El Allaly (France)

DSF logo and a text about the general goals of the organization at the top of the poster. Summarized DSF programmes presentation in other countries, on the sides of the poster Map of Armenia, specifying the towns where DSF is acting. Insert of photos and short texts describing the Armenian

historical and present social contexts, pointing out the major events. Insert of photo of DSF French and Armenian team. Insert of photos and texts describing and summarizing the different parts of the programme: adbb scale training and work in policlinics, (consultations, used methods), psychological consultations in policlinics, mother's groups, seminars... Insert of photos and texts about the DSF. Community Psychological and Educational Centre in Gyumri its environment, its professional partners (network), the different actions within the Centre and in other structures. Insert of photos and text describing the "Little rabbit" ("Green House") structure specific work. Text on qualitative and quantitative results, and the programme impacts for local population and professionals. Brief text on future programme developments. DSF will edit a little booklet concerning all the aspects of this programme, to be distributed to interested persons.

592 Emotional Development and Psychopathology Disorders in Early Language Disorders

Anna Fabrizi, Caterina D'Ardia, Enza Mazzei, Ester Patruno, Licia Ponticello (Italy)

The aim of this study was to investigate the presence and the features of psychiatric disorders in a sample of infants with language disorders aged 24 to 36 months. We used the multiaxial approach of Diagnostic-Classification 0-3 to define psychopathological diagnosis. Furthermore we evaluated the Emotional and Social functioning using the S. I. Greenspan Assessment Scale(Greenspan S.I., 1992). Results of this study are consistent with previous clinical and epidemiological data that show rates of comorbid psychiatric diagnosis among language impaired children as exceeding what would be expected by chance. The presence of receptive or comprehension language disorders has proven to be the most important consideration: children with Mixed language Disorders have higher rates of psychiatric disorder and are at high risk for affective- behavioural disorders. This study points out the emergence of comorbid psychopathological patterns in a very early stage of development. These patterns might ipotetically overlap with comorbid psychiatric diagnosis identified in older children, suggesting that early detection of language problems may be crucial in psychiatric prevention.

593 Clinical Profiles of Depression in Preschool Children

Carla Sogos, Bruna Mazzoncini, Gabriel Levi (Italy)

Objective: Authors' aim was to contribute to a better understanding of early patterns of depressive disorders in preschoolers, and of the underlying behavioral and affective organisation. Method: 45 depressed children (diagnosis based on DSM IV criteria), aged 3 to 5 years 11 months, consecutively referred to a specialist outpatient clinic, underwent a thorough, age-appropriate psycho-diagnostic and neuro-psychological assessment. Symptom antecedents; acute or chronic life events, depressive symptoms listed in DSM IV, were among the variables analysed. The children's psychomotor style was specifically examined, as it appears to have a particular importance in differentiating clinical subgroups. For the purpose of the study, depressed children with comorbid disorders were excluded from the sample. Results indicate the possible existence of 3 subgroups in early-onset depression, each characterized by a specific string of behaviors, affects, and symptoms. Conclusions: Results seem to confirm the existence in preschool children of specific affective-behavioral patterns of depressive disorder. Depressive feelings can be identified at an early age, and seem to be fairly stable with respect to recognized and well-studied depressive feelings in later periods of life.

594 Parental Depression and Child Psychopathology

Marilisa Martelli, C. Bacchi, L. Benini, C. Barbieri, A. Cassetti, S. Impagliazzo, P. Siboni, C. Gentili (Italy)

We present a group of infants whom parents show symptoms traits of depression at different stages. Children has been selected among a population of 560 infants age 0 to 5, patients of the Early Childhood Clinic Centre of Bologna, which offers qualified diagnosis and treatment to all families who live in Bologna district. Clinical observation pursues a particular protocol devised in our Clinic Centre. This modus operandi employs specific devices for different aspects: the child examination (symptoms, growth, emotional functioning); the relation with each parent; the parenting investigation (representations, psychological functioning); the stressful and the protecting factors analysis. Diagnosis have been codified by means of the multiaxial classification, D.C. zero-to-three.

Particularly nature and intensity of early relationship difficulties have been evaluated by means of axe II parameters, using PIR-GAS scale. Appropriate therapy has been chosen on many different parameters: growth profile of every single child, parenthood functioning features and characteristics of specific parent-child relationship. Units that first had the child in charge (such as child and adolescent psychiatry unit; family, hospital or community pediatric unit, psychiatry unit and social welfare service) are always involved in following treatments and therapy in order to build a support network for children and parents. Aim of this work is the valuation of the correlation between parental depression, (signs of depression, depressed humor state or frank depression disorder), child growth and features of parents-child relationship.

595 The Effects of the NBO on Reducing Postnatal Maternal Depression

Kevin Nugent, Jay Killough, Julio Gonzalez, Clarissa Valim, Mei-Chiung Shih, Judith Wides (United States)

Postnatal depression is a common psychological condition among women with young children. There is evidence that postnatal depression may compromise the mother's ability to respond contingently to her infant's cues and to engage in affectionate responsive interactions with her infant. The goal of this study was to investigate the effects of the Newborn Behavioral Observations (NBO) system on reducing postnatal maternal depression. The NBO is an interactive scale, consisting of 18 neurobehavioral items and is designed to sensitize parents to their newborn infant's capacities and individuality in order to enhance the quality of parent-infant interaction. 108 first-time mothers and their healthy full-term infants were randomized into experimental (56) and control (52) groups. The experimental groups participated in the Newborn Behavioral Observations (NBO) system, between 24 and 48 hours after delivery and in the home at one month, while the control group received routine hospital care and a home visit at one month. At the one-month visit, all mothers completed the Edinburgh Postnatal Depression Scale. Results showed that the NBO decreased the odds of serious postpartum depressive symptomatology by over 75%. 15% of the severely depressed mothers were found in the control group, while 4% were found in the intervention group (OR=0.20, exact 95%CI, 0.02-1.11; P=0.05 Fisher's exact test). The low OR suggests that the use of NBO substantially reduced the risk of major depression during the first month after birth.

596 Factors Associated With Fathers' Postnatal Depressive Symptoms

Ilona Luoma, Kaija Puura, Mantymaa Mirjami, Palvi Kaukonen, Tuula Tamminen (Finland)

The aim of the study was to investigate the factors associated with fathers' self-reported depressive symptoms in a population based sample. As part of a study examining infants' withdrawal symptoms both parents were asked to complete the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) and general information questionnaires during routine check-ups of the infants in well-baby clinics. The infants were aged 4, 8 and 18 months. The EPDS and general information questionnaires were completed by 198 fathers. Nine fathers (4.5%) scored over the cutoff 9/10. Of the background factors, father's low education, unemployment, difficulties in work, and perceived mental health problems as well as wife's mental health problems, wife's high level of depressive symptoms and family violence reported by the wife were statistically significantly associated with a high level of fathers' depressive symptoms according to the EPDS. Age, perceived general health, quality of marital relationship and family violence reported by the father were not associated with a high EPDS score. The age and gender of the infant were not associated with father's depressive symptoms. In logistic regression, unemployment (OR 19.2, 95%CI 3.3- 112.4) and wife's self-reported mental health problems (OR 5.3, 95%CI 1.2-23.8) remained in the model. Fathers report postnatal depressive symptoms seldom. Work-related factors and well-being concerns of the wife were found to be associated with paternal depressive symptoms.

597 Language and Affect in Earlier- and Later-Talking Toddlers: Competition or Facilitation During the Transition to Language?

Lorraine Kubicek, Robert Emde (United States)

Both language and affect play important roles in communication throughout life. It is of interest what happens when these two systems first come together at the very beginnings of language. Does the integration of language and affect take different forms depending on the age at which a toddler

makes the transition to language? Bloom suggests that it does. Her competition model proposes an inverse relation in the expression of these two forms of communication around the transition to language. Two alternative models—mutual facilitation and specific emotions—are proposed. This longitudinal study explores these alternatives for 77 toddlers during the transition from one- to multi-word speech. Development was assessed at regular intervals between 15 and 30 months. Measures include the MacArthur Communicative Development Inventory, Mean Length Utterance, and the Laboratory Temperament Assessment Battery. Results do not support a general competition model for expression of language and affect but instead, a specific emotions model that may be a function of temperament. Discussion will focus on theoretical issues raised by the three models.

598 Using the I Feel Pictures Test in Process and Outcome Research in Parent-Infant Work (Prevention and Psychotherapy)

Patrick Meurs (Belgium)

The I Feel Pictures Test (Emde, Osofsky & Butterfield, 1993) measures interpretations of facial expressions of emotions. At the Leuven University (Belgium) we used this test in outcome research in the context of child psychotherapies, parent-infant psychotherapy (with a depressed parent), and preventive developmental guidance groups. We will present some of the results about changes in the affect interpretation system in mothers, from a repeated measure design. Mothers follow a weekly preventive group and are registered with the test at birth of their baby, when the child is 1, 2 and 3 years old. The results will be looked at from the perspective of emotion regulation, affect(dis)regulation and the pathway into adaptive or pathological affective life. Some links will be made between patterns of affect interpretation and vulnerabilities in the affective interaction between parent and child, measured by other tests, like the Emotional Availability Scales (Biringen & Emde, 2000).

599 Predicting Aggression: An Examination from 18 to 42 Months

W. Joseph Trainor, Alissa Schachtman, Leah Hatton, Joel Tourigny, Margaret K. McKim (Canada)

Past research has revealed a typical pattern of declining aggression after age two. This may be a sensitive period during which children learn to inhibit aggressiveness. The present study was primarily concerned with children who show consistently high rates of externalizing behaviour from age 18 to 42 months. Data was collected from 168 participants receiving their 18 month immunization at community health clinics in Saskatoon, Saskatchewan (Canada). Two years later, when children were 42 months of age, a follow-up survey was administered. Correlation analyses revealed that aggression, at both 18 and 42 months, was associated with parental social isolation, maternal abuse, spousal relationship problems, difficult child temperament, greater distractibility/hyperactivity, and maternal psychopathology. According to regression analyses, aggression at 18 months was predicted by difficulty of child temperament, distractibility/hyperactivity and parental interpersonal conflict. At 42 months, aggression was predicted by maternal psychopathology and child distractibility/hyperactivity. A t-test revealed no significant difference between mean levels of aggression at 18 and 42 months. A two group direct discriminant function analysis showed child distractibility/hyperactivity and temperament difficulty, to significantly predict children with levels of aggression in the uppermost quartile as assessed at both time periods. The implications of these findings for future research on developmental trajectories for aggression as well as intervention and prevention programs will be discussed.

600 Signs of Emotion: What Can Preverbal Children Say about Internal States?

Claire Vallotton (United States)

Do infants explicitly recognize feelings and emotions in themselves and others? What would preverbal children say about internal states if they had the words? Investigation of infants' emotional understanding is limited by the challenge of understanding infant cognition and emotion before the onset of speech. This study examines the use of symbolic gestures by normally-hearing preverbal children to discover whether infants and toddlers will use emotion and feeling concepts such as sad, scared, and hurt. Participants were 22 children (5–28 months) in a childcare program where symbolic gestures were encouraged through caregiver modeling. Gesture use by children and caregivers was videotaped and coded to determine context, characteristics, and frequency. Results

show 20 of 22 children used symbolic gestures; of these, 6 used emotion gestures, 5 used feeling gestures. Further tests confirmed that these gestures were not just imitations of adult gestures, and qualitative data reveal the context and meaningfulness of these gestures for children in childcare. Results reveal sophistication in infants' internal worlds as well as an ability and desire to communicate thoughts and feelings with others. This study also demonstrates the potential of symbolic gesture as a methodology for investigating early explicit mental processes. Therapeutic implications for using symbolic gestures with preverbal children are discussed including relevance to helping children express their emotions, participate in conversations about emotion, and construct their own understanding of emotions and internal states.

601 Differences in the Emotional Regulation Ability of Clinical and Non-clinical Infants and Differences in the Emotional Reactions of their Mothers

Kyung Sook Lee, Yee-Jin Shin, Mi Kyoung Jin (Korean Republic (south))

The purpose of this study is to investigate the link between the emotional regulation ability of infants and the emotional reactions of their mothers. Specifically, this study compared the differences in the emotional regulation ability and the emotional reactions among three groups (non-clinical group, regulation disorder and reactive attachment disorder) were compared by measuring behaviors during an experimental procedure that involved separation and reunion episodes. Mothers completed the Revised Infant Temperament Questionnaire and the Korean Behavior Assessment System for Infants (K-BASC), in which they reported behavior characteristics of their infants. As a result, infants with regulation disorder showed difficulty regulating their emotions. During the separation, infants with regulation disorder were more likely than non-clinical infants and infants with reactive attachment disorder to be confused and to look for their mothers. During the reunion, infants with regulation disorder scored lower on conversation than non-clinical infants and infants with reactive attachment disorder. A high percentage of infants with emotional regulation problems were rated by their mothers as having difficult temperaments. In terms of the emotional reactions of the mothers, there were no differences between groups. Specifically, this finding suggests implication for clinical intervention by providing information regarding behavior characteristics of infants with reactive attachment disorder and regulation disorder.

602 Is Crying it Out Appropriate for Infants? A Critical Review of the Literature on the Use of Extinction in the First Year

Macall Gordon (Germany), Sheri Hill, Bill Forisha (United States)

Crying it out refers to an established behavioral approach to promoting infant sleep that involves the withholding of parental response to crying. A majority of sleep advice suggests waiting until 6 months to begin the intervention, some mainstream parenting experts now suggest letting an infant cry at bedtime as early as 3-4 months. A review of the literature on crying it out reveals critical limitations. First, though the intervention is recommended for infants as young as 3 mos., few studies have been conducted on infants under 1 yr., and none have been conducted on infants younger than 6 mos. Further, studies that included infants did so as part of a larger sample that spanned wide age ranges (e.g. 6-48 mos.) and reported data for the sample as a whole, making no distinctions in outcomes by age. How crying it out specifically impacts infants has not been assessed. This paper contrasts the behavioral theory underpinning crying it out with emerging theories of emotional regulation. This literature submits that an infant's capacity to self-soothe develops—not as a result of parental withdrawal—but as a result of the regulation of arousal that parental intervention provides. Dyadic regulation of distress directly influences the development of the infant's behavioral and physiological regulatory capacities in the long term. This paper suggests that the research into sleep interventions—as well as the advice that proceeds from it—be reexamined in light of emerging work on the neurophysiological foundations of emotional development and regulation.

603 Turkish Mothers' Knowledge about Infant Mental Health and Development

Ilgi Ozturk Ertem, Gulsum Atay, Sema Ozbas, Dilek Haznedaroglu, Canan Gul Gok, Asuman Bayhan, Derya Dogan Gumus, Bahar Emine Bingoler, Nermin Sezer, Hilal Ozcebe, Ufuk Beyazova (Turkey)

Although caregiver knowledge about infant development is a crucial component of interventions

that aim to promote infant development, little information from different countries exists on this topic. The aim of this study was to determine maternal knowledge on infant development in two cities where the Turkish Ministry of Health/UNICEF Child Development Program was to begin. A representative sample of 1055 mothers of children aged ≤ 3 years were administered in their homes the Maternal Knowledge of Child Development Questionnaire (MKCD) developed for this study. The MKCD includes items on developmental milestones and opportunities caregivers can provide for infants at certain ages to stimulate development. Mothers resided in Mersin (51.1%) a Mediterranean city with impoverished immigrants and Izmir (48.9%) an Aegean developed city. The mean MKCD questionnaire score (highest possible score 29) was 13.6 (± 3.2) with 45% of mothers providing correct answers to only half of the items. Motor milestones were known correctly by more than 70% of the mothers whereas milestones on social-emotional development were known correctly by less than 25% of the mothers. Half of the 24 items related to the development of infants less than 6 months of age were correctly known by less than 20% of the mothers. Information on child development is not reaching caregivers in countries such as Turkey. Interventions delivering such information should include a special emphasis on social and emotional development and the development of very young infants.

604 Working with the Relational World of the Preschool Child using Psychodynamic Group Therapy

Diane Beebe, Phillip Repasky, Sharon Kowalik (United States)

Recent research indicates that 9% of preschoolers experience emotional problems. The mental health of preschoolers has a direct impact on their ability to develop and establish successful relationships with parents, other adults and peers. Some signs of emotional problems are unmanageable temper tantrums and dangerous behaviors such as severe aggression or fire setting. Families of these children often feel overwhelmed, isolated and embarrassed. The children often are unable to interact appropriately with peers or to participate in daycare or preschool settings. For over forty years, Bellevue Hospital's Therapeutic Nursery Program has been addressing the emotional problems of preschoolers with the help of their families and other caregivers. The therapeutic group meets twice weekly for two hours; a parent support group meets weekly for one hour, and the length of treatment generally is between six and twelve months. The program also includes dyadic and sibling work; individual or family sessions, as well as meetings with teachers and social service workers, are scheduled as needed to address crises, episodic or chronic issues. This group psychotherapy provides a safe place where, through psychodynamic intervention, children can repair dysfunctional relationships, identify and express a full range of emotions and develop age appropriate skills. Via participation in the program, families have opportunities to strengthen their ability to nurture their children, share successful parenting with other families and build pleasurable experiences with their children.

605 Emotional and Arousal Status Post Infant Heart Transplant

Jamie Pivonka-Jones, Ludmila Zaytsev, Vidhya Krishnamurthy, Talin Babikian, Kiti Freier, Richard Chinnock (United States)

Background: Each year 32,000 infants are born with cardiovascular defects. With the advancement of infant heart transplantation and immunosuppressive agents, survival rates have significantly improved. As a result of prolonged survival and increased physical wellbeing, attention now turns to the quality of life for these children. The purpose of this study was to examine emotional and arousal characteristics in infant heart transplant recipients so that early patterns of socio-emotional development may be identified. Methods: 41 infants were assessed on average 3 times as part of a longitudinal infant heart transplant protocol. When medically stable, approximately 4-6 weeks post transplant, the Bayley Scales of Infant Development –I (BSID-II) was administered. Results: Paired sample t-tests were conducted across four consecutive time points using the emotional regulation and orientation/engagement subtests of the BSID-II to assess emotional sequelae. Emotional regulation showed a significant decline from the first time point to the second time point (T1:T2, $t=2.5$, $p=.04$, $df=9$; T1:T3, $t=1.4$, $p=.25$, $df=4$, T1:T4, $t=1.3$, $p=.26$, $df=4$). No significant changes in Orientation/engagement were observed. Interesting trends were noted through graphical analysis. Conclusions: These findings suggest the importance of longitudinal monitoring of emotional development of infant heart transplant recipients. The impact of potential difficulties with arousal

needs to continue to be evaluated and addressed in these children.

606 A Clinical Program to Treat Children with Disorders of Relating and Communicating
Pedro Caldeira da Silva, Claudia Eira, Ana Patricia Silva, Joana Pombo, Graca Santos, Filipa Martins, Paula Bravo, Tania Lavra, Eduarda Carvalho (Portugal)

The authors present a clinical service to treat and study young children with disorders of relating and communicating (DC 0-3). S. Greenspan and cols. created an explanatory model for these disorders based on a developmental structuralist approach. D.I.R. Model (Development, Individual differences and Relationship) is an intervention model resulting from these theoretical assumptions and includes "Floor-time" approach as well as several therapeutical modalities (sensory integration, augmentative communication). Until September 2005, 37 young children were enrolled in the program, with a diagnosis of Multisystem developmental disorder, pattern A or B. The poster will present a description of the program, the children and their evolution in terms of development as well as of social and emotional adaptation. Parental and family support is also an important part of the program. Regular satisfaction surveys are carried out and their results will also be presented.

607 Behavior Disorder in Infancy: A Case Report
Carina Freitas, Maria Rocha, Ana Rita Soares (Portugal)

Introduction: During infancy and early childhood, behaviour disorders are one of the main reasons of infant psychiatry consultations. These manifestations can appear in different psychopathological boards, and could be a sign of children's severe psychological suffering, most of the times a detectable disorder. Comprehension is fundamental for an adequate therapeutic intervention and prognosis. Commonly, there are emotional problems associated with a mother-child relationship disorder underlying these behaviour disorders. Objective: the authors report a case of severe behaviour disorder in a 3 year-old-boy. Clinical Case: Ailton is a 3 year-old-boy with a history of high aggressive behaviour, sent to our consultations by his nursery teacher. He has extreme anger attacks, putting himself and others at risk: he hits and bites other children in kindergarten. Conclusion: The authors point out the importance of early diagnosis and adequate therapeutic intervention in relational disorders, during infancy and early childhood. These interventions allow improvement of child's mentalization capacity as well as parents' empathic capacity, which may avoid future traumatic relational situations.

608 Cognitive and Affective Brain Responses of Mothers to Infant Crying Faces
Lane Strathearn (United States)

Introduction: While an infant's cry most often elicits responsive caregiving, it may sometimes result in hostility and abuse. The ability of a mother to process cognitive and affective information about the mental state of her infant may be critical in preventing child abuse and neglect. Infant facial expressions are one important means of communicating intentional mental states. The object of this study was to determine how a mother's brain responds to images of her crying baby. Methods: Using functional MRI, ten healthy mothers were presented a random series of infant faces, some her own infant, and others an unknown infant. Brain responses of mothers to "own" versus "unknown" crying infant faces were measured. Results: When novel facial images were first displayed, the mothers' "own" infant facial images produced activation of the dorsal and ventral anterior cingulate cortex (ACC) and bilateral insula. When the expected face stimulus was not delivered, after repeated pairings with a neutral cue, activation of the left insula and dorsolateral prefrontal cortex (DLPFC) was revealed, showing evidence of both cognitive and affective brain responses. Conclusions: When a mother sees her own infant's crying face, brain regions are activated which are involved in cognitive conflict monitoring (ACC), working memory (DLPFC), empathy and emotional face processing (insula). Future studies are in progress to determine whether brain responses differ according to the security of mother-infant attachment.

609 I Think Therefore I Exist: Early Mother-Infant Interaction - Emotional Availability and Infant Affect Regulation

Mirja Winter, Andreas Wiefel, Bernd Ropcke, Evangelia Komninou, Irina Stocklin, Renate Schepker, Ulrike Lehmkuhl (Germany)

Winter, M., Wiefel, A., Röpcke, B., Komninou, E., Stöcklin, I., Schepker, R., Lehmkuhl, U. I

THINK THEREFORE I EXIST – EARLY MOTHER-INFANT INTERACTION: EMOTIONAL AVAILABILITY AND INFANT AFFECT REGULATION The aim of this study was to investigate the relation between early mother-infant-interaction and infant affect regulation following a stressful situation. Therefore a study of Kogan & Carter (1996) was replicated. Furthermore it was the intention to examine whether a sibling, which had been introduced to child-psychiatric consultation, has an influence on this question. Face-to-face interaction of 29 4,5 month-old infants and their mothers were observed using the “still-face” paradigm. The sample consisted of 14 mother-infant dyads with a sibling introduced to child psychiatry and a control group. Emotional availability was evaluated during dyadic interaction in play assessing maternal sensitivity, maternal non- intrusiveness and child responsiveness. Infant’s affect during the still-face sequence was measured using a microanalytic coding system. Regulative behavior of the infant was coded in the reengagement period. The results emphasized the relation between Emotional Availability in early interaction and the infant’s ability to regulate emotion in reengagement. The major finding was that this relation turned out to be eminent only for the control group since a correlation between the quality of early mother- infant-interaction and infant affect regulation could not be proved in families containing a child with psychiatric history.

610 Dyadic Affective Regulation and Maternal Self-esteem in the Observed Mother-Infant Interaction

Clara Schejtman, Constanza Duhalde, Ines Vardy (Argentina), Edward Tronick (United States)

This research aims to relate Maternal Self Esteem to the observed Affective Regulation in mother-infant dyads. 48 mothers 19 to 39 years old and their healthy babies 23 to 31 weeks of age, 50% boys, were videotaped in a 3-minute face-to-face interaction situation. Afterwards a psychoanalyst interviewed mothers and asked them to fill out several self report questionnaires. Affective Regulation was studied through microanalysis (“Infant and Caregiver Engagement Phases” Weinberg & Tronick, 2000). Self Esteem was studied through Maternal Self Report Inventory (Shea & Tronick, 1988) and the Inventory of Semantic Differential of Self Acceptance (Bar Ilan University, Israel). Results show that dyadic affective regulation at 6 months is characterized by mismatches rather than on matches. Mothers are engaged in positive affect 5 times more than their babies, whose base-line affective state is neutral. 93% of mismatch states have the following pattern: mothers display positive affect while infants display neutral affect. Maternal Self-Esteem (as an aspect of narcissism) was significantly linked to the frequency of positive affect the mothers display throughout interaction but not to the amount of positive affect their infant displays. Discussion of results is based on the idealization of a matched and synchronous interaction, Winnicott’s conceptualization of the foundational paradox about the early “capacity of being alone in the presence of other” and the complexity of dyadic regulation and infant self regulatory resources.

611 Genetic Taste Sensitivity to Propylthiouracil (PROP)

DeAnn Jones, Lori Roggman (United States)

This research is examining genetic taste sensitivity to propylthiouracil (PROP) as a potential biological marker for differences in parenting behavior. Knowing how mothers with particular biological characteristics respond to their children may help intervention programs individualize services to better meet families’ needs and enhance child outcomes. PROP is a harmless chemical that some people can taste and others cannot. This characteristic is genetically transmitted and remains stable over time. Therefore, it can be measured at any time point and then tested in relation to earlier and later measures. Participants in this study include 99 mother-child pairs who participated in a local Early Head Start Research and Evaluation project. Extant data are available from videotaped observations of child distress, maternal feedback to the child during a challenging puzzle task, and mother infant play together. New data include taste perception ratings of PROP and standardized testing of children in 2nd grade. Results indicate different outcomes for children based on the presence of the biological marker in the mother, and controlling for it in the child. Mothers who rated the taste of PROP the strongest had more distressed infants at 18 months, had less complex play with their child at 24 months, and gave less positive feedback to their child during a challenging puzzle task at 36 months. Mothers who were most sensitive to the taste of PROP had

children who scored lower in 2nd grade on Woodcock-Johnson tests of calculation, applied problems, and letter-word identification.

612 Assessment or Research Instrument

Lilja Germanovna Plastunova (Russian Federation)

The temperament of children of the first year of life mirrors behavioral responses of the child, his emotions, individual differences of a reactivity and self regulation. 10 infants with visual impairment took part in research: 5 children with the diagnosis a Retinopathy premature; 3 children with the diagnosis an Atrophy of a visual nerve ; 2 children with the diagnosis an Albinism. Group of children with the diagnosis a Retinopathy premature included children with the age of gestation from 28 - 32 weeks and mass of a body from 900 grammas up to 1250 grammas. In this case has a place influence unfavorable factors during pregnancy's period on maturing and creation of the visual system, that in turn, probably, changes separate properties of temperament of children. To number of the similar factors it would be possible to attribute after birth, such as: character of meals of the child; durable treatment an eye; influence of hospital chamber; social deprivation. The purpose of research was detection of features of temperament of infants with visual impairment. In research the methods were used: the biographic method, observation and Infant temperament questionnaire, which is filled by the mum, designed W. Carey, S. McDevit, 1978, adapted by us for social conditions of St.- Petersburg. The technique determines individual differences between infants. Questionnaire consists of 95 questions evaluating behavioral responses on a 6- mark scale and contains 9 characteristics of temperament.

613 The 4th Edition of the Emotional Availability Scales and Tools of Emotional Availability Intervention

Zeynep Biringen (United States)

THE 4TH EDITION OF THE EMOTIONAL AVAILABILITY SCALES AND TOOLS OF EMOTIONAL AVAILABILITY INTERVENTION, Biringen, Z. (Colorado State U., biringen@cahs.colostate.edu) "Emotional availability" has been conceptualized as a multi-dimensional construct that describes four caregiver characteristics (sensitivity, structuring, nonintrusiveness, and nonhostility) and two child characteristics (responsiveness to caregiver and involvement of the caregiver), and is assessed with the instrument the Emotional Availability Scales (EAS; Biringen et al., 1998). This workshop will focus on a new version--the 4th edition--which includes: 1) not only parents but also child care providers of infants and toddlers (using a newly developed Emotional Availability Checklist); 2) an expansion of the system to assess the 0-14 age range, with age-appropriate descriptions across this entire age span; 3) children with disabilities and clinical cases. As well, a program for professionals to disseminate information about emotional availability and attachment to parents in communities will be introduced.

615 The Importance Of Inner Working Models For Early Intervention

Ruediger Kisssgen, Gabriele Koch (Germany)

The relationship between the STEEP facilitator and the parent is therapeutic in that it provides a major pathway to new ways of thinking and feeling about self, others, and relationships. In theoretical terms the facilitator's work is to create new inner working models. In this process their behavior is comparable to the parent's behavior with their child: reliable, encouraging and sensitive. STEEP facilitators are supposed to deal with special dynamics of different attachment representations in their work with high-risk families. During home visits as well as in mother-infant-groups they are exposed to the different attachment representations of the participating mothers. For this reason they need to be aware of the facets of their own attachment representation that shape their communication processes with the mothers. The AAP assessment of the German STEEP evaluation study (n=60) shows how findings from the AAP support a better understanding of the inner working models of both the mothers and the facilitators. How can attachment knowledge be integrated in the process of creating and maintaining a therapeutic relationship with highly stressed mothers? The experiences in Hamburg and Potsdam show the impact of AAP findings for the self-reflection process within the two early intervention teams. We will discuss key elements and standards of training that can help professionals understand and respond appropriately to attachment issues in the STEEP intervention work in order to promote infant mental health in

high-risk mother-infant dyads.

616 Supporting Mother-infant-interactions - Usefulness Of Different Research Instruments For Evaluation, Intervention And Training

Gerhard J. Suess, Uta Bohlen, Agnes Mali (Germany)

One of the key features of the attachment-based STEEPTM intervention program is using video as an intervention tool (Seeing Is BelievingTM) in order to improve quality of mother-infant-interaction and as a result quality of attachment. Although home visitors are supporting mothers in a very non-directive way to improve the quality of their interactions with their infants, using open-ended questioning, their own standards for "good enough" interactions are essential to successful intervention. In order to provide training for home visitors, standard procedures must be available. Attachment research has provided assessment instruments and there is a body of experience in reliability training. The usefulness of Ainsworth Strange Situation measures and Ainsworth sensitivity and cooperation scales for training practitioners and for intervention purposes are discussed in this presentation. Practitioners are also confused by the variety of different instruments and trainings offered, calling for integrative endeavors. We will discuss the experiences with NCASF and NCAST-training for practitioners compared to attachment related instruments. We will discuss advantages and limitations of using the same instruments for training, intervention and evaluation, drawing on our experiences with a German STEEPTM -replication study in Potsdam (former East Germany) and Hamburg.

617 Reflections On The Challenges And Opportunities In Adapting A Program To A New Context And Culture

Martha Erickson (United States)

The STEEPTM program originally was developed in 1987 and evaluated in a randomized, controlled study of low-income, high-risk urban families in the United States. Guided by attachment theory and research, the program included parent-infant groups and home visits beginning during pregnancy. A key strategy in the program is Seeing Is BelievingTM, videotaping parent-infant interaction and engaging parents in identifying their strengths and seeing through their baby's eyes. More important than the structure of the program are its core principles: relationship-based practice; strength-focused approach; and ecological perspective. The original evaluation of STEEPTM yielded positive results in mothers' emotional status, understanding, parenting behavior and life choices. The evaluation also pointed to ways to strengthen the intervention. STEEPTM since has been refined and enhanced to better address the complex needs of high-risk families and infants, and it has been adapted across various cultures and contexts, most recently in Germany. This presentation will highlight both the opportunities and challenges encountered in preparing and supporting German professionals to work in ways that often are at odds with their past work experience, and that demand a new level of self-reflection and openness in the work setting.

618 Replication Of The Steep-model In Germany With Young High Risk Mothers

Gerhard J. Suess (Germany)

The STEEP model has been implemented in Hamburg and Potsdam (former East Germany) in cooperation with different child welfare agencies and is currently being evaluated in a government-funded research project (Suess, Hantel-Quitmann, Ludwig-Koerner). Within this process several difficulties showed up calling for decisions in favor of adaptations of the original STEEP model or in favor of investing to change structural and/or cultural barriers, all of which is being discussed in this presentation. It turned out to be rather difficult to reach young high risk mothers before they are giving birth to their children. The advantages of investing energy to overcome obstacles will be discussed as well as the usefulness of general STEEP core principles. Since it takes time to build up trustworthy relationships, the beginning of STEEP is characterized by dealing with ambivalence and working on a relationship, which serves as a secure base for young mothers - a time and energy consuming approach which is not very common within the German systems of public health and child welfare, but needed for reaching young high risk mothers and support them. Another important feature of STEEP is combining individual, more psychotherapeutically oriented approaches and ecological approaches within one intervention, which are traditionally split up into different areas of Child Welfare in Germany and poses difficulties in recruiting experienced staff,

since the ones who are experienced in providing mother-infant-groups are not so much experienced in more therapeutically elements of STEEP and vice versa.

619 An Unplanned Journey: Parenting A Medically Fragile Infant

Mary Quinlan (United States)

A baby born prematurely with low birth weight and a complicated medical diagnosis requires sensitive, predictable care from their caregiver to thrive. Because of neurological immaturity, a baby with special health care needs may be more difficult to soothe, feed, and give appropriate care. The baby's cues can be difficult for a parent to interpret appropriately. These challenges are magnified when a baby is discharged from a hospital to a socially vulnerable family. Unprepared parents may find the needs of a medically fragile baby to be overwhelming and unrewarding. Children with disabilities or complicated medical regimens are therefore at significant risk for experiencing child maltreatment. This presentation will focus on Mary Bridge Children's Hospital's (Tacoma, Washington, United States) unique application of STEEP designed to ameliorate the risk of child maltreatment for this group of infants who cannot afford to be further compromised. The presenter will identify STEEP principles, strategies, and goals that can be utilized to improve parenting skills and bolster protective factors for this vulnerable population. Through weekly home visits, videotaped parent/child interactions, and monthly group sessions, Master's level clinicians and nursing staff assist parents in learning how to provide the consistent, predictable, sensitive care medically fragile infants require. Program outcomes include increasing the parent/caretakers' positive nurturing and attachment behaviors with their children and increasing the parents/caretakers' ability to develop a responsive social support network in their community.

620 Mothering From The Inside

Cathrine Fowler, Nick Kowalenko, Belinda McInnes, Catherine McMahon, Chris Rossiter (Australia)

Responsive and sensitive mothering has been identified as being crucially important for the future health and well being of young children. This presentation will focus on a collaborative project between Tresillian Family Care Centers and the New South Wales Department of Corrective Services (Australia) to develop, implement, and evaluate ten week mother and infant/young child interaction groups for women and infants and women's prison. To support these groups, information sessions were provided for the Correctional Officers and Programs Staff. These information sessions aimed to enhance the understanding of the importance of the early childhood years and the ability of mothers and others to respond in an appropriate, timely, and sensitive manner to infants and young children. The group aimed to: 1) Improve infant mental and physical health including a decrease in the potential for child abuse and neglect. 2) Improve maternal enjoyment, confidence, and parenting capacity. The group program was adapted from the STEEP program. Interaction between the mothers and infants are captured during the group sessions on video tape and used to assist the mothers to identify their parenting strengths and increase their skills in recognizing and responding to their infant's signals and needs. The women participating were consulted throughout the group development, implementation, and evaluation about the acceptability of this group to their needs as mothers. A pre and post research based evaluation was implemented using quantitative and qualitative methods.

621 Promoting Infant Mental Health When Mother Has Persistent Post-partum Depression

Nick Kowalenko, Cathrine Fowler, Catherine McMahon (Australia)

This presentation focuses on the work of a collaborative partnership with Tresillian Family Care Services (a health service for families with young children aged 0-3) to implement an early intervention home-visiting program targeting persistent maternal depression and mother-infant interaction. In the ten (10) structured home visits, counseling and strategies to better link with general practitioners and community resources are provided, as is an intervention called Seeing is Believing, videotaping parent-infant interaction to improve parental responsiveness and enhance parenting strengths. The principles of the program are derived from STEEP intervention and modified to target persistent maternal depression and mother-infant interaction. This presentation will describe staff development, program implementation and delivery, staff's qualitative

evaluation, and clients' preliminary outcome data. The presenters will highlight the role of health services working in partnership to promote infant mental health. Project funded by Commonwealth of Australia FACS Early Intervention Parenting Grant.

623 Family Alliance From Pregnancy To Toddlerhood And Children's Outcomes At 18 Months

Nicolas Favez, France Frascarolo, Chloe Lavanchy (Switzerland)

Introduction: The "family alliance" refers to the quality of interactive coordination in the family. It is enacted in every daily activity involving mother, father and child. The alliance is functional when in most situations the family can successfully fulfill a task and share the affect associated with the event. On the other hand, a dysfunctional alliance may occur when members of the family are not able to be coordinated, or when family interactions are marked with negative or pseudo affect. Repeated conflict or negative affect in the family hinders children's emotional development. Our study aims to document the formation and development of the family alliance. Population: Participants include 51 non-referred families and their first-born child. Procedure: Family alliance was assessed through rating scales (FAAS; $\alpha=.96$) during observational procedures at the fifth month of pregnancy, and when the child was 3-, 9- and 18- months old (Lausanne Trilogue Play, prenatal and standard versions). Parent-report questionnaires were used to assess marital satisfaction (Dyadic Adjustment Scale), children's temperament (EAS Temperament Survey), and symptomatology (Symptom Check-List). Results: (i) Family alliance is stable during the first two years; (ii) multiple hierarchical regressions show that temperament and family alliance are linked with children's outcomes; (iii) marital satisfaction is not linked with any outcome. Conclusion: Family alliance before the birth of the child is predictive of the quality of family interaction during the first two years, and does have specific links with children's outcomes.

624 Emotional Dimensions Of Coparenting And Young Children's Self-concepts

Britt Thompson, Catherine Buckley, Sarah Schoppe-Sullivan, Kimberley Snyder (United States)

Previous research suggests that coparenting relationship quality, or the manner in which parents work together to rear offspring, shows important links with children's socioemotional functioning. No published research, however, has considered associations between coparenting relationship quality and children's self-concepts. Self-concept can be defined as how an individual describes his or her own character or qualities. Until recently, measures assessing preschoolers' psychological self-concepts were not available. This study examined how the quality of the coparenting relationship relates to children's self-concepts, also considering potential gender differences in these relations. Participants included 70 married couples and their 4-year-old children. Aspects of supportive and undermining coparenting were coded from laboratory observations of triadic interaction. Preschoolers' self-concepts were assessed using the Child Self-View Questionnaire. Results indicate that parents with more emotionally supportive coparenting relationships have children who view themselves as more agreeable (socially competent). Notably, relations between emotional aspects of coparenting and self-concept were more robust for daughters than for sons, suggesting that coparenting quality may be particularly important for daughters' self-concepts. Further analyses will examine the role of children's temperament in these relations, and whether relations between coparenting and children's self-concepts hold longitudinally.

625 Relations Between Parenting, Coparenting And Effortful Control In Preschoolers

Annemiek Karreman, Cathy van Tuijl, Marcel van Aken, Maja Dekovic (Netherlands)

Effortful control, the self-regulatory component of temperament, has been demonstrated to be an important aspect of young children's emotional development. A few studies have examined relations between parenting and effortful control in preschoolers, but no studies have investigated effortful control and triadic family processes, such as coparenting. Coparenting refers to the quality of coordination between adults in rearing their child. In the current study, relations between parenting, coparenting, and effortful control in preschoolers were examined. More specifically, we examined whether coparenting contributed to effortful control beyond contributions of parenting by mothers and fathers. The sample included 89 two-parent families and their firstborn 36-month-old children. Information was obtained through home and preschool observations (Coparenting and

Family Rating System, Effortful Control Battery) and parent-report questionnaires (Parenting Dimensions Inventory, Coparenting Scale, Children's Behavior Questionnaire). Results revealed that mothers' and fathers' parenting (control and responsiveness) and coparenting (hostility-competitiveness and family integrity) were related to effortful control. Relations were stronger when the same assessment method was used. For both observations and parent reports, coparenting contributed to effortful control above contributions of parenting by mothers and fathers. These results indicate the importance of adding triadic family processes to the study of parenting and young children's effortful control.

626 Coparenting In Infancy And Toddler Socioemotional Development

Laurie Van Egeren (United States)

This paper examines the degree to which coparenting in infancy is associated with child socioemotional development at age three years. The sample was comprised of 81 families, the majority of whom were white and middle-class. Surveys and observed triadic interactions were conducted when children were six months and three years old. Sample sizes were smaller ($n = 44$ to 60) for analyses that included observed behavior. Correlations revealed that parents who were more competitive and hostile coparents when their children were infants had children who were less prosocial ($-.50^{***}$) and more likely to misbehave ($.42^{***}$) during triadic interaction at three years. A similar pattern was evident for children whose parents were discrepant in the degree of involvement and warmth that they exhibited toward the infant ($-.30^*$ for prosocial, $.31^*$ for misbehavior). However, the degree to which parents were cooperative and warm toward each other at six months was not linked to children's later behavior. Additionally, fathers of couples who had more negative early coparenting were more likely to report that their children were more aggressive ($.35^{**}$), while fathers from more harmonious couples reported greater competence ($.29^*$). These relations were not evident for maternal reports. Preschool teachers of these children were more likely to report that children from more negative early coparenting environments dysregulated ($.33^*$). This work suggests that even small variations in early coparenting in this generally advantaged sample are linked to the behavior of children both within and out of the home context.

627 Expectant Parents' Outlooks on Coparenting and Later Coparenting Solidarity

James McHale, Tamir Rotman, Elliston Donna, Parmley Megan, Alberts Amy, Berkman Julia, McConnell Melanie, Regina Kursten-Hogan (United States)

This report examines coherence of coparenting expectancies and process from pregnancy through toddlerhood. 110 couples were interviewed prenatally about the coparenting alliance they anticipated co-constructing with their partners, and reported their own Ideas about Parenting. All couples were later seen at 3 months post-partum, with 45 couples completing additional assessments at 12 and 30 months. At 3 months, coparenting was assessed in (a) Lausanne Trilogue Play; (b) a modification of Tronick's (1981) still-face procedure involving both parents; and (c) a problem-solving discussion where partners sought to establish consensus on Cowan and Cowan's "Who Does What" survey. Dimensions of coparental cohesion and conflict were evaluated using McHale and colleagues' Coparenting and Family Rating System (CFRS). At 12 and 30 months, coparenting cohesion and conflict were assessed (a) from CFRS ratings of 20-minute family play and teaching interactions; (b) by maternal and paternal self-report of Conflict, Disparagement, and Family Harmony promoting behavior on McHale's (1997) Coparenting Scale; and (c) from interviews about parents' work together as a coparenting team, evaluated along cohesion and conflict dimensions. Both individually held expectancies and the actual discrepancy between partners' prenatal parenting beliefs predicted coparental adjustment at 3 and 12 months. Coparental solidarity was stable from 3 to 12 and from 12 to 30 months. Expectancies parents have for the emerging family system are formative, and early-emerging coparenting dynamics portend longer-term coparenting adjustment.

628 Dyadic and Triadic Interactions in the Transition to Parenthood

Grazia Maria Fava Vizziello, Alessandra Simonelli, Bighin Mara, Francesca de Palo (Italy)

Most studies of family relationships across the transition to new parenthood have focused on the development of dyadic child-caregiver attachment relationships, guided by the theoretical notion that attachment security supports relational development. Evidence now indicates that the father-

mother-infant triad constitutes a separate and distinct system level in the family, itself a potentially important force for relational development. In this study, we sought to establish the role of prenatal adult attachment representations in the formation of both postnatal dyadic attachment relations and triadic family play interactions during the baby's first year. We also examined the relationship between triadic functioning and dyadic mother-infant attachment security at 12 months. 40 expectant couples completed the Adult Attachment Interview (AAI) during pregnancy, and were assessed in the Lausanne Trilogue Play situation at 4 and 12 months. Also at 12 months, mother-infant attachment security was assessed in the Ainsworth Strange Situation. Results indicated that prenatal representations of attachment predicted mother-infant attachment security at 12 months, but not triadic family process. We also found no association between triadic family play and infant-mother attachment at 12 months. Findings are consistent with the proposition that triadic relationship patterns and dyadic attachment relationships represent autonomous domains in relationship development, driven by distinct trajectories across the transition to new parenthood.

629 Family Alliance and Infant Disorders: Assessment before and after a Therapeutic Intervention

Marie-Jose Herve (France), Chloe Lavanchy (Switzerland), Martine Paradis (France), Favez Nicolas, France Frascarolo, Evrard Virginie (Switzerland), Lopez Stephanie, Cecile Rattaz, Maury Michale (France)

Although infant symptomatology often owes to relational troubles in mother- and/or father-infant dyadic relations, the mother-father-infant triadic unit is seldom examined in the psychotherapy literature. This study examined functioning of 34 family triads before and after brief therapy consults (average 3-4 sessions) with parents and 3-30 month-olds referred for functional or behavioral disorders. Interventions, guided by psychodynamic and developmental considerations, targeted both parental representations and interactions. At the outset, we assessed (a) infant symptoms (Symptom Check List; SCL); (b) adult symptoms (Hospital Anxiety and Depression scales; HAD); and (c) family alliance (participation, organization, focalization and affective contact in the Lausanne Trilogue Play, using Fivaz and colleagues' GETCEF system). Initial family alliance was problematic in 65% of cases, but unrelated to SCL or HAD scores. However, treatment dropout occurred proportionately more often among families with problematic alliances. After therapy, family alliance outcomes varied both as a function of infant disorder (best when babies had functional rather than behavioral disorders) and of the therapeutic working alliance as rated by mothers at the time of initial consult. Family alliance improved in 31% of problematic families, suggesting malleability of problematic family alliances and the importance of strong early therapeutic alliances, but deteriorated in 29% of families when infants showed improvement, raising questions about the function of infant symptomatology and the manner of treatment best suited for such families.

630 Relations between Family Alliance and Coparenting

Francesca Suardi (Switzerland)

Contemporary family studies have shown the importance of considering family group-level dynamics in order to understand family's contribution to child emotional and social development. This study aimed to compare two different assessments of family interactions: the Family alliance and the Coparenting. Family alliance, defined as the capacity of all family members to coordinate and work together as a team, is assessed through a detailed and mainly nonverbal communication evaluation grid; Coparenting, defined as the relations between the adults responsible for the infant, is composed of different variables: cooperation, Family Warmth (couple's and parent-child warmth), competition, child centeredness, verbal sparring, each parent endorsement of the other parent and coded into a global evaluation. Participants were 46 families videotaped during the "Lausanne Trilogue Play" (LTP) session with their first child aged 18 months. The present study demonstrates that among the Coparenting variables, Family Warmth is strongly correlated to the quality of Family alliance. The degree of nonverbal coordination among family members correlates to Family Warmth, which refers to playfulness and affection sharing among family members. Further analysis show a different contribution of fathers and mothers to the quality of Family alliance. For fathers, endorsement of mothers' parenting has a special link to the family alliance. This effect is not found for mothers. Evidence of father's support importance in coparenting and family

functioning will be discussed.

631 Patterns of Triadic Attachment in 3-month-old Infants

Diana Senator (Poland)

The aim of this study was to research patterns of forming attachment in 3-month-old infants from the triadic perspective of mother, father and infant. The first hypothesis was that one can observe differences in behaviour of 3-month-old infants and their parents that indicate a certain path of attachment development. The second hypothesis was that the infant's behaviour was correlated with parental behaviour addressed directly to the infant and with a pattern of communication between parents. The semi-standardized observational procedure was a combination of the Lausanne Triadic Play and Still Face paradigm. 25 families participated in the study. The results confirmed both hypotheses. There were three patterns of triadic attachment correlated with infant's behaviour, parent's behaviour directed to the infant and to each other during the observational procedure. The first pattern is secure triadic attachment. Infants from this group were looking at both their parents, who communicated a lot between themselves and expressed a lot of positive emotions. The second pattern is disturbed triadic attachment with mechanism of exclusion. These infants were preoccupied with mothers and fathers were excluded from the interaction despite some "pseudo-inviting" them to participate. The third pattern was disorganized attachment. These infants were distressed during the procedure and difficult to comfort while parents communicated in a limited way. All "participants" (mother, father, infant) seemed to stay without reciprocal contact with each other.

632 How Does an Infant Emotionally React when Mommy and Daddy Speak to Each Other?

Francesco Lopes, Nicolas Favez, France Frascarolo (Switzerland)

During the first years of life, infants show different capacity of emotional reactions to frustrating situations and develop abilities to regulate these emotions. Sensitive parenting and maturation are responsible of this important psychological task. Three-months-old infants (N=46) were observed during the part IV of the Lausanne Trilogue Play: the infant is in front of their parents who are asked to speak to each other and not to interact with the infant. The question is the following: is the infant's way of dealing with the situation linked with the Family Alliance (namely the degree of coordination of the family as a system)? A microanalysis of infant's behaviors was performed with time sampling of 1-second intervals. For emotional reactivity, a coding system captured the quality and intensity of vocal and facial behavior (6 points scale: from negative to positive emotions). For regulation, two others scales evaluated gaze orientation and self-comforting behaviors. Family Alliance was evaluated by the "Family Alliance Assessment Scale". Correlational analyses showed that the more the Family Alliance is functional the more positive emotions are displayed by the infant ($r=.277$; $p<.05$); and the less the Family Alliance is functional the more negative emotions are displayed ($r=-.279$; $p<.05$). It appears also that Family Alliance positively covariate with gaze orientation to parents ($r=.386$; $p<.01$) and with self-centered-behavior ($r=.31$; $p<.05$). Family Alliance appears to be a helpful and supportive context to the development of good emotional self-regulation.

633 Assessment of Mother-Father-Child Triad Interaction By CPICS: Effects Of Parents' Depression, Child's Temperament, and Externalizing and Internalizing Behaviors

Kaori Okada, Mihoko Oba, Satomi Murase, Hitoshi Kaneko, Yasuko Sasaki, Haya Sechiyama, Rei Sai, Yuko Tanaka, Yoko Wakui, Shiho Iwai, Yoko Ohashi, Syuji Honjo (Japan)

Many studies in Japan have focused on mother-child interaction, and there is no investigation about mother-father-child triad interaction. Not only mother-child interaction, but also father-child interaction, and mother-father-child triangulation are important for the child development. In this study, two Japanese families were assessed □ one includes depressed mother (family A) and the other not (family B). Dyad and triad interaction was videotaped at 18 months and assessed by CPICS (Child and Parents' Interaction Coding System in Dyads and Triads). At the same time, parents were asked to answer the Toddler Temperament Scale (TTS). When the children were 2 years old, a primary care giver, mainly mother, was asked to fill in the Child Behavior Checklist

(CBCL) to investigate the externalizing and internalizing behaviors. Each child was classified as having the average temperament from the score of TTS. Case B child showed fewer responses to the parents' contributions, and interaction didn't continue longer than the child in case A. In addition, self-injurious behaviors were observed through the interaction. Language was also slower in development in case B. From the results of CPICS, we found that how often the child responds to parents' contributions, and parents' affirm after the child responses are important factors which might reflect the child responsiveness, and may relate to the child development or behavior problems. In future, more cases will be needed to confirm these points.

634 National Overview Of Standards

Mimi Graham (United States)

The U.S. government has initiated a standards-based approach to early childhood care and education. As of 2005, 43 states have developed standards for preschool children, and at least 15 states have developed or are developing similar documents on infant/toddler care and education. Different states refer to standards for infants and toddlers in different ways, namely, benchmarks, foundations, framework, guidelines, and standards. This variation stems from several factors, including the purpose of the state's standards-based approach, the alignment of infant/toddler standards with preschool and K-12 standards, different concepts of standards for infants and toddlers, and concerns about the appropriateness of standards for infant and toddlers. This presentation will provide an overview of the diverse approaches to standards across the states, how standards are linked with training, continuous quality improvements to demonstrate child outcomes and how children's developmental progress are being assessed.

635 An Evidenced Based Approach To Developing State Infant/toddler Standards In California

Peter Mangione (United States)

The State of California has taken a long range, comprehensive approach to developing an evidence-based system of standards for infants and toddlers. The system is based on a thorough review of developmental theory and research, extensive input from the field, and a study conducted with 600 infants and toddlers in California. The goal of this work is to use research to identify what children know and are able to do at different ages. This research base provides the foundation for determining which developmental domains to include in the system, for establishing age-appropriate indicators of developmental progress, and for identifying desired outcomes for young children. The standards or age-referenced milestones will also form the basis for an assessment instrument that measures children's developmental progress. The purpose of the system is to (a) advance a positive view of early development, (b) support professional development that helps caregivers facilitate children's development in an emotionally nurturing, responsive ways, and (c) link early development to learning at school age. This presentation will describe the process and outcomes of California's multi-year effort to create infant/toddler standards and their links to improving early childhood practice to benefit infants and toddlers.

636 Florida's Rapid Response To Developing State Standards For Infants And Toddlers

Craig Jones (United States)

In contrast to California, the State of Florida had less than six months to develop state early learning standards. Despite the short time frame, efforts were made not to merely align standards with K-12 systems but to create developmentally appropriate guidelines distinctive to infants and toddlers and grounded in research on key content domains. Of primary concern was an emphasis on social emotional development and the inextricable linkage of skills across domains. Implementation issues will also be discussed such as how standards are linked with training, continuous quality improvements to demonstrate child outcomes, strategies for involving parents and how children's developmental progress can be appropriately assessed.

637 Strategies For Infusing Infant Mental Health Practices Into A Variety Of Caregiving Contexts: Teen Parent Child Care & Judicial System

Barbara White (United States)

Too often the needs of young children are not addressed in programs serving teen parents in school-

based or judicial systems. Many courts do not ask if the teen is pregnant or is parenting. Linking programs for prenatal care and early childhood can help probation officers and judges with meager resources and can significantly alter the risk trajectory for children of teen parents. The judicial system can make a significant contribution to the emotional well-being of children and families by recognizing infant mental health principles and developing a "system of care." This session will offer strategies for programs serving teens to incorporate social-emotional screenings into the core assessment battery for all children in the judicial system. Also strategies will be discussed to ensure comprehensive assessments necessary to identify potentially serious mental health conditions in their earliest stages when treatment is most effective and linkages to meet the multiple needs of the children of teen parents.

638 Strategies For Infusing Infant Mental Health Practices Into A Variety Of Caregiving Contexts: Child Care

Mimi Graham (United States)

Many children under age five spend the majority of their day in out-of-home group care. Many of the components of quality child care are also those which promote infant mental health such as strengthening the caregiver/child relationship by increasing proximity to the caregiver, responsive caregiving, continuity of care, and small group size. This session provides effective strategies for improving quality and translating infant mental health principles into practical everyday practices in child care centers.

639 Strategies For Infusing Infant Mental Health Practices Into A Variety Of Caregiving Contexts: Home Visiting

Rebecca Pruett (United States)

Home visiting is an important context for application of infant mental health principles. This session will provide strategies for translating infant mental health principles into practical everyday practices for home visitors and the families they serve. Simple procedural changes can help parents/caregivers reduce their child's stress such as holding the child when experiencing frightening procedures like immunizations. Strategies will be presented for helping families create a supportive climate for emotional development, such as promoting parent/child bonding and attachment through breastfeeding, baby-wearing, cuddling, and playing. Other important topics will include the effect of mother's depression on the baby, recognizing baby's cues, baby's expression of stress, stranger anxiety, responsive caregiving, the importance of comforting your baby, why you cannot spoil a young baby, and baby's first feelings.

640 Strategies For Infusing Infant Mental Health Practices Into A Variety Of Caregiving Contexts: Foster Care System & Early Intervention

Anne Hogan (United States)

This session will describe strategies for infusing infant mental health principals throughout foster care such as training law enforcement officers on the impact of violence on young children. Simple procedural changes such as ensuring that children have a favorite stuffed animal or toy to cling to as they navigate the child protection system can reduce children's stress. By simply including the names of children in domestic violence reports, officers make the children eligible for psychological counseling. Mental health psychotherapy can help children deal with the horrific impact of violence. Data suggests as many as 70% of the children in foster care and protective services are delayed in cognitive, language, and social/emotional development. Comprehensive assessments of all children who are in foster care, as well as those that have been traumatized, can help detect potentially serious developmental and/or mental health conditions such as clinical depression or traumatic stress disorder while they are still in their earliest stages and treatment is most effective.

641 Therapeutic Interventions in the Clinic of Early Psychopathology

Joana Matos, Laurence Camon Senechal, Ludovic Duverge, Elisabeth Aidane, Didier Rabain (France)

We aim to highlight several aspects of therapeutic interventions within day care unit in an early and heavy perinatal psychopathology. Thanks to video support, the authors illustrate pathways leading to parental psychic contents that interfere, through interactions, on the baby development. The

realization and verbalization of psychic contents through projections and parental interactive patterns provides opportunities to modify these projections and allows for a fast relief of relational pains which benefits the baby development. We will present the analysis and elaboration of several clinical statements. Early intervention in baby- parent interactions can prevent future disorders in older child and in parent-infant relations. It aims to have an effect on risk factors and events surrounding the birth that could endanger the baby development. It also aims to prevent relational disturbance which could be harmful to the child development. The Unite Petite Enfance et Parentalite hopes that their multidisciplinary care approach will contribute to prevent later infant disorders and improve early childhood mental health.

642 Abuse Or Attachment Disorder (tba)

Steve Seliaman (United States), Mechtilde Papousek (Unknown), Nicole Guedeney (France)

643 A Shared Experience of Competency and Vulnerability within the Supervisory Relationship

Deborah Weatherston (United States)

644 The Use of th Past: Freud, Spitz, and Infant Mental Health

Robert Emde (United States)

null

645 Possibilities for Developing Support Programs Alternative to Institutional Care for Families with Young Children in Russia

Tatiana Morozova, Svyatoslav Dovbnya (Russian Federation), Stewart Britten, Armorer Wason (Great Britain), Joanna Rogers (Russian Federation)

POSSIBILITIES FOR DEVELOPING SUPPORT PROGRAMMES ALTERNATIVE TO INSTITUTIONAL CARE FOR FAMILIES WITH YOUNG CHILDREN IN RUSSIA. Morozova, T.Yu. Dovbnya, S.V. Britten S, Wason, A.J.; Rogers, J.M. We would like to present a new documentary film, shot in and around a Russian baby home, contrasting the positive outcomes of supporting vulnerable parents to keep or recover their babies with the far worse outcomes for infants left in the institution. We will also present the results of qualitative research conducted among health and social care practitioners who are responsible for bringing babies into state institutional care, and childcare policy-makers. These are the priority target groups for the film. This research was focused on professional attitudes towards mothers in crisis situations and institutional care of babies and small children. Our workshop will promote discussion about support services for families living in crisis situations. Only with such support will it be possible for families in crisis situations to keep and take care of their young children. International experience will be very helpful in changing the current situation in Russia. At the moment there are more than 800,000 children living in different institutions in Russia. We hope to stimulate discussion in Russia about possible ways to change both societal and professional attitudes from favouring institutional care to supporting families in caring for their children at home.

647 Maternal Self Efficacy And Quality Of The Mother-infant Interaction By Women With Postpartum Psychiatric Disorders

Christiane Hornstein (Germany)

There is evidence that women who experience a postpartum mental disorder report more negative cognitions than healthy mothers. Such negative beliefs are particularly important because they may predispose the mothers to maladaptive behavior in the interaction, as well as to biased perception of the mothers bonding to the child. In a study of postpartum disorders, mothers' psychopathology (N=44) was objectively (Hamilton and PANSS) and subjectively (SCL) assessed. The perceptions and beliefs about their maternal capacities were assessed with the Maternal Self-Confidence Scales (Lips & Teti). For the objective assessment of the mother-infant interaction, the well-evaluated Mannheim Rating Scales for the analysis of the early mother-child interaction (Jarg et al.) were used. The objective and subjective assessment of the psychopathology as well as the mothers' self-perception of their mothering capacities with the observed quality of the interaction will be

compared. Discrepancies between self and objective ratings in all the evaluated parameters were observed. These results will be discussed according to the spectrum of mothers' symptomatic.

648 Bonding Disorders And Postpartum Depression: A Representative Study Of A Community Sample

Corinna Reck (Germany)

Bonding describes the relationship a mother develops with her child. This connection comprises the feelings and the special behavior of a mother towards her own child; the so called "motherly bonding." This presentation discusses the topic of bonding and its inhibition caused by depression during the postpartum period. Comparison was made between the occurrence of a depressive postpartal disorder (Minor, Major Depression and Dysthymia) and a disturbed motherly bonding with the infant during the two weeks following birth. Furthermore, the significance of the severity degree of depression influencing bonding was examined. From December 2003 to May 2005, 1028 women were recruited for the study. The recruited women gave birth in two clinics in Darmstadt and in four gynecological clinics in Heidelberg. The recruitment was carried out biweekly from various clinics, thereby creating a random sampling of women giving birth in these clinics. Whenever clinically relevant scores appeared during screening, the Structured Clinical Interview for DSM-IV-criteria (SCID) was administered. Data from a total of 829 women regarding bonding-behavior was available. Bonding was examined using Postpartum Bonding Interviews (PBI, Brockington, 2001), a questionnaire which listed the inhibition of bonding in four scales (disturbed bonding, rejection and pathologic anger, fear of infant nurturing, risk of abuse) In this study, representative for Germany, a significant relation between disturbed motherly bonding and postpartal depressions was proven. Clinical implication and intervention strategies will be discussed.

649 Do Male Partners Impact The Inpatient-treatment Of Women With Postpartum Psychiatric Dis-orders?

Michael Grube (Germany)

Introduction: Although male partners may contribute to the coping process of postpartally psychiatric ill women, rather little is known about the impact of the male partners' behavior on the inpatient treatment of mother and child. Methods: We investigated 41 partners of 44 women with postpartum psychiatric disorders. Control group: Thirty male partners of women without postpartum mental disorders (inpatients of the obgyn-department). Results: In 31.7% of the postpartally ill ("psychiatric") group we found a mental disorder in both the woman and their male partner simultaneously versus only 6.7% in the control group. Only 34.1% male partners were rated as "supportive" in the psychiatric group versus 60.0% in the control group. Women with severe pre-existing mental disorders who were not supported by their male partners had a higher chance of a shortened outpatient and a prolonged inpatient treatment. Conclusion: It is necessary to establish a sufficient support-system for the male partners too.

650 The Embodied Intersubjectivity Of Mother And Infant And Its Disturbances

Thomas Fuchs (Germany)

Growing evidence from developmental and neurobiological research points out that there is a sphere of embodied intersubjectivity and mutual resonance which we share from the beginning with others as embodied subjects. Thus, neonates are capable of imitating facial gestures from the first minutes after birth; moreover, by the mimetic capacity of their body, they virtually transpose the seen gestures and mimics of others into their own feelings. Before they attain a theory of mind, they already have an embodied understanding of others, especially of their mother's emotions. The discovery of the "mirror neuron system" in the premotor cortex, serving as a neural basis of mutual understanding by bodily mimesis, has lend support to the concept of a primary embodied "interaffectivity." The paper will outline this concept on the basis of both neurobiological and developmental research. On this background the question arises of how these crucial processes may be hampered or disturbed by mental disorders which affect the mother's capability of emotional resonance behavior, e.g. postpartum depression. It may be conjectured that the infant's development of procedural relational knowledge as well as emotional self-awareness is more or less impeded, with serious consequences for his cognitive and emotional development. There is growing evidence

for this assumption from developmental research which will be presented in the second part of the paper.

653 Enlivened Or Burnt Out-the Effect Of Infant Mental Health Work On Professionals In A Baby Clinic

Dilys Daws (Great Britain)

Working with infants and their families has a profound effect on workers, who may feel the pleasure of helping distressed families manage a "fresh start" or dragged down by their communication of distress. A therapy training and personal analysis help workers recognize where their vulnerability is triggered by their patients. But working clinically is "living dangerously." We are changed by our patients. Primary Care workers without mental health training need supervision and support. New parents are normally in a heightened state of being. My consultation to doctors and health visitors includes helping them tolerate this stress without rushing into action, or where necessary I help raise the anxiety level. Avoiding taking on emotions can lead to "burn-out." Working with postnatally depressed mothers requires a particular state of mind in professionals. Some mothers perplex or anger them. Consultation helps the Health visitor see this and may connect with the mother's experience of not being understood by her mother. Feeling understood, she may understand her baby better and the worker may be able to listen to shocking material. For therapists attuning to patients can have physical and emotional dangers. Attachment behaviors in primates operate on the mother's brain as well as the baby's (Kalin, 1995). Perhaps therapists' brains are at risk from patients' disorganized attachments! However, verbalizing enhances cortical functioning, modifying ingrained emotional responses (Pally, 2000). Perhaps in parent-infant therapy, major psychic changes occur with an integrative effect for the therapist.

654 When Death And Life Are Side By Side

Astrid Berg (South Africa)

Working with mothers and infants in a community setting in Cape Town, South Africa, brings one close to both life and death. The HIV/AIDS pandemic confronts us with issues we can no longer avoid. A myriad of feelings, thoughts, and therapeutic dilemmas well up in the health worker when faced with a dyad struggling with this deadly virus. The fact that when giving life one is also giving death is a fundamental contradiction which is impossible to bear. When witnessing an infant's instinctive will to live being progressively weakened by the erosion on its immune system, one is impelled to want to give strengthening milk and cereal, new clothes, and real food for the mother. The helplessness that is felt evokes anger and this is projected on to governmental health structures - its Minister of Health comes to carry the image of The Terrible Mother. A therapeutic dilemma is what to do with denial: should one strengthen the defense which is so common; is it not this which enables people to live longer with the excruciating condition? On the other hand, is it not exactly this denial which is part of the larger problem - politically and socially? All of these realities require the mental health worker to be able to hold the tension of opposites, to contain ambivalence and to attempt to find a way that provides some relief for both therapist and patient, albeit temporarily.

655 Working In A Tertiary Paediatric Hospital

Campbell Paul (Australia)

The effect of infant mental health work on professionals will be considered from the perspective that it is the process rather than the outcome of the intervention that determines this. The work described takes place in a large tertiary hospital and two contrasting vignettes of sick babies will be given to illustrate different outcomes. In the case of some babies who are so medically compromised that they do not survive, the clinician may nevertheless feel that it has been worthwhile to be involved and that something was achieved. On the other hand, during some interventions the clinician may feel disorganized or traumatized, although the baby has survived. There are cases where child protective services are involved as there are multiple problems, probably including violence, and yet the clinician does not necessarily feel these to be the most distressing or worst cases, although the expectation is that they would be. What can be learned from such cases? It is important to remember that the clinician's direct work with the infant as in the Royal Children's Hospital model enlivens both baby, family, and therapist; and the baby therefore makes a contribution to reducing the psychic load for the clinician. Apart from clinical issues, these

cases may also present ethical questions such as allocation of resources, etc. Reflective practice or peer supervision, as Emily Fenichel and colleagues point out, is essential in dealing with these stresses.

656 Protecting A Space For Feelings In Hospital

Frances Thomson-Salo (Australia)

There may be cumulative stress working with ill and dying babies in the hospital, particularly when younger staff have to cope with their own tears. It is also difficult to protect a safeguarded reflective space on the ward because of procedures other staff have to do. Working psychodynamically also contributes to stress: Britton (2002) noted that working psychoanalytically leads to clinicians becoming more disturbed over time, and Gabbard (2004) that analysts love - and hate - psychoanalysis. Are these factors particularly operative when the infantile countertransference is more alive with the distressed baby present? And if therapists only treat the "infant in the mother," are they ignoring the real infant, adding to unconscious conflict and guilt? A reparative effect may come about through activation of therapists' mirror neuron system. Just as working with the infant in the parents' presence may rework implicit relational knowing (internal objects) more than interpretations do, when therapists interact from a position of finding the infant intentional, understandable and enjoyable, babies respond in a lively way which has a reciprocal effect. "(T)he visual information we receive when we watch another act gets mapped onto the equivalent motor representation in our own brain by the activity of these mirror neurons (Stern, 2004: 79)." Joy is infectious, even second hand. As a supervisor for a therapeutic group for mothers and babies who have lived with domestic violence, it is enlivening to hear how they change, and staff working nearby report also feeling enlivened hearing mothers and babies singing.

659 The Child Behaviour Development Scale:

Elisabeth Batista Pinto Wiese (Netherlands)

This study investigated 21 premature babies (from 33 to 36 weeks of pregnancy), in the Charles Nicolle University Hospital, in Rouen, France, using the Child Behavior Development Scale (Batista Pinto, Vilanova & Vieira, 1997) from one to twelve months of age. This scale considers the 64 significant behaviors of the first year, and analyzes them considering their characteristics as axial or appendicular, spontaneous or stimulated, communicative or non-communicative. The scale also indicates the developmental rhythm of each behavior - when it appears (0<P< premature of development behavior the assessment for instrument an as Scale Development Behavior Child adequacy showed results The Communicative. Non Spontaneous Axial especially behaviors, several stabilization in retardation a still group age, corrected considered When studied. behaviors non-acquisition 25% year, first end at presenting but pathological significant reducing rhythm their recuperation important month third from showed, children general, In boys. than stabilized and normalized frequency higher significantly presented girls (14%). more (38%) risk presence indicating (62%) (86%) had babies that (p<p

660 Emotional Regulation In Preterm Infants At 12 Months Of Age

Doriane Evrard, Daniel Mellier (France)

This research investigates the cognitive and emotional regulation capabilities of pre-term infants, considering very low birth weight infants, born before 33 weeks of gestational age, observed at twelve months of corrected age. This study evaluates how the relationship between inhibition and emotional regulation contributes to a greater control of attentional behavior (Barkley, 1997). Emotional regulation behaviors are assessed in a specific attentional context consisting of researches of hidden objects (Willatts, 1998). This study compared 33 full-term infants of twelve months of age with 29 pre-term infants at twelve months of corrected age. Cognitive behaviors were scored for intentional behaviors and emotional regulation behaviors were coded with IRSS (Weinberg & Tronick, 1994). The main results found were the following: scoring of intentional solutions were not significantly different between pre-term and full-term children; the emotional regulation behaviors were different, as pre-term infants were more focused on the task, looking more to the objects than to the adult's face. Concluding, sustained attention at twelve months is related to the emotional regulation. The results of this research are discussed according to the Barkley's model.

661 **Sensori-motor And Social Development In Preterm Infants From 6 To 12 Months Of Age**

Palenne Murielle, Helene Tremblay (France)

The study was concerned with the normalization of the early development of preterm infant in cognitive and social abilities. The question was to determine how preterm birth modified the developmental organization. Do sensorimotor abilities and socio-cognitive abilities evolve simultaneously? Twenty-one preterm infants born before 33 weeks of gestational age and 28 full term infants were observed at six and twelve months of age with the Child Behavior Development Scale (Batista Pinto, Vilanova & Vieira, 1997). Results showed that differences between the populations did not concern the same abilities at six and twelve months. We observed that communicative behaviors, stimulated behaviors and appendicular motricity were less efficient in preterm than in full term infants at six months of age. At twelve months, there was no significant difference on these measures and it is suggested that, at the end of the first year of life, a normalization of these developments occurred. We also observed mother-infant interactive behaviors in a play setting. We noted that mother's strategies facilitated clearly the preterm infant's social behaviors, and the developmental delay observed at six months was compensated at twelve months. Results are discussed within the framework of the transactional model of social development.

664 **Barriers To Seeking Mental Health Treatment For Perinatal Women**

Anne Buist, Jeannette Milgrom, Bryanne Barnett, John Condon, Craig Speelman, Barbara Hayes, David Ellwood (Australia)

This paper aims to review the barriers that prevent and delay women from seeking help for themselves for perinatal depression. The data reported was collected through the Beyond Blue National PND program, which screened 40,000 antenatal women for depression and a subsequent survey targeted a random sample, looking at their reactions to being screened and whether they sought help. We are now conducting focus groups teasing out the details of these responses. Preliminary results indicate that 16% of women across Australia were screened as having potential depression, but up to a quarter of these women did not seek help. For those that did, many did not bring up their own mood as the reason for doing so but raised infant concerns. Our focus groups will concentrate on these barriers and results will be presented. In conclusion, whilst screening was found to be acceptable and feasible, this did not mean all women sought or received help. Increasing our understanding of the reasons for this is important if we are able to adapt perinatal programs in ways to be acceptable to women to benefit them and their infants.

665 **Internet-based Intervention For Postnatal Depression**

Paul Russell Martin, Sue Lauder, Andrea Chester, Jeannette Milgrom (Australia)

Internet-based interventions have been predicted to be a major force in the delivery of psychological treatments in the future. There is a growing body of literature that has explored internet interventions in relation to specific health issues as well as depression and anxiety. These studies vary greatly in the use of online modalities within the intervention framework and in the level of therapist involvement. Despite this variation, the results of these studies are encouraging, however further work is required. An area so far neglected in this body of work, is postnatal depression (PND). Whilst face-to-face interventions have been found to be effective in the treatment of PND, the reticence of women to seek treatment and the difficulties for some women, particularly in rural areas to access specialist services makes alternative cost-effective treatments such as internet interventions of particular relevance. This paper will briefly review the current web-based literature and highlight some key features of successful interventions. Specific focus will be given to the development and pilot phase of an internet-based intervention for PND.

666 **Treating The Parent-infant Relationship Following Postnatal Depression: Severity And Malleability**

Jeannette Milgrom, Jennifer Ericksen, Alan Watson Gemmill (Australia)

This paper aims to first report on a four-year longitudinal study, which evaluated the lasting impact of postnatal depression on mother-infant relations. In a second study, both depressed women and non-depressed women (n=162 in both) were recruited and compared on the Parenting Stress Index

(PSI). Depressed women were then randomized to receive either CBT or routine care. Before treatment, 73% of depressed women had Parenting Stress Index (PSI) scores reflecting clinical dysfunction, compared to 3% of the control group. After twelve weeks of cognitive-behavior therapy (CBT), more than half of the women still remained classified as dysfunctional in their mother-infant relations, despite improvements in depression. In the final part of the paper, we report the efficacy of a specialized parent-infant intervention, which was piloted among 22 depressed women following CBT. This module, entitled "Happiness, Understanding, Giving and Sharing (HUGS)" draws on the works of Field, Fraiberg, Brazelton, Cramer, and Muir and targets the interaction directly. After only three weeks of the specialized parent-infant intervention, there was a three-fold improvement in PSI scores. In conclusion, despite the persistence of parenting stress over time, current approaches to treating postnatal depression, such as CBT, do not have a specific focus on parent-infant difficulties. This study suggests such treatment has limited impact on quality of mother-infant relations, despite alleviation of depression.

667 An Intervention For Mothers Of Premature Infants: Effects On Maternal Mental Health And Infant Development

Carol Newnham, Jeannette Milgrom (Australia)

The incidence of depression in the year following a premature birth can be as high as 60%. Premature infants are at-risk of developmental difficulties because of factors associated with the early birth. Having a mother with depression adds another layer of developmental risk - a double jeopardy - to these infants. The intervention used in this randomized-controlled study of fifty mothers and their hospitalized infants, aimed to improve the mothers' understanding of their infants, typically preterm behaviors and responses, and to interact with them in a highly sensitive manner. The primary aim of the study was to improve mother-infant interactions in order to optimize infant social and cognitive development as well as maternal mental health. Pre-post intervention scores on the Edinburgh Postnatal Depression Scale, showed that intervention compared with control mothers had a significant drop in the severity of depressive symptoms. Results are discussed in terms of both infant developmental outcomes and the relevance to subsequent depression in this population of mothers.

670 Promoting Infant And Child Mental Health; Developments Of The Family Partnership Model In The Uk And Australia

Hilton Davis (Great Britain), Trevor Parry (Australia)

This paper will briefly consider work on the promotion of infant and child mental health, with particular reference to the European Early Promotion Project. It will consider the need for a theory of the helping processes within this area, and describe the Family Partnership Model as a contribution to this. It will finish with a description of the developments that are occurring in the United Kingdom and Australia based upon the Family Partnership Model.

671 One Way To Develop And Infant Mental Health Culture And Service

Paul Barrows (Great Britain)

This presentation will describe the gradual evolution and development of an infant mental health culture in a large United Kingdom city and how this has led to the beginnings of an infant mental health service. It will describe the beginning, with more ad hoc teaching and training initiatives that then led to the development and establishment of a validated Diploma/MA program in infant mental health. This in turn provided the necessary foundation for the creation of dedicated infant mental health posts within the National Health Service. These were made possible through the adoption of a strategy to develop Primary Mental Health Specialist posts targeted at age/stage rather than at a geographical area and covering the whole range of 0-18s, as has been the practice elsewhere in the UK. It is envisaged that these in turn will lead to the development of a specialist Infant Mental Health Clinic at a tertiary level and, ultimately, to the development of a comprehensive infant mental health strategy for the area. The latter will involve bringing in adult mental health services and other appropriate agencies to work together to promote the best interests of this age group.

672 Promoting Infant Mental Health In Almada-portugal

Isabel Brito (Portugal)

Almada is the south periphery of Lisbon, Portugal with a population of 350,000 people. The Child Unit was created in the general hospital of Almada, Garcia de Orta Hospital, in October 2003. Our team consists now of four childpsychiatrists, three psychologists, a social worker and a psychiatric physiotherapist. The Unit is responsible for the different kinds of requests in the ambulatory consultation, but by definition has a strategic objective of promoting mental health during pregnancy and infancy. The Portuguese Health Services has already a network of Primary Health Care Centers where the pregnant couple and children have free of charge services. The Garcia de Orta Hospital has an Obstetric Unit and our service provides liaison work with both. Our aim is to enable health professionals to support the pregnant couple and to empower parents in their parental competencies during the intense psychic metamorphose of pregnancy when the couple prepares for parenthood. Parental competence and constancy in care and adequate parent-child interaction are crucial factors for the psychological and social development of children with repercussion on mental health throughout the life cycle. This theoretical base needs to be implemented and integrated in the service in the hospital. This communication will present this liaison work and discuss the difficulties that we face and the ways we have found to overcome them. Some of the results are already available and we will present them.

673 Making Space For Infant Mental Health Work In Primary Health Care Services

Merja-Maaria Turunen, Katri Tenhunen, Maija von Fieandt (Finland)

Finland has a well established public health system with well trained health visitors since 1944. All families and children use these services. Originally the target was prevention of physical health problems with emphasis on parent counseling. Mental health issues have recently gained access to these services. Government supported a national training program in infant mental health and parent counseling in 1997-2000 as part of the EPP (European Early Promotion Project). More than 3,500 health visitors were trained. The training included two years group supervision. Health visitors in all the major cities of Finland including the capital of Helsinki were trained. An evaluation of the actual use of this working model and the possibilities of the health visitors to work in infant mental health was conducted in autumn 2005. Data was collected from questionnaires and interviews of health visitors, their head nurses and those psychologists who were supervisors during the training. The results show how health visitors can make space for infant mental health work in the increasing workload coming from the demands of the specialist medical services. In autumn 2005, health visitors received the first guidebook about Promotion of Child Mental Health. It was delivered both as booklets and in Internet part of the city intranet. A similar guidebook was done for the parents and the material includes also work sheets for parents and children. The material was developed jointly by the city of Helsinki and Mentality from the United Kingdom. An evaluation of the material and its use was done during autumn 2005.

674 Understanding The Views Of Parent About Access And Use Of Effective Mental Health Prevention

Crispin Day (Great Britain)

Preventive interventions can be effective but outcomes vary across populations and settings, with significant problems in parent participation, attrition and utilization among highly disadvantaged communities. Successful prevention requires services that are organized so that they can provide effective interventions in ways that are accessible and acceptable to the families and communities at most risk. We know little of parents' views about key characteristics that may improve delivery and content of preventive interventions. This paper shows results from a qualitative study in which socially disadvantaged Black British, Black African, Black Caribbean and White UK parents (n=40) whose children were at increased risk of developing mental health problems described factors that influence their access and use of preventive interventions. Content analysis indicated the following as key themes: improved access to key preventive and promotional information, preventive services embedded in localized provision, core staff skills and qualities, sensitivity and respect for parent culture and values, appreciation of wider social and economic issues, and a desire for a proactive partnership between parents and service providers. The findings contribute to improving professional and academic understanding of socially excluded parents' views about the provision of preventive child mental healthcare, as well as inform the ways in which health, social and childcare services need to be organized in order for them to provide services that will be used by high risk

populations.

677 Maternal Gatekeeping, Coparenting Relationship Quality, And Paternal Involvement In Families With Infants

Sarah Schoppe-Sullivan, Sarah Mangelsdorf, Geoffrey Brown, Margaret Sokolowski (United States)

Evidence highlights the positive consequences of father involvement for children's development. However, fathers still lag behind mothers in terms of their engagement in childrearing tasks. Some have suggested that mothers act as "gatekeepers" and thus facilitate or curtail the father's involvement. Although studies have documented associations of mothers' and fathers' characteristics and beliefs with paternal involvement, few studies have measured parents' perceptions of actual maternal gatekeeping behaviors, or directly tested the hypothesis that such behaviors facilitate or curtail paternal involvement. Data were contributed by 90 families (mothers, fathers, and their 3.5-month-olds). Parents completed questionnaires assessing a) their perceptions of maternal encouragement and criticism of fathers' caregiving (Parental Gatekeeping Inventory); and b) their perceptions of the quality of their coparenting relationship (Parenting Alliance Inventory). Father involvement and competence in childcare were assessed in the home through observations of fathers' participation in a joint childcare task. Results suggest that when mothers and fathers perceived greater maternal encouragement and less criticism, parents (especially fathers) perceived the coparenting relationship more positively. In turn, when fathers held more positive perceptions of their coparenting relationship, they were observed to be more competent and involved fathers. Thus, mothers' behavior may influence father involvement, but a crucial intervening variable appears to be fathers' perceptions of coparenting relationship quality.

678 Studying The Transition To Fatherhood From The Regulation Perspective: A Comparison Between Low- And High- Income Fathers

Annie Devault (Canada)

This qualitative research documents the transition to fatherhood and compares this experience for two groups of fathers: low and high income. Twenty-eight fathers participated in the study. Fathers were interviewed about changes associated with having a newborn child, difficulties following the birth, and obstacles to father involvement. All interviews were analyzed following the principles of qualitative analysis. Comparing the two groups in terms of the changes in fathers' lives that follow the birth of a baby, results show that both groups reported that having a baby had given them a new sense of life and that they had changed life habits in order to be more responsible. Fathers from both groups also mentioned that mothers and fathers had different parenting styles: mothers were seen as more protective and tending to nurture the child more, whereas fathers were seen as more risk-taking and playful with their infants. A greater number of higher-income fathers said that these differences in parenting styles elicited arguments with their partners. They did not like the fact that mothers try to regulate their behavior and were convinced that, even though they had a different style, it would benefit their child. These same fathers also had more conflicts with their partners around day-to-day life decisions involving the infant. Thus, by trying to regulate mothers' behavior, or offering their opinions, higher-income fathers may be contributing to the creation of marital conflicts. We did not find evidence for that type of process in the lower-income sub-sample.

679 A Typology Of Fathers' "gatekeeping": Paternal Regulation Of Maternal Involvement

Laurie Van Egeren (United States)

Studies of parental regulation of the partner's involvement have focused on maternal gatekeeping. Fathers, however, are not passive recipients of mothers' parental decision-making. This study assesses a typology of four types of fathers applying different patterns of regulation. Participants were 76 predominantly white middle-class families assessed when the child was age three. Fathers rated their use of strategies to elicit or inhibit maternal parenting. Four clusters were derived: Active, Inactive, Positive, and Critical. Compared to mothers, Critical fathers were likely to have wives who are classic gatekeepers, and Active fathers were likely to have wives who allowed them autonomy in parenting. Critical fathers reported significantly poorer marital adjustment compared to Positive and Inactive fathers. Caregiving attitudes: Compared to Positive fathers, Inactive fathers reported less motivation for caregiving, and compared to Active fathers, Inactive fathers were more

likely to report that mothers are innately skilled caregivers. Perceived coparenting: Critical fathers reported the highest levels of coparenting conflict. Wives of Active fathers reported less family integrity than wives of Positive and Inactive fathers. Critical fathers were most likely to engage in managerial caregiving. Summary: Fathers who were active, encouraging partners had more positive family processes, whereas fathers who were inactive and critical partners had more negative family processes. The roles of fathers who were neither encouraging nor critical were complex, depending on how actively they attempted to regulate maternal parenting.

681 Workshop 06: Absent Fathers; Their Effects on Their Growing Sons Personality

Lynn Barnett, Paul Barrows, Sebastien Kraemer (Great Britain)

This workshop will consider the evidence concerning the timely subject of the effects of absent fathers on their sons development: Issues such as divorce or separation and its implications for attachment to mother and sibs, factors in personality development such as idealisation, defences, sexuality, curiosity and sense of identity. Lynn Barnett will introduce clips from her developmental video "Sundays Child" in which an English/New Zealand child was filmed, using Infant Observation technique, from 3 days old to 21 years. In the clips two half brothers discuss their absent (shared) father and other "lost Fathers" in relation to their sense of identity. One is 16 years, the other (who has had three 'fathers') is shown talking when 11, 18 and 21 years. Clips will also be shown filmed at the actual time of the parental separations (the first when the elder boy was 2 years old) to enable feelings, behaviour and coping mechanisms at the time of loss to be compared with the boys more mature reflections. Discussants will be Paul Barrows and Sebastien Kraemer who have written widely on the subject of Fathers

682 Workshop 32: Video-based Interventions: Interaction Analysis and Video-feedback

Christiane Robert-Tissot (Switzerland)

In the field of infant mental health, the therapeutic work often focuses on the parent-infant relationship. Several approaches are well known and demonstrated to be effective, such as psychodynamic therapy, attachment therapy, mother-child or family cognitive behavioural therapy. Initially, Interaction Guidance was created to meet the need of infants and their families who did not successfully respond to the above mentioned techniques. Observable interactions between the baby and caregiver serve as the therapeutic focus. Several video-based interventions were developed during the past two decades, e.g. Marte Meo (Aarts) and the Video Microanalysis Therapy (Downing) and used with older children and parents with various disorders. This workshop is designed to exchange and confront technical practice, experience and knowledge about video-based interventions. The following points will be addressed : a) observation and analysis of parent-infant interactions; b) selection of video sequences for the reviewing with parents; c) main focus of video feedback, mode emphasized (behaviour, emotion, cognition) and formulation of comments; d) expectations and prognosis for the progression of the therapeutic work. A brief presentation of a clinical situation and video sequences will give the presenters and the audience the basis for work and discussion.

683 Workshop 33: Clinical Applications of the Research Program "PILE" (International Research Program for Children's Speech)

Bernard Golse (France)

The research program « PILE », set up at the Necker-Enfants Malades Hospital and co-directed by Bernard GOLSE and Valérie DESJARDINS, is devoted to the study of somatic and interactive precursors of the developmental process to the children's verbal speech, as it is focused on very young children (from three months to nine months). The main clinical goal of this research program is to detect and to describe behavioural and interactive aspects able to screen the children at risk of later speech disorders (as dysphasia), or later communication disorders (as infantile autism). The three principal studied items are the babies' hands movements, the babies' vocalizations and the contact between mother's gaze and baby's one. It is a multidimensional, collaborative and federative program including psychologists, psychoanalysts, child psychiatrists, logopedists, psychomotricians but also linguists, mathematicians, statisticians and informaticians. Of course, the first step of this program is to study normal babies (control group), but we have also, what is already started, to study four different clinical groups at risk (babies suffering of a West syndrome,

pre-terms babies, babies with orality disorders linked to different clinical pediatric affections, normal babies but with blind mothers).

684 Workshop 34: Community-based Programming for Children with Autism Spectrum Disorder: Yes, it is Possible!

Catherine Burns, Maria D'Haene (United States)

This workshop will discuss a community-based program for children and young adults with Autism offered in a rural New England State. In this program, direct and consultation services based upon principles of Applied Behavioral Analysis are provided to children, their families, and school teams to promote optimal independence within children's homes, schools and vocational environments. The services are provided through mental health agency staff who work in schools, homes, and community settings in a collaborative model. Through a combination of lecture and case presentation, participants in this workshop will gain insight about the following: • The development and structure of a community-based program for children and young adults with a diagnosis of Autism • Applied Behavioral Analysis and its application in community-based programming • The ways in which such programming changes form as children develop (e.g., from toddlerhood to high school age) • The varied level of supports offered by the Collaborative (direct to consultation) and how this fits into the broader system of care in this rural state • Methods for funding such activities • The critical role of collaboration in successful community-based programming for children and young adults with ASD Discussion will focus upon the expansion of this program, the challenges of providing a high quality efficacious treatment in school and home settings, as well as challenges related to providing such services in a rural setting with limited resources.

685 Workshop 35: About Interactions and Representations: Looking at Mothers and Infants in High Risk Situations

Jozef Corveleyn, Greet Geenen (Belgium)

High risk situations such as poverty, adolescent motherhood and mental illness, set up the field for parenting disturbance and child maladjustment. High risk factors can not only negatively impact child development, but are also linked with low levels of parent-infant interaction. Preventive intervention seems often necessary in order to enrich the relational world of both infant and mother, but not easy to implement in these difficult to engage groups. This symposium highlights mother-infant interactions in 3 different high risk situations: mothers who live in poverty in Belgium, poor adolescent mothers from Peru and post-partum depressed mothers in Belgium. The presented clinically relevant material stems from 3 Ph.D. researches made in various cultures, using different measures and evaluations. Common frames of reference are developmental psychology and psychoanalysis. All presenters show videos of mother- infant interaction, revealing weaknesses and strengths in contact between mother and infant. The interactions are commented from a clinical point of view, and complemented with significant extracts from interviews with the mothers on maternal representations (e.g. AAI). By this double focus on observation and verbalization, we want to give a lively impression of the relational world of infants, growing up in different high risk cultures. We hope to explain how both interaction and representation can play a role in the quality of the relationship between mother and infant in these different high risk situations and act as take-off point for intervention.

686 Workshop 36: Teaching awareness and reflection in Infant Mental Health Training Programs

Linda Gilkerson, Mary Claire Heffron (United States)

Competence as an infant mental health practitioner suggests mastery of complex theoretical material related to early development and psychological functioning, the ability to access one's feelings and be aware of the feelings of others, an awareness the meaning of cultural and context, and the ability to use a range of intervention techniques that address the development of healthy relationships. This definition of competence implies that the instruction in infant mental health programs must provide both rigorous academic material and a set of experiences that increase abilities to reflect, understand the experience of others including parents and babies, other communities and cultures, and respond empathically. This presentation will discuss how the teaching strategies to build reflective capacities can also be purposely integrated into the teaching of

theoretical material. Presenters will underscore the pedagogical research related to development of reflective practice, and will then review strategies demonstrating selected approaches with the workshop participants. In this presentation we will present a range of strategies and techniques that have been developed in two infant mental health training programs, one located in an academic setting and the other that is community based. These strategies and techniques have the explicit purpose of strengthening trainees' reflective capacities. We believe that strengthening these capacities leads to fuller understanding of their own feelings, the ability to respond more empathically, and to understand the experiences of others.

687 Parental Representations and Analysis of Early Mother-Infant Interaction

Lena Kuntze, Karl Titze, Andreas Wiefel, Klaus Lenz, Ulrike Lehmkuhl (Germany)

Kuntze, L., Titze, K., Wiefel, A., Lenz, K., Lehmkuhl, U. PARENTAL REPRESENTATIONS AND ANALYSIS OF EARLY MOTHER- INFANT INTERACTION Form and structure of relationships with children is influenced by the parents' experience with their own parents. The study at hand will show whether parental representations of their relation to their parents is an influence on early parent-infant interaction. The parental representations are acquired by means of the Parent Image Questionnaire (PIQ) (Titze, 2005). The quality of interaction between parents and child is being quantified with the Coding Interactive Behavior (CIB) (Feldman, 1998). Individual subscales of the PIQ and the CIB are being checked for correlations in a dyadic child psychiatric sampling (n = 40) carried out in our psychiatric infant consultation with children between 0 and 5 years of age. Main hypothesis are: Subscales of parental representation correlate with other subscales of the quality of interaction. For example „autonomy“ (PIQ) and „limit setting“ (CIB). Between individual subscales of the CIB and the PIQ significant correlations can be made out. We wanted to prove, if a correlation between parental representations and the interaction quality hints to a 3-generation perspective. The PIQ could be applied in pregnancy precaution and consultation as well as in family consultation. Both instruments can be used for acknowledgement and treatment of actual dysfunctional patterns as well as for dysfunctional educational and relationship representations of parents.

688 Relationship Assessment Categories for the Japanese I Feel Pictures (JIFP): Comparison of Responses/reactions between Mothers and Female College Students

Sawako Nagaya, Chikako Fukatsu, Kako Inoue, Yoko Hamada (Japan)

In this study, a new method for analyzing the Japanese IFEEL Pictures was experimentally created from the perspective of the mother-child relationships, i.e., a system of relationship assessment categories such as (a) Deviated Responses, (b) Object Seeking, (c) Satisfaction/Frustration of Needs, (d) Basic Emotions, (e) Physiological States, (f) Attentive/Concentrated States, (g) Simple Description of the Picture, and (h) Rejection. As a result, compared with the respondents in the Female College Student Group, those in the Mother Group gave significantly more responses within the "Object Seeking," "Physiological States," and "Simple Description of the Picture" categories, while more female college students than mothers gave significantly more responses within the "Deviated Response," "Satisfaction/Frustration of Needs," and "Basic Emotions" categories. These results revealed that mothers were aware of their emotional interactions with their children, and paid attention to their children's physiological states, showing that they were sensitive to the information that is necessary for raising children. Reactions of female college students, on the other hand, showed the respondents' sensitivity to other people's emotions as well as interpersonal conflicts typically seen in young adulthood. As seen, it may be said that relationship assessment categories can detect different response tendencies depending on the presence or absence of childrearing experience.